

Proposed Abortion Services (Safe Access Zones) (Scotland) Bill – Gillian Mackay MSP

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Summary of Consultation Responses

This document summarises and analyses the responses to a consultation exercise carried out on the above proposal.

The background to the proposal is set out in section 1, while section 2 gives an overview of the results. A detailed analysis of the responses to the consultation questions is given in section 3. These three sections have been prepared by the office of Gillian Mackay MSP. Section 4 has been prepared by Gillian Mackay MSP and includes her commentary on the results of the consultation.

Where respondents have requested that certain information be treated as “not for publication”, or that the response remain anonymous, these requests have been respected in this summary.

In some places, the summary includes quantitative data about responses, including numbers and proportions of respondents who have indicated support for, or opposition to, the proposal (or particular aspects of it). In interpreting this data, it should be borne in mind that respondents are self-selecting and it should not be assumed that their individual or collective views are representative of wider stakeholder or public opinion. The principal aim of the document is to identify the main points made by respondents, giving weight in particular to those supported by arguments and evidence and those from respondents with relevant experience and expertise. A consultation is not an opinion poll, and the best arguments may not be those that obtain majority support.

Copies of the individual responses are available on the following website <https://www.bufferzones.scot/consultation-results> . Responses are broken down into groups, click the link to access each group and then click to access the responses. All responses have an allocated number. Those made via Smart Survey have an additional Smart Survey identification (ID) number listed, and those not made via Smart Survey are marked accordingly.

Due to the high number of respondents, a complete list of all who responded is not attached to this summary, however a list of the published and attributable organisations that responded can be found in Appendix 5.1.

Section 1: Introduction and Background

Gillian Mackay's draft proposal, lodged on 18 May 2022, is for a Bill to provide a safe access zone around abortion clinics and healthcare settings that provide abortion services.

The Aim of this proposal is to provide legislation, with no requirement for NHS bodies or local authorities to make applications or undertake any further work to receive permission to establish a zone. Additional powers may be required to allow local authorities to vary zones where necessary. Specific aspects of the Bill as proposed include; The introduction of safe access zones at all sites that provide abortion care, within which it is unlawful to influence or attempt to influence a person from accessing, providing, or facilitating the provision of abortion care; A list of behaviour which is banned; A standard size of safe access zone with a perimeter of 150 metres from the entrance to any site which provides abortion care; and the creation of a criminal offence of contravening the provisions of a safe access zone.

The proposal was accompanied by a consultation document, prepared with the assistance of the Non-Government Bills Unit. This document was published on the Parliament's website, from where it remains accessible: [abortion-services-safe-access-zones-consultation-document_final.pdf \(parliament.scot\)](#)

The consultation period ran from 19 May to 11 August 2022.

Gillian Mackay spoke to print and broadcast media during the week of the publication, (including frequent promotion on social media) during the consultation period to raise awareness about the consultation and discuss the proposal.

Gillian Mackay decided that her office would not contact organisations to invite responses.

The consultation exercise was run by Gillian Mackay's parliamentary office.

The consultation process is part of the procedure that MSPs must follow in order to obtain the right to introduce a Member's Bill.

Note that Members are advised by the Non-Government Bills Unit to include standard questions relating to the potential financial, equalities and sustainability impact of a draft proposal for a Member's Bill in consultation documents. This is to ensure an opportunity for views to be gathered on the potential impacts of a proposed new law on:

- the finances of various groups (such as different organisations and individuals);
- equalities, and people with protected characteristics; and
- sustainability, including work to protect and enhance the environment, achieve a sustainable economy, and create a strong, healthy, and just society for future generations.

These are standard questions and were not specific to this proposal.

Further information about the procedure can be found in the Parliament's standing orders (see Rule 9.14) and in the Guidance on Public Bills, both of which are available on the Parliament's website:

- Standing orders (Chapter 9): <https://www.parliament.scot/about/how-parliament-works/parliament-rules-and-guidance/standing-orders/chapter-9-public-bill-procedures>
- Guidance (Part 3): <https://www.parliament.scot/about/how-parliament-works/parliament-rules-and-guidance/guidance-on-public-bills/part-3>

Section 2: Overview of Responses

In total, 11,879 responses were received. The vast majority (11,851) of these were submitted via the online Smart Survey webpage. 28 responses to the full consultation were sent to Gillian MacKay either electronically or in hard copy via the post;

The responses can be categorized as follows:

- 52 (0.4%) were submitted on behalf of an organisation as follows (note: the majority of organisations self-selected a categorisation):
 - 2 (3.8% of organisations) from a public sector organisation;
 - 1 (1.9% of organisations) from a commercial organisation;
 - 10 (19.2% of organisations) from representative organisations (trade union, professional association);
 - 24 (46.2% of organisations) from third sector organisations (charitable, campaigning, social enterprise, voluntary, non-profit);
 - 6 (11.5% of organisations) from other organisations.
 - 9 (17.3% of organisations) did not select a category

- 11,827 (99.6%) were submitted on behalf of an individual (note the majority of individuals self-selected a categorisation):
 - 41 (0.3% of individuals) from politicians;
 - 117 (1% of individuals) from academics with expertise in a relevant subject;
 - 634 (5.4% of individuals) from professionals with experience in a relevant field;
 - 10,491 (88.7% of individuals) from private individuals (members of the public); and
 - 544 (4.6% of individuals) did not specify.

It was clear that responses from individuals included a wide variety of clinicians (midwives, neo-natal specialists, paediatric specialists, sonographers, anaesthetists, gynaecology specialists, doctors, nurses and GPs), charity workers, individuals who have accessed abortion services, individuals who have taken part in protests, and religious workers.

Some responses, particularly from academics with expertise in the field, gave detailed and well referenced responses to the consultation. It has not been possible to include their full responses in this document. A list of notable responses is included in Appendix 5.2

The status of submissions was as follows:

- 7697 (64.8% of all submissions) responses were published and attributed submissions;

- 3338 (28.1% of all submissions) responses were anonymous submissions; and
- 844 (7.1% of all submissions) submissions that the respondent marked “not for publication”

Views on the proposal to provide a safe access zone around abortion clinics and healthcare settings that provide abortion services were polarised, with strong views expressed both in support and opposition. Only 1% of respondents expressed a view other than full support or full opposition. Views on the details of the proposal, including how buffer zones should be implemented in Scotland, were equally polarised. A wide range of issues, questions, and concerns were raised by respondents on both sides of the debate.

A majority of the overall number of respondents (6668 – 56.1%) were fully supportive of the proposal, with a further 38 (0.3%) partially supportive. The most common theme raised in supporting the proposal was women’s right to access healthcare services free from intimidation, harassment, or judgement.

A minority of the overall number of respondents (5065- 42.6%) were fully opposed to the proposal, with a further 51 (0.4%) partially opposed. The most common themes raised for opposing the proposal were the concern that it would restrict freedoms, particularly the right to peaceful prayer, and that it would limit women’s access to support and information on alternatives to abortion.

A clear majority of the organisations that responded to the consultation were fully supportive of the proposal (33 organisations – 63.5% of organisations), the majority of these organisations were third sector or representative organisations.

Of the organisations who were fully opposed (16 – 30.8% of organisations) the overwhelming majority were either specifically religious organisations, or were organisations clearly linked to a particular religion¹.

Of the individual respondents who self-identified as being professionals with experience in a relevant subject (which represented 5.4% of individuals who responded), a majority were fully supportive (389 – 61.8%). 235 professionals (36.6%) were fully opposed. Professionals, both supportive and opposed, included a range of (current, previous, and retired) clinicians, other healthcare professionals and religious workers.

Of the individual respondents who self-identified as being academics with expertise in a relevant subject (which represented 1% of individuals who responded), a majority were fully supportive (62 – 53%). 53 academics (45.3%) were fully opposed.

¹ The organisations fully opposed to the proposal were: ADF UK; Archdiocese of St Andrews & Edinburgh; Cardinal Winning Pro-life Initiative / Rachels Vineyard; Catholic Bishops’ Conference of Scotland; Catholic Truth; Christian Medical Fellowship; Compassion Scotland; Evangelical Alliance Scotland; Family Education Trust; North Edinburgh Reformed Presbyterian Church; Reformed Presbyterian Church of Scotland; Right to Life UK, SPUC, The Christian Institute; The Free Church of Scotland; and The Helpers of God’s Precious Infants.

Of the individual respondents who self-identified as being politicians (which represented 0.3% of individuals who responded) a majority were fully supportive (29 – 70.7%). 12 politicians (29.3%) were fully opposed.

Of the individual respondents that self-identified as members of the public (which represented 88.7% of individuals who responded), a majority (5719 – 54.6%) were fully supportive. 4656 were fully opposed (44%).

Of the individual respondents that did not specify a categorisation (which represented 4.6% of individuals who responded) a majority (436 – 81%) were fully supportive. 93 were fully opposed (17.3%)

2.1 Disclaimer and methodology

Note that the inclusion of a claim or argument made by a respondent in this summary should not be interpreted as verification of the claim or as endorsement of the argument by the office of Gillian MacKay.

Every question which asked respondents to select a single response from a range of options summarising their view (questions 9 - 18) featured a proportionately small number of respondents whose selected check-box answer did not appear to match the reasons given for the response in the relevant text box. For example, there were responses which indicated support (full or partial) for the proposal in question nine and then set out reasons why they were opposed, and vice versa. Similarly, a proportion of people who selected “neutral” or “unsure” to a particular question, then set out very clear views of either support or opposition. Given the high number of responses, and given the proportionally small number of instances, and to avoid repetition, likely mistakes when selecting a particular option are not noted under the summary of each relevant question. Neither does the data presented adjust for this – the data accords to the selections made by respondents, regardless of whether that selection appears to be contradicted in subsequent written explanation. However, the views expressed in the text boxes have been taken into consideration and are reflected in the relevant narrative parts of the summary.

There were a number of responses, of various viewpoints, which contained identical, near identical, or very similar text. As these were not clearly identifiable campaign responses, the relevant individual responses made have been counted as separate responses to the consultation.

3367 responses were received electronically via Smart Survey from the same IP address. These responses were submitted via Smart Survey, each taking less than 10 seconds to complete the survey. It appeared that these responses had been gathered via a third-party website. However, as these were not clearly identifiable campaign responses, the relevant individual responses made have been counted as separate responses to the consultation².

² A breakdown of the numerical data including and excluding the 3367 from the single IP address is included in Appendix 5.5

Several organisations ran online campaigns encouraging individuals to respond to the consultation³. In some cases, the organisations suggested text for people to ‘cut-and-paste’ into the Smart Survey webpage. Links to the guides provided by these campaigns have been included in Appendix 5.4. These were predominantly non-standard campaign responses, in many cases individual respondents included their own thoughts and opinions alongside the text provided by the campaigns. Such responses have been included in both the data presented and the narrative of the summary. Where possible, the comments authored by organisations have been attributed to the organisations, rather than to any individuals who used the guide to assist them in completing the survey.

2.2 Content Warning

Please be aware that this summary includes accounts of personal experiences and expressions of opinions which some readers may find upsetting.

A number of personal stories were given in response to the consultation. These may contain depictions of events that some readers may find upsetting.

A number of respondents used language that is particularly strong⁴. No edits have been made to remove upsetting language and readers of this document should be aware that some of the content may be upsetting or cause distress.

Details of organisations who can offer help and support are listed in Appendix 5.6.

³ The organisations identified as running campaigns were; BPAS/Back off Scotland, Christian Concern, Compassion Scotland, Right to Life UK, SPUC, and The Christian Institute.

⁴ A selection of commonly used phrases has been included in Appendix 5.3

Section 3: Responses to Consultation Questions

This section sets out an overview of responses to each question in the consultation document.

The consultation document⁵ contains a foreword by the proposing member, with sections covering how the consultation process works, the aim of the proposed legislation and providing background to the Bill.

Questions 1 – 8 of the consultation contained an ‘About You’ section. Questions 9 – 22 asked respondents their views on the proposal.

Aim and approach

Respondents were asked:

Question 9

Which of the following best expresses your view of the proposed Bill (Fully supportive, partially supportive, neutral, partially opposed, fully opposed, unsure)? Please elaborate on your response

11856 respondents (99.8% of those who responded) answered this question, including 51 of the 52 organisations that responded to the consultation.

A majority of respondents (6668 – 56.1%) were fully supportive of the proposed Bill (including 33 organisations – 63.5% of the organisations that responded). A further 38 - 0.3% were partially supportive (0 organisations).

5065 (42.6%) were fully opposed (including 16 organisations – 30.8% of organisations), with a further 51 respondents (0.4%) partially opposed. 10 respondents (0.1%) were neutral (one organisations). 24 (0.2%) were unsure (including one organisation – 2% of organisations, although they (The Church of Scotland) explained that, rather than adopting a specifically unsure position, they were of no collective view, as their members may hold a range of opinions).

As can be seen from these statistics, and the numbers involved, views were largely polarised, with the majority of those supportive and opposed expressing very strong views (albeit with more respondents supportive than opposed). For many respondents there was no common ground, as a majority strongly believe in the introduction of safe access zones around healthcare settings that provide abortion services, whilst a minority strongly believed that they should not.

On both sides there was a pattern debating for or against the legality or morality of abortion. Many respondents ‘fully opposed’ argued that abortion itself should be

⁵ The consultation document is available at: [abortion-services-safe-access-zones-consultation-document_final.pdf \(parliament.scot\)](#)

illegal while those ‘fully supportive’ often argued that the right to abortion should be protected and strengthened.

Given the high number of responses, for a full account of the answers given to this question please consult the published responses⁶. The main reasons given for supporting or opposing the Bill, or being neutral or unsure are set out here.

Reasons for supporting the proposed Bill

Reasons given for supporting the proposal included-

- The **right to access healthcare services free from intimidation**, harassment or judgement;
- **Freedom of choice** with regards to individuals’ own healthcare needs;
- That all individuals have a **right to privacy** when accessing healthcare facilities;
- **Compassion** for individuals who have made a deeply personal, complex and difficult decision to terminate a pregnancy, and the added effect on their mental health having to contest protestors;
- **Concern** for the welfare of individuals accessing services which share the same building as abortion services. Including, but not limited to rape counselling, miscarriage management services, ectopic pregnancy care, ante-natal care and neo-natal care;

A number of respondents were concerned about the influence events in the USA have had on protests around healthcare settings in recent years. Some respondents also argued that the proposed 150m buffer zone was insufficient to protect access.

Among those fully supportive of the Bill there were many individuals who shared their personal experiences of abortion, ectopic pregnancy and miscarriage. There were many others who shared their experiences of rape and domestic abuse. Responses provided have been included largely unedited to demonstrate the depth of feeling.

Intimidation, fear, harassment, and judgement

Many responses⁷, particularly those from individual members of the public, gave accounts of accessing abortion services, or other services located on the same premises. Several of those responses stated that they had personally experienced intimidation, referenced activities of protestors and stated that the protests are often loud and include displays intended to shock.

Many stated that even peaceful protests are intimidating and create an unacceptable barrier to individuals accessing a wide range of healthcare services. Respondents refer to protests as ‘distressing’, ‘antagonistic’, ‘bullying’, ‘threatening’, ‘misogynistic’.

⁶ The consultation responses are available at: <https://www.bufferzones.scot/consultation-results>

⁷ 537 respondents indicated that they had accessed or accompanied someone accessing services. This represents 10% of the total number of respondents who were supportive of the proposal and left a textual response.

Amongst the responses fully supportive of the Bill there were many accounts of personal experiences of attending clinics, the small selection given below are broadly typical of the sorts of experiences recounted across many responses;

Victims rights advocate, with experience of working with victim's families and survivors of violent crime, Megan Mack (ID 194420860): "Back in 2007 I visited the Sandyford clinic for an early abortion due to trauma and mental health reasons.

As young girl raised in a Christian household I already felt awful about myself and my situation. When walking into the clinic I had two large older men screaming at me calling me names I wouldn't even want to repeat. I had no one with me and no one to defend me when I was in no fit mental state to defend myself.

I wasn't ready to be a mother I know this now looking back but because of their cruel words during such a horrific and vulnerable time in my life I carried that guilt for years, feeling like a "murderer". I want to ensure no female ever has to be subjected to this again, abortion is healthcare and I know had it not been for mine I probably wouldn't be here today."

Anonymous (ID 191875915): "I had five pregnancies over nine years, which resulted in two live births and three early miscarriages. I required a lot of pre-natal care, was a high risk pregnancy and one child ended up in Special Care for a time. All of those times meant I was exposed to heckling, leafleting and verbal abuse as I tried to access basic healthcare. I have also had similar treatment when going to the sexual health clinic to access specialist menopause care."

Anonymous (ID 192264949): "During both my successful pregnancies I had to attend appointments at hospital and drive / walk past abortion protestors. I felt like I was being judged even though I was clearly very pregnant - and if things had gone wrong, I'd had needed a termination for medical reasons. That would have been a tragedy and having people going on about how I was a murderer while dealing with it would have been a million times worse. When I had the last missed miscarriage and ended up in a&e, I had to return to hospital twice for abortion meds as my body didn't deal with it itself. Thankfully due to covid there were no protestors, but I was a wreck enough as it was without dealing with people who had no clue about what was actually going on."

Carol Tennent (ID 191855346): "For years I worked in the NHS, I often had to pass protestors outside hospital grounds who were intimidating women accessing healthcare.

As a patient, I received assisted conception treatment and these same protestors would mumble at me & others as we accessed this healthcare. I was having treatment to get pregnant & was targeted.

They don't know the reason women are at these clinics, their presence is intimidating and relentless.

I believe that it is a woman's choice to do with her body as is best for her. If these folk want to protest, as is their right, it needs to be from outside buffer zone.”

Emma Young (ID 191882451): “I had a missed miscarriage in November 2017. Due to the nature of it I had a few appointments, a week to wait, more appointments and then attended for the day for medical management at the QEUH maternity building where this group gather. I saw the group on a number of occasions from the car. I didn't have any direct dealings with them but just their presence and seeing their signs (I can't remember the exact detail but one definitely included a picture of a foetus) was enough to increase my distress at an already incredibly difficult time. The next bit is a bit graphic so feel free to skip if needed. It sounds dramatic but to me I'd just passed my hopes and dreams (the child I thought I'd have) into a bedpan and was then faced with this group and their pictures of a foetus when passing them in the car on the way home. It was very disturbing. I also spotted the group when using the QEUH maternity services during a subsequent miscarriage and a later slightly complicated pregnancy. To be honest, regardless of why I was using the building (even when bringing my baby home in November 2018) I just felt so angry that they were allowed to be there and were able to harass vulnerable women with their presence and propaganda. I was a bit hesitant to share that I'd encountered them during a miscarriage as its irrelevant - no women should be confronted with groups like this whilst accessing healthcare. Whether a woman is at that building for abortion, miscarriage or pregnancy care the presence of this group could be re-traumatising and/or distressing. I am an ardent supporter of protest but what this group, and groups like them, are doing is not protest - its intimidation and manipulation. If this group wishes to protest/gather/congregate then they are free to do this away from women just trying to access healthcare services. I am flabbergasted that it is legal and cannot understand why buffer zones haven't been implemented yet.”

Anonymous (ID 194123822): “I have been through a medical emergency abortion due to an ectopic pregnancy for a planned pregnancy and me and my husband found it extremely difficult not only having to go through the procedure in a maternity ward but having to return daily then weekly and seeing anti abortion protesters outside the hospital with pictures of babies and a foetus. This made an already traumatic experience so much more difficult for me and I think it is disgusting that this is allowed outside of hospitals where the only reason procedures are performed there is for life saving medical emergencies. These people have no compassion for vulnerable women and put me through a large deal of distress and upset when I was already going through one of the worst times of my life. This should not be allowed! where is the protection for vulnerable women?.”

Some respondents gave personal accounts of assisting friends or relatives who needed to access services, some examples are given below;

Anonymous (ID 192043266): "I have accompanied family members, and sometimes friends of family members, from Ireland who have travelled to all parts of Britain to access abortion and abortion related services. On three occasions this has included clinics in Glasgow or Edinburgh. On two of those occasions (once in Glasgow, once in Edinburgh) we found anti-abortion protestors outside the clinic when we arrived.

In Edinburgh I was accompanying a then 17 year old from Dublin - a cousin. She was terrified. She told her parents she was coming to see me to think about university options in the UK, and so chose a clinic in Edinburgh so we could also get some photos of her around uni buildings etc as 'proof' this is what we'd been doing.

We arrived at the clinic and there were 5 middle aged men outside. All 5 of them had disgusting placards supposedly depicting foetuses and were attempting to hand out flyers to passersby - which, sadly, included us. I was able to shield her from them but she could still hear them shouting that she was a murder, telling her she'd regret it for the rest of her life, that the baby would haunt her and she'd go to hell.

She didn't want to have an abortion. Part of her did believe that abortion is murder because this is how her parents brought her up. It was a huge, huge thing for her to contact me, ask me to pay for a flight and a hotel, and accompany her. But she did it, because she knew it was the right choice for her.

We went in to the appointment and she was in absolute floods of tears. She had the abortion, and we went back to the hotel where she rested. She cried for two days straight - not because of the abortion, but because those men had called her a murderer.

When she got back to Dublin she was a state, and so her parents paid for counselling for her, believing that she just had general mental health problems rather than the very specific mental health problem caused by being told healthcare was murder. She accessed this counselling for two years before she felt well enough to stop the sessions.

I will never, ever forgive those men for what they did to her and this is why I believe buffer zones around clinics are required urgently."

Katherine Parhar (ID 195923016): "Nobody should be harassed when seeking medical care. Pro-life protestors were present outside the Queen Elizabeth University Hospital Maternity Unit in Glasgow when a friend attended with a miscarriage. They were present also outside Glasgow's Sandyford Clinic for Sexual and Reproductive Health when another friend attended to have a coil fitted; she was filmed by a male protestor on her way in. In Glasgow pro-life protests are located outside premises that provide health services that include, but are not limited to, abortion. While it is women seeking terminations who require our immediate protection from these protests, they have a threatening effect on all service-users, some equally vulnerable. The professional bodies that cover all these services support buffer zones as a democratic solution. As a person who uses sexual health services, so do I."

Several individuals with experiences of encountering protests outside healthcare facilities voiced their concern that many of the protesters are male⁸. A small number of respondents stated that they were survivors of rape, sexual abuse or sexual assault, going on to indicate that men made them feel particularly vulnerable. Some examples are given below;

Anonymous (ID 192820073): “Due to the protesters outside the QEUH and Sandyford clinic, I am now frightened to access any healthcare setting as I am a survivor of rape, emotional abuse and stalking - these mainly male protesters, absolutely fill me with fear seeing it online and fear what might happen to me if I go to these healthcare settings.”

Anonymous (ID 191736966): “I am a woman, I have health care needs associated with this & I don’t expect myself, or anyone else, to be subject to hostility, intimidation or abuse when seeking healthcare. It’s discriminatory as it wouldn’t happen to men & I find it abhorrent. I have been sexually assaulted, as have many women, and I am easily scared of men e.g. those shouting in protest. I have worked with many women and girls who have been subject to abuse & exploitation, they deserve to access healthcare without this additional barrier - it is triggering & will induce a trauma response.”

There were others who expressed their fear of accessing abortion services;

Anonymous (ID 195753218): “...As a wheelchair user who has been the victim of multiple hate crimes, I am afraid to attend Chalmers for medical care when the protesters are there, which is for a long stretch every year. I have PTSD and already find medical care difficult and stressful to access, and the medical care at Chalmers may be related to trauma, such as the sexual assault clinic. I can barely cope with a pelvic exam on a good day, and would not be able to if someone were to harass me first.”

Anonymous (ID 194393641) “...As a disabled woman who may one day need this service, I am scared. I am scared of what may happen to me if I try to access these services. I am scared of being in physical danger while trying to access a potentially life saving procedure. I am scared of the harassment and bullying I may receive by others believing that they know my body and my health situation better than I do.

Ensuring these spaces are protected is vital for women to access these services. The threat of violence and hatred could prevent them from accessing these services. Not accessing vital medical procedures because of threats and embarrassment can kill women.”

⁸ 62 respondents raised the topic of protests being either ‘mostly men’, that male protestors were particularly intimidating, or specified the actions of male protestors such as shouting at, photographing, or filming people attending health care facilities.

Concerns for the vulnerability of people who need to access abortion services.

Several respondents raised the need to protect vulnerable individuals at “one of the most difficult times” (Anonymous, ID 197433031). Some responses are given below as example:

A respondent who works with women with homelessness and addiction experiences, who wishes to remain anonymous (ID 191873619): “Women access abortion and sexual health services for many reasons. Many of these women are victims and pregnancy is used to control them. Many of these women are struggling with homelessness and addiction and know that this is the best option for them.

They should not have to justify difficult decisions to strangers who don't know them and who take photographs to "out" them at one of the most difficult times in their lives”

Ann Burnett (ID 195516768): “I worked with young women who attended sexual health clinics and were faced with ‘prayers’ they said they they felt judged, humiliated and sometimes fearful. Might not have been the intention of the demonstrators but definitely was the result.”

Frances Hills (ID 191903278): “I'm a psychotherapist. The negative impact, often in the form of trauma, experienced by women subjected to this type of harassment, whether it be verbal or having to view images on posters, when they go for abortions (something no woman does casually or happily) is huge. Women do not make these decisions lightly. It is a very traumatic time and these protests only add to the trauma. We should be supporting women to make the decision for their futures. This means provision of abortion, counselling and safe routes to each.”

Moira Peterson (ID 195408365): “I've escorted individuals to enter a clinic as they were too afraid to go otherwise. This was done on a voluntary and informal basis. The individuals had multiple life complexities including rape, domestic abuse, alcohol and drugs. They felt intimidated by the presence of protestors. It felt like an extreme violation of their privacy at an already vulnerable time. They were terrified they would get to the door and it not be open; that the protesters would try to talk to them. Their presence increased their stress at an already traumatic time. These protesters know nothing of the individual cases involved. If their organisations have a part to play it is within the information process not without it.”

An adult education teacher who wishes to remain anonymous (ID 197192661): “It is possible to pray for others anywhere. The so-called peaceful prayer vigils are “praying at” rather than “praying for” women. Having people make it clear that they don't approve of what you are doing or where

you are going is always upsetting. It is especially intimidating if you are feeling vulnerable already.”

Bodily autonomy

Many respondents raised the issues that women must be free to make decisions that affect their own bodies without judgement,

Rev. Dr Gillian Thomson (ID 195718366) “I think it is ridiculous that people are able to protest outside clinics where women are seeking care at an already stressful time. The decisions are not taken lightly and their right to bodily autonomy overrides anyone else's rights”

Anonymous (ID 192132983): “Having had to go through an abortion myself, I know the struggles of questioning yourself if it is the right decision or not. No one should have a say in what a woman can or cannot do with their bodies, especially not men who do not have to endure the worries or struggles that follow after finding out you are pregnant. Abortions should always be part of free healthcare, away from public scrutiny.”

Midwife and health visitor responsible for sexual health education, Anne Marie Campbell (ID 194309416): “It is completely necessary to reduce the trauma women experience when making a choice regarding their own body and physical and mental health. To be harassed by people with a differing opinion is barbaric.”

Responses from individuals with strong Christian beliefs supportive of the Bill

Religion played a strong role in responses. Many individuals declared, or otherwise indicated strong Christian beliefs. Respondents were generally split on religious grounds with most being fully opposed to the Bill⁹. In addition, the overwhelming majority of organisations opposed to the Bill were either specifically religious organisations, or were organisations clearly linked to a particular religion¹⁰.

However, amongst those who were fully supportive, there were several religious professionals, individuals with strong Christian beliefs and individuals active in the pro-life movement. Of these respondents some suggested that it was not a common view within their community or vocation. A religious brother in the Scottish Episcopal

⁹ 759 individual respondents who left a textual response cited, or otherwise inferred Christian or Catholic beliefs, 705 (93%) were opposed to the Bill, 54 (7%) were supportive of the Bill.

¹⁰ The organisations fully opposed to the proposal were: ADF UK; Archdiocese of St Andrews & Edinburgh; Cardinal Winning Pro-life Initiative / Rachels Vineyard; Catholic Bishops' Conference of Scotland; Catholic Truth; Christian Medical Fellowship; Compassion Scotland; Evangelical Alliance Scotland; Family Education Trust; North Edinburgh Reformed Presbyterian Church; Reformed Presbyterian Church of Scotland; Right to Life UK, SPUC, The Christian Institute; The Free Church of Scotland; and The Helpers of God's Precious Infants.

Church, who wished to present a religious voice that he felt was different to most on this issue, Brother Barnabas-Francis Immaculata Mac-Phail (ID 195747536) stated:

“Scotland is a secular country, and EVERYONE should be treated the same under the law. Safe and secure access to healthcare is a basic human right and people should not be intimidated or threatened for exercising that right.”

Chaplain in NHS Greater Glasgow and Clyde, at Queen Elizabeth University Hospital, Rebekah Sharp-Bastekin (ID 196965339) was concerned that some patients may not seek spiritual support when in need due to mis-association between spiritual care services offered within the hospital and the protestors outside;

“I work in the spiritual care dept. of nhsggc most of my experience is at the QEUH. I spent lots of time supporting families of still born, families who have had to make decisions to have a medical termination. I am aware there are many more who may need our support but don't seek it out, I often wonder see if that is due to the potential harmful mis-association between these religious protesters and our service. I have seen the direct adverse impact and The torment these protesters cause on a daily basis. It is always worst during lent but carries on throughout the year. It also causes distress to me that my role is impacted but the wrongly places association nhs spiritual care may have with these protesters ...”

Lynn Armstrong (ID 191699510): “I am catholic and my religion is important to me, I am also female and I am fully aware of how hard a decision having an abortion can be. In my opinion abortion is healthcare and religion has no place in the decisions that women make about their own bodies. Buffer zones protect the mental health of any woman who has to go to a hospital or clinic to have an abortion. It allows them protected space to have their procedure.

