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Claire Pierson (she/her/hers), Fiona Bloomer (she/her/hers), in conversation with Les Allamby (he/him/his), Emma Campbell (she/her/hers), Breedagh Hughes (she/her/hers), Laura McLaughlin (she/her/hers) & Rachel Powell (she/her/hers)

To cite this article: Claire Pierson (she/her/hers), Fiona Bloomer (she/her/hers), in conversation with Les Allamby (he/him/his), Emma Campbell (she/her/hers), Breedagh Hughes (she/her/hers), Laura McLaughlin (she/her/hers) & Rachel Powell (she/her/hers) (2022): After a CEDAW Optional Protocol Inquiry into abortion law: a conversation with activists for change in Northern Ireland, *International Feminist Journal of Politics*, DOI: [10.1080/14616742.2022.2053297](https://doi.org/10.1080/14616742.2022.2053297)

To link to this article: <https://doi.org/10.1080/14616742.2022.2053297>



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Published online: 12 Apr 2022.



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After a CEDAW Optional Protocol Inquiry into abortion law: a conversation with activists for change in Northern Ireland

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in conversation with Les Allamby (he/him/his),^c Emma Campbell
(she/her/hers),^d Breedagh Hughes (she/her/hers),^e Laura McLaughlin
(she/her/hers),^f and Rachel Powell (she/her/hers)^g

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KEYWORDS CEDAW; human rights; reproductive rights; abortion; Northern Ireland

Introduction

We have noticed that hegemonic public and academic discourses often present the liberalization of abortion laws as the end of a struggle. Indeed, Northern Ireland may be showcased as a success story; after an inquiry by the United Nations (UN) Committee on the Elimination of Discrimination against Women (CEDAW) found grave and systemic breaches of women's rights and subsequent intervention from the Westminster Parliament changed the law, Northern Ireland decriminalized abortion in 2019. However, abortion is still not readily accessible in Northern Ireland, with services being provided on an ad hoc basis and those seeking abortion often continuing to travel to England to access services.

Given these issues, we wanted to interrogate the work of local actors in implementing CEDAW inquiry recommendations. How do such actors use the recommendations in their work? Does the CEDAW inquiry contribute to broader societal understandings of women's rights? How do anti-women's rights actors attempt to delegitimize CEDAW recommendations? It is here that we wanted to intervene, to begin an interrogation of how international

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inquiries can be used by domestic actors in the longer term to ensure that abortion rights are upheld in practice and to reshape and rethink understandings of sexual and reproductive health rights. More critical feminist studies of how activists respond to international inquiries will show which issues get prominence and which strategies are deemed most effective.

In the case of Northern Ireland, a group of organizations comprising Alliance for Choice (Northern Ireland's abortion rights campaign group), the Northern Ireland Women's European Platform, and the Family Planning Association Northern Ireland (now Informing Choices NI) initiated the CEDAW inquiry in 2010 through an incredibly detailed evidence – and experience-based report on the effects of Northern Ireland's abortion laws (O'Rourke 2016). CEDAW's inquiry took place in 2016, with publication of the report following in 2018. The report made a series of recommendations including the decriminalization of abortion and expanded legal grounds for abortion (see Bloomer, McNeilly, and Pierson 2020). The report also recommended improvement in other areas of sexual and reproductive rights and services including sex education and provision of contraception. It additionally critiqued gender stereotypes and religious, ethno-national, and cultural understandings of the primary role of women as mothers (CEDAW 2018). Due to the three-year suspension of the Northern Ireland Assembly between 2017 and 2020, a response to the report ensued in Westminster Parliament, with Stella Creasy, a Labour MP representing a constituency in London, at the forefront of advocating for abortion rights to be included in the Northern Ireland (Executive Formation, etc.) Act 2019 (NI Act 2019) passed in July 2019. The NI Act decriminalized abortion through repeal of Sections 58–59 of the 1861 Offences against the Person Act. The Abortion (Northern Ireland) Regulations 2020 passed and came into effect in March 2020.

