



Scottish Government
Riaghaltas na h-Alba
gov.scot

Research into protests and vigils that take place outside clinics and hospitals offering abortion care: Year 1 report



HEALTH AND SOCIAL CARE



Contents

List of Figures	3
List of Tables	3
Executive Summary	4
Background.....	4
Methodology	4
Findings to date	4
Chapter one: Introduction	6
1.1 Language and terms used	6
1.2 Background to the research	7
1.3 Our approach to the research.....	8
Chapter two: Digital and social media content analysis results	10
2.1 Introduction	10
2.2 Methodology	10
2.3 Results.....	12
2.4 Discussion	19
Chapter three: Observations of protests/vigils	21
3.1 Introduction	21
3.2 Methodology	21
3.3 Results.....	22
3.4 Discussion	25
Chapter four: Interviews with protest and vigil attendees and organisers	27
4.1 Introduction	27
4.2 Methodology	27
4.3 High-level summary	28
Chapter five: NHS staff and patient research	30
5.1 Introduction	30
5.2 Methodology	30
5.3 Results.....	31
5.4 Summary	41
Chapter six: Data on prevalence	43
6.1 Introduction	43
6.2 Methodology	43
6.3 Results.....	43

Chapter seven: Discussion	44
7.1 Introduction	44
7.2 The prevalence, frequency and scale of vigils and protests.....	44
7.3 The impact of vigils and protests	45
7.4 The motivations of people who take part in protests and vigils outside clinics/hospitals that provide abortion healthcare	47
Chapter eight: Conclusions.....	49
8.1 Key findings	49
8.2 Limitations of the research	50
8.3 Next steps for the research	50
References	52
Appendix one: Research framework	55
Appendix two: Content analysis	59
Appendix three: Research tools	60

List of Figures

Figure 1: Theme of natural order	Page 14
Figure 2: ‘Abortion lies’ theme	Page 15
Figure 3: Parental support and supporting women theme	Page 16
Figure 4: Theme of religion	Page 18
Figure 5: Percentage of staff per years worked at site	Page 30
Figure 6: Percentage of staff having witnessed a protest or vigil	Page 30
Figure 7: Number of staff by nature of protest or vigil witnessed	Page 32
Figure 8: Percentage of perceived impact of protest and vigils on staff	Page 33
Figure 9: Number of staff seeing an impact through changes in patient behaviour	Page 35
Figure 10: Percentage of staff who have had patients discuss or mention protests or vigils in appointments	Page 37
Figure 11: Percentage of staff believing protests and vigils have a wider impact on patients accessing any type of care	Page 37
Figure 12: Incidents by year	Page 42
Figure 13: Incidents by month of year	Page 43
Figure 14: Incidents by day of week	Page 43

List of Tables

Table 1: Definition of sub-themes	Page 13
Table 2: Observations	Page 22
Table 3: Incidents at clinics/hospitals that provide abortion healthcare	Page 40
Table 4: Incident data	Page 41

Executive Summary

Background

In August 2022 the Scottish Government commissioned Rocket Science to carry out research to understand:

- the prevalence, frequency and scale of vigils and protests which occur outside of healthcare facilities providing abortions.
- the impact of vigils and protests on patients' ability to, and experiences of, accessing abortion services in Scotland.
- the perspective and motivations of those involved in protests and/or vigils.

Methodology

The mixed methods research includes two strands of work. Firstly, research is being undertaken to explore NHS staff and patient perspectives on the impact that protests and vigils are having on patients, and on service delivery. This includes a survey of NHS staff providing abortion care and interviews and focus groups with staff in key sites. The research is also seeking to engage with NHS patients who have witnessed protests or vigils, but to date we have not been successful in recruiting any patients to participate in the research.

The second strand of research is being undertaken to examine the perspectives and motivations of people who attend and/or who organise vigils and protests. This includes interviews with people who coordinate this activity, observations of vigils and protests and content analysis of digital and social media.

Research limitations, including difficulties with recruiting NHS patients and protest or vigil organisers/attendees, have meant that it is not possible to provide conclusive findings at this stage related to the impact of protests and vigils on patients who are accessing abortion healthcare in Scotland. Nor is it possible to be conclusive about the perspectives or motivations of people who are involved in protests and vigils that take place outside clinics and hospitals that provide abortion healthcare in Scotland.

Findings to date

Prevalence

The limitations of the current research mean that it has not been possible to assess the prevalence and frequency of vigils and protests outside clinics and hospitals that provide abortion healthcare.

However, the research has found some evidence to suggest that protests and vigils occur on a regular basis, particularly within urban areas such as Greater Glasgow and Clyde. This is consistent with our analysis of social media.

Observational data indicates that number of people present appears to vary.

Motivations

Content analysis of digital and social media indicates that although the motivations of those involved in protests and vigils are individualised, there are some recurrent themes. These are:

- A belief that life begins at conception, and a desire to publicise this as a 'truth'.
- A belief in the concept that motherhood is a pre-destined and 'natural state' for a woman, and that women would be less likely to choose abortion if they had other options made available to them. The digital and social media posts analysed as part of the research suggest that, linked to this, some people are motivated to attend vigils to offer women emotional, practical and/or financial support as an alternative to abortion.
- A desire to engage in prayer at sites where abortions are thought to be taking place, as part of religious observance.

Impacts

NHS staff perspectives suggest that, despite the above potential motivations, the presence of vigils and protests outside clinics and hospitals that provide abortion healthcare is having a negative impact on both NHS staff and patients. Of the 128 NHS staff who have participated in the survey so far, 63% reported that the presence of vigils and protest activity has a negative impact upon their ability to fulfil their role. Staff have reported witnessing negative impacts on patient wellbeing, resulting in staff having to provide more emotional support. This, in turn, negatively impacts upon the staff's ability to obtain consent and provide efficient care. Staff who have responded to the survey have also reported a perceived increase in the number of cancelled or re-arranged appointments on the days of protests or vigils. Finally, staff have also reported negative impacts for them, including feelings of frustration and anger.

Chapter one: Introduction

This research is being conducted by Rocket Science, on behalf of the Scottish Government. Rocket Science are an independent research and evaluation consultancy who were commissioned to examine the prevalence, scale and impact of protests and vigils taking place outside of health care facilities that offer abortion care in Scotland. Specifically, the research is being undertaken to:

- examine the prevalence, frequency and scale of vigils and protests which occur outside of healthcare facilities providing abortions.
- explore the impact of vigils and protests on patients' ability to, and experiences of, accessing abortion services in Scotland.
- understand the perspectives and motivations of those involved in protests and/or vigils.

The research began in August 2022 and is due to be completed in 2024. This report details progress so far and emerging findings. However, it is important to note that the research is ongoing and so the findings in this report should be viewed as interim.

1.1 Language and terms used

It is acknowledged that given the emotive nature of this subject, and the often polarised views held, there is no definitively neutral language that can be used to discuss this topic. Whilst this report attempts to use objective and inclusive terminology as far as possible, we recognise that this is unlikely to be perfect.

The use of the term patient is also used as an inclusive, though imperfect, label to describe those who access abortion care. We do so in acknowledgement that for some this may be stigmatising or not accurately represent how they identify in relation to the service they are accessing.

According to Solon et al. (2022) the term 'pro-life' emerged in the late 1960s and the term 'pro-choice' followed soon after. There has, however, been a lack of examination of what these terms mean, and to whom, in either public or academic discourse. Solon et al. (2022) however suggest that there is a prevailing notion that these are two polarised positions. They note that this gives the appearance of a false dichotomy that serves to over-simplify the complexity of perspectives that exist within these terms. In this report, we acknowledge the complexity of both terms, and so seek to use the terms sparingly. We use the terms 'pro-life' and 'pro-choice' only when relevant to the material being analysed and presented within the report. We do, however, out of necessity rely on a somewhat over-simplified

definition, where ‘pro-life’ is understood to mean organisations or individuals who believe that life begins at conception, and who are against the provision of abortion healthcare for this reason. We use a similarly over-simplified understanding of the term ‘pro-choice’ which is understood to mean organisations or individuals who believe that access to abortion healthcare is a right, and who campaign to protect this right.

Finally throughout the report we use the terms protestor and/or vigil attendee, and protest and/or vigil. Whilst we recognise these represent different activities to raise personal or organisational objections and concerns to the provision of abortion healthcare, we deliberately do not offer definitions or distinctions between these. Rather we use the terms to describe all relevant activity which occurs outside of healthcare facilities.

1.2 Background to the research

The research was commissioned to provide an objective assessment of the prevalence and impact of protests and vigils in Scotland, after the Scottish Government became aware of concerns from healthcare providers indicating that protests and vigils were negatively impacting access to abortion care.

There has been discussion about the impact of protests and vigils outside healthcare facilities offering abortions in Scotland since as early as 1999, when the organisation Precious Life Scotland protested in Glasgow using what was described as “intimidating tactics and policy of personal harassment” by the Brook Advisory Organisation (BBC, 1999). More recently there has been frequent media coverage of vigils and/or protests outside of healthcare services, predominately in Glasgow, which again have raised concerns within the media, with abortion providers, NHS staff, patients and campaign groups (Brooks, 2022; Nutt, 2022). At the same time, the United States Supreme Court decision to overturn the *Roe v Wade* (1973) ruling which ended the constitutionally protected right to an abortion in the United States has led to increased activity globally by organisations which oppose abortion health care (Dimsdale, 2022).

Abortion law was devolved to the Scottish Parliament on 23 May 2016 as part of the Scotland Act 2016. Whilst legislation imposes a set of conditions under which abortions can be provided¹, the Scottish Government continues to work on improving access to abortion care.

¹ Approval must be obtained from two doctors that continuing the pregnancy would cause damage to the woman’s physical or mental health. The abortion must be carried out in a hospital or approved health facility. Pregnancy gestation must not exceed 24 weeks (except in circumstances where continuing the pregnancy would endanger the life or health of the pregnant women or in cases where there is a diagnosis of a serious fetal abnormality). Engender (2016), *Our Bodies, Our Choice: The Case for a Scottish Approach to Abortion*.

Public Health Scotland provides yearly statistics on the number of women terminating a pregnancy within Scotland (Public Health Scotland, 2023). Latest figures show that between 2021 and 2022, termination rates in Scotland rose by 19%. In 2022, the termination rate was 11.5 per 1000 women aged between 15 and 44 years. In total, there were 16,584 terminations for Scottish residents, which was an increase of 2,653 from the previous year. In 2022, almost all terminations (98.8%) were medical, rather than surgical procedures. In March 2020, the Scottish Government issued an updated approval under section 1(3A) of the Abortion Act 1967 (which was further revised in May 2022) to allow the drugs prostaglandin and antiprogesterone (mifepristone and misoprostol), which induce abortion, to be taken at home when deemed to be clinically appropriate for the woman involved. The term Early Medical Abortion at Home (EMAH) refers to situations where either or both the first and second drug used in a medical termination are taken at home. In 2022, 56.2% of terminations occurred fully at home, and 25.5% involved the second drug (only) being taken at home. Terminations in a clinic or hospital setting accounted for 18.3% of terminations in Scotland in 2022. Despite this, protests and vigils continue to occur outside healthcare settings that provide abortion treatment.

There has also been recent legislative activity in relation to the introduction of safe access zones around healthcare settings that provide abortion services. Between 18th May – 11th August 2022 Gillian Mackay MSP ran a public consultation on safe access zones which received almost 12,000 responses. Following on from this, the Scottish Government agreed to work closely with Gillian Mackay MSP to deliver her Member's Bill on safe access zones and in June 2023 the final proposal for the Bill was lodged. Gillian Mackay MSP introduced the Abortion Services (Safe Access Zones) (Scotland) Bill to the Scottish Parliament on the 5th October 2023.

1.3 Our approach to the research

A research framework was developed by Rocket Science and approved by the Scottish Government to ensure that the research questions were addressed. This can be found in [Appendix one](#). A rapid evidence review has also been completed and will be published separately.

The methods employed for each element of the research are in detailed in the relevant sections of this report.

The remainder of this report is structured as follows:

Chapter two contains a content analysis of digital and social media to build understanding of the motivations and beliefs of those who organise or attend vigils or protests.

Chapter three includes the results of the observations undertaken to date.

Chapter four includes a high-level summary of interviews conducted with people who arrange, or take part in protests or vigils.

Chapter five includes the results from the NHS staff and patient research.

Chapter six contains a summary of data on the prevalence of protests and vigils, as identified through information shared on social media.

Chapter seven discusses the findings from the research to date in relation to the three overarching research aims.

Chapter eight summarises the key findings, outlines the limitations, includes conclusions from the research to date, and summarises the next steps for the research.

[Appendix one](#) contains the research framework.

[Appendix two](#) contains details of the social media contents analysis.

[Appendix three](#) contains the research tools.

Chapter two: Digital and social media content analysis results

2.1 Introduction

Social media and digital content is widely used by organisations to reach new audiences, communicate their views and disseminate information about events. This digital and social media content analysis was undertaken to enable the research team to gather insights into the potential motivations of people who engage in, and/or who organise vigils and protests outside healthcare facilities that provide abortion care.

2.2 Methodology

The content analysis comprised two parts: the quantitative tracking of posts, and the qualitative analysis of the content of the posts. The quantitative analysis comprised the tracking and recording of all social media and online website content related to organisations that were known to be involved in vigils and protests in Scotland. In total, we tracked the digital and social media content of nine organisations which have an active social media presence in Scotland. This included obtaining consent from X (formerly Twitter), Facebook, website posts and news articles between 1 January 2023 and 30 June 2023. Retweets were not included in the scope as they do not include original content from the organisation. Because some of the organisations are national, and some international, the posts were carefully screened and only those that mentioned Scotland were included within the analysis. In total, 5545 posts were identified, and 231 were included within the analysis. Each of the 231 posts were assigned a unique identifier number to ensure that even once the abstraction and analysis process began, the original data could still be traced and checked.

