HOUSE OF COMMONS

Home Affairs Committee

Oral evidence: Harassment and intimidation near abortion clinics, HC 638

Tuesday 12 December 2017

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Watch the meeting

Members present: Yvette Cooper (Chair); Preet Kaur Gill; Sarah Jones; Tim Loughton; Will Quince; Douglas Ross; Naz Shah.

Questions 1-115

Witnesses

I: Councillor Julian Bell, Leader of the Council, Ealing Council and Councillor Binda Rai, Ealing Council.

II: Clare Murphy, Director of External Affairs, British Pregnancy Advisory Service; John Hansen-Brevetti, Clinical Operations Manager, West London Centre and Acting Clinical Governance and Quality—Greater London and South East, Marie Stopes UK; Antonia Tully, Head of Campaigning, Society for the Protection of Unborn Children; and Clare McCullough, Director, Good Counsel Network.

Examination of Witnesses

Councillor Julian Bell, Leader of the Council, Ealing Council and Councillor Binda Rai, Ealing Council.

Q1 **Chair:** Welcome everybody to our evidence session this morning. We are taking evidence to feed into the Government's consultation on harassment and intimidation outside abortion clinics. I should say, at the beginning of this evidence session, we are not the Health Committee and we are not holding an inquiry into abortion policy or healthcare policy or the ethics of either. We are simply responding to the Home Secretary's questions and consultation about the nature of protests and harassment taking place outside clinics. I apologise in advance, but I will be interrupting any of our witnesses who take the debate off into healthcare policy instead because that is not the subject of this inquiry. Can I welcome Councillor Bell and Councillor Rai to our inquiry? Could you just introduce yourselves and your position?

Councillor Bell: Councillor Julian Bell. I am the Leader of Ealing Council.

Councillor Rai: Councillor Binda Rai. I am a Cabinet member for Children and Young People, and I also represent Walpole Ward where the clinic is situated.

Q2 **Chair:** Thank you very much. Could you begin by telling us the nature of the problem that you felt you needed to address and what your concerns were?

Councillor Bell: Certainly. The first thing to say is to state the council's position is similar to the Committee's position, in terms of the motion that we passed did not take any position, either pro-abortion or anti-abortion, so we are very clear that we are responding to concerns that have been expressed to us as the local authority from both users of the clinic, members of staff from the clinic and also residents who live either in close proximity to the clinic, as neighbours, or who regularly pass by. We can probably say a little bit more about the location later, but it is a town centre location and quite a lot of people pass by.

We were approached by a locally set up group called Sister Supporter, back in April of this year, asking us as the council what we were doing to protect pregnant women from harassment or intimidation outside the clinic and that we had an equalities duty, as a council, to provide that protection. That group then collected a petition. There were over 3,500 mainly local people who signed that petition and, as a result of that petition being presented to council, we undertook to review the challenge that has been presented to us and that review is ongoing. In that sense we, as yet, as the council, have not made any decision as to what is the most appropriate response in order to meet those equalities duties to the pregnant women accessing the clinic.

The other thing to state—and I will end on this—is that there is no clear national legislation that we are able to look to in order to decide how we respond to that problem and challenge that we have been presented with. In the absence of that national legislation or framework, what we are doing under our review is looking to see what options we do have and what we want to do. The motion that we passed at full council stated that we would seek to use our existing powers to set up a safe zone for women in the immediate area outside the clinic, so that they can get treatment unimpeded and they can access those legal services that they want to with anonymity and with privacy. I think that is a key part of the challenge that is being presented to us as a council. There are rights of those women to have privacy and anonymity.

Councillor Rai: If I could move on to why we decided that the motion was an important element in raising this issue is because, as the local councillor for the ward, I have had lots of people approach me and say that this behaviour is unacceptable outside the clinic. I have also been approached by the Sister Supporter group, who are a locally based group, local women, some of whom live in my ward and neighbouring wards, and it is very much a grassroots group. Therefore, I felt it was very important for the council to raise this issue and the best way for us to do that was to debate a motion.

In this motion, which I proposed and another ward councillor, Gareth Shaw, seconded, I pointed out the legal right to access health care without intimidation and harassment, and in total anonymity. That is something that isn't happening outside this clinic. We also talked about the heightened activity that takes place outside the clinic, particularly over the past two years, where we have seen a growth in the number of protestors. When I use the word "protestors", I mean the Sister Supporter group and those that are holding the vigils outside the clinic. This is obviously impinging on the lives of local residents.

We also talked about the behaviour outside the clinic, including the vigil holders approaching women and staff as they enter and leave the clinic. It is absolutely at the point of access for these women that these approaches are made. Also the graphic images that are displayed on the pavements outside the clinic are making some residents very reluctant to walk past that part of Ealing.

Comments made to women have also occurred and to staff, and some of these comments are of a religious nature and it results in women feeling very scared. Just for a moment imagine that you are pregnant and you have gone through the whole turmoil of wanting to have a termination and you approach the clinic and that is where you are asked not to do it. I have been told by the clinic that many of the women ring the clinic when they see the protestors outside and cancel their appointment, so I wonder what happens to those women. Also some will ring the staff at the clinic and ask to be escorted into the clinic.

These were some of the issues that I raised in my motion, and the motion—as Councillor Bell has already said—agreed that the council would commit itself to fully explore every possible option and will take all necessary actions within its powers, utilising all necessary resources, to prevent anti-abortion protestors from intimidating and harassing women outside the Marie Stopes Clinic on Mattock Lane.

The Council will do this to provide the necessary reassurance and security that all women need and deserve, as they make their own personal decision about their pregnancy, and to defend the quality of life of those residents living nearby who pass the clinic on a regular basis. I thought that was very important.

Q3 **Chair:** How close are the protests to the clinic door?

Councillor Rai: If I could give you a description of the street I think that would be helpful. It is a wide residential road that is in the heart of Ealing, very close to the town centre, so it is a thoroughfare for people going to the town centre. It is a wide tree-lined road. We have Questors Theatre down the road, which is always very busy. There is a school nearby, and one of Ealing's main parks backs on to the Marie Stopes Clinic. Therefore, people are using that all the time.

The protestors are immediately outside the entrance to the Marie Stopes Clinic. I think that is intimidating in itself. Having men stand outside the entrance to the clinic trying to persuade you otherwise, I think is even more intimidating.

Councillor Bell: Can I just add to that, Chair? We have received evidence that some of the vigil members actually enter the premises, so between the gate and the front door of the clinic, and in a pack that we were given by The Good Counsel Network, just last night, there is a photograph of one of their members stood immediately outside at the gate. There are allegations that clients to the clinic are being physically blocked from coming in to the gate or that they are followed into the gate. Also there is another separate entrance, which is a driveway—a double gated car entrance—and often women accessing the clinic will try to go through that secondary car entrance or exit and, again, it is alleged that the vigil members will run up the road to try to engage with the clients at that point as well.

Q4 **Chair:** What is it about the behaviour of the protestors that concerns you most? What kind of activity is taking place?

Councillor Bell: The sorts of activity that I have seen outside are the placards that they use. They call the women "Mum" as they go in. They give them leaflets. I am not a medical person but I do not think that the information on those leaflets is medically correct. They are called "murderers" and some of the placards are disturbing. Unfortunately, I don't have the pictures with me to be able to repeat some of those but to call a pregnant woman "Mum" in itself I think is heart wrenching. The

Good Counsel Network admitted yesterday that they do refer to them as "Mum", and their leaflets also contain that sort of language, so it is what I call emotional coercion to try to get the women to do what they want them to do and that is to not have a termination.

Again, I would like to reiterate, as with the council, my position is not for or against abortion. It is purely about the safety and the ability of these women to make a decision and to be able to access legally available health care.

Q5 **Douglas Ross:** I am interested to know what the council has done up until this motion came forward in October. You have both described a number of incidents and a number of complaints you have received from constituents. We have seen a briefing that sometimes, up to 40 hours over six days a week, in really busy periods, there can be up to 40 protestors, yet you only put forward the motion on the back of a petition raised by Sister Supporter. Could you explain why, as a ward councillor, Leader of the council, you had not brought the motion without that outside body coming forward with a petition?

Councillor Bell: The first thing to say is that this has been going on for 20 years. It is something that has increased in terms of the severity of the problem in the last two years, not only in the increased numbers but in the increased frequency. Councillor Rai can talk more of what she has done as a ward councillor, because I know, as the Leader, that she and her other ward councillors have been in frequent contact and correspondence with local residents about this. As we have said, we have been looking into what our options are and also trying to assess what the problem is since April of this year.

Q6 **Douglas Ross:** You said earlier that April was when you were contacted by Sister Supporter?

Councillor Bell: Correct, yes.

Q7 **Douglas Ross:** I am wondering—because that group also stand outside this clinic—what you are doing for the people in that street, the residents, the people who struggle to walk through it, because it is so busy at times, what was the direct response to their concerns.

Councillor Rai: This is one of the problems that the council has because our powers to act are limited, which is what we are trying to exercise now. However, as ward councillors, we have spoken to the residents and we have taken on board what they have said. We have monitored the situation as ward councillors, and we have noticed—and I have certainly noticed—that there has been a huge increase in activity, partly because the Sister Supporter group are there as the prochoice group but, also, the number of vigil holders is also on the increase. I have lived in Ealing all my life and I use the park regularly with my children, and I am absolutely convinced that the numbers have grown over the years. On one occasion I counted up to 30 people there on a Saturday morning.

The difficulty that we have is that there are about half a dozen groups that take part in the vigils. When I have spoken to them they will say that they are not causing the distressing behaviour, and so there is a situation where they claim not to be associated with each other but, from what I can see, they all tend to work together.

