

Health, Social Care and Sport Committee

9th Meeting, 2024 (Session 6), Tuesday, 19 March 2024

Abortion Services (Safe Access Zones) (Scotland) Bill

Note by the clerk

Background

1. Gillian Mackay MSP introduced the [Abortion Services \(Safe Access Zones\) \(Scotland\) Bill](#) (“the Bill”) in the Scottish Parliament on 5 October 2023.
2. At its meeting on 24 October, the Committee agreed its initial approach to its scrutiny of the Bill at Stage 1, subject to designation as the lead committee. The Parliament agreed to designate the Health, Social Care and Sport Committee as lead committee for scrutiny of the Bill at Stage 1 on 25 October 2023.

Purpose of the Bill

3. In the Policy Memorandum, the Scottish Government states that the aims of the Bill are to:
 - protect access to abortion services across Scotland;
 - ensure that people can access abortion services without fear of, and free from, intimidation, harassment or public judgement;
 - ensure that at the point of access users are protected from attempts to influence or persuade them in relation to their decision to access services;
 - take a preventative approach so all abortion services are covered, including those that have not experienced protests;
 - ensure that providers or facilitators of the service are protected from attempts to influence their decision to provide or facilitate abortion related services at their place of work or where those services are delivered;
 - prevent providers or facilitators from being reluctant to provide or facilitate services for fear of such protests occurring.
4. The Bill creates the status of “protected premises” for buildings and places at which abortion services are provided and establishes a safe access zone for each of the protected premises. The Bill makes it an offence to act in a certain way when within a safe access zone for protected premises. The Bill also

contains an offence in relation to acts done within, for example, a building situated inside the boundary of a safe access zone where the act is capable of being seen or heard by another person in the safe access zone. Provision is also made for exceptions to these offences.

5. To achieve its purpose, the Bill contains the following sections:

Sections 1-3 set out a definition of protected premises, establish safe access zones and the system of notification of proposed protected premises.

Sections 4-6 create offences to prevent individuals from engaging in specified behaviours inside a safe access zone, or in areas visible or audible from a safe access zone. Section 6 creates exceptions to the offences.

Sections 7-10 contain powers relating to:

- Extension of safe access zones by increasing the distance between the boundary of the safe access zone and the edge of the protected premises.
- Reduction of safe access zones by decreasing the distance between the boundary of the safe access zone and the edge of the protected premises
- Cessation of safe access zones if the protected premises stops providing abortion services
- Modifying the definition of “protected premises”

Section 11 provides for Scottish Ministers to publish guidance relating to protected premises and the establishment, extension, reduction or cessation of safe access zones.

Sections 12-16 contain general provisions including ancillary powers, interpretation, crown application, commencement and short title.

6. Further details on the Bill can be found on the Scottish Parliament website: [Abortion Services \(Safe Access Zones\) \(Scotland\) Bill](#)

7. The Scottish Parliament Information Centre (SPICe) has also produced a [briefing on the Bill](#).

Scrutiny

8. The Committee issued two calls for evidence which were open for submissions between 27 October 2023 and 20 December 2023:

- A short survey to provide general views and comments on the Bill overall.
- A structured call for evidence to provide detailed comments on individual provisions in the Bill.

9. The Committee received 2,178 responses to the short survey. Individual responses to this survey were not published, instead a summary of these responses [was published on the Committee's webpage](#). The Committee received

3,680 responses to the structured call for evidence, [published on Citizen Space](#). a summary of these responses was [published on the Committee's webpage](#).

10. The Committee's formal oral evidence on the Bill consists of:

Tuesday 27 February 2024	<ul style="list-style-type: none"> • Introduction by the Scottish Government Bill team (in private) • International comparative research • Impact on those accessing abortion services
Tuesday 5 March 2024	<ul style="list-style-type: none"> • Impact on those providing abortion services • Impact on those who will be responsible for enforcement, and management, of safe access zones
Tuesday 12 March 2024	<ul style="list-style-type: none"> • Impact on those who are against the introduction of safe access zones • Human rights considerations
Tuesday 19 March 2024	<ul style="list-style-type: none"> • The Scottish Government • The Member in charge of the Bill

11. The Committee has undertaken two informal engagement sessions with those who may be directly affected by the Bill, including individuals who support, and individuals who oppose, the introduction of safe access zones:

- 26 February 2024 - Impact on those accessing abortion services
- 5 March 2024 - Impact on those who are against the introduction of safe access zones

12. The anonymised notes from these informal engagement sessions have been published on the [Committee's website](#) and are attached here as **Annexe A** and **Annexe B** respectively.

13. Finance and Public Administration Committee issued a [call for views](#) on the estimated financial implications of the Bill as set out in its accompanying [Financial Memorandum](#). This was open for submissions between 27 October 2023 and 20 December 2023 and received three submissions published on [Citizen Space](#). The Finance and Public Administration Committee [agreed](#) to forward the submissions received to the Health, Social Care and Sport Committee as part of that Committee's consideration of the Abortion Services (Safe Access Zones) (Scotland) Bill and to take no further action.