After the initial tracking and gathering of data, we began the qualitative analysis process. This involved two concurrent processes: de-contextualisation and re-contextualisation. The first of these, de-contextualisation involved dividing the original text or images into units of meaning and assigning thematic codes to these units (for more detail on the process followed, please see Lindgren et al., 2020). During this process we divided the data from its original context and recorded it, which produced the data unit as a phenomenon within its own right. Selecting units of meaning became the first stage in the de-contextualisation process. During this stage, we began to make decisions about the content or meaning. The research team met regularly during this process to discuss and assess the decisions being made. Those who were selecting the units of meaning (themes) were asked to justify and provide a rationale for decisions made, which were then assessed by

the remainder of the team to allow inter-coder checking and agreement. Where the data was visual, the researcher made notes on the content, using the framework provided in Appendix 2.1. The researcher notes were considered within the de-contextualisation stage.

Where necessary due to the length of the texts, we condensed the data into smaller chunks that contained meaning. Images did not require condensing, but rather, were coded according to meaning. Shorter texts of less than one paragraph were not condensed. The coding process involved assigning a label to the condensed unit of meaning. At the next stage, we conducted abstraction, which is sometimes referred to as analytic coding. The abstraction process was a form of re-organisation and re-contextualisation, this involved developing a hierarchical structure of codes. Those at the highest level were the most analytic and were derived from an analysis of existing research evidence and theoretical perspectives (as presented in the rapid evidence review that will be published separately). These were categories that held the highest levels of abstraction. Essentially, this means that while these were evidence-informed, they were the furthest abstracted from the original data. These higher-level codes could be described as the analytic framework, and these categories were used to assess and examine meaning.

We then began the process of re-contextualising the 'chunks' of data. Re-contextualisation is a process where multiple data sources are examined together, compared and contrasted to allow the identification of patterns. The units of data are then returned to their context, but with a deeper understanding of how they fit within a broader picture, which allows a more detailed understanding of the topic of interest. Codes were then sorted according to their similarities and differences, which allowed them to be abstracted into sub-categories. Once the relationships between the sub-categories became evident, we developed these into categories. The aim throughout this process was to examine what the content could tell us about the motivations of the organisations and individuals who arrange and engage in protests and vigils outside healthcare facilities that provide abortion care in Scotland.

Some of the limitations associated with this approach is that it can be difficult for researchers to ensure that the codes within each layer of the coding hierarchy contain the same level of abstraction. The approach is interpretivist² in nature, and belongs within the paradigm of hermeneutics³ and so, as with all qualitative

² Interpretivist approaches acknowledge that the involvement of researchers in the analysis and interpretation of information necessarily integrates subjective perspectives.

³ The term hermeneutics refers to a field of research that relates to the theories and methodological processes involved in interpreting, understanding, and categorizing social phenomenon. The term interpretivism is used here to describe the process a researcher follows when grouping together concepts and assigning meaning. To reduce the potential for researcher

research, there is no way to conclusively eliminate researcher bias. To reduce and render visible any researcher bias, the team met regularly and engaged in analytic, reflective discussions where each researcher was asked to provide a robust rationale for coding decisions. Discussions evolved until full team agreement was achieved. All discussions were guided by the existing evidence base (which is presented in the separate rapid evidence review). This form of reflective, analytic discussion is often referred to as inter-rater agreement and debate and is a known method for achieving methodological and analytic rigor within qualitative research.

2.3 Results

This section presents the analysis, and explores the results. The section begins with a table which summarises the main themes and sub-themes that were identified via the analytic process (Table 1). Each of the themes are then discussed in turn, including a chart which visually displays the main themes identified within the content.

Table 1: Definition and sub-themes

Theme	Definition and sub-themes
Motherhood as a natural, pre-destined state for women	<p>Content built on the belief that motherhood is natural for women and that, by having an abortion, women are disrupting their natural purpose of motherhood:</p> <ul style="list-style-type: none"> • Content about motherhood and concepts related to a traditional conceptualisation of family units. • Content suggesting that if women fully understood the implications of their decisions, and if they were fully informed, they would not voluntarily choose the option of abortion.
Contested beliefs about abortion (Abortion 'lies')	<p>Content which argues there is widespread misconceptions, lies, and deception about the realities of abortion in society:</p> <ul style="list-style-type: none"> • Content related to beliefs around fetal development and life beginning at the point of conception • Content discrediting abortion as a form of healthcare

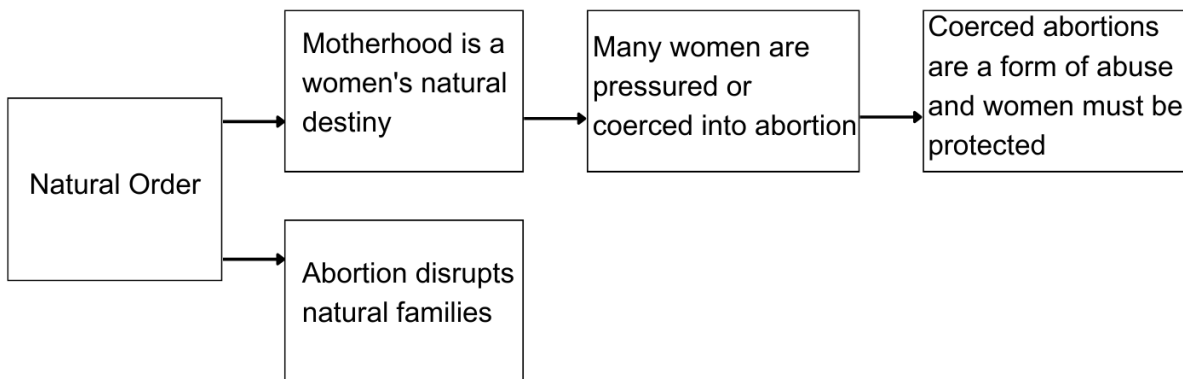
bias, interpretivist approaches (such as the one used here) includes reflection, discussion, and a reliance on multiple data sources, such as the existing international evidence base, which provides a framework to justify and understand decisions made during the categorization process. For further information, please see: Gillo, M. D. (2021). Fundamentals of hermeneutics as a qualitative research theoretical framework. *European Journal of Education and Pedagogy*, 2(3), 42-45.

	<ul style="list-style-type: none"> • Content related to abortion as harming women • Content related to the 'Pro-life' message as the only possible truth
Supporting women	<p>Content presenting 'Pro-life' as a form of support for women who feel they have no other choice:</p> <ul style="list-style-type: none"> • Content representing vigils outside clinics as 'lifelines' for women in need
Religious symbolism, unity and belonging	<p>Religious imagery and symbolism:</p> <ul style="list-style-type: none"> • Content representing abortion as a religious sin • Content about silent prayer • Content related to religious unity and collectivism

Content theme 1: Motherhood as the natural state for a woman

Many of the analysed social media and website posts constructed motherhood as a natural state of being for women, as part of their natural purpose and destiny. In the digital and social media content, the concept of motherhood as pre-destined and natural was linked to the concept that women would only choose to have an abortion if they had no other choice, and if they had been coerced by either social pressure or a lack of information about possible alternatives. This relates to concepts explored by Lowe and Page (2019) whose research proposed that many people who attend protests and vigils outside abortion healthcare facilities are motivated to do so to provide women with a sign that a different decision is possible. This also relates to other existing research, which indicates that some people are motivated to take part in vigils and/or protests because of a desire to protect 'traditional family' structures and the role of women as mothers first before all else (Lowe and Page, 2019; De Sordo, Marre and Smietana, 2022). The themes derived from this element of the digital and social media content analysis are presented in Figure 1 below.

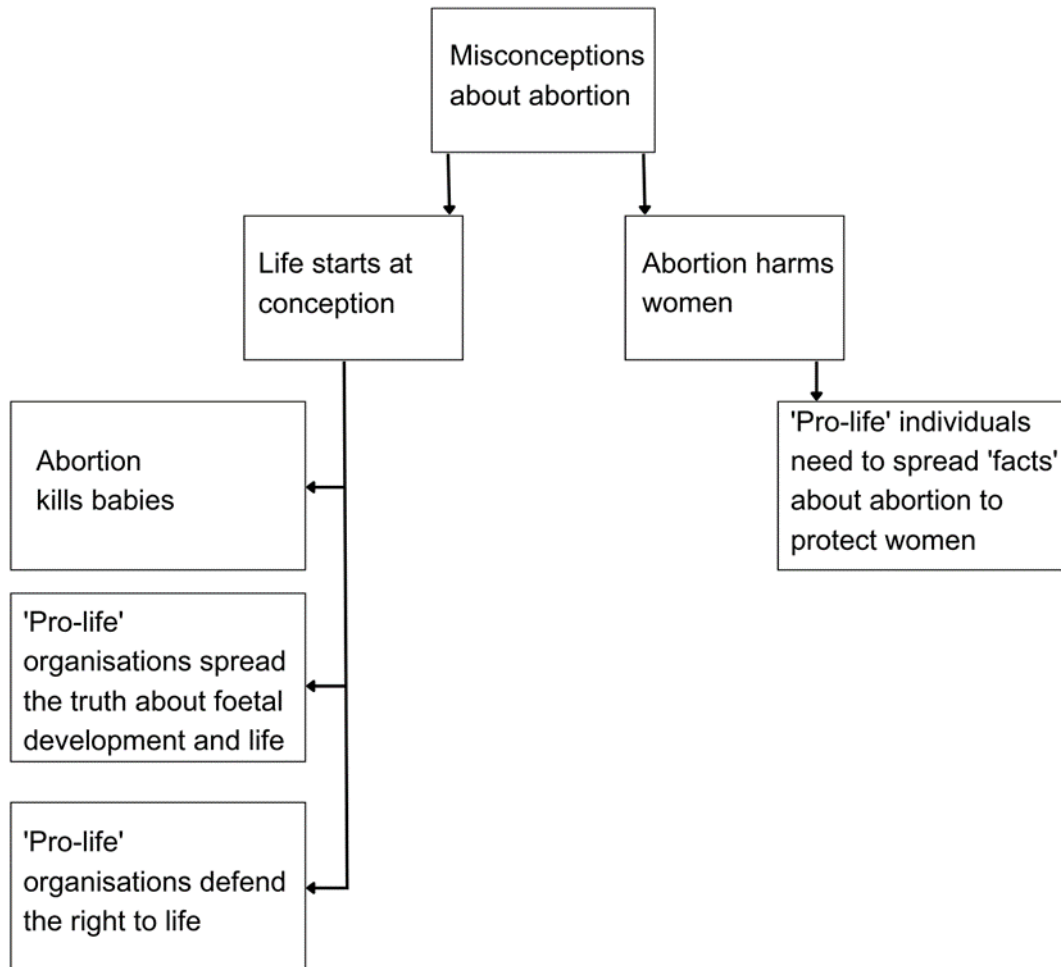
Figure 1: Theme of natural order



Content theme 2: 'Abortion Lies' and representations of 'truth'

Within social media posts, websites, and promotional materials, several organisations who are involved in organising protests and vigils in Scotland made reference to the notion of 'truth', and a desire to dispel 'abortion lies'. This was found to also relate to the representation of motherhood as a natural, pre-destined state for women, and a motivation to take part in protests or vigils to provide education to women, to raise awareness about the 'truths' of conception, science and human development. This related to the concept that human life begins at conception, and a motivation to change beliefs about abortion, to recognise abortion as wrong. The themes and sub-themes discussed in this section are visualised in the graphic below.

Figure 2: 'Abortion lies' theme



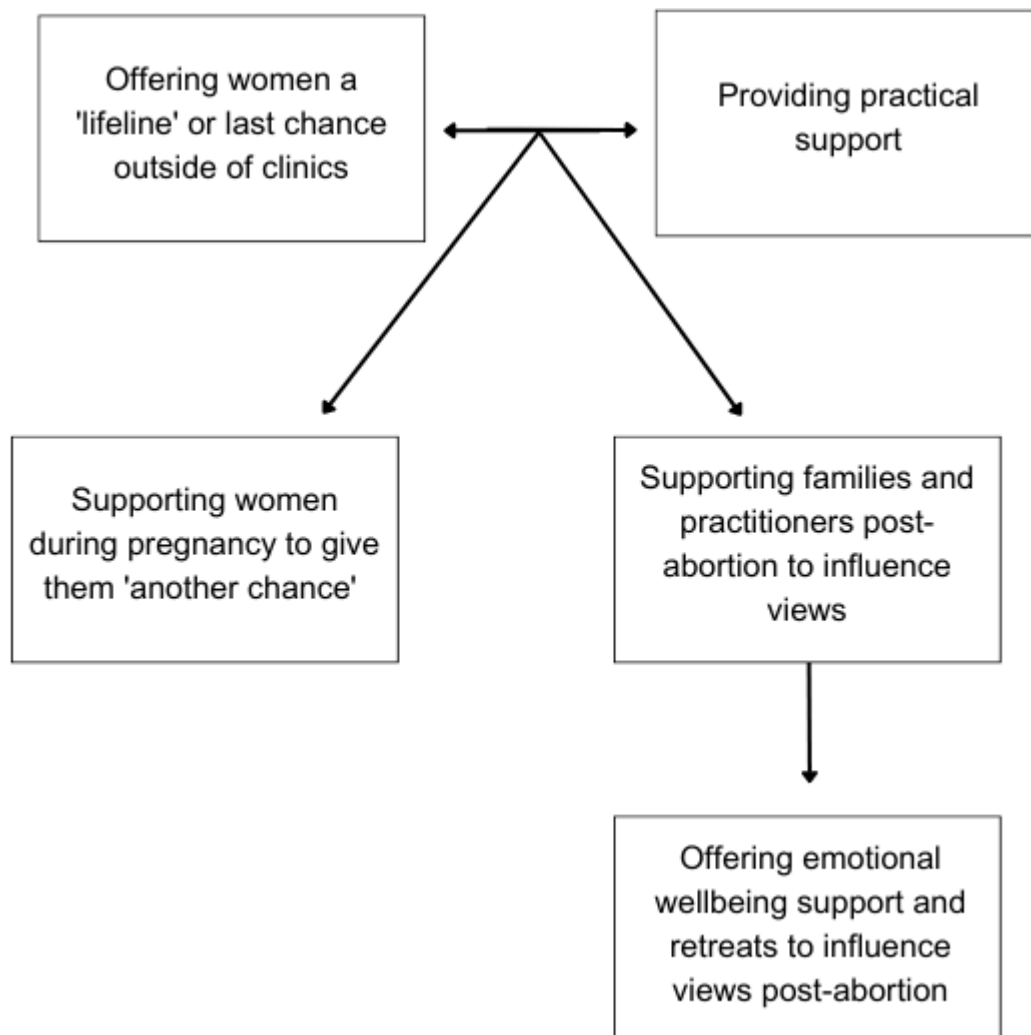
Content theme 3: Supporting women

A further theme identified in the analysis relates to the representation of 'pro-life' organisations as providing support to women and potential parents. The types of activities promoted include prayer vigils and pavement counselling actions as offering support to women in need. This finding aligns with Lowe and Page's (2022) research, which found that some people who take part in protests or vigils outside abortion healthcare facilities are motivated to do so out of a desire to provide a compassionate presence, support, advice and guidance to women. In the digital and social media content, we noted several examples where vigil organiser groups represented their activities as being an attempt to support women.

