



Alliance for Choice submission:

Abortion Services (Safe Access Zones) Bill



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A. Who We Are

1. **Alliance for Choice (AfC) are the largest grassroots group campaigning for abortion rights in NI. We are people who have had abortions, people who support full abortion access and people who facilitate abortions, even in a previously illegal context.**
2. We represent the 70K people who travelled to England since 1970, we represent 1000s more who accessed abortions online and finally we represent all those who need access in the midst of a global pandemic in NI.
3. In July 2019 we were part of the coalition that saw decriminalisation for NI via both the CEDAW inquiry report published in 2018, along with *Stella Creasy, BPAS and London Irish Abortion Rights Campaign*. AfC won the Liberty Long Walk to Freedom award with London Irish Abortion Rights Campaign and the FPA in 2017 and the Political Studies Association Campaign of the Year Award of 2018 for our work aiding the Repeal referendum in Ireland and the continuing work in NI.
4. AfC continue to receive calls from women and girls in distress due to the lack of information on abortion services in NI, we note that despite the CEDAW assertion that travel to England was never a tenable solution to the Human Rights breaches, it continues. We are pleased to have been called to offer evidence as we are concerned that a rolling back on rights has begun before they have even been fully realised.
5. Our evidence will provide multiple and various forms of evidence gathered in light of this particular issue, including previous calls to give evidence to Stormont and Westminster and to the United Nations Special Rapporteurs.
6. Alliance for Choice have two co-conveners who report to the AfC Board of 7 members. The Board is comprised of a range of people from across civic society including LGBTQI, Trade Unions, Academic, Feminist and Migrant communities.
7. The two Co-conveners organise a group of 16 core activist volunteers and engage with thousands of supporters.
8. Alliance for Choice are willing to give Oral Evidence to the scrutiny committee.



B. Executive Summary

1.1. Introduction

When Northern Ireland finally had abortion decriminalised and proposed regulations laid for services at home, we noted that the legislation included the imperative those services would be safe and accessible and free from harassment. After a long history of abusive public campaigns on this issue, we hope instead for a system that protects women and pregnant people, protects staff, safeguards their privacy and allows them stigma-free care.

1.2. AfC's support for this Bill is fundamental; abortion is healthcare, it is now legally accessible, and nobody should endure verbal abuse to access it, any more than they would any other treatment. Similarly, no worker should be subject to intimidation, abuse or harassment while accessing their place of work. Equally, any barrier placed in the way of legally accessible abortion is a breach of that person's human rights.

1.3. At the introduction of the Bill in the Assembly, much of the argument from those who opposed the Bill centred on free speech, positing that safe access zones somehow restricts free speech in those zones, or the right to free assembly in those zones. However, both free speech and freedom of assembly are qualified rights; therefore there are certain things that cannot be said and certain gatherings that cannot be permitted without violating others' rights. Rights always come with inherent responsibilities, calling someone a murderer is not a right and calling them a whore or 'the mother of a dead baby' is not responsible. We already have laws against hate speech, defamation laws, and laws designed to protect public safety, we cannot call someone a terrorist on NI television yet women and pregnant people get called murderers on a daily basis. This Bill does not propose to prevent the publication or distribution of materials or the articulation of an objection to abortion, simply to prevent this happening in a specified zone.

1.4. The requirement for this to apply in safe access zones is because they are in the surrounding access locale of clinics where people access healthcare of various kinds as well as abortion care. Some of the people who need to access these places are vulnerable, all of them are accessing legal services, whether or not they visit for abortion care.

1.5. Harassment and intimidation outside of health centres providing abortion is an ongoing issue in Northern Ireland. Alliance for Choice have many members, including both Co-



Convenors, who provided clinic escorts to clients using MSI Intl. clinical services between 2012 and 2019, we therefore have first-hand experience of the tactics of anti-choice harassers and the failings of the current laws to tackle public abuse.

- 1.6. Often the ways in which abortion seekers are intimidated range from loud chanting, name-calling, making threats, physically blocking access to entrances, distributing misinformation about abortion and the clinical services, displaying obscene and misleading imagery, unwanted religious praying, use of holy water and salt, trying to photograph or record people and finally following people for a significant distance beyond the clinic. All of this can cause severe distress, ensure access is fraught or even unachievable, and also discourage healthcare professionals from providing abortion care or make them feel unsafe in carrying out their duties. Research from both Canada & UK demonstrates that anti-choice protesters invade people's privacy and cause distress for patients and staff, as well as for residents or business owners in the vicinity. Harassment can be stopped by introducing safe **access zones**, designated areas where protests, prayers, harassment and demonstrations are prohibited by law. This so-called buffer zone is then safer for patients, healthcare workers, other staff and local residents to pass through without intimidation.
- 1.7. There is also a risk of violence, with several clinic escorts at MSI Belfast and much more serious violence carried out by clinic protesters elsewhere, including murder in extreme cases. While this threat may be rare, it is an unknown for those approaching clinics.
- 1.8. **Harassment prevents** some people seeking access and when we put barriers to access or refuse to remove them, terrible things happen to abortion seekers as evidenced by the chaotic and irresponsible response of the NI Executive and the Department of Health to abortion access in Covid-19. <https://www.swlondoner.co.uk/life/06052020-abortion-rules-in-chaos-as-northern-ireland-struggles-to-cope-with-new-rules-imposed-by-travel-restrictions/>
- 1.9. **Significant travel for abortion should never be necessary**, forcing people to make substantial journeys on top of our myriad abortion logistics, was deemed a grave injustice by CEDAW and the Supreme Court in 2018 and the WHO, yet their recommendations went unheeded, NI government and ministers as far as provision was concerned. So hundreds still make that journey. Which is unbelievable when we consider how successful telemedicine has been for the safe delivery of abortion healthcare to thousands



of women and pregnant people across Ireland, England, Scotland and Wales, especially during a pandemic (Campbell et al., 2021).

- 1.10. **Telemedicine** offers an extremely effective solution to avoiding clinic protestors for the vast majority of abortion seekers. Over 90% of abortions occur before 12 weeks, the law in NI now allows for abortion on request up until that point, although the services are not yet available. EMA is effective and useful for most women and pregnant people in this category, with some others requiring surgical abortion due to contraindications. This therefore illustrates just how many clinic visits and potential run-ins with anti-abortion protestors could be mitigated by standard Telemedicine EMA provision. Pills by post means all confrontation can be avoided. The Minister for Health has been given the powers in the regulations to change the designation easily and if they did as part of the new proposals for commissioning it would bring many benefits, cost and ease of access, as well as minimising the likely encounters with anti choice protestors.
- 1.11. **In a letter to the Health Department** signed by over 70 civil society organisations, Alliance for Choice highlighted the clear gap that could be bridged for access and public safety, “The undersigned call on the Northern Ireland Health Minister, Robin Swann, to implement abortion care recommendations from the World Health Organization (WHO) immediately. This would make provision for abortion telemedicine across Northern Ireland, similar to those commissioned in Ireland, England, Wales and Scotland since March 2020. Since the beginning of the outbreak WHO recommended that services related to reproductive health are considered part of essential services during COVID-19. In June 2020, WHO recommended that abortion provision in the global pandemic should; Minimise facility visits and provider–client contacts through the use of telemedicine and self-management approaches, when applicable, ensuring access to a trained provider if needed. (World Health Organization (1 June 2020) 2.1.4 Sexual and reproductive health services, Maintaining essential health services: operational guidance for the COVID-19 context, Interim guidance (pp. 29))(Alliance for Choice, 2020).
- 1.12. **Abortion telemedicine has been available throughout all of the UK** and Ireland since the onset of the pandemic bar Northern Ireland, which remains the only place where a safe, cost effective and practical method of abortion care has been denied to individuals seeking abortions that simultaneously avoids clinic face to face interactions with protestors, (Alliance for Choice, 2020).



