



**General Scheme of the Health (Termination of Pregnancy Services  
(Safe Access Zones)) Bill 2022**

**Submission by the Irish Family Planning Association  
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## About the IFPA

Founded in 1969, the Irish Family Planning Association (IFPA) is Ireland's leading sexual and reproductive health charity.

Our two clinics, which are based in Tallaght, on the outskirts of Dublin and on Cathal Brugha Street in Dublin's inner-city, are at the forefront of reproductive healthcare in Ireland. We also have a network of counselling centres nationwide. IFPA services include: early abortion care, post-abortion care, contraception, specialist pregnancy counselling, cervical screening, vasectomy, menopause check-ups and screening and treatment for sexually transmitted infections (STIs). The IFPA operates Ireland's only dedicated free clinic for women who have undergone female genital mutilation (FGM).

Since its foundation, the IFPA has been active as an advocate for the highest attainable standard of reproductive health and for the implementation of the State's obligations under international human rights law. Our mission is to enable people to make informed choices about their sexual and reproductive health and to understand their rights.

### 1. Introduction

The IFPA supports the introduction of safe access zone legislation as a measure which would protect those seeking and providing abortion care from harm, intimidation and distress caused by individuals and groups whose intention is to obstruct access to abortion care and stigmatise this aspect of reproductive healthcare.

This submission outlines the organisation's direct experience of protest activity by anti-abortion extremists and draws on international human rights standards and national and global evidence in support of the proposal to introduce safe access zones around healthcare facilities that can provide abortion services. With respect to the specifics of the

General Scheme of the Health (Termination of Pregnancy Services (Safe Access Zones)) Bill 2022, we endorse the recommendations put forward by the Together for Safety campaign and reproduce these at the end of the document.

## 2. Background

Throughout its history, IFPA staff and clients have been subjected to harassment by anti-abortion extremists who oppose reproductive rights. For decades, the actions of these extremists had a very real impact on the organisation of IFPA services. When establishing our Tallaght clinic in 1992, the need to protect our clients and staff from such abuse was a motivating factor in the decision to locate the clinic inside The Square shopping centre, with the environs providing a de facto safe access zone. Furthermore, our specialist pregnancy counselling centres around the country have been discrete in their signage, often having no plaque to identify the service as part of the IFPA.

Prior to the repeal of the Eighth Amendment, our Cathal Brugha Street clinic was a frequent target of anti-abortion protests. In 1999, the organisation was forced to seek a court order against members of an extremist group following a major incident. On that occasion, a large group of Youth Defence members and at least 40 anti-abortion activists from the United States forcibly invaded the clinic, filming, harassing and intimidating clients and staff. During the invasion, we had to suspend our services for safety reasons. This incident and others had an impact on the organisation that is still visible at our premises today in the form of additional security measures at the entrance and reception areas.

### 2.1 IFPA experience of protest following the introduction of abortion care

Since 2019, the absence of safe access zones has left abortion seekers and healthcare providers vulnerable to intimidation and harassment by extremist groups who seek to

obstruct people's access to a legal, State-funded service and stigmatise those seeking and providing abortion.

In the first year of abortion service provision, IFPA clients and staff were subjected to multiple incidents of harassment. On several occasions, anti-abortion activists tried to engage clients entering the clinic in a practice they refer to as "sidewalk counselling": this is an attempt to dissuade an individual from accessing abortion, usually through misinformation. In one instance, white crosses were left outside both clinics. In another incident, a man banged repeatedly on the clinic window, shouting aggressively at staff inside. We have seen a range of tactics employed: prayer groups or "vigils"; display of graphic or religious imagery; verbal harassment of clients and staff; physical assault; the photographing and videoing staff and clients as they enter and leave the premises; solo and group protests.

Even in instances where individuals and groups purport to be engaged in peaceful protest, their very presence causes distresses and is experienced as a form of surveillance. Professor Mairéad Enright of Birmingham Law School has emphasised the need for safe access zone legislation to take into account the likelihood of an act causing distress to those hearing or seeing it, irrespective of the stated intentions of the anti-abortion activist (1).

The methods used by anti-abortion activists have varied, but the intention remains the same: to intimidate, interfere and obstruct access to services, and to publicly delegitimise peoples' right to abortion care.

## 2.2 IFPA experience of protest since the pandemic

The activities described above declined significantly at IFPA clinics with the onset of the Covid-19 pandemic. In light of the IFPA's long-standing reputation as a champion of reproductive rights, we believe anti-abortion extremists may have diverted their activities

to the premises of abortion care providers who they perceive as being more vulnerable to intimidation.

While protests outside IFPA premises have declined, we know from our research project with women who have accessed our abortion service that some clients are nonetheless concerned about encountering such activity when they attend for appointments. In a research interview about her experience of accessing abortion care, one woman recounted:

*“I was like, ‘Oh my god, if I go and there’s protestors outside’, like, you know, that would be horrendous. But there obviously wasn’t, I dunno if there ever is, but there wasn’t in my case, so I was happy about that.”*

If enacted, safe access zone legislation will enable the IFPA to reassure our clients that they will not be subject to harassment and bullying when entering our clinics.