The digital and social media content also contained several representations and examples of practical and emotional support that those in attendance at vigils could seek to provide to women as an alternative, to reduce the likelihood of women going through with their abortions. Again, this linked to the concept that women would be less likely to choose to have an abortion if they were made aware of alternative sources of support, and the concept that the presence of vigils can give women a sign/signal that a different choice is possible. A diagram showing this

theme, and how it may relate to the motivations of people who take part in vigils is outlined in Figure 3 below.

Figure 3: Parental support and supporting women theme



This could suggest that some vigil organisers and/or attendees may be motivated by a desire to provide women with a different choice, and some may see their activities as being able to provide a lifeline immediately before an abortion takes place. The underlying assumption is that some women may be choosing abortion due to personal situations, a lack of support, or because they are facing financial hardship. There were several examples within the digital and social media content where organisations had shared the anonymised stories of women who had been provided with practical, emotional or financial support by the organisations who arrange vigils. There was one key example, which included an infographic about the type of practical support that could be provided by those attending vigils. This included maternity and baby clothing, toys, safety and feeding equipment, cots, and bedding. This represents providing support as being a primary motivation for engaging in vigils outside clinics and hospitals. The accompanying text within this example stated that the organisation's aim is to 'support pregnant women that

need help'. It also noted that 'being 'pro-life' doesn't end with birth'. Ronnee Schreiber (2017) argues that by framing 'pro-life' activities in this way, the discourse shifts away from religion and conception, toward the concept of supporting women.

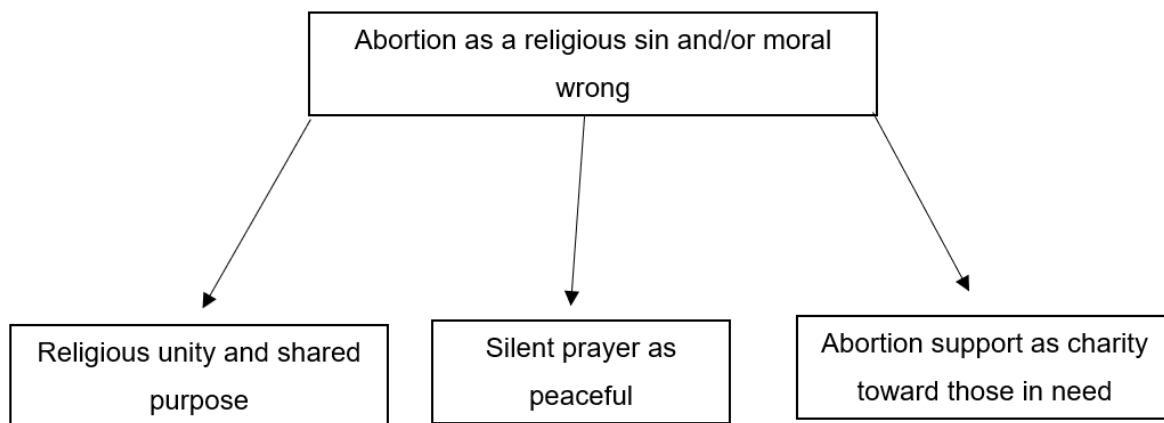
The digital and social media content also suggests that providing emotional support to women who are entering clinics and hospitals to access abortion healthcare may also be an expressed motivating factor for those who organise vigils.

Content theme 4: Religious symbolism, unity and belonging

In common with Lowe and Page's (2019) findings, our content analysis suggests that although 'pro-life' organisations do not necessarily purport to be religious organisations per se, their online materials, and the placards that feature in photographs taken at vigils frequently use religious iconography and symbolism. We found that the image of the Virgin Mary and Our Lady of Guadalupe frequently appeared in online content. Lowe and Page (2019) propose that both images are symbols that are used to convey the notion that motherhood is a natural sacrifice that women must make. These symbols are considered to be used to induce guilt in Catholic women, symbolically conveying that abortion is a sin and that sacrificial motherhood is the natural and God-given destiny of a woman (Lowe and Page, 2018).

Our content analysis revealed several examples of religious symbolism that was woven throughout a lot of the organisations' online content, which suggests that religion may be a motivating factor for some vigil attendees. Often the imagery was used to convey specific concepts or ideas relating to religion through symbolism. Within the theme of religious symbolism, the researchers identified several sub-themes, these are presented in the graphic below (Bletsas and Beasley, 2012). The use of religious symbolism in the digital content of 'pro-life' organisations in Scotland is outlined in Figure 4 below.

Figure 4: Theme of religion



There were several examples in the digital and social media content of the representation of abortion as a moral sin, and a sin against God. This related to an expressed belief that human life begins at the moment of conception, and so abortion ends an unborn life. There were examples that suggest that some vigil attendees may be motivated to engage in prayer to pray for the woman, and the child.

Within the digital and social media content, we noted several examples of the concept of religious unity and shared purpose, particularly in content appeared to be seeking to encourage students to take part in vigils and protests. For example, one video depicted a young person giving a public speech about her experience being involved in the 'pro-life movement', while urging others to join in activities such as protests, street campaigns and vigils. The young person expressed that joining in 'pro-life' activities would be 'Standing with God, standing with the truth'. They also claimed that by attending vigils, they were 'standing with our unborn brothers and sisters'. We note that the term brothers and sisters is sometimes considered to have religious connotations to brotherhood and sisterhood of the premise that humans are children of God (Sandnes, 2022). By citing this connection, the speech could be considered to be seeking to motivate people to take part in vigils/protests/other forms of activism out of their moral and/or religious duty to care for others.

We note several examples whereby the digital and social media content of the analysed organisations appears to build upon a foundation of a promised community and collectivism, particularly for young people. We noted several examples of website entries where language and imagery both represented the concept that being pro-actively pro-life, and taking part in activities such as protests, vigils and campaigning more broadly would open up the person to a community and to God. In several examples, the 'pro-life' student movement in particular was represented as being young, energetic and determined. It is not

clear from the content, however, the impact that this type of messaging may have had, and the extent to which unity and belonging may be a motivator for young people to become involved in the protests and vigils that take place outside abortion healthcare facilities in Scotland.

2.4 Discussion

In this section, we bring together the threads of the results, and discuss their meaning. The content analysis themes can be summarised into the categories outlined below.

- Motherhood as the natural and pre-destined state for women
- Abortion lies, and the concept of 'truth'
- Vigils as an offer of support to women
- Religious symbolism, unity and belonging

The results suggest that all of the above themes are interconnected. The thread of narrative that ran through much of the online digital and social media content relates to the concept of motherhood as the pre-destined, 'natural' and desired state for women. Within this, abortion was represented to be unnatural insofar as it disrupts this 'natural state'. The theme of 'abortion lies' connected with the notion that no woman would willingly choose abortion if she was in possession of all the 'facts'. The analysed content suggests that one of the motivations of those who arrange, and/or who attend vigils and/or protests may be to provide education about the nature of conception, and to raise awareness about beliefs concerning the beginning of human life.

The analysed content suggests that a further motivation for some vigil attendees is to support women, and to offer women a sign that there are alternative options to abortion. This also relates to a motivation to offer women emotional, practical and/or financial support, due to a belief that women may be choosing to have an abortion only because they feel that they have no other choice, and no other sources of support. This motivation was found to relate to the concept of charity, and of doing good in the service of others. This also related to the concept of a vigil as a way to persuade women not to go through with abortion, thereby preserving life. These representations were found to relate to the concept of providing compassionate support to women, and the concepts align with existing literature on this topic (Lowe and Page, 2019). The authors note however, that although the intent may be to provide support, many women experience the presence of vigils and protests as distressing. It is not possible to ascertain from the current analysis whether or not vigil organisers or attendees are aware of the potential harms

associated with offering this type of presence outside clinics and hospitals where women are accessing abortion healthcare (Lowe and Page, 2022; Sifris, Penovic and Henckels, 2020; Jackson and Valentine, 2017).

Chapter three: Observations of protests/vigils

3.1 Introduction

To improve understanding of the nature and scale of vigils and protests that are taking place outside clinics and hospitals that provide abortion healthcare in Scotland, observations have been undertaken. This chapter provides the results of the observations undertaken to date.

3.2 Methodology

An observation framework was developed by Rocket Science, which was then reviewed and agreed with the Scottish Government. The framework enables consistent data collection during observations and includes observable data such as where and when the activity is taking place and its nature, including the number of people present and the use of visual materials.

On the observation dates, a Rocket Science researcher attended the locations where protests and vigils are known to take place (outlined in Table 2 below). At the start of the observation period, spanning February to June 2023, the researchers observed without interacting with vigil attendees or protesters. At a Research Advisory Group meeting (June 2023) it was agreed that the researchers should approach people who were taking part in protests and/or vigils due to there being challenges with participant recruitment for the interviews. At this stage, it was agreed that the observations could provide opportunities for public intercept interviews⁴, and/or could be used as part of participant recruitment. The results below will cover this in more detail, however, this was unsuccessful as several vigil attendees refused to speak to the researchers and warned others in attendance not to do so due to a prevailing belief that, despite being independently carried out, the research would not be balanced. Several protest/vigil attendees also stated unwillingness to participate in the research due to an awareness that Gillian Mackay MSP was consulting on safe access zones legislation and that the Scottish Government was supporting that legislation. Therefore, the observations were relatively passive and featured limited engagement with protesters or vigil attendees.

During each of the observations, the researchers made detailed notes, using the observation framework. The observation notes were then uploaded into a Microsoft Excel file, compared and analysed.

⁴ This involved a member of the research team approaching those participating in protest or vigil activity and seeking consent to interview them in the moment.

A total of five observations have been carried out on the following dates, at the locations outlined in Table 2 below.

Table 2: Observations

Location	Total number of observations to date	Dates of observations	Number of protestors/vigil attendees
Ninewells clinic, Dundee	1	24/03/2023	0
Queen Elizabeth University Hospital, Glasgow	3	24/03/2023	Between 2 and 6 at different points
		27/06/2023	8
		04/07/2023	5
Sandyford clinic, Glasgow	0	0	N/A
Glasgow Royal Infirmary	1	05/07/23	3

On each of the dates listed above, the researchers visited the sites on several occasions. The purpose of returning several times on the same date was to examine whether the nature and scale of activities alters at different times of the day, how long such activities tend to last, and whether the demographics of attendees changes.

3.3 Results

Scale, size and demographics

The number of people present, engaged in vigils or protests during the observations ranged from three to eight. The researchers observed that there was a relatively even gender split between males and females. Most appeared to be aged approximately between 50 and 70 years of age.

Setting and environment

During the observations, the researchers noted that the vigils tended to occur on busy streets, next to the entrances to the general hospitals. In some of the

locations, these were particularly busy streets with heavy footfall, which included NHS staff, patients, the general public and tourists. In some of the sites, the vigils were also visible to those using the hospital cafes.

Activities

Protests can take a multitude of forms, but typically encompass the actions, communication materials (audio and visual), and physical presence of protestors (Ottley, 2023). Some suggest that vigils are distinct activities that differ from protests, and much of this argument is based on the premise that vigils include actions which are believed to be more passive, such as silent prayer and witnessing, the praying of rosaries, and the display of religious iconography (Lowe and Hayes, 2018).

The activities observed at each of the locations appeared to be consistent with the concept of an abortion vigil, rather than a protest, although we acknowledge that neither of these terms are neutral, nor are they without connotation or meaning.

During the observations conducted for this research, activities were mostly quiet. On some occasions, vigil attendees approached passers by and spoke to them. It appeared as though they were asking questions of passers by. No leaflets appeared to be being handed out.

During several observations, those present were holding placards, some of which had the 40 Days for Life⁵ logo. There were also posters and signs that did not feature any affiliation with particular organisations. Slogans/text and wording included the following:

- Children are our future
- Pregnant? Worried? We can help
- You are loved
- Don't be coerced into abortion
- Body autonomy
- Pregnant? Worried? Come and talk to us we can help you
- Hurt by abortion? Talk to us about healing (40 Days for Life poster)
- Prayer vigil (40 Days for Life poster)

⁵ 40 Days for Life is an international campaign organisation that aims to end abortion through a number of activities including prayer, vigils, fasting and community outreach.

- In 2022 abortion was the leading cause of death by violence, with 4.4 million killed.

During several observations, the researcher noted that the positioning of the vigil attendees and the number of placards and signs made the display appear potentially intimidating. One observation also featured a large image of the Lady of Guadalupe. According to Lowe and Page (2019) this image has particular significance to members of the Catholic faith who may have been passing by or attending the hospital for abortion healthcare⁶. In some of the observations, the researcher observed that vigil attendees were particularly close to the door of the clinic, and reflected that it would have been challenging to access the clinic without having to pass by. In several observations, attendees were standing in a straight line, holding placards, and they turned their signs/placards as cars drove by so that they would be more visible to those passing in cars. In one observation, hospital staff walked by and looked visibly frustrated by the presence of the vigil.