- 1.13. **Beyond the context of the COVID-19 pandemic**, telemedicine could provide the modern and compassionate support which is crucial to accommodating women and pregnant people from marginalised groups. Asylum seekers, ethnic minorities, sex workers, the travelling community and LGBTQIA+ people are all disproportionately impacted by barriers to abortion services. Moreover, women and pregnant people may also have caring responsibilities, no access to transport, limited access to finances or are the victims of domestic abuse and coercive control which reduces their ability to access clinic-based care.
- 1.14. **Alliance for Choice believes that everyone should have the right to choose**, this extends to deciding between clinic-based care and self-managed abortions. Self-managed approaches use the same safe medications that are prescribed in clinics by healthcare professionals. **Mifepristone and misoprostol are effective up to 98% of the time** and this approach is used by millions of people around the world to safely end pregnancies up to 13 weeks with no long-term effects.
- 1.15. **Self-managed approaches will allow us to remove many of the barriers** to services that we currently face including harassment from protestors. Care at home enables us to have more control over our own bodies so we can be supported in ending our pregnancies safely, effectively and privately at home. Alliance for Choice have provided self-managed abortion workshops to empower, educate and inform activists and others in Northern Ireland. These workshops outline where to access the safe and legal online pills, how to take them, what to expect and who to call if there are any complications or worries. Free, safe, legal and local abortions mean accessible services for everyone who needs them, and the continued obstruction of abortion access and reproductive justice is impacting the lives of women and pregnant people across the North.
- 1.16. **Legally compelled.** Both the CEDAW recommendations from their Inquiry into Abortion in Northern Ireland 2016-2018 and the primary legislation Northern Ireland Executive Formation etc. Act 2019 compels further measures to be taken by the Secretary of State Northern Ireland and the Department of Health in Northern Ireland to “ensure accessibility” and “protect women from harassment”.
- 1.17. **Bill is competent.** Alliance for Choice believes that the Bill is substantively competent and informed by best practice evidence and international precedent in accordance with minimum human rights standards and well within current legal frameworks.



- 1.18. **This is urgent.** Multiple times a week, as we write, protestors are harassing abortion seekers, their friends and family, health professionals, other health service users, local businesses and local residents. Therefore action on safe access zones cannot be swift enough.
- 1.19. **First person evidence.** Alliance for Choice are proud to represent the tens of thousands of women, pregnant people and their friends and families who have had to travel, order pills online or access healthcare at home through a barrage of abuse. Abortion is common and it is normal. Also shouting and praying at people outside clinics has little to positive effects for either the protestors or for the abortion seekers. There is evidence that **87% of abortions seekers “had high confidence in their decision.”**, (Foster et al., 2012) before receiving counselling. Additionally, most women reached their final decision to have an abortion before even making their abortion appointment and have positive mental health and remain confident in their decision following the procedure. (Kumar et al., 2004)
- 1.20. **Marginalisation.** It is particularly important that vulnerable groups accessing abortion care are protected from this harm, this includes those pregnant as a result of violence and coercion, and minors accessing abortion services.(MSI International, 2020). Lesbian and Bisexual women are more likely to be pregnant as a result of a sexual crime or violence than heterosexual women, (Jones, Jerman and Charlton, 2018) with bisexual women in particular more likely to experience proportionately higher levels of domestic abuse. (Women most at risk of experiencing partner abuse in England and Wales: years ending March 2015 to 2017 e). Disabled women are almost twice as likely to be in an abusive or controlling relationship (Office for National Statistics, 2018), harassment at a clinic only presents an additional barrier for vulnerable groups accessing care.
- 1.21. **Telemedicine.** Assis and Larrea, (2020) propose a new approach to abortion care, where the needs of abortion seekers are centered.
Their proposals include:
- 1.21.1. “Eliminating barriers such as prescription requirements and over-regulated requirements for distribution and administration of pills.
 - 1.21.2. Allow information on self-managed abortion with pills to be available online and without censorship.
 - 1.21.3. Improve and instigate localised production of abortion medication in order to ensure equitable access across the globe by setting affordable prices where state healthcare does not provide free of charge.



- 1.21.4. Values training for providers to decrease the likelihood of encountering stigmatised care.
- 1.21.5. Ensure training on MVA and 2nd trimester abortions is given so there are options for people unable to avail of EMA” (Campbell et al., 2021)

1.22. Recommendations.

ALLIANCE FOR CHOICE URGES 4 MAIN ACTIONS FROM THE STORMONT ASSEMBLY, EXECUTIVE AND DEPARTMENT OF HEALTH IN NORTHERN IRELAND:

- 1.22.1. Put proposals for commissioning services before the Executive before 2022**
- 1.22.2. Commission comprehensive abortion services to satisfy at least the minimum requirements of the Executive Formation Act 2019**
- 1.22.3. Change the designation of the second set of EMA pills to enable home use, as in England, Ireland, Scotland and Wales**
- 1.22.4. Enact this Bill for Safe Access Zones Northern Ireland wide before purdah and the election period.**



C. Bill Scrutiny

1. Overview

1.—(1) This Act requires the Department of Health to establish safe access zones for premises providing abortion services.

(2) Acts within a safe access zone which may have the effect of preventing or impeding access to the premises, or influencing, harassing, alarming or distressing persons accessing the premises, are criminalised.

This is consistent with the CEDAW inquiry recommendations in 2018 and the primary legislation enshrining those same recommendations into law which state in Recommendations Section VII, under, B. Sexual and reproductive health rights and services that both the Secretary of State for Northern Ireland and the Department of Health in Northern Ireland must:

(b) Ensure accessibility and affordability of sexual and reproductive health services and products, including on safe and modern contraception, including oral and emergency, long term or permanent and adopt a protocol to facilitate access at pharmacies, clinics and hospitals;

(c) Provide women with access to high quality abortion and post-abortion care in all public health facilities, and adopt guidance on doctor-patient confidentiality

(g) Protect women from harassment by anti-abortion protestors by investigating complaints, prosecuting and punishing perpetrators.

It also is recommended by the Equality Commission who state in their hate crime policy recommendations: **Harassment when Accessing Health Services:**

Ensure that women, including women with multiple identities, are able to access all health services, including sexual and reproductive health services, free from discrimination or harassment. (Equality Commission for Northern Ireland, 2020).

They continue, “There is a need for measures to ensure that women, including women who may be subject to multiple and intersectional forms of discrimination (‘women with multiple identities’) have effective protection against discrimination and harassment when accessing health services, including reproductive health services. Measures should be compliant with human rights legislation.”

2. Premises where abortion treatments are carried out

In this Act, premises are protected premises if they are premises where provision is made, or proposed to be made, for treatment for the termination of pregnancy to be lawfully carried out.

AfC would like to note that for the majority of cases, abortion treatment will be the administration of one pill in a clinic and 4 to be taken at home 24 to 48 hours later. Would



this therefore mean that every woman who accesses EMA, with the second set of pills legally at home, therefore include their private dwelling to be protected under this Bill? This would be especially important in case of any progress on the redesignation of EMA towards Telemedicine at any point in the future that there are no loopholes . AfC are happy that the Bill strives to automatically protect anywhere that abortion is provided or intended to be provided.

