

'A Hard Enough Decision to Make': Anti-Abortion Activism outside Clinics in the Eyes of Clinic Users

A Report on the comments made by BPAS services users

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Cover photographs taken by the authors outside a bpas clinic, May 2015.

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For more information about the project, please see:

<http://www.aston.ac.uk/lss/research/research-projects/adps/>

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Executive Summary

1. Following an upsurge in activism outside abortion clinics in the UK, BPAS (British Pregnancy Advisory Service, a major provider of abortions in the UK) launched the 'Back Off' campaign in November 2014 calling for 'buffer' or 'access' zones outside registered clinics, so that women can access pregnancy advice and abortion centres without encountering anti-abortion activists.
2. Buffer or access zones are in use, or being debated, in other countries in response to similar anti-abortion activism outside clinics. Some of the groups involved in anti-abortion activism in the UK, such as 40 Days for Life and Abort67, are part of wider international groups or networks.
3. This Report analyses statements made by users of BPAS abortion clinics who have accessed abortion services at times when anti-abortion activists were present outside the clinic. BPAS gave the research team access to the comments, but the research itself was independent and not funded by them.
4. The comment form itself allows space for an open response rather than asking for specific details, and this allowed users to make a variety of responses, from descriptions of specific encounters, to personal reflections, feelings, and attitudes. It can be assumed that each user wrote what they thought was salient. It is likely that those who felt most strongly about the actions, either because of an impact on themselves or on others, completed a form. In total, we analysed 205 separate user comments, from 11 different clinics, recorded between 2011 and 2015.
5. The data was not gathered for research purposes, and thus like all secondary data, it has limitations. First, there was no identifying data linking the comments to a service user, and it was not always clear whether the comment was made by a woman seeking an abortion, or a partner, family member, or friend accompanying her. Second, the form designed to record the details uses terms such as 'protest', 'harass', and 'intimidated', all of which could be considered leading. Third, the data is a self-selecting sample; we cannot therefore know what proportion of clinic users commented on the actions on any given occasion.
6. The BPAS forms do not record the exact details of the action or the name of the group organising it. Nevertheless, some anti-abortion groups are strongly associated with actions at particular clinics, and in nearly all cases we have been able to identify this group through media reports and advice from BPAS. We believe the data is detailed enough to enable us to make reasonable assumptions concerning the relationship between the conduct of anti-abortion actions and their effect on clinic users.
7. A quarter of user comments made direct reference to the *site* of the action or the *right* of activists to stage an action outside the clinic. The overwhelming majority of these comments expressed the view that anti-abortion groups should not be allowed to stage actions in front of abortion clinics.

8. Around a quarter of responses made a direct reference to clinic entrances being an inappropriate place for protest. The majority of these simply stated their objections, with some recognising a right to free speech and/or protest in general, but objected to the clinic as a site for such action. Many contrasted the legitimacy of the legal right to have an abortion with what they considered the lack of legitimacy of anti-abortion actions outside clinics.
9. Some users found religious observance to be inappropriate or objectionable outside clinics; on occasion, anti-abortion activism was seen as religious extremism.
10. Many of the informants considered the presence of activists outside clinics to be inappropriate because it constituted an *intrusion* into the private decision they had made to seek an abortion. Deciding to have an abortion was not seen as an easy decision, and the comments showed that it was not one that strangers outside the clinics should seek to involve themselves in.
11. Even if the women were not approached directly, many reported that being watched by activists was very intimidating. The presence of activists outside clinics was considered by clinic users to draw public attention to the decision that they had made; clinic users found this to be contrary to normal expectations concerning privacy, and that medical information is not usually public knowledge.
12. Many service users reported significant levels of alarm and distress, suggesting that some users experience the *presence* of activists outside clinics as harassment. Numerous comments reported being scared, shaking, or being nervous about the intentions of the activists. Some women needed escorts to support them into the building. Neither the 'style' of the action nor the number of activists present were recorded as directly influencing the levels of fear and anxiety.
13. All those who mentioned being filmed saw it as harassment. The clinic users do not know what will happen to the images taken of them; we suggest that users experience such techniques as a 'paparazzi encounter', as a private moment photographed without consent and exploited by others for their own self-interest. This is the case regardless of the precise intentions of the activists who use cameras, as they are unknown to the clinic users.
14. A few accounts detailed more serious events. There were eight reports of being followed, with at least one over a significant distance, and one account of what appeared to be an assault on a service user. Whilst such accounts are clearly a very small minority of the dataset, and none of the anti-abortion groups involved in clinic activism in the UK support this type of action, they do contribute to a more general anxiety at the *potential* for harassment.
15. The comment forms show that the *presence* of an action outside a clinic is emotionally distressing for many clinic users. This is not to say that the conduct of activists is itself irrelevant: numerous clinic users reported significant feelings of being intimidated or scared, and these feelings were exacerbated where users were filmed, followed, or (in their view) threatened by activists. Nonetheless, it appears to be *presence* rather than *conduct* which is the key 'gateway' factor in creating distress.

16. Anti-abortion activism around clinics effectively politicises individual women's decisions to seek an abortion. As this is experienced as direct challenge to women's legal right to access abortion and a significant invasion of healthcare privacy, it is likely that this will continue to be seen as problematic and may be subject to increasing challenges from abortion rights activists. This would have implications for the public cost of both policing and the NHS provision of abortion.
17. From the data contained in the comment forms, it is clear that the current BPAS campaign to limit anti-abortion actions outside clinics would potentially remove a significant source of distress for women entering clinics to seek abortions, would uphold the right of healthcare privacy, and would reduce the costs associated with the public policing of abortion clinics. Of course, these tangible benefits must be weighed against the rights to free speech and free assembly of anti-abortion activists.

