

# **Irish Family Planning Association**

Briefing on Abortion Stigma 2014





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## Introduction

In 2013, the IFPA, with a small grant from the IPPF, initiated a process of exploring abortion stigma in the Irish context, with a view to both enriching our understanding of stigma and enhancing the way we consider the denial and criminalisation of abortion in the framework of human rights.

The project was jointly implemented between the IFPA counselling and advocacy departments. Two workshops were held for IFPA pregnancy counsellors and a public seminar on abortion stigma was organised for IFPA staff and members. The first workshop was facilitated by Evelyn Geraghty, IFPA Director of Counselling, with Professor Rebecca Cook, University of Toronto: Faculty Chair, International Human Rights; Co-Director, International Programme on Reproductive and Sexual Health Law and Dr Ruth Fletcher, Queen Mary, University of London: Senior Lecturer in Medical Law, who also spoke at the seminar. The second workshop was facilitated, via webinar, by Leila Hessini and Kirsten Shellenberg. Key staff members also participated in a series of webinars organised by Ipas and ANSIRH on abortion stigma and compiled a literature review of key texts on abortion stigma.

This pack highlights key themes and draws together resources relating to abortion stigma. It uses examples from the IFPA's ground-breaking publication, *The Irish Journey*. Published in 2000, with an Introduction by Medb Ruane and a Preface by Sherie de Burgh, the IFPA's then Director of Counselling, *The Irish Journey* brings together first-hand accounts by women in Ireland of their experiences of abortion.

Thanks to all who contributed to this project, and to this pack, including Niall Behan CEO, Denise Ryan, IFPA Communications Officer, and IFPA intern Kate Russell.

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## 1. What is abortion stigma?

Professor Rebecca Cook describes stigma thus: “It is a defective mark, a tainted attribute that spoils identity. It disqualifies an individual from full social acceptance. It cuts stigmatised people off from society. It provokes hostility towards them; it provokes hatred towards the labelled person.”<sup>1</sup>

Hessini and Kumar describe abortion stigma as “a negative attribute that is ascribed to women who seek abortion that marks them internally and externally as inferior to the ideals of womanhood, such as the inevitability of motherhood.”<sup>2</sup>

Cook regards abortion stigma as inherently wrong—a harm in and of itself. She views it as intrinsic to the harm of criminal laws against abortion and as having its basis in social norms that discriminate against women. The stigma of criminal abortion laws infringes women’s right to dignity in access to health care and their right to privacy. The criminalisation of abortion in Ireland stigmatises women who seek abortion, as well as abortion providers, and those associated with abortion.

Stigma analysis provides a language to describe the harms of the criminal law on women who seek abortions. It also enables us to go beyond the focus on individual suffering to show how the criminal law on abortion is systemic. It illustrates how pregnant women with unplanned or unwanted pregnancies, or pregnancies that have become a crisis, are discriminated against as a group. Through the criminal law, these women—our clients—are stigmatised in ways that degrade them.

### Three principle aspects of abortion stigma

#### ***Perceived stigma***

This is an individual’s perception of how other people feel about abortion or how others might react to knowing that she had an abortion, or is intending to have one.

“I couldn’t face having to deal with anyone else’s reaction.”

*Jean’s Story, The Irish Journey—Women’s Stories of Abortion, IFPA: 2000*

“I was proud of how I’d dealt with what I perceived to be a life-changing problem but coming back to Ireland I was faced with the fact that I had done something which divided the country. It wasn’t about me and my life in Ireland, rather it was about my morals, about politics, about shame, about guilt, about hurt and most of all about silence and secrecy.”

*Ellen’s Story, The Irish Journey*

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<sup>1</sup> Cook, R. Speech at IFPA Seminar on Human Rights and Abortion Law Reform, 2 December 2013. (See appendix.)

<sup>2</sup> Kumar, A., Hessini, L., Mitchell E. (2011) ‘Conceptualizing Abortion Stigma’, *Culture, Health & Sexuality*, 11(6) p625.