3. **Premises where information, advice or counselling about abortion treatments are provided**

3.—(1) In this Act, premises are also protected premises if they satisfy conditions 1, 2 and 3. (2) Condition 1 is that the premises are— (a) an HSC hospital, (b) a clinic provided by an HSC trust, (c) used to provide primary medical services in accordance with arrangements under the Health and Personal Social Services (Northern Ireland) Order 1972, or (d) any other premises approved for the purposes of this section by the Department. 1 5 10 15 20 Abortion Services (Safe Access Zones) (3) Condition 2 is that information, advice or counselling relating to treatment for the termination of pregnancy is provided at the premises. (4) Condition 3 is that, following a request from the operator of the premises, the Department makes a determination that the premises are to be treated as protected premises. (5) The Department may only make that determination if satisfied that it is reasonable to do so. (6) In this section— “HSC hospital” means a hospital managed by an HSC trust, “HSC trust” means a Health and Social Care trust established under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991.

AfC are satisfied that counselling services will be protected if requested, we are also satisfied that services for young people such as Common Youth would also potentially come under the remit for protection if requested.

We want to ensure that no rogue clinics, such as Stanton Healthcare would have the same protections enshrined. We would specify that the lack of accurate information and the misleading advice should exempt premises such as that from acquiring a safe access zone.

4. **Protected persons**

In this Act, a protected person is a person attending protected premises for the purposes of

- (a) accessing the treatment, information, advice or counselling provided there,**
- (b) accompanying a person described in paragraph (a), at the invitation of that person, or**
- (c) in, or providing services to, the protected premises.**



AfC are satisfied that these categories of protected persons adequately cover the scope of people who might be affected.

5. **Safe access zone**

1.(1) In this Act, a safe access zone means—

- (a) the protected premises, including entrances to and exits from the premises, and**
- (b) a public area outside the protected premises and in the immediate vicinity of the protected premises, designated as a safe access zone by the Department.**

(2) In this section “public area” means a place to which the public has access, without payment, as of right.

Would there be instances of a third party, not the owner of public byways nor the owner of the clinic property would have the ability to stop requests for protection?

If abortions were ever to be provided by a mobile unit (as vaccines have and as EMA has been in various locations across the world), would the Health Trust be able to have a designated area for a set distance around where the mobile unit was parked?

Would there be the ability to set it temporarily and would the designation process be timely, as we have seen intimidation move clinics to various locations suddenly or in the event of a sudden hospital closure etc?

Could the premises covered also be for the teaching of abortion provision skills at medical schools which have been aggressively protested in the past and impedes the training of future providers?

6. **Offences in respect of a safe access zone**

1.(1) In this section, D means a person who is not a protected person.

AfC are happy that the Bill is clear and at purpose here.

(2) It is an offence for D to do an act in a safe access zone with the intent of, or reckless as to whether it has the effect of—

- (a) influencing a protected person, whether directly or indirectly,**
- (b) preventing or impeding access by a protected person, or**
- (c) causing harassment, alarm or distress to a protected person,**

in connection with the protected person attending protected premises for a purpose mentioned in section 4.



AfC are happy that the Bill's aims to protect clinic users are paramount here. We would also like to add that any imagery or misinformation about abortion that cannot be independently verifiable as accurate, should also be included here.

So “the effect of -

- (d) relaying false or misleading information as to the effects and impacts of abortion, the safety of abortion or the technical process of abortion,
- (e) displaying imagery containing false or misleading information as to the effects and impacts of abortion, the safety of abortion or the technical process of abortion,
- (f) promoting any alternative crisis pregnancy centre which does not have the approval of the local health trust and is managed or funded by any anti-abortion organisation,
- (g) promoting any materials detailing unsupported ‘abortion reversal’ medicine claims or sources.

(3) It is an offence for D to record a protected person who is in a safe access zone without the consent of that person, with the intent of, or reckless as to whether it has the effect of—

- (a) influencing a protected person, whether directly or indirectly,**
- (b) preventing or impeding access by a protected person, or**
- (c) causing harassment, alarm or distress to a protected person,**

in connection with the protected person attending protected premises for a purpose mentioned in section 4.

AfC are happy that the Bill's aims to protect clinic users are paramount here. We would also like to add something here about privacy;

- “The effect of-
- (d) threatening privacy and confidentiality,
 - (e) publishing information about the clinic user in digital or traditional print forms for any use whatsoever
 - (f) sharing information about clinic users as outlined in section 4 as a protected person.

(4) It is a defence for D to show that D did not know, and had no reasonable way of knowing, that the protected person was in a safe access zone.

AfC wishes to include some questions on what reasonable measures would be accepted for alerting people that they are currently in a safe access zone.

1. Would for instance, one staff member telling someone that they were in a safe access zone suffice or does it require delineation by street and public furniture markers and signs?
2. Are these signs, if required, therefore protected against criminal damage and would criminal damage to any notices of the safe access zone then preclude a person D from ‘reasonable’ knowledge?
3. If protestors are vulnerable adults but they are placed there by colleagues in the protesting organisation, who is culpable for the ‘reasonable knowledge’ of a safe access zone?



4. If protestors are under 18 but they are placed there by colleagues in the protesting organisation, who is culpable for the 'reasonable knowledge' of a safe access zone?

(5) An offence under this section is punishable on summary conviction by a fine not exceeding level 2 on the standard scale.

AfC does not hold much faith in the criminal justice system for the safety and protection of women. We believe fines would be easily covered by large religious organisations and custodial sentences would make martyrs out of protestors, as well as have little effect on the deterrence and ending of the community structures that hold this gendered violence in place. Alliance for Choice would like to suggest that an alternative to carceral punishment would be possible.

AfC propose that for every person found guilty of such an offense, that they must attend a relationship and sex education course run by Alliance for Choice, Raise Your Voice with compulsory attendance, coursework and evidence of engagement. We believe that if this was properly invested in by the Department of Justice it may have more fruitful and potentially transformative effects for the safety and protection of women than a handful of PSNI officers. For protestors under 25 we would also suggest similar courses but run by Common Youth or similar organisations.

Alliance for Choice have enough experience to be aware that most of these protests are organised by groups and those groups need to take responsibility for the behaviour of their members. We believe that any financial punishment should be made towards the organisations who often put calls out on social media for attendees to their protests. Also the PSNI should be aware of what group the protestors are as we know some of them go through the proper channels and put in notice to the PSNI of a protest, so therefore there is a contact name.

AfC also believe that the protestors behaviour online should be curbed if they continue to breach safety zones or cause distress for abortion seekers. Prohibiting them from using social media for a set period - as a group - after a guilty breach, would deter the group and it would also make it more difficult for them to organise another breach of the SAZ.

7. **Enforcement of safe access zone by a constable**

1. Where a constable has reasonable grounds to believe that a person has committed, is committing, or is about to commit an offence under section 6(2), the constable may—

- (a) direct the person to leave the safe access zone,
- (b) remove the person from the safe access zone.

(2) Where a constable has reasonable grounds to believe that a person has committed, is committing, or is about to commit an offence under section 6(3), the constable may direct the person to cease recording.

(3) A constable exercising the power in subsection (1)(b) may use reasonable force, if necessary, in the exercise of the power.



(4) A person who fails to comply with a direction under subsection (1)(a) or (2), or who resists being removed under subsection (1)(b) commits an offence.

(5) An offence under subsection (4) is punishable on summary conviction by a fine not exceeding level 4 on the standard scale.

Does this mean there is a constable always posted on duty at each clinic? Or a special unit that will be dedicated to the policing of clinics?

Alliance for Choice have had many negative experiences of dealing with the PSNI on this matter and would not be confident that a full time posted constable is the best use of resources or would offer much comfort to clinic users. Indeed we are not sure this would in any way mitigate the problem. Any clinic staff worker should be able to enact the law by asking the person to leave without having to engage the law using a police constable.

Some evidence from BPAS matches AfC's experience with local PSNI officers, including many of us being interviewed under caution for 'harassment' without evidence or with evidence to the contrary:

(BPAS 2020) "It should be noted that the police response to complaints by protesters versus complaints by clinic staff and clients is markedly different. Despite persistent complaints in a number of areas against protesters, action being taken against them is vanishingly rare. On the other hand, minor 'retaliatory' action such as hiding posters is investigated and pursued by the police over a number of months.