Background

Citing a recent upsurge in activism outside abortion clinics in UK,¹ BPAS (British Pregnancy Advisory Service, a major provider of abortions in the UK) launched the 'Back Off' campaign in November 2014. The campaign calls for the introduction of 'specific legislation to ensure women can access pregnancy advice and abortion centres free from interference and intimidation', in the form of 'buffer' or 'access' zones outside registered clinics.

The aim of the Back-off campaign is to make activism immediately outside clinics illegal, and thus 'ensure women are not approached unsolicited, and prevent other activities designed to cause distress', such as filming women entering clinics or 'strewing the pathway with pictures or models of fetuses' (see BPAS, <http://back-off.org/the-campaign/>). Central to the campaign therefore is not only the *presence* of anti-abortion activists outside clinics, but also the appropriate *conduct* of these activists. The recent emergence of one group in particular, Abort67, has featured prominently in this debate: the group has attracted considerable attention and opposition (not only from BPAS) for regularly displaying graphic images of aborted fetuses in its actions outside clinics (Brighton, Southwark), and for filming outside the clinics.²

By calling for the creation of 'buffer' zones as a reaction to anti-abortion groups outside clinics, the BPAS campaign echoes international experience and debate. In the US, where some anti-abortion activism has led to violence and attacks on abortion providers,³ Colorado first enacted buffer zone legislation in 1993, and the matter went through a number of legal challenges before being upheld; however, legislation in other US states has not been successful where the 'buffer' was deemed to be too encompassing. Parts of Canada, France, and Australia have also restricted activism outside clinics. Some of the groups now campaigning outside clinics in the UK are part of, or affiliated to, wider international networks whose clinic activism has been restricted elsewhere.

¹ Anti-abortion activism takes place in all areas of the UK. However, as the 1967 Abortion Act did not apply to Northern Ireland, the context of abortion there is very different, and consequently the remit of this Report is confined to BPAS clinics in mainland Britain.

² Some of these actions are organised on days where abortion clinics are not taking place; clinic user responses to such actions are not included in the dataset, and are thus outside the scope of this Report.

³ For example, in the US, it is not uncommon for clinics to be vandalised, for protests to take place outside the homes of abortion providers, or for friends and family to become the subject of harassment; see Cohen, D. S. and Connon, K. (2015), *Living in the Crosshairs: The Untold Stories of Anti-abortion Terrorism*. Oxford: Oxford University Press.

Our research seeks to explore this growing debate over the regulation of space and speech in the challenge to abortion rights in the UK, by engaging with groups, organisations and individuals on both sides of the argument. Preliminary interviews with activists involved in the 40 Days of Life campaign in the West Midlands have revealed a tension between the types of conduct outside abortion clinics favoured by different anti-abortion groups. For example, the organisers of the March for Life in Birmingham in May 2015, which featured a service at St Chad's Catholic Cathedral followed by a rally and march through the city centre, specifically requested that participants not display graphic imagery. This request was prominent both in the publicity prior to the March, and in the instructions given by organisers on the day itself, immediately before the (approximately 450-500 participants, according to unofficial police estimates given to us on the day) processed to Birmingham's Chamberlain Square.⁴

In this context, our report analyses statements made by users of BPAS abortion clinics who have accessed the organisation's services at times when anti-abortion activists have maintained a visible presence directly outside the clinic in question. The statements were provided to us by BPAS (though the analysis has been conducted independently, and is not funded by BPAS). Our goal is, first, to analyse the statements to identify particular patterns in the comments they contain. More specifically, we are exploring:

- what the *reactions* are of clinic users when faced with anti-abortion activism directly outside the clinics whose services they are accessing;
- whether these responses vary as a function of the *position* of the anti-abortion activists relative to the clinics, and if so, in what ways;
- whether these responses vary as a function of the *types of conduct* of the anti-abortion activists relative to the clinics, and if so, in what ways.

We discuss the methodology of our analysis in more detail below, before discussing the comments themselves, and finally drawing conclusions from this analysis.

⁴ This figure is contested by the organisers, who tell us that the police gave them unofficial estimates of 1200 participants. For discussion of the March for Life 2015, see our survey report on the project website, <http://www.aston.ac.uk/lss/research/research-projects/adps/>

Research Design and Methods

We analysed comments made by people attending BPAS clinics between 2011 and April 2015. BPAS does not specifically ask those using its services to comment on the actions of anti-abortion activists outside the clinics, but makes it possible for them to do so as part of the evaluation forms it asks its users to complete. Some comments were made on general service evaluation forms alongside other aspects of care. If service users report being upset by the presence of an anti-abortion group outside the clinic, there is an additional form that clinic staff will issue to users. Under the section 'your opinion counts', BPAS asks an open question:

If there is anything that the protesters said or did which you would like to tell us about please use the box below to leave your comments. If you feel that the protestors have harassed or intimidated you today and you wish to take further action please speak to a member of staff.

The BPAS comment form itself is thus non-directive: the comments are not given as a response to a request for specific details. The comments contain descriptions of specific encounters, personal reflections, thoughts and feelings, and attitudes towards the actions outside the clinics; however, there is no set format for the type of comment elicited, and whilst some informants wrote only a few words, others wrote a couple of paragraphs. The comments can therefore be assumed to reflect the issues that each user felt to be most salient. The absence of specific detail - concerning, for example, the conduct of anti-abortion activists - cannot be assumed to signify either a positive or negative evaluation of the omitted detail.