However, the Department of Health in Northern Ireland has refused to commission abortion services, claiming that as a “contentious issue” such services are under the Ministerial Code subject to approval at the Executive level. The Executive has failed to achieve a clear mandate to grant such approval. While interim services have been provided on an ad hoc basis, they are not sustainable in the long term. The Northern Ireland Assembly, since reopening in 2020, has also attempted to roll back the reforms already made, in particular by putting forward legislation to limit abortion in the case of non-fatal fetal anomaly.

Rights are a contested terrain in Northern Ireland. As a devolved region of the United Kingdom (UK), the Westminster government holds responsibility for human rights legislation. Within the 1998 Good Friday Agreement, which ended violent conflict in the region, is a provision to create a Bill of Rights for Northern Ireland. The Bill has never been formalized and none of the draft versions have contained reference to reproductive rights. We

concur with descriptions of Northern Ireland as an “armed patriarchy,” in which a blend of pervasive religious and ethno-national identities mandate rigid and restrictive gender roles, positioning motherhood as the ultimate identity for women and abortion as an abhorrent rejection of the destiny of motherhood (Bloomer, Pierson, and Claudio 2018). Human rights and civil society groups have, until recently, remained silent on the topic of abortion as it has been deemed too politically contentious to tackle (Pierson and Bloomer 2017). Due to its unique geopolitics and shift from anti-abortion commitment to the decriminalization of abortion, Northern Ireland presents a particularly intriguing case study for those investigating how international human rights mechanisms strengthen both domestic abortion law reform movements and resistance to these mechanisms by local political actors.

In view of the lack of comprehensive academic consideration of the work of implementing CEDAW inquiry recommendations, it is vital to record the messiness of bringing about change and to understand the longer-term work of local activists in translating rights into reality. Thus, we – Claire Pierson and Fiona Bloomer, academics who research abortion and serve as board members of Alliance for Choice in Northern Ireland – decided to facilitate a conversation with some of the key actors involved in ensuring abortion access in Northern Ireland. We conceptualize the term “activist” broadly here as we critically interrogate strategies, successes, and challenges from the perspective of those involved in ensuring its implementation. Convening activists and academics allowed us to model how to explore praxis, particularly as we wanted to record what may be missed by solely focusing on legal reform but also what may be included or excluded from activist deliberation about strategy.

The key participants were:

- Les Allamby, who was until August 2021 the Chief Commissioner of the Northern Ireland Human Rights Commission, the body tasked under the Good Friday Agreement with implementing a Bill of Rights for Northern Ireland;
- Paula Bradshaw, a Member of the Legislative Assembly in Northern Ireland for the Alliance Party and a vocal pro-choice figure in Northern Ireland politics;
- Emma Campbell, Co-Convener of the activist group Alliance for Choice and a member of the 2021 Turner Prize-winning collective Array Art Studios;
- Breedagh Hughes, who was Director of the Royal College of Midwives in Northern Ireland until 2018 and advised on the content of the Department of Health guidelines on abortion;
- Laura McLaughlin, a consultant obstetrician and gynaecologist, Co-Chair of Doctors for Choice Northern Ireland, and a member of the Northern Ireland Abortion and Contraceptive Taskgroup (NIACT);

- Rachel Powell, a lobbyist for the Women's Resource and Development Agency, an organization that supports women's groups throughout Northern Ireland, and Chair of the Women's Policy Group Northern Ireland, who prior to this was active in the student union movement.