Three specific examples of this:

2014, a local resident in Richmond was walking near BPAS Richmond with his two small children and saw graphic banners from The Good Counsel Network outside the clinic. Because he didn't want his small children to see them, he placed the banners in the bin. He was arrested for theft and in January 2015 was still waiting to be charged.

In December 2014, a local resident in Southwark engaged with the Abort67 protesters outside BPAS Southwark. She took objection to 8 protesters with body cameras and an explicit 15ft banner immediately outside the medical practice. Two months later the police contacted her and said she had been accused of criminal damage – the victim impact statement said that she had damaged the poster stand hinge. She reported on Facebook that the police originally threatened her with a night in a police cell if she did not accept a caution. In May (5 months after the original incident), she reported that the case had been dropped.

In June 2012, a teacher at a local college in Brighton was cautioned for criminal damage because, after calling the police about offensive Abort67 posters, he took one down and sat on it while waiting for the police to arrive. The police informed him that he could either accept a caution or he would be charged with criminal damage. Abort67 then called the college to complain and he was placed under disciplinary investigation at work, (BPAS 2020).



8. Procedure for designating a safe access zone

The operator of protected premises may notify the Department that the operator wishes there to be a safe access zone in respect of the protected premises.

(2) Within eight weeks of receiving this notification, the Department must designate an area as a safe access zone.

(3) In determining the extent of the safe access zone, the Department must consult—

- (a) the operator,**
- (b) owners and occupiers of land in the immediate vicinity of the protected premises,**
- (c) the district commander for the police district in which the premises are situated, and**
- (d) such other persons as it considers appropriate.**

(4) The Department, after consultation with the persons referred to in subsection (3), may vary the safe access zone.

(5) Where it appears to the Department that the operator no longer wishes there to be a safe access zone, the Department may revoke the designation.

(6) The Department must publish the extent of the safe access zone (including any variations or revocations) in such manner as appears to it to be appropriate.

AfC is concerned that this clause of the Bill allows the Department of Health to revoke the designation of a safe access zone “where it appears to the Department that the operator no longer wishes there to be a safe access zone.” This allows the Department to revoke the designation of a safe access zone without first consulting providers. In the Isle of Man, Part 3, Section 27 of the Abortion Reform Act (2019) allows the Department to do so only after consulting the person(s) at whose request the zone was established (Reddy, 2019). Including similar requirements in Northern Ireland legislation would provide greater protection and assurances for providers that their autonomy will be respected and safe access zones will only be removed with their consent.

9. Exercise of functions

In exercising functions under this Act, the Department must have regard to, amongst other things—

- (a) the safety and dignity of protected persons,**
- (b) the right to respect for private and family life set out in article 8 of the Convention, and in particular, the right of protected persons to be free from harassment, alarm and distress in attending protected premises,**
- (c) the right to manifest religious belief, and the rights to freedom of assembly and expression, set out in articles 9, 10 and 11 of the Convention, and in particular the right to protest.**

AfC also believe the Department must have regard to Section 75 and any of the increased marginalisations this will have on peoples more greatly impacted by disability, race, gender, sexuality, poverty, class, rural/urban location, immigration status and so on.



10. **Monitoring of effectiveness of safe access zones**

The Department must publish an annual report, setting out whether, in the opinion of the Department, each safe access zone has been effective in protecting the safety and dignity of protected persons.

AfC welcomes the annual report but notes there is a lack of screening in the report for marginalised identities and a lack of obligation to propose new methods of public protection if the annual report finds insufficiencies. Also, will the annual report be resourced to gather sufficient evidence from the impacted clinics and counselling services?

11. **Interpretation**

Alliance for Choice believes the interpretation satisfies the Bill's intentions.

12. **Commencement**

Alliance for Choice is satisfied by the timetable of commencement.

13. **Short title**

This Act may be cited as the Abortion Services (Safe Access Zones) Act (Northern Ireland) 2021.



D. Evidence

1. Protest groups

- 1.1. The Bill does not make a distinction between punishment for individuals and organisations or corporations. Anti Abortion protests in Northern Ireland are usually organised and coordinated by groups and organisations, rather than spontaneous actions by individuals. Making a distinction in punishment for individuals and organisations or corporations would allow for the application of higher fines and stronger punishment for those coordinating and orchestrating safe access zone related offences, which could act as a stronger deterrent for those considering committing these offences. An example of this can be seen in Alberta where an individual may be fined up to \$5000 and/or up to 6 months in prison and an organisation may be fined up to \$25,000. For subsequent offences, these fines can increase to \$10,000 for individuals and \$100,000 for corporations, (Reddy, 2019). Alliance for Choice believe that anyone who is a member of a group should therefore invite the fine for the group first and foremost and incur an injunction against all organisational members and a ban from the group posting on social media for a set period.
- 1.2. “Street harassment reasserts gendered power relationships by subjecting women to unwelcome attention. Women often take steps to minimise what they see as the risks; but when accessing abortion, women’s ability to exercise any control over who is watching, or to avoid encounters, is removed; they can do little but walk through or past activists, who (through positioning and address) are able to control the space of the encounter. The lack of available avoidance actions may explain the anger some clients feel about these encounters. The relationship between surveillance, privacy and fear explains why women experience encounters with anti-abortion activists as harassment, even when they are not being approached aggressively. In policy terms, this suggests that the call for buffer zones around clinics is justified, as only the complete removal of anti-abortion activists from outside clinics will suffice in removing the source of distress.”, (Lowe and Hayes, 2018).
- 1.3. “As articulated in *Dulgheriu & Anor v. The London Borough of Ealing* (2018), a case centering on a legal challenge to the UK’s first buffer zone, freedom of belief is a qualified right that can be curtailed to protect the freedom of others. The key point of this



judgment is that while activists have a right to hold anti-abortion views, this right should not extend to being able to constrain abortion or intervening when women are accessing abortion services. There is an important distinction between the holding of individual beliefs and appropriate ways to demonstrate and try to convert others. The space outside service providers is not seen as an appropriate space for anti-abortion religious practices. Recognizing anti-abortion activism as a religious practice, and thus an individual belief, could therefore actually encourage the protection and enhancement of abortion access by fostering recognition that there is both sacred and secular pluralism and that the beliefs of some should not curtail the rights of others.”, (Lowe and Page, 2019).

Groups active in NI since decriminalisation include:

- 1.4. <https://www.facebook.com/CentreForBioEthicalReformNI/> they then split and some formed:
- 1.5. <https://www.facebook.com/AbolishAbortionNI/>
- 1.6. but <https://www.preciouslife.com/news> are still main protestors at Belfast (busiest) clinic and they also run:
- 1.7. <https://www.stantonbelfast.org/> and advertise the abortion reversal pill.
Abolish Abortion NI do seem to be similar membership as CBRNI - and are outside clinics regularly - multiple times weekly across the country. Their membership demographics are 2 distinct groups, a huge contingent of older men, preaching - using electronic portable pa systems outside multi use health clinic entrances. The second demographic is very young women/teenage girls.
- 1.8. AfC interviewed providers for the below article where they expressed discomfort with the lack of support from trusts on the issue due to the lack of commissioning. They also felt harassed whilst performing their duties and wasted valuable clinical time trying to calm down patients after coming through the protestors. Patients should not be made to feel upset by people who know nothing of the reasons they have come to the clinic, their medical history or beliefs. It was described as an experience of intimidation and fear for staff and patients. It also puts pro-choice staff off providing abortion care. <https://shado-mag.com/all/stanton-healthcare-needs-to-answer-for-deliberately-misleading-abortion->



[seekers-in-belfast/](#)

- 1.9. Often the loud pa's can be heard in the clinical treatment rooms, consultants have to take it upon themselves to escort patients into the building and out again. There is a counter group in Newry who were not affiliated with AfC, called Supporting women Newry as protestors seem particularly vicious there.

