

# Evidence for Abortion Services (Safe Access Zones) Bill

This response has been prepared from research evidence undertaken since 2015 on anti-abortion activism and pro-choice counter-demonstrations across the UK. Details of the academic publications can be found at the end of the document.

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## Summary

- The evidence presented is based on a five-year ethnography of anti-abortion activism across the UK. This includes data gathered on anti-abortion activism in Northern Ireland.
- The actions of anti-abortion activists outside abortion service providers and pregnancy counselling services have a significant negative impact on the wellbeing of women seeking abortion in Northern Ireland, those who try to support them, and members of the public who live, work or visit the vicinity.
- Claims that anti-abortion groups are offering support are based on specific religious beliefs about women as natural mothers, which lead to a distrust of abortion service providers and false assumptions about unprofessional practice 'pressurising' women to have abortions.
- Research has shown that anti-abortion activities outside clinics leads to significant distress. This is due to both being watched and approached by strangers and a loss of healthcare privacy. This experience feels like a 'paparazzi' like encounter, which makes private decisions into a public spectacle.
- Legislating for safe zones is a proportionate response, balancing the right to protest with the rights of others to able to access healthcare facilities without harassment, and maintain healthcare privacy.
- For safe zones to be effective, a national response would be more successful as anti-abortion activists are likely to relocate their activities if only some facilities are protected.

## Background

1. This paper has been prepared on the basis of extensive academic study of the impact of anti-abortion activism outside of abortion service providers across the UK, which has included undertaking observations in Northern Ireland (NI), and formal and informal interviews with anti-abortion activists and pro-choice counterdemonstrators. Overall, this extensive ethnography covered over 30 sites across the UK.
2. Political and religious opposition to abortion in NI has created a difficult environment for those seeking abortion and staff and volunteers who seek to provide non-directive counselling or abortion services. It is important to remember that the harassment and intimidation of organisations giving non-directive abortion counselling has been present for decades. In the 1990s, anti-abortion activists demonstrated outside abortion counsellors' homes and sent unpleasant letters to their neighbours. The Ulster Pregnancy Advisory Service closed after arson at its office. Anti-abortion groups denied involvement, but celebrated its closure. Whilst it was open, the Marie Stopes abortion clinic in Belfast was a significant site of conflict between anti-abortion activists and pro-choice clinic escorts that were accompanying service users into and out of the clinic. Since the change of the law in 2019, anti-abortion activities have appeared regularly outside the premises of service providers.
3. It is important to understand that anti-abortion activism is motivated by specific religious beliefs that are not shared by the majority of people of faith. The majority of anti-abortion activists have a specific understanding about women as 'natural' mothers and pregnancy as a gift from God. They believe that no woman would naturally choose abortion, so an abortion decision is always the outcome of pressure or coercion, from partners, family or wider society. This understanding leads to a presumption that abortion is always harmful to women as well as ending the life of a foetus. This means that they see their actions outside abortion as beneficial and supportive, but this position is based on their religious beliefs, and is in direct contrast to the experiences of the majority of those seeking services. This position also results in extreme distrust of abortion service providers who they believe are motivated primarily by profit, and mislead women rather than seeking informed consent. Seeing abortion as inevitably harmful is in line with their beliefs, and they distrust all the evidence that shows that this is not the case.
4. Our evidence clearly shows that the presence of anti-abortion activists outside counselling or healthcare service provides creates an intimidating, hostile, and humiliating environment. The purpose of anti-abortion activism around abortion clinics is for strangers to watch and approach people accessing abortion services, as well as drawing public attention to the site of abortion service providers. The central aim is thus to initiate public discussion of a private decision about ending a pregnancy. The evidence shows that their presence causes significant levels of distress and anxiety to women. These feelings are linked to broader fears about, and experiences of, gendered harassment when using public space.
5. The encounters outside clinics reassert gendered power relationships by subjecting women to unwelcome attention in a way that they have no control over. They have little choice but to walk through or past the anti-abortion activists who are watching them or trying to talk to

them. Whilst they may take steps to try to avoid or minimise the encounters (such as by covering their faces), there is still a situation of surveillance, loss of privacy, and fear.

6. Women experience the groups that gather outside abortion clinics as intimidating both in themselves as well as being upset by the way their presence invites passers-by to observe that women are seeking an abortion. Whilst it is the case that anyone could see people entering and exiting a building, anti-abortion activists who stand outside clinics are expressly there to draw attention to the building as part of their mission to making seeking abortion into a public spectacle and inviting the public to attend to the public shaming.
7. It is not uncommon for anti-abortion activists outside abortion clinics to be involved in prayers. Generally speaking, prayer is usually considered a benign activity, and its religious and sacred status means that the idea that it could cause harm is rarely considered. Yet by calling for divine authority to curtail or deny access to abortion services clearly positions prayer as a form of judgment and part of the shaming of women seeking abortion services. Moreover, whatever official religious teachings are, it fails to recognise the diversity of beliefs towards abortion within faith communities, and silences those who take a pro-choice stance. For example, research has shown that whilst many Catholics would not choose abortion for themselves (in line with the Church position), they accept that abortion services should be accessible to those that want them

