

Safe access zones around abortion clinics

The impact of harassment outside abortion clinics and the need for safe access zones to protect women and healthcare professionals

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Introduction

As organisations whose core purpose is to improve women's health, the Faculty of Sexual and Reproductive Healthcare (FSRH) and the Royal College of Obstetricians and Gynaecologists (RCOG) support the rights of girls and women across the world to access safe, high-quality family planning, contraception, abortion and post-abortion services.

We have serious concerns regarding the ongoing intimidation and harassment of patients and staff outside facilities providing abortion services in the UK. For several years we have supported proposals to establish 'safe access zones' outside clinics providing these services – zones in which anti-abortion activity cannot take place.

Our members explain that the impact of protest activity and harassment not only causes great distress and confusion for women going to the clinic for abortion or pregnancy care, but has a negative impact on staff wellbeing, causing them to feel unable to properly support and protect patients.

This document brings together – for the first time – evidence around the impact of harassment outside clinics on people accessing services at abortion clinics and those providing healthcare within them, and lays out the arguments in favour of establishing safe access zones around such services across the country.

FSRH and RCOG position on safe access zones

Our Beliefs

The ongoing intimidation and harassment of patients and staff outside facilities providing abortion care across the UK is cause for serious concern.

This harassment takes many forms and causes great distress. It also makes it difficult, and demoralizing, for healthcare professionals to deliver essential, legal healthcare.

Even quiet protest can be intimidating, and the distribution of erroneous, false information can be dangerous for patients' health and safety. In some cases, protests cause such distress that treatment is deferred.

Privacy must be protected as much as possible when people access abortion services and all staff working to provide these services should have the right to work without judgement, intimidation or fear. Current legal protection fails to do this.

Our Vision

The only way to ensure patients are able to access healthcare free of harassment and intimidation is the legal implementation of safe access zones around abortion clinics across the UK.

Introducing national legislation would guarantee that the approach to counteracting these protests is consistent and effective. We call on the Home Office and devolved Governments to bring forward national legislation to protect the safety of people accessing abortion services and healthcare professionals providing care.

Public Spaces Protection Orders (PSPOs) can be useful to protect patients and staff, but they have not been designed for this purpose and depend on local councils' willingness to apply them. They are also timebound, expensive to implement and produce a postcode lottery where some areas benefit from PSPOs and many others do not.

The FSRH and RCOG believe that everyone should be able to access abortion services free of intimidation and harassment and all healthcare workers should be able to work free of judgement or fear.

Overview of clinic harassment and protest activity

Prevalence and distribution

A map of clinics targeted in England and Wales is maintained as part of the [Back Off campaign](#). These include clinics run by the NHS, as well as all three independent sector providers (BPAS, MSI Reproductive Choices, NUPAS), across all regions.

Targeted premises, where abortion services are provided, include hospitals, GP surgeries, sexual health clinics, and shared premises. In both Scotland and Northern Ireland, harassment occurs outside NHS services, including hospitals, standalone clinics, and other community health centres.

Abortion providers, NHS services, and local authorities have received thousands of accounts of specific instances of this form of harassment, with a substantial increase in reports received since the Home Office's review of 2017/18.

Types of Activity

'Clinic harassment' describes activity used by groups across the UK to deter or prevent women from accessing abortion care. Such harassment takes many forms, including:

- displaying graphic images of fetuses;
- large marches that gather outside the clinic;
- filming women and staff members (many fear being identified and having images uploaded onto social media sites);
- following women down the street;
- sprinkling sites with holy water;
- approaching women outside clinics, calling them 'mum' and asking them not to 'harm their baby';
- silent presence – including people on their knees outside the clinic entrance, or prostrating themselves on the ground;
- dedicated or specific prayer and hymns – sometimes with the use of amplification; and
- telling women that they have 'named their baby' or that they know if it will be 'a boy or a girl'.

Furthermore, the leaflets that protestors hand out have been found to contain disturbing amounts of false information, including that abortion causes breast cancer and leads to depression and suicidal intentions.

Accessing an abortion is a personal healthcare decision that a woman should make based on her own wellbeing and health needs. During the process of accessing an abortion, trained abortion providers discuss options and offer counselling and other professional regulated services according to the patient's wishes. It is inappropriate for any protestor to be offering these services or seeking to influence a woman's decision outside of a clinic or hospital.

Impact of clinic harassment on women accessing abortion care

In reviewing a wide range of accounts from women and healthcare professionals across the country who have shared their views and experiences, we found that the impact of harassment outside abortion clinics to be the following:

Emotional or psychological harm

Clinic protests often have an emotional or psychological impact disproportionate to the behaviour involved – largely because of the captive nature of the audience, the confidential nature of medical care, and the potentially heightened emotional state of many people accessing treatment.