We presented the five questions below to the participants during a discussion over Zoom in June 2021. What emerged were not only details about the implementation of CEDAW inquiry recommendations but also broader themes. First, academic analysis should delve into the relevance of the geopolitical particularities of domestic struggles, such as with Northern Ireland's position vis-à-vis the UK. The fact that the inquiry was conducted by an international human rights body and that the Northern Ireland Assembly was not sitting between 2017 and 2020 enabled Westminster's intervention in a devolved region. Second, much of the media and political discourse has been exclusively focused on the decriminalization of abortion. However, liberal legal rights need to be situated within a more comprehensive frame of reproductive justice that looks at access, disparities, and a wide range of experiences and needs related to sexual and reproductive health. Finally, this conversation showcases the complexities and erasures involved in understandings of gender when discussing women's rights and access to abortion. CEDAW, while acknowledging that gender is a social construct, does more to challenge the hierarchy of the gender binary than to disrupt binary notions of gender itself (Duffy 2021). The language of CEDAW itself and its inquiry report into Northern Ireland focuses exclusively on women, primarily cis women, and therefore theorizes *who* counts as a potential abortion seeker. Though it is important to note that Alliance for Choice and local lesbian, gay, bisexual, transgender, and queer (LGBTQ+) organizations have adopted an inclusive position as standard framing since 2014 and have been engaging in joint campaigns since 2011 (Campbell forthcoming, 2022; Mackle, Moore, and Roberts forthcoming, 2022), and while participants in the following conversation seek more fluid and complex understandings of gender, for the most part, the dominant discursive climate of actors involved in implementing the recommendations is cisnormative and heteronormative. Accordingly, we advocate that further interrogation of local interpretations of CEDAW inquiries should examine the framings of gender. Limited and hegemonic views of gender delimit who can be engaged in rights-based discussions of abortion, which is why more complex understandings of the category of gender did not feature specifically in our conversation with key actors. Indeed, the kind of academic inquiry that we seek to encourage with this piece can ensure a more rigorous and robust rethinking of the category of gender in all forms of praxis related to sexual and reproductive health and justice.

While the full conversation lasted around 90 minutes, we present here a substantially edited and reduced version that highlights the main reoccurring themes.

Conversation

What do you see as your role in implementing CEDAW recommendations?

Laura McLaughlin: I'm on the NIACT. It's a multi-professional group that came into existence at the beginning of 2020, at the start of the interim services. It's made up of academics, clinicians, midwives, and other medical experts. We came together to inform what a proper abortion service would look like, along with contraceptive services. We've been working on putting together a very detailed evidence-based report advising on not just abortions, but contraceptive services and sexual reproductive health. The report has been sent to all of the main professional bodies in the UK, and to all of the political parties, and the Department of Health. It considers how we can implement all of the CEDAW recommendations and how we can put together the best services for staff and for women in Northern Ireland. So when it comes to having an abortion service that's fully commissioned and funded, the commissioners have the blueprint in front of them. It's not just about abortion services – it's also about having really good sex education from an early and appropriate age and really good contraceptive services, empowering women, giving them choice and autonomy. In the future, we want our abortion services to be the best ones.

Les Allamby: Our own monitoring report came out about six weeks after the NIACT report. It was really useful to have health professionals saying broadly the same thing. Our original plan was to do a joint piece of work on the educational side around access to scientific and objective curriculum content on relationship and sex education. The Education Department hasn't done a single new or innovative thing as a result of the CEDAW report; they just carried on and left it largely to schools to decide what is taught. So for us, it's about making sure that the other parts of the CEDAW recommendations are acted on. But our priority was always the abortion issue because we knew that was going to be the most difficult. And the NIACT report was really helpful as it provided the blueprint for a service. I don't think it should take eight to 12 months to implement and the Department could do all kinds of things in the interim if they were motivated.

Breedagh Hughes: It's about education of health care staff, it's about consciousness raising among health care staff. And it's about challenging misinformation among those who would deny women access to health care, and, for me, providing some moral support to colleagues who are actually working on the front line. It's very hard to find yourself at the sharp end of a brand-new service, especially if you do have the fear of

prosecution hanging over you. There are quite a lot of behind-the-scenes conversations with colleagues to say “No, no, it’s all right – you can do that and you won’t be arrested.”

Laura McLaughlin: Those of us who are very passionate about women’s health care and women’s rights, those who are involved with the provision of interim services – it’s all self-appointed. Like, I’ve kind of appointed myself as abortion lead for the South Eastern Health and Social Care Trust. No one else was willing. The majority of people are actually OK with the change, but they don’t know what their role is. It’s given staff space to be able to discuss their feelings – there are these workshops you can do for values clarification and we’ve actually just started one ourselves. And started with tiny stuff that made a huge impact on staff who really thought that they were completely pro-birth and actually committed to thinking “I’m not, actually.” I will hopefully be doing supportive educational and leadership work.