14. At its meeting on 12 December 2023, the Delegated Powers and Law Reform (DPLR) Committee considered the Bill at Stage 1. The [DPLR Committee reported](#) it was content with the delegated powers provisions contained in the Bill.

Today's meeting

15. During today's meeting, the Committee will take evidence from the Scottish Government and the Member in charge of the Bill, in two separate sessions.

Clerks to the Committee

14 March 2024

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.

Health, Social Care and Sport Committee

Abortion Services (Safe Access Zones) (Scotland) Bill

Notes from informal evidence session 5 March 2024

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Motivations for participating in vigils

- Both participants set out their experiences of accessing abortion services and how those experiences, characterised by a lack of emotional support, counselling or consideration of alternative options, led to considerable trauma and feelings of guilt and shame.
- Both participants experienced depression as a result of their experiences and spoke of the role of faith and Christianity in helping them through their trauma and grief.
- One participant spoke of the process of accessing an abortion as a conveyor belt, with no time to process or consider options and how staff at the abortion services assumed she knew what she was doing. She noted that in her experience there was no support offered, other than being told she was doing the right thing. Another participant spoke of how she didn't feel there were opportunities to exit the process of getting an abortion once she had started down that path.
- One participant spoke about how when women experience miscarriage, there is support and people around you. Conversely, when experiencing unexpected pregnancy and abortion she felt there was no support and she was alone. The

participant noted there is a real silence around abortion and how it didn't feel like it was normal healthcare.

- Both participants spoke of how their past experiences motivated them to take part in and/or co-ordinate 40 Days for Life vigils in Edinburgh.
 - One participant described why she attended 40 Days for Life vigil as first and foremost to allow those seeking to access abortion services to breathe, stop and think, and secondly to support those who had experienced abortion. She also noted that she wanted to help other women avoid what she went through.
 - Another participant described why she attended 40 Days for Life vigils. It was to:
 - bear witness to the value of every human life
 - offer prayer because she believed in the power of prayer
 - offer a way out to those who know in their hearts that they don't want an abortion.
- One participant outlined the role of prayer at a vigil. She noted that speaking as a Christian, prayer is very powerful and to pray for the women going in, the staff and the unborn children, was important. She described prayer as an internal process that does not need to be visible noting that prayer is a conversation with God, not a loud proclamation. The participant stated that the Bible teaches Christians that prayer should be conducted in a private place, and that Jesus speaks against visible prayer.
- Both participants spoke of how they also supported women who had had abortions through a programme called Post Abortion Support for Everyone (PACE). One participant noted there were many similarities between the experiences of participants in this programme. For example, many reported that no alternatives to abortion had been discussed and some felt pressurised into having an abortion. Many also identified self-destructive behaviours as a result of the trauma of having an abortion – for example, promiscuous behaviour, using drugs or alcohol, suicidal thoughts.

Support

- Both participants thought sources of support when undergoing an abortion were inadequate.
- One participant thought every woman considering abortion should be offered counselling and access to a psychologist, describing the need for opportunities to talk someone neutral, and to be able to process everything before proceeding, but that cost was a limiting factor.
- In one participant's view, the NHS only offered counselling after someone has been through an abortion. However, she noted that one woman she had been involved in supporting had asked why she would go back to the NHS for post-

abortion counselling when it was the NHS that had taken her down the route which caused her trauma.

- Both participants thought that the NHS did not give sufficient information on alternatives to abortion in advance. One flagged adoption as an option which wasn't discussed.
- Both participants stated that they would like to see counselling offered –provided independently of the NHS – in advance of accessing an abortion. One participant described this as a pregnancy support service, which should be available to all. However, she also noted that funding was an issue.

Healthcare provision

- One participant questioned the view that abortion is not linked to depression. Speaking of her own experience, she noted that abortion providers did not ask for her NHS number, which meant it was not on her health record and therefore no connection between her depression and the abortion. She reported that this was routine practice and, as a result, there is no way of knowing what the real connection/numbers are.

Impact of vigils

- Both participants highlighted that there were many stories of babies saved as a result of anti-abortion activities or vigils. They both gave an example from a vigil in Glasgow the day before where a couple had changed their minds about proceeding with an abortion having seen a placard saying “Pregnant? We can help”.
- One participant noted that lots of people think abortion is the only choice and highlighted that vigils can help people realise they are not alone. She also noted that twice as many women from deprived areas have abortions, and further articulated that it was her hope to reach people to try and show them they have support whatever their life situation.

Taking part in a vigil

- Participants outlined the experience of taking part in a 40 Days for Life vigil.
- One participant provided the Committee with the 40 Days for Life statement of peace, which can be accessed online. She noted that all vigil participants must abide by the statement of peace to take part in a vigil and if they do not do so, they would be asked to leave by the organiser of that particular vigil.
- One participant spoke about how, in their experience, vigils were very limited and specific, they are organised for the same time each year for a specified period of

time – 40 days. Each group organises their own vigils, some are in the Autumn, others are during Lent.