In addition to the comments made on the two types of form, a small number of (often more detailed) statements were handwritten on ordinary paper. Each comment form recorded the date and specific clinic, though not the details of the person making the statement; nevertheless, in addition to comments from women attending for terminations and/or other appointments, it is clear that partners, family members, and sometimes friends had occasionally filled in the forms. In total, the BPAS forms provided a dataset of 206 different comments, drawn from 11 different clinics (see Table 1 for a full list). The number of comments per clinic ranged from one to 67. We analysed all but one of the forms (the form that does not form part of our dataset of user comments was completed by a member of staff, detailing her or his own concerns about an action outside the clinic); a small number of comment forms did not record the name of the clinic, though we retained these comments in the dataset.

The data was not gathered for our specific research purposes. As is the case for all secondary data analysis, the data therefore presents a number of limitations. First, as highlighted above, there is no conclusive identifying data as to the relationship between the clinic's services and the person completing the form. Second, though the BPAS question is an open one, it

Table 1	
<i>Clinic Site</i>	<i>Years</i>
Bedford Square	2012
Bournemouth	2015
Brighton	2011-14
Cardiff	2015
Doncaster	2013-15
Milton Keynes	2012
Oxford	2014
Peterborough	2015
Richmond	2012, 2014-15
Stratford (East London)	2012-15
Streatham	2011-12, 2014

nonetheless uses suggestive terms; the characterisation of anti-abortion actions in the BPAS clinic users' comments is made as a response to a question which has identified these actions as potential harassment or intimidation. Moreover, on some forms, BPAS advises its users not to speak to a member of clinic staff if they wish to take further action (as in the text above) but rather to contact the local police (these forms were in use at Doncaster in 2013, and Brighton in 2014). In these two instances, the BPAS form implicitly establishes the type of conduct adopted by activists outside the clinic as potentially unlawful, and it is thus possible that that the responses of the clinic users may have been affected by this characterisation. It is equally important to underline that BPAS's characterisation of anti-abortion actions as *protest* is not neutral, and open to contest by anti-abortion activists, who may qualify it quite differently (for example, as a vigil, or witnessing, or counselling⁵). For this reason, throughout this report we have consistently used the terms *action* and *activists*; where the words *protest* and *protesters* are used, it is because this is how actions outside clinics are referred to in the clinic user data. Third, the dataset is constituted by a self-selecting sample, and cannot be seen to be representative of all clinic users on any given occasion. This is important for two reasons:

(i) We do not know what *proportion* of clinic users felt motivated to comment on the actions outside the clinics on any given occasion

(ii) Whilst it is clear from the data that the comments were not only made by those users who felt distressed by the actions (often, users completing the forms were worried about the potential impact of the actions on other clinic users), it is nonetheless likely

⁵ Pavement counselling is where individuals approach women seeking abortion outside clinics and seek to change their minds.

that those who felt *most strongly* about the actions outside the clinics were motivated to record their thoughts.

Finally, the BPAS forms do not record the exact details of the action on each occasion, nor the name of the group organising it. We are thus not able to compare the user comments to the conduct of the action with absolute certainty, especially given that some clinics are targeted by more than one group (see Table 2). Nevertheless, some anti-abortion groups are strongly associated with actions at particular clinics, and in nearly all cases we have been able to identify this group through media reports and advice from BPAS. Three groups are responsible for the majority of the actions: Abort67; Helpers of God’s Precious Infants; and 40 Days for Life. In addition, Good Counsel Network has staged actions at Richmond, whilst local church groups appear to have staged the actions at Bournemouth. Of course, even where groups publicly identify in their literature and signs as belonging to a specific organisation, we cannot be certain that all participants in the action are members or representatives of a given organisation. These caveats notwithstanding, we believe our data is detailed enough to enable us to make reasonable and robust assumptions concerning the relationship between the conduct of anti-abortion actions and their effect on clinic users, as recorded on the comment forms.

We transcribed each set of comments verbatim from each individual BPAS form into a dataset spreadsheet, on which we cross-referenced the

Table 2	
<i>Clinic name</i>	<i>Anti-abortion Group</i>
Bedford Square	40 Days for Life/Helpers of God’s Precious Infants
Brighton	Abort67
Bournemouth	Miscellaneous (local church)
Cardiff	40 Days for Life
Doncaster	40 Days for Life
Milton Keynes	40 Days for Life/Abort67
Oxford	40 Days for Life
Peterborough	Helpers of God’s Precious Infants (uncertain)
Richmond	Good Counsel Network/40 Days for Life
Stratford	Abort67/Helpers of God’s Precious Infants
Streatham	Helpers of God’s Precious Infants

name of the clinic and the date of the comment (month/year, where available). We then uploaded this data into NVivo to enable a qualitative content (or 'thematic') analysis, undertaken by the systematic close reading, coding, and mapping of key terms and ideas. All the comments were read by the research team and coded inductively from the data; once this initial coding was complete, the codes were refined until we were confident that the coding framework reflected all the elements in the dataset. The themes highlighted in this report were generated through reflection on how different elements of the coding framework fitted

together. Throughout the analysis, the research team re-read and discussed the data to ensure that the themes were representative of the dataset.

In the following two sections, we thematise the comments of clinic service users as they discuss their reactions to and experiences of

- the *presence* of anti-abortion actions outside clinics; and
- the *conduct* of anti-abortion activists as they undertake these actions.