<https://www.newry.ie/news/women-s-group-ask-for-safe-zone-at-daisy-hill-ahead-of-council-motion-on-accessing-healthcare-services>

- 1.10. Stories in the press of harassment:

- 1.10.1. Grazia, [I Get Called A "Child Killer" And A "Satanist" - What It's Like To Be An Abortion Chaperone In Northern Ireland](#), 5th March 2015
- 1.10.2. Belfast Telegraph <https://www.irishnews.com/news/2015/06/22/news/psni-deal-with-200-incidents-at-marie-stopes-clinic-143073/> 22nd June 2015
- 1.10.3. Guardian <https://www.theguardian.com/uk-news/2014/nov/19/abortion-activist-guilty-harassing-belfast-marie-stopes> 19 Nov 2014
- 1.10.4. Politics Home <https://www.politicshome.com/thehouse/article/we-must-introduce-buffer-zones-to-stop-the-harassment-of-women-outside-abortion-clinics> 5th July 2021
- 1.10.5. Telegraph <https://www.telegraph.co.uk/women/womens-life/11243165/Jesus-Christ-would-be-ashamed-of-Christian-abortion-protestors.html> 20th November 2014
- 1.10.6. BuzzFeed <https://www.buzzfeed.com/laurasilver/harassment-outside-abortion-clinics-buffer-zone> 20th Sep 2018
- 1.10.7. Elle <https://www.elle.com/uk/life-and-culture/a38036746/battle-outside-uk-abortion-clinics/> 28th October 2021
- 1.10.8. Back Off <https://back-off.org/back-off-the-news/> accessed 11th Nov 2021
- 1.10.9. Irish Times <https://www.irishtimes.com/news/social-affairs/it-is-not-a-crime-the-women-behind-north-s-abortion-law-change-1.4062891> 26 October 2019



2. Current legislation

Under current harassment laws, due to the need to prove an ongoing and sustained campaign, one person must be targeting the same person on two or more occasions, and that person then is responsible for reporting it to the police. In AfC's experience, anybody who is accessing particular services will not report harassment to the police because they want to maintain their confidentiality, and the police struggle to enforce current harassment laws. We had another circumstance in which a member of staff from Informing Choices, formerly the Family Planning Association, was assaulted. The conviction was upheld, yet the person who assaulted the staff member is still allowed to protest at the doors, and the police feel that they cannot take the injunction action.

i. Evidence from Elsewhere

1. "A number of countries facilitated abortion access during the first year of the pandemic. They introduced policy changes that included one or a combination of several measures: introducing telemedicine, facilitating early medical abortion by allowing home-use of abortion pills, extending the gestational limit for early medical abortion and eliminating mandatory visits or waiting periods." (Penovic, 2019)
2. "The use of telemedicine improved access to health practitioners during lockdown, as well as reducing the risk of contracting Covid-19 for patients and providers alike. Several countries relied extensively on telemedicine to replace face-to-face visits. This was the case for France, England, Wales, Scotland, Portugal, Germany and Belgium" (Penovic, 2019)
3. "Analysis suggests that anti-abortion activism outside clinics consequently violates social rules governing encounters with strangers in specific places and reinforces gendered hierarchies. As such, they are often experienced as acts of gendered harassment.(Lowe and Hayes, 2018)"
4. From a significant 2013 study in USA, researchers set out to record the impact of anti-abortion clinic protestors on women who accessed abortion. They surveyed according to intensity, where only visibly seeing them was less intense than hearing them as well, verbal interactions were more intense again, followed by physical interaction.
5. "Women who reported more difficulty making the decision to have the abortion reported being more upset than women reporting less difficulty (19% with more difficulty reported being quite a



bit or extremely upset compared to 11% reporting less difficulty, pb.001).(Foster et al., 2013)”

6. “More women who were stopped and who heard protesters reported being quite a bit or extremely upset than women who only saw protesters (21%, 14% and 10%, respectively). In a mixed-effects multivariable logistic regression model of reporting being upset by protesters, difficulty making the decision continued to be positively associated with being upset; women who report difficulty deciding whether to have an abortion reported more than twice the odds of being upset by protesters [odds ratio (OR)=2.13, 95% confidence interval (CI 1.19–3.79)]. Compared to women who only saw protesters, women who reported being stopped by protesters reported more than twice the odds of being upset by protesters (OR=2.36, 95% CI 1.17–4.76).”, (Foster et al., 2013).
7. “One of the strongest predictors of being upset by protesters is whether the woman had had difficulty deciding to have an abortion. Women who had more difficulty deciding were more likely to find the protesters upsetting.”, (Foster et al., 2013).
8. This evidence is important when we consider the SFI Bill being taken through the Stormont Assembly at the same time as this Bill. Women, pregnant people and their families who discover serious foetal complications between 20 and 22 weeks are the people who are most likely to have difficulty with their decision, as these are people with wanted pregnancies, which have not progressed as planned, or equally if the pregnancy is severely impacting the health of the pregnant person.
9. Our own experience answering calls and escorting women in and out of abortion healthcare settings, chimes with these findings. Those who intended to be pregnant are those who will feel the greatest impact of the protesters, the violence of their images and the harm and intimidation of their words. Given the grief that many feel at this time, it is unacceptable that they are then also subject to abuse and harassment at the entrance to a healthcare facility.
10. The European Court of Human Rights found in cases where abortion is lawful but access is prohibited in practice – for example, by health professionals, structures or unclear information – Article 8 (e.g. Tysi c v. Poland (Application no. 5410/03) (2007) and Article 3 (e.g. S. v Poland (Application no. 57375/08) (2012))
11. **Addressing the issues raised by clinic activity** - Evidence from BPAS (2020):
 - 11.1. Clinic activity has an impact on women accessing abortion that needs to be combated. As a result of the local, patchwork nature of PSPOs and the burden on councils in



introducing them, BPAS supports the introduction of new legislation to introduce national buffer zones around clinics.

- 11.2. Until new legislation is introduced, however, PSPOs are the only successful means to stop damaging clinic activity. Other legislative options that have been previously suggested by the Home Office or by anti-abortion groups, to no avail, include:
- 11.3. Part 4, Chapter 1, Anti-Social Behaviour, Crime and Policing Act 2014 (used). A CPN was used against two individuals who started protesting outside BPAS Birmingham South in early 2019. However, there is now a new protest group outside the clinic with significantly more people, present throughout Covid-19, which is ill suited to a CPN or CPW.
- 11.4. S5 Public Order Act 1986 (used). Used twice, most recently in Manchester, where a member of a regular protest group pleaded guilty and was given a 12-month restraining order. The group she is a part of continues to protest the clinic, and her restraining order expired last year, leaving her free to re-commence her activities.
- 11.5. Part 1, Anti-Social Behaviour, Crime and Policing Act 2014 (used). One police force has obtained an injunction against an individual protester. The injunction requires that the protester does not use amplification equipment or use the word 'murderer' within 60 yards of the clinic. It does not prevent his attendance, any other aspects of the protest, or use of synonyms such as 'baby killer'.
- 11.6. Civil injunction (considered). Given the number of clinics impacted, a civil remedy for this persistent and widespread issue is insufficient and incorrectly places the right of women to access healthcare unimpeded as the responsibility of a provider rather than the government.
- 11.7. S14 Public Order Act 1986 (used). In 2014, police officers in Richmond issued a Section 14 notice indicating that they considered the anti-abortion group posed a 'serious risk of disruption to the life of the community'. The Metropolitan Police reviewed the issuing of these notices and concluded that they had been issued incorrectly.
- 11.8. S1, Protection from Harassment Act 1997 (considered). This requires victims to report harassment to the police and if they wish to pursue a prosecution, to be willing to give evidence in court which would require disclosing their confidential medical records.
- 11.9. Part 3, Anti-social Behaviour, Crime and Policing Act 2014 (considered). Dispersal powers would allow police to disperse individuals or groups who are causing harassment, alarm or distress. However, these powers only last a maximum of 48 hours and these groups are often present for more prolonged periods so will simply return once the order has expired.