An anonymous individual who has attended pro-life events (ID 195373086): “I think this bill is unfortunately necessary to protect women and health workers from distress and interference with their work and treatment.”

Responses from professionals supportive of the Bill

A clear majority of respondents who identified themselves as professional were fully supportive the bill (61.4%). Many responses from healthcare professionals highlighted their concerns of the negative impact that the protests have on staff and visitors alongside people accessing various forms of healthcare. There were particular concerns around misinformation being spread by protestors. The following is a small selection of personal accounts which are reflective of the experiences recounted across many responses that were fully supportive of the proposal;

Professor Sharon Cameron submitted a detailed response, the full response can be viewed on the website, an excerpt has been provided here;

“As a service, we are concerned about the negative impact of the presence of the protestors on patients attending our clinics not just for abortion but for wide range of health concerns, as well as other clinics in nearby hospital

buildings. It can take a lot of motivation and courage to attend any clinic appointment, and the prospect of facing protestors on one's way to attend a clinic may deter patients from accessing services that they need. Even on days when protestors are not present, patients may fear that they could be there. We are aware of patients contacting the service in advance of appointments worried about this. There is also concern that certain groups such as young people and vulnerable groups who may find it particularly difficult to navigate clinical appointments, may be most at risk."

Obstetric sonographer, who wishes to remain anonymous (ID 194589118); "I visit all the targeted sites around Scotland and find it completely unacceptable that demonstrations in any form are allowed near these sites. Anyone wishing care should be able to access care free from intimidation. The demonstrations also cause distress to others visiting the sites on matters unrelated to abortion. Cooperation with pro life services is something that could be explored and allowing information to be shared in a meaningful way could potentially get their message over in a more respectful way. The demonstrations although peaceful are now antagonistic and inflammatory for all staff and patients."

Anonymous (ID 191700870): "As an employee at the QEUH where the protestors are stationed every Tuesday and sometimes even more frequently (such as during Lent), I have witnessed first hand how distressing having those protestors there could be for people trying to access healthcare. They stand with images of bloodied fetuses, and highly evocative slogans intended to shock and shame. I also believe they are spreading medical misinformation as many of the UK's anti-abortion anti-choice organisations tend to show images of fetuses with incorrect gestation periods besides them so as to give the impression the fetus is more developed at that stage than it actually is. Regardless of the reason someone has an abortion, they deserve to access this basic health service without being subjected to this, the experience of an unwanted or unplanned abortion is traumatising enough. Also as a member of staff at the hospital I feel that I should be able to get to work every day without encountering this. I am in favor of the right to protest but it is damaging to people's mental states having it here, and also the group claim it is a 'prayer' not a protest, in which case they can do that somewhere else. Other countries such as Ireland and Spain have already introduced these buffer zones. I feel Scotland needs to quickly follow suit, especially considering that these groups are affiliated with those involved in the reversal of Roe V Wade in the states."

Charge nurse in a gynaecology unit, Carol Ruth (ID 192086821); "I have nursed and supported hundreds of women throughout my career that have had cause to access the health services provided in the locations that these protestors are targeting. These women are going through some of the worst moments of their life and do not deserve unwarranted abuse or intimidation by ignorant people who need educating in the area they are protesting."

Dr Zhong Eric Chen (ID 192082783): “I have seen first hand the disrespectful behaviours of people at the main entrance of my workplace (Chalmers Centre) which also happens to be in an area with hospital outpatient services and a school. I do not think it is appropriate for people to be gathered outside my workplace and in public space that intimidates healthcare service users who may be attending our services for different reasons, including abortion services. And especially for abortion care services. Our patients and visitors are having to deal with being approached by people and handed leaflets which are inaccurate and meant to shock and instill guilt, shame or anxiety instead of supporting informed decision making. I think it is a breach of peace and a violation of personal autonomy and space use.”

Anaesthetic practitioner working in healthcare, who wishes to remain anonymous (ID 194142763): “I have witnessed and participated in emergency care provided to women who have had to terminate a pregnancy in order to survive. Some of which have shared that they delayed seeking help for fear of repercussions, judgement, hate and shame. Some of these women are incredibly distressed, require additional resources and support but in my opinion, they will not seek that help due to the increasingly bold and antagonistic protesting of others.”

Anonymous (ID 194131382): “As a journalist who has focused on the coverage of this issue, I have spoken first hand to many women who have suffered from trauma as a result of anti-abortion protests as well as medical experts and academics in this field. I have spoken to sexual assault survivors, women with foetal abnormalities, teenagers and women who just felt their time wasn't quite right for being a mother. It's not just people going through abortions who are suffering from these protests; it's women going for cervical smears, seeking counselling, accessing contraception and many more. These protesters - often under the guise of protesting on religious grounds - are shouting at women, wearing cameras (deep infringement of their privacy), holding up pictures of dead babies, calling these women murderers. Even those who are silent and claim to be peaceful have imposed trauma through simply being there and holding up signs such as “abortion is a sin”. To create trauma for these women accessing a fundamental right - their healthcare - is deeply wrong and unacceptable. Roe v Wade has been overturned but in Scotland we cannot think this is a distant concept. We risk killing women as a result of many feeling their healthcare is inaccessible if we do not act now.”

Responses from academics supportive of the Bill

Academics with particular expertise on the subject raised concerns echoing those of healthcare professionals. They stated their concerns for the welfare of those needing to access services including but not limited to abortion services. They also tend to report that on the whole, protests are not peaceful but even where they peaceful the protests remain intimidating;

Dr Tania Penovic (ID 197102510), is the research group leader in gender and sexuality for the Castan Centre for Human Rights Law at Monash University, and a Senior Lecturer at the Monash Law Faculty Melbourne, Australia. Dr Penovic's detailed full response is available on the website¹¹, an excerpt is provided here:

“Having undertaken nationwide empirical research into the need for and effectiveness of safe access zones in Australia, I have found that significant harm has been caused by the conduct of anti-abortionists outside clinics and that safe access zones have been extremely effective in facilitating safe access to reproductive healthcare free of intimidation, harassment and invasions of privacy.

Prior to the introduction of safe access zones, the picketing of abortion clinics by anti-abortionists occurred throughout Australia. By positioning themselves outside clinics, anti-abortionists targeted a captive audience for their wide-ranging efforts to prevent women and pregnant people from obtaining abortions and staff from performing them. Many individuals who engaged in this form of conduct have belonged to transnational religious groups such as the US-founded Helpers of God's Precious Infants and 40 Days for Life. Both groups characterise their conduct outside clinics as peaceful and loving sidewalk counselling and prayer outreach. This characterisation differs markedly from the range of activities described to me, which are not encapsulated by the term 'protest.'...

... While some patients were relatively unaffected by their interactions with anti-abortionists, others were extremely traumatised, and considered by health professionals to be at heightened risk of adverse medical outcomes and ongoing psychological problems. People with a history of family violence were particularly at risk.

Safe access zone legislation now operates in each Australian state and territory. ... For staff, accessing their place of work was no longer a source of fear and anxiety. The distancing of picketers removed the threat of confrontation which has deterred patients from obtaining (and staff from providing) treatment...”

Dr Pam Lowe and Dr Sarah-Jane Page (response no.11765, received by email) are senior lecturers at the sociology and policy department of Aston University, Birmingham. Their response draws on research evidence on anti-abortion activism and pro-choice counterdemonstrations across the UK. Their full and detailed response is available on the website, an excerpt is provided here:

“Our evidence clearly shows that the *presence* of anti-abortion activists outside service providers creates an intimidating, hostile, and humiliating environment, regardless of the activities that they are actually doing.

¹¹ The full responses are available at: <https://www.bufferzones.scot/consultation-results>

The purpose of anti-abortion activism around abortion services is for strangers to watch and approach people trying to access abortion, as well as drawing public attention to the site of abortion service providers....

The encounters outside abortion services reassert gendered power relationships by subjecting women to unwelcome attention in a way that they have no control over. They have little choice but to walk through or past the anti-abortion activists who are watching them or trying to talk to them. Whilst service users may take steps to try to avoid or minimise the encounters (such as by covering their faces, trying to run past), there is still a situation of surveillance, loss of privacy, and fear. Our evidence has shown that the anti-abortion activists pick up on clues such as uncertainty of direction and use of maps on phones to identify abortion seekers.

Women experience the groups that gather outside abortion services as intimidating both in themselves as well as being upset by the way their presence invites passers-by to observe that who is seeking an abortion. Whilst it is the case that anyone could see people entering and exiting a building, anti-abortion activists who stand outside abortion services are expressly there to draw attention to the building as part of their mission to make seeking abortion into a public spectacle and inviting those in the vicinity to attend to the public shaming...

Our research fully supports the introduction of safe access zones in Scotland as a reasonable response to relieve the detrimental impact of the activities of anti-abortion activists”

Organisations supportive of the Bill

A majority of the organisations that responded to the consultation were fully supportive of the proposal (33 organisations – 64.7% of organisations who responded). Of these organisations, the majority were third sector or representative organisations¹².

The views of the organisations were broadly reflective of the views of individual respondents.

¹² The organisations fully supportive of the proposal were: Abortion Rights Scotland; Back Off Scotland; BMA Scotland; British Pregnancy Advisory Service (BPAS); Children 1st, Communist Party of Britain (Glasgow Branch); Engender; GMB Scotland; Grampian Regional Equality Council (GREC); Humanist Society Scotland; Moray Violence against Women Partnership; MSI Reproductive Choices UK; Mumsnet; NHS Grampian; Project Choice; Rape Crisis Scotland; Royal College of General Practitioners; Royal College of Nursing Scotland; Royal College of Obstetricians and Gynaecologists; Scottish Council of Jewish Communities; Scottish Teachers For Positive Change and Wellbeing; Scottish Women’s Aid; The City of Edinburgh Council; The Equally Safe Edinburgh Committee; The Faculty of Sexual Health and Reproductive Choices (FSRH); The Royal College of Midwives; The Scottish Women’s Rights Centre; Unite the Union Glasgow Not for Profit Sector Branch; University and College Union (UCU) Scotland; Women’s Aid South Lanarkshire and East Renfrewshire (WASLER); Women’s Equality Party-Scottish Branch; Young Scots for Independence and Zero Tolerance.

Third sector organisation, Rape Crisis Scotland (ID 197403976) reflected the view of many individuals and organisations who were concerned for the welfare of vulnerable individuals accessing healthcare services;

“...We strongly believe that access to abortion services is a basic healthcare need and a right for the survivors we represent and that barriers to accessing healthcare facilities will put them at a great disadvantage.

Survivors may need to safely access abortion health care facilities for a variety of reasons which can include the instance of a pregnancy resulting from rape or sexual violence. They may also be receiving other types of healthcare from the same facilities which provide abortion services, including sexual health treatment and forensic medical procedures.

Anti-abortion protests outside clinics have a clinical, emotional and psychological impact. The activities of anti-abortion protesters cause distress and have the potential to cause trauma to survivors accessing abortion services.

The tactics they have deployed involve targeting people attending the clinics, passing out distressing information in leaflets and pictures and displaying such messages on banners. The most concerning behaviour which we have seen evidence of is these anti-abortion protestors targeting people in a bid to challenge them or deter them from having an abortion or receiving healthcare. These actions may cause them to defer their treatment or purchase illegal abortion pills online from unregulated providers. This impact will be particularly acute for survivors of rape and sexual.

We strongly support the introduction of legislation which would further protect survivors of sexual violence and rape accessing essential abortion services without the fear of intimidation or harassment. We support the introduction of safe access zones around abortion clinics and healthcare settings which provide abortion services.”

The Royal College of General Practitioners (ID 195457906) recognised the right to protest but reflected the concerns that others had raised about harassment and intimidation of both patients and staff at health care settings;

“...RCGP Scotland is fully supportive of the proposed Bill which would enable women to access, and healthcare professionals to provide, a lawful, confidential health service without harassment and intimidation.

While we respect the right of citizens to peacefully protest, we believe that these protests should not take place at health care settings. This is for the protection of patients and staff from fear and alarm, but crucially where there is significant risk of deterring patients from accessing necessary treatment.

Given the recent and increasing reports of protest at healthcare settings that provide abortion services, the College agrees that the current legal protections are inadequate in preventing continual abuse.”

The British Medical Association (BMA) Scotland (ID 197390272) similarly reflected the view that while a range of opinions must be heard that it considers doing so outside health care facilities as unacceptable:

“The BMA has a long-standing interest in protecting patients and staff outside confidential abortion services. The BMA appreciates that there is a wide range of views about abortion, and that there must be opportunities for these diverse and strongly held views to be heard. However, approaching women and pregnant people accessing these services who may already feel vulnerable, and intimidating staff who are providing a lawful and necessary health service, are unacceptable ways to promote anti-abortion views.

The BMA has campaigned for many years for “safe”/“buffer” zones outside services to stop harassment and intimidating behaviour, including:

- the chair of BMA Scotland writing to the Minister for Public Health in September 2018 highlighting our support for such zones; and
- the BMA raising the issue again in our submission to the Scottish government’s early medical abortion (EMA) consultation at the end of 2020.

We welcomed the view expressed by the Scottish government in the consultation at the time that ‘abortion services should be accessible and free from stigma’. We expressed interest in hearing what steps the Scottish government was taking to address the issue of intimidation and harassment outside services as local responses were not adequate – see, for example, developments in Glasgow and Edinburgh.”

Most recently, at the BMA’s ARM (annual representative meeting) at the end of June 2022, the BMA’s RB (representative body) adopted explicit policy supporting the proposed Safe Access (Abortion Services) Scotland Bill ‘which would introduce safe access zone around abortion clinics and healthcare settings that provide abortion services through creation of a criminal offence of contravening the zone’. The BMA will be lobbying to have this approach adopted on a UK basis.”

The Scottish Council of Jewish Communities (SCoJeC) (response no.52, received by email) speaks for the Jewish Community of Scotland on policy matters affecting the Jewish community. In their detailed response, an excerpt of which has been provided here SCoJeC sought to clarify the position of the Jewish community:

“All branches of Judaism agree that a pregnancy should be terminated if the mother’s life would be at all at risk by continuing a pregnancy, whether that risk is caused by physical or mental health issues... In essence, a ban on abortion – or intimidation and harassment of women seeking abortion services – would limit the Jewish community’s ability to live our lives in accordance with our responsibility to preserve life. Orthodox Judaism would not, however, support a ‘right to choose’ or ‘abortion on demand’...

On modern social policy grounds, Liberal Judaism affirms the rights of women over their bodies, and of women’s right to choose an abortion in all circumstances. Liberal Judaism would call on women to take seriously the

ethical questions concerned with terminating the life of a foetus, but believes that ultimately the decision rests with the mother.

Access to abortion services is a legal right in Scotland, and, as we have explained above, Judaism also permits abortion. People accessing any legal health service, including abortion services, should be able to do so without intimidation, together with anyone who may be accompanying them, in a manner that enables them to feel safe, and that their privacy is respected.”

Reasons for opposing the proposed Bill

A minority of respondents (5065 – 42.6% of respondents) were fully opposed to the proposal to introduce safe access zones around healthcare settings that provide abortion services. This included 16 organisations (31.4% of the total number of organisations that responded to the consultation). The majority of those organisations were either entirely of a religious basis or appeared allied to a particular religion.

The main reasons given by many of those who were fully opposed to the proposal included:

- fundamental **disagreement with provision of abortion** in principle, in the main founded in religious belief;
- that the Bill will severely **limit freedom of speech**, responses along these lines often referred to human rights;
- that protestors **offer alternatives to abortion**, responses on this theme tend to be of the view that clinicians do not give patients enough information on abortion and there is concern that coercion is involved;
- that protestors **offer help to people seeking abortion**, responses on this theme tend to include references to ‘support’ and ‘counselling’;
- there is **no proof of intimidation**;
- that banning protests of any sort **sets a dangerous precedent**;
- that there is **existing legislation** already restricting violent protest.

It should be noted that amongst the responses of those fully opposed to the Bill, across every question of the consultation there were multiple repetitions of phrases and opinions containing strong language as detailed in Appendix 5.3. Responses provided have been included unedited to demonstrate the depth of feeling.

Objection to abortion in principle

A large number of respondents stated in their response to Question 9 their objection to abortion in principle. This pattern repeated through every question in the consultation. 2806 respondents intimated in their response that they held pro-life views, were members of pro-life organisations or attended pro-life vigils (this represents 87% of those who gave a textual response and were opposed to the Bill). Of those who held pro-life views 1594 stated the unequivocal view that abortion is wrong, a sin, a crime or against nature, with several calling for abortion to be banned (this represents 50% of those who gave a textual response and were opposed to the Bill).

The responses given below are a small example broadly reflective of the types of answers given by many respondents who were fully opposed to the Bill:

Anonymous (ID 195477187): “I believe abortion to be wrong as it involves the killing of a living being. I do not believe women should be encouraged or have the right to get rid of a healthy and growing embryo”

Former medical secretary, who wished to remain anonymous (ID 195198586): “I am against the killing of innocent children, future generations of Scottish people are being snuffed out. Doctors, nurses, carers etc.”

David Greig (ID 195399216): “Pre-born children, being individual human beings, have a right to life which belongs to them and no-one else, not even their mothers. This most essential and fundamental human right is frequently disregarded through misplaced charity and impoverished understanding, and hence pre-born children are being denied their most fundamental right, the right to their own lives, and are being killed in their mothers' wombs, typically in a manner which is both extremely violent and excruciatingly painful, and which if applied to prisoners due for execution would almost certainly invoke global outrage. In response to this, many people seek to be advocates for these unborn children: to defend their right to their lives through legislation and by practical support for their mothers before and after their children's births. This is done mainly through dedicated organisations which offer counselling as well as support. Besides advertising their presence in the media, through campaigning and running charity shops, etc, in the various ways charitable organisations do; however to ensure their charity is as available as possible, these dedicated organisations also provide advocacy and support for unborn children and their mothers in the last minutes of the children's lives, by their presence in the near-vicinity of places of abortion so that mothers and their pre-born children are offered assistance and refuge up until the last possible moment, especially if the mothers were not well-informed of the alternatives to killing their babies. This is the most profound and kind charity to the most vulnerable and innocent members of humanity, and to deny the possibility of saving vulnerable and innocent human life is fundamentally wrong.”

Personal accounts of those opposed to the Bill

There were a very small number of responses (fewer than 10) submitted from people who were opposed to the Bill and gave personal accounts of abortion, miscarriage or other experiences of accessing services. Some wished for their response to be considered but not to be published. All stated that they regretted having an abortion or miscarriage and were opposed to abortion in principle. The following are given as examples;

Anonymous (ID 197320761) “When I was about 20 my girlfriend became pregnant. We were encouraged to have the child aborted and went ahead with it. Some years later I've felt great guilt and grief over what we had done. This manifested in a number of behavioural and emotional ways. I believe it contributed to relationship struggles and a breakdown of our marriage. I have since received counselling for the issues. I wish that someone had offered an alternative view than the recommendations we responded to when we had the abortion.”

Anonymous (ID 196647747):“I had an abortion 50 years ago when I was twenty. I have profoundly regretted this decision ever since. When I first learned I was pregnant, I would have turned to my mother for advice. Unfortunately, she was travelling abroad at the time and I couldn't reach her. In her absence, I was prepared to get through with the pregnancy, but the baby's father bullied me into choosing abortion instead. He didn't want to take responsibility for his part in conception. As a direct consequence of my consenting the abortion, I have since suffered from depression and self-harm. When I think back, I find myself wishing in vain that there had been someone on hand - someone who didn't know me personally, but was prepared to listen sympathetically and offer support - who would have helped me see my way to choosing life for my unborn child. Abortion is not a get-out-of-jail- free card. The physical and psychological consequences, as my own experience attest, are seriously damaging. No girl or young woman should have to go through what I've been through. Peacefully offering up prayers and providing material support to women facing unplanned pregnancies are acts of selfless compassion. Such actions pose no threat to anyone but the people who profit from the abortion industry. A further note: 10 years after my abortion, I got married to the love of my life. From the very outset, we wanted a family, but I proved to be barren. We now have 2 adopted sons who are the light of my eyes and the joy of my heart. Both of them make the world around them a better place. Our oldest son looks after people with learning disabilities, with selfless patience and love. Our second son married a divorced woman with 2 sons and has proved a loving, stabilising father to them as his adopted father was to him. Please - please - rethink your initiative to create no-go zones to "protect" abortion access.“

Anonymous (ID 195457056): “A miscarriage is tantamount to a natural abortion... I suffered mental stress which followed a miscarriage at home as I had to flush the remains of my child down the toilet pan and after which my wife suffer from severe periods for several years which ultimately resulted in a hysterectomy. My wife no suffers from depression with its ongoing medicine cost. Many women who have abortions may ultimately regret the decision and in the future suffer from mental health problems.”

A common theme across the responses of all questions was individuals reflecting on their acquaintances with women who had been coerced into having an abortion and later regretted their actions. Similarly there was a substantial number of respondents recounting stories of women who had rejected having an abortion and went on to lead fulfilled lives, this theme is returned to in the summary of Question 22. The following is broadly typical of the sorts of encounters reported in this section of the consultation;

Stephen Dunn (ID 196892266) “I am minister of religion who has offered support to young women whom have had/have serious, often continual stress

in their life, having had an abortion, as well as those who are delighted they never proceeded with an abortion and have child whom they love and cherish, and who are horrified that they were pressured to even consider elimination their child.”

Alan Evans (ID 197285601): “From my experience woman need to be able to freely consider all the options available when they become pregnant outside of the advice they receive in an abortion clinic. I know of several woman who had an abortion but later regretted it and wished they had made another choice, either to keep the baby or have it adopted. They often need time to consider all the options and discuss them with family members or indeed the father of the baby.”

Elizabeth Engeli (ID 197302870): “Not all women want a termination, they often feel forced into it, by friends, media etc. My best friend climbed out of an abortion center's window because she felt she could not go through with it and felt scared and unsupported. Her daughter has just finished uni with a 1:1, a very talented young woman who may not have been here if she had not had the courage to escape. Women need to know they have support when they would like to keep the child. This support is being hidden and sidelined instead of being given a focus at these places.”

*Prayer Vigils*¹³

Many individuals opposed to the Bill referred to their involvement in prayer vigils, witnessing and peaceful praying. 647 (20.1%) respondents who provided a textual response indicated they had attended a prayer vigil. The responses given below are a small example of the types of responses given on the theme, and are broadly typical of many responses that were ‘fully opposed’;

Daniel Lane (ID 197194440): im prolife, and i have been praying outside my local abortion provider (aberdeen royal infirmary/ari) for about 9 years. as a practising catholic i believe i have the right (and duty) to try to prevent unborn children from being murdered in their mothers wombs. i have been part of '40 days for life' for about 5 years. its better organised and led than any other pro life activity i know of but is a peaceful, prayerfull protest. buffer zones will ultimately mean more children are killed and mothers and families will be permanently scared.”

Helen Holden (ID 194708764): “I am fully oppsed to this proposed Bill because it is unnecessary and infringes on my human right as a Scottish citizen to protest peacefully. There is no need to introduce this Bill. Violent protest of any sort can be bealt with under existing laws. I have attended many vigils, all of them peaceful, outside abortion clinics and can fully witness to the fact that fellow pro lifers are respectable, law abiding citizens. It would be a very unwise move to criminalise them! To my knowledge the Police

¹³ Those opposed to the Bill tended to refer to protests as prayer vigils.

have never expressed concern about the nature of these vigils. The denial of peaceful prayer outside abortion clinics is an assault on my religious freedom. I cannot believe that any government would want to make criminals out of law abiding citizens because of their religious views.”

Marie Rodgers (ID 195023336): “Buffer zones are completely unnecessary. I have joined with a maximum of possibly 8 people on a road leading into the hospital quietly praying for women with the difficult decision of abortion. It is a quiet road with almost nil pedestrian traffic. All we ever see are the cars and buses passing by. The only interaction I have ever witnessed are a fair number of “toots “of support from car drivers and on three occasions abusive gestures from two men and one woman. There is no evidence of Harassment, intimidation or threatening behaviour. This is a direct attack on civil rights and criminalising peaceful witness.”

Anonymous (ID 197377366) “I have a right to freedom of speech & you are attempting to criminalise this, there is a human rights act in place to allow Freedom Speech. We do not approach any person at a Pro Life Vigil, at our vigil we are at opposite side of a 4 lane road from the hospital. There is already laws in place to deal with harassment & intimidating behaviour which we have had to use to protect ourselves during a vigil.

This proposal attempts to prevent free speech, not due to anti social behaviour, but due to anti pro life views. Sometimes women are ambivalent about having an abortion even while going to hospital & we can give help, by giving details by card, if they approach is at a vigil.”

Offering help

A large proportion of responses of those opposed to the Bill (2084 individuals, 65% of those providing textual responses who were opposed to the Bill) stated that protestors offer ‘information’, ‘a choice’, ‘support’, ‘counselling’ or ‘help’ to those seeking abortion which would be otherwise be unavailable.

Many voiced concerns that those seeking abortion are doing so under duress, or with a lack of understanding of the procedure. Others suggest that protestors offer ‘alternatives’ to abortion. The responses given below are a small example and are broadly typical of comments given around the theme;

Anonymous (ID 196977484): “Some women are not fully informed on the topic of abortion. They need to be aware that there are people who genuinely care for them and can help them make an informed choice.”

Anonymous (ID 194948664): “Pregnant women and girls should be allowed every opportunity to listen to each and every alternative to direct abortion for as long as possible even up to the moment they enter an abortion facility and then even inside such a facility. They should also be offered any and every practical assistance to continue with the pregnancy. The life of the mother and

the child has equal value and we as a society should not be advocating or encouraging the deliberate terminating of any human life at any stage of human existence.”

Esperanza Romera Martin (ID 196036540): “To respectfully offer other alternatives and help to desperate women and quietly pray in front of abortion clinics is not a protest and it doesn’t harass women. Abortion clinics is a great business and they make a lot of money through lying to women in an extremely vulnerable situation and telling them that there’s no other alternative; that if they stop taking their second pill, their babies will be deformed, that there’s no health issues afterwards.”

Nick Casey (ID 197081262): “We as anti abortion protesters do not intimidated or harass those going into these centres there isn't any evidence it is fiction made by the abortion providers .Many women are coerced into having a termination of their child they don't feel that there,s any help,when engaging with them giving them useful information some respond realising that our prayers & love for them are(not) judgemental & yes there,s a better way forward!”

Several respondents were of the view that adequate counselling is not provided within healthcare settings;

A GP, with 32 years experience, who wished to remain anonymous (ID 196897001): “I believe that legislation already exists to protect women. I believe that the potential punishments are draconian and do not match the offence.

I note that many women say that this decision is hard enough for them without coming under the pressure of the disapproval of others. It strikes me that this is their conscience working to bring them to the point of possibly changing their mind. If it was absolutely clear in their minds the presence of people around the clinic or hospital would not have such a dramatic effect. I also believe the NHS does not properly counsel women about the process and believe if they did, more might decide against abortion. I therefore believe the consent is not fully informed and should be questioned.”

Retired nurse and social worker, R. Youngman (ID 197310708): “I do not believe women are given a genuine choice or counselling at abortion clinics. The abortion providers,profit from carrying out abortions and therefore are prejudiced against women keeping their babies. Many would do so if they were offered appropriate support, which is what the pro let groups seek to do without any government funding. Many women carry lifelong guilt after an abortion.”

Debra Keogh (ID 196885176): There are women who, having been subjected to domestic abuse, are coerced into having an abortion against their will. These women need to know that there is help available to them should they want to change their mind. If having people on the street offering this service is too distressing for others then, rather than imposing buffer zones to prevent

some from accessing help to keep their baby, it would be more appropriate to provide a pro-life counselling service on site for any one who wishes to access it. This can be properly monitored for quality assurance. There is nothing heinous or cruel about offering a woman help to keep her baby. In the name of true choice such care should be available at all abortion facilities.

Freedom of Speech

A common concern among those opposed pertained to the rights of the protestors. 2117 respondents (66% of those providing textual responses who were opposed to the Bill) raised the issues of rights to protest, freedom of speech and freedom of religion. There was substantial concern among respondents that the legislation would lead to a “slippery slope”. Phrases used to describe the Bill in this context include ‘draconian’, ‘authoritarian’, ‘fascist’ and ‘infringement of freedom’. Among those who raised this issue there were many who quoted or otherwise cited the Human Rights Act and/or the European Convention on Human Rights;

Stephen Collins (ID 195047283): “Buffer zones are not necessary when existing legislation can deal with any issues. I believe it is a direct attack on civil rights which is guaranteed by the Human Rights Act 1989 and the European Convention on Human Rights. If harassment or intimidation are already criminal offences why then single out pro life vigils of which there is virtually no evidence of people associated with vigils carrying this out. With this bill it will only criminalise lawful and peaceful demonstrators and is a direct threat to freedom of speech.”

William Witt (ID 197067018): “Genuine freedom of belief must include the freedom to bear witness to your beliefs even though doing so may cause others offence or distress. Those who believe that human life is sacred and begins at conception not only have a right but a duty to tell these unfortunate women, in a peaceful, non-judgemental way, that what they are doing is wrong. I know someone who has taken part in one of these vigils so I know that they are not about intimidation but bearing witness to the truth that the unborn child is a fellow human being with as much right to life as the rest of us. Moreover practical help is offered to those having second thoughts or who have been pressurised into seeking an abortion. It would be an incredibly sad day for this country and for freedom if people who have the courage to bear witness to a deeply held but unpopular belief are ever treated as criminals deserving of up to two years imprisonment.”

Anonymous (ID 194684833): “To create a buffer zone ultimately leads to a road where you are restricting freedom of speech. The government are so one sided and never actually tell the public the truth and stats about abortions. If your adult enough to have an abortion then you can deal with others offering help. You are restricting freedom of speech and human rights to protest. It doesn’t matter the topic, these are rights in a truly ‘free’ society whether you like it or not.”