Observable impact

Responses to the vigils tended to vary. Some people walked straight past without looking at the placards being held. Others slowed down, and appeared to read the placards. Some, particularly NHS staff, appeared frustrated and/or angry when reading the placards and witnessing the vigils. On one occasion, a young woman walked past with a pram and was approached by a vigil attendee. It appeared to the researcher that an argument had ensued between the young woman and the vigil attendee. The woman walked away a few steps at one stage but was shouting at the vigil attendee. The vigil attendee followed her, put her arm out to the woman as if in a gentle manner and offered a card. The woman refused the card and left, still visibly annoyed. On several occasions, people who passed by in cars sounded horns, but it is unclear whether this conveyed agreement with, or a negative response to, the vigils.

The research team reflected that the long line of vigil attendees could feel intimidating for people to walk past. The placards that they were holding made them appear larger, and this may have been challenging for patients to walk past, particularly if they were affected by some of the issues within the placards, whether seeking abortion, or general healthcare. When NHS staff members walked past, some conveyed frustration or anger by shaking their heads. When this occurred, the vigil attendees did not engage, but rather, looked down and did not speak unless spoken to. The researchers noted that the power dynamics were not clearly evident. On several occasions, however, the researchers reflected that there was an uneasy atmosphere, particularly because the vigil attendees were quiet,

⁶ Our Lady of Guadalupe is recognised in the Catholic faith as a patron of the unborn child and has been invoked as a symbol by several organisations who describe their activities as being 'pro-life'.

sometimes silent, and were slowly turning their placards, following and matching the speed of passersby.

On some of the observation dates, the researchers noted that although the vigil attendees did not tend to approach people, they appeared to have a strong presence because of where they had positioned themselves. On these occasions, where there was heavy footfall, the vigil attendees were praying out loud.

Response to researcher presence

During the observation dates, the researchers approached those who were taking part in the vigils to outline the research and to ask whether anyone present would be willing to answer a few questions as part of the research. On several occasions, those present stated that they had heard about the research that Rocket Science were conducting but stated that they had been told not to take part because the research had been commissioned by the Scottish Government. During all interactions, the researchers explained that the aim of the research was to present a balanced view, and to represent the perspectives of those taking part in vigils. One vigil attendee stated that they would not talk to the researchers and expressed the belief that the research would not be independent because it had been commissioned by the Scottish Government. We were told that all people present were aware of the research and had been told not to take part.

A similar interaction occurred on another observation date. On this occasion, one member of a group of four came forward to talk to the researcher however another vigil attendee, who appeared to be acting as a spokesperson for the group then abruptly stopped communicating with the researcher. A further attendee then also joined in with the prayer, and the researcher understood this as a cue that the conversation had ended. In the reflective account of the interaction, the researcher observed that the volume of the prayer, and the form of interaction had attracted some attention from passersby.

3.4 Discussion

The findings presented in this section suggest that at the assessed sites, the activities observed to date appear to be consistent with the concept of a 'vigil' insofar as they featured both audible and silent prayer, the holding of placards and silent presence. There were, however, examples of situations whereby those participating in the vigils turned their placards towards passersby, seeking to be seen, and this form of activity may align somewhat with the concept of a protest in that the aim appeared to be to communicate views on abortion.

At each of the sites, those engaging in the vigil were offered the opportunity to speak with researchers to discuss their aims and motivations, but on all occasions, participants declined this offer. With this in mind, it is not possible to conclusively

state the aims or motivations of those taking part. It appeared that the vigil had some impact on passersby, some of whom appeared frustrated, and others angered. Similarly, NHS staff were also observed to be walking by, and several also appeared frustrated. Some members of the public, patients and staff, however, appeared to walk by without looking at the vigil. These findings are consistent with the broader literature, which notes that although vigil attendees are often motivated by a desire to offer support and/or prayer, their presence can cause a combination of distress, frustration and anger in passersby.

Chapter four: Interviews with protest and vigil attendees and organisers

4.1 Introduction

This research has sought to engage with protest and vigil attendees and organisers, but to date this has been limited. As noted previously, in parallel to the research, but independently from it, the Abortion Services (Safe Access Zones) (Scotland) Member's Bill has been introduced to the Scottish Parliament. The Bill proposals and its consultation have been cited by those coordinating or participating in vigils and protests as a reason for not participating in this research. While it has not been possible to conduct in-depth analysis of the small number of interviews which have been conducted (n=4), this section outlines the methodology that has been adopted and provides a high-level summary of the themes which have emerged.

4.2 Methodology

Through consultation with the Scottish Government, and through our own internet searches we identified a number of organisations which were known to be currently involved in organising protests and vigils which take place outside healthcare facilities which provide abortion services in Scotland.

We contacted these organisations in December 2022 via email, and also shared a list of the organisations with the Scottish Government. The initial round of emails resulted in two responses from people who were willing to take part, which were followed-up and initial meetings held. Several responses were received from organisations and individuals who stated that they were not willing to take part in the research. The two participants who took part in the initial meetings were later interviewed. One was able to pass on details of a colleague who was willing to be interviewed, which enabled this further interview to take place. Follow-up interview request emails were sent to all parties who had not responded. These follow-up emails were sent in January 2023. This round of participant recruitment emails resulted in one further response, who was contacted and interviewed.

To increase and to diversify the sample, the research team also identified and contacted 'pro-life' student groups, via email, offering an invitation to participate in the research. There were no responses to the original emails, and follow-up emails were sent with no responses received.

Therefore, in total, four interviews have been conducted to date. Those who took part in the interviews all reflected that the interview had been a positive experience and each agreed to contact other people within their professional networks to

encourage others to take up the invitation to take part in an interview. All four participants later came back to the research team and conveyed that most people who take part in protests or vigils were aware of the proposed Abortion Services (Safe Access Zones) (Scotland) Member's Bill. They expressed that due to this, they had been unsuccessful in encouraging anyone to take part in the research.

4.3 High-level summary

It was not possible to conduct in-depth analysis of the interviews that were carried out on the basis that robust conclusions could not be drawn due to the small sample size (n=4), and the potential ethical risk of the participants being identifiable in data published from such a small sample. Therefore, the detailed interview findings have been excluded from this report, and instead a high-level summary of the themes that emerged from the interviews is provided below.

Those who took part in the interviews shared the following motivations in common:

- A motivation to be present as a sign to women who may be unsure about their decision.
- A desire to be part of a network of people who could intervene in situations where a woman appears to be being coerced into abortion.
- A motivation to be part of a network of people that could offer emotional and/or financial support to enable women to consider that there may be other alternatives to abortion.
- A desire to bear witness to the act of abortion by engaging in prayer outside clinics and hospitals that provide abortions.
- A desire to promote the view that life begins at conception as a form of 'truth sharing'.
- A motivation to be a visible presence that may make passersby and those accessing abortion healthcare pause and reflect.

Although the interviews were low in number, those who took part participated in detailed discussions and conferred insights into some of the beliefs and concepts that may motivate people to take part in vigils. For these participants, vigils were conceptualised as being quiet activities during which attendees would take part in meaningful presence, and active support. Prayer and 'bearing witness' were represented to be acts that bore no potential for harm, but these aspects of the activities were considered to be motivated by people's desire to be in alignment with their faith and religious expression. This related to the belief that human life begins at conception, and healthcare facilities that offer abortion are also places where lives end. Therefore the act of prayer is understood to be a necessary marking of the spot where a life ceases to be. This, however, was represented to be only one component of the aim of those who take part in vigils outside clinics

and hospitals that provide abortion healthcare. Another aim was expressed as being to provide women with alternative options to abortion, including practical, financial and emotional support. These findings align with those in the rapid evidence review, which notes that silent prayer and presence can be mechanisms implicated in the transmission of abortion stigma.

Chapter five: NHS staff and patient research

5.1 Introduction

To understand the prevalence and frequency of vigils and protests as well as the impacts for staff delivering care and those who receive care, the research has sought to engage with both NHS staff and patients. This section outlines the findings to date from the research completed with NHS staff. To date we have not been successful in recruiting any patients to participate in the research.

5.2 Methodology

Five primary NHS research sites, across three NHS boards, were identified by the Scottish Government as both providing greater volumes of abortion care and experiencing more frequent protests and vigil activity. These sites are the Aberdeen Maternity Hospital, the Family Planning Centre (Sandyford Clinic), the Queen Elizabeth University Hospital, the Chalmers Clinic and the Princess Royal Maternity Unit, Royal Infirmary Glasgow.

From these five primary sites the research is seeking to recruit NHS staff to participate in interviews or focus groups and a survey designed to capture the observed prevalence of vigils/protests, as well as patients to take part in interviews.

In addition, all Health Boards are being asked to complete a survey in relation to their experience of vigils/protests.

Ethical approval

Ethical approval was received from the Scottish Government on 17 November 2022 and from the NHS Research Ethics Committee on 10 March 2023 (IRAS project ID: 320854). Following this, Local Health Board research and development (R&D) approval was sought and received for all five of the primary sites where this is required.

Research with NHS staff

The following instruments have been used to gather data from NHS staff. Copies of the research materials used can be found in Appendix 3.

Electronic survey

Two electronic surveys have been developed. The first, a short survey (6 questions), was designed to capture the observed prevalence, scale and nature of vigils and protests which occur outside of services offering abortion care. This survey has been sent to service leads at the five primary sites by email, on 15 June 2023, with information about the survey and with the request to distribute the survey to the relevant staff at their sites. A reminder was sent out on 12 July 2023

to encourage further responses. To date, there have been 4 responses on the prevalence survey received across two sites. Due to the low response rate the findings from this survey have not been included within this report.

A second survey was designed to capture the NHS staff's experience of witnessing protests and vigils outside their place of work and any impacts for them and/or their delivery of care. To date 128 NHS staff have completed a survey about their experience of protests or vigils. Responses have been received from staff at eight of the fourteen NHS Health Boards.

Interviews and focus groups

Semi-structured discussion guides have been developed to collect data through one-to-one interviews or focus groups.

To date 21 staff from four of the five sites have participated in focus groups. These have been conducted either in-person or via MS Teams depending upon the preference of the service. Where the local research ethics committee has allowed, focus groups have been transcribed. In instances where we did not have permission for transcripts detailed notes were maintained.

Research with patients

Recruitment of patients has, to date, been unsuccessful. Following the Scottish Government Social Research Ethics and the NHS Research Ethics Committee guidance, patient recruitment is currently via signposting by NHS staff and the provision of information sheets which have been included in care packs. To date 2000 hard copy information sheets have been provided to five primary research sites for inclusion in care packs.

5.3 Results

This section presents the results of the staff survey responses received to date. As noted above, the findings in this section relate to the survey designed to capture the NHS staff's experience of witnessing protests and vigils and impacts, rather than the prevalence survey. Findings from the prevalence survey have not been included in this report due to the low response rate.

It is important to note that survey fieldwork remains underway, meaning that the findings presented in this section are subject to change.

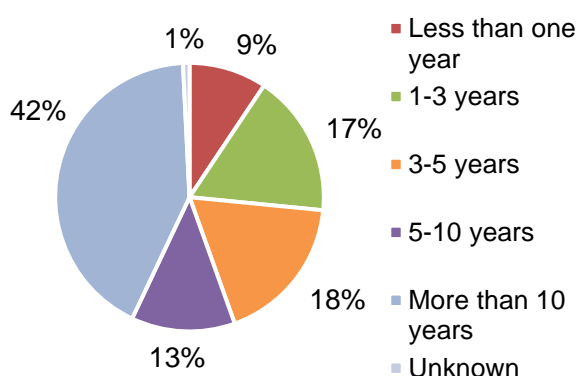
Observed prevalence of protest and vigils outside of healthcare facilities

To date the NHS staff survey has received 128 responses across eight of the fourteen Health Boards. The highest level of participation has been from NHS Greater Glasgow and Clyde with 97 responses, followed by 16 responses in NHS

Grampian. This high number of responses is likely due to the number of sites in the Health Board, as well as the number of primary research sites in the area.

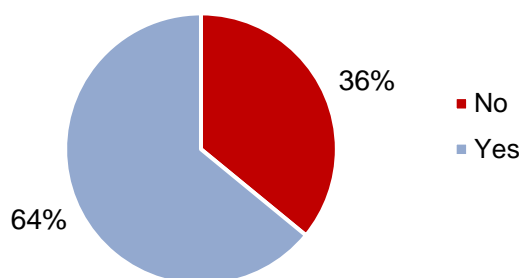
As shown in Figure 5 below, 42% of the 128 NHS staff who have completed the survey have been working at their clinic for more than ten years and 13% have worked at their site for five to ten years. This also reflected the length of experience in focus group participants with the majority of participants having worked in the services for five or more years. Across all sites, 64% of staff had witnessed a protest or vigil in their time at the site (Figure 6).

Figure 5: Percentage of staff per years worked at the site



Base: All respondents (n=128), Source: Rocket Science NHS staff online survey

Figure 6: Percentage of staff who have witnessed a protest or vigil at their site



Base: All respondents (n=128), Source: Rocket Science NHS staff online survey

Differences, however, could be found based on the location of the site.

Respondents from NHS Ayrshire and Arran, NHS Borders, NHS Highland, NHS Orkney and NHS Shetland reported not having witnessed any protests or vigils. For NHS Grampian 6% of respondents, for NHS Forth Valley 50% of respondents and for NHS Greater Glasgow and Clyde 79% of respondents reported having witnessed protests or vigils.

The perception of the prevalence of protests or vigils differed substantially among the staff that had witnessed protests or vigils. Of the 82 staff who had witnessed a protest or vigil, 27% believed they took place once or twice a year. A further 16% were aware of the protests during Lent explaining that in that period, protests or vigils were taking place daily or several times each week. Focus group participants in services which experienced frequent and regular vigils or protests reported being aware of these, however many also reported that activity often started and finished whilst staff were on shift and so they did not often witness these directly.