Q8 **Douglas Ross:** Will Quince will ask about public space protection orders, but, just in terms of your motion, there was press coverage that seemed to think that you had included a PSPO but that was incorrect. Specifically, when you said part of the problem is the limited powers, why did you not go down that route?

Councillor Bell: You are absolutely right that it was incorrectly reported that we had started to go down the route of a PSPO. The petition from Sister Supporter, which was presented to the council that night, asked us to look into the implementation of a Public Spaces Protection Order but the motion itself said that we would look at all options that were open to us as the council. That ongoing investigation by our community safety officers is looking at that option—a Public Spaces Protection Order—along with others. We are particularly anxious to see if we can find an amicable negotiated resolution of these problems and have been trying for some time now to see if we can find that negotiated agreement. As yet we have not been successful.

In terms of where we go from here, we will receive a report to our cabinet in January. That will be the outcome of this investigation by our community safety officers. They will make a recommendation to us—as the executive body of the council that decides what we do—be it to continue to work to try to get a negotiated solution or whether or not they recommend to us that, in the absence of national guidance, the best tool available is a PSPO.

I am only speculating now but, if that report says that a PSPO is the right way forward for us, then there are statutory consultations that we have to go through with the public about implementing a PSPO. If we did go down that route that is some way down the line in the new year.

Q9 **Tim Loughton:** Councillors, presumably, you have no objection to the principle of the protest. It is the question of obstruction and intimidation by the protestors in the way that they are doing it. Councillor Bell, you said you had been in negotiations and tried to come up with some compromise. As far as you are concerned, what sort of things have you suggested that would be suitable and make this problem go away?

Councillor Bell: The first thing to say is that we recognise the right of people to protest and to make their views clear. As a politician, I have enjoyed freedom of speech and that right to protest on many occasions, so we recognise that that is a right of the groups. Where we have a problem is that you have to balance that with the rights of the women who are using the clinic and, therefore, that is something that we are grappling with. There are obviously advantages to us having a negotiated

agreement with the groups. That has been challenging because, as Councillor Rai said, there are six different groups. We have engaged with the majority of them but, although we have invited them to come and speak to us, there are some that we are still yet to engage with. We will continue to pursue that.

Q10 **Tim Loughton:** Have you reached potential agreements with some of those groups and, if so, what are they? Is it that there should be a certain distance for their protests, on the other side of the road, only for certain hours, what sort of things would you think are appropriate?

Councillor Bell: The discussions that we have had have been around whether there is a safe space around the clinic with no protestors, either prochoice or prolife. Again, we don't have a specified distance but we have talked about that concept of a safe space where there is sufficient distance for women to access the clinic without being identified as users of the clinic.

The other key thing we have talked about with the groups is some of the behaviours and the placards that they have, which are often quite distressing, with visuals of foetuses at different gestations, and whether or not we can agree that that is not part of the prolife vigils. As yet we have not come to an agreement with any of the groups. When we talk about moving away from the clinic, the group will say to us, "We are there to counsel and to offer counsel to these women and, if we move away, we won't be able to do what our objective as a body is".

Q11 **Tim Loughton:** They are specifically saying that a key part of their demonstration is physically to engage with the women who are using the clinic as well as the staff, because you have not mentioned the staff that are subject to intimidation going about their daily business as well.

Councillor Bell: Yes. I met with the staff last week and they told me incidents of them being followed after they end their day of work, followed back to their cars, followed back down to the town centre and being harassed to the point of staff members feeling that, if they are continued to be followed, they would call the police to stop that happening.

Last night we met with The Good Counsel Network. We gave them an opportunity to speak to all the councillors last night. They came and said they were willing to talk about everything, which was encouraging. However, they still talk about their need to engage verbally with the women who are using the clinic.

Q12 **Tim Loughton:** Councillor Rai, can I ask, because it is your ward, it sounds as though there should be some sort of code of conduct. Take the example we have in Downing Street. There are no protestors allowed right outside Downing Street but there is a cordoned off area opposite Downing Street where protestors come along with their placards, with their music or whatever, and demonstrate lawfully. From the sounds of

what Councillor Bell is saying, that would not necessarily solve the problem if there were a space on the opposite side of the road, equivalent, say, where they could be in a designated area. They would not accept it because they want to engage physically. You are concerned about placards and there is also this problem of staff and maybe women being followed and filmed. I read that somewhere as well. Are they being recorded coming in and out of the clinic?

Councillor Rai: There is an allegation of that. The main problem we have is that the women using the clinic have the right to use that clinic in anonymity. This is not happening for them at the moment. If you were to move the protestors to the other side of the road they still would not get that anonymity. The women need to have the point of access free so they can access the clinic. The protestors want to work at the point of access because that is where they think that they are most useful. Obviously, there is a difference in opinion in that. As Councillor Bell has said, we do have a review going on that we will look at the results of, but my personal view is that around the vicinity of that clinic, in fact, I would say I don't think any protestors should be down Mattock Lane. Therefore, to move them—

Q13 **Tim Loughton:** The whole road would be out of bounds?

Councillor Rai: Yes, because people access the clinic from different parts of the borough and they would still be denied that anonymity if you were to move them across to the other side and the banners would still continue. We have a grassed area just outside the clinic and there is a tree there. What I find particularly distressing is that most of the vigil holders stand beneath the tree and it is within eye line of the entrance to the clinic, so the women have just had a termination and there are about 20 to 30 of them praying because there has been a termination. I think that is really distressing and one woman came up to me and said, "Can you tell me where the tube station is?" and she just did a runner. That is an indication of the level of stress and harassment that does go on.

Q14 **Tim Loughton:** Finally, can I ask: are there any other equivalent demonstrations, by completely different groups, that have caused problems in the past that you have been able to deal with or is this a really unique situation?

Councillor Rai: This is a very unique situation, simply because of the complexity of the groups that are carrying out the vigils.

Councillor Bell: What is clear is that there are other councils that have clinics in them where similar incidents are happening; as I understand it, in Birmingham and Portsmouth and Southwick is the other one. This is not confined to Ealing. It is a national issue and that is why we are very pleased to come here today to give our evidence to the Committee.

Q15 **Tim Loughton:** You could say that part of the problem is that this is an explicit site, where the only reason you are going into that building is because you work there in something to do with abortion or because you

are going to have an abortion. There are other forms of sensitive clinical care that are administered within anonymous buildings or as part of various other activities going on. I remember in my constituency we had a youth shop in the high street and one of the known functions of youth shop was to offer SDI tests to teenagers. It got very little business, for the obvious reason that, if you were going into that shop, then clearly you thought you have an SDI and you didn't want anybody else seeing you. That was then relocated to an anonymous building with lots of other things going on, so you could have been going in for all sorts of things. Is that potentially an answer: that we need the services where you could be going into that building because you are going to be treated for diabetes or to have a flu vaccination or whatever? Is that a solution?

Councillor Rai: The clinic is used by men as well. That is on a Thursday and the demonstrations stop on a Thursday, so they are purely targeted at these vulnerable women.

Councillor Bell: Speaking with staff at the clinic last week, they did make the point that, where abortions are offered within an NHS general health facility, it is not possible to distinguish the purposes that users are going to the building for, but I think that is looking at the problem from the wrong end. I don't see why the service cannot be offered in the way that it is being offered. It has been there for a very long time, is trusted by the women and well used. It seems to me that it should remain where it is, offering the service that it does to the women of our borough but also of west London and wider.

Q16 **Will Quince:** I am fully supportive of the right to protest but that right comes with responsibility. There is a duty on local authorities to protect not just the women and their partners, who are going to these facilities, but also the wider public. We often have these protests in Westminster outside Downing Street and—as a couple who have lost a child—I find the graphic images hugely distressing. The wider public and children will be walking along this road and they have a right not to be distressed by these images. Councillor Bell, you referenced that there is no national legislation or framework specifically in this area. You mentioned there has been the motion that has received widespread media coverage and you are undertaking a review. I am interested in the PSPO route and how much you have explored that. Is the PSPO a realistic option for you or are you still looking at alternative measures, as you mentioned, such as potential arbitration or negotiation between the parties?

Councillor Bell: We remain open minded to all options and we have not yet committed to the PSPO. However, as I have already said, I think there are challenges to us getting a negotiated agreement. Even if we do, there is the issue of what you do if that agreement is not kept and how you enforce an agreement of that nature. Recognising the challenges of getting a negotiated agreement, we have looked at a PSPO as an option and are continuing to do so. We will see what the report provides us in January. I think there are weaknesses in PSPOs. They are time limited; they last for only three years. We are looking for a permanent solution

and permanent protection for the women who are using the clinic. Even if we go down that route and implement a PSPO, it is time limited. We are already in conversation with the police on how we might enforce a PSPO if that was the route that we decided to go down.

The question is raised: don't the police have powers to tackle harassment already and couldn't you use that as an option? It is fair to say that there have not been any prosecutions or legal actions taken against any protestors at the clinic to date. I would argue that that is because current harassment legislation requires it to be persistent by one individual against another individual. The women who use the clinic are likely to visit probably a maximum of twice, often only once. Under harassment legislation you need to be able to show persistence. That is one issue. The other issue is that the women want privacy and anonymity and they are highly unlikely to want to go down the route of providing the evidence to support a charge of harassment against a named individual.

We recognise the challenges for both us, as a local council, and the police of there not being a national framework to look at this problem specifically. We have used PSPOs before to tackle anti-social behaviour and we have been successful. We have a PSPO in Dean Gardens in West Ealing, about 400 yards from the clinic. We did the statutory consultancy for it. It is implemented and has reduced the anti-social behaviour, the street drinking, particularly, that was going on there. This is a unique situation but we think potentially that may be the best tool for a local authority, in the absence of national laws or further primary legislation to tackle the problem.

