

Clinic harassment and safe access zones briefing

Amendment 45 to the Public Order Bill

Our position

We strongly support the introduction of safe access zones as introduced to the Bill in the Commons. We ask Peers to support the cross-party amendment 45 which would deliver on this promise in a human-rights compliant way and enable women to access, and healthcare professionals to provide, a lawful, confidential health service without harassment and intimidation.

The **amendment to establish safe access zones passed the Commons with a majority of 187 on a free vote** (297 – 110), with majority support from seven different parties, including a plurality of Conservative MPs. The strength of this vote reflects that MPs had concluded that national legislation is the only way to protect women and staff against increasing harassment (with current legal protection failing to do so).

The RCOG / FSRH report published today shows the impact of harassment on women and healthcare professionals providing care. Every week introduction is delayed, thousands more women are at risk of harm to their health and wellbeing. As a result, we **strongly oppose amendment 44 and any attempts to delay in the introduction of safe access zones through the insertion of a review.**

Key points

- 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 and following them. In 2020, the latest year where figures are available, **more than 100,000 women were treated by abortion clinics targeted by anti-abortion groups.** This is half of all women who had an abortion that year.
- **Women's privacy and dignity must be protected** while accessing abortion services in line with Article 8 of the European Convention on Human Rights. Harassment 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.
- The Royal College of Obstetricians and Gynaecologists (RCOG) and the Faculty of Sexual and Reproductive Healthcare (FSRH) have **published a new report highlighting the evidence behind, and need for, safe access zones to be introduced** around UK abortion clinics. It demonstrates that any attempts to delay will harm women's right to access essential, legal healthcare. The evidence is clear – now is the time for action. National legislation is needed to ensure a consistent and effective approach to counteracting harassment.
- The **Supreme Court ruled in December last year** – further to the Northern Ireland Assembly passing a Bill to introduce safe access zones – that **such legislation follows a legitimate aim of protecting women.** It found that the Bill was compliant with the European Convention on Human Rights and that banning the 'influencing' of women outside abortion clinics is both necessary and proportionate. Amendment 45 would provide the greatest possible legal protection to such a law, with the wording being drawn from legislation already upheld in full by the Supreme Court.

What safe access zones would do

Amendment 45 would introduce safe access zones of 150 metres around the entrance to a clinic around abortion clinics – banning activity including harassment, intimidation, persistent occupation or interference with those accessing or providing abortion care.

Amendment 45 seeks to restrict location and reduce harmful effects, not views. The introduction of safe access zones **would not have any impact on anti-abortion activity or campaigns taking place, except where they are immediately outside a clinic.** 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 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).

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. One person shared:

*"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

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 last five years, only five 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 are robustly cross-party, with the original Clause being supported by 297 MPs across seven political parties during Report Stage in the House of Commons.

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 Karma Nirvana, the End Violence Against Women Coalition 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 2022 to introduce safe access zones – a move which was upheld by the Supreme Court as being justifiable, and in Scotland, the government has a working group on the issue and has publicly supported a Bill seeking to introduce safe access zones.

Contact and further information

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