13% of staff having witnessed protests or vigils believed they were taking place once a quarter, 10% believed it was 1 or 2 times a month, 7% believed it was 1 or 2 times a week and one person believed it was daily. 26% of staff were unsure how often protests and vigils took place but mentioned that they did not identify a pattern to the protests and vigils. During focus groups some sites reported not having experienced a protest or vigil (to the participants' knowledge) in the last 12 months.

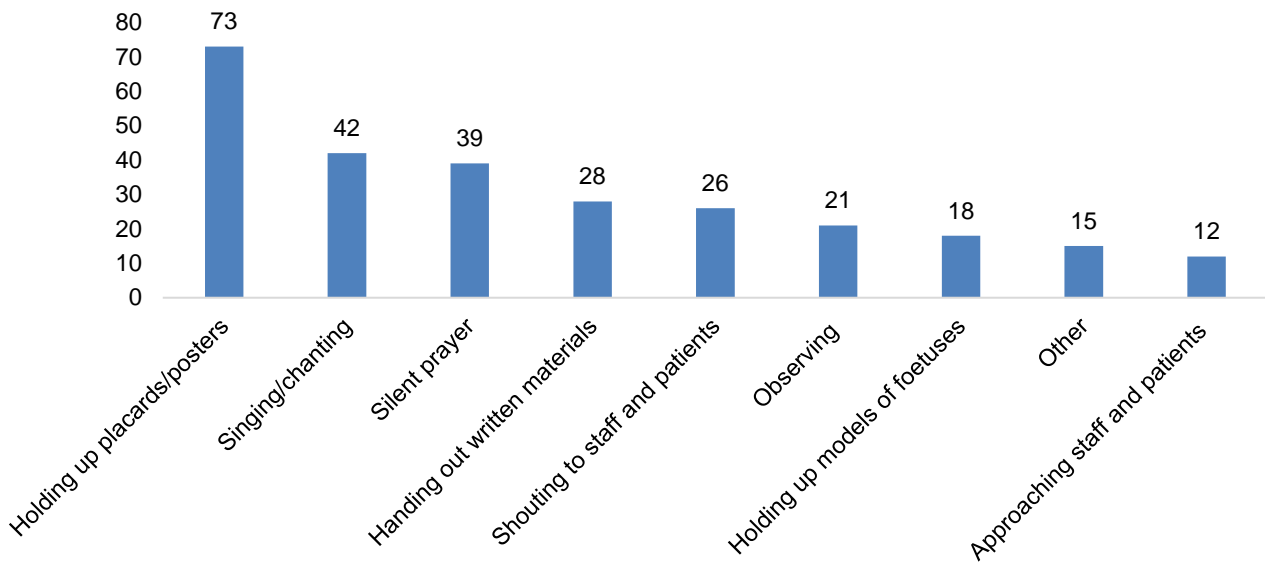
51% of staff members who had witnessed protests and vigils stated that staff were not aware of the activity prior to them taking place, 30% didn't know if staff were aware and 18% knew that protests or vigils were going to occur. If staff are made aware, this is usually through an email notification from the management team within the hospital or clinic. There is also some general awareness among the staff about protests occurring during specific times of the year, such as Lent.

The nature of protests and vigils

When asked about the proximity of vigils or protests to the healthcare facility, 44% of the 82 staff who had witnessed a vigil or protest reported this to have taken place, in their judgement, within 10 metres of the site entrance. 15% indicated that the protests or vigils took place 10-50 metres from the entrance, 15% believed the protests or vigils took place 50-150 metres from the site or that it varied in proximity to the site. 11% of staff witnessed them more than 150 metres away from the site entrance. During focus groups a number of staff identified protest/vigil activity within the vicinity of the hospital; however this was not always present outside the service providing terminations.

As seen in Figure 7, of the 82 staff members who reported having witnessed protests or vigils, the most commonly observed activities undertaken by protesters included holding up placards and posters, singing or chanting and silent prayer. The most commonly named 'other' activities included using a megaphone or loudspeaker to read out bible quotes or to pray aloud.

Figure 7: Number of staff witnessing each activity



Base: Respondents who had witnessed a protest or vigil (n=82), Source: Rocket Science NHS staff online survey

The survey findings also reflected the experience of staff participating in the focus groups with most identifying the use of signs and placards, distribution of leaflets and the use of what participants described as “upsetting imagery”. Whilst participants at one site described the activity as “not loud” another identified a more ‘interventionist’ approach to protests/vigils including making telephone calls to self-referral lines and entering the site and trying to engage reception staff. It was noted in this particular site that police had intervened due to concerns about staff and patient safety.

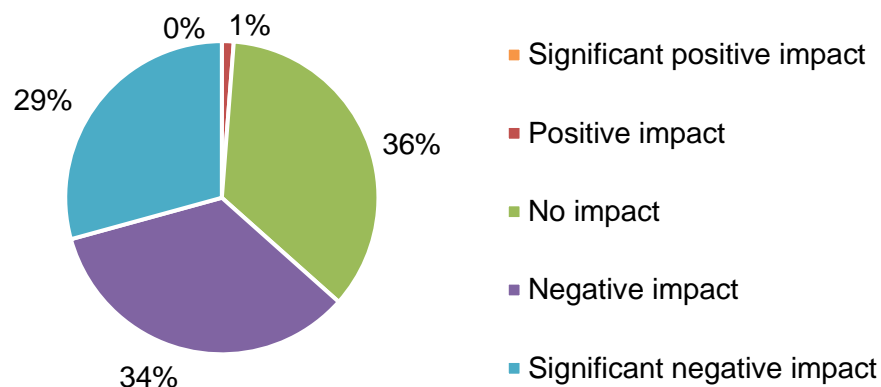
Impact of protests and vigils

This section summarises the perceived impact of protests and vigils on NHS staff and patients attending the sites for abortion care and other services.

Impacts on NHS staff

As seen in Figure 8, of the 82 staff who had witnessed a protest or vigil, 36% reported no impact on their ability to fulfil their role. However, 63% reported that the protests and vigils have had a significant negative or negative impact on their work.

Figure 8: Percentage of staff reporting perceived impacts of protests or vigils on their ability to fulfil their role



Base: Respondents who had witnessed a protest or vigil (n=82), Source: Rocket Science NHS staff online survey

Respondents from Health Boards which reported the most protest/vigil activity were more likely to report negative impacts upon their ability to deliver care.

Staff who had witnessed a protest/vigil were asked about the impact this had on them. Of the 64 responses received to this question, 52% reported the main impact on themselves as an increased concern about patients accessing the services. In addition:

- 20% reported feeling frustrated, annoyed or irritated
- 17% reported feeling angry
- 15% reported a negative atmosphere on the site
- 14% reported feeling anxious
- 14% felt afraid of being targeted by protestors
- 9% felt uncomfortable
- 6% changed the way they accessed work because of protests and vigils

In the free-text boxes within the survey, staff recorded their views on the impact of protests and vigils upon themselves and on patients. Some examples of staff views obtained for the survey are provided below.

“It is difficult to provide a private, dignified service to patients when there are protests outside the entrance they use.”

“They [patients] are making difficult health care decisions and need to be free from judgement, intimidation and abuse.”

“I find the protestors intimidating, and feel concern for the patients who are attending for help with their mental health.”

“Patients are sometimes upset, angry or distressed when they come for their appointments and need support with this, leaving less time to deal with [the] reason for their appointment.”

“I am able to fulfil my role in counselling and supporting patients however the protests can make consenting individuals more time consuming as they become cautious of what other people think rather than focusing on what is best for themselves.”

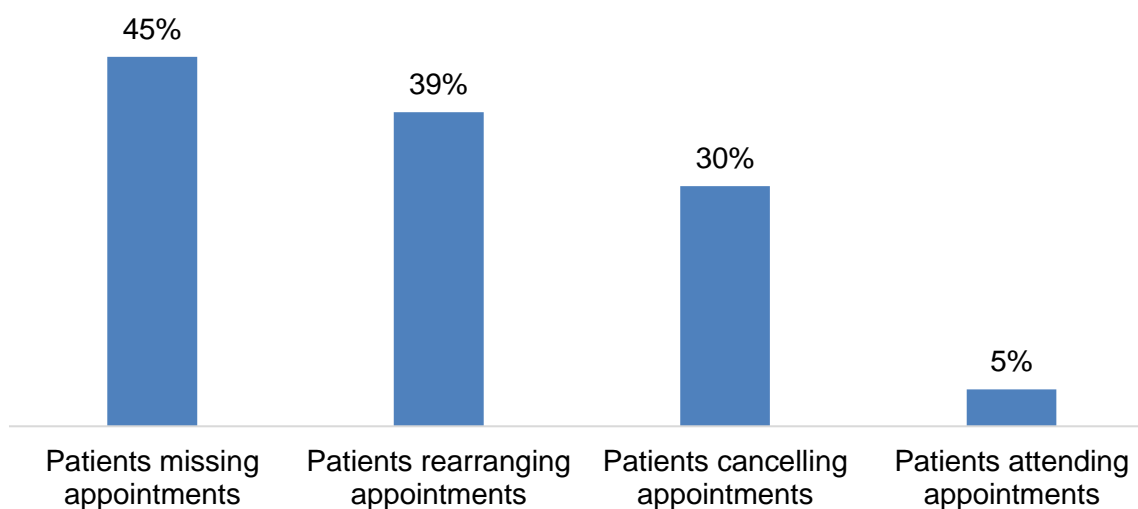
Whilst during focus groups staff highlighted their ability to continue to provide person-centred care it was acknowledged that the team did experience more anger on days that protests/vigils took place. Whilst for some it was felt that such activity increased their resolve to provide abortion care, it was also a concern that they would be identified, harrassed or threatened as a result of their work. As a result some participants identified a number of changes they made to their behaviour including using different entrances and exits.

Participants also identified resource implications of the activity including staff making additional telephone calls to patients to warn them of protests/vigils and services having to create ‘action plans’ which provided guidance on how to escalate concerns and when to involve the police.

Impacts on patients

Of the 128 staff who have responded to the survey, 35% reported an awareness of impacts on patients’ behaviour on days that protests and vigils took place at their sites. As shown in Figure 9, the biggest perceived impact among the 44 staff who reported an awareness of impact related to a perception that patients were missing appointments (45%) and/or rearranging appointments (39%).

Figure 9: Percentage of staff reporting types of changes in patient behaviour due to witnessing protests and vigils



**Base: Respondents who reported an awareness of impacts of protests or vigils (n=44),
Source: Rocket Science NHS staff online survey**

Survey respondents are asked their perceptions of broader impacts of vigil and protest activity, including any upon adjacent or co-located services. Of the 128 staff who have responded to the survey, 30% believed this activity had wider impacts. Staff who believed this activity had wider impacts were asked to describe these in more detail. The free text responses were categorised as follows (some responses mentioned more than one impact):

- 17 referenced a perceived negative impact on patients accessing other services, such as contraception, gender service or high risk pregnancy appointments.
- 15 referenced the presence of vigil/protest activity making a difficult situation worse for patients
- 11 referenced a risk of increased trauma for patients
- 8 referenced patients feeling a fear of being stigmatised
- 6 raised concerns around the potential loss of anonymity through attendance at services being videoed and/or photographed and posted online
- 6 referenced increased anxiety for patients

Free text responses within the survey are provided below.

“Some patients will avoid the clinic when they hear there is a protest or walk away when they see them. This means they miss their appointment which could be urgent and it is difficult to get through to switchboard to re-arrange.”

“Women and families are upset enough at having to receive/seek abortion care without seeing these protests. They feel unfairly judged and it further adds to their distress. Some patients described it as being traumatising.”

“I work with families who have suspected or diagnosed fetal abnormalities. This is a very distressing time for them and some do choose to have a termination of pregnancy. These babies are very much wanted and often women say to me they would never have chosen this for a healthy baby. They experience a wide range of emotions including guilt, emotional distress and doubt.”

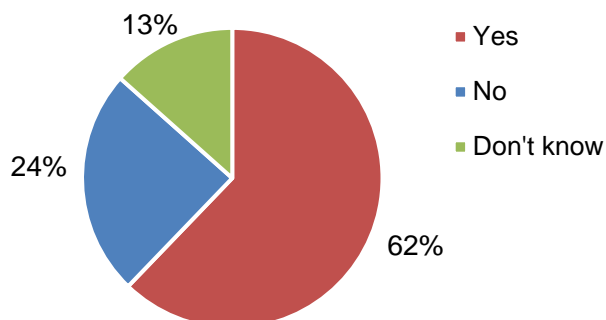
“ [The protests and vigils] impact their thoughts and feelings regarding the procedure, although in my experience it hasn't changed someone's decision to follow through with the procedure”

Of the 82 staff who had witnessed a protest or vigil, the majority (62%) reported that patients had spoken to staff about these (Figure 10). The topics patients wanted to discuss included finding the protests intimidating (14 respondents), feeling angry (10 respondents), finding protests inappropriate (9 respondents), feeling guilty about their choice (8 respondents), and concerns about their own and staff safety (7 respondents).

Three staff members responding to the survey reported patients not understanding why people would protest against a woman's choice and one staff member explained that patients were upset about the counter protest and the attention the abortion protests and vigils got because of this, rather than the silent vigils prior to that.

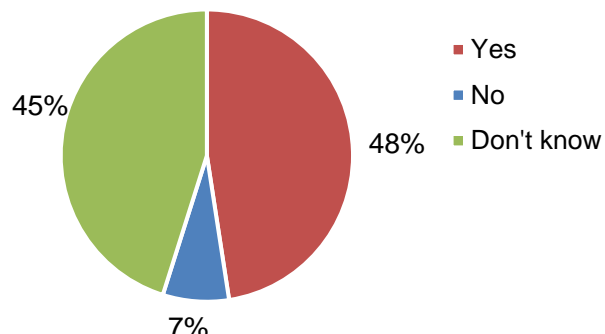
48% of those who had witnessed a protest or vigil also believed that the protests had wider impacts on patients accessing the clinic for any type of service (Figure 11).