Q17 **Will Quince:** I understand the approach you are taking. You have had a motion and you are trying to negotiate between the parties. However well meaning that might be, I would suggest it is probably not going to bear fruit because of the sheer number of people. You can have agreements with all the groups that exist in the area but it is not going to work if one person, as an individual, decides to go and protest outside the scope of that. It is very easy to say the Government must provide a solution, and in the medium to long term they should, but the PSPO—even if it is time limited for three years—would provide you with an option to resolve this issue now.

Taking the PSPO that has just been implemented in Colchester, one of the prohibited activities is, "Any person behaving in a manner that causes or is likely to cause intimidation, harassment, alarm, distress, nuisance or annoyance to any person". That clearly covers the activities. You said you have done PSPOs in the past. They are relatively easy to introduce. Some do consider them to be a bit of a draconian measure, and they are. You also mentioned enforcement. That does not have to be done by the police. The legislation provides for an appropriate officer, an appropriate person. That could be a council employee.

You do have the powers to tackle this now. I will just ask again: why haven't you done it? I understand why you are putting pressure on the

Committee and the Government to take national steps, and I probably agree with you that they should and it is being looked at, but you have the power to tackle this now. Why aren't you doing it?

Councillor Bell: The answer is: we have agreed that we need to take some action and have been asked by the petition to look at whether the PSPO would be a suitable tool for us to follow and implement. We are actively making sure that we look at all of the options, including that one specifically. I do not want to say to the Committee that we are doing that, because we need to go through all of those statutory processes and see the recommendation of our officers when they come back to me in January. We have committed to doing something because we have the duty to protect those vulnerable women.

On the three-year point, it could well be successful and eliminate the problem for three years and then there would be a problem if we wanted to reinstate it for another three years. If it was successful, we would not have the evidence to be able to say that we want to roll it over and have another, because each PSPO is specific to both an area and a time and you have to have the evidence to show that it is needed. We would be victims of our own success if that is the outcome. As I say, we are committed to act but we are going to look at all options.

Councillor Rai: I think it is fair to say that the PSPO would be an interim measure, which is why we are emphasising that there needs to be a national solution because that is the only way to get a permanent solution to the problem.

Councillor Bell: We are committed to act but we are also saying that there needs to be a commitment to act from Government. If you have only Ealing Council doing this, you potentially have a postcode lottery for women who are clearly in need of that protection. I think it would make life a lot better if we were not acting alone, whatever route we take.

Q18 **Preet Kaur Gill:** You have already touched on the drawbacks of using PSPOs, in that they are time limited and they are location specific, but there are substantial powers available to the police. I know you have touched on the Harassment Act 1997 but you do have the Public Order Act 1986 and the Antisocial Behaviour Act 2014. Have you discussed with the police why these powers have not been used in relation to the protests at the clinic in your area?

Councillor Bell: We have engaged with the police on a number of occasions and will continue to do so. They will have to answer for themselves and it might be something that you want to do. In answer to a question at Mayor's question time a couple of weeks ago, the Mayor of London said that he was committing the Metropolitan Police to working in partnership with local authorities to stop any harassment or intimidation outside clinics, and we welcome that commitment. Our local police have engaged with us in using the powers they have currently. There are issues relating to evidence. As I understand it, the evidence under those

powers that you talked about has to be seen by a police officer. Given the vulnerability of the women, it has been really difficult to use those powers in order to get any prosecutions. It is difficult because of the individual nature of using the powers. That is why potentially the PSPO is a better solution, in that it deals with groups rather than individuals and in that way generalises behaviours and groups of people.

Q19 **Preet Kaur Gill:** Is the reporting of harassment and intimidation to the police reliant on clinic users and staff?

Councillor Rai: Yes, it is, but you will appreciate that many of the women using the clinic do not want to engage with the police because they just want to go in, have the procedure done and then leave. Many of them are not emotionally up to reporting it to the police and having to go through a long process. If I may use an illustration, I think we are in a similar situation—going back so many years, to domestic violence—where we knew that we had a problem but there was nothing the police could do to tackle it unless the victim was prepared to give a statement and go through the process. It is very difficult for those women to go through the reporting process.

Q20 **Preet Kaur Gill:** If the council feels that a criminal offence has taken place, can you report that directly yourselves or is it still reliant upon the users and the staff?

Councillor Rai: We can't be there all the time, so we are not there to witness these incidents but the police are there regularly. I know for a fact that every Saturday that I have been there we have had at least two if not four police officers on duty. Those are police resources that could be used to protect residents in other parts of the borough, so it is quite intense.

Q21 **Sarah Jones:** Do you have a sense of what you would need to do legislatively to introduce buffer zones and what that could look like? Is it a potential solution? You said it would not necessarily solve all the problems, but it might be something that is worth looking at and that the Government are looking at. Do you have more to say on how that could work?

Councillor Rai: I think it would work if we had, say, a 100 metre or 150 metre buffer zone around the clinic, which excluded the whole of Mattock Lane. The point is that that is not the place for them to protest and hold their vigils. If they were somewhere else and they were able to hand out their leaflets it would not be such a problem. Most of us are used to people handing out leaflets and engaging with us as we are going about our daily lives, but it is the point at which this is happening that is unacceptable.

Q22 **Sarah Jones:** Do you know of anywhere else, any other countries where there is something similar in place that we could look at?

Councillor Rai: Yes. Two states in Australia have buffer zones. We prefer to call them safe zones. They have them in Canada and parts of America, and they work. This is the sort of solution that we should be looking at nationally in this country so that women are protected from harassment.

Q23 **Naz Shah:** Councillor Bell, you said that women often visit the clinic only once or twice. Have you worked with the clinic in your constituency in Ealing on evaluating the impact or speaking to the women on how it impacts on them?

Councillor Bell: As councillors, we have spoken to women who have visited the clinic. We have also spoken to the staff, as I have already said. We are in the process of our community safety officers doing a detailed ongoing investigation of what the problems are and that has meant that we have talked to the users of the clinic. When I visited the clinic last week, I was able to spend 10 or 15 minutes going through a log, which the clinic has kept since the beginning of this calendar year, of any incidents that staff or users of the clinic have experienced with the protestors outside. That log is quite extensive and has recorded a lot of incidents. You see in the comments that friends accompanying women coming to use the clinic have been prepared to give a statement about what has happened but the women have not because of their vulnerability and wanting privacy and anonymity. That was the thing that came through strongly for me when I read through all the comments in the log that the clinic has kept.

Q24 **Naz Shah:** If the Government decided not to do anything after this review, what would be your worst fear for this clinic?

Councillor Bell: We have committed to act, as the council, irrespective of what the Government decide to do. We have a duty to protect these women. We are now deciding what the best tool is for us to use to act. I have already talked about the time limits of a PSPO, if it turns out that that is the best tool we have available. I do not think we are going to have a permanent solution if we do not have some further Government legislation. You end up with a set of responses from different councils, which are not consistent across the country, and I think it is important that there should be a consistent response.

It is likely that there would be a legal challenge if we go down any particular route. If we decided not to take the route of a PSPO but continued to try to engage with the pro-life groups and get a negotiated agreement, we could potentially have a legal challenge from those who say that we are not protecting the women who we have an equalities duty to protect. My fear is that we could get into a legal quagmire on this, and that is something that we are desperate to try to avoid.

Councillor Rai: Another fear is that women across the country would not get fair treatment in accessing services. The reason why the national debate is really important is to make sure that all women get equal and fair access to these services. If it was left to the courts their

interpretation of what is required may be different, so we need to standardise the approach that we take.

Chair: Thank you both for giving evidence to us this morning. We really appreciate your time. Thank you.

Examination of witnesses

Clare Murphy, Director of External Affairs, British Pregnancy Advisory Service; John Hansen-Brevetti, Clinical Operations Manager, West London Centre and Acting Clinical Governance and Quality—Greater London and South East, Marie Stopes UK; Antonia Tully, Head of Campaigning, Society for the Protection of Unborn Children; and Clare McCullough, Director, Good Counsel Network.

Q25 **Chair:** I welcome our second panel of witnesses. Before we begin, I will repeat what I said at the beginning to the first panel of witnesses. We are not the Health Select Committee and we are not doing an inquiry into healthcare policy, abortion policy or the ethics in any of those issues. We are simply looking at the issues raised by the Home Secretary's consultation into intimidation and harassment outside clinics. Could you please introduce yourselves and say which organisation you are from?

John Hansen-Brevetti: My name is John Hansen-Brevetti. I am a registered nurse and the Clinical Operations Manager at Marie Stopes in Ealing, as well as the Acting Clinical Governance and Quality Lead for Marie Stopes UK, so I have a view across the organisation as well.

Clare Murphy: I am Clare Murphy. I am from the British Pregnancy Advisory Service, or BPAS. I am Director of External Affairs there.

Clare McCullough: I am Clare McCullough. I founded and run The Good Counsel Network.

Antonia Tully: I am Antonia Tully. I am the Campaigns Director for the Society for the Protection of Unborn Children.

Q26 **Chair:** Thank you and I welcome you this morning. Can I start with the service providers? Could you tell us what changes you have seen in the patterns of protest over the last, say, five years?

John Hansen-Brevetti: We have seen an escalation in both the size and the tactics used. Across the UK we have seen protests and other harassment, not only outside our dedicated centres but increasingly outside GP surgeries and NHS properties that offer abortion care among a constellation of other services. In the previous panel there was discussion of the idea that anonymity could be achieved by accessing care where other services are provided but, in fact, those services are now being targeted whereas before they were not. Not only are there protests and harassment outside but the staff and owners of the services receive threatening notes asking them to stop offering those services. We have

seen a growth in the number of people outside our clinics, with up to 40 at a time.