Anna Allan (ID 195298795): “Not only do you take away a persons right to object and voice an opinion publicly you are removing the opportunity for a person to change their choice . It’s a slippery slope which group will be next?”

Responses from professionals opposed to the Bill

A minority of respondents who identified themselves as professional were fully opposed the bill (37.1%). Of those, a large proportion stated their profession as counsellor, religious worker or clinician (including GP, midwife and emergency care provider). As with other individuals opposed to the bill, the key themes were objection to abortion access in principle, concerns around freedom of speech, and opinions that protestors offer a service to women.

Across the responses by professionals who were opposed to the Bill, including many healthcare professionals and religious professionals the main theme was a concern for freedom of speech;

Rev. Chris Willis (ID 197323748): I am deeply concerned and opposed to any bill which prevents freedom of polite and considered, non violent expression. This is a matter of deep conscience, and it is, in my opinion, wholly improper and damaging to a free society, a freedom it needs to be remembered, earned at great cost, even in living memory, to legally prevent peaceful vigil, protest, and 'The other voice' to be heard.

I am concerned that society is moving towards silencing voices that some do not want to be heard. Such a tendency is ultimately damaging to all.

A central part of our democracy is the freedom to disagree, to dissent, and to make our views known. A state that seeks to curtail such freedom is playing with a very dangerous policy.

A senior charge nurse who wished to remain anonymous (ID 196318888) “An abortion is a difficult procedure to have and the person having it must be completely sure of the decision they have made. If they are sure what they are doing is right for them a few people standing outside a clinic or hospital will not put them off. Also regardless of what you think of these protesters they have the right to assemble. This bill reduces the rights of the Scottish people to assemble, protest and limits freedom of speech.”

A GP wished to remain anonymous (ID 195048508) “This is an infringement on freedom of speech and religion and effectively removes one of few opportunities in Scotland to give the woman the alternative view on keeping her baby. Currently almost impossible to give this choice. The default is terminate the pregnancy if the pregnancy is unwanted no questions. Very often pregnancy no unwanted per se more inconvenient and happened because the woman was not using contraception. Abortion so readily available in Lothian it’s just another form of contraception.”

One retired legal professional A retired member of the English bar, including 10 years as a Crown Prosecutor, Victor F. J. Jordan (ID 196693542) highlighted current legal position stating:

“The proposal involves a very big interference with rights of protest. The problem could be dealt with by the presence of a police officer. The existence of offences mentioned in the consultation would enable the officer to intervene either by warning or before the criminal behaviour has progressed far. I do not think it is reasonable to object to prayer vigils or the singing of hymns

One must remember that there are large numbers of people, for instance students albeit a minority, who think abortion is wrong or being wrongly used. Those who attend the protests are people who feel exceptionally strongly in their opposition and are greatly distressed by its prevalence. Therefore their mental health and emotional wellbeing may well depend on their being able to bring the case against abortion to the attention of pregnant women.

We hear condemnation of past attitudes that led to unmarried mothers being pressured to allow their babies to be adopted. Women today are subjected to a culture of similar strength based on the idea of a woman's right to choose. The Supreme Court in *The Northern Ireland Human Rights Commission's Application*, [2018] UKSC 27, have expressed the considered view that the European Convention on Human Rights does not give a woman an absolute choice over abortion. Behaviour which does not involve physical obstruction, threats or abuse or violence or other behaviour already generally criminal is therefore a reasonable activity to dissuade women from having an abortion.”

Many felt that there was a lack of evidence, or that existing legislation was enough to prevent vulnerable people from being harassed or intimidated

Anonymous (ID 196906361) “Working in a maternity unit has given me opportunity to see first hand what individuals accused of ‘harassment’ are actually doing outside these buildings. They are not intimidating anyone, they are not shouting abuse at anyone and they are not harassing anyone. This broad sweeping law significantly reduces the right to freedom of speech and hinders many women from hearing they have other options. Most women have abortions because they are afraid, they feel that ultimately they have no choice. If true intimidation happens then there are already laws to deal with this. This proposed change is unnecessary and not democratic in a country which should value free speech and the protection of vulnerable women.”

GP, who wishes to remain anonymous (ID 194637596): “Harassment, intimidation & threatening behaviour are already criminal offenses. These proposals represent a threat to everyone's freedom of speech, & outlaw peaceful pro-life witness which has enabled many women to keep their babies,& to find the help that they need in an hour of crisis by providing them with a legitimate alternative. Many women have long-term regrets for aborting their babies, leading to depression, guilt & shame when they come to realize that it's not just " a lump of cells " but a real person in their wombs. “

Psychologist, Dr John Jamieson (ID 196769797): “I think the law is currently sufficiently robust to be able to protect people from peaceful protestors who happen to disagree with possible actions about to be taken by those they are protesting against.”

Minister of religion Bruno Murphy (ID 195751226) “I do not see any reason for changing existing law, which already prohibits anti-social behaviour such as harassment and intimidation.

I have some experience of witnessing pro-life vigils outside abortion clinics, and I have never seen anything like intimidation. On the contrary, I was struck by the calm of the persons who staged these vigils.

My own experience is that many women who approach abortion clinics are far from convinced about the course of action they are pursuing. Later, many regret what they did. When they sought an abortion, they were perhaps in very difficult circumstances. To have had access to a different view of abortion and alternative ways forward at the time would have been very helpful.

Others, were opposed to abortion in principle. The responses given below are a small example, and are broadly reflective of the type of comments received from professionals fully opposed to the Bill:

Occupational health nurse, who wished to remain anonymous (ID 196892410): “The decision to terminate life of another person (a fetus is a human being) in my opinion is too final a solution. Every opportunity giving support and information must be offered to the Mother and Father of the child for reconsideration and an alternative to termination of the unborn child. Thereby promoting life and preventing future regrets and ill health physically and or psychologically.”

Lawyer with knowledge of abortion law (id 196121951) “Abortion, per se, is wrong, because it is a form of KILLING another individual deliberately. Those Pro-Life people are merely exercising their freedom of expression. The proposed Bill would likely curtail this freedom of expression, which goes against the constitutional rights of those expressing it.”

Responses from academics opposed to the Bill

Academics who were opposed to the Bill (53 individuals – 45.3% of academics who responded) tended to give their area of expertise as philosophy, ethics or theology. On the whole responses were reflective of other individuals as stated above with many drawing on the themes of free speech and the requirement to offer help to women. Few responses drew on the academic’s knowledge, expertise or relevant research of the subject. The following responses are broadly typical of the responses received from academics fully opposed to the Bill:

Lecturer in Philosophy, Dr Andrew Beards (ID 196955246); “I believe such gatherings do not offer threats or intimidation to persons concerned but rather

witness to a vital moral point of view and provide the opportunity, if desired, for very sensitive and experienced dialogue and discussion with women in a most difficult moment in their lives.

Such a bill therefore poses a threat to a civil liberty of public expression, in a peaceful and orderly fashion, of a strongly held moral position.”

Lecturer in adult nursing, Martin Murray (ID 195880626); “The proposed legislation is unnecessary as existing legislation is adequate to deal with any problems that might arise at pro-life events. The proposed legislation is contrary to the human Rights Act 1998. These proposals threaten to criminalise lawful peaceful expression and are a threat to freedom of speech.”

Moral philosopher, Dr Andrew Kirk (ID 197290657): “The proposal is based on two erroneous assumptions, set out in Gillian Mackay's Foreword. Firstly that abortion is a matter of healthcare. When a woman presents herself at an abortion clinic without any personal health problem or physical problem for the unborn child, no matter of health is a reality. Only in the case where the mother's life may be under threat because of the pregnancy could it become a health concern. To call abortion a matter of healthcare is a euphemism, i.e. language wrapped up to attempt to delude the public in thinking that this is a normal part of medical care. The only healthcare that the woman needs is the careful monitoring of her health and that of the unborn infant.

Secondly, that this law being proposed "is not about the moral right and wrong of abortion". This is plainly an attempt to negate the reason why some people seek to persuade pregnant women from undergoing the termination of their pregnancy. It is to be noted that nowhere in the publication setting out the reasons for the Bill is the living human being considered. It is a fact of international law that the pre-born baby has a right to be protected (see The UN's Covenant on the Rights of the Child, last confirmed in 1988). The Bill follows the misunderstanding perpetrated by the pro-abortion lobby that the woman's choice is simply a matter of exercising their bodily autonomy. The baby is only a part of their body during the period of gestation (9 months). It is not part of their body in the sense that they were born possessing it (as though it were their liver, kidneys, eyes and ears). Abortion is a moral evil, because it falsely denies the personhood of the living being whose life is about to be ended. This is a simple fact of biology.”

Biologist, Andrew Lack (ID 196966238): “Peaceful demonstration is a normal right. Women often feel they have no choice but to have an abortion and are confused. These people show that there can be a choice. The women concerned need not heed it but should know that it is there.”

Organisations fully opposed to the bill

A minority of the organisations that responded to the consultation were fully opposed to the Bill (16 organisations – 30.8% of organisations). Of these organisations, the vast majority were either specifically religious organisations, or were organisations clearly linked to a particular religion¹⁴.

The views of the organisations were broadly reflective of the views of individual respondents.

The organisation The Helpers of God's Precious Infants (ID 197325288) reflected the views of many respondents stating that existing legislation is sufficient, going on to raise concerns over freedom of speech;

“Our organisation has existed in the UK since the year 2000.

In 22 years of praying outside abortion centres, there has never been any criminal offence.

Scotland has sufficient current legislation to handle any problems, should any arise. This proposal is a direct attack on civil rights guaranteed by the Human Rights Act 1998 and the European Convention on Human Rights. These proposals seek to criminalise lawful, peaceful pro-life witness and as such represent a threat to everyone’s freedom of speech.

In 2017, the Home Office considered the arguments for buffer zones but rejected them because they were unnecessary — existing legislation is capable of addressing any problems that might arise — they would be a disproportionate response to the complaints of abortion advocates and they represent an unwarranted infringement of fundamental human rights guaranteed in law such as freedom of expression and freedom of assembly.”

Several organisations raised multiple issues in their response to this question, generally these were freedom of speech, existing legislation, and an objection to abortion in principle. The response from the Catholic Bishops' Conference of Scotland (ID 197331403) reflected the views of many individual respondents who were ‘fully opposed’ to the Bill.;

“We are opposed to the proposed Bill in principle. The proposals are disproportionate and a threat to civil liberties, specifically: free expression (including the right to receive and impart information and ideas without interference by public authority) and freedom of assembly. There is also a potential clash with the right to freedom of thought, conscience and religion. Existing law is adequate to deal with any problems which may arise at public gatherings. The Police, who lead in this area, are not calling for more powers.

¹⁴ The organisations fully opposed to the proposal were: ADF UK; Archdiocese of St Andrews & Edinburgh; Cardinal Winning Pro-life Initiative / Rachels Vineyard; Catholic Bishops’ Conference of Scotland; Catholic Truth; Christian Medical Fellowship; Compassion Scotland; Evangelical Alliance Scotland; Family Education Trust; North Edinburgh Reformed Presbyterian Church; Reformed Presbyterian Church of Scotland; Right to Life UK, SPUC, The Christian Institute; The Free Church of Scotland; and The Helpers of God’s Precious Infants.

The proposal claims that “abortion service users and providers are still experiencing harassment, alarm and distress outside healthcare facilities.”

The following legislation already exists in relation to complaints of harassment, alarm and distress, and may be used by police if necessary:

- The Protection from Harassment Act 1997 is relevant in that it exists to protect people from harassment by the creation of non-harassment orders which, if breached, may result in a prison sentence of up to five years.
- The Criminal Justice and Licensing (Scotland) Act 2010 is also relevant as it establishes an offence of threatening and abusive behaviour which is likely to cause fear and alarm.
- The Antisocial Behaviour etc (Scotland) Act 2004 allows police to issue a dispersal order where there is public alarm or distress.
- The Public Order Act 1986 gives police in Scotland the power to impose conditions on public processions and public assemblies.

The proposal raises question marks over the future of public gatherings at other locations which relate to activities that people find morally objectionable, such as Faslane and Dungavel Detention Centre.

In responding to this consultation, we would also like to address the morality of abortion. Every society ought to accept and defend human dignity through its laws and every other just means available, starting with the protection of innocent life, which includes the right of the child to develop in his or her mother’s womb from the moment of conception. If we are to be the caring and compassionate society we aspire to be, upholding the sanctity and dignity of all human life must be the foundational principle upon which that aspiration rests. An unborn life, once taken, can never be restored.”

The organisation Right to Life UK (response no.49, received by email), in their comments raised concerns about banning peaceful prayer and, like many individuals, suggested that the protests offer ‘help’. The response goes on to question the need for the Bill and concern that expressing an opinion may result in criminalisation, before stating that other organisations also have concerns. A full and detailed response is available on the consultation website¹⁵ a short excerpt is provided here:

“In summary, we believe that effectively banning volunteers from peacefully praying and offering support to women entering abortion clinics via nationwide censorship zones (also known as ‘buffer’ or ‘safe’ zones) is a disproportionate response to the ‘problems’ outlined in the consultation document and would prevent some women from receiving assistance they may actually want. Indeed, hundreds of women have been helped by pro-life vigils...

It is not clear what the proposed bill will actually say, and, so far as it is outlined in the consultation document, it appears to be so broadly worded that

¹⁵The full responses are available at: <https://www.bufferzones.scot/consultation-results>

it risks criminalising people who merely express an opinion outside a facility carrying out abortions. Indeed, while it is claimed that “this is not about the moral right or wrong of abortion,” the proposal does effectively make such a judgement in that it seeks to prohibit the peaceful actions of those who feel that abortion is morally questionable and who hold deep convictions on the matter, religious or otherwise.

Crucially, the proposal does not distinguish between activities causing harm and activities with which people may disagree. This is a vital distinction, given the extremely serious proposed criminal offence.

Finally it is worth noting that while there is a perception that this is a ‘pro-choice’ or ‘pro-life’ issue, it is not just pro-life advocates who oppose censorship zones. For example, as noted above, Liberty, a human rights group that supports abortion access, have expressed concerns over buffer zones, along with a number of prominent campaigners including the likes of Peter Tatchell, Index on Censorship, Big Brother Watch, the Freedom Association and the Manifesto Club.

Polling shows there is little public support for introducing nationwide buffer zones. A June 2021 poll undertaken by SavantaComRes shows that only 30% of the Scottish population support introducing ‘buffer’ zones around abortion clinics nationwide.”

Neutral, unsure and no collective view

A very small number of respondents stated they were either neutral (10 respondents, 0.1%) or unsure (24 respondents, 0.2%) 23 respondents did not give a response. This included one organisation that selected the “**Neutral**” option; The Law Society of Scotland (response no.48, received by email). One organisation, the Church of Scotland (ID 196003766), that selected “**Unsure**”, in this case stating that they were of no collective view. One organisation, The Scottish Human Rights Commission (response no.47, received by email) did not submit a check-box response.

Some of the individuals who stated they were neutral or unsure went on to give text responses that indicated that they were in opposition to, or supportive of, the proposal. There were too few detailed textual responses to be able to draw any themes or topics.

The three organisations that gave neutral, unsure and no collective view responses did submit detailed text responses. The Law Society of Scotland and the Scottish Human Rights Commission were both highlighted the importance of human rights. In their response the Law Society of Scotland (response no.48, received by email) stated:

“We do not seek to adopt a policy position on the matter of safe access zones. However, it is important that any legislation in this area is robust and affords adequate protection to the fundamental rights of all involved.

We recognise that the current legislative landscape in Scotland does not appear to have been effective in addressing protests outside healthcare sites which provide abortion services.”

The organisation The Scottish Human Rights Commission (response no.47, received by email) submitted a detailed report¹⁶ in response to the consultation, an excerpt of the executive summary of that report is provided here;

“It is not the case that human rights law prevents limits on the ability to protest. However, the rights exercised by protestors are fundamental to democratic society and any restrictions must be narrowly justified and well-evidenced to meet the requirement of proportionality.

The Commission therefore supports the general proposition in favour of protection for individual access to abortion and the rights of those involved in the provision of healthcare. This could include restrictions on the location of protests that target individuals, provided that the need and negative impact of inaction is well-evidenced.”

¹⁶ The full responses are available at: <https://www.bufferzones.scot/consultation-results>

In their response the Church of Scotland (ID 196003766) stated concerns over access to health care, effect of the Bill on other forms of protest, and the different types of behaviour that may come under the terms of this Bill. They finish their response by suggesting mediation between the opposing groups concerned. The full response from The Church of Scotland can be found on the website, an excerpt has been provided here:

“... We note that supporters of the Bill have suggested that it is not about the pros and cons of abortion, but about how people can access and deliver healthcare services without fear of harassment. It is probable that some members of the Church of Scotland would have sympathy with this view. However, it is also probable that some members of the Church of Scotland would not consider abortion a normal medical service. It is not likely that there is consensus.

... A concern with the proposals in this Bill is what precedent might be set which might limit or create a chilling effect to deter protests on other issues, such as disarmament or immigration policy (which happen regularly at Faslane and Dungavel)... In our discussions the observation was made that a distinction could be drawn between arms/immigration protests and abortion protests, in that the former are aimed not at private individuals but at the policies of the state and those with power; the latter is aimed at people who are seeking medical advice or treatment, and those who are employed to provide such services.

... A reasonable person might find some of the invasive and hostile approaches such as direct confrontation and video recording to be unacceptable. However, they may consider a person praying silently with a candle to be acceptable. It may be hard to define activity on the face of the Bill. There might be parallels with legislation which regulates parades and marches in Northern Ireland, which allows for limited and restricted gatherings and expressions of religious beliefs or cultural affiliations in a way which aims to secure and uphold the public good.

Although we recognise it is not within the scope of this consultation on a proposed Bill, we might ask in the context of ‘is legislation the best tool’, What efforts have been made to seek to engage with those who are protesting? The Church, and church-related organisations involved in mediation and conflict dispute may be able to offer some channels for bridge building and communication that would be difficult for state or secular organisations to provide. From our tradition of the Reformed Church the involvement of faith leaders should not just be based on religious teaching but with an acknowledgement that clergy have a particular experience of walking alongside and speaking with people from all walks of life and at every stage and especially at moments of crisis and turmoil. This provides a particular perspective and wisdom which is worth honouring.”

Question 10

What is your view of the proposal for safe access zones being introduced at all healthcare settings that provide abortion services throughout Scotland (Fully supportive, partially supportive, neutral, partially opposed, fully opposed, unsure)? Please explain the reasons for your response.

11,850 respondents (99.8% of those who responded) answered this question, including 50 of the 52 organisations that responded to the consultation.

A majority of respondents (6678 – 56.4%) were fully supportive of the proposal (including 32 organisations – 64 % of the organisations that responded). A further 40 respondents (0.3%) were partially supportive (including one organisation – 2% of organisations).

5004 (42.2%) were fully opposed to the proposal (including 16 organisations – 32%), with a further 71 respondents (0.6%) partially opposed.

33 (0.2%) were neutral (one organisation - 2%). 24 respondents (0.2%) were unsure.

The overwhelming majority of responses mirrored the views the respondent had expressed in answer to question nine. 99% of those supportive of this proposal were supportive of the Bill, 98.8% of those opposed to this proposal were also opposed to the Bill.

Reasons for supporting the proposal

Of those supportive of this part of the proposal the overwhelming majority repeated comments or themes that had been seen in response to the previous question. Of those directly addressing the question of safe access zones being introduced at all healthcare settings that provide abortion services throughout Scotland the main themes that emerged were;

- the need to **prevent loopholes and postcode lotteries**;
- that a **blanket ban would prevent anti-abortion protestors at new or smaller clinics**;
- that **alternative locations are more appropriate for protest**, for example at the Scottish Parliament building; some responses suggesting that protesting in alternative locations would have less impact on vulnerable service users;
- that due to the geography of Scotland and with specific **concern for those living in remote and rural areas**, all locations should be covered;

Several respondents who fully or partially supported the proposal stated that they would like measures to go further by covering **all healthcare settings**, not just those that provide abortion services.

The organisation Scottish Women's Aid (ID 196136835), in a response which echoed many individual respondents, summarised its views on why it supports the proposal as follows:

“We agree that safe access zones should be introduced at all providers of abortion services. If zones were restricted to healthcare settings which have experienced protests and harassment of service users in the past, there is a danger that demonstrators would just move their activities to outside the premises of other service providers where bans were not in place.

Similarly, organisation MSI Reproductive Choices UK (ID 197233788) reflected on their experience with safe zones in England stating:

“This would address the harassment experienced outside clinics in Scotland without creating a postcode lottery which could reinforce existing inequalities and stigmatise certain forms of care. (For example, if not all facilities are protected, and harassment occurs in more deprived areas or outside clinics which provide care at a later gestation, if and when later services become available across Scotland.)

It should not be left at the discretion of individual health boards, as they have varying degrees of understanding regarding the scale and impact of the problem.

In England, we have seen that when a safe zone or buffer zone is introduced in one local area, the anti-choice groups move to another location and harass those women instead.”

The Faculty of Sexual & Reproductive Healthcare (FSRH) (ID 197248633) also highlighted the importance of buffer zones being implemented across all sites to save local authorities and NHS bodies from making individual applications, saving both time and resources. Grampian Regional Equality Council (GREC) (ID 197378713) reflected that there have been legal questions over the feasibility of using byelaws to implement buffer zones and that the Bill would better address the issue.

Reasons for opposing the proposal

Of those opposing or partially opposing the proposal the overwhelming majority repeated the types of comments that had been seen in response to the earlier question. A common theme across all questions was objecting to abortion in principle and in this question, objecting to the term ‘safe zones’ on principle.

Other main themes among responses opposing the proposal included;

- that **restrictions should not be in place on public land**, with many linking this to the erosion of freedom of speech;
- that protests offer those seeking abortion **another choice**¹⁷, some respondents emphasised that outside a clinic was the last possible opportunity, others stated that women are entitled to hear another point of view;

¹⁷ 2084 individuals, 65% of those providing textual responses who were opposed to the Bill stated at some point in their response that protestors offer ‘information’, ‘a choice’, ‘support’, ‘counselling’ or ‘help’ to those seeking abortion which would be otherwise be unavailable.

- that there is **no sufficient evidence** to justify such measures being put in place;

Some examples typical of those opposed to this part of proposal are given below:

Andrew Fraser (ID 194822942) "Safe access zone" suggests that pro-life vigils present a danger to women which is not the case and there is no evidence to justify the accusations of anti-social behaviour"

Anonymous (ID 195715098): "If the areas concerned and on public highways then there should be no restrictions. I understand restrictions on private or hospital property. If we start restricting free speech like this - where does it stop?"

Sarah Maxwell-Wood (ID 197433332): "It may be the last possible opportunity for help to be offered to a woman on her way into an abortion facility, perhaps feeling pressured or even being coerced; she will certainly not be given a true picture about the 'procedure' or it's possible consequences for her future health, as in any other medical procedure. She needs to be given real choice, especially when she may feel there is none."

Rosemary Barrett (ID 194752767): "I have been a GP for over 30years and have numerous female patients who have regretted their abortions. I have been involved in their post-abortion care, treating their subsequent mental health issues.

Many were unsure about having an abortion in the first place but felt it was the only option open to them.

I believe in my patients having a real choice and they can only have that if they are aware of the alternatives to abortion, the availability of financial assistance and the possible harm to their mental health.

These peaceful vigils may be the only opportunity that some women will have to hear about this."

The response from the organisation Archdiocese of St Andrews & Edinburgh (ID 197258216) stated that the problem is not widespread and so the proposal would be disproportionate. Several organisations against the proposal stated that there is no evidence of harassment taking place, this theme was echoed throughout responses from organisations and individuals alike who were opposed to the Bill, as an example, The Christian Institute (ID 197326706) gave a detailed response¹⁸, an excerpt is provided here:

"To implement a blanket ban on any pro-life presence near abortion providers, without any evidence of intimidation or harassment is disproportionate. Legislation already exists which permits local authorities to create censorship zones. A local, targeted response to genuinely problematic behaviour would be much more appropriate than blanket 'safe access zones'...."

¹⁸ The full responses are available at: <https://www.bufferzones.scot/consultation-results>

Many of the concerns raised by those opposed to the proposal are reflected in this excerpt of the response from the organisation The Free Church of Scotland (ID 197329861):

The use of the term “safe access zone” is designed to create an impression that pro-life vigils present a danger to women. This is false and in fact in many cases they offer emotional and practical support to women facing difficult decisions. We know that many women attend an abortion clinic because they feel they have no other choice. If the proposals became law, women would be denied signposting for life-affirming emotional and practical support in the place where they need it most

... There is no evidence of widespread protests or harassment and intimidation. Accordingly, it is simply not necessary to introduce exclusion zones around every healthcare setting in Scotland.

...It is also the case that the areas outside many hospitals and clinics are public land and preventing the free assembly of citizens and the exchange of information on public land is an unjustified interference with Human Rights and undermines a free and open democratic society. Exclusion zones are intended to silence those who hold opinions abortion advocates find offensive...”

Reasons for ‘unsure’ or neutral response

The vast majority of individuals selecting ‘unsure’ or ‘neutral’ for this proposal were otherwise in opposition to the Bill¹⁹ and gave comments which reflected that position. Many of these respondents stated their opposition to abortion, or raised issue with the term ‘safe access zones’

Example from an individual who selected **unsure**:

Anonymous (ID197088962): “Depends what you mean. If the people who are praying are doing so quietly then there shouldn't be a problem with them being there. If one or two women ask the women approaching the premises whether they would like the chance to talk to someone, then that should not be a problem. Access will be safe. If what you want is to have these people out of the way so the women approaching the premises do not see them and never find out that they have other options besides abortion, then I am totally opposed to what you are trying to do. Abortion is mentally harmful to many women.”

Example from an individual who selected **neutral**:

Gordon Neil (ID 196888766) “This is a disingenuous and misleading association implying that genuine peaceful and respectful protest in some way

¹⁹ 79% of those who selected ‘neutral’ were opposed to the Bill, 67% of those who selected ‘unsure’ were opposed to the Bill.

threatens safe access to abortion health care settings. It has never done so and there is no evidence to suggest that it ever would. The safety and well being of those attending Health Care settings is the very reason that witness is required.”

In their **neutral** response the organisation Law Society of Scotland stated:

“Any legislative provisions which lead to a blanket ban may be more open to challenge on the basis of proportionality. It is not clear from the consultation document whether there is a need, on the basis of current activity, for safe access zones at all locations across Scotland.”

Question 11:

What is your view of the proposal for the 'precautionary' approach to be used, in which a safe access zone is implemented outside every site which provides abortion services (Fully supportive, Partially supportive, Neutral, Partially opposed, Fully opposed, Unsure)? Please explain the reasons for your response.

11,722 respondents (98.7% of the total) answered this question, including 50 of the 52 organisations that responded to the consultation.

A majority of respondents (6169 – 52.6%) were fully supportive of the proposal (including 32 organisations – 64 % of the organisations that responded). A further 188 (1.6%) were partially supportive.

4991 (42.6%) were fully opposed to the proposal (including 17 organisations – 34% of organisations who responded), with a further 78 (0.7%) partially opposed.

118 (1%) were neutral (1 organisation – 2% of organisations) and 178 (1.5%) were unsure.

The overwhelming majority of responses mirrored the views the respondent had expressed in answer to question nine. 99% of those supportive of this proposal were also supportive of the Bill. 98.1% of those opposed to this proposal were opposed to this Bill.

Reasons for supporting the proposal

Of those supportive of this part of the proposal many repeated comments or themes that had been seen in response to the previous questions. Of those directly addressing the question of a precautionary approach, the main themes included:

- that it would be better to be **proactive than reactive**;
- that it is important to **avoid a postcode lottery**, some respondents referred to avoiding a **'patchwork' approach**;
- that a precautionary approach would give 'peace of mind' to those requiring access to services;
- that a precautionary approach **prevents harassment before it has the chance to happen**;
- concern that if there is no precautionary approach that protest **groups may move** to other locations which do not have a 'safe access zone' in place;
- that this would **send a clear message** to the protestors of how inappropriate their behaviour is and the harm they cause.

Many respondents echoed concerns they had expressed in answer to question 2- repeating that they would like measures to go further, and that a safe access zone should be introduced around all healthcare settings;

Gillian O'Neil (ID 191744337): "I think the buffer zone should apply to every healthcare facility. There is no justification for protesting directly outside any healthcare facility."

The City of Edinburgh Council (ID 193929350) were fully supportive of a precautionary approach and further stated that abortion services being provided in settings that were not healthcare-based should have the same benefits.

The Royal College of General Practitioners (ID 195457906) stated views echoed by many respondents in support of the proposal as follows:

"Due to the reported escalation in scale and tactics used by these groups, RCGP Scotland supports the precautionary approach to implement safe access zones outside all sites providing abortion services. Anti-abortion protests are known to be organised by multiple different groups from across the country. Some groups are known to travel across the country, and to be well funded. A patchwork approach to buffer zones could result in protest groups simply moving their activity to sites not protected by legislation. We recognise the arguments made that the existing pieces of legislation are insufficient in protecting abortion service users, healthcare professionals and clinic staff. These include the creation of a postcode lottery effect, issues of practicability, high costs incurred, and only being effective retrospectively after the intimidation has already occurred."

Reasons for opposing the proposal

Of those fully opposed or partially opposed to the proposal many repeated the types of comments that had been seen in response to the earlier questions. A common theme across all questions in the consultation was objecting to abortion in principle. Similarly, across all questions those who were fully or partially opposed to the proposal stated that there is no evidence of any harassment taking place.

Of those respondents who were opposed, and directly addressed the above question, the main theme was that it is **unjust to restrict freedoms** when a crime has not been committed. See examples below;

Catholic Priest, James Flynn (ID 195291253): "What does it mean by "precautionary"? It is intended to punish people in the pro-life vigils without them having committed an offence. A crime can only be punished AFTER it has been committed. How can you declare a gathering like this to be "criminal"? What is the evidence of the crime? Once again it is an example of "rule by law" reminiscent of Communist and Fascist societies. "A summary conviction for breaching a buffer zone for the first time to imprisonment of a term not exceeding six months etc." Where on earth is Scotland heading?"