Paula Bradshaw: I think that the fact that we have got so much written evidence from the CEDAW inquiry, from academics, and from health professionals – I think that that’s where we as Health Committee representatives have to look first before the individuals or religious organizations.

Emma Campbell: Alliance for Choice would like to have not still been petitioning for the implementation of the law. So we see one of our core roles as trying to compel the state to act and we feel very strongly that in trying to block these reforms, the Executive are setting a very worrying precedent and misusing parts of the Belfast/Good Friday Agreement. This is a huge democratic problem, as well as just an abortion access problem. We also will continue to push for early medical abortion telemedicine,¹ because at the minute the Health Minister has the power to designate for telemedicine, but so far has refused to do so. We had hoped to be concentrating on trying to establish abortion in Northern Ireland within a positive health, rights, and justice framework. A lot of the work we have been doing, as well as the political lobbying, is about the normalization of early medical abortion pills by educating people. Some people assume it’s the same as the morning-after pill, some people have no idea what it is, so we’re doing a lot of work because a lack of sex education has meant a vacuum of knowledge. There is such an intergenerational lack of knowledge as to abortion and contraception that needs dealing with.

Paula Bradshaw: With the Bill of Rights, it’s really trying to get women’s rights embedded into that so that we don’t find ourselves continuously going around in circles with faulty laws or bills coming forward.

Rachel Powell: As a lobbyist, my core role is trying to ensure that women's voices and experiences are reflected in legislation by constantly raising awareness of that with legislators. For example, in relation to abortion, we have to make sure that those making decisions are aware of different systemic forms of discrimination or additional barriers that women face, such as disabled women, ethnic minority women, and rural women. Women who are in our membership are telling us that while a service might be in place, that doesn't mean they can access it. We are constantly raising awareness with our political representatives, but also trying to raise awareness with women more generally in Northern Ireland that their rights are being violated. For a lot of women, abortion is such a taboo subject, and in different areas it's hardly spoken about. We coordinate responses and submissions of evidence. This work is offset by anti-choice groups, who have so much funding to support them. We saw it with the Northern Ireland Office abortion law consultation, where we spent months coordinating all of the women's sector on this and made sure that all women knew what the questions asked, and what they meant. It's really hard to have to keep trying to get women's voices heard when we don't have the resources.

And also, when we're doing our work with different sister organizations across the UK and Ireland, and also across Europe or internationally, we raise awareness of the issue in Northern Ireland, particularly because there are organizations and partners who did not know and still don't know what's happening here in Northern Ireland. So we very much see our duty as being to ensure that they do know and are aware and support the lobby.

We also have duties in relation to some of the other recommendations from CEDAW. The women and LGBT sectors are leading the way when it comes to campaigning related to violence against women and other reproductive health care issues, such as access to fertility treatment and perinatal mental health. We raise awareness of all of these issues and conduct broader work on stereotypes, we try to very much embed this in all of our work. But I just wanted to stress that it's challenging because it's underfunded. It can be hard to have so many hats and manage so many things.

Claire Pierson: I think for us as academics, it was about contributing to the evidence base for the need for change and now to keep making space for conversations like these about where we are with the challenges of ensuring rights are actually working in reality.

What do you think have been the key successes of the CEDAW inquiry?

Breedagh Hughes: I think the most immediate or dramatic was that it actually forced the UK as the state party signatory to CEDAW to take action.

Because, other than that, all of the lobbying in the world was not going to shift them – they just kept saying it was a matter for the Assembly.

Laura McLaughlin: I'd say it was about the inquiry and the legitimacy it's really given. The result gives a lot of credibility because it's something that Westminster really has to listen to. The people who conducted it were highly skilled researchers in human rights, they talked to a lot of stakeholder groups to gather the evidence, and it's not something that can be ignored.