## ***Experienced stigma***

This is the actual experience of actively being discriminated against or treated negatively by others and having that discrimination or negative treatment be directly related to the stigmatising condition.<sup>3</sup> Experienced stigma can include being denied abortion information, being harassed, humiliated or condemned for using abortion services. Experienced stigma may also include refusal of care by a health professional on grounds of conscientious objection, as it exposes the pregnant woman to another's negative judgment of her decision.

"I was so nervous at the idea of telling mum and dad. I couldn't bring myself to say it in the end, and wrote it all in a letter. I told them I was going back over to England. Dad was very upset, and I felt he was disappointed in me. That was a horrible feeling."

*Rachel's story, The Irish Journey*

"Almost from the minute I got off the plane newspaper headlines screamed about the abortion debate. TV and radio programmes blasted, street placards roared abortion this, abortion that. Ireland was a cesspool of angry public debate.... My abortion became this terrible secret spoken about only in safe places in hushed tones."

*Amy's story, The Irish Journey*

## ***Internalised stigma***

This is the extent to which the stigmatised individual incorporates negative perceptions, beliefs or experiences into his or her own self. It can manifest in feelings of shame, guilt, and in self-hatred. Internalised stigma has been described as the most "destructive locus of abortion stigma."<sup>4</sup>

"Although I'm quite open about having had an abortion, I don't often admit to having had two. Intellectually, I know this is silly. But all the anti-abortion talk about careless women having abortions willy-nilly gets to you, even when you know it's not true."

*Angela's Story, The Irish Journey*

## **The key elements of stigma**

Kumar and Hessini highlight that health related stigma develops "across a broad array of cultural and societal contexts."<sup>5</sup> However, abortion stigma is particularly related to gender, and is both a cause and consequence of deeply rooted gender inequalities. Abortion challenges the traditional ideals of motherhood and assumptions about femininity, e.g. that a

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<sup>3</sup> Cook, R. (2014) 'Stigmatized meanings of Abortion Law', In Cook, R., Erdman, J. et al. eds. *Abortion Law in Transnational Perspective: Cases and Controversies*, p355.

<sup>4</sup> Kumar, A., Hessini, L., Mitchell E. (2011) 'Conceptualising Abortion Stigma', *Culture, Health & Sexuality*, 11(6) p8.

<sup>5</sup> Ibid. p2.

woman's primary role is fecundity, procreation, and to nurture the vulnerable.<sup>6</sup> Women who have abortions are thus challenging widely held assumptions, including those encoded in the Irish Constitution, that motherhood is essential to womanhood.<sup>7</sup>

### The five stage process of abortion stigmatisation

- 1) When a woman seeks to terminate her pregnancy, she is **labelled**.<sup>8</sup> Stigma causes abortion to be seen as a character blemish, a mark of shame on the individual involved; something which changes the identity of a person to a "tainted, discounted one."<sup>9</sup>
- 2) Typically, these labels are related to **negative connotations and stereotypes**, branding women who seek abortions as disrupters of social morals. The woman may feel internal stigma, leading to feelings of shame and isolation.
- 3) These women can then become **marginalised**, leading to status loss, marking them as different from the social norm.
- 4) **Criminalisation** of abortion marks abortion as inherently wrong. It provides a shadow under which other laws, including regulation of access to information, develop and penalises women seeking abortion services and their health care providers. Criminalisation of abortion thus encodes stigma into state policy by marking it as an illegal act. The way the offence is framed and the kind of sentence it attracts are significant in reinforcing stigma.
- 5) Finally, stigma maintains and reinforces **prejudice** against women who have abortions and can lead to these women experiencing **discrimination**.

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<sup>6</sup> Cockrill, K., Hessini, L. (2014) 'Bringing Abortion Stigma in Focus', *Women and Health*, 54(7) p633.

<sup>7</sup> IFPA. (2013). Seminar talks, 'Discretionary Harms of Abortion Stigma', Available from: <https://www.youtube.com/watch?v=5vMbAUS5J7c&feature=youtu.be>

<sup>8</sup> Link, B., Phelan, J. (2001) 'Conceptualizing Stigma', *Annual Review of Sociology*, p363.