Accounts include:

“[It] made me feel guilty. They made me feel like I was a horrible person.” – Patient accessing care, 2022¹

“They came over twice and we said ‘no thank you’. She was very pushy, in your face. I found it rude and judgmental. It has left me cross and anxious. I suffer from [poor] mental health. When we walked past, she said ‘your baby wants to live’. We had driven for 7.5 hours to get here and did not expect this at all.” – Patient accessing care, 2022²

We also know from past accounts that harassment can have a longer-term impact on those accessing care, with one person saying:

“I didn’t need a stranger to tell me I was a terrible person I needed a stranger to be kind, and, these protesters were unkind. I attempted suicide two weeks later.” – Patient accessing care, 2013³

Impact on vulnerable people

For people who are vulnerable, feeling stigmatised or fearful for their privacy – and those with mental health issues or individuals at risk of honour-based or gender-based violence – even a solitary protester simply praying or staring can be intimidating.

Harassment outside clinics could be especially distressing for those who have already experienced trauma. For example, it can be a trigger for Post-Traumatic Stress Disorder for people who have been raped or abused. There are also specific dangers for people accessing care who are escaping an abusive household or at risk of violent repercussions from their family or partner.

This harassment can also be disproportionately harmful to many people who are marginalised on account of a protected characteristic, especially sex, disability, race, religion, and age.

Accounts include:

“My daughter is autistic and this procedure is stressful and traumatic. When she realised they were outside, it caused her to have a panic attack and severe anxiety.” – Family member accompanying a patient, 2021⁴

“Client attended yesterday with her partner who did not want her to have an abortion. Client has advised us that he is violent towards her. Today client attended alone for the [first part] of an Early Medical Abortion. Whilst here in the unit she received a call from her partner saying he knows that she is here. She also received a text message from one of the protesters telling her not to go ahead with the abortion. It has transpired that her partner gave one of the protesters his and her mobile numbers.” – Staff member, Richmond, 2017 (internal report)⁵

Compromising care and delaying treatment

Protest activity outside clinics 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.

Healthcare staff reports of intimidating activity include accounts of clients cancelling or rebooking appointments as they did not want to go into the clinic due to the number of protestors outside and a disturbing case of a call from a secondary school teacher raising concerns about the impact that the men who were protesting had had on the students, including one who was a service user.⁶

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.

There are also reports of people being sent away from the clinic when asking for directions, and in some cases being intimidated out of accessing the clinic altogether.

Accounts include:

“Client arrived for same-day treatment. Advised there was a man outside who said ‘Don’t do it, it’s a baby’. She ignored him but ending up leaving after consultation without treatment. She lived quite far away, had a medical reason to terminate, and had been very sure of her decision. She ended up coming back the following day for treatment.” – Staff member, Swindon, 2020⁷

“The young client had been so upset and distressed that she ran back over towards her Mum’s car... Her Mum walked her back over and the girl had pulled her hoodie 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. Rebooked for a clinic 75 miles away, as scared of protester [new booking also has protest issue].” – Staff member, Taunton, 2020⁸

“Just to let you know the protesters are here today. They upset a client who has now changed her mind and we have significant concerns about her... The client had taken medication for prep before treatment [mifepristone prior to surgical termination] therefore is at risk of miscarrying and therefore going through the process at home.” – Staff member, Birmingham, 2019⁹

“Client called in to One Call to tell them that she wanted to cancel her appointment because of the protestors standing outside of the clinic. She will call in again for another appointment at a different date. Attempted to call client in order to offer her support or an escort into the clinic - did not reply.” – Staff member, Ealing, 2017¹⁰

Impact of clinic harassment on staff providing healthcare

It is not just patients who are being targeted. Healthcare professionals who provide a lawful, confidential health service are being subjected to politically motivated harassment and intimidation tactics at their place of work, and report being told that “they are killing innocent children”¹¹.

One member of staff shared the reality of the daily encounters of the protestors when entering their place of work. They said:

“The usual two gentlemen are outside the clinic today and approached me as I came in this morning. They asked me if I work here – I did not respond. As I walked away, he started shouting ‘Shame on you, madam, killing little babies, you should be ashamed of yourself, you are part of this process of killing innocent children.’ I’m usually a bit tougher than this but it really got to me this morning.” – Staff member, Birmingham, 2019¹²

"Protesters upset a client, handed her a leaflet and grabbed her by the arm. She came into the clinic crying." – Staff member, Birmingham, 2017¹³

Staff have also reported having to protect clients from protestors.