Les Allamby: It was pivotal along with a number of other circumstances, and there was no one person or organization that made this shift. It changed the discourse from a Human Rights Commission perspective. When I first started, the treaty monitoring bodies were effectively saying decriminalize and deal with fatal fetal abnormality, serious fetal harm, and cases of victims of sexual crimes, and slowly that became more expansive, but the push for that was really the inquiry's recommendations – it placed the issue of abortion in the wider context of sexual and reproductive health care rights and education and I think that's been really important. What it did for the Commission was it allowed a shift from quite difficult discussions about doing anything at all, to the position that the Commission has maintained and continues to maintain of "What is the human rights issue here?" As those human rights issues have become more expansive in terms of the ambitions of women's rights, that's allowed the Commission more room, enhanced by individual women's voices being heard for the first time.

Emma Campbell: First, it meant that a couple of different organizations had to work really closely together and those professional and working relationships really helped again when it came to asking in Westminster for them to support us. I think something that was really important was that lots of the stakeholders felt really listened to – not just the organizations, but also the women whom they spoke to on an individual basis. We facilitated conversations with 13 women. At least ten of them ended up becoming far more active in the pro-choice activist community as a direct result of CEDAW. The other thing that we find really important and absolutely crucial to the law was decriminalization. We weren't sure that they would take that on board, so we were delighted when it ended up in the inquiry findings and the moratorium on any arrests and convictions; removing that criminal element was one of the most important pieces.

It was so important too that this large institutional voice reaffirmed and established what we've been trying to say for such a long time. We can't ignore how important this has been globally – for other countries to look at the example of the CEDAW inquiry, look what they've asked for, and look at the potential of what can happen when you do engage those kinds of international bodies.

Rachel Powell: There's been a lasting impact for me because we're able to use the recommendations in the lobbying work that we're doing. Whether that's responding to different consultations or submitting evidence to committees, we're able to cite CEDAW. It just adds to what we've already been saying and what I know the women's sector has been campaigning on for decades. The report strengthened the lobby.

Paula Bradshaw: I'm very keen that when we bring forward the Bill of Rights for Northern Ireland, we then draw on those aspects of international human rights treaties that are not in domestic law so that any legislation or policy going forward would have to be proofed against it.

Fiona Bloomer: I've been involved since 2000 in the fight for change, and I have to say that the relief that we felt when the report was published was that they actually listened to us. A few of us here were involved in supporting the team when they visited and sitting in on some of the evidence sessions, and you could see that the investigators were really engrossed in what they were hearing. They said "We read all of the documentary evidence that you'd sent for us, but actually it really didn't capture the scale of what has actually been going on here." When the report was published, there was just that sense of relief that they had taken on board all that we wanted to say – it was such an amazing moment to witness that.

Breedagh Hughes: They were seen as unbiased in their inquiry. I think that society saw abortion here as a very black-and-white issue, and there was no nuance. So the fact that, when they actually did solid research, there were all shades of gray in the spectrum of women who choose or need to have an abortion lent legitimacy to the whole issue of abortion and opened up the ideas around good sex education in schools and access to good contraceptive services. The inquiry did really change the discourse.

Rachel Powell: Something that I find refreshing was around the consideration of severe physical impairment and fatal fetal anomaly. Language around this needs to not encourage stereotypes around disability and make clear to women that, should they want to continue with those pregnancies, they are financially supported to do so. We have seen disability being used as a way to try to cut back reproductive rights by people who actively harm disabled people. This recommendation in particular very much helped what we had been doing, both in the student movement around disability and abortion, and in our inclusive activism through conversations and talking about disabled women who need access to abortion too. It was really important, I think, in

enabling us to say you can't use disability as a scapegoat, you can't use one marginalized group as a way to marginalize another group, and recognizing that the solution is actually to support people so that they have an informed choice on whether or not to continue with a pregnancy.

What are the key ongoing challenges in implementing the CEDAW recommendations?

Laura McLaughlin: The Executive, the Health Minister, and the Department of Health – all three put together – are failing to implement the recommendations drawn from CEDAW. The main party and the Executive are out of sync with their own political base because the majority do support abortion, particularly in certain circumstances. So, for me, it's not seeing those recommendations being implemented.