<sup>9</sup> Kumar, A., Hessini, L., Mitchell E. (2011) 'Conceptualizing Abortion Stigma', *Culture, Health & Sexuality*, (11)6 p3.

## 2. How Abortion Stigma is Maintained and Reinforced: the Irish Context

Abortion stigma—the ways in which women who seek abortion services, are, in Rebecca Cook’s words “separated from the dominant culture, marked as different from the norm and as tainted or discounted”, is manifested in many ways and within different spheres in Ireland.

### **Tainted or discounted: criminal law and abortion in Ireland**

The criminal law creates a social meaning around abortion by allowing it to be perceived as something wrong and harmful to society, and deserving of the most severe punishment.<sup>10</sup> The criminalisation of abortion maintains and reinforces abortion stigma and results in the exclusion of abortion services from state provided reproductive healthcare. Abortion stigma and the non-availability of legal abortion interact to create significant barriers to women’s access to the right to health. It has been described as “dehumanising” and in some cases, amounting to cruel, inhuman and degrading treatment of pregnant women.<sup>11</sup> The UN Special Rapporteur on Health has highlighted that the criminalisation of abortion shifts the burden of accessing health services from the state onto the woman.<sup>12</sup>

In Ireland, criminalization of abortion has embedded stigma in the legal system, the health service and in society and culture. Abortion is criminalised in all circumstances except where a women’s life is at risk. Women who decide to end a pregnancy must to travel to another state to avail of abortion services.

Access to information is regulated by the Abortion Information Act, and breaches of the Act are subject to criminal penalties. Much public discourse in Ireland constructs abortion as criminal, undesirable and contrary to the public good. The Constitution fosters stereotypical notions of motherhood as the natural and principal role of women and of women who choose to end a pregnancy as unfeminine, unnatural and deviant. The state places the entire burden of organising for abortion services outside the state on the pregnant woman and offers no financial assistance, tax relief or other supports to alleviate this burden.

Access to information about abortion services is framed in law as a conditional right, the information itself treated as odious and hazardous and those who avail of this information—and those who provide it—are stigmatised.

Women who seek to terminate pregnancies are therefore discriminated against by the law itself—by the operation of the Regulation of Information Act, and by the need to travel, to organise, and to pay for legal abortion services outside of the state. Women who are denied

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<sup>10</sup> Cook, R. (2014). Stigmatized meanings of Abortion Law. In Rebecca J. Cook, Joana N. Erdman and Bernard M. Dickens eds. *Abortion Law in transnational Perspective: Cases and Controversies*, p347.

<sup>11</sup> Hessini, L. (2014) ‘A Learning Agenda for Abortion Stigma: Recommendations from the Bellagio Expert Group Meeting’, *Women & Health*, 54(7) p617.

<sup>12</sup> United Nations Human Rights Council (UNHRC) 66th Session. (3 August 2011). Interim report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover (A/66/254). Available from: <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/445/70/PDF/N1144570.pdf?OpenElement>



safe and legal abortion services in Ireland talk of feeling “like criminals” or “like a displaced person.” Indeed, images of statelessness recur throughout *The Irish Journey*.

“Carrying a sense of shame for your country is a terrible burden. Ireland’s refusal to accept the reality of abortion, and acknowledge the humanity and rights of the individual woman behind the statistics, bestows a sense of shame on women and creates secrecy and isolation to reinforce that feeling. .... The individual decision that a pregnancy which is a crisis will end in abortion is no less painful and sad for an English woman than for her Irish counterpart. But she does not carry the weight of her country’s judgement – she is acknowledged by the provision of services which she may decide she needs. Her crisis and decision is private, but not necessarily secret.”

Sherie de Burgh, Preface to *The Irish Journey*

We went over and back in the shortest possible time, for all the practical reasons. But also because I'd feel like a displaced person if I was there a few days waiting to have an abortion.

