

**Abortion Services (Safe Access Zones) Bill:  
Joint submission from the Faculty of Sexual & Reproductive Healthcare and the  
Royal College of Obstetricians and Gynaecologists**

11 November 2021

**The Faculty of Sexual and Reproductive Healthcare (FSRH) and the Royal College of Obstetricians and Gynaecologists (RCOG)** welcome the opportunity to submit a response to the Northern Ireland Assembly's consultation on the 'Abortion Services (Safe Access Zones) Bill'.

FSRH is the largest UK multidisciplinary professional membership organisation representing those working at the frontline of Sexual and Reproductive Healthcare (SRH). We have around 15,000 members in a range of settings including in community and primary care. Our members include SRH specialists, GPs, nurses, midwives, pharmacists and other healthcare professionals delivering services, including abortion care.

The Royal College of Obstetricians and Gynaecologists (RCOG) represents 16,000 members worldwide and works to improve health care for girls and women everywhere, by setting standards for clinical practice, providing doctors with training and lifelong learning, and advocating for women's health care.

Both organisations respect that views amongst individual members, just as across wider society, will differ on the topic of abortion. However, as organisations we are committed to improving women's health and support the rights of girls and women<sup>1</sup> to access safe, high-quality contraception, abortion and post-abortion services.

We have serious concerns over the ongoing intimidation and harassment of patients and staff outside facilities providing abortion care in Northern Ireland. For several years we have supported proposals to establish Safe Access Zones outside clinics providing these services across the UK.

Patients have a reasonable expectation of privacy including when accessing healthcare, protected by Article 8 of the European Convention on Human Rights. Further, we believe that our members, and all staff working in abortion care, should have the right to work without judgement, intimidation or fear.

**Women's rights to health, physical integrity, non-discrimination and privacy must be protected when accessing abortion – an essential and legal form of healthcare. The only effective solution to protect patients and staff from worsening intimidation and abuse is to legislate and implement 'Safe Access Zones' around healthcare facilities offering abortion care in Northern Ireland.**

### Summary

- Harassment outside clinics takes many forms. Even seemingly innocuous behaviour such as handing out leaflets has a negative impact – causing distress and confusion to women seeking abortion care. Protests also make it difficult for healthcare professionals to deliver essential, lawful healthcare.
- We believe current legislative tools in Northern Ireland and other areas of the UK, including Public Spaces Protection Orders, are unable to provide adequate protection for women seeking abortion and for staff members. They create a postcode lottery where some women are unable

---

<sup>1</sup> We acknowledge that not only individuals who identify as women require access to sexual and reproductive healthcare services, and that services must be appropriate, inclusive, and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth. The terms 'woman' and 'women's health' are used for brevity, on the understanding trans men and non-binary individuals assigned female at birth also require access to women's health services.

to access care without harassment. They are expensive to introduce and uphold in court, and have a finite life of 3 years.

- Since the introduction of early medical abortion services in Northern Ireland in April 2020, two Health and Social Care (HSC) Trusts have been forced to move the location of their service because of the intimidation and fear staff and patients felt (Northern and Southern HSC Trusts).<sup>i</sup> Another HSC Trust has had to recruit additional security, resulting in a security presence at the front door / entrance (Belfast HSC Trust).<sup>ii</sup>
- Under International Human Rights Law, States have an obligation to take effective measures to protect and guarantee women, girls and pregnant people's right to health, physical integrity, non-discrimination and privacy as they seek healthcare information and services, free of harassment and intimidation amounting to obstruction of their access to that healthcare (CEDAW; Article 8 EU Convention on Human Rights).
- Women's privacy must be protected when they access abortion services. Current legislation cannot adequately do this. We support the introduction of Safe Access Zones through national legislation and believe this is the only way to offer women attending for abortion care the protection to which they are entitled.

### **The impact of abortion clinic harassment on women and staff**

'Clinic harassment' describes activity used by anti-abortion groups across the UK to deter or prevent women accessing abortion care. Such harassment takes many forms, including the display of graphic images of dismembered fetus, large marches that gather outside the clinic, filming women and staff members and following women down the street.

Furthermore, even quiet or silent protest can be intimidating and frightening for some, such as those who fear for their privacy or who feel stigmated. For those who have underlying mental health issues, simply being watched can be deeply distressing. The Court of Appeal (England and Wales) has also confirmed that protestors can cause "significant emotional and psychological damage" to some individuals<sup>iii</sup>.

A woman accessing abortion care in Northern Ireland said: *"Why are these people allowed to stand outside the building? They were trying to push leaflets onto me. I have made my decision that is right for me and my family"*.

In some cases, protests cause such distress to women that they defer their treatment. This is particularly worrying as, while abortion care is safe, the higher the gestation at which an abortion is carried out the greater the risk of complications and psychological distress. A doctor at an HSC Trust reported that a woman failed to attend for a follow up despite prolonged heavy bleeding, reporting that she *"could not face seeing the protestors again."*<sup>iv</sup>

We have also heard of cases of women in the UK opting for simultaneous administration of the two drugs for a medical abortion (misoprostol and mifepristone) to avoid a repeat consultation, which is known to have a lower efficacy than leaving an interval of 6 – 48 hours between taking the two medicines.

Informing Choices NI (ICNI) have also spoken about the impact of protestors, stating that they have used emotive and coercive language to dissuade visitors from medical treatment which negatively impacts on patients and their families and influences their decision to access, or not access, ICNI's counselling services. Below is an extract from a user evaluation of ICNI's pregnancy choices counselling service:

*"I think it's a real shame there are protestors outside the building. It is very intimidating and I feel it could put a lot of vulnerable girls off going to discuss their options, or to have a counselling session. I was told if I wanted, I could return for a further session, but I definitely wouldn't feel comfortable to*

do so.”