Antony Broughton (ID 195750005): "This approach would give the police the power to arrest a person before committing a crime, without the need for any evidence. This is unacceptable in what is supposed to be a free society, and would edge the country closer to totalitarian rule."

Anonymous (ID 197259569): Pro-life persons in Scotland are well known to be totally non aggressive and peaceful citizens. This 'precautionary' approach would punish people attending a vigil or gathering before any offence has been committed. It smarts of Stalinism rather than democracy.

The organisation The Free Church of Scotland (ID 197329861) shared the concerns of many individuals. The full response can be viewed on the website, an excerpt is provided here:

“The ‘precautionary’ approach is one of its most concerning aspects of the bill. It is designed to punish people attending pro-life vigils before any offence has been committed...

...this fundamentally undermines the rule of law - seeking to pre-emptively criminalise ordinary citizens without any evidence of criminal activity would set a dangerous precedent and has no place in a free and open democratic society.

The proposals would amount to a disproportionate breach of fundamental human rights. No evidence of a significant problem has been provided to justify a departure from Human Rights. The “precautionary approach” where mere occupation of public land could be a crime clearly infringes upon convention rights and no evidence has been provided of a significant problem to warrant such a radical interference.”

This response by the organisation Christian Medical Fellowship (ID 192789804), which highlights a common concern across the range of questions that individuals attending clinics are not offered counselling. Their response is reflective of many of the views given in opposition to the proposal;

“Let those guilty of harassment be dealt with appropriately, by the police. There are examples of women in turmoil over their decision to abort, who have found it most helpful to be able to chat to someone outside an abortion centre. Someone caring, supportive and non-judgmental. Some women have been able to talk about the conflict they feel, or the coercion they are under, or their fear of never being able to forgive themselves if they go through with the termination. Some have even changed their mind as a result and found the support to continue their pregnancy.

Non-directive counselling should be offered by the staff in the abortion centre. However, it is in practice very difficult for staff to offer truly impartial advice in this situation, as the decision to work for an abortion provider is itself a profoundly moral choice. A staff member working for an abortion provider therefore cannot be said to be morally neutral. Literature offering the services of an independent and alternative pregnancy crisis centre, for instance, should be available to women if they wish to receive it.”

Reasons for 'unsure' or 'neutral' response

Of those who selected an 'unsure' response (178 -1.5%) or 'neutral' response (118 - 1%) to this question the vast majority were otherwise supportive of the Bill²⁰.

It was clear from the responses that many were confused by the framing of the question.

Others shared the views that indicated they were either in favour of the proposal or against the proposal, examples are given below and are broadly reflective of the type of comments received by those who selected 'unsure' or 'neutral';

Unsure - Paul Brady (ID 194941212): "I think free access must be maintained but this should be negotiated rather than forced. Persons who wish to assemble with desire and intent to provide alternative responses to crisis pregnancies should not be herded away like they are committing a crime."

Neutral - Chloe Alcorn (ID 191718709) "Why precaution? There should just be safe access to all health services everywhere"

²⁰ 72% of those who selected 'neutral' were supportive of the Bill, 80% of those who selected 'unsure' were supportive of the Bill.

Question 12:

What is your view of the proposed standard size of a safe access zone being 150 metres around entrances to buildings which provide or house abortion services? (Yes – Support this part of the proposal, No – Believe they should be a different standard size, No – Believe the size should be decided based on each site, No – Do not support the introduction of safe access zones in any form, Unsure, Other – please detail below). Please explain the reasons for your response.

11759 respondents (99% of the total) answered this question, including 49 of the 52 organisations that responded to the consultation.

4563 (38.8%) were fully supportive of this part of the proposal (including 22 organisations – 44.9% of the organisations that responded).

625 (5.3%) believed that safe access zones should be a different standard size (including 3 organisations – 6.1% of organisations).

1189 (10.1%) believed the size should be decided based on each site (including 4 organisations – 8.2% of organisations).

4953 – 42.1% did not support the introduction of safe access zones in any form (including 16 organisations – 32.7% of organisations).

277 (2.4%) were unsure (3 organisations – 6% of organisations).

152 (1.3%) selected 'other' (including one organisation – 2% of organisations).

The overwhelming majority of responses mirrored the views the respondent had expressed in answer to question nine. 99.3% of those who selected "Yes – Support this part of the proposal" were also supportive of the Bill. 98.8% of those who selected 'No – Do not support the introduction of safe access zones in any form' were also opposed to the Bill.

Reasons for supporting the proposal

Of those respondents who selected '**Yes – Support this part of the proposal**' (38.8%) the main themes included;

- that 150m seems proportionate and sensible; and
- that this is the distance used in other jurisdictions with safe access zones, and many respondents indicated they felt it wise to follow precedent;

Paul Medley (ID 196931313): "This seems adequate and proportionate. However there should be provision to increase in some locations if a good case can be made for doing so."

Amy McNally (ID 194284110): "I think this is a reasonable distance given that it is similar in other countries"

Anonymous (ID 191707009) “Seems a reasonable distance, though believe there should be some variation depending on layout of area e.g. if there happened to be a bottleneck that service users would need to pass through and was more than 150m from building.”

Several respondents, as the example above reflects, stated that some sites may need different provision, or that 150m should be seen as a minimum distance. These points of view overlaps considerably with responses to the options ‘**No- Believe they should be a different standard size**’ and ‘**No – Believe the size should be decided based on each site**’

The organisation, The Humanist Society Scotland (ID 197055973), wrote a detailed response which is reflective of many individual responses from those in support of this part of the proposal;

“One hundred and fifty-metre buffer zones that begin at the perimeter of the sites in question have been suggested by BPAS and Back Off Scotland. This distance would give all patients and staff at clinics or hospitals providing abortion services with the option to arrive by car or public transport and avoid walking past the protestors.

One hundred and fifty-metre buffer zones would provide sufficient distance so that those being treated or working at the sites would be unable to hear or see the protestors from inside. This change would greatly reduce pressure and stress for both staff and patients at these facilities. For example, at the Queen Elizabeth University Hospital in Glasgow, a significant portion of the maternity unit has windows facing the area where protestors congregate, and vocal protests from the group can often be heard in these wards, causing distress to both patients and staff. The 150-metre buffer zone would protect them from this.

One hundred and fifty metres is also in line with buffer zones introduced in territories that have similar laws such as Melbourne, Australia, and Ontario. We think that it makes sense to follow the lead of other similar restrictions that have been proven to protect clinic users without resulting in unfair restrictions on the rights of protestors.”

Reasons for partially supporting the proposal

The vast majority of respondents partially supportive of this proposal were also supportive of the Bill²¹. Respondents who selected ‘**No – Believe they should be decided based on each site**’ and ‘**No – Believe they should be a different standard size**’ stated similar concerns and common themes emerged between the two responses. As such responses to these two options have been analysed together.

²¹ 97.1% of those who selected ‘**No – Believe they should be a different standard size**’ were supportive of the Bill, 94.4% of those who selected ‘**No – Believe the size should be decided based on each site**’ were supportive of the Bill.

Themes emerging from the responses included;

- that **150m is inadequate for many settings**; some respondents reflected on local knowledge of particular sites for which they felt 150m would be an insufficient distance
- that any **safe access zone should cover carparks, bus-stops or other access routes** that would be used by those accessing services; in stating this view, many reflected that 150m would not be sufficient;
- that **protestors could still make themselves heard**, such as by using loudspeaker system and as such 150m is inadequate;
- that any protest must be far enough away from hospital grounds to not be visible; many respondents stated that 150m would not be sufficient.

Some example response are given below;

Doctor, Keziah Lewis (ID 191769008): I fear 150m may not be enough in places like the QEUH where maternity services are far from the entrance to the hospital. The 150m should be from the entrance to the hospital / land on which the health services is being provided.”

Radiographer, Katrina Kettlewell (ID 194170326): “I believe the safe zone should be larger, especially for larger sites where women/people with uteri may have to walk a distance to access services and may have to walk past demonstrations.”

Anonymous (ID 197269686): “I believe that 150m is inadequate and should be substantially more than this. Objectors with PA can easily be heard from 150m”

Sexual health worker, Anonymous, (ID 193520691): “I think this is not big enough . As in case of Ninewells hospital even if 150m away from entrance because the way the hospital is accessed the demonstrators would still be very visible

I think it should be standard as otherwise this may create delay”

A very small number of respondents suggested that in some cases the safe access zone could be smaller and still effective, such as in built up areas where 100m might be sufficient.

As the examples above show, the overwhelming majority of those selecting one of these two options (**‘No – Believe they should be decided based on each site’** and **‘No – Believe they should be a different standard size’**) went on to state that a safe access zone should be larger. Some going on to give suggestions of a more appropriate size. These suggestions mostly ranged from 300m to 500m however a few individuals, including several clinicians, suggested 1km should be the minimum size for a safe access zone. As an example, retired midwife, anonymous (ID 194134748) stated: “Personally I wouldn't let them protest within 1km of a site .”

In their response, selecting '**No – Believe they should be a different standard size**', the organisation British Pregnancy Advisory Service (BPAS) (ID 197221377) called for the zone to be larger, in reflection of recent research. The full response from British Pregnancy Advisory Service (BPAS) is available on the website, an excerpt is provided here;

“... Recent scoping work undertaken by BPAS and Back Off Scotland has shown that 150-meters is a sufficient distance for all medical facilities providing abortion in Scotland apart from the Queen Elizabeth University Hospital in Glasgow. 150-meters from the perimeter of this site would leave a small area of pavement on Hardgate Road (which you have to travel down to access services) available to protest on outwith the suggested 150 meters. Therefore, we believe that in the interest of the Bill, the safe access zones should be extended to between 175 meters and 200 meters to make sure that we fulfill the Bill’s aims and protect all patients and staff accessing services.”

The response from the organisation Unite The Union Not for Profit Sector Branch (ID 197157584) '**No – Believe the size should be decided based on each site**'. Is broadly reflective of many respondents' comments who were partially supportive of this part of the proposal;

“There is a need to allow individual risk assessment on each NHS site which would meet the requirements around Health and Safety legislation and NHS Policy. To allow a full risk assessment for each site to ensure that patients and staff can approach each NHS site confident in the knowledge that there will be no impediment by anti-choice protestors. There are huge differences among the NHS facilities providing abortion services around Scotland with individual geographical locations varying. Some are on busy city centre streets with complex transport considerations, some are within complex NHS facilities, which provide a variety of in-patient and out-patient facilities. A one size fits all approach will not necessarily be the best and would not offer the options required in order to ensure the legislation is successful in every case.

A fixed 150m distance would be large enough in some cases, for example the Queen Elizabeth University Hospital, Glasgow. The wording on any legislation should offer flexibility regarding distances, take account of all approaches within the hospital, include public transport access, car parking and visual and auditory assessments from all aspects of the buildings providing abortion services.”

Reasons for opposing the proposal

Of those opposed to the proposal many repeated the types of comments that had been given in response to the earlier questions. A common theme across all questions in the consultation was objecting to abortion in principle. Similarly, across all questions those who were fully or partially against the proposal stated that there is no evidence of any harassment taking place;

Anonymous (ID 195867363): "Obviously, if people think they need "safe zones", they know they are committing a crime -- which abortion is. It's murder. Period."

The vast majority of those who oppose this part of the proposal stated that there was simply no need for safe access zones;

Carole Ann Cannon (ID 196802323): "As there is no evidence of harassment or intimidation, there is no need for buffer zones. How can a group of people standing praying become a criminal offence. Why should such people be threatened with a term of imprisonment or a fine or both for simply praying for an end to the practice of abortion and being available to offer help and support to any woman who approaches them and asks for their help or information."

Minister of religion, Bruno Murphy (ID 195751226): "Any form of safe access zone is unnecessary, unreasonable and unjust.

We should not allow fear of different views to turn the land around healthcare facilities into something that suggests tension, strife and violence."

Some who selected '**No - Do not support the introduction of safe access zones in any form**' stated that the size was far too large and showed concern that it would impact on nearby places of worship (Glasgow Cathedral was frequently cited) and private homes;

Zander Moncrieff (ID 196646727): 150meters is far too large, if introduced at Glasgow Royal infirmary, Glasgow cathedral would be breaching this legislation by practicing their human right to religious freedom within their own premises. They could no longer discuss or have any representations of abortion within their church. This would not be an isolated case, and therefore this would be in breach of the human right to freedom of religion. Considering the scale of NHS properties, there is no clarity on which properties will and will not be covered by this legislation, a grave oversight. And by no means should local authorities be allowed to increase the size of these zones arbitrarily."

Louise Gray (ID 196995650): "It is ridiculous and unworkable to introduce an arbitrary nationwide 150m radius buffer zone as this would extend prohibitions to numerous sites within the areas including churches, community halls and hospital chaplaincy. For example Glasgow Royal Infirmary where 150m buffer zone would encompass Glasgow Cathedral. The proposal suggests granting councils the power to extend the zones dependant on site without any form of accountability or mechanism for review. The Bill does not therefore provide details on how local councils can satisfy the requirements of proportionality which would involve identifying various options available and choosing the one which is least restrictive of a person's human rights to achieve a legitimate aim. The Bill could therefore be granting power unrestrained and open to abuse."

These same concerns were echoed in responses from the organisation Compassion Scotland (ID 197092478);

“Firstly, buffer zones directly impinge on freedom of religion. In built up areas, 150m buffer zones would often extend to cover other locations including churches, cathedrals, schools, residential homes, hospital chaplaincies etc. For example a 150m buffer zone at Glasgow Royal Infirmary would include Glasgow Cathedral. Outside their own church building it would therefore be a criminal offence to provide leaflets to women considering abortion, offer any form of support or even silently pray.

Secondly, this consultation does not clearly define which healthcare settings would need buffer zones. Any site that provides abortion services as stated in the consultation would include every hospital, sexual health clinic, GP surgery, pharmacy and even many homes across Scotland (due to at-home abortions).

Finally, it is deeply alarming that there are proposals to allow local authorities to have the right to extend these zones even further to any size if they so wish.”

The organisation SPUC (response 46. submitted by email) provided a bulleted list of comments which summarise the views of others who selected ‘**No - Do not support the introduction of safe access zones in any form**’. Though it should be noted, the comments provided here are generic views against the Bill which were raised by individuals at every question across the consultation;

- “- Buffer zones are unnecessary, existing legislation is capable of addressing any problems that might arise at pro-life events.
- This proposal is a direct attack on civil rights guaranteed by the Human Rights Act 1998 and the European Convention on Human Rights.
- Harassment, intimidation and threatening behaviour are already criminal offences. There is no evidence that people taking part in pro-life vigils engage in any of these offences.
- These proposals seek to criminalise lawful, peaceful protest and as such represent a threat to everyone’s freedom of speech.
- This proposal is part of the war on free speech promoted by cancel culture.
- It targets peaceful citizens, not because of anti-social behaviour but for their religious and political views.”

Reasons for ‘unsure’ or ‘other’ response

A significant majority of those who answered **'Unsure'** were broadly supportive of the Bill²² and left comments that indicated such. However many suggested the distance was inadequate. This reflects the text responses given in the textual responses for those selecting **'Yes – support this part of the proposal'**, **'No – Believe they should be a different standard size'** and **'No – Believe they should be decided based on each site'**.

The following responses are typical of those who responded **'Unsure'**

Liz Albert (ID 191831785): “Not sure exactly how lines of sight can be measured, but if 150m works elsewhere in the world, it should work in Scotland too.”

Michelle Wylie (ID 191844053): “I don't want people to be impacted at any stage on their journey to the building providing the service. Allow marches and protests in line with other groups, e.g. gathering in a square or park, but not protests at or near the facility.”

Consultant in the field of sexual and reproductive health, who wishes to remain anonymous (ID 193546080) “I don't feel I know enough about the sites affected to know if this is sufficient. I would like to think that at every site, it should be possible for a patient to access the site and leave the site, by car, foot, bike or public transport, without having to see or interact with people holding a prayer vigil/protest. If 150m is far enough to make this feasible, then that is sufficient....”

Similarly, a significant proportion of those who selected **'Other'** were broadly supportive of the Bill, but left comments highlighting that they felt 150m was an inadequate distance, reflecting the responses given for **'Yes – support this part of the proposal'**, **'No – Believe they should be a different standard size'**, **'No – Believe they should be decided based on each site'** and **'Unsure'**. The following responses are typical of those who responded **'Other'**;

Eilidh King (ID 192280696) “150m should be the minimum but sites should be free to extend the distance if needed at that location.”

Amy Waterson (ID 194135386) “This sounds like a reasonable minimum distance but I would prefer further so the chance of individuals seeking abortion services coming into contact with these groups (perhaps en route to the centre) is minute.”

A minority of those selecting 'unsure' or 'other' indicated that they were opposed to the Bill and, as such, their responses tended to be aligned with those who opposed the proposal (as detailed above).

²² 81.9% of those who selected **'Unsure'** were supportive of the Bill, 72.4% of those who selected **'Other'** were supportive of the Bill.

Question 13

What is your view of the proposal to ban all protests including both protests in support of and those in opposition to:

A person's decision to access abortion services (ie a woman having an abortion) (Fully supportive, Partially supportive, Neutral, Partially opposed, Fully opposed, Unsure)?

Please explain the reasons for your response.

11,737 respondents (98.8% of the total) answered this question, including 49 of the 52 organisations that responded to the consultation.

4286 (36.5%) were fully supportive of the proposal (including 24 organisations – 49% of the organisations that responded). A further 658 (5.6%) were partially supportive (3 organisations – 6.1%).

5455 (46.5%) were fully opposed to the proposal (including 18 organisations – 36.7% of organisations), with a further 528 (4.5%) partially opposed.

491 (4.2%) were neutral (3 organisations – 6.1% of organisations) and 319 (2.7%) were unsure (1 organisation – 2% of organisations).

The majority of responses mirrored the views the respondent had expressed in answer to question nine. 98.8% of those supportive of this part of the proposal were also supportive of the Bill. 82.9% of those opposed to this part of the proposal were also opposed to the Bill.

Responses to Q13, Q14 and Q15 generally received identical answers. In analysing the responses attempt has been made to draw responses which answer the individual questions as they were stated.

Reasons for supporting the proposal

Reasons for supporting this proposal broadly reflected the reasons individuals gave for supporting the Bill more generally. The main themes that emerged which addressed this particular question were;

- that regardless of the intention of the protestors, **all protests are intimidating** for those accessing services;
- that individuals have **the right to access healthcare without fear of intimidation**;
- that all individuals have a **right to privacy**, and the right to a private family life;
- that **it isn't always possible to discern between the two protests** which can add to the anxiety experienced by individuals accessing the facilities
- that **Healthcare settings are not an appropriate** place for any kind of protest.

Abbie Guild (ID 194316684): “These protests (either for or against) are an intimidating sight for any woman trying to access healthcare. There is a place for protests in society but hospitals are not the place. I feel there will be less need for these protests in support of abortion when the buffer zones are in place.”

Mental health professional, Anonymous (ID 196945067) “Protests are not appropriate outside of a healthcare facility regardless of opinion...”

Anonymous (ID 194344354): “I think this falls under the qualified right to private family life. If we are banning assembly near healthcare facilities that offer abortion services, it should be equitable.”

Equality Consultant, Allan Reid, ID 194350419): It's not possible for the people accessing services to easily discern between 2 protests and either could make them feel unsafe and unwelcome.

Protests should not be allowed at public service buildings in which the public need to access to access the service. This makes it difficult to access these important services and infringes a person's right to privacy at a deeply personal and emotional time.”

Some respondents, particularly healthcare professionals raised concerns that protests seek to influence someone who is accessing abortion services;

GP, Dr Nóra Murray-Cavanagh (ID 196442810): “... Abortion is a legal right that women in Scotland can exercise. They should be able to do this without fear of intimidation and harassment. The choice to have an abortion is personal, and we already know that all options are discussed between the patient and abortion provider during the consultation. If any organisation wants to provide women with counselling, they should do so in a professional and regulated manner, not by the roadside outside the hospital.”

Clinical Pharmacist, Erin Fraser (ID 194377397): “People may have mixed feelings and emotions around the services they are seeking so it is important protests do not influences a person’s decision either way. Healthcare should be informative, objective and free of pressure.”

In a response informed by extensive research, academic researcher, Emily Ottley (ID 195519281) highlighted questions around consent and legal implications:

“Demonstrations outside clinics/hospitals are striking because the location suggests they are intended to affect the decisions of individuals to have an abortion, rather than to oppose abortion law or policy in any effective way. Abortion is a medical procedure, so the normal legal requirement that a refusal of/consent to the procedure must be voluntary applies.

Consent/refusal will not be voluntary where a pregnant person has been coerced or unduly influenced by demonstrators outside the clinic.

NB: If legislation only applied to so-called “pro-life” demonstrators opposing abortion, a potential applicant challenging buffer zone legislation under the ECHR may be able to rely on Article 14 (enjoyment of ECHR rights must be

secured without discrimination). It is therefore important to ban all protests including both protests in support of and those in opposition to a person's decision to access abortion services.”

Reasons for opposing the proposal

Those who fully opposed (5455 - 46.5%) or partially opposed (528 - 4.5%) the proposal were from two distinct points of view. The vast majority (82.9%) of those who opposed this proposal also opposed the Bill in its entirety. One sixth of those who opposed this proposal were otherwise supportive of the Bill (16.7%). These two distinct groups had different reasons for opposing this part of the proposal and so their responses were considered separately.

Of those who opposed this proposal and opposed the Bill in its entirety, main themes that emerged through text responses were similar to other themes apparent throughout the consultation responses. Main themes particularly relevant to the question included;

- that people have a **right to peaceful protest**; and
- that these are **not protests but are 'prayer vigils'** offering support²³.

Matt Meade, ID 196904419): Protests don't take place. They are peaceful prayer vigils. The evidence from Police Scotland and NHS Scotland support this.

Anonymous (ID 197422063): “Women are sometimes helped by having people here to talk to and they are often offered support and practical help. This may be very necessary for some women. To use the word ‘protest’ about these gatherings may be the wrong word. Many people who meet out side clinics in this way are concerned about women who may not have had chance to talk to anyone about their decision . They are often people who feel deeply about the value of life - both the woman’s and the unborn child.”

Gordon McFarlane (ID 194760924): “The right of either side to express views and protest is a fundamental one in any democracy, as long as it is appropriate and proportionate.”

The response from the organisation, Compassion Scotland (ID 197018826) was generally reflective of those who opposed this proposal and opposed the Bill;

“The right to peaceful protest is fundamental to a democracy because an inclusive society relies on the free exchange of ideas and opinions. Vigil groups often stand back from the clinics and are made up of older women who have had abortions themselves. Their right to show an alternative narrative should be protected and we believe this is also of benefit to women.”

²³ 2084 individuals, 65% of those providing textual responses who were opposed to the Bill stated at some point in their response that protestors offer ‘information’, ‘a choice’, ‘support’, ‘counselling’ or ‘help’ to those seeking abortion which would be otherwise be unavailable.

As stated above, a sixth of those who selected 'opposed' in this section were otherwise supportive of the Bill (16.7%) but expressed issue with this question in particular, reasons are explored below.

There was concern throughout the responses that this was a question on the legality of protests in general, rather than purely concerned with safe access zones outside healthcare settings that provide abortion services. There was general agreement that people deserved to have their views heard, but that healthcare facilities were not appropriate places for protest. This was also the case in many responses of those who were '**fully supportive**', '**partially supportive**', '**neutral**' or '**unsure**'. Typical examples are included below;

Anonymous (ID 191759404): "People have the right to express their opinions but just not outside Heath clinics. Protest at parliament."

Sarah (ID 194328510): "Everybody should have the right to protest for what they believe in. However, these should be in the appropriate times and places, e.g. not outside an abortion clinic."

There were a very small number of respondents who did not want restrictions on protests that were in support of a person's decision to access abortion services. Respondents of this view tended to highlight that these protests aim to empower women.

Amy Allard-Dunbar (ID 195717720): "I think that protests in support would be in some instances helpful and empowering but may also be overwhelming and harmful for those accessing the services so it is ultimately a difficult area."

Reasons for 'unsure' or 'neutral' response

In this question 6.9% of respondents selected unsure or neutral responses (2.7% and 4.2% respectively). The overwhelming majority of those selecting 'unsure' or 'neutral' were supportive of the Bill in general²⁴.

The main theme emerging from those selecting '**neutral**' was that free speech is important and that there should not be any consideration of banning protests beyond the proposed safe access zone. This was similar to views expressed across those supportive of the proposal. The following examples are broadly reflective of the types of comments received by those selecting '**neutral**' who were in favour of the Bill;

GP, Ruth McDonald (ID 192106457): "In the argument of free speech we need to allow protest , but should be well away from clinics"

Retired Nurse with experience of having to walk past protests to enter their place of work, anonymous respondent (ID 191831397): "I do believe in a persons right to protest but not to intimidate harangue harass damage property or prevent access to a facility be it health care, education, transport, entertainment or sport . I would also object to protests occurring at a private

²⁴ 92.5% of those who selected '**Unsure**' were supportive of the Bill, 91.9% of those who selected '**Neutral**' were supportive of the Bill.

residence of health care staff or someone who was perceived to be pro choice”

Similarly, those selecting ‘**unsure**’ raised concerns about freedom of speech, but many indicated they were supportive of the implementation of safe access zones;

Rosie Stephen (ID 191737076): “Not clear if this is to ban completely or just outside providers. If outside providers then in the balance of fairness then would have to ban both”

Others, across both ‘**neutral**’ and ‘**unsure**’ responses were reluctant to ban protests which support the right to choose, though many questioned whether such protests have a positive impact on people accessing abortion services;

An NHS worker, Anonymous (ID 192785360): “I would love to stand to support women that need access to a clinic. However as a women who has gone through the experience, I just wanted no one to see me. I personally would have been worried if someone I knew seen me walk into the building - despite what side they were on”

Question 14

What is your view of the proposal to ban all protests including both protests in support of and those in opposition to:

A person's decision to provide abortion services (ie a doctor, nurse, or midwife) (Fully supportive, Partially supportive, Neutral, Partially opposed, Fully opposed, Unsure)?

Please explain the reasons for your response.

11719 respondents (98.7% of the total) answered this question, including 49 of the 52 organisations that responded to the consultation.

4457 (38%) were fully supportive of the proposal (including 24 organisations – 49 % of the organisations that responded). A further 597 (5.1%) were partially supportive (3 organisations – 6.1%).

5379 (45.9%) were fully opposed to the proposal (including 18 organisations – 36.7%), with a further 487 (4.2%) partially opposed.

481 (4.1%) were neutral (3 organisations – 6.1% of organisations) and 318 (2.7%) were unsure (1 organisation – 2% of organisations).

The majority of responses mirrored the views the respondent had expressed in answer to question nine. 98.7% of those supportive of this part of the proposal were also supportive of the Bill. 83.9% of those opposed to this part of the proposal were also opposed to the Bill.

Responses to Q13, Q14 and Q15 generally received identical answers. In analysing the responses attempt has been made to draw responses which directly reference the individual questions as they were stated.

Reasons for supporting the proposal

Reasons for supporting this proposal broadly reflected the reasons individuals gave in the previous question. On the whole, individuals fully supportive and partially supportive of this proposal believed that healthcare professionals have the right to access their place of work without intimidation. The main themes that emerged were;

- that health care professionals **should be able to access their place of work without judgement, intimidation or harassment**;
- that regardless of the intention of the protestors, **all protests can be intimidating** for workers;
- that all workers, including clinicians have a **right to privacy**;
- that **all protests** can add to the anxiety experienced by workers accessing the facilities;
- that **healthcare professionals provide a range of essential medical treatment**, and should not be impeded from doing so;

- that **healthcare settings are not an appropriate place for any kind of protest**; with some respondents suggesting alternative locations, such as outside the Scottish Parliament building.

The following have been provided as examples and are typical of the types of responses given by those supportive of the Bill, who gave responses which answer this question;

Anonymous (ID 194842709): “We cannot say you can only protest if you agree with one viewpoint but not the other - it seems better to me if no protest is allowed at all. For some, I could imagine that any form of protest outside a clinic could be intimidating.”

Counsellor working with victims of domestic abuse, S L Conaghan (ID 197227340): “Staff are doing a job, and should be able to access their place of work free from harassment. those who object to abortion have other options available to voice their opinions. “

Laura Moran (ID 191731606); “I believe all protests in this instance would impact on the mental well being of staff - from far away, how can you tell who is who? It is another barrier to a profession that is already struggling, there is no need to put them at further risk.”

Liane Coia (ID 194116204): “Healthcare professionals and other staff have a right to privacy and safety at their place of work”

Rape crisis worker, Anonymous (ID 197064130); Healthcare staff are undertaking valuable and life saving work. They should have safe entry and exit to their place of work.”

The following detailed statement from The Royal College of General Practitioners (ID 195457906) highlights that point and provides some detail around the types of events that may impede the work of its members;

“RCGP Scotland is clear that colleagues working across the health service have the right to work and care for patients free from harassment and without putting their personal safety at risk.

No other field of healthcare experiences regular harassment in this way, which has a detrimental and demoralising impact on their working experience and ability to deliver essential healthcare. RCGP Scotland is clear it is not something staff providing abortion services should have to endure when entering and leaving their workplace.

We note the British Pregnancy Advisory Service (BPAS) report that the largest targeted anti-abortion gathering in the UK took place in Glasgow outside the Queen Elizabeth University Hospital in 2018, with around 200 people attending a candlelit vigil, with the singing and praying being loud enough to be heard in waiting rooms.

In 2022, anti-abortion protests have occurred outside the Sandyford clinic with the use of loudspeakers, which in turn attracted pro-choice counter protests. Protests of all motivations can impede a healthcare professionals' ability to care for a patient as these conflicts create tense atmospheres and noise disturbances.