Catherine’s story, *The Irish Journey*

### **Separated from the dominant culture: silence surrounding abortion**

Abortion stigma both contributes to and reinforces the cycle of silence, taboo and negative stereotyping. Irish abortion law taints the process of seeking an abortion as illegal or immoral. The stigma attributed to committing a criminal act contributes to the lack of open communication and dialogue about abortion in a public dimension. This has led to the prevalence of vague and euphemistic language, which, in turn, contributes to the secrecy and silence surrounding abortion.

Many women are afraid to talk about their experiences for fear of being subjected to disapproval, judgement and hostility.

“Several of my friends had had abortions but I had never known.”

Linda’s Story, *The Irish Journey*

The use of vague and evasive language such as “crisis pregnancy”, “going to England”, “options”, “travel” and other euphemisms are common ways of referring to abortion. Even where people do not intend to be judgmental, such language can generate an aura of shame. (And, while many people who have grown up in Ireland would infer a reference to abortion from such language, some people, including those from non-Irish cultural backgrounds, may not share this understanding.)

## **Marked as different from the norm: the chilling effect on health care professionals**

Health care professionals can reinforce abortion stigma in a number of ways. In practice, many doctors evade the potential or perceived repercussions of falling foul of the law by declining to discuss, or provide information to their patients about abortion. They assume or fear that they are precluded from discussing abortion, and that to allude to a termination of pregnancy would be considered as advocating or promoting it.

The use of euphemism rather than clinical language to discuss abortion is common among health-care professionals and marks abortion as separate from mainstream health-care. A discussion about the options available to the patient, is often instead replaced by a referral to an organisation such as the IFPA. For most women, referral to a service where they can discuss their situation and decision openly and receive accurate, clear and practical information is a hugely important support. But some women can experience such a referral as stigmatising, as it signals that the required information falls outside the 'normal' health system.

Women who receive a diagnosis of foetal anomaly experience abortion stigma in specific ways related to their situation. Most women receive this diagnosis in the context of regular antenatal care. In such a case, the abrupt cessation of care and effective ejection from antenatal services exacerbates an already very difficult situation and is deeply distressing. While referral to a pregnancy counselling service is a significant support in this context, it can, at the same time be experienced as part of the abandonment by the state. Abortion stigma means that some women resent being referred to the IFPA and similar services because they do not consider that their situation should be associated with a service that they perceive as dealing with unwanted pregnancies.

### **3. The Language of Abortion Stigma**

Discussion of abortion in the media and in the political sphere frequently reiterates stigmatising discourse. Unthinking use of terms such as "social abortion", "crisis pregnancy" and "abortion on demand" by politicians and media commentators as if these were neutral terms is pervasive.

Stigmatising discourse includes terminology with negative connotations and also narratives or tropes about abortion and women who have abortions that present some abortions and some women who have abortions as more or less deserving of respect and empathy than others, and as more or less entitled than others to call on the state for legal change and provision of services.

Stigmatising discourse has political consequences: it allows policy makers to label and separate women who have abortions from the dominant culture, mark them as different from the norm and to discount their experiences and ignore their needs and rights.

## **Narratives of innocent suffering vs choice<sup>13</sup>**

Distinctions are constantly made between the majority of situations where women choose abortion because they are not in a position to parent and exceptional cases involving rape, fatal foetal anomaly and therapeutic abortion. Such distinctions reinforce stereotyped categories of “good”, “innocent”, “deserving”, “brave” and “tragic” women who are victims. This privileges some sets of circumstances over others, and can contribute to internalised stigma, as the separation of abortion from narratives of shame and guilt in certain circumstances can reinforce the “taint” associated with abortion in other circumstances.

These stereotypes are stigmatising for women whose particular situation does not fit into this narrative. The term “therapeutic abortion” is rarely used in Ireland. Instead, decisions of women and couples are sometimes presented as not really being about abortion, and distinguished from “social abortion” or “abortion on demand”, both of which terms mask the reality of women’s decision-making and the contexts of women’s choices to have abortion.

Separating out some women’s decisions as being morally distinct from or morally superior to the choices of women in other cases can reinforce abortion stigma at all three levels. For example, the association of termination of pregnancy in fatal foetal anomaly cases with “good motherhood” has done much to shift the stigma around discussion of abortion in these cases. However, such language sets some women apart as “good” mothers and inevitably lends support to a view of women who choose abortion for other reasons as less “good”, less deserving and inevitably less worthy of political support.