- 11.10. S61 and S68 of the Criminal Justice and Public Order Act 1994 (considered). It was concluded that trespass takes place only in very isolated circumstances and would not address the vast majority of protest activity, (BPAS, 2020).

i. International experiences

Canada

12. “The province of British Columbia in Canada has had exclusion zone laws in place since 1996 under its [Access to Abortion Services Act](#). Under this Act, access zones around specific facilities are determined by the Lieutenant Governor in Council by regulation and encompass the land 50 metres from the boundaries of the parcel of land on which a specified facility is located. Persons must not engage in certain activities in access zones including: engaging in sidewalk interference; protesting, besetting, physically interfering or attempting to interfere with a service provider; and intimidating or attempting to intimidate a service provider. Graphic recording and harassment is also prohibited in the access zone. Local governments such as Calgary, Alberta and Toronto, Ontario have also enacted access zone provisions around specific clinics, while other clinics have sought individual injunctions against protest groups. The Canadian *Charter of Rights and Freedoms* has similar provisions protecting freedom of expression as those in Victoria, and it was held as early as 1996 that access zones around abortion clinics were a reasonable impairment on that right as 'freedom of expression may be impaired geographically, by time and by manner'.”

13. United States of America

- 13.1. “The United States has a violent history of protests against abortion. Under the [Freedom of Access to Clinic Entrances Act](#) Certain activities are prohibited in the USA including intentionally injuring, intimidating or interfering with persons obtaining or providing reproductive health services; intentionally injuring, intimidating or interfering with persons lawfully exercising their right of religious freedom at a place of religious worship; and, intentionally damaging or destroying a property because it provides reproductive health services or is a place of religious worship. (Parliament of Victoria,



2015) A first offence under this Act is punishable by a fine and/or 12 months imprisonment, and subsequent offences are punishable by a fine and/or three years imprisonment. These offences do not constitute an exclusion zone as there is no specific area that protesters cannot enter, but injunctive relief prohibiting a person from attending a clinic can be sought after a first offence. A number of States in the US have also enacted 'buffer zone' laws around abortion clinics in addition to the Federal offences, although a [2014 Supreme Court ruling](#) has found such zones to be a violation of the US Constitutional right to free speech.”, (Parliament of Victoria, 2015).

- 13.2. “Since the early 1990s in France, it has been an offence under the Public Health Code to prevent or attempt to prevent a termination of pregnancy or preliminary acts, punishable by two years' imprisonment and a fine of 30,000 euros. This includes disrupting access to the termination facilities, the free movement of persons within these facilities, or the working conditions of staff; and/or by employing moral or psychological pressure, threats or any act or intimidation on either staff, women accessing the services, or people accompanying them. In South Africa, it is an offence to prevent the lawful termination of a pregnancy or to obstruct access to a facility for the termination of a pregnancy, but it is not illegal to protest. Recently, there have also been calls in the UK for buffer zones to restrict the recording of people accessing abortion clinics.”, (Parliament of Victoria, 2015).

ii. First Hand Experiences

1. Both of AfC's co-convenors and a number of our steering group and volunteers undertook training by MSI to be clinic escorts, which involved assisting clients in and out of the Great Victoria Street clinic between 2012 and 2018. Additionally many members and key activists have accessed abortion which involved encounters with anti-choice protestors. We have considerable and various types of first-hand experience of clinic harassment. Below are just some of the forms of harassment we encountered, as well as those accessing services.
2. It includes:
 - 2.1. Blockage of entrances



- 2.2. Unwanted engagement even after requests to stop
 - 2.3. Unwanted, scaremongering and misleading anti-abortion and anti-vaccination literature
 - 2.4. Filming of patients, family and friends and healthcare workers
 - 2.5. Verbal abuse: referring to people as ‘murderers’, baby-killers, or ‘mother of a dead baby’ after their appointments, patients being told they are ‘eternally damned to hell’
 - 2.6. Patients having ‘holy water’ thrown over them or salt.
 - 2.7. Prayer vigils - including large judgemental, decontextualised scripture passages on placards.
 - 2.8. Plastic dolls being given names and women being told this is ‘their’ baby
 - 2.9. Patients being told they can get breast cancer from having an abortion
 - 2.10. Patients being told that abortion will ruin their fertility and future family plans
 - 2.11. Patients being told they will develop mental health issues because they have had an abortion
 - 2.12. Patients being told they are more likely to be an abusive parent after an abortion
 - 2.13. Parents accompanying women, being told they are an accessory to the murder of their grandchild
 - 2.14. Patients, friends and relatives being pursued in the street
 - 2.15. Patients being physically assaulted
 - 2.16. Graphic and misleading foetal images
 - 2.17. Patients being told that images of them will end up on social media
 - 2.18. Patients being diverted away from the clinic, often to a rogue crisis pregnancy centre (Stanton clinic)
 - 2.19. This is by no means an exhaustive list of what women have been subjected to.
3. None of this is passive protest, it is harassment and abuse. Neither is it simply ‘free speech’, as is claimed, it seeks to target women, pregnant people and healthcare workers with harmful consequences. You cannot claim to defend free speech unless you are prepared to call out those who twist it for targeted harassment.
 4. In recent months, many political leaders have condemned the behaviour of those involved in ‘anti-vax’ protests outside hospitals. A number of anti-choice organisations and individuals are also vocally anti COVID vaccination and have produced unscientific and problematic literature in and around the vaccine. If many politicians agree that such behaviour outside healthcare facilities is unacceptable, then it should also be unacceptable that women, pregnant people and healthcare workers are subjected to the same and oftentimes worse treatment when it comes to accessing or providing legal abortion healthcare.



5. **The example below is from a database of callers we keep who need further assistance or referral. It is just one example of a common concern raised by many people who contact us with questions regarding abortion access:**

- 5.1. **MAY 2020** - *In process of arranging abortion (5 weeks gestation) through icni but wanted some support through process and expectations.*
- 5.2. *Was extremely alarmed at thought of protesters outside clinic, having experienced them previously when going in to a building for reasons other than abortion.*
- 5.3. *Has logistical, emotional and practical questions that she wanted to discuss with someone who had experience of abortion or experience in dealing with people who have abortions.*

6. **The information below are testimonies from people who have encountered the protesters and contacted Alliance for Choice via an online form that we ask them to complete to describe such encounters. It has been online since January 2020 and this list is not exhaustive.**

7.

- 7.1. “I have lived in England for nearly a decade yet every single time I am back in Belfast city centre without FAIL I will witness anti choice harassment. I was once verbally abused after simply walking PAST a crowd of anti-choicers blocking the entrance to the old MSI clinic in 2017. My mother had a violent miscarriage and I would regularly warn her if I heard there were gory images of fetuses plastered around town. This happens REGULARLY and has done for decades. It is part of the reason myself and many others leave NI and don't look back. Precious Life and similar organisations have used harassment tactics for years. It is a disgrace especially AFTER recent news of the scale of abuse in mother and baby homes. It's TIME for the women of NI to be able to go into TOWN (never mind while trying to access health care) without fear of harassment by abusive antichoicers.”

