

Clinic harassment and safe access zone briefing

Amendment NC1 to the Public Order Bill

Our position

We support the cross-party amendment to the Public Order Bill, NC1 which would enable women to access, and healthcare professionals to provide, a lawful, confidential health service without harassment and intimidation. Due to telemedicine for early medical abortion being made permanent, not all women have to attend a clinic for abortion care – but for the tens of thousands of women who do, they deserve to do so without fear.

Committee Stage for the Public Order Bill will begin on **Thursday 9th June**. We ask Members to add their name to the amendment and urge them to support it during Committee and Report.

Summary

- In 2019, the latest year where figures are available, **more than 100,000 women attended abortion clinics targeted by anti-abortion groups**. This is half of all women who had an abortion that year.
- Clinic harassment takes many forms. It ranges from handing out clinically misleading leaflets falsely claiming abortion causes breast cancer to displaying graphics signs, filming women, following them, and telling them that **abortion clinics and the clinicians who work there 'murder babies'**.
- Medical professionals, councils, police, and providers are clear that current legislative tools designed to deal with persistent harassment are insufficient to address this issue. **Current solutions create a postcode lottery of protection, leaving women across the country open to harassment.**
- **Women's privacy and dignity must be protected** while accessing abortion services in line with Article 8 of the European Convention on Human Rights, and all staff working in abortion care should have the right to work without judgement, intimidation, or fear.
- **MPs are urged to support moves to implement national safe access zones** as the only practical means of ensuring that all women can access, and all clinicians can provide, abortion care free from harassment, alarm, and distress.

What this amendment would do

Amendment NC1 would introduce buffer zones around abortion clinics. 150 metres around the entrance to a clinic, activity including harassment, intimidation, persistent occupation or interference with those accessing or providing abortion care would be banned.

Safe access zones prevent activity from pro-choice campaign groups as well as anti-abortion groups. Although anti-abortion groups are behind the overwhelming majority of presence outside abortion clinics, amendment NC1 seeks to restrict behaviours, not views.

The introduction of safe access zones would not have any impact on anti-abortion activity or campaigns taking place elsewhere. Buffer zones do not restrict anti-abortion campaigning; they only prevent the harassment of women as they access essential healthcare.

Safe access zones would also have no impact on any other types of unrelated protest activity, including industrial pickets or unrelated marches going through safe access zones.

The problem

'Clinic harassment' describes activity used by anti-abortion groups across the UK to deter or prevent women from accessing abortion care. Such harassment takes many forms, including the **display of graphic images of fetuses**; large marches that gather outside the clinic; **filming women** and staff members; **following women** down the street; and **religious activity** (sprinkling sites with holy water and singing hymns through loudspeakers).

Anti-abortion groups hand out leaflets which routinely contain medical misinformation such as claims that abortion causes breast cancer, that it leads to depression and suicidal ideation, and that it can lead to child abuse. Advertisements for unproven and expensive medication to 'reverse' an abortion are also distributed. This medical misinformation causes alarm and distress, as well as being dangerous for women's health.

Some of the women attending for abortion care are vulnerable, feeling stigmatised or fearful for their privacy, under the age of 18, have mental health issues, or are individuals at risk of honour-based or gender-based violence. Testimonies from those affected show that these women can find invasive behaviour from anti-abortion groups outside clinics particularly distressing, even re-traumatising. Even a solitary protester simply praying or staring can be intimidating, especially to those with mental health issues or where this may trigger memories of past abuse or trauma

Impact on women

In 2019 (the latest year for which information is available) more than **100,000 women had to attend an abortion clinic which had been targeted by these groups**. Examples from women include:

"They came over twice and we said, 'no thank you'. She was very pushy, in your face... it has left me anxious as I suffer from poor mental health. When we walked past, she said 'Your baby wants to live'. We had driven for 7.5 hours and did not expect this at all." – Abortion service user, Bournemouth, April 2022

*"The protester was stood by the entrance with a banner. My daughter is autistic, and this procedure is stressful and traumatic – and when she realised they were outside it **caused her to have a panic attack.**"* Mother of an abortion service user, Bournemouth, June 2021

The anti-abortion activity has a clinical impact as well as an emotional and psychological one. In some cases, women defer their treatment rather than risk facing harassment, or purchase abortion pills online from unregulated providers. Although abortion is a safe, common procedure at any gestation, the earlier it is carried out, the safer it is, and the more treatment options are available to the woman.