“In Ireland I became one of those questionable women who'd had an abortion, in Germany I had been a responsible young woman who had dealt with a difficult situation. In Ireland it was something which could hurt others, make others ashamed of me, it was something upon which I would be judged and found wanting. It felt strange to have done something which was so condemned and considered so wrong but which was so right for me.”

Ellen’s Story, *The Irish Journey*

## **Narratives of loss and bereavement**

While there are women who experience varying degrees of bereavement and loss after abortion, especially when a wanted pregnancy is involved, in the IFPA’s experience, most women experience a mix of emotions, the dominant being relief. Assumptions that women will or should experience particular emotional responses to abortion can reinforce negative stereotypes and prejudices, and can cause women to feel that their individual response is somehow inadequate or uncaring. Bereavement counselling forms part of IFPA pregnancy and post-abortion counselling services only when appropriate to a woman’s circumstances.

“The abortion isn’t a burning issue for me. It’s something big and important, which the people close to me know about. I just tell them along with all the other bits. I think that afterwards I was certainly very sad and I had a sense of loss, but loss of potential. I never had regret. I have

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<sup>13</sup> We take this term from Sally Sheldon’s chapter in Cook et al (2014)

never regretted what was for me the right decision. It felt quite ok that I could feel sadness and loss, natural feelings, and still not regret the decision.”

*Miriam's Story, The Abortion Papers.*

“It was a major life event. I was very glad and grateful to have the opportunity to determine the course of my life, it was a tremendous decision. A crossroads where I happily chose one route but at the same time felt sad and grieved for the suspension of the other choice.”

*Amy's Story, The Abortion Papers*

Before I went to sleep, I talked to the potential baby that was more in my head than my womb. I said sorry I can't have you just now, but I hope I can sometime in the future, sometime when I can give you a Daddy and Mommy that love each other and a decent home and life. I said, I know you understand and I went to sleep feeling okay about the next day.

*Angela's Story, The Abortion Papers*

### **Narratives of desperation and powerlessness**

Many abortion-seeking women in Ireland, especially those living in poverty, encounter enormous obstacles in accessing legal abortion services outside the state. Many women in this situation are distressed, angry and frustrated, and may feel disempowered and betrayed by the State. But they are also resilient, resourceful and rational. They take a decision to have an abortion based on their particular circumstances and use all their resourcefulness to access the service they need.

Presenting women in these circumstances as powerless, despairing or desperate, or as contemplating desperate and dangerous acts, whether to draw attention to the impact of the law or as a fundraising strategy, is stigmatising. Similarly discourses about abortion that are including in fundraising drives can fall into the pitfalls of presenting women as tragic victims who need help and survivors who are grateful. The strategy of promoting charity/donations tends to support stereotypes of powerlessness and helplessness which are stigmatising.

“I wish I had never been in that situation, but my abortion is not a burden to me. It's part of my experience of life, part of who I am. And it was a turning point. I took responsibility for the abortion, and after it, I took responsibility for myself and the children. I never realised I had the strength to do that.”

*Michele's story, The Irish Journey*

## 4. How the IFPA challenges abortion stigma

The IFPA engages in a number of strategies that address and challenge abortion stigma.