Three key themes emerge from the data: clinic service users consider the actions to be *out of place*; they consider them to be *intrusive*; and they frequently experience them as *harassment*. In the final section, we discuss the relationship between the set of responses to anti-abortion actions given by clinic service users, and the way in which activists staged their actions.

Presence

Many of the informants made specific comments concerning the appropriateness of sites outside clinics for holding actions. Just under a quarter of user comments (n=52) made direct reference to the *site* of the action or the *right* of activists to stage an action outside the clinic. Perhaps unsurprisingly, the overwhelming majority of these comments expressed the view that anti-abortion groups should not be allowed to stage actions in front of abortion clinics.

The majority of these 52 comments stated simply that the activists should not have the right to take up a position outside the clinic. Some users referred explicitly to the general right to free speech and the 'right to protest', but believed that there were limits to the exercise of these rights, and that they should only be exercised in acceptable places. Some users wanted the activists to be moved away slightly from clinic approaches, in order to allow users to access the clinic without having to encounter them; others wanted activists to be removed from the clinic environment altogether. For example:

People have the right to protest but not outside the building to distress people.

(Comment 60, Brighton, 2012)

*It would be better for the protesters to exercise their right to free speech/beliefs
from across the road.*

(Comment 107, Clinic unknown, undated)

*I found her presence to be completely inappropriate. I do not deny her a right to
an opinion, I feel that outside a clinic of this nature is not the place.*

(Comment 161, Richmond, 2014)

*We all have feelings to express, but I felt it was a little harsh for them to be
protesting right outside the clinic. (...) MOVE THEM AWAY!!! WRONG!*

(Comment 152, Doncaster, 2014)

For these clinic users, it was *inappropriate* for anti-abortion activists to stage actions outside abortion clinics - though as should be apparent from the comments, not all users gave a rationale or explanation as to why they felt action outside clinics to be inappropriate. However, numerous clinic users did explain how they felt, and why they thought that anti-abortion actions should not be staged outside clinics. We discuss these comments below.

Anti-abortion activism as intrusion

Many of the informants felt the presence of activists outside clinics to be inappropriate because they considered it an *intrusion* into the private decision they had made to seek an abortion. In just over a fifth of the comment forms (n=42), users included their own understandings of their decision-making around abortion in their remarks, and explicitly commented on their own emotional decision in relation to their perceptions of the actions outside the clinics. In general, the decision was seen as an intimate one, and users often stressed the seriousness of their decision. Many of the comments referred to making the decision to have an abortion as 'hard', 'difficult', or 'tough', whilst emphasising that it was the right choice for them to make in their personal circumstances. The phrases 'it is hard enough as it is...' and 'it made a difficult situation worse...', or variants of them, recurred frequently within the dataset, often associated with emotional vulnerability. Research elsewhere⁶ has shown that the majority of women make a decision about abortion before contacting an abortion provider, and the comments reflected a belief that the activists should not question their decision:

They tried to give me a leaflet. Although they weren't forceful it is very unhelpful to have to face this at it is a difficult time anyway.

(Comment 167, Richmond, undated)

It's a hard enough decision to make without someone who has no idea about our situation interfering.

(Comment 118, Streatham, 2012)

I was disgusted and annoyed to have been stopped while approaching the door of the building by an abortion protester. At a difficult enough time as it is, the last thing I and my partner needed was this kind of intervention, adding more stress to an already stressful situation.

(Comment 108, Clinic unknown, undated)

Their presence is totally insensitive and their arrogance in presuming what is best for another human being is extremely provocative at a time when I would prefer to be feeling calm!

(Comment 40, Brighton, 2012)

⁶ Brown, S. (2013) 'Is counselling necessary? Making the decision to have an abortion. A qualitative interview study', *European Journal of Contraception and Reproductive Health Care*, 18/1, pp.44-48.

The following table sets out the recurrence of the difficult/hard enough comments in the BPAS comments:

Table 3		
<i>Frequency of descriptors of the decision to have an abortion</i>		
Descriptor	Number of comments	If known, clinics where comments were recorded
Difficult	22	Brighton (2011, 2012, 2013) Doncaster (2015) Milton Keynes (2012) Oxford (2014) Richmond (2014, 2015) Streatham (2011, 2012)
Hard	18	Brighton (2012, 2013, 2014) Doncaster (2013, 2014, 2015) Oxford (2014) Peterborough (2015) Richmond (2014) Streatham (2011, 2012)
Tough, Daunting	3	Brighton (2013) Richmond (2012)

Healthcare is private

One of the reasons why users felt the actions outside the clinics to be intrusive is that they felt their own decision not only to be emotionally onerous, but also, fundamentally *private*. In general terms, healthcare is usually deemed to be a private issue and not one that is usually expected to be publicly revealed.⁷ The move of the majority of abortion services into third sector clinics means that the purpose of women’s visits are considered obvious. Although anyone can see women enter and exit a clinic if they happen to be in the area, activists who stand outside clinics might be seen to be specifically monitoring visits and, by extension, users. Many of the clinic users reported that they felt the presence of activists outside clinics to be a significant invasion of their privacy.

