The Royal College of Obstetricians and Gynaecologists and The Faculty of Sexual and Reproductive Healthcare

Submission to the Home Office Abortion Clinic Protest Review

The Royal College of Obstetricians and Gynaecologists (RCOG) works to improve health care for women everywhere, by setting standards for clinical practice, providing doctors with training and lifelong learning, and advocating for women’s health care worldwide. We now have over 14,000 members worldwide. Our members look after more than half of the population (51%) at some point in their lives.

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the representative body for over 15,000 doctors and nurses working in sexual and reproductive healthcare, supporting healthcare professionals to deliver high quality care including contraception. We provide national qualifications in sexual and reproductive healthcare, clinical standards and evidence-based clinical guidance to improve sexual and reproductive healthcare in the UK in whatever setting it is delivered.

The RCOG and the FSRH respects that individual views on abortion amongst its members, and indeed across wider society, will differ on the topic of abortion. However, as organisations whose core purpose is to improve women’s health, the RCOG and the FSRH support the rights of girls and women across the world to access safe, high-quality family planning, contraception, abortion and post-abortion services, working within the local legal framework.

Please note: only some questions from the questionnaire are answered. Please see submissions from BPAS, MSI and NUPAS for answers to the questions not answered by this submission.

Have you knowledge of, or have you been involved in, protests or other related activity outside healthcare clinics offering abortion services in England and Wales in the last twelve months?

Yes, we have knowledge of such protests.

The RCOG and FSRH 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 ‘buffer zones’ outside clinics providing these services - zones in which anti-abortion activity cannot take place.

We are aware of anti-abortion picketers harassing women in a variety of different ways, including:

- filming individuals approaching clinics which provide abortion services;
- giving women unsolicited ‘advice’ which is contrary to that provided by doctors; and
- providing grossly erroneous information about clinical risks, such as linking abortion with breast cancer.

Our members explain that the impact of this activity not only causes great distress and confusion for women visiting the clinic, but has a direct impact on staff wellbeing, causing them to feel unable to properly support and protect patients.
If yes, please summarise the extent of your knowledge.

The RCOG and FSRH have knowledge among its membership, who work in the whole of the UK (including Scotland and Northern Ireland) and in the Crown Dependencies. Members work in both the NHS and in the independent sector. We also have close contact with academics and researchers (in particular lawyers and sociologists) who specialise in abortion care.

We would like to emphasise one important general point. Many protests are organised by loose local collectives, and the relationship to formal organisations is variable. This means that what exactly happens at a protest, from approaches to women to signs displayed, depends on the particular individuals who are at the location at the time. Healthcare staff cannot be sure what to expect and cannot let women know anything specific in advance. It also means that the organisations who call and organise protests can deny any untoward behaviour has anything to do with them, meaning that there is no accountability for their actions.

To the best of your knowledge, how many healthcare clinics have experienced protests or other related activity in the last 12 months?

There are 29 providers that we know of that are affected: 28 in England and 1 in Wales.

Please see individual submissions from BPAS, MSI and NUPAS.

Please note that, contrary to the title given to your Review, in addition to independent sector clinics, those affected include providers working in NHS hospitals and GP premises.

What is the nature of the activity undertaken outside the clinics? (e.g. handing of leaflets, praying, talking to passers-by)

Some of our members highlight that activity includes regular protesting, praying, holding bibles, singing around large religious pictures, giving out very medically inaccurate and emotionally charged leaflets about what happens during and after an abortion and engaging in activity that draws attention to the clinic building. The images used nearly always depict a late term foetus (past 24 weeks gestation). We know that in 2017 81% of abortions were carried out at under 10 week’s gestation, the first trimester when the foetus is not recognisable.

Do you have any evidence that clients and staff of healthcare clinics are being harassed and/or intimidated?

We can confirm that we have assimilated a considerable body of such evidence. Please see individual submission From BPAS, MSI, NUPAS and Brook.

Our members tell us that protests leave staff and patients angry, uncomfortable and upset, during an already potentially emotionally distressing situation for the patients. One member explains that “they [the protesters] are intimidating to patients attending for abortion”. Another member tells us the protests leave staff feeling “helpless to properly support and protect [their] patients”.

Have any incidents you are aware of, or have been involved in, been reported to the police?

Please see individual submissions from BPAS, MSI and NUPAS.

One of our members has told us that although clinics do not always call the police when they encounter protesters, they do when a patient complains or when the protestors are violating rules of being on clinic grounds. Another member explains that her clinic has been advised
that they can only contact the police if and when a patient complains. This highlights that current processes to act on harassment and intimidation place a burden on patients who are often already emotionally distressed reporting an issue. Moreover, these processes are not preventative but react to harassment and intimidation once it has taken place and distress has already been imposed on patients and staff.

**What is your view on the usefulness of such a tool?**

Experience in Australia has shown buffer zones to be effective. Victoria clinic staff report that, before the zones were established, protestors would intrude into the personal space of patients and staff, block patients from exiting cars and bar entry to clinics or access to footpaths outside clinics ([https://www.theguardian.com/commentisfree/2017/oct/13/anti-abortion-protestors-have-acted-with-impunity-for-decades-that-ends-now](https://www.theguardian.com/commentisfree/2017/oct/13/anti-abortion-protestors-have-acted-with-impunity-for-decades-that-ends-now)). They would display graphic images of dismembered fetuses, thrust leaflets and fetal dolls into people’s hands and provide frightening misinformation about purported sequelae of abortion.