Furthermore, doctors, nurses and midwives at these facilities are highly trained in providing abortion services. Only they can provide safe medical care and advice, as well as offering the full range of choices to women with comprehensive safeguarding protocols in place. Protesters imposing their beliefs are not qualified to offer the same advice, and the risk that their presence undermines medical advice is dangerous.”

The union, GMB Scotland (ID 197297867) summarised their thoughts succinctly;

“Members should not be subjected to abuse for providing the services and doing their job”

Reasons for opposing the proposal

Those who opposed (5379 - 45.9%) or partially opposed (487 - 4.2%) the proposal were from two distinct points of view. The vast majority (83.9%) of those who opposed this proposal also opposed the Bill in its entirety. A sizable minority of those who opposed this proposal were otherwise supportive of the Bill (15.7%). These two distinct groups had different reasons for opposing this part of the proposal and so their responses were considered separately.

The majority of those opposed to this proposal, were generally opposed to abortion in principle and to the Bill in its entirety. Responses were, on the whole, similar to responses to Question 13, with a large amount of repetition. Themes that emerged included;

- that people have a **right to protest**; with many suggesting that the Bill is attempt to restrict civil liberties and freedom of speech
- that there are **existing laws** that protect all people from harassment and intimidation; and
- that **clinicians should hear opposing views**.

The following have been provided as examples and are typical of the types of responses given by those opposed of the Bill, who gave responses which answer this question;

Rev Philip Kerr (ID 197307901) “Existing law already protects abortion providers and provides the same guarantee for safety shared by everyone in this country.”

Scottish Baptist Minister (ID 196815094): "Doctors and nurses involved in aborting babies need to hear opposing views.”

Michael Luckie (ID 196895761): “Doctors, nurses and midwives are accountable for their actions. As all are equal, they have no exemption from criticism, disagreement or protest.”

Harry Marchant (ID 196883898): “Legislation already exists to deal deal with any problems that might arise at protest events, and harassment, intimidation etc. are criminal offences already, so further legislation is unnecessary anyway. Abortion providers are protected by the existing law already and guarantee for their safety is provided the same as for everyone else in Scotland.

Banning protests are an attack on civil rights as guaranteed by the Human Rights Act 1998 and the European Convention on Human Rights.”

The organisation Right to Life UK (response no. 49. received by email) gave a response which reflected the core themes evident in individual responses, stating:

“...banning individuals from seeking to express their view that abortion is morally questionable infringes on their human rights in terms of freedom of speech, expression and religion.

Equally, we believe someone who has decided to provide abortion services has an equal right under the law to do so, but their right to do so should not limit other’s rights to disagree. In a mature society, we need to be able to peacefully agree to disagree.

If, at any stage, a person demonstrating outside of an abortion clinic harasses, threatens or intimidates someone providing services, which we wholeheartedly condemn, existing legislation is place to deal with this (specifically Section 38 of the Criminal Justice and Licensing (Scotland) Act 2010).²⁵”

A significant minority who selected ‘opposed’ in this section were otherwise supportive of the Bill, (15.7%). There was concern throughout the responses to Q13, Q14 and Q15 that this was a question on the legality of protests in general, rather than just protest in the vicinity of healthcare settings that provide abortion services. This was reflected in many responses of those who were otherwise in agreement, typical examples are included below;

Anonymous, ID 191749292 “People have a right to protest, they just shouldn’t be able to do it in front of those doing their job and providing a vital healthcare service”.

Organisation, Womens Equality Party-Scottish Branch (ID 196579782): “We support the human right to protest however we do not support direct harassment of a women who has chosen to access abortion service. We do not support direct harassment of staff working in these healthcare services.”

²⁵ The section of Criminal Justice and Licensing (Scotland) Act 2010 referred to is available here: <https://www.legislation.gov.uk/asp/2010/13/section/38>

Reasons for 'unsure' or neutral response

In this question 6.8% of respondents selected '**unsure**' or '**neutral**' responses (2.7% and 4.1% respectfully).

As with the responses given for Q13, the main theme emerging from those selecting either 'Neutral' or 'Unsure' was that free speech is important and that there should not be any consideration of banning protests other than within proposed safe access zones. For example, anonymous respondent, (ID 194567980) wrote: "people have a right to protest but not within the buffer zones"

Others stated that they were broadly in favour of the proposal, agreeing that protests of any kind are not conducive to a positive working environment. Women's Aid South Lanarkshire and East Renfrewshire (WASLER), (ID 196375499) provide a response in line with many others

"... If a ban on all protests, whether against or in favour, means that the introduction of safe access zones receives more widespread support, then we would not be against prohibiting all protests. In addition, information shared by clinicians from Glasgow and Edinburgh at the Abortion Care Summit made clear that patients and staff felt that counter demonstrations did not ameliorate the impact of having to access care in the presence of anti-abortion demonstrators."

Question 15

What is your view of the proposal to ban all protests including both protests in support of and those in opposition to: A person's decision to facilitate provision of abortion services (ie administrative or support staff)? (Fully supportive, Partially supportive, Neutral, Partially opposed, Fully opposed, Unsure)? Please explain the reasons for your response.

11,650 respondents (98.1% of the total) answered this question, including 48 of the 52 organisations that responded to the consultation.

4457 (38.3%) were fully supportive of the proposal (including 23 organisations – 47.9% of the organisations that responded to this question). A further 535 (4.6%) were partially supportive (3 organisations – 6.3%).

5346 (45.9% were fully opposed to the proposal (including 18 organisations – 37.5% of organisations), with a further 474 (4.1%) partially opposed.

496 (4.3%) were neutral (3 organisation – 6.3% of organisations) and 342 (2.9%) were unsure (1 organisation – 2.1% of organisations).

The majority of responses mirrored the views the respondent had expressed in answer to question nine. 98.8% of those supportive of this part of the proposal were also supportive of the Bill. 84.2% of those opposed to this part of the proposal were also opposed to the Bill.

Responses to Q13, Q14 and Q15 generally received identical answers. In analysing the responses attempt has been made to draw responses which directly reference the individual questions as they were stated.

Reasons for supporting the proposal

Reasons for supporting this proposal were generally identical or very similar to the reasons individuals gave in the previous two questions. On the whole, individuals fully supportive and partially supportive of this proposal believed that workers have the right to access their place of work without intimidation. The main themes specific to this question included;

- that all **workers should be able to access their place of work without judgement, intimidation, or harassment;** and
- that **healthcare settings are not an appropriate place for any kind of protest.**

Overall, individuals either fully supportive or partially supportive of this proposal tended to state that workers have the right to access their place of work without intimidation.

Niamh Condrón (ID 191704232): “Ban all protests around healthcare buildings, it isn't the correct setting for it, and creates discomfort and threat towards vulnerable or people just trying to do their jobs.”

Caitlin Adams (ID191696755): "...staff should be free to attend their work without fear of being verbally abused."

The following statement from Royal College of Obstetricians and Gynaecologists (ID 196404803) gives a fair reflection of the responses received in support of the proposal;

"The RCOG strongly opposes all intimidation, harassment and bullying that any person who works in a healthcare setting may face when they are at their place of work.

The legal right to an abortion also stands for the legal right of those who work in a healthcare setting that may provide abortion services and if someone works as a support staff or in an administrative role to help facilitate provision of abortion services they should not face politically motivated attacks when providing support in essential healthcare."

Reasons for opposing the proposal

Those who opposed (5346 - 45.9%) or partially opposed (474 - 4.1%) the proposal were from two distinct points of view. The vast majority (84.2%) of those who opposed this proposal also opposed the Bill in its entirety. A sizable minority of those who opposed this proposal were otherwise supportive of the Bill (15.4%). These two distinct groups had different reasons for opposing this part of the proposal and so their responses were considered separately.

The vast majority (84.2%) of those opposed to this proposal, generally opposed the Bill in its entirety. Many respondents further stated their opposition to abortion in principle and to the Bill. Responses were, on the whole, very similar to, or identical to responses to Q13 & Q14, main themes identified were;

- that people have a **right to protest, and a right to peaceful freedom of assembly**; and
- that sufficient **legislation already exists**.

The following have been provided as examples and are typical of the types of responses given by those opposed of the Bill, who gave responses which answer this question;

Robert Stephen Randall (ID 194854384): "The peaceful exercise of the right to freedom of expression and assembly is a fundamental principle of a free society and should not be interfered with or curtailed if the rule of law is to be upheld.

The very idea that taking part in a peaceful protest of any kind could lead to arrest, criminal conviction and imprisonment has no place in a free society. Existing laws are adequate to protect abortion providers from intimidation or harrassment."

Minister of Religion, Bruno Murphy (ID 195751226): “Freedom of expression is an important good in law, and should not be compromised. Anyone facilitating the provision of abortion services is rightly already protected from harassment and intimidation by the law.”

A significant minority (15.4%) who selected ‘opposed’ in this section were otherwise supportive of the Bill, but held issue with this question in particular. As seen in responses to Q13 & Q14 - There was concern that this was a question on the legality of protests in general, rather than protests outside healthcare settings that provide abortion services. This was reflected in many responses of those who were otherwise supportive of the Bill, a typical example is included below;

Anonymous, ID 191749292: “People have a right to protest, they just shouldn’t be able to do it in front of those doing their job and providing a vital healthcare service”.

Reasons for ‘unsure’ or neutral response

In this question 7.2% of respondents selected ‘**unsure**’ or ‘**neutral**’ responses (2.9% and 4.3% respectfully).

As with responses given for Q13 and Q14, there appears to be general confusion over the question. The main theme emerging from those selecting either ‘neutral’ or ‘unsure’ was that free speech is important and that there should not be any consideration of banning protests outside of proposed safe access zones. Typical examples are shown below;

Anonymous (ID 191758699) “people should have the right to protest but not outside clinics, safety of staff and patients is paramount”

A newly qualified doctor, Anonymous (ID 194567980) “people have a right to protest but not within the buffer zones - shouldn't infringe on a woman's ability to access reproductive services”

Anonymous (ID 196246343); “Everyone should have the right to protest and be able to express their opinions. However, I don't believe these protests should take place at buildings which provide abortion services.”

Question 16

Which types of activity – when done for the purposes of influencing a person’s decision to access healthcare settings including abortion services - do you consider should be banned in a safe access zone?

(tick as many from the list as you consider should be covered by the Bill); Persistently, continuously, or repeatedly occupying the zone, Impeding or blocking somebody’s path or an entrance to abortion services, Intimidating or harassing a person, Seeking to influence or persuade a person concerning their access to or employment in connection with abortion services, Demonstrating using items such as leaflets, posters, and pictures specifically related to abortion, Photographing, filming, or recording a person in the zone, All of the above, None of these, Other (include details below)

11,182 respondents (94% of the total) answered this question, including 49 of the 52 organisations that responded to the consultation.

6687 – 59.8% of respondents (34 organisations – 82.9% of the organisations that responded to this question) agreed that **‘Persistently, continuously, or repeatedly occupying the zone’** should be banned in a safe access zone.

7449 – 66.6% of respondents (36 organisations – 87.8%) agreed that **‘Impeding or blocking somebody’s path or an entrance to abortion services’** should be banned in a safe access zone.

7606 - 68% of respondents (35 organisations – 85.4%) agreed that **‘Intimidating or harassing a person’** should be banned in a safe access zone.

6766 – 60.5% of respondents (34 organisations – 82.9%) agreed that **‘Seeking to influence or persuade a person concerning their access to or employment in connection with abortion services’** should be banned in a safe access zone.

6618 – 59.2% of respondents (34 organisations – 82.9%) agreed that **‘Demonstrating using items such as leaflets, posters, and pictures specifically related to abortion’** should be banned in a safe access zone.

7357 – 65.8% of respondents (35 organisations – 85.4%) agreed that **‘Photographing, filming, or recording a person in the zone’** should be banned in a safe access zone.

6320 – 56.5% of respondents (34 organisations – 82.9%) selected **‘All of the above’** (figures are included in the breakdown above).

3412 – 30.5% of respondents (2 organisations – 4.9) selected **‘None of these’**.

1258 – 11.3% of respondents (25 organisations – 61%) selected **‘Other’** and gave further details.

Responses under ‘Other’ of those supportive of the Bill

Of the respondents who selected ‘**Other**’ the main argument from those **supportive** of the Bill was that **any activity** when done for the purposes of influencing a person’s decision on accessing or providing abortion services should be banned.

The response from the organisation The British Medical Association Scotland (ID 197390272) highlights many of the activities which other organisations, academics, professionals and individuals considered should be banned:

“We believe all of the listed activities should be banned. Over many years we have repeatedly had serious concerns raised with us about these activities by the doctors we represent...”

There were other behaviours which respondents felt should be banned in a safe access zone (when used for the purposes of influencing a person’s decision to access healthcare settings including abortion services). Of those who raised specific activities, most were concerned about the religious nature of the protests. Activities respondents suggested should be banned included;

- **prayer meetings and ‘vigils’**; many respondents drew particular reference to loud or collective praying, chanting, singing, preaching and reading aloud of religious texts;
- **symbolic religious behaviour**, such as genuflecting, crossing oneself or the lighting of candles; and
- **religious iconography, quotes or slogans.**

The following have been provided as examples and are typical of the types of responses given by those who supported the Bill and raised concerns which were predominantly religious in nature;

Anonymous (ID 194163130): “Singing, chanting, speaking in tongues, praying, candles, greeting/crying, wailing, gnashing of teeth, moaning and swaying "religiously," carrying dolls and/stuffed animals, randomly calling out "mummy" at no one in particular, making young children loiter around the entrance”

Anonymous (ID 194060382): “Prayer meetings should not be taking place in this area either, whilst not directly linked it is still intimidating for women to face groups of people in this way.”

Jess Bone (ID 196952974): “Behaviour that implies judgement such as genuflecting, praying, sprinkling holy water, singing hymns, crossing oneself”

Angela Voulgari (ID 194118777): “Using religious quotes, slogans or imagery to try to put someone off of accessing abortion services.”

Anonymous (ID 191717458): “Any religious preaching or proselytising - there is a time and place for everything and outside healthcare settings is not appropriate.”

In their response The Equally Safe Edinburgh Committee (ID 197259563) also highlighted the use of religious materials:

“We would further add that the use of religious materials, imagery and quotes should be banned. Religion is often used as a key argument against abortion, often using arguments based on emotion instead of scientific fact, which do not consider the individual circumstances that led to each woman’s decision to access abortion care in the first place.”

Other activities, not of a religious nature, which respondents felt should be banned in a safe access zone included;

- **approaching any person accessing healthcare** or working in the facilities;
- the **use of amplification** either inside the safe access zone, or used with the intention of being audible from within the safe access zone;
- **online harassment** or intimidation of either staff or patients;
- any **imagery or slogans on signs, banners, posters, stickers, clothing, graffiti, chalk drawings or projections** specifically related to abortion

The following have been provided as examples and are typical of the types of responses given by those who supported the Bill and made suggestions;

Deborah Cowan (ID 194337467): “Approaching any person attending or working within the zone. For the purpose of discussing their healthcare.”

Michael Heffernan (ID 191698180): “Using loud speakers to spread anti-abortion information that can be heard within the zone, even if the speaker is not in the zone”

Public health nurse, Phil Eaglesham (ID 191699577): “Online harassment or threats to staff or women who attend abortion services - supplementary to photography and filming.”

Niamh O'Hara (ID 191712865): “Displaying pictures of foetus’ and other images that are disturbing“

Professor Sharon Cameron (ID 196994951): “Illuminating images or slogans on health service buildings/ property that could cause distress to individuals who may seek abortion”

In their detailed response, The Scottish Women's Rights Centre (ID 197414552) reflected the comments of many respondents in highlighting the vulnerability of service users;

“Women and pregnant persons attending abortion services can feel vulnerable, stigmatised and fearful for the violation of their privacy. Many rape and sexual violence survivors experience psychological disorders such as PTSD, depression and eating/sleeping disorders; all of which can make it difficult for women to realise their pregnancy and seek medical help (National Resource Centre on Violence Against Women (2011) The psychological consequences of sexual trauma). The SWRC feels that this deterrence of

users seeking medical help is only perpetuated by allowing all types of anti-abortion activity to take place outside of abortion clinics, as this further prevents women from seeking the help they need. Testimonies from those affected by anti-abortion protesters show that service users can find invasive behaviour from anti-abortion groups outside service providers extremely distressing- and it can often re-ignite past trauma. “Even a solitary protester simply praying, or staring can be intimidating, especially to those with mental health issues or where this may trigger memories of past abuse or trauma” <https://bills.parliament.uk/Publications/46828/Documents/1962> . In the case of *Clubb v Edwards* it was stated that “[s]ilent but reproachful observance of persons accessing a clinic for the purpose of terminating a pregnancy may be as effective, as a means of deterring them from doing so, as more boisterous demonstrations” It is submitted that all of these activities have potential to have detrimental impact to those accessing clinics. Banning all types of anti-abortion activity within the safe access zones, therefore ensures that women and pregnant people accessing abortion services can do so in a way that ensures their safety and human rights. In the SWRC’s view, based on our legal analysis detailed in our answer to question 9, this is a proportionate restriction of the rights of anti-abortion groups, as they are free to exercise their right out with these zones.”

Responses under ‘Other’ of those opposed to the Bill

Of the respondents who selected ‘**Other**’ the main themes emerging from those **opposed** to the Bill were reflective of answers given elsewhere in the survey. Many raised objection to abortion in principle, or repeated that the ‘prayer vigils’ help, or provide information to women accessing abortion services. Themes in responses included;

- that none of these activities need to be banned as they **do not happen at pro-life vigils;**
- that suitable **legislation already exists;**
- that everyone should have **the right to communicate with others peacefully and respectfully;** and
- that use of the terms ‘**intimidation**’ or ‘**harassing**’ are **subjective.**

Examples given here are typical of the types of examples given by those who were opposed to the Bill;

Rosemary Barrett (ID 194752767): “These types of activities do not happen at pro-life vigils”

Anonymous (ID 192205913): “I’m opposed to intimidation but this is a subjective term, clear guidelines need to be set regarding the line between reasonable protest and conversation and where that then becomes harassment which are approved by all sides of the debate.”

Academic with experience in nursing and medical law, Martin Murray (ID 195880626): “None of the above need to be banned because the criminal law

as it stands is sufficient to deal with threatening behaviour. Everyone has the right to communicate peacefully and respectfully with anyone else.”

Veronica McNeece (ID 196808416): “All have the right to communicate peacefully and respectfully with another person .Those considering abortion have the right to hear prolife message on matters such as the emotional and physical risks from abortion, the availability of financial help. Pro-life vigils may represent the only way some women can hear these things. because the pro-life message is heavily censored in the media. out the availability of alternatives to abortion such as the emotional and physical risks associated with abortion. As pro-life message is heavily censored in the media pro-life vigil may be the only opportunity for some women to hear to hear about pro-life alternatives to abortion.”

Anonymous (ID 196828259): “Again, intimidation, harassment, and blocking entrances are all already illegal. A new bill is not required. Furthermore, to suggest that it be illegal to give someone a leaflet containing information and resources is frankly insulting to me as a woman. Women have the right to be fully informed of all of their choices when it comes to abortion, including what help is available to them from pro life charities. We are not children who need to be shielded from having to think critically.”

The following responses from organisations are reflective of the majority of the responses given in Q16 by those who were opposed to the Bill;

Catholic Bishops' Conference of Scotland, ID 197331403); “We oppose the Bill in principle. Existing law is sufficient to deal with any problems which might arise at a public gathering...”

The Helpers of God's Precious Infants (ID 197325288) “These activities do not need to be banned because they do not happen at pro-life vigils. Pro-lifers at vigils outside abortion facilities are only offering help to those women who choose to take up the offer. Women considering abortion also have the right to hear about alternatives to abortion, the availability of financial assistance, the emotional harm and physical risks which they may suffer after an abortion.”

The Free Church of Scotland, (ID 197329861): “We do not believe it is right to intimidate or harass someone – however, we fear that the current wording is not clearly defined. It is not clear who decides if behaviour is intimidating or harassing – is this an objective or subjective standard? Increasingly people expressing a contrary opinion have been accused of harassment or intimidation with no objective evidence and we fear if the terms are not sufficiently well defined the legislation could be open to abuse. We prefer the objective standard expressed in section 38 of the Criminal Justice and Licensing (Scotland) Act 2010 - a person commits an offence if they behave in a threatening or abusive manner likely to cause a reasonable person fear or alarm, and they intend their behaviour to cause the person fear or alarm or they are reckless as to whether their behaviour causes fear or alarm to

another person. However, in general we believe that existing legislation is sufficient to criminalise the types of activities which should be criminalised wherever they occur in Scotland. Any new legislation would risk criminalising peaceful protestors and those offering support to vulnerable women. Everyone has the right to communicate peacefully and respectfully with anyone else. Women considering abortion also have the right to hear about alternatives to abortion, the availability of financial assistance, the emotional harm and physical risks associated with abortion and so on.”

Question 17

What is your view on the potential punishments set out in the proposal for breach of a safe access zone (Fully supportive, Partially supportive, Neutral, Partially opposed, Fully opposed, Unsure)?

Please explain the reasons for your response.

11,748 respondents (98.9% of the total) answered this question, including 49 of the 52 organisations that responded to the consultation.

A majority of respondents (5238 – 44.6%) were fully supportive of the proposal (including 19 organisations – 38.8% of the organisations that responded to this question). A further 626 (5.3%) were partially supportive (4 organisations – 8.2% of organisations).

4966 – 42.3% were fully opposed to the proposal (16 organisations – 32.7% of organisations), with a further 101 (0.9%) partially opposed (one organisation – 2% of organisations)

271 (2.3%) were neutral (5 organisations – 10.2%) and 546 (4.6%) were unsure (4 organisations – 8.2%).

The overwhelming majority of responses mirrored the views the respondent had expressed in answer to question nine. 99.4% of those supportive of the potential punishments set out in the proposal were supportive of the Bill, 97.7% of those opposed to the potential punishments were also opposed to the Bill.

Reasons for supporting this aspect of the proposal

There was strong opinion that consistent breaching of a safe zone should have serious consequences. There was also general agreement with the proposal, that breaching of a safe zone should be considered an equivalent to breach of a non-harassment order. Other themes emerging from comments of those in support of this aspect of the proposal include;

- that a **criminal offence charge is needed as a deterrent**;
- that breaching a safe access zone **should be considered a hate crime** and therefore punishment should be comparable with other hate crimes; and
- that a **fine would not act as a deterrent**; several respondents raised concerns that many religious protest groups have substantial financial backing, in the main originating in the USA.

The following have been provided as examples and are typical of the types of responses given by those supportive of the Bill;

Anonymous (ID 194142855): “I do think that threat of prison is better than a fine. I feel a lot of them will result is just a fine. These religions groups have backing or groups from the USA I think the fine won’t be much or a deterrent. But if that’s all we have then I am fully supportive. I also think anyone who

uses violence within these zone toward someone seeking healthcare should have lengthy prison sentences.”

Faye Muir (ID 194301256): “It is a form of bullying, harassment, and threat. This should be treated as a criminal offence and punishable by law in the same way that other hate crimes are prosecuted”

Stacie Ferguson (ID 194139543): “The punishment should absolutely be that they face being charged of a criminal offence. It has to be severe enough that it will deter the people that think they have the right to bully and intimidate women simply for seeking health care.”

PhD student in politics, Ricardo Ribeiro Ferreira (ID 191739661): “It should be a criminal offence. It's harassment. So, it seems reasonable to me that the punishment is in accordance with the 'Breach of a non-harassment order'. Punishment should be harder for those who systematically know and choose to disrespect the legislation.”

Academic researcher with particular expertise in third party influence on abortion decision making, Emily Ottley (ID 195519281) gave an extensive response to the survey. She explained why she supported this part of the proposal:

“The potential punishments proposed are in line with those for similar offences under the Protection from Harassment Act 1997...

Criminal sanctions are more appropriate than civil remedies because:

1. Query whether damages are recoverable in Tort for mental distress (but see s3(2) Protection from Harassment Act 1997 which provides that damages may be awarded for the anxiety caused by the harassment).
2. Placing the onus on individual clinic/hospital-users and/or clinic/hospital-staff to sue demonstrators would be significant burdens on their finances, emotions, and time.
3. Merely requiring demonstrators to compensate for loss rather than to accept punishment may prevent buffer zone law operating as a deterrent to other demonstrators.”

The response from the organisation University and College Union (UCU) Scotland (ID 196995717) reflected that of many respondents who were supportive of this part of the proposal;

“We know that this type of activity causes great distress. Persons who breach a safe access zone should be punished with a fine (including by way of a fixed penalty notice where the police or procurator fiscal has reason to believe that a person has breached a safe access zone) or in serious cases with a prison sentence.

It is correct that the punishments associated with this activity should be similar to those available to people who breach Non-Harassment Orders as this is a similar crime and deserve a comparable sentence.”

Reasons for opposing this aspect of the proposal

The overwhelming majority (91%) of those selecting 'fully opposed' or 'partially opposed' to this part of the proposal were also against abortion in principal and opposed to the Bill in its entirety. Most continued to state that the protests are "vigils" (Andrew Graham, ID 194945814) and that they "offer loving support to women" (Antony Flynn, ID 197219888) and are simply "praying" (Christopher G Ross, ID 195025421). Comments specifically relating to the question regarding potential punishments included the main themes;

- that protesting outside abortion clinics **should not be a criminal offence**;
- that the proposed potential punishments are far too extreme; and
- that the punishments outlined would set a **dangerous precedent** against free speech and the right to assembly.

The following have been provided as examples and are typical of the types of responses given by those opposed to this part of the proposal;

Jennifer Ingelbrecht, (ID 196822326): "Peaceful, lawful assembly and protesting should not be criminalised. This sets a dangerous precedent against free speech and right to assembly. There are virtually no examples of violence at pro-life events. Some women are offered support and help and find the information presented useful and helpful in making an informed choice."

George Herrity (ID 196163927): "It should not be a criminal offence The list of punishments is not applicable to peaceful pro-lifers who want to pray outside an abortion facility and offer loving help to women"

Anonymous (ID 197356046): "Pro-life vigils are peaceful and exist to pray and to offer help and support to women, and their partners. This is not behaviour that justifies a six-month jail sentence or, in repeat cases, two years. If a protester was threatening violence or harassing someone, the Police are already able to deal with this and the person would be punished proportionately. These punishments are entirely disproportionate for a peaceful gathering of people offering information about support for pregnant women and their families."

Julie-Anne Fairley (ID 196149564): "It sickens me to my stomach when I think about the punishments being proposed for people who are largely peaceful protesters. I know that many simply want to be there to pray quietly. This decision is yet another example of Scotland becoming less tolerant of people with values such as mine."

Caroline Grant (ID 197305574) "Breaching the conditions of the bill could carry a possible prison sentence and be considered a criminal offence. This is a completely disproportionate consequence from the actions of the majority of protesters. Even if people hold to viewpoints which others feel are offensive or controversial, this should not be made into a criminal offence. Freedom of speech for everyone needs to be upheld in our society and people need to be

able to continue to discuss differing opinions respectfully with one another, without worrying if they suffer legal consequences for disagreeing with someone else.”

The response from the Reformed Presbyterian Church of Scotland (ID 197037150) reflects many of those opposed to this part of the proposal who are also opposed to the Bill in its entirety;

“Breach of a buffer zone is nothing like breach of a non-harassment order and shouldn't be treated as if it is. The fact that a woman could be jailed for two years for silently offering support shows that buffer zones fail to target true criminal behaviour”

The organisation, The Law Society of Scotland (response no. 48, received by email) was partially opposed to this part of the proposal, stating their preference for a specific criminal offence to be created in the event of safe access zones being introduced and laying out their reasons in considerable detail. The full response can be found on the website²⁶, an excerpt is provided here;

“If safe access zones are to be introduced, we would support the creation of a specific criminal offence for breach of a safe access zone. There is currently no equivalent in Scotland of the Public Spaces Protection Order under section 57 of the Antisocial Behaviour Crime and Policing Act 2014, which has been used in England.⁸ The proposal to create a safe access zone within which it would be a criminal offence to engage in prohibited behaviour removes the need for the service user to report the matter to the police, to be able to identify the perpetrators and for the prosecution to show that the behaviour was threatening or abusive for example. Without appropriate criminal sanctions to support enforcement, we would question the purpose and utility of creating safe access zones. We would suggest that there should be no difference between the maximum penalty for a first and subsequent offence. Sentencing powers should be consistent with other criminal offences in Scotland. The court can exercise its powers to sentence first or subsequent offender according to current law and guidelines.”

There were several respondents who selected ‘**fully opposed**’ or ‘**partially opposed**’ who were otherwise in favour of the Bill, those who left comments were predominantly of the view that sentencing should be harsher to serve as a more effective deterrent. The below is given as an example;

Anonymous (ID 194138810): “I think it should be increased to 1 year for first time and 5 years for second time”

Reasons for ‘neutral’ or ‘unsure’ response on this aspect of the proposal

Textual responses from those selecting a ‘**neutral**’ or ‘**unsure**’ response broadly overlapped. Many reflected that they did not have the appropriate legal knowledge to

²⁶ The full responses are available at: <https://www.bufferzones.scot/consultation-results>

make a judgement on sentencing. Of those who offered comments to accompany the selecting of neutral or unsure, the main themes included;

- **opposition to imprisonment on principle**; some respondents suggested that a community payback order, or a restorative justice approach would be a more appropriate punishment;
- that **harsh sentencing is ineffective**, and that education would be a preferred alternative;
- that **criminalising the protestors would be disproportionate**; with some stating that meaningful engagement or education would be more appropriate;
- that imposing criminal charges such as imprisonment would **create ‘martyrs’** and that this has the potential to aggravate the situation; and
- that **peaceful protest should not be a criminal offence**, whatever the cause.