⁷ Public concerns over the privacy of healthcare led to the delay in rollout of the Care.data anonymised database of NHS records, and thousands of people have registered their objection to being included; see *Daily Telegraph*, 'Nearly 1million patients could be having confidential data shared against their wishes', 5 June 2015, <http://www.telegraph.co.uk/news/health/news/11655777/Nearly-1million-patients-could-be-having-confidential-data-shared-against-their-wishes.html>

Making the choice to have an abortion is a very personal decision (...) Why is bullying in schools, work or general society not accepted and in some cases reason for jail time but in the case of my personal medical treatment allowed? Causing undue stress on ANY human being for any reason especially one who is about to undergo surgery surly must be seen as a crime.
(Comment 173, Richmond, 2014, underlining in original)

It's unfair. It's supposed to be confidential.
(Comment 09, Brighton, 2011)

Alongside these feelings of exposure, clinic users felt that actions outside clinics drew attention to the building and to those trying to enter or leave more generally. User comments also revealed that women were concerned about this wider public scrutiny:

Also it makes everyone from public knows why you are here. Not good.
(Comment 79, Brighton, 2013)

Not happy with the way lady harassed me at the gate. Spoke loudly for all to hear and was intrusive and very embarrassing.
(Comment 132, Streatham, 2012)

Deciding to have an abortion was understood as a private healthcare decision that women had considered seriously; encountering activists at the entrance to the clinic was felt by users to be a significant intrusion into their private decision. Even if they were not directly approached, many found the very presence of activists to be very uncomfortable. Although the right to protest is upheld in general in the comments, the targeting of actions against individual women seeking clinic services is seen as unfair. The presence of activists was also considered by clinic users to draw public attention more widely to the decision that they had made; clinic users found this to be contrary to the normal expectation that medical information is not usually public knowledge.

The right to choose abortion

A further major reason given by users for the action being *out of place* was that it sought to challenge women's rights to control their bodies. Several comments challenged the legitimacy of the action in contrast to what they saw as women's legal or moral right to choose an abortion:

Contrary to them I believe that my 8 week old collection of cells is not a child/sentient being and does not have more rights than me. This is an opinion that I am morally & legally entitled to. I also believe that I should be morally & legally entitled to access healthcare without harassment & intimidation.

(Comment 3, Brighton; 2011, underlining in original)

I wasn't spoken to by a protester but find it highly offensive their presence through what could be difficult time for women, husbands & family members! These people need to respect that everyone is free to make their own choice!

(Comment 154, Oxford, 2014)

The comments outlined in this section have highlighted three things. First, many clinic users used the forms to set out a rationale, or justification, for their use of BPAS clinic services; these comments variously emphasise the private nature of abortion as a healthcare issue, and (to a lesser extent) the importance for clinic users of their understanding of the availability of abortion services as a fundamental right. Second, almost exactly one quarter of the total comments made direct reference to the presence of anti-abortion activists outside clinics. These comments did not deny the right of anti-abortion activists to express their views, but consistently argued that clinic entrances were not an appropriate place for activists to exercise these rights to free assembly and expression. Third, numerous clinic users emphasised that the *presence* of anti-abortion activists outside clinics was inherently upsetting, as it subjected an intimate and difficult decision to public critical scrutiny, increasing the emotional burden of this decision.

Conduct

The comments expressed by clinic service users, above, concern one key part of the current debate: the appropriateness of the *presence* of anti-abortion activists outside abortion clinics, and its relationship to the exercise of the rights of clinic users. However, though the comments discussed so far say little about the precise *conduct* of activists, numerous comments referred explicitly to the way in which activists staged their actions. It is striking that many perceived the essential elements of a religious vigil - observance and observation - to be both intrusive and highly stressful.

Watched by Strangers

Many of the comments described the unease that clinic users felt at being watched or approached by strangers, and that being watched was an inherently intrusive act *even if the activists were silent or pleasant*. Being watched or stared at was often perceived by users as unpleasant and difficult because it made their private decision public:

Though they did not approach me I felt harassed as I walked through the gate knowing that they watch me and they know the reason I am here.

(Comment 149, Doncaster, 2014)

as we drove in I was glared at by the protesters and think its hard enough as it is without that sort of welcome.

(Comment 103, Clinic unknown, 2012)

I felt very angry as I am being judged by a stranger who has no idea why I have decided to get a termination.

(Comment 160, Stratford, 2014)

A number of users felt that younger women, and women who did not have the support of family or friends, were particularly vulnerable, especially if there were a number of activists present and they approached and spoke to those attending:

The protestors are clearly intimidating people coming into the clinic and although they never spoke to us (older people) younger people ahead who were coming into the clinic were spoken to.

(Comment 49, Brighton, 2012)

Handed me a leaflet about pregnancy -pro life disgusting! Considering for some people this is their only option. Thankfully I have support from my partner but for women going alone this may cause distress.

(Comment 200, Richmond, 2015)

It would be nice if one was able to go through this process, difficult and confusing as it is, without strangers pushing their opinions on you - be it with a smile, or not.

(Comment 195, Stratford, 2015)

Whilst it is not unusual to be seen or approached by strangers in the public sphere, being approached outside the clinic was seen as particularly intrusive. It is likely that being observed is considered by users to contravene the usual presumptions of privacy that surround both healthcare and family life.

Perceptions of Religious Activities

Clinic users also made a number of comments concerning the religious observance of activists outside clinics. Whilst for many religious believers, praying is an intrinsically comforting or supportive act, an expression of care and of love for others, some of the service users experienced the overt public display of concern through prayer quite differently. Indeed, a number of comments identified the act of prayer to be highly offensive to them as clinic users:

I found it offensive that [...] the protester was chanting prayers.