Figure 10: Percentage of staff who have had patients mention protests/vigils in appointments



Base: Respondents who have witnessed a protest/vigil (n=82), Source: Rocket Science NHS staff online survey]

Figure 11: Percentage of staff who believe protests and vigils have a wider impact on those accessing the clinic for any service



Base: Respondents who have witnessed a protest/vigil (n=82), Source: Rocket Science NHS staff online survey]

Again these findings were consistent with the experience of staff participating in focus groups. Each of the four sites reported that patients were “upset” as a result of witnessing the protest/vigil activity, with one site particularly emphasising that the impact on patients was not correlated with the volume or nature of the activity “it doesn’t need to be loud or aggressive for it to be upsetting”. Focus group participants similarly reported that, in their experience, although patients did not change their course of treatment, witnessing protests/vigils could increase doubts about the procedure, even for medically necessary terminations. As a result of this staff reported that distress could occur and that the patient felt a greater need to justify their choices in care.

“They felt that they had to justify why they were getting a termination. That they have reasons why they're doing it but that's their reasons that they didn't need to share that with us.” – *Staff focus group*

Two sites also identified that patients were known to make enquiries about protests/vigil activity when making an appointment, and expressed concerns about being identified or put on social media as a result of attending the service. A number of participants also identified impacts for patients attending adjacent or proximate services and reported being aware of anger or upset caused by protest/vigil activity for those not attending for abortion care. One participant highlighted the potential traumatic impacts for people who had previously accessed

abortion care and were now witness to activity although attending healthcare for other needs or just passing members of the public.

Of the 53 staff who reported there was an impact of vigils/protests upon their ability to fulfil their role, the main concern was that patients would stop attending services for follow-up appointments or other services at the site (18 respondents). Staff mentioned a range of services that this may impact upon, including contraception, gender services, counselling support, high risk pregnancy services and any services related to future pregnancies.

Other long-term impacts mentioned by the 53 staff included:

- Negative impact on staff morale (15 respondents)
- Long-term trauma/PTSD for patients (15 respondents)
- Patients might question their choices/be influenced to make a choice that they do not want to make (8 respondents)
- Concern about their pictures/videos being uploaded by protesters (2 respondents)
- Negative reputation of the site (1 respondent)

Five members of staff mentioned that they don't think there is a negative long-term impact or that they are not sure. For those that mentioned that they do not think there is a long-term negative impact they explained this was due to limited numbers of protests and vigils, as well as the site managing protests and vigils well, to reduce the impact on patients.

Free text responses within the survey are provided below.

"I believe that the protests and vigils have a significant detrimental impact on both patient attendance and staff morale, impacting on service ability to retain staff, on staff ability to provide high quality care, and costing the NHS significant resources in relation to missed appointments." – Staff survey response

"As long as they are allowed, there will always be additional anxieties for some people attending who are worried about encountering them, therefore making it harder for them to access services." – Staff survey response

"Yes, as the clinic now has the reputation of 'the one with the protesters outside'." – Staff survey response

Both survey respondents and focus group participants mentioned the media and social media, as a catalyst for the impact on patients. Staff told us that media and

social media attention has led to an increase in enquiries of whether protests will take place on the day of their appointment and heightened anxiety around the potential of protests and vigils taking place. During focus groups in two sites, staff reported that social media has also been used to make threats of violence against the services. Staff and patients alike are also concerned about the scale of protests taking place in the US and are concerned about the safety implications for staff and clinics because of this. This comes following reports from the US of violent protesters attacking staff and clients on their way into abortion clinics. In the survey, staff mentioned that this concern was also amplified by social media.

“I have had several clients not wish to return for planned appointments for contraception for fear that protestors will be outside again. They [the protestors] did not attend very many times but the impact of them being here at all and the media coverage has given an impression that they are here a lot more frequently.” – *Staff survey response*

“Clients attending sexual health clinic, there are people videoing it and putting on social media. These clients may not wish anyone to know that they are at the clinic.” – *Staff survey response*

“The clinic I work in cares for many different people and provides many different services. Clients attending any healthcare appointment are entitled to confidentiality and cannot get this with cameras and protests happening.” – *Staff survey response*

5.4 Summary

From the survey responses received it is apparent that staff delivering care in abortion or adjacent services, such as other sexual health services, experience protests and/or vigils outside of their place of work. This would appear to be the case for those working in urban or city-centre services in particular, such as those in the Greater Glasgow and Clyde area, although the limited sample size prevent drawing robust conclusions about this. A number of the staff who have experience of protests and/or vigils report a negative impact upon them personally and in the time available to provide care.

Whilst to date the research has been unable to engage patients we suggest that NHS staff are uniquely positioned to provide an insight into the impact of protest/vigil activity for those accessing care. The survey responses to date indicate that, in many staff's experience, there are a number of negative impacts for patients including increased fear of not being able to receive healthcare confidentially, increased experience of stigma, and reduced attendance for appointments. Those sites which report more regular activity are also more likely to report negative impacts for patients, staff and their ability to provide care. There is

also emerging evidence from NHS staff that social media, and media coverage more broadly, may also be impacting on patients, regardless of whether in-person vigil/protest activity is actually experienced.

Chapter six: Data on prevalence

6.1 Introduction

This section contains a summary of data identified through social media posts. This has been undertaken due to the low response rate to the short survey by NHS sites. Given the nature of social media the information contained in this section should only be considered as indicative, rather than conclusive, of the prevalence and scale of protest and vigil activity. Section 8.3 below describes how the research will seek to obtain more robust evidence of prevalence and scale in the coming months.

6.2 Methodology

Analysis of social media posts between the 1 January to the 31 July 2023 was undertaken. This has included trawls of social media posts documenting protests or vigils that have occurred outside of healthcare facilities providing abortion care during this time. Posts which have been posted in real-time, or close to real-time by individuals, counter-protest groups or 'pro-choice' groups have been included.

6.3 Results

Between 1 January and 31 July, 30 vigils/protests have been identified from 7 different sources. The vast majority (93%, n=28) of these have occurred outside of Queen Elizabeth University Hospital.

Given the limitations of this approach, this may represent an under-representation. However, this equates to, on average, one protest/vigil occurring every seven days in 2023. 60% of these documented activities took place during Lent and 38% occur on a Tuesday.

From analysis of the pictures included within posts, the mean average of people in attendance at protests/vigils is 11, (range 2 to 76, median average=4, modal average=3).

Chapter seven: Discussion

7.1 Introduction

This section brings together the findings from the research to date in relation to the three overarching research aims outlined in chapter one. To recap, these were:

- To understand the prevalence, frequency and scale of vigils and protests which occur outside of healthcare facilities providing abortions.
- To understand the impact of vigils and protests on patients' ability to, and experiences of, accessing abortion services in Scotland.
- To understand the perspective and motivations of those involved in protests and/or vigils.

This chapter is divided into three sub-sections which focus on each of these research aims in turn.

7.2 The prevalence, frequency and scale of vigils and protests

The limitations of the current research mean that it has not been possible to assess the prevalence and frequency of vigils and protests outside clinics and hospitals that provide abortion healthcare. As noted previously this is in part due to the sometimes brief and transitory nature of protests and vigils, the way that these are arranged, coordinated and publicised, and that there is sometimes a low awareness of patterns related to vigils and protests among NHS staff. As may be anticipated, the frequency and prevalence also varies considerably across Scotland with those working in rural health boards such as NHS Borders and NHS Highland reporting not having witnessed any protest or vigil activity.

During the interviews, and email correspondence with people involved in protests and vigils, it has also become evident that some vigils and protests are unplanned and informal, sometimes comprising friendship groups or members of certain church groups.

Despite this, the research has found some evidence to suggest that protests and vigils occur on a regular basis, particularly within urban areas such as Greater Glasgow and Clyde in which 79% of the 97 staff who responded to the survey reported having witnessed a protest or vigil in their current role. This is also consistent with our analysis of social media which indicates 93% (n=28) of all protest/vigil activity recorded on social media between 1 January and 31 July 2023 occurred outside of the Queen Elizabeth University Hospital (QEUH), Glasgow.

As may also be expected, there is also evidence to suggest the frequency of protests and vigils varies substantially. Our analysis of social media accounts of

'counter-protest' groups suggests that that there has been, on average, at least one protest/vigil occurring outside of a healthcare facility offering abortion care every 7 days in 2023, although given the limitations of the data this is likely to be an under-estimation.

We note that of 5545 posts from the web and social media accounts of groups known to be actively involved in arranging protests and vigils in Scotland, there was no mention of planned protest or vigil dates. This indicates that arrangements for this type of activity tend to not be announced publicly. One exception to this is that the group 40 Days for Life sometimes announce their campaigns, and general activities on their website⁷. This tends not to extend to dates, and locations of planned vigils outside of all clinics and hospitals that provide abortion healthcare, however. The frequency of protests/vigils is also influenced by Lent, during which 60% (n=18) of all identified protests/vigils were conducted. This period of activity is seen to culminate in a large scale protest/vigil with over 100 people being seen to attend in April 2023. 36% (n=11) of all identified protests and vigils have occurred on a Tuesday and it is apparent from our observations that regular, if not weekly, activity occurs outside of the QEUH on a Tuesday and/or Wednesday.

In relation to scale, across the social media posts from counter-protest groups and individuals who are known to be actively posting about protests and vigils, we have been able to identify the numbers of people attending protests/vigils. The data indicates an average of 11 people in attendance (range 2-76). In the observations conducted by the research team to date, however, numbers of people in attendance ranged from 3 to 7.

7.3 The impact of vigils and protests

As previously highlighted, given that, to date, we have been unable to include those who have experience of receiving abortion care, emerging conclusions around the impact of protests/vigils should be considered with caution.

Despite this, it would appear that protest and vigil activity is perceived to negatively impact upon the care delivered by NHS staff. Of the 82 NHS staff responding to the survey who have witnessed a protest or vigil, 63% reported a negative or significantly negative impact on their work, with emotional impacts such as frustration, anger and anxiety being cited as having personal impacts. A small proportion (6%) reported changing their behaviour in accessing the sites as a result of protests/vigils, such as using a different entrance or removing their badges.

⁷ 40 Days for Life (2023). Available at: <https://www.40daysforlife.com/en/vigil-search.aspx> (accessed 02 November 2023).

Focus group participants also identified resource implications for services, including extra time required to obtain consent as a result of patients feeling a need to justify their care choices, contacting patients to make them aware of activity on days they are due to attend for care, and the development of action plans to manage protests/vigils.

These findings align with existing research which reports that protests and vigils have a considerable impact upon staff, which, had led to some staff considering leaving the profession (Sifris and Penovic, 2018; O'Shea, 2023).

As discussed in chapter six, of the 82 staff who had witnessed a protest or vigil, 62% reported that at some point, patients had discussed protest/vigil activity in appointments. Whilst this does not provide first-hand accounts of any impacts, we suggest that it does place NHS staff in a unique position to have insight into the experiences of patients. Survey respondents and focus group participants identified a number of negative impacts for the patients they provided care for. This included observations that patients were sometimes upset, angry or distressed as a result of witnessing protests/vigils and that such activity outside of healthcare facilities was perceived to increase stigma related to accessing abortion care and, for some, increased concerns around anonymity. The potential for negative impacts on patients accessing other services or the wider public were also noted by the staff we spoke to.

These findings align with the international literature presented in the separate rapid evidence review, where several studies have indicated that protests and vigils are a conduit for abortion stigma⁸, which can lead to long-term distress and mental health implications for women who are accessing abortion healthcare. A number of NHS staff reported that, in their experience, these impacted upon both the consent procedures and the time available for providing medical care in the appointment. Regarding consent, NHS staff were concerned that patients might be influenced by the guilt and judgement they might feel due to the presence of protestors. They also voiced concerns that the limited time available for appointments will be taken up by conversations about the protests or vigils, rather than focusing on the reason for the appointment.

A number of NHS staff also reported that they perceived there to be a negative impact on patient attendance as a result of protests and/or vigils. Staff reported

⁸ Abortion stigma can be defined as a social phenomenon that relates to both context and society. Hussein and Ferguson (2019) suggest that this involves implied processes where a woman becomes negatively labelled, and experiences shame or stigma. Biggs et al. (2020) describe abortion stigma as being a negative attribute that is ascribed to women that marks them out as being inferior because they do not necessarily ascribe to the view that motherhood is a pre-destined state for a woman. Hussein and Ferguson (2019) describe stigma as a stain on a person's identity and note that stigma can have a long term negative impact on a woman's sense of self and psychological wellbeing.

that, in their experience it was more common for patients to cancel, miss or rearranging appointments, either for abortion or adjacent services such as sexual health and gender services, on days when vigils or protests take place. This finding will be further tested through analysis of appointment data in the next stage of the research. However, it is an important emerging finding, given that existing literature demonstrates that delayed appointments can increase the risk of medical complications. As Seewald et al. (2019) have noted, having encountered protesters or vigil attendees during abortion healthcare appointments can also lead to women feeling reluctant to seek help in circumstances where they begin to notice post-abortion complications. For this reason, the World Health Organisation (WHO) has called for there to be regulations imposed where necessary to reduce any stigma associated with reproductive and sexual health care to reduce gendered health inequalities (WHO, 2015).

7.4 The motivations of people who take part in protests and vigils outside clinics/hospitals that provide abortion healthcare

Motivation is an individualised phenomena that differs from person to person. This makes it challenging to give a definitive answer as to what motivates people to take part in vigils or protests outside clinics/hospitals that provide abortion healthcare. The research team sought to examine the perspectives of people who organise, and/or attend protests and vigils to better understand their motivations. Despite a multi-pronged approach to participant recruitment, however, there was a low response rate (n=4). The low response rate means that it is not possible to draw conclusions about motivation from the primary research.

To address some of these limitations, the Rocket Science team conducted a digital and social media analysis, which is presented in chapter two of this report. A rapid evidence review has also been conducted to examine motivations. Taken together, both research outputs provide some insights into the potential motivations of people who participate in, and/or who organise protests or vigils outside clinics and hospitals that provide abortion healthcare in Scotland. These findings suggest that while motivations are individualised, there are some common themes. These are:

- A belief that human life begins at conception, and a desire to express this view as 'truth' to raise awareness.
- A belief that motherhood is the 'natural' and/or pre-destined state for a woman, and that she would not choose abortion if she knew of alternatives.
- The motivation linked to this belief is a motivation to provide alternatives, and to educate.