1. The IFPA pregnancy counselling service has a critical role in addressing abortion stigma: clients receive a professional service from trained, accredited and experienced counsellors. Counsellors provide accurate, clear, unbiased clinical information and advice about abortion, and provide the logistical and practical information to support women who travel for abortion services to women who request it. Counsellors respect women as rational decision-makers.
2. The IFPA advocates for the repeal of the 8<sup>th</sup> Amendment to the Constitution and the decriminalisation of abortion for both women and health care providers. The criminalisation of abortion acts as a barrier to access for our clients. It contributes to and exacerbates misinformation surrounding abortion. Decriminalisation would allow for the complete integration of comprehensive abortion care within reproductive health services.
3. IFPA advocacy is grounded in the experience of our clients, all of whom are rights holders who have been denied access to a reproductive health service that only women need. While IFPA advocacy highlights the particular barriers faced by particular groups of women, e.g. young women and women who face legal barriers in accessing the right to travel, such as undocumented women and asylum seeking women, we also highlight the specific needs of women in certain circumstances, e.g. women who have health problems caused or exacerbated by pregnancy, or have received a diagnosis of foetal anomaly, we advocate for reform of the law so that all our clients, regardless of their circumstances, have equitable access to safe and legal services.
4. The IFPA uses human rights instruments and international human rights adjudicating bodies to highlight the failure of the State to give effect to women's human rights. The European Court of Human Rights has recognised stigma as an aspect of women's rights in the IFPA-supported case of *A, B and C v Ireland*.
5. The IFPA's communications team takes great pains to ensure that language in all IFPA communications, print, website and social media is non-stigmatising language. In addition, the IFPA and both supports and challenges other organisations and the media to adopt and use respectful, non-sensationalist and non-judgmental language.
6. The IFPA avoids using stereotypes or sensationalism in any of our communications. Images and messages are carefully chosen to present women who seek abortion as thoughtful and rational decision-makers. This ensures that we promote and produce clear, accurate and unbiased information about our services, de-stigmatising any misconceptions and misinformation on abortion.

## Recognising stigma in pregnancy counselling

The questions below offer a guide to identifying different forms of stigma and assessing or measuring the extent to which stigma is operating in the context of a particular client.

### Perceived stigma

- Is the client concerned about other people's negative attitudes to abortion?
- Has this affected the manner in which she accessed information about abortion? (E.g. Making an appointment in an IFPA clinic or GP far away from her home town)
- Is she concerned that other people will react in negative, hostile or judgmental ways if they know that she has had an abortion or is intending to have an abortion?
- Does she relate this perceived stigma to the law on abortion and/or the need to travel to another state?

### Experienced stigma

- Has the client experienced hostile or judgmental attitudes about her decision to have an abortion?
- Has she been treated differently by others because of her decision? E.g. has she been directly criticised, made feel humiliated, spoken about?
- Has she experienced any negative, hostile or judgmental attitudes or reactions from health care or social care professionals (e.g. GP or others in GP practice, social worker, community welfare officer) or other professionals or officials (e.g. Garda, teacher, employer)
- Does the client refer to health care professionals using evasive or euphemistic language in ways that she found hurtful or confusing?
- Does she relate this experienced stigma to the law on abortion and/or the need to travel to another state?

### Internalised stigma

- Does the client express herself in ways that incorporate negative perceptions or beliefs about abortion?
- Does she describe herself in pejorative or negative terms?
- Does she compare herself negatively to her own ideals/values?
- Does she compare herself negatively to other women (including women who seek abortion for different reasons)?
- Does she relate this internalised stigma to the law on abortion and/or the need to travel to another state?

What impacts has abortion stigma had on the client? For example:

- Not disclosing her decision to or seeking support from people close to her?
- Feeling isolated at work, college, within family, social circle?
- Feelings of shame or guilt?
- Feelings of being abandoned, let down or betrayed by the State/the health service?

- Has her experience caused her to develop any coping mechanisms which help to combat abortion stigma? (E.g. has she become more outspoken about her experience, engaged in any advocating or campaigning?)

## Appendix A: Discriminatory Harms of Abortion Stigma

In December 2013, the IFPA organised a seminar on “*Human Rights, Stigma and Abortion Law Reform*”. Our keynote speaker was Professor Rebecca Cook\*, who spoke about the discriminatory harms of abortion stigma. Her keynote address is reproduced here.

### ***Discriminatory Harms of Abortion Stigma***

Let me start with the Convention on Elimination of all Forms of Discrimination against Women and the obligation therein to modify patterns of conduct between women and men with a view to achieving the elimination of prejudices and practices, including stigma and stereotyping, which are based on the inferiority or superiority of either of the sexes.

