

Submission to the Northern Ireland Assembly Committee for Health consultation on the Abortion Services (Safe Access Zones) Bill

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Background to the organisation

Doctors for Choice NI (DFCNI) is a group of NI clinicians who support the decriminalisation of abortion. We advocate for the provision of high-quality sexual and reproductive health services and access to safe compassionate abortion care. We provide evidence-based information to health professionals and the public, and provide support to clinicians on the issue of abortion.

Our position

DFCNI welcomes and fully supports this Bill introduced by Ms Claire Bailey MLA on 13th September and which passed its Second Stage on 13 October by 58 votes to 29. As an organization, DFCNI is strongly in support of the need for legislation in Northern Ireland in relation to protests against abortion services within the region.

Abortion is the most common medical or surgical gynaecological procedure performed in the UK, and one in three women in Britain will have an abortion by the time they are 45.¹ Sexual and reproductive healthcare are essential services and access to these services is vital for women and people who are pregnant in upholding their reproductive rights and bodily autonomy.

Safe access zones exist and ensure that women and staff entering or leaving premises performing abortions, can do so safely and privately, without fear or harassment. Though unfortunate that safe access zones are needed, they are a necessity to ensure the right to privacy and freedom of choices for women and pregnant people and to enable access to essential sexual and reproductive healthcare services.

Safe access zones are mechanisms that can increase public health equity and prevent violence against women. The United Nations Committee on the Elimination of Discrimination against Women (CEDAW) have enshrined sexual and reproductive within women's right to health and have recommended that women are protected by anti-abortion protestors.²

Experiences of others

Women seeking abortion have reported that the presence of protestors constitutes a negative and even traumatic aspect of care. They found that the presence of protestors was disruptive and unwelcome. In some cases, protestors impeded care. Women felt that protestors' presence was unwelcome because it caused unnecessary anxiety and did not respect their decision making. Even women who experienced complex feelings about their abortion because of their faith did not want to see and hear protestors telling women what they perceived was best.³

An Austrian study looking at women seeking an abortion who had been approached by demonstrators in front of an abortion clinic over a 4-year period showed demonstrators' behaviour did not influence or change the women's abortion decision. Women reported the activists' behaviour as harassment. Further, the vast majority would support enhanced legal

protection for women entering an abortion clinic, to minimise the psychological and physical stress.⁴

Client's perspective

"I was trying to access the clinic when one of the protesters shouted as I walked through the doors, about keeping the baby and I was wrong"

"Attended clinic with my daughter for implant appointment, turned corner and seen people with signs and the police. I gasped, we both felt intimidated and like we were doing something wrong"

"All eyes were fixed on us & made us feel very uncomfortable"

"My daughter was already stressed about her appointment and this definitely added to it from seeing protesters with graphic signs outside the building"

"I am stunned today at the harassment I faced by Precious Life and CBR NI going into College Street clinic for a check up on my IUD" *(Tweet)*

"Disturbing to see posters in the street all day while running a shop with kids about" (Tweet – Belfast Tandems and City Centre Cycles)

"My appointment yesterday has led me to be sent to A&E and I've ended up being admitted. I can't imagine if I'd been swayed by their coercion they'd have stopped me getting urgent medical attention. This is so serious what they are doing" (*Tweet*)

"They kept repeating in my ear "we want to help you"...they managed to make my already stressful day even worse. Their actions are traumatising." (Tweet)

Staff perspective

"I have witnessed and experienced harassment/intimidation to patients as well as healthcare staff. From my own experience, I was accessing the clinic one day and one of the protesters murmured "murderer" under their breath as I walked by. I respect people have a right to their opinions but it should not interfere when people are trying to access essential healthcare facilities. Harassment/ intimidation in any form is not acceptable in any society. Patients accessing this service are already significantly distressed and it is made worse by having anti-choice people parading billboards, misleading information and invading personal spaces."

