



---

## Clinic harassment and buffer zones briefing

### Amendment NC11 to the Public Order Bill

**We ask Members to add their names to the amendment and vote in support of the amendment at report stage if it comes to a vote.**

#### Our position

- 100,000 women a year in England and Wales are treated by a clinic or hospital for an abortion that is targeted by anti-abortion groups that cause harassment, alarm, and distress to women
- This amendment would introduce national buffer zones – areas around clinics where certain abortion-specific harassment such as displaying graphic signs, following and filming women, and repeatedly approaching women and doctors are not allowed
- These measures don't stop free speech, protest, or campaigns – they simply move groups down the road to ensure that women's right to privacy at the clinic gate is respected
- Current measures for addressing this harassment do not work – despite years of work with the Home Office, councils, and the police, women around the country still face harassment. This is a national problem and it needs a national solution.
- Efforts to introduce this provision are strongly cross-party and at Committee, the amendment was supported by 36 MPs from seven different parties.

#### The problem

Clinic harassment describes activity used by anti-abortion groups across the UK to deter or prevent women accessing abortion care.

The activity takes many forms, including the display of graphic images of foetuses, large marches that gather outside the clinic, filming women and staff members, following women down the street, sprinkling sites with holy water, and large gatherings of people who sing hymns and recite dedicated anti-abortion prayers loudly enough to be heard inside clinics.

Leaflets routinely contain false medical information such as that abortion causes breast cancer, leads to suicidal ideation, and can lead to child abuse, as well as advertisements for dangerous and unproven medication to 'reverse' an abortion. This activity can last several hours a day over a number of weeks or months. In several cases around the country, this activity has continued for many years.

#### The impact

More than 100,000 women have to attend an abortion clinic which has been targeted by these groups every year. This amounts to nearly 50 sites being targeted in the last three years, with half of those being targeted on a regular basis.

---

*"They came over twice and we said 'no thank you'. She was very pushy, in your face... it has left me anxious as I suffer from poor mental health. When we walked past she said **'Your baby wants to live'**. We had driven for 7.5 hours and did not expect this at all." – Bournemouth, 2022*

*"They were hurling abuse as I came out of the clinic, saying I'm a disgrace, that I'm a horrible person and what I'm doing is an **abomination**." – Liverpool, 2021*

*"She watched me driving around and looking for a space, then approached me and was saying 'do not kill your baby' and something about god. It made me feel emotional and scared. I was already worried and unprepared to be approached. I was crying and it affected my mental health. **I was scared to go in**." – Birmingham, 2021*

---

Some groups of women and people who need abortion care are disproportionately likely to be impacted by these groups. This is particularly true of women who are concerned with preserving their privacy as a result of abusive or coercive relationships or family situations, and women who have experienced sexual or physical violence related to their pregnancy.

### Using existing law to deal with this activity

Work to stop clinic harassment has been going on for nearly 10 years. Despite this work, more than 100,000 women a year are treated by a clinic targeted by these groups. The existing law is simply not enough.

Clinic harassment has an impact disproportionate to the behaviour involved – largely because of the lack of ability to avoid the activity while women and providers have to walk past them to access the clinic, the confidential nature of medical care, and the heightened emotional state of many clients. As a result, existing laws that are designed to deal with persistent harassment, public disorder, and protest are not sufficient to address the issue.

Police at local level report being unable to address existing problems owing to a lack of legislation under which they could charge individuals. In many cases they recognise the impact that they have on women accessing services, but are unable to take action.

### Public Spaces Protection Orders

A PSPO is a tool that enables Local Authorities to prevent certain anti-social activity taking place in a certain area.

Out of the 50 clinics that have been targeted in last four years, only 5 are protected by a Public Spaces Protection Order (PSPO). 2 of these were only introduced in the last month.

Unfortunately, while PSPOs are a helpful stopgap at a local level, they are not a permanent solution. They **create a postcode lottery** where many other women are unable to access care without harassment. They are **expensive to introduce and uphold in court** – making councils less likely to risk their introduction. And **the evidence bar excludes clinics** from protection because varying tactics and lack of willingness to report can make local action difficult.

### Support for change

Buffer zones are supported by Medical Royal Colleges, clinicians, and Violence Against Women's and Girls groups including the British Medical Association, the Royal College of Obstetricians and Gynaecologists, the End Violence Against Women Coalition, BPAS, MSI Reproductive Choices (UK), and Women's Aid.

Both Scotland and Northern Ireland are already progressing with national and Province-wide solutions to clinic harassment.