My argument tonight is that criminalisation of abortion is an inappropriate way to protect prenatal life. I will explain this argument by saying that criminal law operates to stigmatise women seeking abortion and those providing it. I’ll focus primarily on how criminal abortion laws stigmatise women but I recognise full well that it stigmatises those who provide it and those who are associated with its provision.

So what is stigma and why is it important? It’s a defective mark, a tainted attribute that spoils identity. It disqualifies an individual from full social acceptance. It cuts stigmatised people off from society. It provokes hostility towards them; it provokes hatred towards the labelled person. As Albie Sachs, a former justice of the South African Constitutional Court said, [in relation to same sex relationships] criminal law scars.

Criminal law scars. As the United States Supreme Court said, it affects hearts and minds in ways unlikely to ever be undone. Stigma has surfaced itself in the public health context, particularly with regard to mental health, HIV and also most recently in the LGBTQ community. And we are blessed with a deep and rich literature from social psychology, that I think will help us in understanding abortion stigma, and helping us to argue more robustly why, in fact, criminal law on abortion is a form of inhuman and degrading treatment.

Abortion stigma is a negative attribute ascribed to women who seek abortion. It marks them internally and externally as inferior to the ideals of womanhood, such as the inevitability of motherhood. Criminal laws stigmatise women seeking abortion because they are challenging widely held assumptions about the role of women in society as mothers that are actually embedded in our Constitution.

My argument is that we have to move from thinking about the statistical woman to thinking about the criminally constructed woman; to talk about the harms to dignity that promotes negative meanings about women. The stigma literature helps.



In relation to qualitative harms, the stigma literature explains why criminal law is wrong in and of itself, not only because of the public health consequences, but because of how it destroys women and the meaning of women in society. So it is inherently wrong.

Abortion stigma operates to rationalise hatred against women, and of women against themselves, so that they use hatred, because of the criminal law, to destroy their self-meaning.

How does criminal abortion law produce stigma? This is where the social psychology literature is so helpful. So borrowing from the social psychology literature, particularly Link and Phelan, the criminal law marks those who are seeking abortions as different, marks them as criminals without regard to their health and emotional needs. It links that difference to stereotypes: women as promiscuous, women as unchaste, as disrupters of social morals. It links that difference to deviance, to deviant stereotypes that destroy the meaning of women in society. It separates women from the dominant culture, it cuts them off. It justifies their loss of status in society, and it discriminates and it degrades the labelled person.

The criminal law allows for social control of the powerful over the labelled person. It allows that doctor to delay and delay until that woman can no longer have an abortion, and is forced to carry an anencephalic foetus to term for example.

Stigma is inherently wrong. It degrades, it's cruel and it's a form of social control. But perhaps most perniciously, it's arbitrary, in that it is decentralised and unlinked to any form of institutional authorisation or accountability. No one need take responsibility for imposing stigma. Stigma happens. No appeal, no clarification is necessary. It happens. It gets released into the air like a disease.

Criminal law acts in different situations, it acts to stigmatise in different locations.

Perceived stigma: women often perceive how people might react to them; they perceive that their families might reject them; they're going to delay seeking services. So the perceived stigma has certain forms, certain consequences.

Experienced stigma: the criminal law enables us to experience stigma, whether it's harassment, humiliation, or the denial of necessary information or services.

Internalised stigma may be the most pernicious—when one incorporates the tainted identity into oneself, leading to guilt or shame, often attempts at suicide, often suicide itself. It silences, it closets, it covers. Whether you're dealing with different location of stigma, perceived, experienced or internalised, they are all pernicious forms that we need to talk about, analyse and make clear.

What is the value-added of a stigma analysis? Yes, it gives us language, a way to say that the criminal law poses a distinct harm that contributes to the severity of inhuman and degrading treatment. It marks women as unworthy, as unworthy of health information and health services. It links women to a certain difference, to deviance, deviant stereotypes of women as

reproductive instruments. It links women to disruptors of the social order. It separates women from other patients. It enables us to treat them differently. It justifies negligent and degrading treatment of women. So the stigma analysis helps us to add meaning to how we treat women in society. It also enables us to go beyond the focus on individual suffering to show how the criminal law on abortion is systemic; it has systemic consequences. It causes women in society to be discriminated against as a group—those pregnant women with unwanted pregnancies.