Most of all we have seen a change in the tactics from what our staff used to describe over the previous 20 years as usually silent prayer to now engaging directly with our service users, to the point of physically grabbing or blocking them and using other means of intimidation. We had one service user say recently that she was greeted outside the clinic by a protestor or sidewalk counsellor with, "Mummy, please don't kill me. I love you, Mummy". They are told that they will die of cancer, that God will punish them. They have holy water thrown at them. This happens not only as they are entering but as they are leaving the clinics. That can be even worse, to the point where, for our most vulnerable clients, who are going through the most difficult circumstances, the worst part of their day is leaving the clinic and walking past this on the way out and they ask us to escort them to leave. We have had instances where there has been a fire alarm and patients have refused to leave the building for fear of having to encounter the protestors on their way out. We have had to create a blockade to protect them.

The impact upon our service users, in particular at an individual level, has got worse and is our greatest concern. The complaints we get are not about the numbers, believe it or not. It is about the one-on-one interaction. It is about the judgment and intimidation they feel and the lack of privacy. Those three things are achieved simply by being outside the clinic. All it takes is someone standing outside with a rosary, someone calling you "Mum", none of which is covered under the existing harassment or anti-social behaviour laws. That is what we get the most complaints about. We have over 100 incidents in our logbook this year for a single clinic alone detailing the stress that that causes.

We have seen it get worse over the past five years, but, at its worst, it remains a problem on a one-to-one basis of people being engaged with against their will. We are happy for women to be provided services but not services that they did not ask to be provided to them, and we refer women voluntarily on to any number of support services. They are being engaged against their will; their privacy is being violated; they are being photographed and filmed. We have had reports of violent partners collaborating with protestors outside clinics, saying, "If you see my wife or my girlfriend come here, here is my phone number. Call me so that I can"—we assume—"engage in further abuse". It has really crossed several lines into safety, privacy and intimidation.

Clare Murphy: I would echo all those sentiments. That is exactly our experience at BPAS. I think it is absolutely right about the numbers, and this is one of the issues. When people see one or two people standing outside, sometimes it is not what they envisage. When they think about anti-abortion protests, perhaps they have the idea of what we see in the States. As John said, it is the one-on-one interaction with women that sometimes can have profoundly awful consequences. The example that

John gave has happened in our clinics where, for example, a woman has attended wanting an abortion, and she has an abusive, coercive partner who does not want her to go ahead with the termination. The partner gives his mobile number to the one protestor standing outside and asks her to phone him if that woman returns, which she does. Sometimes it is these consequences of even just a very small number of people standing outside a clinic. We have certainly had the same experience with the fire alarm scenario. I can think of a very clear example of that from a clinic in Cardiff, where simply women would not leave because they did not want to stand outside and be confronted by protestors. As I say, I think it is these unforeseen consequences, as well, that do not necessarily first meet the eye.

I also think in terms of tactics things have changed. In the previous session we talked about what protest means. I do not have any problem with protest. There are lots of places and spaces—we live in a vibrant democracy, there are lots of ways in which to protest abortion. There are a minority of people in this country who do not believe in a woman's right to choose and they are absolutely entitled to that opinion. There is a whole raft of ways in which to express one's opposition to abortion.

There are plenty of Members of Parliament opposed to abortion who can be lobbied. Abortion pretty regularly comes up within the House. This is an issue that does get discussed at a national level. I think that is important and healthy and right. There are town squares. Come and stand outside my office and protest, by all means, but I think this is very much about interference with women and interference in the client pathway, in the patient pathway, completely unsolicited. Women have made a decision to come to a regulated healthcare service provided by the NHS. They have made that choice to come to us to discuss their options. We run a regulated woman-centred service. We talk to women about all their options if they are undecided about what to do, but they have not come to be beset and harangued by people on the pavement outside.

In a sense it is the fact that the police have seemed so unable to deal with this and the people who stand outside clinics are so aware of this, that I think they now feel they can act with impunity because they know nothing will be done. The police do not always turn up. The police may turn up and, if they do, very little will change. They will be allowed to continue doing what they are doing. In the sense that this has got worse, I think it is because these people have become very much emboldened.

Q27 **Chair:** Can I ask you about the impact on staff?

Clare Murphy: In terms of staff, our staff's main preoccupation is obviously with the impact on women. Staff will talk about the issues of dealing with women who are coming in very angry, emotional and upset about what has happened outside, having to deal with partners and parents who are very upset. That then takes away from the time and the

focus that woman wants to spend talking to the women about her decision and whether she is sure of that decision.

In terms of the impact on staff as individuals, yes, it does have an impact. We have plenty of staff who will not even go out and take a lunch break because they do not want to walk past the protestors outside. We do have staff who have not told very many people. People feel very proud about what they do and are very proud to support women in the job they do but have not confided in anyone else about the work they do, and feel very worried about: will they be exposed and what could be the consequences for them. Yes, this can have a profound impact on staff as well.

John Hansen-Brevetti: I think, because so much of this has been allowed to continue and there is an emboldening, we have seen the intimidation and attacks on staff increase as well. Very recently we have had a staff member's car vandalised. At multiple clinics, we have received threatening messages with graphic images of what is claimed to be an aborted foetus, addressed to "The murderers of babies", discussing how staff will be damned to eternal damnation. Things that our staff do not sign up for: to receive those kinds of threats and that kind of intimidation as well. We have seen that increase over the years and I think it is because there is now a culture that abortion clinics can be targeted, that it is allowed for those types of tactics to take place because we take for granted that they just can.

Q28 **Chair:** In terms of The Good Counsel Network and SPUC, we have heard testimony, obviously, of threatening messages to staff, of people standing in front of clinic entrances or of following people as they left clinics. We heard testimony of people banging on the window of cars as people got into cars. Do you accept that that kind of intimidating behaviour is unacceptable and should not happen?

Clare McCullough: God help me, I just hope that the people on the panel will ask for very concrete evidence of this and that none of you ever have to sit and listen to somebody producing evidence against you like this just because they say it to be so. Marie Stopes in Ealing have two cameras trained on the gates. They put in a new one in spring this year so they can better view of us all the time. Yet we are blocking women entering. We are grabbing hold of women. We are shutting the gate of women. We are Facebook livestreaming women, according to a staff member from Ealing. All these things are happening but there is no evidence of it. Why is there no evidence of it? There is no evidence of it because it is not happening. If these things were happening, we would be in prison. We would not be sitting here and they would not be looking at the PSPO. I cannot believe the evidence that is being put forward here today.

This particular slur about us texting boyfriends of women who are violent: I know exactly the incident she is referring to and it is a complete lie. *The Times* printed it a while back and we have challenged it with them half a

dozen times and have not even had a reply. We are quite willing to sit down with the counsellor who that story involves, with anybody who would like to hear the factual evidence of what occurred. It is an absolute disgrace that people can bring this kind of evidence against you and just say it is so and then make it so.

I have seen Marie Stopes's log and in Marie Stopes's log, for example, there are half a dozen incidences of there being a huge protest around the door. On every single one of those doors that they have listed this happening, and that women are complaining about the people around the door, Sister Supporter, a group that was set up to cause an incident so that we can be moved, having been there for nearly 23 years now. Sister Supporter was set up two years ago. You will notice in much of the evidence that comes forward about this, people will say, "In the last two years things have got much worse". Yes, it has been deliberately hyped up to be as bad as possible. That road is so full of protestors on a Saturday morning now. I am not surprised that the local people want people to be removed.

All I can say is that I sincerely hope you will ask for strong evidence of this activity, because it does not exist. I absolutely do not agree with harassment or intimidation of any kind.

Q29 **Chair:** Can I ask you again to answer my specific question, which is: where there have been cases—whoever it was by—of somebody standing in front of a clinic entrance or following somebody who has left a clinic or sending threatening messages to staff, do you agree that that is intimidation and that it should not happen?

Clare McCullough: To the best of my knowledge, none of those incidents exist and I believe that they should not happen.

Chair: You believe they should not happen?

Clare McCullough: I believe they should not happen.

Q30 **Chair:** Ms Tully?

Antonia Tully: We are an organisation that does not participate and it is not part of our remit to run vigils but, listening to what I have heard, I feel I am looking at a movie. This is not what is happening. We support absolutely the right of organisations, like The Good Counsel Network, to be present near abortion facilities to offer women the help and the support they are not getting anywhere else. I think that is a very important point that I would like this Committee to take on board. These women are not getting help anywhere else.

Q31 **Chair:** Can I ask you my specific question, which is about blocking the entrance to clinics or following somebody who has left a clinic or taking the registration number of somebody's car or banging on the window of somebody's car or sending threatening messages to staff? Do you agree that those count as intimidation and should not happen?

Antonia Tully: It should not happen and I do not believe it is happening. I do not believe those things are happening. I can only echo Clare's point that we need to see the evidence that these things are happening. What we are seeing are peaceful, prayerful people, standing near abortion facilities, offering women the help that they are simply not getting anywhere else.

Q32 **Chair:** You would condemn any threatening messages to staff, any threatening messages to people arriving at clinics?

Antonia Tully: Yes. The pro-life movement in this country for the past 50 years has been a peaceful, law-abiding movement and nothing has changed.

Q33 **Chair:** Given that many people going to such clinics have described these kinds of events and described the stress that they feel, do you think that this evidence is just fabricated? Do you think that women are lying?