The organisation Scottish Human Rights Commission (response 47. received by email) submitted a detailed report in response the consultation. The full response can be viewed on the website. While they were of the view that precedent may point to punishments below criminal sanctions being more acceptable, they also pointed to other jurisdictions that have comparable penalties:

“The level of sanction is an important aspect of the proportionality assessment. For example, in the series of Annen cases, the Court was generally more tolerant of restrictions that fell below criminal sanction, such as interdicts on particular forms of language.

However, criminal penalties are not inherently disproportionate. It may be that sanctions can be escalated for repeat breaches of order, and it may be legitimate for the state to seek to deter protest activity that amounts to physical or mental harm to patients, provided that this does not create a wider chilling effect. For example, the French Public Health code offence allows for a significant fine of up to 30,000 euros and up to two years imprisonment.”

Question 18

Do you think there are other ways in which the Bill's aims could be achieved more effectively (Yes, No, Unsure)?

Please elaborate on your response if you'd like to:

11,188 respondents (94.2% of the total) answered this question, including 41 of the 52 organisations that responded to the consultation.

4026 (36%) selected **Yes** (including 11 organisations – 26.8 % of the organisations that responded to this question).

2533 (22.6%) selected No (including 26 organisations – 63.4% of organisations).

4629 – 41.4% were unsure (4 organisation – 9.8%).

Throughout the responses to Question 18 there was a significant pattern in respondents highlighting the importance of education;

Anonymous respondent (ID 194133603) who selected '**No**' stated: "In terms of preventing the harassment of service users and staff I feel the bill would be effective. Though increased funding should be allocated to provide more effective and inclusive sex education and education around abortion."

Sarah Lynch (ID 194139855) who selected '**Yes**' stated: "Education in schools - children in high school receiving sex education need to be taught about the issues people accessing abortion healthcare face, the damaging effects of this, they are the next generation and we should be taking steps to ensure this type of behaviour of protesting the use of abortion clinics is not passed down"

Anonymous respondent (ID 194260475) who selected '**Unsure**'; "I think really better education about women's anatomy and how their bodies work would be beneficial. There is a severe lack of understanding on how a woman's body works, even among people who have a uterus."

Many who were fully opposed to the Bill selected yes, unsure or left the box unticked and left comments highlighting their full and unequivocal objection to the Bill, several used strong language such as is detailed in Appendix 5.3 (see, as an example David Scott, ID 195384560). Others, such as Cardinal Winning Prolife Initiative / Rachel's Vineyard (ID 197357866) simply stated their unequivocal objection to the Bill stating: "The proposal is frankly disgraceful."

Reasons for selecting 'Yes'

Those responding '**Yes**' were clearly split into two groups: those who otherwise supported the bill and those who otherwise opposed the Bill. These two groups of responses have been analysed separately.

Of those who **opposed** the Bill and selected '**Yes**' to this question the main themes identified were;

- that there should be a **distinction between harassment and peaceful praying**; respondents tended to suggest that peaceful praying should still be permitted inside a safe access zone;
- that either security guards or **police officers should be outside clinics to ensure patients don't feel harassed**;
- that there should be a **more open debate**, listening to the range of views on this topic; and
- that **healthcare settings that provide abortion services could offer literature from the pro-life groups** which offer alternative viewpoints and offers of help.

The following have been provided as examples and are typical of the types of responses given by those opposed of the Bill and selecting Yes to Q18 and giving a textual response relevant to the question;

Neil Ang (ID 196954521): "Vulnerable mothers to be due to unexpected pregnancy need an advise on both sides of the argument and what help they can get if they want to go ahead with the pregnancy. They deserve a place within abortion facility to give them a second chance to think about as abortion is not safe for both mother and unborn child.

I agree that those harassing the mothers to be, medical and administrative staff should be punished. The law needs to be clearer as what actions can be a form of harassment. I don't think praying outside or a silent protest against an abortion or reaching out to those vulnerable women is a form of harassment."

Victor F. J. Jordan (ID 196693542) "...the presence of a well instructed police officer should prevent those using the clinic from being afraid or alarmed."

Retired counsellor, who wishes to remain anonymous, (ID 196975355): "Peaceful dialogue and informed meetings help. But where society regards human life as a waste of space, to be tossed into an incinerator like a piece of garbage, society itself has to change its view of itself, that everyone is created in the image of God, and as such they are loved, and are a precious gift to families, and their communities. We are failing in teaching that to our future generations who then fall into the clutches of predators who use them for their own material gains, e.g. drug dealing pimps, who then repeat the same learned dysfunctional behaviour in viewing others as a facility to be used and abused."

Christian Pastor who prefers to remain anonymous, (ID 197157619): "Clinics could offer material from groups which can offer support to women to have their child, and which explain that there are other perspective than the "woman's right to choose" perspective, in which the welfare of the unborn child is considered."

Anonymous (ID 196941508): “Make a distinction for people who stand outside an abortion clinic peacefully and are there to offer support to women who would like to avoid abortion but they don't have help from their environment.”

Of those who **support** the Bill and selected ‘**Yes**’ to this question many respondents gave personal suggestions to how the Bill could be improved. The main themes to emerge were;

- that education should be improved; with concern being raised that many people do not understand the concept of ‘abortion care’ (see, as an example, The Equally Safe Edinburgh Committee’s comment, as provided below);
- that the **Bill should take into consideration other healthcare settings**; particular concerns were raised about an increase in protests surrounding gender affirming healthcare, there was also concern that protests could spread to other locations where contraceptives are available such as GP clinics or pharmacies;
- that due to the ‘deep pockets’ of conservative religious groups if imprisonment is not considered then **finances must be harsh enough to act as a deterrent**; with some stating that a ban on funding of these groups should be incorporated into the Bill;
- that **escorts could be provided to ensure safe passage** to and from healthcare services (this was similar to some suggestions given in the previous segment from those opposed to the Bill);
- that **protection should be extended to clinicians and patients outwith safe access zones**; there was concern that individuals could be traced, followed, stalked or doxxed²⁷;
- that **restorative justice should be incorporated into the Bill**; and
- that **protests be treated as misogyny and offenders should be charged with hate crimes**.

The following have been provided as examples and are typical of the types of responses given by those supportive of the Bill and selecting Yes to Q18;

Anonymous (ID 191726937): “I worry that if people are banned from protesting the right to an abortion at these facilities they will switch to protesting access to gender affirming care. They are often accessed in the same buildings and we have already seen anti abortion protesters in Scotland engaging in transphobic abuse and targeting trans people during their protests outside Sandyford. I think this is something that needs to be considered, even if it isn't something that falls within this legislation. I think that if there are loopholes available to anti abortion protesters to continue protesting at the sites they have been occupying, just under a different banner at least some will do so.”

Anonymous (ID 194123716): Amend s38 of the criminal justice and licensing Scotland act to include accosting, intimidating or in any way attempting to prevent a person from accessing legally allowed healthcare recommended by a doctor or

²⁷ Doxxed is the term used for publishing private or identifying information about an individual on the internet, typically with malicious intent.

from attempting to stop a person from seeing a doctor to discuss their healthcare. This provision would simply require an amendment to an existing law and would also strict punishments against those seeking to control people. It also future proofs against people protesting outside sexual health clinics for any other reason (contraception, Prep for gay people, hormones for transgender people etc).

Nikita Romanovs (ID 191738619): “By covering all GPs & clinics where contraceptives, abortion pills & sexual health services are conducted. Afraid that they will find other places to protest.”

Tierney McCulloch (ID 194136110): If not already in place, introduce paid or volunteer clinic helpers who could escort patients to and from the building and/or defined buffer zones to ensure they are not breached. This would (hopefully) prevent waste of police time for those who try to breach the buffer, and help patients feel supported.”

Anonymous (ID 191736966): “People who are found guilty should be offered a restorative justice option where they meet victims of sexual assault or rape and are encouraged to fully understand the impact. All should have trauma informed inputs to further assist their understanding of their actions on others”.

An individual who fears accessing services due to the protests and wishes to remain anonymous (ID 192820073): “Through the Misogyny hate crime bill - under that act insighting violence against women is classed as a hate crime under that bill - these groups and men harassing women and service users they would be charged with a hate crime”

The Equally Safe Edinburgh Committee (ID 197259563) believed that the Bill could be improved by taking advantage of the opportunity for education and awareness in reproductive healthcare stating:

“We believe that there should be accurate information in the public domain as to what is actually meant by ‘abortion care’. The dominant discourse against abortion tends to equate it with ‘murder’ which is a crass, misleading, offensive and erroneous argument intended to stir up an emotional response in the public.

Abortion services are essential for women’s reproductive care, and the reasons for which women seek to access abortion services are unique and deeply personal. We believe that much of the anti-choice movement is based on a lack of understanding of women’s motivations to access abortion services. This Bill can be an opportunity to raise awareness as to why it is essential for women to be able to access abortion care, which would render it more effective.”

Reasons for selecting ‘No’

Those responding ‘**No**’ were clearly split into two groups: those who otherwise supported the bill and those who otherwise opposed the Bill. These two groups of responses have been analysed separately.

Of those who **opposed** the Bill and selected '**No**' to this question the main theme was that existing legislation already offers sufficient protection against harassment and intimidation.

Evangelical Alliance Scotland (ID 197334194): "Legislation that we currently operate under in Scotland already stops harassment and intimidatory behaviour. This is reflected in how infrequent disputes outside hospitals and clinics are."

Des Oates (ID 195759158): "If people commit an offence of intimidation or causing annoyance, outside these clinics, there is already legislation to deal with this. This piece of legislation is an attack on an individual's freedom to show their beliefs."

Anonymous (ID 196825455): "The bill is not necessary as existing legislation protects against perceived harms and threats from pro-life vigils nearby abortion facilities. moreover, such vigils are a peaceful and loving attempt to ensure that women do not go through an abortion unnecessarily. They are also an expression of free speech and freedom of worship. The bill should not proceed."

Anonymous (ID 197272879): "There is no evidence that current arrangements are anything but entirely satisfactory in the context of a free and democratic society. Already laws exist to handle cases of harassment and intimidation. Besides which, there is no evidence of any genuine harassment and intimidation problem. If we want to truly help women in this situation, however, then maybe we should give them access to support that would enable them to make a truly balanced decision. Until that happens, no amount of draconian legislation will diminish the voices in support of human life."

Of those who were **supportive** of the Bill and selected '**No**' to this question the main themes identified were;

- that the **Bill as presented seems sensible** and action must be taken to stop the distress of people seeking healthcare; and
- that the Bill is required as **legislation must be national**; with many noting that local bylaws are insufficient, or would create a 'postcode lottery'.

The following have been provided as examples and are typical of the types of responses given by those supportive of the Bill and selecting No to Q18;

Iain Campbell (ID 192334366): "Although there are other ways to stop protests, this approach seems to be the most appropriate at reinstating the rights of those accessing or providing abortion, while not impeding inappropriately on others rights. The only rights that it impedes are qualified rights that have a history of being abused to distress others, so I think it's appropriate to restrict them in this case. I think the bill is a sensible approach to a very sensitive area that looks to solve the issues with minimal other impact."

Douglas Lumsden MSP (ID 196391267): “There needs to be a national policy, we should not create a postcode lottery by “passing the buck” to local authorities.”

Some respondents, including those with particular expertise or experience reflected that current legislation is not sufficient to protect patients and staff. Some stating that the existing legislation puts undue pressure on over-stretched institutions to provide solutions, others stated that existing laws require patients or staff to risk great personal exposure or expense to make a complaint or press charges;

Cllr Claire Miller (ID 195998296): “I have worked to prevent harmful protests from taking place outside a healthcare clinic in the ward where I am a representative however the council and police have been unable to take action under current legislation. The work which I have done with council officers, taking a multi agency approach to investigate ways in which patients and staff could be supported to enter and leave the clinic, has concluded that the current legislation is insufficient. We require this bill to be considered urgently.”

Leader on gender and sexuality for the Castan Centre for Human Rights Law at Monash University, Dr Tania Penovic (ID 197102510): “One argument against the introduction of safe access zones in Australia was that there were already laws available to deal with clinic picketing. These included the law of torts such as nuisance and criminal law offences such as assault and obscenity. Yet none of these laws were effective in achieving the aims pursued by safe access zone legislation. The problem of obtaining redress was recognised by the Health Minister for the state of Victoria in the context of safe access zones. The Minister observed that clinic picketing often extended to criminal conduct in circumstances in which patients are unwilling to expose themselves to the stress and publicity associated with criminal proceedings, with ‘the intensely private nature of the decision’ that the picketers seek to denounce, effectively operating to protect them from prosecution’: Victoria, Parliamentary Debates, Legislative Assembly, 22 October 2015, 3973 (Jill Hennessy). Safe access zone legislation acts as a deterrent. All alternative measures respond to conduct that has taken place and cannot achieve the deterrent effect of safe access zones.”

Reasons for selecting ‘Unsure’

Of those who selected ‘**unsure**’ (4629 - 41.4%, including 4 organisations) few left comments that indicated why they responded this way. Of those who did indicate a reason for selecting ‘**unsure**’ once again the responses were polarised between those who were supportive of the Bill and those who were opposed to the Bill.

Of those who selected ‘**unsure**’ and were supportive of the Bill the main themes to emerge were;

- that the **legislation may need reviewed once it is in practice**; with some respondents concerned that protestors would find loopholes;

- that **sentencing should be reconsidered**; with many raising objection to custodial sentencing on principle;
- that **conversation with protestors, or reaching out to religions** that support the beliefs of the protestors may might help address issues; and
- that ultimately **abortion access should be widened and decriminalised**.

The following have been provided as examples and are typical of the types of responses given by those supportive of the Bill and selecting No to Q18;

Cllr Michelle Campbell (ID 191807842): “We need action to see change. If it needs reviewed, that can happen after a period of implementation.”

Ella Gallego (ID 191762779): “I agree in all ways about how the bill should be implemented to keep safe people looking to obtain an abortion as well as healthcare providers, however, it is the "punishment" aspects that I am apprehensive of as I do not wish to continue to contribute to the prison system and carceral punishment, nor do I believe that fining people will work in the way people wish: it will only allow those who can afford to pay the fine to continue to break the law.”

Alys Mumford (ID 197362242): “I believe this Bill is the most effective way to introduce safe access zones, which are really important in the short-term to end the harassment of women and other people seeking abortion. However, I believe ultimately that we need abortion to be decriminalised in Scotland, and significant work undertaken to destigmatise abortion including in SHRE, improving access in rural areas, and widening the healthcare professionals able to provide abortion services.”

Of those who oppose the Bill and selected ‘**Unsure**’

- that rather than restrict the right to protest, the government could focus on legislation that would **improve information, or financial support available to women** ; and
- That **harassment and intimidation are already criminal behaviours** and peaceful demonstrations should not be grouped together with them and should not be punished in any way.

The following have been provided as examples and are typical of the types of responses given by those opposed to the Bill and selected ‘**Unsure**’ to Q18;

Anonymous (ID 194370123): “Abortion is not a new concept or procedure, what changes have taken place that now make this situation untenable? In my research many women choose abortion for financial reasons, perhaps the government can focus on improving the economic circumstances for women and childcare in particular, improve the process of adoption, instead of putting in laws to restrict the freedoms of its citizens”

Krzysztof Bak (ID 196099564): “There needs to be more information, leaflets, booklets available for women's which tells them more about dangers of abortion and why it is morally wrong.”

Anonymous (ID 194627326) "Harassment and intimidation are already criminal behaviours so peaceful demonstrations should not be grouped together with them and should not be punished in any way"

Rachel Mackenzie (ID 197412002): "The bill needs to be scrapped as there is no evidence that such a bill is necessary, especially when we already have laws to prevent harassment etc. It simply isn't happening."

John Horn (ID 196860048): "The terminating of a person's life in the womb is essentially wrong. There are clearly strong opposing views which those who have drafted this Bill hold; The Bill is unfairly biased. If those seeking to influence women seeking abortion act extremely they can be convicted under the existing law."

Members are advised by the Non-Government Bills Unit to include standard questions relating to the potential financial, equalities and sustainability impact of a draft proposal for a Member's Bill in consultation documents.

These are standard questions and were not specific to this proposal.

Financial implications

Question 19

Any new law can have a financial impact which would affect individuals, businesses, the public sector, or others. What financial impact do you think this proposal could have if it became law? (a significant increase in costs, some increase in costs, no overall change in costs, some reduction in costs, a significant reduction in costs, I don't know)?

Please explain the reasons for your answer, including who you would expect to feel the financial impact of the proposal, and if there are any ways you think the proposal could be delivered more cost-effectively.:

11,557 respondents (97.3% of the total) answered this question, including 46 of the 52 organisations that responded to the consultation.

4260 (36.9%) of respondents (13 organisations – 28.3% of the organisations that responded to this question) selected '**a significant increase in costs**'

2357 (20.4%) of respondents (5 organisations – 10.9% of the organisations) selected '**some increase in costs**'

2315 (20%) of respondents (14 organisations – 30.4% of the organisations that responded) selected '**no overall change in costs**'

295 (2.6% of respondents (1 organisation – 2.2% of the organisations that responded) selected '**some reduction in costs**'

129 (1.1%) of respondents selected '**a significant reduction in costs**'

2201 (19%) of respondents (13 organisations – 28.3% of the organisations that responded) selected '**I don't know**'

Overall, answers given were broadly reflective of how individuals had responded in previous questions.

On the whole, those **supportive of the Bill** responded that there would be some increase in costs but that this would be mitigated by fines, or in the long term balanced by improved health and welfare of both patients and staff.

Those **opposed to the Bill** on the whole stated that there would be increases in costs of police, security and legal costs. In addition, those opposed to the Bill took the opportunity to again state that there is no evidence of harassment at health care sites, stated their views on freedom of speech, and to highlight their opposition to abortion in principle, including using some of the language detailed in Appendix 5.3

Reasons for selecting 'A significant increase in costs'

The vast majority of those who selected this option were opposed to the Bill in its entirety, many stated their opposition to abortion in principle. Others generally repeated comments made throughout the consultation. The most common being that the **Bill is not necessary**, that there is **no evidence of harassment** and that there is **existing legislation to deal with any harassment**;

Of those respondents specifically addressing the question of financial implications the main themes were;

- That it would be a **waste of public money**; and
- That all aspects from **communication with the public**, to **police time to judicial services** would incur significant increases costs.

“40 Days For Life” campaigner, Deirdre O'Reilly (ID 197274885) gave a detailed response listing many issues raised by other individuals who selected this response and were in opposition to the Bill:

“... I consider that the imposition of buffer zones is a disproportionate response to a situation for which there is no real evidence that a problem exists, as there is already adequate legal provision for any challenges in this sphere. Thus I consider that the extra expenses which would be incurred are not an acceptable use of public finance which is already finding difficulty in meeting real challenges of poverty of provision in various spheres. b] Additional costs could include those of a nationwide awareness campaign. c] In addition there would be use of police and legal time and expense in investigating and prosecuting those accused of violating the buffer zones. d] If the proposed buffer zones become legal, it is expected that there would be a legal challenge to this situation, which could be very expensive to the Government, particularly if the challenger wins the case and is awarded costs. e] There is no credible evidence that a problem exists which is not already adequately covered with the present laws. To use public money for such an unnecessary provision while the present costs of living are rising so rapidly seems to me to a quite unacceptable use of public finance which is so desperately needed elsewhere.

Anonymous (ID 197277107): “Any new legislation is a heavy cost to taxpayers. Why would you do this when existing legislation will take care of any illegal behaviours? Using the public purse to prosecute members of the public for exercising their right to freedom of speech etc is wrong. This bill is not required at all.”

Stephen Gallacher (ID 195929490): “**COST OF NATIONWIDE AWARENESS:** The consultation document acknowledges that the proposal would incur the expense of a nationwide awareness campaign.

COST OF INVESTIGATION OF ALLEGED VIOLATIONS: The cost of investigating alleged violations

COST OF PROSECUTION OF ALLEGED VIOLATIONS The cost of prosecution of those accused of violations.

The consultation document estimates these costs as minimal to moderate but provides no basis for this assumption

COST OF DEFENDING NEW LEGISLATION. The potential cost of defending the legislation against the legal challenges which certainly follow.

The consultation document notes that Ealing Council in London spent £144,000 defending the introduction of a buffer zone in its area. The expense to Scottish taxpayers could be even higher if a successful challenger was awarded costs.

OPPORTUNITY COST. The overall cost of not investing all of these resources elsewhere”

Organisation, ADF UK (ID 197399843):“ i) The Bill is likely to face legal challenge because of its broad and unjustifiable language, exposing the taxpayer to unnecessary public expense. ii) Individuals will face financial burdens for challenging their unjust arrests. iii)The government will face financial burdens for defending their actions in the courts.”

Reasons for selecting ‘some increase in costs’

Those selecting ‘**some increase in costs**’ were clearly split into two groups: those who otherwise supported the bill and those who otherwise opposed the Bill. These two groups of responses have been analysed separately.

Amongst those **opposed** to the Bill and selecting this option the themes were broadly similar to those listed above. Namely that all aspects of implanting the law would incur extra costs and that in doing so it would be a waste of public money.

Christopher Gil (ID 197325003): “Enforcing and policing such zones would involve some expense and, more importantly, a great deal of harassment of those protesting.”

Anonymous (ID 197129325): “A higher cost in policing and in the operation of the courts and prisons with sending pro-life protesters to jail.”

Anonymous (ID 196828259): “If this bill were put in place, then the government is going to have to waste an awful lot of money arresting elderly men and women praying the Rosary across the road from hospitals and paying to put them in prison for six months....”

The response from Compassion Scotland (ID 197018826) is reflective of those opposed to the Bill who selected this option;

“- Given the unnecessary and disproportionate human rights breaches that would arise if the proposals were to become law, the legislation would inevitably be vulnerable to legal challenge which would be costly to defend.

- Enforcing safe access zones would amount to an unnecessary and disproportionate use of police and crown prosecution resources.

- It is a misuse of public funds to prosecute members of the public for

exercising their right to offer compassionate support to vulnerable women.
- The consultation document states that a national awareness campaign would be required as well as the cost of investigating alleged violations. Since the activities to be criminalised are ill-defined, vague and cover a broad spectrum of behaviour, both the campaign and the costs of investigating potential breaches would be high.- It is interesting to note that the consultation assesses the costs in implementing these proposals as minimal to moderate. If the problems of harassment and intimidation were widespread, one would expect there to be significant costs in addressing them.”

Of those **supportive** of the Bill and selecting ‘**some increase in costs**’ common themes included;

- that **increase security and policing would likely incur costs**; however several respondents citing this also suggested that there would be savings in the long term;
- that the **increase in costs would be justified to protect women’s access to healthcare**; and
- that there may be a cost associated with **informing the public of the new Bill** including any signage associated with the safe access zone; many respondents highlighted any increase in costs would be minimal and likely only to be experienced in the initial phase to set up the safe access zones and over time would balance out.

GP Alison Hill (ID 191835974) reflected that if the law was observed by protestors then there would be minimal increase in costs;

“Possible increase in costs to police zones and prosecute offenders. Possibly offset to a degree by any fines. If law observed and no prosecutions required then minimal increase costs.

Not having zones could lead to adverse health effects, both mental and physical, on patients and staff. These also have cost implications to consider if zones were not introduced.”

A woman who has accessed sexual health services, and wishes to remain anonymous (ID 192197902);

“There will be costs involved with policing this matter. Given systemic failures in the past to treat crimes against women (domestic violence, rape, sex-trafficking and coercion) it should be seen as a priority to provide safe and impartial access to healthcare. This will save women’s lives.”

Reasons for selecting ‘No overall change in costs’

The majority selecting this option indicated in their textual responses that they felt costs would be balanced out over time, the main themes that emerged were;

- that **police and security are already needed on site**, therefore there would be no increase in funds for police and security;
- that costs in implementing a safe access zone would be **offset in the reduction in police costs** as they would no longer be needed on site; and

- that increases in **costs would be offset by the fines** imposed on offenders; with some suggesting that fines be ‘donated’ to the NHS facility outside which the protest had taken place.

Third sector organisation MSI Reproductive Choices UK (ID 197233788) reflected on their experience of safe access zones elsewhere in the UK;

“The safe zone around the MSI UK clinic in Ealing has been very efficient, and has reduced the support required from the police. Since the Mattock Lane safe zone was introduced, there have been three police incidents in three years. There was regular engagement with the police prior to the safe zone, with some weeks requiring multiple police attendances in person.

We have clinics which experience anti-choice harassment at present, and which do not have a safe zone in place. These clinics require a continual commitment and involvement from police, even if there is not a regular presence required. We share information, keep them updated, and discuss options regarding particular incidents.

Based on this evidence, we believe that a Scotland-wide policy to protect clinics and hospitals from anti-choice activity would represent an efficient use of resources and would not increase costs overall.”

Reasons for selecting ‘some reduction in costs’

295 – 2.6% of respondents selected ‘**some reduction in costs**’. Of those that selected this option almost all were supportive of the Bill²⁸. The following themes emerged;

- that there would be **savings for the police service** in not having to attend sites;
- that there would be **savings if the law is respected**, as there would be a reduction in policing and security costs;
- that there would be a **reduction in cancelled appointments**, which incur a cost to the NHS; in addition some respondents were of the view that it would reduce the need to provide additional support to patients suffering excess distress caused by protestors;
- that cost savings would be made as there would be a **reduction in provision of mental health support for both patients and staff**; some respondents suggested there would be reduction in costs dealing with the **consequences of unsafe abortions, or the additional cost of late abortion services** patients may seek out if they feel they cannot safely access healthcare settings; and
- that there would be an **indirect wealth benefit for women and children**, as access to safe abortion services results in better social outcomes for families;

²⁸ Only 31 respondents who were opposed to the Bill felt there would be any reduction in costs – of those 22 gave textual responses indicating a point of view to the contrary.

- that there would be reductions in the **costs associated with raising an unwanted child**; some respondents raised that this is a cost that can fall on both individuals and the state (see as an example Callum Runciman, ID 194262690)

Many of those who selected '**some reduction in costs**' suggested that the implementation of the Bill would mean that there would be cost savings for the provision of NHS services. This was reflected in the response from Helen Hare (ID 191726022), a medical doctor with experience in obstetrics and gynaecology;

“Evidence from other areas with buffer zones has show a reduction in Police attendance required.

Patients who are not harassed are likely to be able to move through the service more quickly, and will be less likely to cancel appointments, which is of financial benefit to the service.”

GP with experience of working at sexual health clinics, anonymous (ID 195823536): “When women have access to safe abortion then overall health and social outcomes for women and children are better. Lack of intimidation at abortion clinics is part of that. Probably hard to demonstrate directly but I believe there will be much indirect wealth benefit to healthier less socially pressured families.”

The comments made by Laura Moran (ID 191731606) were reflective of many comments made by members of the public, clinicians, and those with experience of being a patient, who raised that savings would occur over the long-term over a range of areas;

“While I appreciate that there may be an increase in costs for police, the court system etc, this must be weighed against the less tangible benefits that safe access to abortion provides - the long term benefit to GDP because a young person is able to complete their studies and 'make something of themselves' rather than staying pregnant because they're too afraid of the protestors; those accessing the services that don't wind up with PTSD and are more able to contribute to society because the protestors weren't there.”

Reasons for selecting 'A significant reduction in costs'

129 (1.1%) of respondents thought there would be a significant reduction in costs. Similar to those who had selected '**some reduction in costs**', those who selected this option, tended to be of the view that there would be reductions in costs associated with police and security, NHS services and costs to individual and the state. The following are examples of comments given by those who selected 'a significant reduction in costs' and are broadly reflective of comments given in response to this question;

Individual who has had 2 abortions and wished to remain anonymous (ID 196690183): “there will be a saving to the police as they won't need to supervise protests and there will be a saving to the nhs as there will be less cancelled

appointments and less need for trauma counseling following this kind of encounter”

Retired professional, with experience of working for many years in women’s services, Maggie Jack (ID 196190721); “Young women ‘forced’ to continue with a pregnancy she is at best ambivalent about or at worst a risk to her health may require considerable state support - benefits, social work interventions, fostering/adoption/kinship care, long term ill health both physical and emotional- all of high cost to her (and emotionally) and financially to the state. Women may wish to continue working and therefore contributing to the economy. And of course, the religious care providers might lose financially if they don’t have adequate supply of ‘unwanted’ babies to look after on behalf of the state who will be paying the religious order (largely Christian) for the service - this sounds cynical but we mustn’t forget our history.”

Reasons for selecting ‘I don’t know’

Of those who selected this option, many stated their lack of knowledge and expertise around financial matters. Of those who left further comments the main theme that emerged was that a financial cost is justified to protect access to healthcare;

Ana Negut (ID 192258328): “I think the financial impact is not an important consideration when it comes to reproductive healthcare and safety. There should be no compromise made.”

Others felt that financial implications should be set to one side, as in the response given by the organisation Moray Violence against Women Partnership (ID 195016781):

“Unknown but, considering the substantial implications for Scottish women's healthcare: this should not be a significant factor in decision-making.”

Of those opposed to the Bill and selecting ‘**I don’t know**’ some stated their objection to abortion in principle and some felt that financial implications should not be considered as they felt the principle was more important than the cost:

Ernie Shippin (ID 197188235): “All this strikes me as speculative and not particularly helpful. I don't think financial considerations should be a driving factor in this discussion which involves fundamental issues of principle, i.e. protection of unborn children and of rights of free assembly and protest.”

Equalities

Question 20

Any new law can have an impact on different individuals in society, for example as a result of their age, disability, gender re-assignment, marriage and civil partnership status, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

What impact could this proposal have on particular people if it became law? (Positive, Slightly positive, Neutral, Slightly negative, Negative, Unsure)?

Please explain the reasons for your answer and if there are any ways you think the proposal could avoid negative impacts on particular people

11,105 respondents (93.5% of the total) answered this question, including 46 of the 52 organisations that responded to the consultation.

4781 (44.1%) selected that the proposal would have a positive impact (including 29 organisations – 64.4 % of the organisations that responded). A further 220 (2%) selected that the proposal would have a slightly positive effect (one organisation – 2.2%).