"When a client left the centre a member of admin returning from lunch saw her being harassed by two male protesters at the bus stop. She approached them and told them to leave her alone and came in to inform a member of the management team." – Staff member, Birmingham, 2016¹⁴

Forcing staff members to deal with regular harassment and intimidation tactics while in their place of work will no doubt have a detrimental effect on their health and wellbeing:

"As staff coming into work it makes it very intimidating parking and walking past protesters. They have followed me to my car before – shouting 'murderer' at me. It just fills you with dread leaving and arriving to work." - Staff member, Bournemouth, 2022¹⁵

"A member of staff encountered two women on the pavement outside last night. She took photos to show that she had to walk between them on the narrow pavement. They were not happy and tried to grab her phone off her and followed her to her car." – Staff member, Bournemouth, 2020¹⁶

"[I feel] very intimidated. Every day now I enter and leave work via the back door to avoid the confrontation and them running towards me as I walk in the front gate. They can be persistent when I and other people have told them we do not want to engage with them. I don't leave work to go for lunch anymore because I don't want a conflict. I sit away from the staff room window so they cannot see me eating my lunch inside work. I have had to advise my sister and partner to come via the back door when collecting me from work to avoid them. I am cautious about driving my car to work so they don't know the car I drive or my number plate." Staff member, Richmond, 2018¹⁷

Furthermore the protestors also intimidate staff who happen to work at a hospital but not specifically within the abortion clinic. This can include nurses, midwives, doctors, administrative staff, caterers, porters and many others. Patients attending a clinic or hospital who have previously had an abortion are also affected, as well as patients attending for other reasons such as accessing maternity services when they may be experiencing a miscarriage or stillbirth. In addition, those who live locally to an affected hospital or clinic, as well as the general public who have to walk past the demonstrations, are all impacted by the harassment.

Examples of this activity can be found across the country with a variety of protest activity taking place at Cheltenham General Hospital, Stoke Mandeville Hospital, Luton and Dunstable Hospital, Royal Devon and Exeter Hospital and the Royal Hallamshire Hospital in Sheffield among others.¹⁸

For instance, at a co-located abortion service in Taunton, one nurse reported:

"I am a sexual health worker in a clinic co-located with an abortion service. Leaving work on Saturday, I was accompanied by my daughter and 6-year old grandson. I was verbally abused by a street preacher across the road who had set up a box and loudspeaker. I was in ordinary clothes with my uniform draped over my arm and he shouted across the road calling me 'a baby killer'." – Sexual health nurse, Taunton, 2019¹⁹

Anti-choice individuals and groups persistently organise themselves with the aim to dissuade or deter access to, or the provision of, abortion care. In no other area of healthcare would it be acceptable to harass patients and staff. Current legal protections are failing to prevent abuse at abortion clinics. The introduction of safe access zones around a place that provides abortion services would not stop the right to protest but it would stop the protest activity taking place directly outside of clinics and hospitals.

Inadequacy of current measures

Public Spaces Protection Orders (PSPOs), were introduced in 2014, to provide local authorities with a tool to help tackle anti-social behaviour and ensure that public spaces can be enjoyed free from anti-social behaviour.

Out of the 50 clinics and hospitals that have been targeted with harassment in the last five years, only five are now protected using a PSPO, leaving thousands of women exposed at clinics and hospitals that provide abortion services across the country. These five individual clinics are in Birmingham, Bournemouth, Ealing, Manchester and Richmond.

While PSPOs have been a useful stopgap in certain areas, the low number of local authorities that have been able to introduce them since their creation shows that they have been neither an adequate nor sustainable solution for protecting women and healthcare professionals from bullying and intimidation.

The nature of a PSPO means that it has to be applied for by a local authority, and the local authority has to go through a timely and expensive process to prove the harassment that women and staff are facing. This means that if a local authority chooses not to apply, or finds that it does not have the time or funds to apply, women and staff are left exposed.

Due to the process of having to apply and prove harassment, local authorities who do wish to apply for a PSPO have to leave women and staff vulnerable for a certain period of time to gather enough evidence to support the application for a PSPO, meaning that local authorities are unable to protect women and staff and are forced to leave them vulnerable in order to gather the evidence that they need. The Back Off campaign reported that they had 597 reports in their database referring directly to BPAS Bournemouth on Ophir Road ahead of the PSPO being introduced in October 2022, which included a lady who would lay baby socks on a hedge outside of the clinic and the use of amplification equipment to force clients to listen to hymns while in the clinic.²⁰

The PSPO process is also dependent on whether a local authority chooses to apply for one, thereby creating a postcode lottery of protection where only a few women in specific locations can access care without harassment. All hospitals, clinics and sites that provide abortion care must be treated equally, as must the women who access these services, and the staff who provide them. As this is a purely local decision, there is no way to challenge a council refusing to protect women and staff in its area.

As well as being expensive to introduce, PSPOs are also expensive to maintain. Understandably, 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-choice groups, will be hard to justify for some, especially while facing financial pressures. Of the five PSPOs currently in place around abortion clinics, four have been subject to legal challenge by people who gather outside.