Clare McCullough: I can give you some specific examples. I was present on 17 June outside Marie Stopes this year. There was a documentary being filmed there, so Sister Supporter had asked a rather large number of people to come. It probably had 40 or 50 people there that day. Sister Supporter has a paternalistic attitude to the women. It feels that it speaks for them and knows their mind. They line up across the front of the grass verge so that we can offer women leaflets, or, if we do, we have to somehow get around them to offer women a leaflet.

On this occasion, every time we offered a leaflet to a woman as she was going in the gate, they would shout, "Don't take it. Don't take it". One of the women who went in that day went in and said, "They are shouting at me, 'Don't do it. Don't do it'". Apparently just because you wear a pink vest with "pro-choice" on it, not everybody going past stops to look at who is who or what is what. They thought that they were meeting a group of pro-life protestors outside the gate. According to the evidence of Marie Stopes's log, a number of women going in think that the people standing outside—they may have "pro-choice" on the back of their vest or the front of their vest, but they often have a big placard saying, "Back off". Women entering the clinic do not know who the "back off" is meant to, and sometimes they think it is meant for them.

Chair: You might be making a very strong case for preventing all kinds of protest outside clinics, no matter who it might be by.

Clare McCullough: I am just trying to tell the truth.

Q34 **Chair:** Given that this is obviously a healthcare setting and there has been a principle of anonymity and privacy around people's accessing healthcare, do you accept that protests of any kind so close to a clinic's entrance violate people's anonymity and privacy?

Antonia Tully: No, I do not think it is violating people's anonymity. The pro-life vigils do not recognise any harassment or intimidation. They are

simply offering women the help. They are offering them a lifeline. Let's think about the women, the hundreds of women, who have taken up the offer of help outside abortion clinics. It was their last chance. It was something they did not want to go through with. Studies show that ambivalence about abortion is very, very common. Many women are arriving at abortion clinics and they are not decided. They do have a clear-cut decision, "Yes, I want to go through with my abortion".

There are huge pressures on these women, from boyfriends, from family. They are worried about the future. There is some peaceful, prayerful woman, person, offering them a lifeline, offering them help, alternatives, and they take that. Let's think about these women, whose lives have been turned around for the better because they have encountered a pro-life pavement counsellor who has given them a true choice about the decision that they are facing.

Q35 **Chair:** If there is no change to the law in any way, no change to PSPOs or any other measures put in place, will you continue to support and advocate protestors being able to stand immediately outside clinic doors and approach and talk to people who are going into those clinics?

Clare McCullough: We do not have any protestors standing outside the clinic door. We have never called our witnesses a protest. We do not really stand in protest at all. The person standing by the gate—there is only one—will be handing out a leaflet offering help and support to women who are going in. Hundreds of women take that support every year and I would figure that is why we are here. I notice that, in two of the clinics where we have a witness, there has been a drop of 13% and 17% in the number of women attending those clinics in the last year that we have figures for.

Q36 **Chair:** I think that is a, yes, you will continue to advocate people standing outside the clinic entrance and approaching and trying to talk to people who are entering the clinics.

Clare McCullough: But not protesting, yes.

Q37 **Preet Kaur Gill:** My question is for Clare and Antonia. The Home Secretary's view is that it is completely unacceptable that anyone should feel harassed or intimidated simply for exercising their legal right to healthcare advice and treatment. Do you agree with that statement?

Antonia Tully: No. The Home Secretary has started from the wrong place. She is starting from the fact that harassment and intimidation is taking place, and we simply do not believe that it is taking place. We do not believe people praying and a simple leaflet constitutes harassment and intimidation. It is very noticeable that the Home Secretary is not interested in hearing from any of the groups who are offering that help and support.

We have to think about the women, because we are an organisation that cares deeply about women. We have to think about women on their

journey to that abortion facility. The evidence shows that there is a lot of ambivalence about abortion. Also, studies show that women rarely feel hostile towards their babies. They feel very positively towards their babies. It is their circumstances that trouble them. Here we have, outside abortion clinics, a lifeline for them, organisations like The Good Counsel Network, who will offer the help and support women need to have a true choice.

We need to think about what type of women are entering abortion clinics. They are often women who are victims of intimate partner violence, and that is an indicator of abortion. Many, many studies have shown that all around the world. It is trafficked women. It is women who are under enormous pressure. These are not women who have made crystal-clear decisions that they want to have an abortion. When they encounter peaceful, prayerful support outside an abortion clinic to offer them the help that no one else is giving them, I think we absolutely must retain the right to be able to do that.

Q38 **Preet Kaur Gill:** Are you saying that before they have made that decision, the advice that they have got and the time that they have taken, they have signed to say that they have understood and that this is their choice, are you saying that you do not agree with those steps before they are entering—

Clare McCullough: Can I answer that? Because we see hundreds of women every year in that situation and many of them are coming in from the Ealing abortion centre. Last night I brought nine women to meet with Ealing Council. Unfortunately, they would only listen to three of them, who spoke for about two minutes each. Not a single councillor asked those women a question, but in their own testimonies they said how they had attended mainly because of financial difficulties or homelessness that would have occurred if they had kept the baby. In the clinic they were offered nothing except abortion. Particularly this is the case for women who have no recourse to public funds. I have pointed out many times that BPAS or Marie Stopes have nowhere to refer women who have access to public funds, who do not have housing, who do not have benefits. They say they do but they do not, because we are picking up these women all the time coming out of a clinic in a state, before or after their abortions.

Ann Furedi of BPAS says about 20% of women going into their clinics do not go ahead with the abortion. These women do not just walk out of the clinic and have all their problems solved. Even women who have gone in and changed their mind for their own reason—not because we are there—often pick up on our help and support.

I do not like it when people start talking about what women feel about our presence. Every woman is different. The women we see: what is the most common response we get from the women who come into us, hundreds to us every year? The most common response when I say to them, "What made you walk out of the clinic and come in here today?"

nine out of 10 of them will say, "I asked God for a sign and I met this woman outside the clinic". You may like that or not like it, but that is a fact.

Q39 **Preet Kaur Gill:** Again, I think it is about the evidence base in terms of being able to evidence the extent that that has happened and how many times it has occurred. I do not see that there is the evidence base. What we are hearing, though, is that there is a lot of harassment and intimidation. The fact is that this is supposed to be an anonymous service that people should be able to access in their own right. Can you tell me what form your protests take, if you do not believe that they are intimidating and harassing women?

Clare McCullough: Can I just ask you about that comment? There is not the base of evidence for what?

Q40 **Preet Kaur Gill:** You are talking of women that have come out. What is the evidence nationally, what is the evidence locally, where is the evidence base for that information that you are saying that your presence—

Clare McCullough: I have written to Amber Rudd to ask her to meet with these women and she has not replied to two letters now. She stated the other day that she does not want to meet anybody on that side of the debate. I have the evidence. When would you like to see it? I have hundreds of women who would love to speak to you.

Preet Kaur Gill: I am sure you can feed that in through to the Chair, and I would have expected it to have been provided to us before this session. Thank you.

Q41 **Chair:** The issue or the concern for us is about harassment outside clinics. I am afraid, no matter how many women that you want to bring as testimony, the question for us is whether harassment is taking place, if women are being harassed. We want to know whether there is harassment. Whether it is a small number of people or a large number of people, we want to know whether or not women are being harassed.

Clare McCullough: I perfectly understand that, but may I just reply? The women who receive our help and feel that it is a good thing that we are outside the abortion centre are also relevant to this debate. They are part of the women you are saying are the women who are going in who could feel harassed. Their words and their feelings are also valuable here and cannot just be dismissed. All the people talking about the women who are harassed and distressed are talking in the third person about other people. I am offering to bring you women who can tell you about their experience.

Q42 **Chair:** Your argument that being harassed, it is all right for some women to be harassed if other women do not feel harassed?

Clare McCullough: I said at the beginning that I do not accept harassment or intimidation is appropriate behaviour and I do not believe

that we harass or intimidate women. I have not had a woman say to me that she has felt harassed or intimidated; only other people on her behalf.

Q43 **Preet Kaur Gill:** What form do your protests take and do you believe that, for some women, some of that may be harassment and intimidation?

Clare McCullough: We do not really protest. Some people will stand about 5 or 6 metres away from the clinic and pray, because we do not agree with abortion. That is the fact. We are a pro-life group and we do not think abortion is okay. But we keep that back from that clinic. Then one person will stand near the gate and offer each woman a leaflet. If she stops and talks to that person, then they will talk. Otherwise, they will go on into the clinic. We never trespass on the clinic grounds. We want to still be there for the next woman going in. Anyway, they would have video evidence if we were doing that. That is what we do: we stand near the gate just so we can reach a woman without having to run down the road after her, because we do not run, follow or chase women. That is what we do.

Q44 **Preet Kaur Gill:** How do you respond to the claims that the clinic staff and users have stated around feeling intimidated and harassed?

Clare McCullough: As I say, I found a lot of evidence in Marie Stopes's log to be quite sketchy and incorrect. There are the incidences of, "Some man outside the clinic, sitting in a van, shouted at a woman". It is not clear what he shouted at her or what she was upset about. That is one of the pieces of evidence they put forward. It certainly was not anyone from any of the pro-life groups. I know exactly who was there. I can tell you at any time on any day which staff member or volunteer was at the clinic and what was happening on that date.

Lots of the things that appear in there as harassment, they do not clearly say what was said, who was saying them. Lots of them are things that there should be video evidence for. Why do they have CCTV cameras and they cannot bring forward a single piece of video evidence from the last 20 years? I do not understand.

Q45 **Preet Kaur Gill:** When you say "the information is sketchy", is that because of what you term to be intimidation or harassment maybe differs from what is contained in the logs?