#### **Comments in Relation to Clause 4: Protected Persons**

8. The bill as it currently written only protects people who are seeking treatment, advice, information and support, those that accompany them, and those that work or provide services in the protected premises. However, it is worth considering the impact on other people in the vicinity. Depending on the location of the healthcare setting, anti-abortion activists can be located close to homes, businesses or thoroughfares used by the general public. Often, they will be seen by or approach members of the general public, including children. In places where abortion clinics are located near residences, people can sometimes hear their activities whilst in their homes or gardens. Local residents who live in the vicinity report being concerned about having to explain abortion to young children, or being annoyed or distressed by the frequent sounds of the activities. Consequently, we suggest that Clause 4 extent the protection of people beyond its current remit to cover everyone within the safe zone.

#### **Comments in Relation to Clause 6: Offences in a Safe Access Zones**

9. As detailed above, anti-abortion activists often see their activities as benign or supportive, and do not recognise their actions as harmful. Moreover, they frequently argue that all they seek to do is provide information which they believe is not, or will not be given by others, rather than trying to directly or indirectly influence a decision. Consequently, we suggest that added to this section is any act that either directly or indirectly signals approval or disapproval of abortion, which should include verbal or written information, prayer and counselling.

10. In many places, amplifiers or other equipment to increase sound volume are used to intensify the sound of statements, hymns and prayers. We recommend that this becomes a prohibited activity within a safe zone where the use relates to abortion.

#### **Comments in Relation to Clause 8: Procedure for Designating a Safe Access Zone**

11. We have concerns that by limiting the bill to providing safe access zones where they are specifically applied for will produce a postcode lottery of protection for those seeking services. In England, where local authorities have introduced safe zones in three specific areas, or cases where the services have moved for operational reasons, the anti-abortion activists simply moved to another location and continued their activities there. This has made it harder for service providers to give advice to women about what to expect; whether there will be anti-abortion activists present has become less predictable.
12. We recommend that rather than introducing what could be a piecemeal approach to the protection of service users, that the activities are proscribed outside all relevant services.

#### **Comments in Relation to Clause 9: Exercise of Functions**

13. Our research has indicated that the introduction of safe zones is a proportionate response to the balance of rights. It is clear that the activities outside of clinics has a significant determinantal impact on women. The introduction of safe zones will protect the right to have a private and family life under Article 8 of the European Convention on Human Rights by ensuring healthcare privacy and ending the routine direct or indirect public questioning about the most personal of family decisions.
14. The introduction of a safe zone is a restriction on Article 9, 10 and 11 rights as the anti-abortion activists in that they will no longer be able to use that particular space for their activities. However, they are not prohibited from holding or exercising those beliefs and activities in any other space, including public spaces not within a safe zone. Moreover, we argue, that it is only by prohibiting activity by anti-abortion activists in a safe zone that the Article 8 rights of those seeking services can be upheld. It is a balancing act, but the Convention allows interference with some rights where it is necessary to protect the rights of others. Moreover, this legal position was upheld by the Court of Appeal in *Dulgheriu v Ealing LBC* [2019] EWCA Civ 1490 in which the challenge to the introduction of a safe zone was dismissed. In addition, the High Court in Australia upheld a similar position in *Clubb v Edwards; Preston v Avery* [2019] HCA 11.

#### **Overall**

15. The hostile environment towards abortion fostered by a minority exacerbates the negative impact of anti-abortion activities on women and pregnant people. The introduction of safe zones is a proportionate response, which balances of the privacy and family rights of those seeking services, with the rights of freedom of belief and expression of others. Our suggestions seek to strengthen the provisions of the bill, to avoid a postcode lottery of protections and extending the protection within the safe zone to others in the vicinity.

*This response draws from the following Research*

Lowe, P. & Page, S. J (forthcoming) *Anti-Abortion Activism in the UK: Ultra-sacrificial Motherhood, Religion and Reproductive Rights in the Public Sphere* Bingley: Emerald Publishing

Page, S-J. & Lowe, P.(2020) Contested Embodiment: The Use of Prayer in Public Displays of Anti-abortion Activism. In Page, S-J. & Pilcher, K. (eds.) *Embodying Religion, Gender and Sexuality*. Routledge: Abingdon.

Lowe, P. & Page, S. J. (2020). Sophie's choice: Narratives of 'saving' in British public debates on abortion. *Women's Studies International Forum* 79 <https://doi.org/10.1016/j.wsif.2020.102332>

Lowe, P. and Hayes, G. (2019) Anti-Abortion Clinic Activism, Civil Inattention, and the Problem of Gendered Harassment *Sociology* 53(2): 330–346

Lowe, P. & Page, S. J. (2019). Rights-based claims made by UK anti-abortion activists. *Health and Human Rights*, 21(2): 133-144

Lowe, P. and Page, S-J. (2019) 'On the wet side of the womb': The Construction of 'Mothers' in Anti-abortion activism in England and Wales *European Journal of Women's Studies* 26(2): 165–180