The introduction of a 150m safe access zone would ensure that all patients and staff who arrive at hospitals and clinics that provide abortion services will be able to arrive by car or public transport and not have to walk past protestors.

Call to action

Women's privacy must be protected as much as possible when they access abortion services and

all staff working to provide these services should have the right to work without judgement, intimidation or fear. Current legal protection fails to do this.

We have pressed the case for safe access zones for several years and believe that their introduction through national legislation is the only way to protect the safety of women and offer protection to staff providing care.

We must now see action to ensure a consistent and effective approach to counteracting harassment and protests outside abortion clinics.

About FSRH and RCOG

About FSRH

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the leader in the field of sexual and reproductive healthcare, and we are the voice for professionals working in this area. As a multi-disciplinary professional membership organisation, we set clinical guidance and standards, provide training and lifelong education, and champion safe and effective sexual and reproductive healthcare across the life course for all.

About RCOG

The Royal College of Obstetricians and Gynaecologists is a medical charity that champions the provision of high-quality women's healthcare in the UK and beyond. It is dedicated to encouraging the study and advancing the science and practice of obstetrics and gynaecology. It does this through postgraduate medical education and training and the publication of clinical guidelines and reports on aspects of the specialty and service provision.

Contacts

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Appendix

The following organisations also support the establishment of safe access zones:

Alliance for Choice
Antenatal Results & Choices
Aurora New Dawn
Birthrights
British Medical Association
British Pregnancy Advisory Service
British Society of Abortion Care Providers
Brook
Doctors for Choice UK
End Violence Against Women Coalition
Everyday Victim Blaming
FIAPAC (International Federation of Abortion and Contraception Professionals)
Forward UK
Green Party Women
Humanist Society Scotland
Humanists UK

Imkaan
Karma Nirvana
Marie Stopes International
Medical Women's Federation
Mumsnet
NUPAS
Positively UK
Race Equality Foundation
Rape Crisis England & Wales
Reclaim Rosslyn Road
Reproductive Health Matters
Royal College of Midwives
Scottish Women's Aid
Sexpression
Sister Supporter
Sister Supporter Manchester
Stop Street Harassment
The Fatherhood Institute
Unison
University and College Union (UCU)
The Vagina Museum
Women's Aid
Women's Resource Centre

References

- ¹ <https://www.bpas.org/media/3753/2022-august-bpas-bcp-council-pspo-response.pdf>
- ² <https://www.bpas.org/media/3753/2022-august-bpas-bcp-council-pspo-response.pdf>
- ³ <https://www.bpas.org/media/3751/2020-aug-bpas-police-powers-unit-response.pdf>
- ⁴ <https://www.bpas.org/media/3753/2022-august-bpas-bcp-council-pspo-response.pdf>
- ⁵ <https://www.bpas.org/media/2072/acp-review-appendix-4-online-consultation-response.pdf>
- ⁶ <https://www.bpas.org/media/3754/2022-may-bpas-response-robert-clinic-pspo-consultation.pdf>
- ⁷ <https://www.bpas.org/media/3751/2020-aug-bpas-police-powers-unit-response.pdf>
- ⁸ <https://bpas-campaigns.org/campaigns/backoff/>
- ⁹ <https://www.bpas.org/media/3751/2020-aug-bpas-police-powers-unit-response.pdf>
- ¹⁰ <https://www.msichoice.org.uk/media/3359/marie-stopes-uk-submission-home-office-inquiry-harassment-near-abortion-clinics-2018.pdf>
- ¹¹ <https://www.bpas.org/media/3754/2022-may-bpas-response-robert-clinic-pspo-consultation.pdf>
- ¹² <https://www.bpas.org/media/3754/2022-may-bpas-response-robert-clinic-pspo-consultation.pdf>
- ¹³ <https://www.bpas.org/media/3754/2022-may-bpas-response-robert-clinic-pspo-consultation.pdf>
- ¹⁴ <https://www.bpas.org/media/3754/2022-may-bpas-response-robert-clinic-pspo-consultation.pdf>
- ¹⁵ <https://www.bpas.org/media/3753/2022-august-bpas-bcp-council-pspo-response.pdf>
- ¹⁶ <https://www.bpas.org/media/3753/2022-august-bpas-bcp-council-pspo-response.pdf>
- ¹⁷ <https://www.bpas.org/media/3072/richmond-consultation-bpas-response.pdf>
- ¹⁸ <https://www.bpas.org/media/3752/2022-august-clinic-harassment-update.pdf>
- ¹⁹ <https://www.bpas.org/media/3751/2020-aug-bpas-police-powers-unit-response.pdf>
- ²⁰ <https://www.bpas.org/media/3753/2022-august-bpas-bcp-council-pspo-response.pdf>