(Nicola Bailey, Nurse Sexual & Reproductive Healthcare, RCN Nurse of the Year 2021)

"Staff and anyone using our services should feel safe to attend our facilities without threat or fear." (Excerpt from a statement released by Southern Health and Social Care Trust in response to anti-choice protestors demonstrating outside health clinics within the Southern Trust area)

Success stories

In 2018 Ealing Council set a historic precedent by implementing a Public Spaces Protection Order (PSPO) for the purposes of creating a Safe Access Zone. Following a petition by a grassroots group, showing that service users, providers and local residents were being detrimentally impacted by the activities of anti-abortion groups outside the Marie Stopes West London Centre, use of their local governmental powers enabled them to create a 100metre safe access zone around the premises. What ensued was an immediate positive impact on residents, service users and team members, with a reduction in the number of service users attending appointments distressed and upset and privacy of all involved being protected.³

In the Isle of Man Abortion Reform Bill 2018 an amendment was included to provide for "Access Zones" outside of any premises that provides abortion or abortion counselling, as well as outside abortion providers homes. This was in recognition of the importance of protecting those accessing and providing abortion care from harassment, intimidation and gross invasion of privacy.⁴ The Isle of Man legislature understood that anti-abortion activity which aims to distress and coerce people away from making informed healthcare decisions, could become a fixture outside abortion clinics once reform was enacted.⁵

Clause-by-clause comments

Clause 1

We advocate for this Act and the establishment of safe access zones.

<u>Clause 2</u>

We agree with the outline of what constitutes protected premises.

Clause 3

We agree with conditions 1, 2 and 3 as laid out within this clause. It is important to include premises which may not provide abortion services but which provide advice on contraception, sexual and reproductive health and counselling.

Clause 4

We are happy with the overall definition within this clause of those eligible to be protected. It is important to highlight that a 'protected person' can be a person attending protected premises for treatment, information, advice or counselling but other groups should be also included within this definition- those accompanying a person described in paragraph (a) and those staff working within the protected premises (support workers, maintenance staff, security). We also seek to ensure that other services (which are not associated with providing abortion care) within the protected premises, passers-by and local businesses/shops are included within this clause.

Clause 5

We agree with the protected premises and immediate vicinity of protected premises being part of the definition for safe access zone. It is highly important for entrances and exits to the

premises to be protected for staff and service users. However, we would advocate for a minimum safe access zone size of 100 metres, ideally 150 metres, particularly to allow for safe access to transport links within the safe access zone. 100 metres is the most common size for safe access zones within other jurisdictions who have introduced safe access zones^{3,4}. A radius of 150 metres for safe access zones has been recommended in various law reform reports in Australia including in Queensland, South Australia and Western Australia. A radius of 150 metres has also been found to be sufficient in meeting the object of the legislation within these areas⁶.

<u>Clause 6</u>

The definitions of the offences and level of fine laid out within this clause are appropriate. We wish for point (4) to be further addressed as it will be important for appropriate signage or markings to clearly designate the area as a safe access zone and ensure public awareness of this.

Clause 7

The powers being offered to the Police Service of Northern Ireland (PSNI) within this clause are deemed appropriate and of a suitable standard.

Clause 8

We would advocate for a maximum period of 8 weeks from the Department receiving notification for a safe access zone that an area is designated. It must be recognized that clients using the service during this period will continue to be subjected to harassment and intimidation whilst trying to access essential healthcare. The designation process should not be long and drawn out in a way that will prolong this situation.

Clause 9

We are of the opinion that these are appropriate and necessary rights to be balanced by this Bill. Though persons have the right to freedom of assembly, expression and to protest, protected persons seeking to access protected premises also have the right to be protected from harassment, privacy and unobstructed access to essential healthcare. Provision of safe access zones can help balance and allow for all the rights laid out within this clause.

Clause 10

We appreciate there is a need to monitor the effectiveness of safe access zones. We would question that if such an annual report is published what would be the mechanism by which the Department assesses effectiveness? Should safe access zones be shown to be ineffective what action would be taken? We appreciate that there is a need to monitor the effectiveness of safe access zones but would this responsibility be better placed with another body or department?

Conclusion

We welcome and fully support this Bill which is very much needed and advocated by staff within Northern Ireland who are currently providing abortion services to clients. We strongly advocate that it should be implemented as soon as practically possible. We advocate that there should be a minimum size of 100 metres for each safe access zone and that there is clear demarcation of each safe access zone in order to avoid any confusion for those wishing to

protest and interfere with those wishing to access essential healthcare from within the protected premises.

<u>References</u>

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- 2. Committee on the Elimination of Discrimination against Women. Inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women
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