Impact on staff

In addition to women, staff at abortion clinics are also routinely targeted by anti-abortion groups. The harassment has a detrimental impact on the staff working at abortion clinics and their ability to deliver essential healthcare. Accounts from staff include:

"They have followed me to my car before, shouting 'murderer' at me... I have had repeated run-ins with them, and they seem to have power in knowing there is nothing we can do." Nurse Practitioner, Bournemouth, 2022

"Nurses feel anxious coming to work and passing them, especially during dark mornings and evenings." Regional Clinical Operations Manager, Northern Region, 2021

"We had a young client today who had been so upset and distressed [by the protester with a loudspeaker] that she ran back over towards her mum's car. The girl was wearing a hoodie and pulled the hood all around her head and face to hide away and was crying hysterically and visibly shaken... The client in

question didn't have her surgical treatment as planned that day, she was too distressed. She was rebooked to a clinic 75 miles away as she was too scared to return." Clinic manager, South West, 2020

Inadequacy of current measures

Police at a local level report being unable to address existing problems owing to a lack of legislation under which they could move individuals to protest elsewhere. In many cases they recognise the impact on women accessing services but are unable to act.

Out of the **50** clinics and hospitals that have been targeted in the last five years, only three are now protected using a Public Spaces Protection Order (PSPO). PSPOs are a useful stopgap in certain areas, but they are not an adequate or sustainable solution for a number of reasons:

- **They create a postcode lottery** where only a very few women in particular areas can access care without harassment. The more than 100,000 women attending clinics targeted by anti-abortion protesters excludes all three of the clinics where PSPOs are currently in place.
- **They are expensive to introduce and uphold in court** - local authorities have to prioritise their resources carefully and introducing a PSPO which has to be renewed every three years and risks being subject to ideologically driven legal challenges from anti-abortion groups will be hard to justify for some, especially while facing financial pressures; and
- **The evidence bar excludes many clinics from protection** because councils are nervous of challenge and so leave often persistent activity ongoing without taking action, which has led to some areas having hundreds of accounts from women and staff about the impact of the activity [with no action being taken](#). As this is purely a local decision, there is no way to challenge a council refusing to protect women in its area.

Support for change

Efforts for change have been led in Parliament by Rupa Huq MP and Sir Bernard Jenkin MP.

NC1 currently has **30 signatures** from **seven different parties, including 10 Conservative MPs**.

Safe access zones and efforts to stop clinic harassment are supported by Medical Royal Colleges, the British Medical Association, leading clinicians, and groups supporting survivors of gender-based violence, such as the End Violence Against Women Coalition, Rape Crisis and Women's Aid.

Elsewhere in the UK, progress is already being made, and England and Wales risk falling behind other devolved nations. The Northern Ireland Assembly passed a bill in March to introduce safe access zones, and in Scotland, the government has a working group on the issue and has publicly declared that it supports the introduction of safe access zones.

Read the Faculty of Sexual & Reproductive Healthcare's Position Statement on Safe access zones around Abortion Clinics [here](#).

Read the Position Statement from the British Society of Abortion Care Providers on protests outside abortion clinics [here](#).

Contact and further information

We are a collection of clinical bodies and abortion providers who are committed to ending harassment outside abortion clinics.

For more information on this work, please contact: Catrin Hughes, External Affairs and APPG SRH Manager at Faculty of Sexual and Reproductive Healthcare, at 07950435846 / chughes@fsrh.org.