(Comment 139, Streatham, 2012)

Having leaflets shoved in my face disregarding a much thought about decision, and being told I'd be 'prayed' for is an invasion of privacy in my view tantamount to harassment.

(Comment 177, Richmond, 2014)

I should be able to walk to and from this clinic without accosted and told they would pray for em, absurd!! - they need to move on!!

(Comment 159, Stratford, undated)

It was clear in the comments that neither praying in general, nor offers to pray for those attending, were considered to be appropriate actions by many of the service users.

In most cases, it was not possible to ascertain the reasons for their particular objections to the religious elements of the action from the comments. This may have been related more to the place of action than the religious display itself; it may also have been because the service users were atheist or had different religious beliefs. Occasionally, the objections were made slightly clearer, and at times were related to the perception of the beliefs of people outside the clinics as *excessive*:

When I walked up to the clinic and saw people protesting the entrance I was scared that I would be harassed or injured by an over-zealous extremist.

(Comment 175, Richmond, 2014)

In these comments, praying is explicitly seen as being offensive and intrusive, and to constitute a form of confrontation and harassment.

Clearly, the point at which intrusion becomes seen as harassment will vary, and some people will be more upset than others by the same type of approach. Nevertheless, it is equally clear that the presence of activists outside clinics does cause significant alarm and distress to many clinic service users. Many women report stress or distress, as the comments above show. Here

we will focus on three specific issues: feeling intimidated and scared, being filmed, and being threatened and followed.

Intimidation, anxiety, and fear

Many of the women reported feeling un-nerved, intimidated, or threatened by the presence of activists outside the clinic. This was the case whether or not the women had been directly approached by activists. For some, the number of activists outside the clinic made a difference, whereas for others, even one or two people was enough to worry them:

They did not say anything directly to me but they are so so intimidating outside the clinic. I feel that they do not understand how hard it is to make this decision and their prescence makes it even harder.

(Comment 157, Oxford, 2014)

its un-nerving for me to walk to the building with them outside. As I walked to the gate they asked for some of my time to talk to them, which scared me to get on the property.

(Comment 96, Clinic unknown, 2012)

A lot of protestors, felt extremely intimidated & suffering from sever anxiety & depression already, these people do not help.

(Comment 91, Milton Keynes, 2012)

Although the single protester outside did not directly address me, the presence is unnerving.

(Comment 198, Richmond, 2015)

Whilst the clinic users understood that the activists were campaigning against abortion, they did not necessarily know what actions, if any, the activists would take. The women were worried that they might be stopped from accessing the service or that the activists would take other action against them:

I saw them as we approached in the car, and I was worried they would try & stop me by using clever words.

(Comment 74, Brighton, 2013)

It's the only time during my treatment at bpas that I have been made to feel nervous and upset. I also felt worried about leaving my car near them in case they did anything to it.

(Comment 78, Brighton, 2013)

Some women reported particular emotional reactions to their encounter with the activists, or taking additional steps in order to try to protect themselves:

When arriving people where outside with signs, it made me scared to come in and was physically shaking.

(Comment 90, Milton Keynes, 2012)

She was very aggressive and my daughter, who had been composed, cried.

(Comment 19, Streatham, 2011)

The moment I saw them outside I was panic and shy, they are intruding my personal decision one way or the other, I have to cover my face when next am coming here cos I don't feel safe or secure.

(Comment 203, Stratford, 2015)

I had to phone a family member crying as I didn't want to walk past.

(Comment 156, Oxford, 2012)

Tables 4 and 5 set out the frequency of specific emotional responses given by clinic users in the comment forms, and the descriptions of the actions of activists as given by clinic users:⁸

⁸ In both tables, descriptors that occurred fewer than ten times have not been reported.

Table 4		
<i>Frequency of descriptions of emotional responses of clinic users</i>		
Description (includes stem words)	Number of comments	If known, clinics where comments were recorded
Upset	28	Brighton (2011, 2012, 2013, 2014) Milton Keynes (2012), Richmond (2014, 2015) Stratford (2014) Streatham (2011, 2012)
Intimidated	26	Brighton (2011, 2012) Cardiff (2015) Doncaster (2013, 2014, 2015) Oxford (2014) Milton Keynes (2012) Richmond (2014, 2015) Stratford (2014, 2015) Streatham (2012)
Uncomfortable	19	Brighton (2011, 2012) Doncaster (2013, 2014, 2015) Milton Keynes (2012) Richmond (undated, 2015) Stratford (2013) Streatham (2012)
Distressed	15	Brighton (2011, 2012, 2013) Doncaster (2013, 2015) Richmond (undated, 2015) Streatham (2011, 2012)
Stressed	10	Brighton (2011, 2012) Cardiff (2015) Doncaster (2015) Richmond (2014) Streatham (2012)

Table 5		
<i>Frequency of descriptions of activists' behaviour given by clinic users</i>		
Description (includes stem words)	Number of comments	If known, clinics where comments were recorded
Harassed	19	Brighton (2011, 2012, 2014) Bedford Square (2012) Doncaster (2014, 2015) Richmond (undated, 2014, 2015) Streatham (2012, 2014)
Judged	13	Brighton (2011, 2012, 2013) Doncaster (2013, 2014) Richmond (undated, 2014) Stratford (2014)
Stopped	10	Brighton (2012, 2013) Milton Keynes (2012) Richmond (undated, 2015)

Taken together, these comments illustrate a general sense of harassment felt by some clinic users when faced with actions outside the clinics. Clinic users can feel intimidated by a single activist or a group of activists, whether or not they have been directly approached. Where the approach of activists was more intense, this sense of harassment appears even more acute, as comments from users of clinics where activists filmed or followed users demonstrates.