Clare McCullough: No, it is because what is contained in the log is vague and incoherent, "A man was sitting in a van and shouted at a woman". What did he shout? Was he pro-life? Did he not like the way she parked? It is not very clear. Just because someone is outside a clinic and they are shouting does not mean it is a pro-lifer attacking somebody. I know it was nobody from any pro-life group, just that one example.

Q46 **Preet Kaur Gill:** Does that constitute intimidating behaviour, shouting at a woman?

Clare McCullough: Yes, it does, but it does not necessarily constitute a pro-lifer conducting intimidating behaviour, and on that occasion I am certain that it was not.

Q47 **Naz Shah:** My question is to the providers first. Do you routinely report incidents to the police—the ones that you perceive as harassment—in addition to the logs that you keep?

John Hansen-Brevetti: Yes. There are some days where we inform the police several times in a day, some weeks where we phone them several times in a week. As has been discussed on the previous panel, the police feel very much hamstrung without a woman willing to make a statement, and women do not want to prolong their experience. They do not want to violate their own privacy, so there is very often little the police feel they can do. They issue warnings. They ask people to move away from the gate. They will stand around and watch but that seems to be the limit of what they feel their powers are at the minute.

Legally speaking, the things that our service users find most distressing are not covered by the current law. That is being engaged with against their will, often in a religious manner, in a way that is designed to make them feel judged and their privacy violated.

Clare Murphy: Shall I respond to that one as well? Yes, our staff do sometimes call the police, but more often than not now they do not, for the reasons that John has laid out. The police come and they are very clear that they are very limited in what they can do. I have been dealing with this issue from a personal perspective, having had an office that was based in a clinic that routinely had anti-abortion activity outside for a number of years.

I have been involved in many examples where police were called. I have dealt with a gamut of police officers, right from those who are extremely supportive and outraged that this is happening, and absolutely confident that this is something that they can deal with, and then little by little realise that they cannot. I have been involved in talking to the police when I personally have been followed, when I was pregnant, to the local café. There were incidences when I went to Bedford Square, where there was filming outside. The police in that area did want to do something but they were very limited.

I have also dealt with police whose response has been, "Wouldn't it be better if you were not providing the service here?" as a solution. I have also dealt with police who see it is their role to facilitate the activity outside. If it comes to any kind of competing balances of rights between the right of people to protest or do what they do outside, the balance always seems to fall in favour of them as opposed to the women accessing the services.

As we have heard already, the problem we have with the law is that it simply does not encompass the spectrum of activity that goes on outside

a clinic. It is not illegal to have a camera outside a clinic or to be taking photographs. Obviously it is not illegal to go up to people on the streets. As we heard in the previous session, this is a very unique situation and I think that is why it needs a very specific response because there simply does not seem to be anything that can be done, at the moment, to address the very specific set of circumstances that go on outside a clinic.

Yes, of course it is the case that, when women come to a clinic, they want to do so in confidence, in dignity, in privacy. Even when things happen, they do not want to engage the police. For most women, this is a one-off experience. Abortion is a common experience, of course it is. It is the most common gynaecological procedure in the country. But for that woman it is a unique situation and something that she will only experience perhaps once or twice in her lifetime.

Q48 **Naz Shah:** Do you have any examples of whether you have had to call the police?

Clare Murphy: Yes. We have called the police where a woman was once followed in. We have called the police—I can think of an example of Blackfriars clinic—where there was filming, quite a large number of protestors outside and banners. When the police did eventually come, they were very clear there was not that much they could do.

There was an incident at the end of last year where a staff member—this sticks in my mind because the police did not respond very quickly at all—was followed to her car in the evening and was very, very shaken up. It took quite a while for her statement to be taken. It is not the case that we have not tried to engage with the police; we definitely have. As I say, the police have been very supportive on numerous occasions but have always been very clear that they are very hamstrung by the provisions and what they can do.

Q49 **Naz Shah:** Would it be fair to say that your CCTV cameras cover the parameters inside your clinic?

Clare Murphy: Inside the clinic and what is within our property, yes, but the pavement outside is not our property.

John Hansen-Brevetti: It is the same in Ealing where the gates of the clinic are flanked by two large pillars and a row of hedges. The CCTV cameras will capture the short path to that gate and anything happening directly at that gate, but anything immediately to the left or the right of the gates we cannot see on the CCTV cameras.

Q50 **Naz Shah:** Now to you, Ms Tully in particular, earlier on you referred to the women that come to you. Has there been a case where you have supported women and supported their choice of carrying on with that abortion?

Antonia Tully: As I say, we are not an organisation that runs vigils. As the title of our organisation suggests, we are the Society for the

Protection of Unborn Children, so saving that baby's life is obviously our highest priority, and helping the women. If I may take this opportunity, it is very important this Committee is aware of the recant Care Quality Commission report into what happens inside these—

Chair: We are not the Health Committee and we have been very clear that that is not the subject for this inquiry.

Q51 **Naz Shah:** Ms McCullough, you talked about the evidence of CCTV and you have clearly heard the providers saying their CCTV does not cover what you call a vigil. What is your response to that?

Clare McCullough: My response to that is that was true until they put in the new one in spring, which is beside the car park and has a view over the whole area and the pavement. Clearly that is what it was put in for. It has not produced any evidence because there is none.

Q52 **Naz Shah:** My understanding of what I have heard today is concerning. My concerns are that you do not accept at all that any women are intimated. I find that very disturbing that you put a blanket response to all the women that attend those clinics. I feel very strongly that you are in absolute denial and you absolutely dismiss any alternative. That to me is very worrying. I put it to you: if you had women who come to you, would you then also provide them the information of having an abortion if they chose to?

Clare McCullough: When we meet women outside an abortion centre, they already know where to get an abortion. 185,000 women every year get an abortion, so I think there is enough information about abortion. We are a pro-life group and we are there to offer alternatives. We do not offer abortion. We do not pretend to offer abortion and we will never offer abortion.

Q53 **Naz Shah:** I did not ask whether you have offered abortions. I have asked the question: that despite your intervention and offering that, have there been incidences where the woman has continued with that abortion?

Clare McCullough: Yes, many.

Q54 **Will Quince:** Can I start with Ms McCullough and Ms Tully? I find this very difficult. My wife and I had to make a decision at 20 weeks as to whether we had a termination or not. As it turned out, we did not, but our son did not survive. The point I am making is that I think you do a disservice to both the medical profession, those that provide advice, both for and against the process that is being proposed, and also you do a disservice to the individuals who do give considerable thought to the magnitude of the decision that they have to make.

The point at which they are going to the clinic, and no doubt at the clinic will receive further advice, should anybody ask those questions, I have no question in my mind that it would be hugely intimidating and harassing and distressing to those individuals who have taken that decision. Some

may then, on getting to the clinic—and I am sure it does happen—change their minds and will decide not to, but that is their choice to make and that should not be imposed on them.

Moving on, the PSPO. Of course, we have to protect the right to freedom of speech but at the same time look at protecting those individuals from feeling harassed or intimidated. How do you feel the introducing of a PSPO would affect your activities and do you think it is fair and right?

Clare McCullough: I am very sorry to hear about your son, or your child. I can imagine that anyone who has been through that will have an understanding of how women may be feeling when they have to make these decisions, and we also try to be understanding. The presentation here today has concentrated on things like the bigger vigils. If you look on Google Earth on Mattock Lane you will see what we are doing all the time all year round, which is one person at the gate offering a leaflet and everyone else kept well back from the abortion centre. There is a ton of evidence out there on the internet about that, taken by ITV or BBC, who just turn up and photograph the vigils when there are stories in the press. We keep the presence at the vigil to a minimum.

I can understand completely why listening to what you have heard today you would think we are in denial, but all I can restate is please ask for very good evidence of this information. If their CCTV is not picking it up, why on earth would they not put in CCTV that is picking it up, to give evidence of it if it were happening? We have no intention—

Will Quince: For a start, they would not be allowed to. You are not allowed to put CCTV on to public spaces.

Clare McCullough: For example, in Twickenham the police put up a CCTV camera for a time, or the council, outside the clinic where it could be seen, so there are obviously ways that could be worked on. I invite you please to film what we are doing. We want you to see what we are doing.

Secondly, I would give an open invitation to come and meet some of these mothers, hundreds of whom choose life every year. We are not there to say that the others do not matter or we should harass them. We keep our approach to a minimum, offer a leaflet to the woman. If she does not want it, she does not take it.

Q55 **Will Quince:** Do you accept that one woman or partner feeling harassed or intimidated is one too many, by those activities?

Clare McCullough: I do not want anyone to feel harassed, but one woman having an abortion because she is not offered an alternative would keep me awake more than the thought of a person being offered a leaflet in a non-harassing or intimidatory way.

Q56 **Will Quince:** Therefore, are you suggesting that women are not being offered the alternative? I would strongly suggest that is not the case.

Clare McCullough: I am absolutely stating as fact that the women I see tell me, in their hundreds, that they are not being offered alternatives. I would like to bring these women forward so that Parliament can involve them in this debate.

Will Quince: Specifically, on the PSPO?

Clare McCullough: For those nine women who went to Ealing last night, a PSPO would have meant for them that they would have had an abortion they did not want.

Antonia Tully: I can only echo what Clare has said. These are women who are getting help from organisations like The Good Counsel Network that they are not getting anywhere else. I do not think it is clear-cut that women are arriving at abortion clinics knowing exactly what they want to do. These prayerful, pro-life vigils are a lifeline to many, many women. A PSPO is severing that lifeline.

Q57 **Will Quince:** Could we now flip that and move to Ms Murphy and Mr Hansen-Brevetti? What are your thoughts on a PSPO and how do you think that would potentially add the protections that you are looking for, for the individuals who use your clinic?

