

# Health, Social Care and Sport Committee Abortion Services (Safe Access Zones) (Scotland) Bill

## Notes from informal evidence session 26 February 2024

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### Effects of protest

- All participants noted that protests can have a significant, long-term effect, beyond feelings on the day. People may carry the trauma of their hospital experience along with the trauma of experiencing the protest. This means that seeing anti-abortion protests can re-traumatise patients, even outside the context of accessing abortion or related services.
  - Two participants reported re-traumatisation and anxiety, and felt it tainted the experience when attending maternity services for another later pregnancy.
  - One participant reported Post-Traumatic Stress Disorder following on from numerous visits to maternity and abortion services in traumatic circumstances.
  - One participant reported re-traumatisation, and self-imposed delay as a result, in seeking a subsequent abortion.
  - One participant reported having to ask a friend to scope out access routes in advance of subsequent appointments to try and avoid protestors at subsequent appointments as they felt they were unable to go through the same experience again.

- One participant reported that the experience with protests exacerbated mental health issues during subsequent pregnancies – causing feelings of guilt and shame, and fear of “retribution”.
- It was also noted that abortion services work hard to make sure individuals feel safe, supported and informed, which is all felt to be negated by the protests outside.
- One participant stated their reason for speaking to the Committee, and showing their support of the Bill, was to try and prevent others from experiencing the same trauma they did.

## **Protest signage/literature**

- Protest signs experienced included the word abortion written bigger than the rest – regardless of the message.
- It was reported that protest signs can leave individuals with feelings of guilt and judgement.
- Participants noted that imagery from protest signs can exacerbate trauma. One individual reported that protest imagery in their mind replaced the images from their own ultrasound scans and reported that these images kept coming back to them for years, causing additional trauma. They reported that subsequent counselling was focused on unpicking the guilt associated with that image.
- Concerns were raised about misinformation shared in flyers, with photos of a stillborn baby passed off as foetus in earlier stages of pregnancy.
- It was noted that 40 Days for Life have sanitised their campaign, switching from graphic imagery to “we’re here to help” as public criticism of their campaign has increased. However, imagery used by other groups is misrepresentative of the stage of pregnancy of most people who have abortions. It might therefore impact people who are having termination for medical reasons later in pregnancy, as the images used more closely reflect what they are likely to see.
- Concerns were also raised about children who may also pass the protests and see imagery. One participant’s young children saw the signs on the way to an unrelated hospital appointment and asked questions about them.
- Further concerns were raised about consent. One participant noted that people accessing abortion services, and others passing by, don’t have the option to

consent to see these images. They further noted that sensitive images on social media are usually blocked so that you have to actively choose to look, but this isn't the case with imagery on display.

- One participant noted the graphic imagery in protests doesn't reflect reality of what an abortion looks like.

## **Observations of prayer/protestors**

- It was felt that praying as a group can come across as chanting, even if the group is using standard prayer formats like Hail Marys. This can make it feel more intimidating.
- One participant noted that protesters were thought to always wear black, which they noted makes it clear what they are doing when people are accessing services.
- One participant gave an example of seeing priests in attendance at protests, protesters holding up hands to bless people and cars being sprinkled with holy water. It was observed that, when a participant's car was sprinkled with holy water, it couldn't have been obvious what hospital services they were using – so protesters must have been approaching cars randomly.
- One participant noted that sometimes protests are referred to as prayers and vigils, but that what they experienced didn't correspond with their ideas of those terms.
- Another participant's view was that the Bill couldn't achieve its objectives while allowing silent prayer. They argued it would still be obvious what the protesters were doing, so it would still have the same impact and, there would be no way to effectively ensure that the prayer was silent.

## **Timings of protests**

- It was also noted that protests have been experienced outside the 40 days of Lent, so they are not limited to this time-period. Participants commented that they happen at other times of year and cannot be predicted.

## The appropriateness of the protests

- One participant expressed concerns of potential impact of bill on other rights to protest, noting it is the location of the protests that feels inappropriate.
- It was noted that freedom of speech and expression are qualified rights. Participants argued that women have the right to privacy and dignity when accessing healthcare.
- One participant noted that protests are supposed to be about getting maximum attention and making your message heard. They argued that even using the term “vigil” to describe activities is misleading about their purpose. They also noted that “vigils” are conducted in places where they would attract maximum attention.
- Participants felt that, outside clinics, it stops being a protest and becomes harassment, it becomes about an individual rather than the cause, and it feels personal. Participants didn’t think that anti-abortion protests in a different location (e.g., on high street) would affect someone as much.

## Safe access zones

- All participants thought 200m was not enough for safe access zones. They reported the following concerns:
  - It seems like a big distance until you actively considered the layouts of various hospitals and their approaches. There were many places where people might e.g., have to get off the bus, or bring their car to a stop at a junction, outside this perimeter that protesters could still use.
  - that the 200m radius of the safe access zone might not be sufficient to ensure others did not experience the same trauma they did, given limited entrances and exits to the hospital campus.
- One participant suggested that it might be idealistic to suggest that people shouldn’t be allowed to protest anywhere on the path to a clinic, but this would help to protect patients.
- A key issue raised was where protesters can face those accessing or leaving services. Participants argued that, if protesters can do that, then they can still have an impact as people have to see what they are doing, and if you can’t look the other way, you can’t avoid them. It was observed that several hospitals have

long access roads which would provide opportunities for protest well beyond the 200m.

- Another concern raised was that consideration shouldn't be limited to street level activities; that there was the potential for protesters to use balconies in flats; park railings and other opportunities to get across anti-abortion messages. It was noted that NHS wards usually have numerous windows and are often high up, meaning that messages could be seen or heard from much further than 200m away; and that big city centre hospitals are usually surrounded by lots of other buildings.
- One participant did not understand why the Bill contained provisions to reduce the size of the zone and couldn't envisage circumstances in which you would want to reduce the size of the zone.

## **Penalties**

- There were concerns from two participants that fines are not a sufficient deterrent.
- Concerns were raised that anti-abortion organisations can fund-raise to pay fines and that many of those attending protests may not be high earners – meaning that, if they receive relatively small fines, they can arrange to have them paid and continue to protest.
- It was noted that the possibility of a prison sentence would increase the deterrent effect in a context where someone continues to break the law. It was suggested that there would also be the possibility of adding options such as court orders which prohibit engaging in certain behaviour into the Bill and that a specific response to repeat offending, such as doubling the fine each time, could also be considered.

## **Other comments**

- It was noted that:
  - one in four pregnancies end in miscarriage and one in 100 are ectopic, so a large number of people are using services for a range of difficult reasons beyond abortion.
  - protests impact on other people accessing services not related to abortion services, including already stigmatised sexual health services.

- One participant observed that the subject of safe access zones is a gendered issue, where protesting outside abortion services feels to be anti-women, particularly as the protesters encountered by the participant were mostly men. They noted that this possibly speaks to wider issues around how women's health is treated.
- Two participants noted the stigma attached to abortion. One of these further noted that the association with morality has affected how the issue of addressing anti-abortion activity moves forward. It was thought that introducing safe access zones could help to address some of the stigma and shame around accessing abortion.
- One participant was involved in [a Disclosure documentary from 2022](#) on buffer zones and recommended that Members may like to watch this.