- A motivation to provide women emotional, financial and/or practical support to reduce the likelihood of her choosing abortion.
- A desire to engage in prayer and to be present at the site where abortions take place.
- A motivation to be present as a sign for women who may be unsure about their decision.

The findings presented in chapter two of this report, and in the rapid evidence review (published separately), however, suggest that while many people are motivated to participate in vigils to provide support and/or alternatives to women, the presence of those who are opposed to women's decisions outside facilities that provide abortion healthcare can cause immediate, and long-term emotional and psychological harms (Arey, 2023; Lowe and Page, 2022; Sifris, Prnovic and Henckels, 2020; Nguyen et al., 2018). Existing research suggests that even silent prayer can cause harm particularly when accompanied by placards demarcating the activity as a vigil, because the presence of those in opposition to abortion can exacerbate and transmit abortion stigma (Seewald et al., 2019; Steinberg et al., 2016).

Chapter eight: Conclusions

In this chapter we summarise the key findings, outline the limitations, and summarise the next steps for the research.

8.1 Key findings

This chapter is further divided into sub-sections that relate to the research questions, as outlined below.

The prevalence, frequency and scale of vigils and protests which occur outside of healthcare facilities providing abortions

The triangulation of multiple data sources revealed that there are anomalies in terms of the reports and recording of vigil and protest activity in Scotland. Observation of activity to date suggests that regular activities tend to be relatively quiet, and feature a combination of silent witness and discussion with people who are approaching clinics/hospitals that provide abortion healthcare. Because vigil organisers and participants do not advertise their events publicly, it is difficult to be conclusive about the frequency of vigils.

The observations, and the social media accounts of organisations and individuals who campaign against vigils and protests indicates that vigils and protests are sporadic, but have some patterns. There is a relatively regular weekly vigil held at the Queen Elizabeth University hospital. Both are held for one hour, over lunch time, one day per week. The data indicates, however, that there are sporadic vigils and protests that occur on other occasions, and that this type of activity increases during Lent and on the anniversary of the passing of the Abortion Act, and the implementation of the Act. The scale of the activities tends to vary. Observational data indicates that between 3 and 7 people are sometimes in attendance. Social media records and photographs, however, show that this number can range from 2 to 76 people.

The impact of vigils and protests on patients' ability to, and experiences of, accessing abortion services in Scotland.

Findings from the survey completed by NHS staff delivering abortion care or adjacent services identifies a variety of reported impacts as a result of the presence of protests and vigils outside of healthcare facilities. Of the 128 staff who have responded to the survey to date, 34% have reported impacts for them personally including experiencing increased anxiety, irritation and anger and, for some, fear. Staff have also reported perceived negative impacts upon appointment attendance. However, a comparable proportion (36%) who responded indicated no impact as a result of protests or vigils.

Whilst to date the research has been unable to engage patients we suggest that NHS staff are uniquely positioned to provide insights on the impact of protest/vigil activity for those accessing care. The survey responses to date indicate that, in staff's experience, there are a number of negative impacts for patients including increased fear of not being able to receive healthcare confidentially, increased experience of stigma, and reduced attendance for appointments.

The motivations of those involved in protests and/or vigils

As previously stated, low participation in the interviews has meant that it has not been possible to include the perspectives of people who participate in, or who arrange vigils or protests. However, chapter four provides a high-level summary of the themes that emerged from the four interviews that have been carried out.

8.2 Limitations of the research

To date the research team have been unable to engage anyone who has received abortion care to participate in the research. This clearly limits us, at this time, in drawing any conclusions in relation to whether protest and vigil activity outside of healthcare facilities impacts upon access to and/or experience of abortion care.

There has also been a low response to the survey designed to capture the prevalence, scale and nature of protests and/or vigils outside of health facilities within the five key sites in this study. This is due to a number of factors including a reported absence of protest/vigil activity in some areas, activity starting and finishing whilst staff are on shift (so they are not aware of any vigils/protests) and such activity taking place away from the sites where abortion care is delivered.

The research has also had limited engagement from those who coordinate or participate in protest and vigil activity. The proposal of the Abortion Services (Safe Access Zones) (Scotland) Member's Bill (introduced to the Scottish Parliament on the 5th October 2023) has been cited by those coordinating or participating in vigils and protests as a reason for not participating in this research.

8.3 Next steps for the research

Protest and vigils strand

To better understand the prevalence, frequency and scale of activity outside the healthcare facilities we will work with the Scottish Government and Police Scotland to identify other sources of data which may provide information in relation to the frequency, scale and nature of protests and vigils. The research will also expand the monitoring of social media which documents these.

NHS patients and staff research strand

The next stages of this element of the research will be used to test the emerging findings presented within this report as well as deepen our understanding of any impacts that vigils and protests may or may not have upon patients, their attendance at appointments and staff delivering care. We will do this in a number of ways.

For example, we will obtain appointment data from the Health Boards of the five primary sites and conduct analysis to examine whether, as suggested, there is any effect of vigils or protests on missed, cancelled or re-arranged appointments. This will be achieved through analysis of appointments on days when protests or vigils are confirmed to have occurred and comparing these with appointment data when we no activity has taken place outside of the healthcare facility.

We will also continue to work with NHS sites to understand whether changes can be made to the methodology to facilitate collection of prevalence data.

References

- Arey, W., (2020) Real men love babies: Protest speech and masculinity at abortion clinics in the Southern United States, *International journal of masculinity studies*. 15(3). pp.203-220.
- Arey, W., (2023) 'Experiences with small and large numbers of protesters at abortion clinics in North Carolina,' *Contraception*. 120.pp.109919.
- BBC (1999), "Shock tactics by pro-lifers." Available from: <http://news.bbc.co.uk/1/hi/scotland/528955.stm> (accessed 17 July 2022).
- Bletsas, A. & Beasley, C. (eds.) 2012. *Engaging with Carol Bacchi: Strategic Interventions & Exchanges*. Adelaide: University of Adelaide Press.
- Biggs M.A., Brown K, Foster D.G., (2020) Perceived abortion stigma and psychological well-being over five years after receiving or being denied an abortion. *PLoS ONE*. 15(1): e0226417.
- Brooks, L. (2022), "Call for safe access zones around abortion clinics in Scotland after protests," *The Guardian*, 4 May. Available from: <https://www.theguardian.com/uk-news/2022/may/04/calls-for-buffer-zones-around-abortion-clinics-in-scotland-after-protests?msclkid=19262781cf8311ecbef6e93937177b1d> (accessed 10 May 2022) ;
- De Zordo, S., Marre, D., & Smietana, M., (2022) Demographic anxieties in the age of 'fertility decline', *Medical anthropology*. 41(6-7). pp.591-599.
- Dimsdale, C. (2022), "Anti-abortion protests will increase as campaigners bolstered by Roe v Wade leak, warns clinic," *iNews*, 6 May. Available from: <https://inews.co.uk/news/anti-abortion-protests-campaigners-roe-v-wade-leak-1615067?ITO=msn&msclkid=4baebf52d11a11ecbfaff4bbf11970a> (accessed 17 July 2022).
- Einolf, C.J. (2011). The Link between Religion and Helping others: The role of values, ideas and language, *Sociology of religion*. 72(4), pp.435-455.
- Hussein, J. & Ferguson, L., (2019) Eliminating stigma and discrimination in sexual and reproductive health care: A public health imperative, *Sexual and reproductive health matters*. 27(3), pp.1-5.
- Jackson, L. & Valentine, G., (2017) Performing "Moral Resistance"? Pro-life and pro-choice activism in public space. 20(2), 1017-1030. <https://doi.org/10.1177/1206331217697142>.

Lindgren, B. M., Lundman, B., & Graneheim, U. H. (2020). Abstraction and interpretation during the qualitative content analysis process. *International journal of nursing studies*, Vol. 108, 103632.

Lowe, P., & Hayes, G., (2018) Anti-abortion clinic activism, civil inattention and the problem of gendered harassment, *Sociology*. 53(2). pp. 330–346.

Lowe, P., & Page, S.J., (2019) On the wet side of the womb: The construction of 'mother's in anti-abortion activism in England and Wales, *European journal of women's studies*. 26(2). pp. 165-180.

Lowe, P. & Page, S.J., (2022) Gendered violence, religion, and UK-based anti-abortion activism, *Religion and gender*. 12(1). pp.5-28.

Nguyen, B. T., Hebert, L. E., Newton, S. L., & Gilliam, M. L., (2018) Supporting women at the time of abortion: A mixed-methods study of male partner experiences and perspectives, *Perspectives on sexual and reproductive health*. 50. pp75–83.

Nut, K. (2022), "Abortion protests: SNP told to act 'urgently' to bring in safe access zones," *Herald Scotland*, 21 April. Available from: <https://www.heraldsotland.com/politics/20083060.abortion-protests-snp-told-act-urgently-bring-buffer-zones/?msclkid=1926a58ecf8311eca7c76db1b4257531> (accessed 17 July 2022).

O'Shea, M., (2023) *The independent review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018*. Dublin: Government of Ireland, Department of Health.

Public Health Scotland (2022) *Termination of pregnancy: Year ending December 2021*. A National Statistics publication for Scotland. Edinburgh: Public Health Scotland.

Sandnes, K. O. (2002). 'Equality within patriarchal structures: Some New Testament perspectives on the Christian fellowship as a brother-or sisterhood and a family', in *Constructing Early Christian Families* (pp. 166-181). London: Routledge.

Schreiber, R. (2017). *Anti-Feminist, pro-Life, and Anti-ERA Women*. The Oxford Handbook of U.S. Women's Social Movement Activism. London: Oxford.

Seewald, M., Martin, L.A., Echeverri, L., Hassinger, J.A., and Harris, L.H. (2019) Stigma and abortion complications: Stories from three continents, *Sexual and reproductive health matters*. 27(3). pp.75-85.

Sifris, R., & Penovic, T., (2018) Anti-abortion protest and the effectiveness of Victoria's safe access zones: An analysis, *Monash University law review*. 44(2). pp.317–340.

Sifris, R., Penovic, T., & Henckels, C., (2020) Advancing reproductive rights through legal reform: The example of abortion clinic safe access zones, *UNSW law journal*.43(3). pp. 1-20.

Solon, M., LaRoche, K. J., Bueno, X., Crawford, B. L., Turner, R. C., Lo, W. J., & Jozkowski, K. N., (2022) Pro-choice/pro-elección versus pro-life/pro-vida: Examining abortion identity terms across English and Spanish in the United States. *Social Science Quarterly*, 103(7), 1602-1618.

Steinberg, J. R., Tschann, J. M., Furgerson, D., & Harper, C. C., (2016) Psychosocial factors and pre-abortion psychological health: The significance of stigma, *Social science & medicine*. 150. pp. 67-75.

World Health Organization, (2013) *Global strategy on human resources for health: workforce 2030*. Geneva: World Health Organization.

Appendix one: Research framework

Area of evaluation	Evaluation questions	Information collected by NHS staff observers	Qualitative consultation with people who have accessed abortion services	Analysis of routine data from NHS	Qualitative consultation with NHS staff
Prevalence, frequency and scale of abortion vigils/protests	How frequently do vigils/protests happen in Scotland?	x			
	Which areas/services most frequently experience vigils/protests?	x			
	On average how many people attend vigils/protests?	x			
	On average how long do vigils/protests last?	x			
	What is the nature of the protest/vigil (eg silent prayer, singing, chanting, use of placards,	x			

	distributing written material etc)				
Experience of accessing abortion services where protests/vigils are taking place	Were those who accessed abortion services aware of vigils/protests before attending the clinic?		x		x
	How is the written material used by vigil/protest organisations perceived/experienced?		x		x
	How is the verbal communication used at vigils/protests perceived/experienced?		x		x
	How is the tone/character of visual and non-verbal communication used at vigils/protests perceived/experienced?		x		x

Impact of protests/vigils on those accessing abortion services	What is the immediate impact of vigils/protests on how clinic appointments / consultations take place?		x	x	x
	Is there a relationship between occurrence of protests/vigils and appointment attendance / cancellation?		x	x	x
	What is the immediate impact of vigils/protests on how those accessing services feel and behave?		x		x
	What is the anticipated longer-term impact of vigils/protests on those accessing services?		x		x
Impact of protests/vigils on NHS staff and services?	Do vigils/protests affect the consultations NHS staff have with their patients? If so, how?				x

	Do vigils/protests affect how staff feel at work? If so, how?				x
	Do vigils/protests have a wider impact on the clinic and how it operates? If so, how?				x
	What is the anticipated longer term impact of vigils/protests on NHS staff and services?				x

Appendix two: Content analysis

Appendix 2.1: Analysis framework

Reference number
Date posted
Organisation
Type of media: news article/campaign/social media post/blog post
Title
Content
Link
Photo/video description
Photo link
Photo code(s)
Comments
Theme(s)
Rationale

Appendix three: Research tools

A3.1 Focus Group Topic Guide for NHS Staff

Thank you for your time today. My name is _____ and I am from an independent research organisation called Rocket Science.

We are really grateful for your time today. I'll give you a summary of the research project and you can ask any questions you might have about the project and/or the session today.

The Scottish Government has commissioned Rocket Science to conduct research aimed at helping them understand how vigils or protests are affecting people who access clinics for abortion services and the staff who work there.

In parallel to this Rocket Science are also conducting research with protest and vigil groups to understand their motivations for this activity, the aims of vigils and protests and what those involved see as key to achieving these aims. This is being conducted by a separate research team but the findings of this will be reported alongside our research with people accessing services and staff.

We have arranged this focus group to bring together members of staff from each site where we have interviewed patients. The focus group is designed to be a space where you can share your experiences of going to work when a vigil or protest occurs and what that felt like, for you and how you think it might have affected your patients. We have a list of support groups and organisations to share with you.

Our session today will be about understanding if there are any similarities or differences between your experiences and learning how you coped.