Rachel Powell: From my position as a lobbyist, I think there's a real disconnect on rights at the Northern Ireland Executive and a lack of ownership or accountability. Quite often when we're lobbying different ministers about different issues, they argue "You know that's a UK government responsibility." How do we actually embed this in devolved legislation? We can look at Scotland and how they are implementing international mechanisms in their own devolved legislation – why can we not do that in Northern Ireland? A lot of our parties hide behind devolution and deny this is our responsibility. The Executive is blocking abortion services when the Health Minister has the power to implement them, but won't. We are raising these issues – they are being passed back to Westminster, passed back to the Executive, and that's incredibly frustrating. Last year, when the bill was proposed on severe fetal anomaly on abortion, we were lobbying all of the parties about this motion and Sinn Féin sent an email saying they don't agree with CEDAW. How did they have the authority to say they disagree with CEDAW?

Les Allamby: I think the barriers are twofold because there's both a legal and a political war of attrition going on. We took advice really early on March 31, 2020 when the Department of Health didn't allow for the commencement of services by health and social care trusts. When interim services started on April 9, we took legal advice then about at what point it might become appropriate to legally challenge the lack of commissioning. We were advised probably six to 12 months, so we waited for more than six months to see if any progress was made. We also got advice that proposals to commission and fund a service did have to go to the Northern Ireland Executive under the Ministerial Code.

On the legal war of attrition, in the documents we got from the Secretary of State, it became clear that nobody was moving with any speed at all until the legal challenge started. The Northern Ireland Office at one stage tried to

arrange a meeting with Department of Health officials locally and it took 11 weeks to set up. From the legal papers, it's clear that once the initial proposals for an emergency early medical abortion service were rejected by one party, then the Health Minister made little or no effort to get that case back to the Executive. And even the announcement that they will scope a service, a process that the Department says will take up to eight to 12 months – if you read the fine print of that, they're saying that before it goes out to consultation, they will have to take it back to the Executive, which I don't think they necessarily have to do. I think they could work on it and bring back a final proposal, so there are attempts to make this as difficult as possible.

The glass half full, for me, is that the fact that Laura and her colleagues were able to get a service up and running. I think the longer a service is up and running, the harder it is to stop it. So it's crucial that a service continues as best as possible.

Fiona Bloomer: The detail that Les refers to – the messy intricacy of the situation – is so important to acknowledge. This is what we are facing. While the mechanisms in other jurisdictions will vary, each setting will have to address challenges in the minutiae of bringing about implementation.

Emma Campbell: One of the big overarching problems is with parties here. Their voters vote for them, despite their stance on issues like abortion and same-sex marriage rather than because of them. I have this fantasy where you should be able to vote blind on parties' social policies and keep that separate to a national identity vote somehow. I don't even know how that would work, but it's this sectarianization of all politics that means that we get left behind, and I think especially people in the Democratic Unionist Party are happy to weaponize the language of human rights in order to pursue a very narrow fundamentalist agenda. They are happy to criticize, undermine, and undervalue the role of international human rights bodies as it's distasteful to them.

I also think there are governance problems. One of the problems with Northern Ireland is it's Northern Ireland. It can embrace Britishness and British legislation when it suits, or it can decide to be a place apart, and it means it's very easy to avoid doing anything that's difficult or that could cause some sort of controversy. It's a shame, because we currently have the best laws on paper in the whole of the UK and we really have the potential to be world leaders in abortion provision and instead we're just an embarrassment.

Claire Pierson: Yes, that's something Fiona and I have written about before. The language of human rights in Northern Ireland is so often co-opted to actually restrict rights. Anti-choice politicians deny the legitimacy of CEDAW but then call on the "right to life of the fetus" and the Convention on the Rights of Persons with Disabilities to oppose abortion.

Breedagh Hughes: In 2013, when restrictive guidance on abortion for health care staff was issued, it put the fear of prosecution into health care staff. And eight years later, overcoming the fear is an ongoing challenge for clinicians. It requires a great deal of commitment and effort providing reassurance to the staff. We have seen improvements in professional education for nurses and midwives, and the underpinning message is to try to remove that fear of criminalization and prosecution that has existed over the entire service for so many years.