Being filmed

The use of cameras by anti-abortion activists outside clinics has become a focus of recent debate. Not all anti-abortion groups use cameras outside clinics, but it is clear that where this takes place, it is experienced as particularly intrusive. For clinic users, not only is being filmed in itself intrusive, but the intrusion is exacerbated by the lack of clarity over what will happen to the visual record of their visit, and whether or not it will be more widely shared:

I did feel harrassed and violated has I was being filmed against my will.

(Comment 24, Bedford Square, 2012)

I think their behaviour is disgusting as I walked through the door a woman tried to force a leaflet on to me before I entered. She is standing right near the door and I felt intimated. They are filming outside too which is very intimidating.

(Comment 158, Stratford, 2014)

A protestor came up to me and started talking. At the time I didn't realise what was going on and then all of a sudden I was being filmed. This is a difficult situation as it is without having to worry about the whole of my family knowing what im doing and causing them and me more distress. [...]

Why should I be exploited.

(Comment 09, Brighton, 2011)

Whilst groups like Abort67 state explicitly that the cameras are there for the protection of the activists themselves,⁹ this does not mean that they are not *experienced* as harassment by clinic users. Photography in public places is lawful, and not unusual generally. However, given that clinic users consider seeking an abortion to be a fundamentally private act, being filmed deliberately is experienced as what we might term a 'paparazzi encounter' - in other words, as a private moment photographed without consent and exploited by others for their own self-interest. We can reasonably assume that this experience is not something that the majority of clinic users will have directly encountered before, and it consequently becomes a significant moment of anxiety and threat. Whilst the anti-abortion groups themselves may not have the intention of publicising the images, the women entering the clinics have no way of knowing what will happen to the footage, and accordingly experience being filmed as a deliberate act of intimidation, harassment, and violation.

⁹ See for example 'Pregnant passerby challenges anti-abortion protesters', *The Guardian*, 5 December 2014, <http://www.theguardian.com/world/2014/dec/05/pregnant-passerby-challenges-anti-abortion-protest>

Being followed or threatened

Different anti-abortion groups and activists have different ways of organising their presence outside clinics. Some will not initiate encounters, or will not pursue clinic users if they show they do not want to be engaged in conversation. Others have a more sustained approach, and some of the clinic user comments report particularly problematic encounters. Whilst these encounters constitute only a minority of those reported (n=8), they are important, not least because they point to a more generalised concern over the *potential* for unpredictable action. In this first account, a clinic user describes being followed:

A lady, around 50's stopped me in front of (shop name) to preach me about abortion. She would talk loud in front of many strangers on the street who were looking at me weirdly. I just had my treatment done that day and I was already emotional and it feels she was embarrassing me in front of strangers on the street and intimidating me. She was actually standing in front the clinic when I left and followed me all the way and talking about my personal issue in front of many people on the street.

(Comment 204, Stratford, 2015)

In this location, the clinic is approximately 200m away from the shop where the clinic user was stopped. Thus, from her account of the encounter, it is clear that the clinic user had been followed a considerable distance, and that the activist had sought to engage her in conversation for a considerable period of time. This type of encounter can be seen by clinic users as harassment, or threatening, as it is not clear for how long they would be followed, or what the reactions of others in the vicinity will be. In the accounts we analysed, this experience was atypical; in most cases, users appeared to be followed for short distances, in the immediate area such as the car park. Of course, as with filming, it is not clear to the clinic user what the intentions of the activist are; in these cases, the clinic user does not know for how long she will be followed, or what the reactions of other people in the vicinity will be. All of the eight reported that being 'chased' or 'followed' made them feel extremely uncomfortable.

Alongside the accounts of being followed, some clinic users reported encounters which they described as particularly abusive. In this account, the clinic user appears to have been assaulted:

On leaving the clinic to go to my parked car I was offered a leaflet which I declined. I continued walking and trod on and moved pictures that were on the pavement. I was grabbed by the shoulder and told 'I can not do that'. I again tried to leave again and was restrained again and was threatened with a call to the police. I was eventually allowed to continue on my way after perhaps one or two minutes. I returned to the clinic and reported the incident.

(Comment 176, Richmond, 2014)

This was the only instance in the dataset to report physical interaction initiated by activists. Alongside calls for the activists to be removed, were a few asking specifically for additional help entering and existing the building which is further evidence of the level of fear that service users may feel. The feelings are compounded when the women are subjected to additional levels of surveillance, such as filming, by some activists.

Conclusions

Our analysis of the data reveals three major trends. First, there were more comments in the dataset from those clinics where anti-abortion actions have been designed to be more dramatic (in particular, such as using graphic images). However, as we do not have data on the prevalence of the actions, we cannot be certain that the higher number of comments is not an outcome of the number of days that activists were present. Second, actions outside these clinics account for the greatest number of responses by clinic users expressing stress, distress, anxiety, and intimidation at the presence of anti-abortion activists (Table 4); and the greatest number of responses qualifying the conduct of anti-abortion activists as harassing, judgmental, or constraining (Table 5). Third though the reactions of BPAS clinic users to anti-abortion actions outside clinics *do* vary significantly as a function of the precise *conduct* adopted by anti-abortion activists, it is the *presence* of anti-abortion activists that emerges from the data as the central cause of distress for clinic users.