How many people

- 7.2. “Approx 20-30 protesters the last day I saw. One man with a microphone and loudspeaker roaring about hell and sin. All with placards of fetus’ or big black writing saying babies are murdered here.”
- 7.3. “5 on one side of the entrance junction to the clinic and 3 on the other side as well as someone recording the protest across the road”



- 7.4. “Approx 20-30 protesters the last day I saw. One man with a microphone and loudspeaker roaring about hell and sin. All with placards of fetus’ or big black writing saying babies are murdered here.
 - 7.5. “Mostly men, some vulnerable adults, about 15”
 - 7.6. “There must have been about 20 people, no social distancing, scary pictures”
 - 7.7. “People lined the footpath on both sides of the road, approx 20-30 maybe”
 - 7.8. “2 older men. One had a priest's collar and no mask. The other wore a mask.”
8. **Covid safety**
- 8.1. The woman with the clipboard was not wearing a mask. I made a complaint about what was happening to the police woman present. I said it was a breach of Covid rules which state only to leave for limited essential purposes. The police woman told me the 'protestors' had told her they were there for work purposes and they worked for Stanton Health Care. She said her Sargent was in the jeep working on it
 - 8.2. No. None of them wore masks and they did not stand socially distanced from each other
 - 8.3. No distancing. No masks on any of them, the man with the speaker was from Bangor(he said himself) so he’s broken the travel restrictions for a start. Cara from Tipperary.
 - 8.4. No masks, occasionally not socially distanced from each other and you have to go threw the middle of them
 - 8.5. Nobody was socially distancing at al
 - 8.6. Not many masks, distanced for the most part, some in twos and threes
 - 8.7. One wore a mask. The other didn't. They weren't socially distancing from each other
 - 8.8. No masks, distanced partially but not when having their conversationS
 - 8.9. One wearing a mask the others no. One is well known anti abortion woman Bernie smyth who is not from Newry so obviously broke travel restrictions.
 - 8.10. The young woman was not wearing a mask and they were all directly outside the clinic coming in contact and approaching people. They were grouped together
 - 8.11. No masks, no social distancing, arguably blocking the pavement meaning close contact for people walking past or into the hospital
9. **Did they have images - can you describe them?**
- 9.1. They had pictures of foetuses and a picture of Holy Mary
 - 9.2. They had pictures of foetuses and religious images propped up against the wall of the building
 - 9.3. Signs saying “children being murdered here”
 - 9.4. They had images and a bag of things they must have planned to give out. I didn’t interact with them I was so afraid of them that I got a taxi from the airport straight to the door of the clinic and picked up to leave the same way



- 9.5. Yes, posters about the humanity of the unborn child
- 9.6. Placards as mentioned with early stage pregnancy fetus. Signs of all sort with diff messages
- 9.7. Yes, dismembered babies at different stages. Signs that are offensive and basically calling every1 thats ever needed an abortion a murderer
- 9.8. Cut up babies, they had dead baby pictures
- 9.9. Both men carried placards. One referred to murdering babies. The other had an image of what appeared to be a foetus in a womb
- 9.10. Very graphic images. Distressing for anyone especially children and those affected by miscarriage or still birth. Many of whom will have to pass these to access health services
- 9.11. All anti abortion, slogans, images, dismembered babies. Murder is done here signs
- 9.12. Graphic abortion images
- 9.13. Horrendous images, of babies still in the womb, nothing anyone would want to see on their way to receive treatment for their mental health.
- 9.14. 4 large placards with graphic images of what they say are aborted fetus'
- 9.15. They did not have images but they had signs reading "babies are murdered here" in red blood like writing.
- 9.16. Yes they were carrying signs, sometimes graphic, using guilt tactics and slogans such as 'my life matters'
- 9.17. Aggressive posters with pictures of foetuses saying babies are killed here and other signs saying we love you and abortion is not healthcare

What were they doing or saying

10. At the time I was there, there was one woman holding a clipboard outside the door. However I recognised a woman I've seen on the TV called Bernie Smyth standing on the street opposite the clinic making a phone call. She is from a group called Precious Life.
11. Two women were standing either side of the front door to the Health clinic, as if they were doormen. The third woman, the one with the clipboard, walked back and forth in front of the door. She then stopped and began a conversation with a passerby. The woman with the clipboard was not wearing a mask and was not socially distanced from the passerby. I was so outraged by this disregard for the Covid regulations that I approached a police vehicle that was parked nearby. I made an official complaint to the police.
12. Baby killer, evil bitches getting abortions, whores, fallen women, never calm, always abusive. Actively blocking not only the entrance to clinics but the whole pavement



13. Talked about babies being murdered and detail when the abortion clinic is running and state that they want to share the gospel with people using the facility
14. I didn't interact with them they were across the street from the clinic, I did stand at the doors and have a cigarette and was nervous but they didn't shout at me
15. Silent protest, no blocking or interaction with the passersby
16. Main man shouting over speaker non stop, rest were silent but standing the whole length of the clinic wall so very intimidating for anyone entering
17. Shouting through a speaker chanting verses turning them into anti abortion verses.
18. They had a speakerphone and were rambling on about christ. Calling us anti christ.
19. Today they were silent but very intimidating
20. They were handing out leaflets and engaging with passersby
21. Holding graphic disturbing posters. Verbally abusive to anyone who challenged their imagery and location choices
22. Standing with the same cards they had a few weeks ago at JMP in Newry and clinic was moved and now they are outside that clinic which is also right outside mental health and as someone who's had a miscarriage and suffers ptsd and goes to counselling i cannot attend an appointment if they are here
23. Blocking a footpath
24. Standing at the entrance so anybody accessing the hospital can see them and their signs.
25. No shouting but held signs
26. This is a 10 week baby
27. As I was leaving the clinic the woman approached me not wearing a mask saying she could help me. Even though before my boyfriend had went outside before me and said not to be talking to me

How did the protestors make you feel

28. The pictures made me sick to my stomach. They are incredibly distressing to view. The thought that this woman with the clipboard was there to harasses women accessing health care shook me to the core. My distress was exasperated by the fact that it was the day after the report on Mother and Baby homes was released. One of these homes had an infant mortality rate of 75%. What I saw today is the same as the attitude that created and enabled the incarceration of women and forced adoptions in these homes. It is now 8 hours since I witnessed this and I still feel wretched. I can't stop thinking of those poor women who had to pass this horror show today so that they could access their basic human right to health care.
29. I am a man but I immediately thought of my daughter and other young women like her. I was saddened and angered at the thought of a young woman with an unwanted



- pregnancy having to walk that gauntlet to access information and care . I am outraged and disgusted that these people are allowed to intimidate and bully pregnant women. Regarding the breach of Covid regulations, Initially I was flabbergasted. I couldn't believe what I was seeing. Contemptuous and flagrant disregard for Covid regulations, their own health and safety, and the health and safety of others. I found their rank hypocrisy deeply infuriating. They were professing to care for the 'unborn', while showing total disregard for the living
30. sick. They are why I have never moved back home. the lack of respect for women in NI is unparalleled
 31. Uncomfortable and trapped. There were protesters on each side of the road as well as the road opposite the clinic. The person recording also made me feel uncomfortable.
 32. Angry. Frustrated that the police weren't moving them along. If they can't for freedom of speech as they said they could at least for covid restrictions
 33. Traumatized, Bernadette Smyth has personally traumatized me.
 34. I felt really nervous even from when I booked the procedure at the thought of protesters being there. I felt anxious and panicked when I arrived in the taxi and ran straight in the door
 35. Extremely intimidated, i have ptsd from a complicated birth after i suffered a miscarriage and these images are so traumatising ive been waking up soaked in sweat and my nightmares have returned constantly running round a hospital searching for my baby
 36. I felt very scared
 37. Intimidated, I'm a midwife who works there and felt very uncomfortable walking past these people
 38. Really angry and upset.
 39. Intimidated, and also frustrated and angry that they are allowed to do all of this freely without any intervention from police especially given it is taking place at a City healthcare facility
 40. Angry, sad, upset, emotional, lost, alone, resentful, intimidated
 41. Uncomfortable and inadequate
 42. Sick to my stomach, no longer receiving treatment there but personally I could never attend my appointment after passing something like that. Never mind it being a personal issue for some people, outside a mental health unit is just sick. They were also holding signs saying that there are babies killed inside that building. Which I'm pretty sure is false. I wanted to go back to counselling but until I know that there will be none of this happening, I will not be returning.
 43. Angry. Why aren't they being moved! Police need to move them or set up a perimeter that they must stay behind away from the main entrance.