This issue was also raised during the Abortion Services (Safe Access Zones) Bill's Second Stage debate, where a number of MLAs gave graphic descriptions of the abuse and harassment they themselves received when entering and leaving buildings to have meetings with healthcare staff.

Staff wellbeing and job satisfaction are also detrimentally impacted by anti-abortion protests. Our members tell us that protests leave staff and patients angry, uncomfortable and upset, during what can already be an emotionally distressing situation for the patients.

Nicola Bailey, Sexual Health Services Nurse Manager at the Belfast Health and Social Care Trust said:

*“I am providing regulated healthcare, working within the law. I respect people have a right to their opinions, but it should not interfere when people are trying to access healthcare facilities. Anyone has a right to confidential, safe, local health care and the barricade of doorways and gatherings of anti-choice groups close to clinic invades patients & staff's privacy and confidentiality. Harassment/intimidation in any form is not acceptable in any society.”*

Dr Eveane Cubitt, a Specialist in Sexual and Reproductive Health at the Northern Health and Social Care Trust, said:

*“We had to seek alternative temporary accommodation for our early medical abortion clinic due to the very close proximity of protesters to the clinic. This caused a lot of emotional distress to our service users and indeed those attending the same site for GP and general Sexual and Reproductive Healthcare services.*

*Staff also found the constant protests very stressful on a weekly basis, and due to the fact that Northern Ireland is a very small place, they felt that staff were easily identifiable and worried about the possibility of harassment for them and/or family members outside the workplace.”*

### **Ensuring accurate information**

It is important that women seeking abortion care are provided with accurate and evidence-based information, ensuring high quality care and patient safety. Leaflets disseminated by protest groups often contain grossly erroneous and medically incorrect information about the clinical risks of abortion, such as linking abortion with breast cancer. This misinformation causes further distress and confusion to women seeking abortion care.

### **Shortcomings of current legislative tools**

Based on reports from MLAs' constituents, it is clear that current laws are inadequate to deal with anti-abortion protest activity. Lack of safe access zones results in service users being subjected to harassment, intimidation and obstruction whilst they seek essential, legal healthcare.

A doctor working at an HSC Trust in Northern Ireland said: *“Every week we reported these incidents to our Trust as they arose, and as a result we have been able to move to a more secure site where protesters are not able to come quite so close to the clinic, but this is just on a temporary basis and we may well have to return to our original site at a later date.”*

In England, out of the 43 clinics that have been targeted in last three years, three are now protected using a Public Spaces Protection Order (PSPO), enabling Local Authorities to prevent anti-social activity taking place. Whilst PSPOs are a helpful stopgap, they are not a permanent solution. They result in a postcode lottery with tens of thousands of women being left unprotected. They are also expensive to introduce and uphold in court and, when approved, they have a finite life of three years, resulting in councils being less likely to introduce them.

In areas without PSPOs, the onus is on staff and women to report protests to the police. However, police at a local level report being unable to address existing problems owing to a lack of legislation under which they can charge individuals.

Importantly, responsibility to prove that protestors are passing a threshold of criminal activity should not rest on women and staff members.

### **Recommendations**

- We strongly support the approach set out in the Bill to establish Safe Access Zones for premises providing abortion services, including the need for the definition of 'premises' to include those providing abortion treatment and those where information, advice or counselling about abortion treatments are provided. We also support the definition of 'protected persons', the proposed approach to enforcement of Safe Access Zones and the need to monitor their effectiveness.
- The Bill states that each individual application will need to determine the precise geographical area of the Safe Access Zone. In order to save the administrative time and expense required by each facility to determine the geographic area required, we would instead support a standard 150-metre radius around health facilities providing abortion care if required (unless a specific request for a different-sized radius was put forward by a facility). Such an approach would be similar to the zones established in the Australian states of Tasmania and Victoria and the Canadian province of British Columbia.
- We would support the expansion of the description of 'criminalised actions' to include wider activities which may cause distress to women accessing services and healthcare professionals providing care, including any protest or pavement interference in relation to abortion such as the handing out of leaflets, vigils, prayers, the erection of signs, use of sound amplification and projection of images.
- We would recommend that the monitoring of the effectiveness of Safe Access Zones should be a robust process, based on specific criteria developed in partnership with those providing abortion care in Northern Ireland. Data should be collected from all healthcare facilities with a Safe Access Zone in place.

FSRH and RCOG are pleased to be able to provide feedback to this important consultation and are optimistic that consideration of the above recommendations will ensure the safety of women and girls accessing essential and legal healthcare, whilst also ensuring the protection of those providing the service.

### **For further information please contact:**

Catrin Hughes, FSRH External Affairs and SRH APPG Manager  
Email: [chughes@fsrh.org](mailto:chughes@fsrh.org) / Telephone: 07950435846

Zoe Russell, RCOG Public Affairs Manager  
Email: [zrussell@RCOG.ORG.UK](mailto:zrussell@RCOG.ORG.UK)

<sup>i</sup> Committee for Health, [Severe Fetal Impairment Abortion \(Amendment\) Bill: Health and Social Care Trust Chief Executives](#), July 2021

<sup>ii</sup> Committee for Health, [Severe Fetal Impairment Abortion \(Amendment\) Bill: Health and Social Care Trust Chief Executives](#), July 2021

<sup>iii</sup> *Dulgheriu and Orthova v London Borough of Ealing* [2019] EWCA Civ 1490, <https://www.bailii.org/ew/cases/EWCA/Civ/2019/1490.html>

<sup>iv</sup> Informing Choices NI, [Beyond Decriminalisation: pregnancy choices and abortion care in Northern Ireland](#), June 2021