We can thus conclude that numerous clinic users considered anti-abortion actions outside clinics to be intrusive, and emotionally onerous, even where the conduct of the activists was in itself polite, and did not feature graphic imagery. One way of showing this is to return to Table 3, which sets out the way clinic users understood the actions outside clinics to be inherently intrusive: for clinic users, having an abortion is 'hard enough as it is' without being obliged to encounter anti-abortion activists on the way into a BPAS clinic. If we plot the frequency of these descriptors against the group known to be active outside the clinic (see Table 2), the following picture emerges, Tables 6 and 7:

Table 6		
<i>Frequency of descriptors (hard, difficult, tough, daunting) of the decision to have an abortion per clinic (n=42)</i>		
Clinic	Number of comments	Group known to be organising outside clinic
Brighton (2011, 2012, 2013, 2014)	13	Abort67
Doncaster (2013, 2014, 2015)	5	40 Days for Life
Milton Keynes (2012)	2	40 Days for Life/Abort67
Oxford (2014)	2	40 Days for Life
Peterborough (2015)	1	Helpers of God's Precious Infants (uncertain)
Richmond (2012, 2014, 2015)	7	Good Counsel Network/40 Days for Life
Streatham (2011, 2012)	9	Helpers of God's Precious Infants
Unknown	3	

Table 7	
Frequency of descriptors (hard, difficult, tough, daunting) of the decision to have an abortion per anti-abortion group (n=42)	
<i>Anti-abortion Group</i>	<i>Frequency of descriptor</i>
Abort67	13
40 Days for Life	7
Good Counsel Network / 40 Days for Life	7
Helpers of God's Precious Infants	10
40 Days for Life/Abort67	2
Unknown	3

The Tables above show that although Abort67 - the group that has perhaps attracted the most critical attention from healthcare professionals, political commentators, and pro-choice groups for its methods of activism - is responsible for the *greatest proportion* of this type of clinic user comment describing actions as intrusive (at most, 35.7%), this is nonetheless a *clear minority* of all user comments of this type. In contrast, actions in the 40 Days for Life campaign, which has tended to eschew graphic imagery in favour of prayer vigils, are responsible for up to 38.1% of such user comments.

In other words, for women seeking to access abortion services, the type of *ethical* distinction made between different types of conduct, and frequently highlighted in the current public debate over clinic actions, may be of less significance to women entering the clinics than is perhaps assumed: the presence of an action outside a clinic, irrespective of the way it is designed, is *in itself* likely to be emotionally distressing for BPAS service users, and experienced as a form of harassment. To be clear, we are not implying that anti-abortion groups necessarily intended, or intend, to harass women outside clinics; only further research, conducted with activists from these groups, will enable us to explore the actions, motives, and histories of these activists, the ways in which they understand and distinguish between styles of conduct, and the recruitment, training, and monitoring that anti-abortion groups extend to their members.¹⁰ Yet the BPAS data persuasively reveals that clinic users experience the *presence* of activists outside clinics as *inherently threatening and distressing*.

We could have constructed similar tables for the frequencies of descriptors of emotional responses and of activists' behaviour given by clinic users in the BPAS dataset (see Tables 4 and 5), by clinic and by anti-abortion group, to reveal similar distributions. We have focused instead

¹⁰ Some of whom, at least, are paid to participate in actions outside clinics; see, for example, 'Being God's instrument of love and mercy as a pavement counsellor', <http://marchforlife.co.uk/?p=23195>, posted 15 April 2015.

on the 'hard enough...' descriptors because they seem to us to reveal a further very important point in the debate over the presence and conduct of anti-abortion activists outside clinics: the increased emotional burden felt by clinic users is *a direct result of their perception that normal expectations concerning medical confidentiality are violated by their encounter with activists in the immediate vicinity of clinic entrances.*

For clinic users, the decision to have an abortion is a very difficult one, and they feel they have a right to privacy in making this decision. The presence of anti-abortion activists outside clinics is accordingly widely seen as an unwarranted intrusion in a private healthcare decision. Even where clinic users were not approached directly by activists, they understood the experience of being observed by strangers as a deliberate and critical attempt to draw public attention to their decision to have an abortion, and thus as an invasion of their privacy. This is not to say that the conduct of activists is itself irrelevant: numerous clinic users reported significant feelings of being intimidated or scared, and these feelings were exacerbated where users were filmed, followed, or (in their view) threatened by activists. Nonetheless, it appears to be *presence* rather than *conduct* which is the key 'gateway' factor in creating distress.

The presence of anti-abortion activists outside clinics effectively politicises the individual decisions to seek an abortion taken by individual women, and draws them into the wider public debate, whether or not they wish their reproductive choices to be part of the political conversation. This is experienced by many service users as a direct challenge to women's legal right to access abortion, as well as a significant invasion of healthcare privacy. Activism outside clinics currently appears to be on the increase, and it is likely that such activism will be subject to challenges from abortion rights activists; there have already been a number of counter-protests designed to deter or stop anti-abortion activists from standing outside clinics. As the number of actions and counter-actions grow outside clinics, this is likely to have increased cost implications for NHS-funded abortion services, and for public policing; it is also likely to further politicise the provision of abortion in the UK. From the limited data we have available here, it is clear to us that the current BPAS campaign to limit anti-abortion actions outside clinics would potentially remove a significant source of distress for women entering clinics to seek abortions, would uphold the right of healthcare privacy, and would reduce the costs associated with the public policing of abortion clinics. Of course, these tangible benefits must be weighed against the rights to free speech and free assembly of anti-abortion activists.