44. I was just passing by but as a person who accessed a similar service in the past I found this a "triggering" experience.
45. It is shocking and cannot imagine how a couple who've experienced miscarriage or still birth would feel - as well as those who avail of their bodily choice
46. Angry, upset, I felt like my life and my choice didn't matter
47. This made me angry abortion is legal and should be accessed safely without the judgment. I was so anxious because of the harassment and also upset by it.
48. Angry and upset

Can you easily describe how it made others feel

49. I can't imagine how the woman who had to pass these images and the woman with her clipboard. I know what it's like to have a crisis pregnancy. What you need is support, not to be lied to and attacked with salacious images. I was lucky enough to have my abortion in a secular country where it was accepted as a woman's right. Exclusions zone must be put in place around Health Care Facilities so that women and people accessing services are protected from this type of horror show and harassment
50. I saw a young woman approach the building, see the women and images outside it and then hastily turn on her heel and go back the way she came.
51. My mum was with me and she was worried for my sake about how these protesters would make me feel during such a difficult time
52. Uncomfortable. Angry, frustrated, motivated to get them moved
53. Angry, frustrated, traumatised. Sad as they had a wee girl around 5 standing holding a sign
54. One woman stopped to confront the men. She started crying. My heart broke for her. She was clearly very upset by the placards these men were carrying and by what they were saying to her.
55. Others also very frustrated and angry that this is allowed to happen
56. Intimated, angry, hostile
57. Angry. Frustrated, sad
58. This had made my boyfriend angry after because he seen I was already anxious about them and for them to verbally harass me



E. Outstanding Issues

1. **Health/Access** - Whilst Abortion has been decriminalised in NI, a Department of Health commissioned abortion service is yet to be realised, meaning all we have available are temporary Covid-19, in-clinic EMA up to 10 weeks, nothing else is provided for, despite the primary legislation which enshrines the CEDAW recommendations, including abortion on request up to 12 weeks and abortion on all health and mental health grounds up to 24 weeks.
2. **Continued Travel** - The need to travel to England for anyone needing surgical abortion or beyond 10 weeks leaves many marginalised folks behind and falls significantly short of the promises in the law. The families who won people's support with tragic stories of wanted pregnancies facing severe anomaly diagnoses are still having to go to England despite the continued Covid-19 pandemic.
3. **Information** - This service faces a lack of publicly available information on any Department of Health portal for people seeking help. This is a clearer barrier and delay to care. AfC publishes full and live updated information to services but we are not publicly funded and we are not the Department of Health, which women would find more easily and trust much more easily. <https://www.alliance4choice.com/>
4. **Stigma** - In addition, there is a prevailing matrix of deeply embedded stigma from government, health and media in both a close community and wider societal level. <https://www.alliance4choice.com/news/2021/9/alliance-for-choice-undeterred-by-billboard-damage-and-abusenbsp>
5. **Anti-Choice Lobby** - A fervent anti-choice lobby who rely on political support to create barriers and maintain stigma in and around abortion justice and access. As well as the harmful intimidation at clinics, the anti-choice groups also circulate misinformation and misleading claims about the process and effects of abortion.
6. **Mental Health** - The stigmas also create mental health issues for people who need access to abortion or who provide abortions and often the toll is silence for fear of reprisals and the contingent anxiety. A narrative of exclusion and lack of intersectionality often creates an unnecessary mental health burden which impacts more keenly on already marginalised groups as well as creating barriers to access.
7. **Language** - Often our decision-makers and policy makers may lack the linguistic tools to counter dominant ideas and the experience to counter misinformation in the media and with political peers. Gender and other identity norms create barriers to abortion access, and how education and conversation can unravel these obstacles to care. Although we've triumphed when it comes to



abortion decriminalisation, we aren't there yet when it comes to real access which is safe, and free of stigma or barriers. <https://www.alliance4choice.com/who-gets-to-choose>

8. **Intersecting Stigmas** - Harmful abortion discourse relies on assumptions with no critical examination on complex issues such as the effects on intersecting issues such as abortion and disability, LGBTQ+ issues and abortion and faith. Alliance for Choice works across some of these issues in our community education programmes:
Faith - <https://bit.ly/3kuZTg2>
Disability - Abortion & Disability- The Whispered Conversation
<https://www.makeinroads.org/get-involved/webinars>
LGBT - <https://ohrh.law.ox.ac.uk/lgbt-rights-in-northern-ireland/>
9. **Protection for Workers** - No-one should experience harassment for carrying out their legal and professional duty of care. Intimidation at clinics creates fear and prevents recruitment of otherwise willing staff to the sector of reproductive healthcare.
<https://www.alliance4choice.com/abortion-as-a-workplace-issue>



F. Recommendations

- 1.22.5. Put proposals for commissioning services before the Executive before January 2022**
- 1.22.6. Commission comprehensive abortion services to satisfy at least the minimum requirements of the Executive Formation Act 2019 before March 2022**
- 1.22.7. Change the designation of the second set of EMA pills to enable home use, as in England, Ireland, Scotland and Wales**
- 1.22.8. Enact this Bill for Safe Access Zones Northern Ireland wide before purdah and the election season.**

As people who have had abortions, Alliance for Choice have been subjected to street harassment and abuse when accessing clinics and healthcare facilities. As clinic escorts we have witnessed first-hand, aggressive harassment and its traumatic impact on women and pregnant people. Moreover, we hear regularly from women who are traumatised by anti-abortion protesters when they have accessed abortion care. We also work with healthcare professionals forced to endure routine harassment, whilst they are expected to conduct clinical practice with megaphones and sound systems blaring abuse into their treatment rooms and terrifying their patients.

It is completely unacceptable that women and pregnant people, their friends and families, and healthcare workers should be forced to run the gauntlet of abuse and harassment. This would not be tolerated for vasectomy or any other healthcare, reproductive and otherwise. Given the small size of NI some of those who contact us do not want to attend their most local provider as they are worried they will be identified while accessing the service. We have even been contacted by people with family members who are protesting outside the clinic, which makes it impossible for them to access without opening themselves to stigma and abuse.

The right to protest is fundamental but it is not unqualified, it relies on the protestors not causing or calling for harm to minorities or inflicting harm through language that will discriminate based on race, gender, sexuality and so on. Such tactics are not legitimate protest and infringe on people's rights, privacy, safety, mental health and access to legal abortion care. The fervent harassment is targeted deliberately and directly at abortion seekers and those who provide legal abortion services. Alliance for Choice asks that full and proper consideration be given to the Safe Access Bill as a protection for women and pregnant people, their friends and family and clinic staff using and providing legal healthcare services.



G. References & Glossary

AfC - Alliance for Choice

BPAS - British Pregnancy Advisory Service, largest provider of abortion services in UK and manage NI line for access in interim services

EMA - Early Medical Abortion carried out with 1 tablet of mifeprisone (currently in a clinic) followed 24 hours later by 4 misoprostol administered at home

SAZ - Safe Access Zones

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