Through the criminal law, they are stigmatised in ways that degrade them—in systematic ways. But it's done with impunity. It degrades and discriminates all women and it degrades us as citizens of any community.

Because of the individual and systemic harms on abortion, we cannot justify the use of any criminal law on abortion, including the Irish criminal law, to protect prenatal life.

I also want to conclude with heartfelt congratulations to the IFPA. This 40 years plus that you're celebrating. You have a remarkable history of achievement, in providing care to countless women and in doing so improving their lives and the lives of their families by breaking the silence against subordinate treatment of women, the taboos around sexuality.

I also want to congratulate you for standing firm in your advocacy against the social injustice, the reproductive injustice of the criminal law, on your moral courage against the unforgiving opposition—the modern day inquisition. It takes many forms; most recently you've experienced a smear campaign. But in so doing you stood above it all and showed us what it takes to achieve equality for all women. Congratulations.

\*Professor Emerita & Co-Director, International Reproductive and Sexual Health Law Programme, author/co-author of *Abortion Law in Transnational Perspective: Cases and Controversies*, *Gender Stereotyping: Transnational Legal Perspectives*, *Reproductive Health and Human Rights: Integrating Medicine, Ethics and Law*.

## Bibliography

### Books

- Cook, R. (2014) 'Stigmatized meanings of criminal abortion law'. In: Erdman J.N. et al. eds. *Abortion law in transnational perspective: cases and controversies*. University of Pennsylvania Press.

### Journals

- Cook, R. and Dickens, B. (2011) 'Conscientious Commitment', *International Journal of Gynaecology & Obstetrics*, 113(2), pp.163-6.
- Cookrill, K. (2014) 'Imagine a World Without Abortion Stigma', *Women Health*, 54(7), pp.662-5.
- Cockrill, K. and Hessini, L. (2014) 'Bringing Abortion Stigma in Focus', *Women Health*, 54(7), pp.593-8.
- Dickens, B. (2008). 'Conscientious Commitment', *The Lancet*, 371, pp.1240–1241.
- Kumar, A., Hessini, L., and Mitchell, E. (2011) 'Conceptualizing Abortion Stigma', *Culture, Health & Sexuality*, 11(6)
- Hessini, L. (2014) 'A Learning Agenda for Abortion Stigma: Recommendations from the Bellagio Expert Group Meeting', *Women & Health*, 54(7), pp.617-621.
- Link, B., Phelan, J. (2001) 'Conceptualizing Stigma', *Annual Review of Sociology*, 27, p363.
- Martin, L., Debbink, M., Hassinger, J., Youatt, E., Eagen-Torkko, M., and Harris, L. (2014) 'Measuring stigma among abortion providers: assessing the Abortion Provider Stigma Survey instrument', *Women Health*, 54(7), pp.641-61.

### Web Links

- United Nations Human Rights Council (UNHRC) 66th Session. 3 August 2011. Interim report of the Special Rapporteur on 'The right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover (A/66/254) Available from: <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/445/70/PDF/N1144570.pdf?OpenElement>
- Hessini L., Shellenberg K. February 12, 2013. 'Webinar #1: Understanding and addressing abortion stigma', Available from: <http://www.ansirh.org/library/presentations.php>
- IFPA. (2000) 'The Irish Journey—Women's Stories of Abortion', Dublin: IFPA.
- Available from: <http://www.ifpa.ie/Doucments/Media/Publications/Irish-Journey>

### Video Links

- IFPA. (2013) 'Seminar talks—RAW. Rebecca J Cook', Available from: <https://www.youtube.com/watch?v=5vMbAUS5J7c&feature=youtu.be>
- IFPA. (2013) 'Women Have Abortions Every Day: It's Just One Choice', Available from: <https://www.youtube.com/watch?v=R4SSHkgD73E>
- IFPA. (2012) 'Abortion in Ireland', Available from: <https://www.youtube.com/watch?v=dW0N0w3PIlc>