Do you think the CEDAW process has contributed to social and cultural change around women's rights in Northern Ireland?

Les Allamby: Let's not underestimate how far we've come, frustrating though it is where we are now. But the fact that there is a public discourse about this tells us that CEDAW has been really important, because it was the first time recommendations of a human rights report were adopted in full in a parliamentary act. There's never been another UN treaty monitoring body that has put forward a set of recommendations about any country where a government has simply adopted them wholesale and put them in a parliamentary act, so that's how pioneering what happened with the CEDAW report is. And I don't think anyone should forget that. It sometimes feels hard to pat yourselves on the back, but you should give yourself an enormous pat on the back, because that's what people around this conversation, and a lot of others, have achieved.

Emma Campbell: I think we were thinking that the law change would mean we would have less interaction from people needing our help, needing information. And in actual fact that went in the opposite direction, and I think not having the law as a barrier works for statutory services, but it also works for the ad hoc support services that we think are always going to run in parallel to support the statutory services. I was in a recent meeting and I had to nip out to take a call from someone who needed access to the pills for her friend. At the end of the call, she got very emotional because she called us about two years beforehand for herself, but was so scared of anyone finding out and being arrested at that time, and so she was so emotional that she felt, really, a whole lot of gratitude to everybody who was involved in that law being changed just because of how much fear it removed. From the same experience, I just don't think we can underestimate what taking that fear away has really done for people. Even though the services are still hard to get, even though people call us completely shocked, saying "I don't understand why I can't find services" or having been misdirected to anti-abortion clinics, I think that removing the fear of criminalization has been huge. It's even got more people willing to call themselves pro-choice as well, so I think that's really important. Also, we've been invited into schools, and you

know that never would have happened before, never in a million years, so I think that's really indicative of the kind of cultural change that's happened.

Breedagh Hughes: There's also wider cultural change regarding churches – all of the churches, and particularly in Ireland the Catholic Church, losing their moral authority. That is a massive cultural change. So I'm optimistic that things will be changing for the better for women due to the impact of that cultural loss of moral authority of the churches and I think the impact of social media for good and bad – I think largely good, because it has given a platform for people to share their experiences and know that somewhere there's somebody else who's had a similar experience and has come out the other end without this fear of either prosecution or hellfire damnation for all eternity.

I also think it's a time thing, particularly of women politicians taking the bit between their teeth and just running with it, grabbing the opportunity when it comes, talking to people outside of their normal cadre of people – hearing women's stories is a very powerful thing – and then doing what they can as individuals and politicians.

Laura McLaughlin: I think it's given legitimacy to pro-choice views and given people confidence. I know from a clinician's point of view, to walk into a ward to discuss with a patient their options and that they do have options, I don't have the feeling that everyone else is going to give evil looks. It just gives you the confidence to say that human rights have been breached – it has been clarified. To be able to say that strongly and confidently – I know I can see that more definitely within the hospital than several years ago.

Rachel Powell: There has been a real shift on the island, in general, and we have worked very much on an Irish basis, but also on a UK-wide basis. When I first started getting involved in the student movement, abortion was very contentious – it wasn't something that was spoken about. That has completely changed. It is a given that the student unions are pro-choice – and not only pro-choice, but trans inclusive and intersectional and recognizing the additional barriers that people face and that there's other issues, regressive issues to do with sectarianism that a lot of unions are focusing on – but that shift in support for pro-choice values has just been huge over the last six to seven years. Socially and culturally, there has been a huge shift across Northern Ireland, more generally, but I think it's taken time for that to catch up in our political institutions.

Has framing demands through CEDAW recommendations given more legitimacy to women's rights claims locally?