John Hansen-Brevetti: From our point of view it would stop this: every day when our staff and our service users come to the clinic, they have to walk not just past but immediately next to and often are blocked in and have engagement forced upon them by somebody, whether it is one person or whether it is 40, whether that person is anti-choice or pro-choice. A PSPO or anything like it would remove that and I think make the experience of seeking either information about abortion or abortion itself something that women could do, supported and correctly informed, and not given a biased and medically inaccurate view of the procedure.

From our point of view, from a healthcare point of view and on a human level, it would dramatically better the lives of the people who walk into our clinic and the people who walk past our clinic. A PSPO has to be very clear about which activities it includes. It should include the types of activities that we have talked about today that are taken for granted as not being all that bad. It is not the groups of 40 people that bother our service users the most, even though they do, even though we would be quite happy for both protest groups to leave. It is that one-on-one engagement that people do not ask for.

In the previous round of questions someone said the women ask for help from The Good Counsel Network and other groups. They do not ask for it. It is forced upon them and that is the difference. This is not a website or a phone number or an office that people can go if they are unwell. It is something that they are forced to engage with on the way into the clinic.

Furthermore, what they are experiencing: as you know, abortion services and pregnancy advice are incredibly regulated. You have to register with the Department of Health and there are very strict guidelines about what

options are offered and how, strict guidelines around what sort of safeguarding and training and fit and proper persons checks are done in order to be qualified to provide impartial, supportive advice, that we adhere to and that we are proud to adhere to. For us, a PSPO would help the letter of those laws and regulations to be better kept to, in terms of what women are experiencing during their journey to have or not to have an abortion.

Q58 **Will Quince:** Can I add to that? I do not want to put words in your mouth, but my understanding is, and correct me if I am wrong, that these woman, in particular—there are obviously men also who will accompany women to the clinic—have taken the most difficult decision probably that they will in their lives and they are in a vulnerable position at the point at which they are going to your clinic. Is that correct?

John Hansen-Brevetti: Absolutely. A state of pregnancy by itself is a state of vulnerability. Certainly, a state of unwanted pregnancy is a greater state of vulnerability. That is why there are so many regulations around what sort of safeguarding background, fit and proper persons checks you have to provide impartial information to those women and to their partners if they want them to be involved in that decision.

Clare Murphy: One figure I think we probably can agree on is that, yes, one in five women who come through our service, regardless of whether there are staff members from Clare's organisation outside or whether there is no one outside at all, around one in five women who we speak to do not go on to have an abortion with BPAS. We are a pro-choice, woman-centred service and we are proud to be that. We are interested in supporting woman's choices.

I think the point you made about the disservice that is done to doctors, nurses, midwives, counsellors, healthcare staff by the portrayal that we have heard of what goes on inside an abortion clinic is absolutely spot on. There is not a single staff member who works in our clinic who wants that woman to have an abortion if that is not what she wants. All we want is for women to be empowered and have access to the treatment that is right for them, whether that is to continue the pregnancy or to end it.

As John has said, abortion is one of the most tightly regulated procedures in this country. Even outside of the Abortion Act, it is subject to a vast body of regulation about how care is provided, how options should be discussed with women. We have to have very, very clear referral pathways about what we do when women are in a situation of domestic violence, how we adhere to safeguarding protocols. These are all regularly inspected by the Care Quality Commission. When women come to our service, they know—and we can all be confident—they are coming to a tightly regulated service where options are discussed and where no woman is going to be pushed into an abortion she does not want, because that would be against the law. We have laws around informed consent.

Chair: I want to pull it back to the protest issues rather than the regulatory issues.

Clare Murphy: Sorry, yes. I think it is an important step. My concern about PSPOs is that it becomes a postcode lottery where, for example, if we get a PSPO in Ealing, would that just push those people who want to stand outside the clinic down the road to our clinic in Richmond or anywhere else? The problem is it potentially transfers the problem somewhere else.

I also think the way in which this has happened, thus far, is that there has been a huge amount of local engagement on the ground to get this happening. In a way, it is reliant on good Samaritans and people who really want to push this forward. I think there is a national obligation to make sure women accessing abortion services can do so in confidence, in dignity, in privacy. That is why I would very much like to see a national response to this problem rather than it being one that is always dealt with at the council level, but I do think it is an important step.

Q59 **Tim Loughton:** Ms Murphy, you have given various examples of what you claim is intimidation. Have there been any prosecutions or police action against any demonstrators outside any of your clinics?

Clare Murphy: Yes. The police tried to use I think it was a section of the Public Order Act against protestors in Richmond, I would say, a couple of years ago. That did not work. That comes back to my comment before that police say they do not have the powers they need to be able to act on the activity outside clinics. Then there was also an incident in Brighton, I think in 2012, where the police tried to take action against protestors in Brighton who used to put up very large pictures of dismembered foetuses outside clinics and on the main road. The prosecution case did not involve the clinic at all. It was very much based on how it made the residents feel. A number of people came and gave evidence in the end, because it was very squarely focused on this particular picture and whether it caused harassment, alarm and distress.

Q60 **Tim Loughton:** Forgive me; there are thousands and thousands of abortions happening every year outside these clinics. There are many of them that have these groups demonstrating, and yet not a single prosecution has taken place, correct?

Clare Murphy: That is exactly correct.

Q61 **Tim Loughton:** The level of "intimidation" is not near the threshold at which police can bring any charges under current laws?

Clare Murphy: I think one of the issues with the way in which harassment can be pursued under the law is that, for a start, you cannot harass an organisation. Secondly, it needs to be persistent. It needs to be a single individual experiencing the same thing—I believe it is—two or more times. That is not what happens. These are one-off events, coupled with the fact that largely women do not want to take this forward. They want to go home and forget about what has happened to them. You are

absolutely right. There have not been any prosecutions for this. That is precisely the point, that we—

Q62 **Tim Loughton:** You think you need a law change to bring it about?

Clare Murphy: Yes, exactly.

Q63 **Tim Loughton:** Can I go back to Ms McCullough? I think the basis of your complaint is that alternative to abortion, advice and support for that, is not being made available within these clinics and that is why there is a raison d'être for you and other groups to do what you do, is that right?

Clare McCullough: That is one reason why we feel it is important that we are there. It is the reason why we feel we have to hand a leaflet to each woman, yes.

Q64 **Tim Loughton:** Why do you need 20, 30, 40 or more people on these vigils? Would it work if you just had one person with one leaflet, handing them out to people going in?

Clare McCullough: On Google Earth, Mattock Way, that is what you will see; exactly what you will see. We are there 40 hours a week and we have one person handing out leaflets. There are usually two or three people praying. The bigger vigils are something that happen annually. In Mattock Lane there is quite a big presence there on a Saturday now because the protest group comes and sings and shouts abuse in the pro-lifers' faces, so more and more pro-lifers have turned up to support the pro-life group.

Q65 **Tim Loughton:** In Ealing on a Saturday, how many pro-life supporters are outside that clinic typically?

Clare McCullough: Five, six, seven.

Q66 **Tim Loughton:** Five, six, seven. Why not just one?

Clare McCullough: They are people who are praying, back from the clinic. Why not just one? Because there are maybe 25 Sister Supporters lining up, shouting, singing, dancing and harassing the person trying to give women leaflets, so people have turned up in larger numbers to support the pro-life person who is trying to offer a leaflet.

Q67 **Tim Loughton:** It is demonstrators demonstrating in support of demonstrators?

Clare McCullough: Sister Supporter has made it its job to be a protest group that will make a big presence so there will be an apparent incident and people will want that gone off their road. For 23 years we were there without a single complaint from anyone. In the last two years there have been numerous complaints because of the circus that Mattock Lane has become on a Saturday morning.

Q68 **Tim Loughton:** Earlier you said you have figures for two clinics, where there had been demonstrations by your group, where the numbers of

women having an abortion had gone down. You claim that as a reason for why you are being effective. Why have the abortion numbers nationally gone up?

Clare McCullough: I think the abortion numbers in London one would expect to have gone up. The population has increased. A lot of the population is an immigrant population where you tend to get poorer people, people who do not have that recourse to public funds. The question really is: why have the figures in those clinics gone down? I do not know the answer. All I know is that means there are more women not going through with their abortions, and potentially outside the clinic there are also more women that we can reach who may need alternatives. Whether they have been in and changed their minds for their own reasons or because someone was there offering them a leaflet is irrelevant. If we can offer them help, we would like to be there to offer them help.

Q69 **Tim Loughton:** You were very keen that evidence should be given in support of this inquiry. The evidence is that, in the national statistics, the number of abortions has gone up. It has gone up by roughly 5% over the last five years, which is in keeping with the population rise. There is no evidence that your demonstrations have done anything other than to displace where women are going for their abortions. They are not going to those clinics because they feel in some way intimidated, whereas they could go somewhere else where, for whatever reason, those demonstrations are not happening. That is what the evidence would suggest, is it not?

Clare McCullough: I do not see any evidence for that at all.

Tim Loughton: The figures.

Clare McCullough: The figures have been going up everywhere for some time but going down in London for the last 10 years, more or less. I do not think there is any evidence at all that people are avoiding clinics where there are protests. They do not know where the protests are unless they live very locally and happen to pass by.

Q70 **Tim Loughton:** What are the qualifications of the person handing out the leaflet outside the clinic?

Clare McCullough: The qualifications of them is they have to be decent people who care about women, who are respectful to the women, who can keep the statement of peace that we have, who just want to offer help and support, who would never shout terms like, "Murderer" or, "Your baby will haunt you", because they do not believe that.