Protesting in the past has made women delay or put off treatment and some doctors have stopped offering abortion care as a result of persistent, intrusive protesting. Protests have stopped with the implementation of buffer zones in Victoria. The exception was a protestor who breached the zone and was successfully convicted in a Melbourne magistrate’s court in October 2017, being fined AUD 5,000.

We have been told that a regional Victoria clinic called Gateway Health has no protestors while 5km away at a service over the border in New South Wales there are protestors present on a weekly basis.

**Who do you consider should determine whether and where such a zone is put in place?**

Public Spaces Protection Orders (PSPOs) can be instigated under the Antisocial Behaviour, Crime and Policing Act 2014. The disadvantage of this mechanism is the protracted delay while a Local Council goes through the motions of public consultation and then a vote by the Councillors. After this, justification for the PSPO has to be drafted and, when approved, they have a finite life of three years. All along the way, this mechanism is susceptible to obstruction. The RCOG and FSRH are aware of the PSPO being considered in Ealing. We are also aware of the difficulties in Portsmouth, Southwark and Birmingham which the respective Councils are grappling with.

The RCOG and FSRH suggest that a national law (see below) would suit the needs of the situation in England and Wales much better than multiple local PSPOs.

**How should buffer zones be enforced?**

By the police reacting to reports from abortion service providers that the limit of the buffer zone has been intruded upon by a person/persons they believe to be a protestor.

In locations which have been subject to daily visitations from protestors, we would expect the police to conduct regular patrols.
What benefits or challenges do you envisage?

The benefits will be to women who will not have the intrusion into their lives at such a potentially distressing time. Challenges are likely to be in identifying protestors who are conducting what they perceive to be ‘prayerful witness’ in silence, but which we know can be just as distressing as active and noisy actions towards women arriving at and leaving the premises.

The RCOG and FSRH believe that buffer zones are the only feasible way that women attending for abortion care can have their confidentiality and personal space protected. British academics such as Dr Pam Lowe and others have analysed responses of women who have been harassed outside healthcare facilities and the degree of emotional distress protestors can cause. This distress is not proportional to the conduct of the protestors, but merely caused by their physical presence. For example, even a silent prayer vigil causes distress. The women are not in control of the situation as they cannot avoid the protestors. Women invariably regard protests as unwelcome street harassment and intimidation which invades their privacy.

We have also received some evidence from Britain of what might be considered even more grave effects of protests. In some cases, women are so put off that they end up deferring their treatment (the higher the gestation at which an abortion is carried out, the greater the risk of complications and death). We have also heard of cases of women opting for simultaneous administration of their drugs for a medical abortion 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. Thirdly, women have resorted to an abortion using drugs obtained from the internet rather than face the protestors so that they can access professional services. Online abortion services carry risks, particularly where there are unscrupulous suppliers selling drugs that do not work; but there are also some reputable, women-centred services dedicated to helping women have safe abortions in countries where abortion is illegal.

The RCOG and FSRH support the creation of buffer zones of about a 150 metre radius around health facilities, similar to the zones established in the Australian states of Tasmania and Victoria and the Canadian province of British Columbia. We favour the Tasmanian 2013 law which applies to any premises at which abortion care is provided. Prohibited behaviour is banned inside the buffer zone. Prohibited behaviour includes:

- besetting, intimidating, harassing, interfering with, threatening, hindering, obstructing or impeding a person
- any protest or pavement interference in relation to abortion
- filming a person who is accessing premises (with a camera or smartphone or any other type of optical or digital device)

Are there other powers or tools you consider would be appropriate?

Please see individual submissions from BPAS, MSI and NUPAS.

Some of our members have recommended that the police should be able to confiscate leaflets given out by protesters due to these leaflets containing inaccurate and emotionally charged information that adds to staff and patient distress. One member suggests that there is a need for a strict rule that any leaflets given to patients have been approved by NHS guidelines.
What do you think would be the implications to the right to protest and right to freedom of speech if buffer zones were created?

The RCOG and FSRH appreciate that there is a wide range of views about abortion, and that there must be opportunities for these diverse and strongly held views to be heard. However, intimidating staff who are providing a lawful and necessary service, and approaching women accessing these services who may already feel vulnerable, are unacceptable ways to promote anti-abortion views.

The RCOG and FSRH believe that limiting the ability to interfere with women as they try to access a lawful medical service in confidence does not represent an undue restriction on our existing freedoms. Groups and individuals who are anti-abortion have every right to campaign for greater restrictions on women’s reproductive choices and there are plenty of opportunities and locations in which to do so. For example, via stalls and protests in areas away from abortion clinics and through various forms of public and political engagement. However, the space immediately outside a clinic should not be one of them. This is not about closing down debate on abortion. Women accessing pregnancy advice and abortion services are not seeking debate – they are trying to make their own personal decision about their own pregnancy.

Lastly, some protestors argue that they offer necessary support for women to change their minds, but in line with the evidence-based clinical guideline on The Care of Women Requesting Induced Abortion (https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guide-line_web_1.pdf), abortion clinics already assess a woman’s confidence in her decision to have an abortion and try to identify when a woman’s ambivalence about abortion means she might consider taking more time or getting more support with her decision. There is no pressure on women to have an abortion procedure.

Women’s privacy must be protected as much as possible when they access abortion services.

For more information on this submission, please contact Kelley Ireland at kireland@rcog.org.uk or on 020 7772 6446.