Although outside the scope of the General Scheme, the IFPA would also like to draw the Committee’s attention to the broader activities of extremist anti-abortion groups. Some of these groups maintain websites that purport to offer support to people seeking abortion care when their intention is to obstruct access to services until an individual has no choice but to continue their pregnancy. IFPA specialist pregnancy counsellors have supported many women who have encountered these groups. They report that women have been significantly delayed, obstructed, and psychologically harmed by thinking that they were accessing a legitimate abortion service and then humiliated, shamed and intimidated by the individuals involved.

It is important that anti-abortion protest activities are not considered isolated or occasional incidents: they are organised efforts to disrupt access to a legal, State-funded health service. We know that anti-abortion groups in Ireland have close ties to both the broader anti-gender movement in Europe and the anti-abortion movement in the United States. The significant violence of anti-abortion activities in the US should be of concern to

Oireachtas members and government and these hostilities are likely to escalate as extremists are emboldened by the recent Supreme Court decision to overturn *Roe v Wade*. In the absence of legislative action, there is a risk that protests outside healthcare facilities in Ireland will increase in both frequency and intensity, posing even further risk to those seeking and providing abortion care.

In this context, the IFPA supports the introduction of safe access zones as a necessary and proportionate measure to counter the significant harms caused to abortion seekers and healthcare providers by extremists who are hostile to reproductive rights.

### 3. The impacts of anti-abortion protest activity

#### 3.1 Human rights implications

Domestic and international evidence illustrates that the presence outside health facilities providing abortion care of anti-abortion extremists has a range of impacts on people accessing and delivering services. These activities have the potential to negatively affect the human rights of abortion seekers and healthcare providers and deter individuals from both seeking and providing abortion care.

Anti-abortion protest activity can affect an abortion seeker's rights to privacy, dignity and bodily integrity, including mental and physical health and access to healthcare without discrimination, as well as the right of healthcare providers to access their place of work safely (2). As outlined by the Irish Council for Civil Liberties (ICCL) in its rights-based analysis of safe access zones, the government is obliged to protect these rights under a range of human rights instruments. This includes the Irish Constitution, the European Convention on Human Rights, (ECHR), the European Social Charter, the International Covenant on Civil and Political Rights, (ICCPR), the UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) (2). In its General Comment on the right

to health (article 12, ICESCR), the UN Committee on Economic, Social and Cultural Rights makes specific reference to States Obligation to “take measures that prevent third parties from interfering with article 12”, emphasizing that States should “ensure that third parties do not limit people’s access to health-related information and services” (3).

It is the IFPA’s view that safe access zones are a legitimate and proportionate interference with the right to protest (as protected in law through the rights to freedom of assembly, freedom of expression and freedom of association) in order to protect the rights of those seeking and providing abortion care. We direct the Committee to the 2020 ICCL report for further information in this regard (2).

### 3.2 Impact on people seeking abortion care

Anti-abortion protests and the fear or threat of such protests outside healthcare facilities have a profoundly negative impact on people seeking care. Research has documented that such protests undermine the health and wellbeing of women and pregnant people, contribute to feelings of stigma, secrecy and shame and are experienced by those seeking care as stressful, traumatic, intrusive and upsetting (4–6).

Research from the United States (7) found that no form of protest behaviour outside abortion providers was recalled positively by people seeking care. Similarly, a recent UK study (6) found that encounters with anti-abortion activists were perceived by people seeking care as harassment, including in cases when they were not approached aggressively. Professor Mary Higgins (8), an obstetrician at the National Maternity Hospital, reports that women accessing care at the hospital felt harassed by the mere presence of activists, rather than by their actual activity. In addition, she emphasised the triggering nature of such protests, often involving graphic images of fetuses and small white coffins, for other people seeking care at hospital who may be attending for suspected or confirmed miscarriage, stillbirth, or have experienced pregnancy loss in the past (8).



Data show that protests of this nature serve no purpose except to distress and upset people seeking care and staff working in these facilities. Though anti-abortion activists purport to offer 'support', research demonstrates that these interventions are not wanted and are in fact harmful. The decision to terminate a pregnancy is a personal and private matter and people who arrive at a facility to access abortion care have already taken the time to consider what is the best choice for them.

### 3.3 Impact on people providing abortion care

In the absence of safe access zones, healthcare staff have no choice but to navigate anti-abortion activities, or the threat of such activities on a daily basis when accessing and leaving their place of work. This is likely to cause stress and anxiety.