Rachel Powell: I mentioned this earlier. When we're submitting evidence to different committees or presenting evidence for consultation responses or

even just trying to coordinate positions in the women's sector, we're able to use them as a framework. They bring that extra bit of legitimacy – Northern Ireland's been called out for this and the state has a duty to act, so that has been positive in that way. However, from the women sector perspective, there's still a disconnect between grassroots women and CEDAW. Women's sector organizations are working on things like extreme deprivation and perinatal mental health issues and they're not working on CEDAW, they're not looking at CEDAW, even though it will in some way impact the work they're actually doing, so I think there needs to be a greater awareness or reaching out to grassroots women who wouldn't necessarily be working in human rights legislation or aware of their rights.

Claire Pierson: Yes, abortion has often been separated from other women's rights issues in Northern Ireland as it's been viewed as contentious, but there's real potential now with the CEDAW report to begin linking all of these issues.

Breedagh Hughes: I think there's something in the CEDAW report about the need to balance rights, such as the right of people to peaceful protest versus the right of women to access health care. More locally, for me, particularly at this moment in time, it's about balancing the right – the moral right, if there is one – for people to exercise conscientious objection. So how do you balance that with the right of a woman to access health care? That has involved working with professional regulators to say that the woman's right to life always trumps your right to exercise conscientious objection, so I think the CEDAW report is a good model for working towards resolving some of the unresolved things.

Les Allamby: What CEDAW has done in terms of giving legitimacy is that there's more of a rights discourse in Northern Ireland than anywhere else in these islands. That's to do with a lot of things, including a very active and vibrant civil society sector. I think what CEDAW has done is shown that actually an international treaty monitoring body's report can have an impact on the ground. Most treaty recommendations go back to the UK. They don't like having a light shone on their own backyard. The pace of change is slow, but I think it's heading in the right direction.

Fiona Bloomer: Does anyone have any last words to share with us before we close? From an Alliance for Choice perspective, for instance, trying to get people to talk about their own experiences is not easy on this particular subject, but it has been really vital, particularly for the CEDAW inquiry.

Emma Campbell: I do feel like every person who has to get on a boat or plane is being let down by all of those processes. Some of the people who

told the most horrific stories might still have to travel and there is a problem with the cut-off being ten weeks or in practice people like Laura being put in really difficult positions of having to almost lobby for a particular patient or client when really it should be fairly easy access for everyone, up to 24 weeks – I mean, that's what the reality should be. We can't rest until we sort that out because it's those people with the worst experiences who got CEDAW here and in some cases they might find themselves in a similar position today. Getting help for many people was fairly simple, straightforward, if they were nine weeks and six days and below, people who are very clear often that they don't want to be pregnant from the get go – but we have had circumstances where someone just hasn't been sure or circumstances have changed after ten weeks and those people, they shouldn't be having to travel. The CEDAW framework should also be really helpful to the Republic of Ireland as well when they're doing their abortion law review.

Laura McLaughlin: We wouldn't be where we are today without all of the lobbying groups. A lot of the issues highlighted in CEDAW are still active – access to contraception, the stigma that women face – but CEDAW has been absolutely brilliant and without it I don't think personally I would be where I am today and ... able to do what I can do today. I'm so grateful for it, but there's still a long way to go.

Breedagh Hughes: All of us in this room, clinicians, politicians, academics, human rights enforcers, women's activists, lobbyists, everybody, has their own brick in this particular wall, and I'm really glad it's going to be written up and shared with other people and hope that, when it does get published, that it generates conversations in other places than here.

Epilogue

When we first conceptualized the online conversation, we were primarily concerned with the lack of access to abortion in Northern Ireland despite legal reform. Throughout the conversation, the key actors emphasized that political resistance to abortion must be considered alongside the lack of progress on wider reproductive justice issues such as comprehensive relationship and sexual health education, poverty, and childcare. We issue a challenge to other scholar-activists in the field of reproductive justice to engage in similar critical interrogations of the implementation of CEDAW recommendations. We leave this process inspired to ask further questions about how international rights mechanisms are both advanced and resisted in local contexts, and how movements for abortion rights can be a springboard for asking questions about the broader range of reproductive justice issues.

Disclosure statement

No potential conflict of interest was reported by the authors.

Note

1. Telemedicine enables video or phone appointments between a patient and their health care practitioner and medicine to be prescribed without an in-person appointment.

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