So that we can all speak freely and openly, it is important that we agree to respect each other's views in this space as well as respect confidentiality when we leave this group and return to our daily lives. Please do not share with anyone outside of this group what we have discussed today. If you do not feel able or comfortable to commit to this, then we would kindly ask you to leave the group.

It is important that you do not feel under any pressure to take part in this focus group and know that you can leave at any time without explanation. You do not have to answer all the questions and if there are some that you would prefer not to answer please just say so. This is a sensitive topic so we will be led by you and what you want to do.

We expect the focus group to take between 1.5 and 2 hours. The plan for the session will be as follows. We'll start with some introductions and then we have a list of topics we'd like to cover with you. At some point, after about 45 minutes we'll take a break of 15 minutes or so. Then we'll come back and cover the remaining topics if we have time. Our main aim in this session is to hear from you about what it has been like working in this situation. We will be guided by you in the discussion.

Do you have any questions?

Are you happy to go ahead with the focus group?

Questions

Topics to cover:

(10 mins) Introductions:

So going around the group, lets introduce ourselves to each other. If we start with our job titles and if you are comfortable, which NHS Board you work for? I'll start. I'm _ and I work for Rocket Science. I live in _ and have a background in ___.

What is your job title?

How long have you worked in this role?

(20 mins) Knowledge of protest/vigil groups prior to accessing the clinic:

Had you heard of these protests/vigils before you experienced a vigil or protest?

What did you know about them? The organisations taking part/what they are trying to do?

Caring for patients (25 minutes)

How do you see the impact of the vigils/protests on your patients on those days?

Do you have to do anything extra for them because of the vigils/protests?

Break (10 minutes)

Protest days (25 minutes)

How many times would you estimate that you've had to go to work when a protest/vigil has been in progress?

Is there any pattern to these? Do they occur on certain days and times?

On those days, what is it like? Can we talk a bit more about that?

Are you given any warning from work that the events are going to happen at a certain time?

How do these vigils/protests make you feel about doing your job?

Do you see any wider impacts on your colleagues and how the clinic is run?

Have there been any changes to the way the clinic is run because of the vigils/protests?

Looking ahead (10-15 minutes)

Do you think the vigils/protests will have any long-lasting impacts on you? If so, then can you say anything about this?

Do you think the vigils/protests will have any long-lasting impacts on the clinics and how they are run? If so, can you say a bit more about that?

Closing (10 minutes)

Is there anything we haven't spoken about today that you would like to mention?

Last question -

Thank you for your time and your input. Before you go, I would like to check in and see how everyone is feeling? Are you ok to finish the focus group now, or would you like to stay on for a while? Is there anything I can provide now in terms of links to support/information services?

A3.2 Protest/vigil prevalence survey (for completion by NHS staff)

Thank you for filling out this form. This form asks you four short questions about the protest or vigil you observed at the healthcare facility you work. By filling out this form, you help with collecting data on the frequency of abortion protests and vigils in Scotland, where these take place and what the nature of these activities are. Please fill out a survey for everyday that a vigil or protest takes place.

Q. In which health board is the protest or vigil taking place? [drop down list of health boards]

Q Outside which clinic is the protest or vigil taking place [dropdown with Scottish abortion clinics routed from answer above]

Q. When did the protest/vigil take place? [date mm/dd/yy]

Q. Roughly how many people took part in the protest/vigil? [Free text number]

Q. What type of activities took place at the protest/vigil? Please select all that apply [checkbox]

- Approaching staff and patients to engage in conversations
- Handing out written materials
- Holding up placards/posters
- Holding up models of fetuses/babies
- Observing (being present at the abortion clinic without doing anything further)
- Shouting to staff and patients
- Silent prayer
- Singing/chanting
- Other (please specify)

Q. Roughly how long did the protest/vigil last for?

- Less than an hour
- 2-3 hours
- 4-5 hours
- 6+ hours
- All day
- All day and night

Thank you for filling out this form. Please click 'Submit' to submit your answers

About us: Rocket Science is an independent research organisation working on behalf of the Scottish Government to collect data on the nature and prevalence of abortion protests/vigils in Scotland. While this form collects no personal data, please note that Rocket Science is committed to holding this information in the strictest confidence, and has systems in place to ensure that individual data is protected.

A3.3 NHS staff survey

About this survey: As someone working at a Scottish healthcare facility that provides abortion services, we are keen to hear about your experience of any protests and vigils that have taken place near your place of work. Your views are really important to help us understand both the prevalence and impact of protests and vigils which take place outside of abortion clinics within Scotland.

The survey is **entirely voluntary**, and you do not need to take part. If you do wish to complete the survey, you can skip any questions you are unsure of, or prefer not to answer. **All of your survey answers will be anonymised and you will not be identifiable in any reporting.** The survey responses you provide will be held securely by Rocket Science and used in accordance with the General Data Protection Regulation.

About us: Rocket Science is an independent research organisation working on behalf of the Scottish Government to understand the prevalence, scale and impact of abortion protests and vigils taking place outside Scottish healthcare facilities.

Rocket Science is committed to holding your personal information in the strictest confidence and has systems in place to ensure that individual data is protected. A full privacy notice is available here [insert link when developed] If you have any questions or would like further information please contact [hyperlink to PI email address].

As the survey is anonymous, we won't be able to identify or remove your survey after you have submitted it. Can you confirm that: (please tick):

- I have read and understood the privacy notice
- I have read and understood the information given to me about completing this survey
- I give my consent for Rocket Science to process the data I share in this survey
- I understand that I am not obliged to complete every question in the survey

About your place of work

We would first like to ask you a couple of questions about your employment at the healthcare clinic. Please note this data will not be used to identify you.

Q. Which health board do you work for? [drop down list of health boards]

Q Which clinic do you work in [dropdown list routed from above]

Q. How long have you been working for this clinic? *[multiple choice]*

- Less than one year
- 1-3 years
- 3-5 years
- 5-10 years
- More than 10 years

About vigils and protests taking place near your clinic

Q. During your employment at this clinic, have any vigils or protests taken place in the immediate vicinity of the clinic? *[multiple choice]*

- Yes
- No [route to end of survey]

Q. Approximately how often do vigils or protests take place outside the clinic?

- Daily
- 1-2 times a week
- 1-2 times a month
- Once a quarter
- 1-2 times a year
- Other (please state)
- Don't know

Q. What type of activities have you witnessed take place at these protests and vigils? Please select all that apply *[checkbox]*

- Approaching staff and patients to engage in conversations
- Handing out written materials

- Holding up placards/posters
- Holding up models of foetuses/babies
- Observing (being present at the abortion clinic without doing anything further)
- Shouting to staff and patients
- Silent prayer
- Singing/chanting
- Other (please specify)

Q. Approximately how close do the activities take place near the front door of the clinic? *[multiple choice]*

- Less than 5 meters away from the front door
- 6-10 meters away from the front door
- 10-50 meters away from the front door
- 50-150 meters away from the front door
- More than 150 meters away from the front door
- It can vary

Q. Are staff aware of any planned protests and vigils before they happen?

- Yes
- No
- Don't know

If yes, how are they made aware? *[free text]*

Q. Are patients aware of any planned protests and vigils before they happen?

- Yes
- No
- Don't know

If yes, how are they made aware? *[free text]*

Experience of vigils and protests taking place near your clinic

We would like to understand your experience of the vigils and protests taking place near your clinic and whether this has any impact upon you and your ability to fulfil your role. We also want to understand if, in your experience, this has any impacts upon patients. We will start with the experience of you and your colleagues.

Q. What ,if any, impact is there of protests or vigils upon your ability to fulfil your role (please choose one option)

- Protests and vigils have significant negative impact upon my ability to fulfil my role
- Protests and vigils have some negative impact upon my ability to fulfil my role
- Protests and vigils have no impact upon my ability to fulfil my role
- Protests and vigils have a positive impact upon my ability to fulfil my role
- Protests and vigils have significant positive impact upon my ability to fulfil my role

Please explain your answer [free text]

Q. What is your experience of attending work to provide care on the days that protests or vigils take place and how is this different from days when protests or vigils don't take place? [Free text]

Now we would like to understand any impact of the protests and vigils on patients and staff from your point of view. Thinking know about the patient experience...

Q. Do you believe these is any impact on patient attendance on days that protests or vigils take place (choose one option)

- Yes
- No
- Don't know

If yes what is the impact you observe of protests or vigils on appointment attendance (choose all that apply)

- There is an increase in patients **missing** appointments

- There is an increase in patients cancelling appointments
- There is an increase in patients rearranging appointments
- There is an increase in patients **attending** appointments

Q. Do patients ever discuss or mention the protests or vigils with you during appointments?

- Yes
- No
- Don't know

If yes what do patients say to you about protests and vigils?

Q. From your point of view, are there any longer term impacts of the protests and vigils on patients, staff or how the clinic operates? *[open text]*

End of survey

Thank you for filling out this survey. Please click 'Submit' to submit your answers.

A3.4 Observation framework (of protests/vigils)

Rocket Science staff conducting the observation shall make themselves known to organizers and/or volunteers. They will take notes using the framework outlined below. While this document provides prompts and factors to assess, it is anticipated that observational data will be in-depth and will cover a broad spectrum of elements that go above and beyond the items listed below.

Date:

Time:

Location:

Factors	Prompts for observational data/notes
Setting and environment	Location information
	Busy/quiet street
	Proximity to abortion clinic
	Awareness of passers by

	Potential impact of passers by
	Rural/city location: differences/similarities.
Noise level	Loud/quiet protesting
	Singing
	Chanting
	Silence.
Symbolism	Potential symbolic gestures/signage and observed impact.
Scale and size	Number of protesters.
Demographics	Record observations of age and gender of protesters.
Activities	Observations of activities to include, but not limited to: <ul style="list-style-type: none"> • Approaching staff or patients to engage in conversations • Handing out written materials • Holding up placards/posters • Holding up models of fetuses/babies • Observing (being present at the abortion clinic without doing anything further) • Shouting to staff and/or patients • Silent prayer • Singing/chanting • Other (please specify)
Impact	Observed impacts on people accessing clinics for work or as patients.

Level of disruption to the service.

Any evident emotional responses.

Any observable power dynamics.

General disruption in locality caused by the protest/vigil.

Recruitment of others.

A3.5 Content analysis framework

This framework will be used to analyse digital and media content related to abortion campaigns, protests and vigils.

Date	Protest Location	Photo	Kind of protest material	Image or text	Transcription
Date	Where materials were collected	Insert photo if possible	Banner, poster, pamphlet, other	Text only, image only, or text and image	Full transcription, accompanied by notes and observations
Object description	Contextual information	Logos and affiliations	Semantic analysis: themes	Visual analysis: design choices	Reflection and potential impact
Shape, size, material, DIY or professionally produced?	Does anything around the material add any information? If so, describe	Yes/No Which	Provide a summary of emerging themes observed during the protest/vigil. E.g. <ul style="list-style-type: none"> • Are there initial stances? For X or again Y? 	Where is the text placed on the material? Where are the images? Describe relative sizes, etc. Which objects/subjects are represented, and how? How do the formal visual characteristics of these materials	Summarise reflections: what is the impact of these materials on the researcher as a viewer?

- Do the materials suggest different groups of protestors with different stances and/or aims? Repeated messages, images? buttress claims to truth, authority, natural order, justice? How do the visual elements produce a particular kind of knowledge?

Provide analysis related to the textual characteristics of the materials. For example, how do the materials buttress claims to truth, authority, natural order, justice? Do they produce a particular

kind of knowledge?
If so, how?

A3.6 Interview topic guide (protest/vigil coordinators)

Consultant will outline that all data will be pseudo-anonymized and will give a statement that demonstrates commitment to maintaining a high standard of ethical commitment. Consent to take part will be handled following the guidelines set out in the ethical agreements that accompany this project. The following topics and questions will be covered during the interview.

Question	Further prompts/things to look for
Please tell me a bit more about how you first became involved in organizing abortion protests and vigils.	What motivated you to become involved? What are the aims of the organisation? Do the aims of the organisation align with your own motivations? NB: please record whether the participant is a staff member or a volunteer.
Can you tell me a bit more about the organisation you work for/volunteer for? How many paid staff and how many volunteers are involved? How is the organisation funded?	
When did you first become involved?	What factors led to your involvement?
What motivates you to remain involved? What impact do you hope that campaigning will have?	
How many abortion vigils and protests have you been involved in organizing?	
Does the scale and size of vigils or protests differ in your experience? What factors influence the number of people who attend?	How do you promote your activities (generally)?

How is your group/network/community organized? Who decides when events/activities will take place?

How do you recruit new volunteers/staff members/protesters?

How would you describe the events that you organize/volunteer in?

How is your network organised?

How do you decide on the timing of abortion protests and vigils? How frequent are the protests or vigils?

What type of abortion campaigns do you organise or volunteer within?

How would you describe the difference between an abortion protest and an abortion vigil?

What impact has the media had on the protests or vigils that you have been involved in?

What impact has the political context had on the protests or vigils that you have been involved in?

Have there been times when you have felt more motivated to protest

How is this communicated to others within and outside of the organisation?

Can you describe the process involved in new people joining abortion vigils or protests?

Are they quiet? Peaceful? Loud? Do people use placards? Are leaflets given out? Do attendees approach women who are accessing adoption services directly? If so, please describe the interactions that you have seen/been part of?

Information on scale and frequency / prevalence, as well as location.

E.g.:

- Online
- In-person protests
- Vigils

Are there differences in terms of the community groups or the types of people who join each type of event/activity/campaign?

than others? What factors influence your motivation?

How would you describe the people who attend abortion protests and vigils?

Can you describe the meaning that you derive from your involvement?

What are your hopes for the future when it comes to abortion campaigning?

Nomenclature: how appropriate is it for us to describe your campaigning activity as a protest, or vigil? What is your preferred way of describing these activities?

Is there anything else that you feel we should understand?

Would you describe attendees as a community? Or as a group? Or a network? Or is there other terminology that would be more appropriate?

Do you feel that you are making an impact? If so, can you say more about what that impact may be?

Is there more appropriate language that we should be using?