A recent study by Dr. Camilla Fitzsimons of Maynooth University (9) explored the perspectives of abortion care providers across the country on anti-abortion protests and safe access zones. This study found that the overwhelming majority of participating providers (77%) would welcome the introduction of legislation on safe access zones. Of those surveyed, 45% reported that anti-abortion protests had occurred outside their place of work, with approximately half of this cohort reporting some level of protest at least once a month (9). In addition to this, a study by researchers in the UCD Perinatal Research Centre (10) found that 15% of abortion care providers in Ireland had experienced a direct verbal threat or attack relating to their abortion work.

Notably, the majority of providers who reported protests outside their facility in Fitzsimons' study (9), had not reported the incident to the authorities (67%). According to the ICCL, many healthcare providers referenced a preference to protect the privacy of staff and clients rather than publicise events of harassment (2). Such data suggest that there are more anti-abortion activities occurring outside providing services than is publicly known.

### 3.4 Protests as a deterrent to the uptake and delivery of abortion care

Irrespective of whether anti-abortion protests are peaceful or not, or by whom they are enacted, such protesting is a form of harassment in that it: publicises the care seeker's private healthcare matter; brings into question a person's legal entitlement to a medical service; attempts to dissuade said person from accessing healthcare and provoke feelings of guilt and shame around their private healthcare decision; intimidates people seeking care they are entitled to, and thus acts as a deterrent to seeking care in the first place.

Concerningly, there is some evidence that anti-abortion protest activity has the effect of deterring people from seeking abortion care through the formal health system in Ireland. A 2020 comparative analysis examined requests made to the international telemedicine abortion provider Women on Web (WoW) in the period preceding and immediately following the introduction of abortion care in Ireland (11). The study found that while the number of people who contacted WoW declined by half following legalisation, the proportion of people citing concerns about protestors as a reason for not accessing Irish abortion services increased from 5% to 11%. The study recommended the introduction of safe access zone legislation as a policy measure needed to promote the normalisation of abortion care (11). This recommendation is reiterated in the Unplanned Pregnancy and Abortion Care (UnPAC) report – a major HSE-commissioned research study exploring the experiences of people who sought abortion care in Ireland since the introduction of services (12).

It is almost four years since the establishment of abortion services in Ireland but large gaps remain in the geographical distribution of providers. Data show that only 10% of GPs have signed the contract to provide abortion services and only 11 out of 19 maternity units currently provide abortion services (9,13). The national distribution of providers is uneven, with services severely lacking in some parts of the country (12). Geographical access barriers have a disproportionate impact on people living in more rural areas, and those who are particularly marginalised (i.e., people without access to transport, people with disabilities, migrants, people experiencing domestic violence, people with low income etc.).

Although the reasons for lack of uptake in the Irish context are understudied and likely complex, concerns about anti-abortion protests could play a role. HSE officials have linked the absence of safe access zones to GP's willingness to sign up to provide abortion services and have emphasised that the introduction of legislation to this effect has the potential to increase both GP participation and the number of GPs opting to share their contact details with the MyOptions helpline (14). Research from the US has shown that anti-abortion protest and harassment is a strong deterrent to the provision of abortion care amongst doctors (7).

## 4. Conclusion

The repeal of the Eighth Amendment, the enactment of the Health (Regulation of Termination of Pregnancy) Act 2018 and the establishment of abortion services have been transformative for sexual and reproductive health and rights in Ireland. A free national service that provides abortion care, mostly on request, within local primary healthcare and supported by hospital-level services is a clear social good.

However, barriers to access remain in law, policy and service provision and not all those who seek abortion care can access it (15). Further reforms are needed to ensure the availability, accessibility and acceptability of quality abortion care.

The evidence presented in this submission underscores the need for further legislative action to protect the rights of people seeking and providing abortion care. If progressed, the Health (Termination of Pregnancy Services (Safe Access Zones)) Bill 2022 will support the reproductive autonomy of people accessing abortion care. It also has the potential to contribute to a reduction in abortion stigma and the normalisation of this aspect of reproductive healthcare.

The IFPA welcomes the General Scheme as a proposal which will enable healthcare providers to go about their work without fear of harassment and support people accessing

abortion care to do so in a safe, private and dignified manner. This legislation is a necessary and proportionate measure to counter the significant harms caused to abortion seekers and healthcare providers by extremists who are hostile to reproductive rights.

## 4.1 Recommendations

The IFPA recommends that this legislation is progressed as a matter of priority.

The IFPA also endorses the recommendations put forward by Together for Safety in its submission on the General Scheme. Specifically, we support:

- The insertion of a clause to exclude from the ambit of the Bill anything done in the course of industrial action within the meaning of the Industrial Relations Act 1990, or anything done by an authorised Trade Union in the conduct of its business.
- The placement of an obligation on members of An Garda Síochána to maintain a record of warnings given by amending Head 4 Section 11 to ‘The Garda Síochána **shall** maintain a record of a warning’.
- The use of inclusive language (“women and pregnant people”) throughout the Bill, as appropriate.

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