4600 (42.5%) selected that the proposal would have a negative effect (including 14 organisations – 31.1% of organisations), with a further 42 (0.4%) selecting slightly negative.

494 (4.6%) selected neutral and 692 (6.4%) were unsure, (one organisation – 2.2%).

142 (1.2%) of respondents selected more than one option (one organisation – 2.2%). Respondents selecting more than one option tended to signify that the outcome would be positive for some groups and negative for others.

Reasons for selecting 'Positive' or 'Slightly positive'

Throughout the responses of those who felt the proposal would have a positive impact the common theme was that freedom to access healthcare would improve the lives of many individuals, particularly (though not exclusively) women, trans and non-binary people who are able to become pregnant, people with disabilities, people of colour, young people and people from disadvantaged backgrounds.

Many who selected '**positive**' or '**slightly positive**' recognised that the Bill could negatively affect people with particular religious beliefs. In this case respondents mostly stated that this would only affect those people within the limit of the safe access zone.

The organisation Zero Tolerance (ID 196394310) gave a detailed response which is reflective and encompassing of the themes raised by those who selected '**Positive**' or '**Slightly positive**';

“Women who experience multiple forms of discrimination may experience intimidation and harassment as not only sexist but also charged with racism, ableism, ageism, homophobia, and transphobia. Lesbian and bisexual young women are twice as likely to become pregnant as their heterosexual peers (IMPACT 2012). Trans and non-binary people who want additional privacy and others such as younger, LGBTI, and those living in rural, and small communities are also more vulnerable (Engender 2021). This Bill will offer additional protection for those most vulnerable to harassment, intimidation and who may also need additional privacy due to characteristics protected by the Equality Act (2020).

Safe access zone laws enable the state to fulfil their obligations to respect and protect human rights under international law. The UN Committee on the Elimination of Discrimination against Women (CEDAW) argues that the “abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender-based violence” (CEDAW 2017). Patients have the right to be protected by government from intimidation and harassment when seeking when seeking lawful healthcare (article 8 Human Rights Act 1998).

Furthermore, beliefs about abortion are not a fundamental or central aspect of any denomination or specific to a particular religion, and the number of those involved is a small percentage of the religious communities in Scotland so it is not an attack on religious freedoms.

The public right to legitimate and non-intimidatory protest is protected by the European Convention on Human Rights (ECHR). However, these campaigns are experienced as intimidatory by patients and staff of clinics and they infringe on the article 8 rights of those attending the clinics. The aim of anti-abortion demonstrators outside hospitals is to discourage clinic-users from having an abortion directly and indirectly, as a result this action cannot be considered as a protest (Ottley 2022) ... There are other legitimate means for demonstrators to exercise their legal right to protest such as petitioning their elected representatives and protesting outside parliament. Therefore, introducing safe access zones does not restrict their right to protest or express their views it merely, prevents the harassment of individuals accessing their own rights. This approach is the best way forward to balance those rights as the health of clinic-users can be negatively affected by demonstrations, whereas safe access zones would not affect the health of demonstrators.”

Reasons for selecting ‘Negative’ or ‘Slightly negative’

The overwhelming majority (98%) of respondents who selected ‘**negative**’ or ‘**slightly negative**’ were fully opposed to the Bill. Many repeated themes that had emerged in response to previous questions such as the view that **legislation already exists** and the view that **the Bill is an attack on free speech**. Of those who

felt the proposal would have a negative impact on particular groups if it became law the main theme was a concern that the Bill would restrict religious freedoms.

Jazmine Okolo (ID 195903733): "It is firstly a violation of the human right of freedom of expression. Furthermore, it could also negatively impact people with religious beliefs - particularly Catholics who tend to hold a pro-life stance. Thus, this bill could impede their right to religious expression. This in turn will make Scotland an oppressive society as it has targeted a particular group of people."

Organisation, Evangelical Alliance Scotland (ID 197334194) stated: "Religion or belief is a protected characteristic under the Equality Act 2010; how its protection would operate under this proposed legislation could pose serious challenges to its implementation."

The response from The Free Church of Scotland, (ID 197329861) is reflective of many who selected negative or slightly negative and stated that they believed the Bill would be restrictive of their human rights or their right to practice their religion;

"As noted already the proposals undermine fundamental human rights, including freedom of expression, freedom of assembly and freedom of conscience which are protected by the European Convention on Human Rights. While these rights can be interfered with where it is necessary and proportionate that standard has not been met in these proposals. There is insufficient evidence of a widespread problem in Scotland which needs addressed. This proposal targets peaceful citizens, not because of anti-social behaviour but for their pro-life views. Accordingly, the law disproportionately targets individuals because of their religion or beliefs.

The Consultation Document indicates protest could still take place outside political sites (such as the Scottish Parliament) rather than outside healthcare facilities (page 17 of the Consultation Document). However, that is still an unwarranted interference with people's religious beliefs. Within a free and democratic society we should be able to engage in robust debate and seek to persuade others of our views. It is also not for the government to decide where it is lawful for citizens to hold protests, except in the limited exceptions given within the convention.

We also note the Consultation document refers to vigils where prayer and singing take place and suggests these activities are harmful and should be prohibited. This is clearly an interference with convention rights of freedom of belief.

Restricting freedom of speech on the basis of political opinion and religious belief is not only unlawful under the terms of the European Convention of Human Rights, it is a threat to a functioning democratic society.

Other themes that emerged from those who selected '**negative**' or '**slightly negative**' included:

- that **those living in poverty are more likely to seek abortion**; respondents linked this to the need for further support that protesters feel is not provided otherwise (see response from Compassion Scotland, below);
- that the Bill would **discriminate against ‘the unborn’**; many respondents were of the view that the Bill would result in more abortions taking place;
- that the Bill would **discriminate against women who are suffering ‘crisis pregnancies’**; many respondents being of the view that women receive information, support and advice from protestors; and
- that the Bill **discriminates against “disabled pre-born children”**; with some sharing the view across the consultation responses that fetuses that have a diagnosis of disability are more likely to be aborted

Anonymous (ID 197129325): “Seeks to encourage women to have abortions, which is very damaging for them and especially for their pre-born children, so extremely discriminatory against pre-born children, and against disabled pre-born children - who are able to be killed up to birth.”

Compassion Scotland (ID 197092478): “There is a strong and increasing association between deprivation and the rate of abortion. In recent years, abortion rates increased across most of the deprivation groups. Women from deprived areas are likely to be most in need of being signposted to practical help and support. Safe access zones eradicate any offer of support to women in need who may feel they have no choice but to have an abortion. The proposals would have a negative impact on those with disabilities such as Down’s Syndrome. Research from Positive About Down Syndrome shows that even after being offered an abortion and informing medical professionals that they wished to keep their baby, 46% of mothers were asked again if they wanted to abort. This shows that many expectant mothers of babies with Down’s Syndrome experience ongoing systematic discrimination within healthcare settings. Such women may be particularly in need of receiving life-affirming offers of help for them and their children.”

Secondary school teacher, Bernadette Eakin (ID 197301995): “Abortion access discriminates unjustly against people who are unborn. This proposed legislation to limit peaceful right of protest will result in fewer lives being saved and therefore will increase inequality for many.”

Anonymous (ID 197127991): “For women in crisis pregnancies, and others who find themselves unsure that they are able to parent a child, removing access to information at the gates and to access to support groups they may not know how to find otherwise, will be damaging.”

Reasons for selecting ‘Neutral’, ‘Unsure’ or more than one option.

Of those selecting ‘**unsure**’ or ‘**neutral**’ many stated the main that the impact would be positive for some but neutral or negative for others. Other respondents with

similar views selected more than one option and left comments reflecting the same. The comments below are reflective of the types of comments from individuals who selected more than one option, Neutral, or unsure.

Mhairi Mackay (ID 194353467): “This will affect individuals differently based on their beliefs however I believe it will affect the majority positively and only those protesting negatively but not to the extent of the scale of the positive impact affecting users of the service and those that believe in woman’s rights in general. Supporters of women’s rights not affected by abortion will also be affected positively but less so than before mentioned. All others- no impact.”

Published academic researcher with expertise in medical law, Emily Ottley (ID 195519281) gave particular insight into the likely impacts on different groups;

“The proposal is likely to have a positive impact on pregnant persons because they will be able to access abortion services without encountering demonstrations directly outside clinics/hospitals.

The adverse consequences of demonstrations on this group are well-known and include: (i) potentially being prevented from having an abortion (lack of reproductive choice has been linked to mental health problems and there are physical effects of pregnancy and childbirth); (ii) potentially delaying an abortion (mortality and complications increase the later in pregnancy an abortion is carried out and delay is likely to be stressful for someone who wants an abortion); and (iii) a negative emotional response.

There is likely to be a slight negative impact on some religious persons as many demonstrators are motivated by their religious beliefs on abortion (see Lowe and Hayes 2019). However, this negative impact will only be slight as demonstrators can continue to protest outside the safe access zone; they are merely prevented from protesting in close proximity to clinic/hospital. This slight negative impact cannot be avoided if the aims of the proposed law are to be achieved, but care should be taken to minimise the negative impact as far as possible (eg. not having a disproportionately large safe access zone).“

Sustainability

Question 21

Any new law can impact on work to protect and enhance the environment, achieve a sustainable economy, and create a strong, healthy, and just society for future generations. Do you think the proposal could impact in any of these areas? (Yes, No, Unsure)

Please explain the reasons for your answer, including what you think the impact of the proposal could be, and if there are any ways you think the proposal could avoid negative impacts?

9994 respondents (84.1% of the total) answered this question, including 40 of the 52 organisations that responded to the consultation.

A majority of respondents (5771 – 57.7%) thought that the proposal could have an impact on the environment, sustainable economy, and creating just society (including 29 organisations – 72.5 % of the organisations that responded to this question).

2053 (20.5%) thought that the proposal would not have an impact on the environment, sustainable economy, and creating just society (including 5 organisations – 12.5% of organisations).

2170 (21.7%) were unsure, (6 organisation – 15%).

It was clear in the responses that some who selected ‘**Yes**’ thought there would be a positive impact on the environment, sustainable economy, and creating a just society, whereas others who selected ‘**Yes**’ thought that the impact would be negative.

Similarly, of those who selected ‘**No**’, some thought there would be no impact on the environment, sustainable economy, and creating just society, some who selected ‘**No**’ felt that there would be an impact but that the impact would be positive and others stated that the impact would be purely negative.

Whichever option they selected for this question, those who were supportive of the Bill tended to be of the view that safe access to healthcare would be a benefit to society. Whereas those opposed to the Bill tended to state the view that abortion cannot be a benefit to society.

Reasons for selecting ‘Yes’

Of those who selected ‘**Yes**’ and were **supportive** of the proposal many made reference to the particular term ‘**just society**’. Themes that emerged were;

- that **access to healthcare without intimidation is crucial in a just society** and will benefit a healthy future generation; some respondents highlighted that patients would be better able to make choices about their healthcare and protect their mental health if they were free from harassment;
- that **bodily autonomy will empower women and future generations**; and

- that **fewer unwanted children would have a positive effect on the both economy and society.**

Junior doctor, with experience of researching in sexual health settings, Angharad Dixon (ID 191727818): “It creates a safe environment for patients to make choices about their healthcare and wellbeing. It allows protection of their mental health, free from harassment for their decisions. This can only be of benefit to a healthy future generation”

Doctor working in obstetrics and gynaecology, Isla Waterson (ID 194148304): “A society where bodily autonomy is respected and upheld will empower future generations and allow women to take control of their health and future”

Professional with experience in sustainability and ethics, Stacey Campbell (ID 191736743): “If less people feel terrorised into having children they do not want or can't support for one reason or another, then surely this can only support the economy and society as we will have less people needing benefits to pay for care for the children, less children neglected or abandoned into social care, less victims of rape traumatised by raising their rapists child and suffering mental health impacts which costs the NHS and tax payer more money....to name a few. Personally I can't see any negative impacts of having a healthcare service which is easy and safe to access for everyone and again I really am amazed that this is even a topic for debate still in 2022 “

Some respondents who thought that the proposal would have a positive impact on the environment, sustainable economy, and creating a just society highlighted gender inequalities and access to healthcare, particularly reproductive healthcare as being a crucial factor in creating a strong, healthy and just society for future generations;

Moray Violence against Women Partnership (ID 195016781); “Scottish women's ability to participate in family life, their community, the workplace and our government depends on being able to choose to become pregnant or not - there is not a single element mentioned above that is not negatively impacted by unfair pressures being placed upon women seeking to make this choice. Gender inequality and the violence against women this causes cost Scotland billions each year. Attempts to infringe reproductive rights fundamentally attack women's ability to contribute across all areas of society and devalue women and girls in the process.”

Back Off Scotland (ID 197222206); “We believe that the proposed Bill would have no impact on sustainability principles but will fulfil the government's responsibility to provide legal healthcare unimpeded by intimidation or harassment.”

The Scottish Women's Rights Centre (ID 197414552); “SWRC supports women victim/ survivors of gender-based violence, sexual violence, domestic and economic abuse. Barriers to accessing healthcare facilities will have detrimental and disproportionate impact on survivors and will put them at an even greater disadvantage. Steps towards removing these barriers are

needed if we wish to create a strong, healthy and just society for all. A just society is one in which everyone is free to exercise their bodily autonomy free from harassment and intimidation, as protected by Article 8 ECHR, and where any restrictions on rights are necessary, proportionate and prescribed by law.

Limiting access to abortion services can have the effect of introducing further barriers justice, education, employment and financial independence for women.”

Of those who selected ‘Yes’ and were opposed to the proposal the overwhelming theme was opposition to abortion in principle. Themes emerging from these responses included;

- that **making abortion easier will adversely affect efforts to create a strong and healthy society**; many respondents of this view also stated their view that the Bill would **prevent the birth of ‘future generations’**;
- that **any law that supports ‘killing innocent people’ cannot be just**;
- that **removing the right to free speech** and right to peacefully protest will make a society less healthy and just; and
- that it is **unjust to ban peaceful prayer and offers of help**; some respondents also gave the view that the Bill would create a ‘slippery slope’ and that the implications would reach further than intended.

Stephen Dunn (ID 196892266): “Passing such law would deprive a just society from future generations”

Midwife, Yvonne Blair (ID 197286173): “If abortion was not so readily available and the resources channelled into education and support of women with unwanted pregnancies perhaps women would consider other options. This could be construed as a ‘negative’ impact in the sense that it stems the flow of abortions for women who want it and see themselves as having no alternatives. The fact that schoolgirls can have an abortion without parental knowledge shows how far we have degraded human life to the extent that it can be done as an outpatient procedure a further step towards ‘normalising’ the taking of a human life.”

Nurse, anonymous (ID 197111445): “Any society that takes away the right to free speech and right to peacefully protest is moving away from democracy and so that society becomes less healthy and just.”

Anonymous (ID 197253948): “There is no justice in banning peaceful prayer and offers of help as the “pro-life” individuals and groups have been doing. It is the nature of injustice to create more injustice; therefore, the proposal would have a wide-ranging impact beyond the scope of the people and groups directly involved with the area around the abortion centres.”

Some respondents who thought that the proposal would have a negative impact on the environment, sustainable economy, and creating a just society some raised concerns about women not having alternative options to abortion and the mental

health effects. Others raised concerns about the rights of the unborn child. The comments below are reflective and encompassing of the views raised;

Patricia McKeever, editor of Catholic Truth (ID 196831863) "I am convinced that this new law, if passed, will hugely impact on the lives of many women who - due to the media censorship of the pro-life case - will not have access to any alternative to abortion, and this will be detrimental to her mental health; this is especially true in those cases where a woman finds herself in a "crisis" pregnancy, perhaps very young and not sure about what to do. Impartial advice is not on offer from the abortion clinics, whose business is to abort. I've heard accounts, myself, from women who were encouraged to abort, for example, a Downs Syndrome child, who later became very angry (like the young mother I heard speak at a pro-life Conference), feeling duped and distrustful of the medical profession as a result.

There is no way this proposed legislation will avoid such negative impacts. Censoring information is the stuff of totalitarian regimes. It must not become the norm in Scotland. Lives are at stake here - both the life of the mother-to-be and the life of her unborn child. She has the right to as much information as possible, before deciding to kill her baby. Too many women do not realise that that is what they are choosing to do. They are given propaganda not genuine information and horror stories about the dreadful effects abortion has had on those women who later come to understand the truth and reality of abortion."

The Helpers of God's Precious Infants (ID 197325288) "The words just society in the question surely apply to all human beings, whatever stage of their development or fragility. To ignore that the child in a mother's womb is a human being, with rights, is to deny the findings of modern science. We are there for the mothers and the babies and the fathers, offering a just solution to a problem pregnancy. Our help goes on after the birth of the baby, we try to do what we can for as long as we can or as long as the family needs us.

I have been present at many vigils in the UK and I see no need for any buffer zones whatsoever."

Reasons for selecting 'No'

There was a lack of continuity in the responses of those who selected '**No**'. Some respondents thought there would be no impact on the environment, economy, and society, some felt that there would be an impact but that the impact would be positive, whilst others stated that the impact would be purely negative. Example responses have been given below to show the breadth of opinion of those responding '**No**' in this instance.

Responses from those who were **supportive** of the proposal and selected '**No**' on this question tended to be of the view that there would be no impact or that the impact would be positive. The following is a small selection of views that are broadly typical across those supportive of the proposal and selected '**No**';

Sexual and reproductive health specialist nurse, Mark Thompson (ID 192825046) “It shouldn’t have any impact other than the protection of people accessing healthcare”

Medical doctor, Emma McKinlay, (ID 191721289); “I do not believe this will have an impact on sustainability. It will fulfil the governments responsibility to provide legal healthcare in unimpeded by intimidation or harassment.”

Anonymous (ID 194133960): “When mothers/women are given health advice and they have the right to choose it will make a fairer society on the whole. Children will be brought up by people who are ready to have children and those who are not ready will get to continue living a life that is for them and not one which is influenced by other peoples beliefs or opinions.”

Responses from those who were opposed to the proposal and selected ‘**No**’ on this question tended to be concerned about abortion in general, rather than the introduction of safe access zones. The following are a small selection of views typical of those opposed to the proposal and selected ‘**No**’;

Catholic priest, Rev John McInnes (ID 195532379) “The moral landscape is a major concern for me in this regard. The merest hint of eugenics raising its ugly head must be resisted when it comes to those individuals and society in general choosing who has the right to life and who doesn't. Any wider environmental issues seem unimportant at this stage.”

Occupational health nurse, anonymous (ID 196892410): “This legislation would be counterproductive as an increase in availability will encourage the use of abortion as a solution that will have a negative effect in all of the areas stated. Apart from the effect on all persons involved with this practice. An inditement on our legal system and society.”

Anonymous (ID 194370123) “I couldn’t foresee how abortion can positively impact society”

Mrs Patricia Willis (ID 196989310): “Abortion can never be of benefit to any person, economy or society in general”

Jon Mackenzie (ID 194543265): “... Abortion does not enhance the life of anyone, especially not the baby in the womb. In order for future generations to be strong and healthy, we need babies not to be killed in the womb, or there will not be a 'future generation.' This whole bill is concerned with limiting the future generation; of having at least part of the future generation terminated before it can live life and flourish.”

Reasons for selecting ‘Unsure’

There were mixed views expressed in the responses of those who selected ‘**Unsure**’. Some were of the view that unimpeded access to healthcare would be a benefit to society, others were unsure if safe access zones would have any impact.

Some example responses have been given below to show the range of opinion;

Anonymous (ID 194973516); "... a population with access to free healthcare, including reproductive healthcare, is a healthier and happier population. Forcing someone to go through pregnancy with guilt, shame and harassment is going to be terrible for society in the long run."

Member of the public who attends Sandyford clinic, for medical care, Rebecca Kerr, (ID 194425042) "Easier access to abortions will help more women stay in the workforce and progress in their careers, but whether this bill will lead to additional economic growth is uncertain."

Some who were opposed to the Bill gave the view that freedom of speech is being eroded, or gave their opinion on access to abortion services in general.

Anonymous (ID 196696590) "To create a strong healthy and just society is to allow freedom of speech and opinions and NOT to oppresse those views and opinions."

Dee Martin (ID 197155553) "If governments continue to support abortion and provide the means to do so. Which future generations are you talking about?"

General

Question 22

Do you have any other additional comments or suggestions on the proposed Bill (which have not already been covered in any of your responses to earlier questions)?

3698 respondents (31.1% of the total) answered this question, including 22 of the 52 organisations that responded to the consultation. The majority of comments made in response to this question either stated that the respondent had nothing to add, or repeated views expressed in response to earlier questions, or reiterated support or opposition to access to abortion in principle.

Many respondents, on the whole supportive of the proposal, provided additional, personal experiences of abortion, miscarriage, ectopic pregnancy and other similar experiences.

From those who were opposed to the proposal many provided personal stories of prayer vigils. Responses to this question also included many anecdotes of acquaintances who had been coerced into having an abortion and later regretted their actions, alongside similar anecdotes of women who, having rejected the option of having an abortion, went on to lead fulfilled lives.

Some respondents, including organisations, academics and professionals took the opportunity to raise pertinent issues that they felt had not been covered elsewhere in the survey responses.

The summary of this question presents a selection of the most frequently raised themes and any distinct comments made that have not been covered in the summary of the previous questions and may be of interest. As is the case with other questions, given the high number of responses, for a full account of the answers given to this question please consult the published responses²⁹.

Legal issues

The legal implications of the introduction of the Bill were raised at various points throughout the consultation, most notably by organisations and academics in responses to Question 22. Those opposed to the Bill were most likely to question the legality of the introduction of safe access zones. Some were concerned about the removal of the right to protest;

University lecturer in education and ethics, who wished to remain anonymous, (ID 196310230): “My central concern is taking away a citizens right to protest in a chosen location, even if one disagrees with the claims of a protestor or group of protestors - or indeed finds it distasteful / offensive.”

Others cited the European Convention on Human Rights and the Human Rights Act. It should be noted that concerns about human rights were raised in response to

²⁹ The consultation responses are available at: <https://www.bufferzones.scot/consultation-results>

every question of the consultation, they have been gathered here for clarity. Several individuals were animated in their responses, this reflects the strength of feeling surrounding the issue of safe access zones;

Ian McKenzie (ID 196295159): POLITICAL CORRECTNESS IS DRIVING THESE PROPOSALS, THE EUROPEAN CONVENTION ON HUMAN RIGHTS AND THE HUMAN RIGHTS ACT 1998 WERE SET UP TO PROTECT FREE SPEECH AND ASSEMBLY, SHOULD THESE PROPOSALS BE APPLIED IN OUR SO CALLED FREE SOCIETY? I THINK NOT.

Timothy Keohane (ID 197128706): "there is no evidence of a problem existing against women in this situation - it would be a breach of human rights to prevent others from helping these ladies and prevent free speech and freedom of expression. This crime of abortion may affect the mental health of those affected who may later come to regret their crime. the purpose of the Bill is not to limit protest but it would limit it if implemented. Banning "influence and persuasion" is a dangerous step for a supposed democratic society to take."

The response from organisation ADF (ID 197399843) is detailed and well referenced, the full response from is available on the website, an excerpt is provided below:

"There are four significant legal issues with the proposed Bill:

- 1... the proposals undermine the foundational principles of the Rule of Law and introduce an unjustifiably low bar for establishing criminality.
2. The Bill fails to safeguard the right to freedom of expression, freedom of religion or belief, or freedom of assembly. Moreover, the government has failed to qualify the restrictions to these rights through a strongly protective 'reasonable excuse' clause. Further still, the Bill fails to contain a mechanism for ensuring that the buffer zones, or their extensions by local councils, are proportionate in accordance with the law.
3. The Bill interferes with the non-derogable fundamental human right of freedom of thought in the instance of prohibitions on private prayer, due to its broad drafting.
4. The Bill disproportionately targets pro-life groups whose members hold philosophical and religious beliefs about abortion. These beliefs are fiercely protected by the jurisprudence of the European Court of Human Rights and are likewise protected in domestic law."

Reflecting the responses of many individuals the response of Archdiocese of St Andrews & Edinburgh (ID 197258216) stated that the vigils are peaceful, and help is offered. They went on to state the view that existing legislation already protects individuals from intimidation and harassment:

“Pro-life vigils are peaceful and offers of help are gently made. Where there is serious evidence of actual intimidation and harassment there is already existing legislation that can be brought to bear. For example:

- The Protection from Harassment Act 1997 protects people from harassment by the creation of non-harassment orders.
- The Criminal Justice and Licensing (Scotland) Act 2010 establishes an offence of threatening and abusive behaviour which is likely to cause fear and alarm.
- The Antisocial Behaviour etc (Scotland) Act 2004 allows police to issue a dispersal order where there is public alarm or distress. The Public Order Act 1986 gives police the power to impose conditions on public processions and public assemblies.

There is considerable and long term evidence from Police Scotland and NHS Boards that vigils are peaceful. It is notable that Police Scotland are not calling for more powers in this area. Many FOI responses have confirmed this (see <https://www.compassionscotland.com/general-7>)

The Bill seeks to define the mere presence of a person who is quietly praying or someone who is offering help, as intimidation and harassment. This is a dangerous and unacceptable precedent.”

Academics who supported the Bill gave responses with specific reference to human rights, and cited legal outcomes in other jurisdictions. A detailed response by Dr Tania Penovic (ID 197102510), research group leader in gender and sexuality for the Castan Centre for Human Rights Law at Monash University, Melbourne, Australia. Dr Penovic’s full response is available on the website, an excerpt is provided here;

“... The conduct of clinic picketers has undermined pregnant people’s human rights, including the right to privacy, the right to the highest attainable standard of health, the right to security of person, women’s equal right to decide freely and responsibly on the number and spacing of their children and equality of access to health care services, including those related to family planning. It may constitute cruel, inhuman or degrading treatment and gender-based violence. Subjecting women and girls to such ‘humiliating and judgmental attitudes’ in the context of accessing abortion has been recognised as a form of torture or cruel, inhuman or degrading treatment: Juan Mendez, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment (A/HRC/31/57, 5 January 2016) para 44.

...Anti-abortion picketing is furthermore a form of targeted discrimination against women, girls and other pregnancy-capable people. It has been likened by health professionals that I interviewed to another serious form of discrimination; racial vilification or hate speech.

...Safe access zone legislation accords with the obligation of states to exercise due diligence to prevent and prosecute human rights abuses by non-state actors. It is not the responsibility of pregnant people or clinic staff to

seek redress for breaches of their human rights. It is the role of the state to exercise due diligence to prevent and prosecute breaches of human rights perpetrated by anti-abortionists.”

Academic researcher with experience of medical law Emily Ottley (ID 195519281) left a detailed and well referenced response, the full response is available on the website, an excerpt is provided here:

“ It might be argued that some “less extreme” protest activities should not be prohibited. Silent prayer vigils that do not obstruct access to the clinic is often given as an example of such activity. However...

1.Both the Australian High Court (in *Clubb v Edwards*; *Preston v Avery*) and the Supreme Court of British Columbia (in *R v Spratt*) rejected similar arguments when Australian and Canadian buffer zone legislation was challenged on the grounds of freedom of political communication and freedom of expression respectively. Some key points from these decisions are summarised below:

A. "Less extreme" behaviour 'may well be apt to shame or frighten [a clinic-user] into eschewing the services of a clinic'. Indeed, '[s]ilent but reproachful observance of persons accessing a clinic for the purpose of terminating a pregnancy may be as effective, as a means of deterring them from doing so, as more boisterous demonstrations' (*Clubb* paras 88-89).

B. Existing legislation prohibiting harassment, assault, etc, does not do enough to protect clinic-users (*Clubb* para 90).

C. It would be difficult, in practice, for police (or some other enforcer) to distinguish between permitted and prohibited behaviour (*Spratt* para 80).

2. These "less extreme" activities do not seem to have a significantly lesser negative emotional impact on pregnant persons seeking to access abortion services. On the basis of empirical research analysing the reactions of clinic-users attending BPAS clinics in England and Wales between 2011-2015, Lowe and Hayes (2019) conclude that 'the harassment that [clinic-users] feel ... stems from the presence of activists at clinic sites, rather than from their precise conduct' (p343). Lowe and Hayes continue: 'only the complete removal of anti-abortion activists from outside clinics will suffice in removing the source of the distress' experienced by clinic-users (p344).”

Potential consequences on strike action and protest

Some respondents, particularly trade unions were concerned that the safe access zone legislation may accidentally prohibit gatherings and protests of other kinds (for example, pickets during industrial action);

University and College Union (UCU) Scotland (ID 196995717): “As a trade union we would recommend these restrictions do not extend to wider protests

linked to industrial action by trade unionists in pursuit of legitimate industrial disputes in health care settings.”

Communist Party of Britain Glasgow Branch (ID 197159674): “It is important that the bill is specific to healthcare facilities providing access to abortion and is specifically confined to protests and assemblies about the issue of abortion taking place in their vicinity. We would not be supportive of legislation where there is any potential for the use of buffer zones to be broadened to limit freedom of assembly and association in connection with other issues.”

Womens Equality Party-Scottish Branch. (ID 196579782): “... Womens Equality Party Scotland supports the right to protest. Womens Equality Party acknowledges that such protests are described as vigils by those taking part in order to dissuade an women form making a personal and important healthcare decision. People in the Scotland have the right to protest but not to harass a women for a healthcare choice or a staff member for where they work.”

In a very detailed response to Question 10, but presented here for continuity, Royal College of Nursing Scotland (ID 197234786) also raised the issue of protecting the rights of trade union action. You can read the full response from the Royal College of Nursing Scotland on the website, an excerpt is provided here:

“RCN Scotland also strongly agrees with the need to ensure that nothing in the proposed Bill impacts on legitimate trade union activity, including strike action and other legitimate forms of demonstrations by trade unions and their members. We would favour a clear exclusion from the Bill’s provisions, of this type of activity. Picketing is already defined in legislation (section 220A(9) of the Trade Union and Labour Relations (Consolidation) Act 1992, as amended by s 10(2) of the Trade Union Act 2016), however an exclusion for legitimate trade union activity would need to be broader to include, for example, trade union stands located outside places of work for the purpose of communicating with members and other demonstrations by trade unions and their members which do not constitute picketing.”