- One participant noted that she had never experienced a vigil participant who was causing harassment. She noted that there was no intention as part of an anti-abortion vigil to harass people accessing services. However, she noted that someone may feel harassed if they were not at peace with their decision to access an abortion.
- Both participants noted that at the vigils they attend, they don't approach people, they don't start conversations and they don't shout. They stated that they only speak to people if they stop to speak to them first. Both participants also noted they hold placards and distribute leaflets when they are engaged in conversation with someone.
- One participant reported violence that was directed towards those that attend vigils. She also noted that the actions of anti-abortion activists are regularly misrepresented in the media, which emboldens those with pro-abortion views. An example was given of an activist receiving an email containing threats to follow her home and stab her in the vagina. Another example involved four pints of milk being poured over anti-abortion activists outside Chalmers Street clinic, as well as shouting and harassment.
- One participant noted that many people speak to them during vigils, noting that many people who approached her have often had abortions or have been affected by abortion. Other interactions have included people:
 - asking why they're there
 - saying they're glad they're there
 - saying they shouldn't be here – for example, some just give passing comments, but sometimes people also stop and engage.

Placards, imagery and literature

- Both participants discussed placards at vigils:
 - One participant stated that she held placards saying things like "Ask me about my abortion" and "Life begins in the womb". She thought the most controversial one was the 40 Days for Life organisation message, which was "Pray to end abortion".
 - One participant stated that she holds a placard saying, 'I've had an abortion, talk to me about it', as well as a picture of an unborn baby to get people to think about what they're doing, and phone numbers and emails addresses.
- One participant spoke about how images and placards are decided upon. She reported that there are various visual boards and it's up to those organising the

vigils to use what they're comfortable using. The placards will always have phone numbers and email addresses to contact for support.

- Another participant noted that she understands it can be hard to see the signs but noted that, in her opinion, those attending abortion services are already in turmoil before they see the signs and it's not necessarily the signs that are the traumatising factor.
- One participant was asked about the presence of more extreme messages at vigils (e.g., "Abortion is murder"). She stated that she wouldn't want to comment until she had seen some evidence of things like that. In her view, it didn't happen.
- One participant provided examples of the literature distributed during a vigil. She noted that these were for post-abortion recovery and sources of support. The participant offers a choice of leaflets for Christian and non-Christian women.

Location

- Both participants discussed the reasons vigils are located outside hospitals:
 - One participant noted it was to influence (but not unless approached), to pray and to offer help to those in crisis pregnancy and to those with post-abortion trauma. She thought they could pray somewhere else, but they wouldn't be able to do the other things.
 - One participant outlined that her reasons for wanting to be close to abortion services was to allow those seeking to access abortion services to breathe, stop and think. She stated that it wasn't about changing someone's mind or influencing necessarily as only they can do that themselves, but it was to allow them to take that moment to pause. She further noted that if they were around the corner and out of sight, then someone doesn't have that opportunity to stop and think about what they're doing. She articulated that the reason they're there is to reach people.
- When asked by a Committee Member for their response to the view held by some that those opposed to abortion should lobby the Parliament or Government, rather than holding vigils outside clinics, one participant noted that she was not trying to change the law. She stated that the law can only follow what people want, and right now the prevailing view in society is pro-abortion. She noted that she doesn't want to change the law.

The Bill

- Both participants outlined their concerns around the Bill.
- One participant was of the view that saving the life of a baby should never be a crime. She questioned why anyone would want to pass a law that prevented

babies being saved. She thought the offences in the Bill were vague and that that was dangerous. It left too much room for interpretation.

- When asked whether the penalties in the Bill would stop anti-abortion activities outside hospitals, this participant said she didn't know. She thought it would be obvious that she didn't support any penalties. She also noted that people have continued to fight against other social injustices, despite social attitudes. She gave the example of slavery stating that people might think that they wouldn't have supported slavery, yet most in modern society don't address the worse injustice of abortion.
- Both participants were concerned about the idea of influencing as an offence, noting that this was too unclear.
- One participant questioned the assumption that vigils prevent access to services, stating, in their view, this did not happen. She also questioned claims of harassment noting that, in their experience, this didn't happen at vigils and there is no intention to harass.
- One participant noted that the human right to freedom of speech is important, but so was protecting the unborn baby who has no voice.
- One participant thought that the Bill was trying to shut down the pro-life voice. She stated that some people who have had an abortion push the trauma outwards – e.g., by being hostile to anti-abortion activities. Other people push the trauma in – for example through depression or suicidal thoughts.
- One participant thought that asking her views on the size of buffer zones and the arrangements for extending or reducing them was like debating how much support should be given to slavers to transport slaves.

Other thoughts

- One participant appreciated the lengths undertaken to recognise the trauma caused by abortion. However, she felt the approach was ironic. She saw parliamentarians as inflaming sentiments towards anti-abortion activities – for instance, accusing people of harassment, of preventing people from accessing services, of violence. She noted that the rhetoric which comes from Parliament influences society and the media. She stated that politicians need to be honest and to not inflame issues.