Concern of the prevalence of abortion

Throughout the consultation there were many who raised concerns about abortion being too readily available and felt that delivering the Bill would further serve to normalise abortion. The vast majority of such respondents also felt the Bill would restrict the offering of ‘help’ or ‘alternatives’. There were concerns of lack of knowledge of what abortion entails, ease of access to abortion pills, coercion by families, coercion by healthcare providers to have an abortion (particularly where a disability has been detected), and prevalence of Post Abortion Syndrome³⁰. The following is a small selection of accounts given by individuals, and are broadly typical of the sorts of experiences and opinions recounted across many responses that were fully opposed to the Bill;

³⁰ Post Abortion Syndrome is also referred to as Post Abortion Stress Disorder, or Post Abortion Trauma

NHS Consultant, Patrick Paul Kearns (ID 197214248): “In the course of my professional work I have encountered a number of colleagues who, although they are involved in the provision of abortion services, are deeply uneasy about the lack of accurate patient information given to women (both about what abortion involves and about the potential long term consequences) and that many women who have abortions may be doing so either because no realistic alternative has been offered them, or worse still, because they are being coerced. A pro-life presence at the hospital door might just afford some women a last minute opportunity to avoid doing something she might regret bitterly for the rest of her life. If she is determined and settled in her decision to go ahead, it's difficult to see what harm hearing or seeing that fleeting pro-life message as she enters the clinic or hospital could do. This Bill is not intended to help women; its purpose is to silence opponents of abortion. Such a Bill in a free and democratic society would be a disgrace.”

Anonymous (ID 197278712): “When the Abortion Act became law in the 1960's it was meant to be a last resort for desperate women who would otherwise have an illegal (and dangerous) home abortion.

In the last few years the home abortion has come back and is still dangerous. During the Covid lockdowns women were allowed to have abortion pills delivered to their homes where they performed the abortion. There was no contact with any doctor or abortionist. Many more women than previously had complications and needed medical assistance.

The Government said that after the pandemic the pills would only be available through contact with a qualified medical person.

But they changed their mind, had a vote in the House of Commons, and the pro-abortionists won.

The so-called 'DIY Abortion pills' are available to anyone (who may have to lie about their age, gender or conception date) and many women are unwilling or unable to get the medical assistance they need.

All the abortion providers are promoting these pills. They must know about the high failure rates and the sick women but they do nothing about it.

Women are being ripped off by the abortion industry and vigils in buffer zones could be a way of helping them.”

Martin Wilkinson (ID 197273758): “I was shocked to find recently that one of my daughters was repeatedly harassed and pressurised by health professionals into having an abortion because her baby 'might be disabled and/or have Downs syndrome', she being pregnant late in life. Thankfully my daughter stood firm, and gave birth to a delightful and healthy child. Mothers-to-be need protection from health professionals who behave like the ones my daughter had to endure. They need pro-life support outside abortion facilities.”

Retired social worker and counsellor, M. Kelly (ID 195017572): “My experience of counselling women and men following an abortion is that they did not have access to the counselling and support they needed at the time. Many women suffer from Post Abortion Stress Disorder which seriously affects their mental health, their relationships and their ability to care for their

family. Following an abortion many women desire to be pregnant again. Caring people at a peaceful vigil outside a hospital or abortion clinic can be a lifeline to many vulnerable people. An invaluable, voluntary service to humanity.”

Across the entirety of the survey many respondents opposed to the Bill, recounted stories of women they had met who had rejected abortion and been happy with that choice, or, alternatively, told of women they knew of who had had an abortion and regretted that decision. This was a strong theme across all sections of the survey but particularly in response to Q22. The following is a small selection of accounts given by individuals, and are broadly typical of the sorts of experiences recounted across many responses that were fully opposed to the Bill;

A biology guidance teacher who wished to remain anonymous (ID 195324474): “Pro-life supported a woman who regretted totally having an abortion. It was discovered she was still pregnant. Mum was supported, baby born safely was supported. Both mum and child supported and worked with pro-life for many years. I have never experienced negativity with our work in pro-life. Legalised negativity is going to cause major issues”

A trained GP, who wished to remain anonymous (ID 194637596): “A good friend of mine was pushed by her boyfriend into having an abortion. She was very young at the time, & she didn't understand what she was actually doing-& wasn't given any alternatives. For many years she has carried a big load of guilt & regret & resultant depression. She has never had another child, & even remembers how old her child would be all these years later. Many women later come to realise that they have taken the life of another years later, but can never go back and change what they have done. A lot of mental health problems result from this”

Vivien Stewart (ID 195752431): “Some years ago one of my friends, who was in a stable relationship, became pregnant. She was quite young at the time but saw a future with the father of her child. Between him and parents she had pressure exerted on her and gave in to demands to have an abortion which devastated her. Prior to this she was a bright and bubbly personality. Afterwards she went on to develop an eating disorder and became exceedingly thin. Her previous personality also changed. She went on to marry the father of her aborted child and when last I heard had been unable to conceive again.”

A member of the public with academic qualifications in the area, James Roche (ID 195614857): I have known children with SpinaBifida and Downs who are delightful
Free speech should allow discussion about the value of their lives”

Veronica McNeece (ID 196808416): “I know people who actively support mothers considering abortions and they have told me that many women have explained that abortion was consider for things like financial situations

pressure from others. I have heard the witness of a woman who had an abortion and regretted it. The guilty and emotional heartbreak is unbearable.”

Personal experiences of prayer vigils

Many who opposed the Bill in its entirety gave personal accounts of prayer vigils. Overall, 647 (20.1%) respondents opposed to the Bill and who provided a textual response indicated they had attended a prayer vigil. On the whole the comments were that prayer vigils were peaceful and offered ‘help or ‘counselling’ to women and couples outside healthcare settings that provide abortion services. The following is a small selection of accounts given by individuals, and are broadly typical of the sorts of experiences and opinions recounted across many responses that were fully opposed to the Bill³¹;

Anonymous(ID 197283329): “I only have a good feelings, to be involved in quiet, respectful and loving prayer vigils the last 7 years, the support from people passing, its good for your soul! We are not there to judge but to be a presence, and be there if someone needs to know there is a choice I think it would be terrible to take this right away and to make us criminals would be a downfall in our society”

A retired nurse with experience of working on a gynaecological ward, who wishes to remain anonymous (ID 197128665): “I have attended Pro-Life meetings over the past 30 years, and displays and prayer vigils for at least 11 years. Never have I witnessed any unacceptable behaviour, and at all times, found all participants to be compassionate and solicitous in their approach to women and couples outside the abortion facility.”

Registered mental health nurse, Eamon Cassidy (ID 197088334): “I have taken part in pro- life vigils for years and have never witnessed clients being intimidated.

My sister who has Down’s syndrome was threatened to be aborted by two so-called senior doctors.

Women need support and not do not require their children to be murdered by abortion”

Anonymous (ID 196737844): “I have taken part in peaceful prayer vigil at QEUH for years, at no time have we approached anyone going into the hospital.

Although at times women have approached us, to thank us for being there. We carry placards designed by women who have had an abortion and wish someone had been outside the hospital when they attended.

We pray quietly for all those going for abortions and the many other heartaches that happen in a hospital.

We have never shouted slogans, photographed people, or in any way intimidated anyone.

³¹ See also pages 28 -30

If we had I would hope the local law enforcement officers would use the existing laws to stop us.”

Personal experiences of distress caused by protestors

Many respondents supportive of the Bill indicated that they had visited a clinic either as a service user themselves or accompanying a service user³². Of these, several respondents gave personal accounts of feeling harassed or intimidated when accessing healthcare settings that provide abortion services. The following is a small selection of accounts given by individuals who are fearful of attending clinics, or have experienced distress when accessing services in the past. These comments are broadly typical of the sorts of experiences recounted across many responses that were fully supportive of the Bill³³;

Emily Arrowsmith (ID 197413625): “I would like to add that as a woman I should not have to put up with harassment and abuse when I seek medical care. Even when accessing sexual health clinics for non-abortion related care I am worried that I will be harassed. This is such a barrier to people who need to access clinics for a wide variety of issues (birth control, gynaecological issues). We deserve better protection.”

Anonymous, (ID 194134185): “In 2008 I had a traumatic miscarriage of a much-wanted pregnancy. I was taken to hospital in an ambulance due to a haemorrhage, had to have an abortion to remove what remained and a life-saving blood transfusion. Complications relating to maternity remains a leading cause of death in women under 35 in this country. Every day I was in hospital there were people protesting outside. When I left, they were waving placards with graphic images. These protests are cruel and degrading and should never be held in places where people are simply accessing the essential healthcare they have every right to receive.”

Anonymous respondent, (ID 191698085): “I want to share a bit about my personal experience. I attended the Chalmers Centre during lockdown for a sexual health screening. In order to get to the building I had to walk by a group of protestors with signs. When I entered the centre, due to social distancing rules, I was in a waiting room before my appointment. The protestors were situated directly across the street from the waiting area staring in. Watching me, repeatedly making eye contact with me. Going for a sexual health screening is not a pleasant experience. Going for a screening during lockdown is not a pleasant experience. Being watched and judged and glared at by strangers who think they are entitled to a view of what I am doing with my body is not pleasant. I am getting upset just thinking about it. I went in for my appointment and promptly burst into a flood of tears with the nurse. I was so full of rage. I was taking care of my health. When I got out of the clinic

³² 537 respondents indicated that they had accessed or accompanied someone accessing services. This represents 10% of the total number of respondents who were supportive of the proposal and left a textual response.

³³ See also pages 10-14

I had to hold myself back from reacting violently to those protestors. We should do everything we can to ensure that people feel safe and comfortable when accessing LIFE SAVING medical treatment. I have always been incredibly proud of Scotland's progressive attitudes to healthcare and rights for women. Abortion protestors are an embarrassment to Scotland. If we allow these protests, what is next? To me, tolerance of abuse to those seeking healthcare or those doing their job is a drip ... drip ... drip to a ban on abortions.”

(ID 196741089): “I recently had a missed miscarriage which required a procedure (medical which failed, followed by successful surgery). It was a devastating and traumatic experience made worse by having to pass people with better outcomes outside the maternity hospital. The idea of having to pass protestors too at a time when I wouldn't have had the strength to challenge them is unbearable. That this was all happening at the same time that *roe vs wade* was being overturned made it even clearer that we need to strengthen protection for abortion rights in Scotland, including protecting people going through some of the most difficult moments of their lives by eliminating harassment from the vicinity of hospitals and clinics.”

Anonymous respondent, (ID 191723053): “I would only add from my own experience that these buffer zones are very much needed. Regardless of what these protestors claim, their message and their protests are NOT peaceful. They are distressing and undermine the fundamental principles of body autonomy and deter access to healthcare, which everyone should be entitled to without judgement.”

Anonymous (ID 192326756) “...I recently experienced a missed miscarriage. When I went to the Queen Elizabeth hospital to have a procedure to remove the baby, there were anti-abortion protestors outside, round the corner from the hospital. It made what was already an excruciatingly difficult day even more difficult. I didn't deserve to see that, and no one going in and outside that maternity ward - welcoming a baby, losing a baby, accessing an abortion and/or just receiving maternity healthcare should have to see it. It's distressing and unfair”

Anonymous (ID 197407471): “I fully support the bill as someone who has been harassed outside of an abortion clinic. I was 17 when I was grabbed, shown awful images and called mum before I went in and upon leaving a murder, they took my picture and said they would find my family. I lived in fear of this being the case. I did nothing wrong, it was the right decision for me but it did make a difficult decision harder and caused me great distress at the time. I had panic attacks and nightmares and it aggravated my complex-ptsd. They did not want to counsel me or help me, as a care experienced person who was unwanted by my own mother none of these people seem to care what happens to babies once they are born. They are pro-birth, not pro-life. I shouldn't have had to deal with these people at all, this bill is necessary. None of these things they did could be considered a protest or activism, it was

abuse, harassment and intimidation of an individual and had no effect on the state or moved forward debate on abortion. If I wanted to protest I would contact my MSP or protest outside parliament. This is not a restriction on their right to protest, this isn't what protest is, it is attacking individual clinic-users who have a right to confidential healthcare. Taking my photo and touching me was a violation.

I would not have gone to university and got an education, I would only have been a parent and trapped in poverty. People having abortions matter, we deserve to have our rights protected."

Jean Hunter (ID 196982791): "My daughter chose to abort her much loved daughter and my much loved granddaughter This still loved child. She chose her daughter over herself. After scans showed fetal damage beyond repairing. We were devastated and heartbroken. It was the one decision in my daughters life she had to make alone because as the mother it was her right to protect her child from further pain at huge cost to herself. During these antenatal and scan visits we were intimidated and harassed daily this continued both before and after the termination. At this most difficult time my daughter was called a sinner a murderess and more. Judge and jury anti abortionists chose daily to inform my daughter of her sins They broke her heart my placid sensible loving brave daughter whilst steadfast in her decision for her daughters sake took ptsd. When she attended the same hospital 4 years later for antenatal care these tormentors were still there holding up their vile placards. Its time now. Enough is Enough!! let vulnerable women access medical care unacosted"

Section 4: Member's commentary

Gillian Mackay MSP has provided the following commentary on the results of the consultation, as summarised in sections 1-3 above.

I would like to thank everyone who took the time to submit their responses. It is clear how important this proposed Bill is to many, given the number of responses we have received.

I would also like to take this opportunity to thank my staff team for their hard work on this consultation.

I am still firmly of the view that we need to bring in Safe Access Zones as a matter of urgency. The testimony throughout the consultation document shows how traumatising and upsetting these scenes outside healthcare settings can be. We must ensure that there are no barriers to accessing healthcare for anyone.

I agree that we need to ensure that the legislation is future proofed so that we do not have to open it up again in a short period of time.

Many respondents offered their views on the morality of abortion. I have been clear throughout this process that this Bill is not about abortion but about access to healthcare that women and pregnant people need to be able to access.

I have lodged a final proposal and if I get the required support then I intend to introduce a Bill in the Scottish Parliament.

Section 5 - Appendix

5.1 Organisational Responses

The responses of all respondents that gave permission to publish can be found at: <https://www.bufferzones.scot/consultation-results> . Due to the high number of respondents, for practical reasons a full list is not provided here. However, the published and attributable organisational responses made to the consultation were as follows

(Smart Survey ID numbers are included for those responses made using Smart Survey, and a response number is shown for all responses):

Responses made via Smart Survey:

-	197405880	Abortion rights Scotland	43
-	197399843	ADF UK	41
-	197258216	Archdiocese of St Andrews & Edinburgh	27
-	197222206	Back Off Scotland	23
-	197390272	BMA Scotland	40
-	197221377	British Pregnancy Advisory Service (BPAS)	22
-	197357866	Cardinal Winning Pro-life Initiative / Rachel's Vineyard	9
-	197331403	Catholic Bishops' Conference of Scotland	37
-	196831863	Catholic Truth	30
-	193345955	Children 1 st	2
-	192789804	Christian Medical Fellowship	5
-	197159674	Communist Party of Britain Glasgow Branch	31
-	197092478	Compassion Scotland	17
-	197334194	Evangelical Alliance Scotland	38
-	197387790	Family Education Trust	39
-	197297867	GMB Scotland	33
-	197378713	Grampian Regional Equality Council (GREC)	6
-	197055973	Humanist Society Scotland	19
-	195016781	Moray Violence against Women Partnership	7
-	197233788	MSI Reproductive Choices UK	24
-	196958158	Mumsnet	15
-	196889870	North Edinburgh Reformed Presbyterian Church	12
-	192442952	Project Choice	1
-	197403976	Rape Crisis Scotland	42
-	197037150	Reformed Presbyterian Church of Scotland	18
-	195457906	Royal College of General Practitioners	8
-	197234786	Royal College of Nursing Scotland	25
-	196404803	Royal College of Obstetricians and Gynaecologists	12
-	197423554	Scottish Teachers For Positive Change and Wellbeing	45
-	196136835	Scottish Women's Aid	10

-	197326706	The Christian Institute	35
-	196003766	The Church of Scotland	28
-	193929350	The City of Edinburgh Council	3
-	197259563	The Equally Safe Edinburgh Committee	32
-	197248633	The Faculty of Sexual & Reproductive Healthcare (FSRH)	26
-	197329861	The Free Church of Scotland	36
-	197325288	The Helpers of God's Precious Infants	34
-	197192109	The Royal College of Midwives	21
-	197414552	The Scottish Women's Rights Centre	44
-	197157584	Unite the Union Glasgow Not for Profit Sector Branch	20
-	196995717	University and College Union (UCU) Scotland	16
-	196375499	Women's Aid South Lanarkshire and East Renfrewshire	11
-	196579782	Womens Equality Party-Scottish Branch.	13
-	191775206	Young Scots for Independence	4
-	196394310	Zero Tolerance	29

Responses not made via Smart Survey:

-	by email	Engender	
-	by email	Law Society of Scotland	48
-	by email	NHS Grampian	51
-	by email	Right to Life UK	49
-	by email	Scottish Council of Jewish Communities	52
-	by email	Scottish Human Rights Commission	47
-	by email	SPUC	46

5.2 Notable responses from academics

-	197102510	Dr Tania Penovic	6673
-	195519281	Emily Ottley	4664
-	by email	Dr Pam Lowe and Dr Sarah-Jane Page	11765

5.3 Strong Language

A wide range of inflammatory phrases were used by respondents who were opposed to the Bill. Some phrases were repeated by several respondents, others were unique but conveyed in similar language by others, the small selection has been included as a summary to convey depth and strength of feeling.

Abortion services and clinics were referred to as various derogatory terms throughout the responses as; "human slaughterhouses"; "abortion mills", "baby-killing factories", and "killing camps".

There were 33 uses of the word “murderers” to describe clinicians, and 48 uses of the word “nazis” to describe politicians or clinicians.

Some of the most commonly used words and phrases are listed below;

- “kill” or “killing” (735 uses)
- “murder” (505 uses)
- “evil” (103 uses)
- “abortion is murder” (90 uses)
- “slaughter” (30 uses)

Other phrases used to describe abortions included “infanticide”, “cold blooded murder”, “massacre”, “genocide”, “holocaust” and “death culture”

Some respondents used phrases of a particularly religious nature, such as;

- “life is sacred” (34 uses)
- “thou shalt/shall not kill” (21 uses)
- Abortion referred to as “sin” (17 uses)

5.4 Online Campaigns

The following organisations campaigned for their supporters to fill out the consultation document. These campaigns were accompanied with a ‘guide’ on how to fill out the consultation; directing which check-box to select and in most cases providing ‘cut-and-paste’ options for completing text responses.

Organisations supportive of the proposal

- **BPAS/Back off Scotland** – guide can be found here – <https://images.bpas-campaigns.org/wp-content/uploads/2022/05/19115435/How-to-respond-BPAS-and-Back-off-Scotland-guide.pdf> - accessed 16 May 2023

Organisation opposed to the proposal

- **Christian Concern** - <https://christianconcern.com/action/say-no-to-censorship-zones-around-scottish-abortion-clinics/> - accessed 16 May 2023
- **Compassion Scotland** – <https://www.compassionscotland.com/consultation-response-guidance> - accessed 16 May 2023
- **Right to Life** - <https://righttolife.org.uk/wp-content/uploads/2022/08/Consultation-guide-Consultation-on-the-Scotland-censorship-zone-Bill-Right-To-Life-UK.pdf> - accessed 16 May 2023
- **SPUC** – <https://www.spuc.org.uk/Portals/0/ThemePluginPro/uploads/2022/6/27/consultation%20guide%20June%202022%20NB.pdf> – accessed 16 May 2023
- **The Christian Institute** - <https://www.christian.org.uk/wp-content/uploads/ProposedAbortionServicesScotlandBill.pdf> - accessed 16 May 2023

5.5 Data Comparison – responses from a single IP address removed

3367 responses were received from a single IP address the below is a breakdown of the figures with and without these 3367 included.

Q9. Which of the following best expresses your view of the proposed Bill?

	All responses		without 3367 from single IP address	
Fully Supportive	6668	56.1%	6639	78.2%
Partially Supportive	38	0.3%	33	0.4%
Unsure	24	0.2%	18	0.2%
Neutral	10	0.1%	9	0.1%
Partially Opposed	51	0.4%	26	0.3%
Fully Opposed	5065	42.6%	1764	20.8%
Subtotal	11856	99.8%	8489	99.7%
Did not answer	23	0.2%	23	0.3%
Total	11879	100.0%	8512	100.0%

Q10. What is your view of the proposal for safe access zones being introduced at all healthcare settings that provide abortion services throughout Scotland?

	All responses		without 3367 from single IP address	
Fully Supportive	6678	56.4%	6655	78.4%
Partially Supportive	40	0.3%	33	0.4%
Unsure	24	0.2%	18	0.2%
Neutral	33	0.3%	24	0.3%
Partially Opposed	71	0.6%	47	0.6%
Fully Opposed	5004	42.2%	1706	20.1%
Subtotal	11850	99.8%	8483	99.7%
Did not answer	29	0.2%	29	0.3%
Total	11879	100.0%	8512	100.0%

Q11. What is your view of the proposal for the 'precautionary' approach to be used, in which a safe access zone is implemented outside every site which provides abortion services?

	All responses		without 3367 from single IP address	
Fully Supportive	6169	52.6%	6148	72.4%
Partially Supportive	188	1.6%	184	2.2%
Unsure	178	1.5%	172	2.0%
Neutral	118	1.0%	111	1.3%

Partially Opposed	78	0.7%	54	0.6%
Fully Opposed	4991	42.6%	1686	19.9%
Subtotal	11722	98.7%	8355	98.2%
Did not answer	157	1.3%	157	1.8%
Total	11879	100.0%	8512	100.0%

Q12. What is your view of the proposed standard size of a safe access zone being 150m around entrances to buildings which provide or house abortion services?

	All responses		without 3367 from single IP address	
Yes – Support this part of the proposal	4563	38.8%	4550	54.2%
No – Believe they should be a different standard size	625	5.3%	618	7.4%
No – Believe the size should be decided based on each site	1189	10.1%	1160	13.8%
No – Do not support the introduction of safe access zones in any form	4953	42.1%	1659	19.8%
Unsure	277	2.4%	260	3.1%
Other	152	1.3%	145	1.7%
Subtotal	11759	99.0%	8392	98.6%
Did not answer	120	1.0%	120	1.4%
Total	11879	100.0%	8512	100.0%

Q13. What is your view of the proposal to ban all protests including both protests in support of and those in opposition to: A person’s decision to access abortion services (ie a woman having an abortion)?

	All responses		without 3367 from single IP address	
Fully Supportive	4286	36.5%	4269	50.3%
Partially Supportive	658	5.6%	645	7.6%
Unsure	319	2.7%	308	3.6%
Neutral	491	4.2%	481	5.7%
Partially Opposed	528	4.5%	497	5.9%
Fully Opposed	5455	46.5%	2171	25.6%
Subtotal	11737	98.8%	8370	98.3%
Did not answer	141	1.2%	141	1.7%
Total	11878	100.0%	8512	100.0%

Q14. What is your view of the proposal to ban all protests including both protests in support of and those in opposition to: A person’s decision to provide abortion services (ie a doctor, nurse or midwife)?

	All responses		without 3367 from single IP address	
Fully Supportive	4457	38.0%	4442	52.3%
Partially Supportive	597	5.1%	585	6.9%
Unsure	318	2.7%	304	3.6%
Neutral	481	4.1%	471	5.5%
Partially Opposed	487	4.2%	459	5.4%
Fully Opposed	5379	45.9%	2091	24.6%
Subtotal	11719	98.7%	8352	98.1%
Did not answer	160	1.3%	160	1.9%
Total	11879	100.0%	8512	100.0%

Q15. What is your view of the proposal to ban all protests including both protests in support of and those in opposition to: A person's decision to facilitate provision of abortion services (ie administrative or support staff)?

	All responses		without 3367 from single IP address	
Fully Supportive	4457	38.3%	4444	52.4%
Partially Supportive	535	4.6%	525	6.2%
Unsure	342	2.9%	333	3.9%
Neutral	496	4.3%	482	5.7%
Partially Opposed	474	4.1%	446	5.3%
Fully Opposed	5346	45.9%	2053	24.2%
Subtotal	11650	98.1%	8283	97.3%
Did not answer	229	1.9%	229	2.7%
Total	11879	100.0%	8512	100.0%

Q16. Which types of activity – when done for the purposes of influencing a person's decision to access healthcare settings including abortion services - do you consider should be banned in a safe access zone? (tick as many from the list as you consider should be covered by the Bill)

	All responses		without 3367 from single IP address	
Persistently, continuously, or repeatedly occupying the zone	6687	59.8%	6629	84.5%
Impeding or blocking somebody's path or an entrance to abortion services	7449	66.6%	7096	90.5%
Intimidating or harassing a person	7606	68.0%	7172	91.5%
Seeking to influence or persuade a person concerning their access to or employment in connection with abortion services	6766	60.5%	6692	85.3%

Demonstrating using items such as leaflets, posters, and pictures specifically related to abortion	6618	59.2%	6565	83.7%
Photographing, filming, or recording a person in the zone	7357	65.8%	7004	89.3%
All of the above	6320	56.5%	6295	80.3%
None of these	3412	30.5%	480	6.1%
Other (please specify):	1258	11.3%	1211	15.4%
Subtotal	11182	94%	7842	92%
Did not answer	697	6%	670	8%
TOTAL	11879	100%	8512	100%

Q17. What is your view on the potential punishments set out in the proposal for breach of a safe access zone (see pages 15 to 16 of the consultation document)?

	All responses		without 3367 from single IP address	
Fully Supportive	5238	44.6%	5228	61.6%
Partially Supportive	626	5.3%	621	7.3%
Unsure	546	4.6%	523	6.2%
Neutral	271	2.3%	262	3.1%
Partially Opposed	101	0.9%	74	0.9%
Fully Opposed	4966	42.3%	1673	19.7%
Subtotal	11748	98.9%	8381	98.5%
Did not answer	131	1.1%	131	1.5%
Total	11879	100.0%	8512	100.0%

Q18. Do you think are other ways in which the Bill's aims could be achieved more effectively?

	All responses		without 3367 from single IP address	
Yes	4026	36.0%	899	11.5%
No	2533	22.6%	2460	31.4%
Unsure	4629	41.4%	4463	57.1%
Subtotal	11188	94.2%	7822	91.9%
Did not answer	691	5.8%	690	8.1%
Total	11879	100.0%	8512	100.0%

Q19. Any new law can have a financial impact that would affect individuals, businesses, the public sector, or others. What financial impact do you think this proposal could have if it became law?:

	All responses		without 3367 from single IP address	
a significant increase in costs	4260	36.9%	1165	13.9%
some increase in costs	2357	20.4%	2290	27.3%
no overall change in costs	2315	20.0%	2302	27.5%
some reduction in costs	295	2.6%	295	3.5%
a significant reduction in costs	129	1.1%	129	1.5%
I don't know	2201	19.0%	2201	26.3%
Subtotal	11557	97.3%	8382	98.5%
Unanswered	322	2.7%	130	1.5%
Total	11879	100.0%	8512	100.0%

Q20. Any new law can have an impact on different individuals in society, for example as a result of their age, disability, gender re-assignment, marriage and civil partnership status, pregnancy and maternity, race, religion or belief, sex or sexual orientation. What impact could this proposal have on particular people if it became law?

	All responses		without 3367 from single IP address	
Positive	4781	44.1%	4775	63.4%
Slightly positive	220	2.0%	220	2.9%
Neutral (neither positive nor negative)	494	4.6%	474	6.3%
Slightly negative	42	0.4%	37	0.5%
Negative	4600	42.5%	1396	18.5%
Unsure	692	6.4%	628	8.3%
Subtotal	10829	91.1%	7530	88.5%
Unanswered	916	7.7%	886	10.4%
More than one answer	142	1.2%	104	1.2%
Total	11883	100.0%	8512	100.0%

Q21. Any new law can impact on work to protect and enhance the environment, achieve a sustainable economy, and create a strong, healthy, and just society for future generations. Do you think the proposal could impact in any of these areas?

	All responses		without 3367 from single IP address	
Yes	5771	57.7%	4742	59.7%
No	2053	20.5%	1634	20.6%
Unsure	2170	21.7%	1565	19.7%
Subtotal	9994	84.1%	7941	93.3%
Did not answer	1885	15.9%	570	6.7%
Total	11879	100.0%	8511	100.0%

Q22. Do you have any other additional comments or suggestions on the proposed Bill?

	All responses		without 3367 from single IP address	
Left a comment	3698	31.1%	3032	35.6%
Did not leave a comment	8181	68.9%	5480	64.4%
Total	11879	100.0%	8512	100.0%

5.6 Help and Support

The content within this document may cause distress. The following organisations offer help and support:

Samaritans

Samaritans provides confidential non-judgmental emotional support for anyone who is struggling to cope – you don't have to be suicidal.

The service is available 24 hours a day, seven days a week.

Call: 116 123

Text: 07725 90 90 90

Visit: www.samaritans.org

Email: jo@samaritans.org

Breathing Space

Breathing Space is a free, confidential phonenumber service for any individual who is experiencing low mood and depression, or who is unusually worried and in need of someone to talk to.

Lines are open:

Weekdays: Monday-Thursday 6pm to 2am

Weekend: Friday 6pm-Monday 6am

Visit: www.breathingspace.scot

NHS 24

NHS 24 is a call centre operated by the NHS to provide patients with health advice and help over the phone when your usual GP services aren't available. Referrals can also be made over the phone to crisis support and other mental health professionals outwith normal GP practice working hours.

Call: 111 or if you think you need an emergency ambulance, call 999 and speak to the operator.

Visit: www.nhs24.com