Q71 **Tim Loughton:** How do you regulate that?

Clare McCullough: I regulate that because I see these people every day. I work with them. I know how they behave. Other people at the vigils tell me how they behave. I know that they will tell me if somebody

even turns up and wants to behave in a different way. I go to the vigils myself. That is how I regulate it.

Q72 **Tim Loughton:** How many of your supporters have you banned from being part of the vigils?

Clare McCullough: At the moment I can think of one.

Tim Loughton: Just one?

Clare McCullough: Just one.

Q73 **Tim Loughton:** That is your group. Part of the problem we have learnt is that there are a number of groups. You have heard the evidence of the Leader of Ealing Council, where it has been difficult to come to some form of agreement with all of the groups involved.

Clare McCullough: I beg to differ with that evidence.

Tim Loughton: Where we were given accusations of intimidating behaviour, which you claim does not happen, and certainly would have grounds for claiming it does not happen for your group, for which you have responsibility in whatever form, do you think that it is happening with any of the other groups or is this just completely fabricated against all the groups who happen to be protesting in whatever form?

Clare McCullough: I think the lack of solid evidence for any of it, apart from entries written in the log by Marie Stopes's staff—which is not proof—is a key to that answer. Let me just say at Ealing there are five pro-life groups and there is the one Sister Supporter protest group that protests us. The five pro-life groups, four of us have the same code of practice. It is largely the same people on the ground. The volunteers are the same people.

Q74 **Tim Loughton:** What is this code of practice? Who approves the code of practice and enforces it?

Clare McCullough: We have it on our website, The Good Counsel Network website. We have a code of practice. It is based on the same thing as the statement of peace that 40 Days for Life uses. It means that we have to be peaceable and peaceful. We cannot call people names. We do not harass or intimidate anybody or the staff either. It is on our website. You can see the full code. I will be submitting it after this.

Q75 **Tim Loughton:** That would be useful to see. Who approves the leaflets? Do all the groups have different leaflets or do you use a common leaflet?

Clare McCullough: Pretty much we use the same leaflets. I could not say that no other group would use a different leaflet, but we use the same type of leaflets. Most of the time, 90% of the time, we are using exactly the same information.

I would just say there is one group—there are five groups. One of those groups uses a different style of behaviour to the rest of us. We do not

agree with their approach and we do not interact. When they are there, we leave because we do not like the posters that they use.

Q76 **Tim Loughton:** Who are they?

Clare McCullough: That is a group known locally as the SSPX group, or the Friday group. They are there for two hours once a month. We feel that the posters they have are not helpful when we want to interact with women, because they say things like, "Thou shalt not kill" or, "Abortion kills a child". That is not the approach we take. When they are there, we do not—

Q77 **Tim Loughton:** The literature you use? The common leaflet in most cases, or placards you use as well?

Clare McCullough: We have one leaflet that we give out and there are some pictures on the ground of foetal development. There are no pictures of aborted babies at our vigils.

Q78 **Tim Loughton:** Who approves or regulates those leaflets? Would they pass the ASA's code of practice, for example?

Clare McCullough: It is funny that you ask. The ASA did submit a complaint—on behalf of I think it was Marie Stopes—a few months back and they dropped the complaint because we were able to substantiate all the claims in the leaflet.

Q79 **Tim Loughton:** You are happy that any literature that you distribute or display would not cause distress? Looking at the terms of the ASA code of conduct, "Communications must not cause fear or distress without justifiable reason; if it can be justified, the fear or distress should not be excessive. Marketing communications must not contain anything that is likely to cause serious or widespread offence". You would say that you are following those guidelines, are you?

Clare McCullough: Yes. They seem to say it because they dropped the action.

Q80 **Tim Loughton:** In one case?

Clare McCullough: That is the one leaflet that we give out.

Q81 **Tim Loughton:** Have you subjected yourself to scrutiny of ASA regulations or any other such regulations?

Clare McCullough: We were subjected to them by Marie Stopes referring those leaflets to them.

Q82 **Tim Loughton:** In one case or one specific incident?

Clare McCullough: It is the one leaflet that we have been using for the last 10 years.

Q83 **Tim Loughton:** Ms Tully, you have described some of these demonstrators—although your organisation does not demonstrate or hold

vigils yourself—as a "pro-life pavement counsellor". That was the term you used.

Antonia Tully: Yes.

Q84 **Tim Loughton:** By that and by the evidence that Ms McCullough has given, it seemed to me essential in your view that there has to be one-to-one contact. There has to be face-to-face contact with the women who are going into these clinics, for what you are trying to achieve to be effective, yes?

Antonia Tully: Yes, but the pro-life pavement counsellors are not stopping women against their will. They offer a leaflet. They will smile. As I say, they are a lifeline. If that woman does not want to stop and talk, there is no conversation, she goes in. But for women who are frightened, worried, ambivalent about the decision they are making, feel they need more time and space or whatever, that is somebody that they can approach.

Q85 **Tim Loughton:** I understand. The point I am trying to get at is that, if the Government were to come up with a buffer-zone solution—and as I was talking to councillors about earlier, if there was a designated space on the opposite side of the road or at the end of the road or whatever—that would not achieve the purposes of what you think needs to be achieved, although you are specifically not doing it yourself, in that you need to have that one-to-one contact or be able physically to hand a leaflet to somebody, otherwise just demonstrating or holding a prayer vigil is not going to have that impact?

Antonia Tully: I think the pro-life counsellor needs to be visible to people. That is the point, that there is somebody there who is offering that help. They need to be able to be identified as such by the women that want to be able to talk to somebody about their situation. If somebody is absolutely determined that is what they want, a woman has made up her mind, she walks past, she walks in. She has her abortion. For many, many women that is not the case. Somebody clearly there, peaceful, prayerful, holding a leaflet, which is not threatening or intimidating—we feel very, very strongly that in the current culture that we have in this country surrounding abortion, the huge abortion propaganda that is out there, women simply are not being able to make a proper, free choice about their pregnancy.

Q86 **Tim Loughton:** Why is it that at the last moment—when a woman has made the decision to make that journey to an abortion clinic, with the intention most likely of carrying on with the abortion—she should have access, at that stage, to somebody who is categorically going to advise her to do something opposite? Why should that information, the last propaganda that may be made available from an alternative view, not be made available without having to be in the environment of when that woman is about to enter that building? Why do you feel the necessity to be on patrol outside the building?

Antonia Tully: I think Clare would like to answer that.

Q87 **Tim Loughton:** You are supporting those people who do it, even though SPUC does not do it itself.

Antonia Tully: You have asked me, so I will respond. I think a lot of women make the decision to take the journey because they are under a lot of pressure and the whole abortion process—we run an organisation, Abortion Recovery Care and Helpline—we are looking after women who come out the other end of the abortion process. We are aware of the huge mental health consequences of abortion. Women make the journey, but they have still not decided and they are looking for just something that will enable them to step back and make a true choice. What the post-abortion counselling service hears, from women who have had abortions, is they have felt it has been like a conveyor belt and the saddest thing we hear is women saying, "I didn't have any choice".

Q88 **Tim Loughton:** Again, I am trying to explore this buffer zone. Obviously, the key purpose of what the Home Secretary is trying to look into, and what we are trying to look into, is whether there is a public order issue here in terms of somebody trying to coerce somebody into not going forward with the action. Therefore, if your case is that some women are looking for an alternative, even at the last minute, why can there not be, on the opposite side of the road, somebody, one person, with leaflets, trained as a counsellor, with a big day-glow jacket on, saying, "I am the pro-life pavement counsellor"—available, visible, without the posters and what might be described as propaganda—for that woman to say, "Actually, I am going to have a word with that counsellor before I go in and it might affect my decision to go in or not"? Why could that not work to achieve those ends that you want to achieve?

Antonia Tully: Perhaps it would work. I don't know. That is more something for Clare, who is on the ground, to respond to.

Clare McCullough: As I said earlier, I would say women going into the clinic often do not know who the protesters outside are, who the pro-lifers are.

Q89 **Tim Loughton:** Big day-glow jacket, big motto.

Clare McCullough: Yes, they are all wearing—

Tim Loughton: You can make it known that outside all these clinics there would be one of these counsellors, properly trained and properly accredited or whatever, available, if you choose to go and speak to them. Why do you need to be in their faces?

Clare McCullough: We are not trying to be in their faces. We are trying to make sure that they get the offer of a leaflet. They do not know who we are. When the clinics do mention us in their booklets, they say very derogatory things about us. They think we have come to harass them; they think we have come to judge them. I can see for myself that, when

we are standing near the clinic gate, they get the chance to take the leaflet, go inside, read it—if the clinic does not take it from them, which it often does—and consider the options for themselves. If we are standing across the road, a lot of them probably will not come over there because, first, they will believe what they have been told about us, and, secondly, a lot of women are not even going to look up to see who is across the road. That is why we want to be near the clinic entrance and that is the only reason. If it were possible to reach these women anywhere else, it would be a hell of a lot easier. We do make an outreach on the internet. We do have a centre that people can walk into. We do have all those things, but we have started to go outside the clinics because other groups that were praying at the clinics were bringing in more and more women in desperate situations and that is why we are there.

Chair: Mr Hansen?

John Hansen: If I could add just a few things. That is a really important detail to take away, that if, given the choice, most women would not engage, which is what we have just heard.

Clare McCullough: That is not what I said.

John Hansen: Secondly, we provide accredited, regulated counselling. It is offered at the point of booking, over the phone. It is offered at every stage in the journey and it is offered after treatment as well. It is always available to our service users. It is unbiased. It is professional. They can have it over the phone; they can have it face-to-face. It is available as many times as they need, from the moment we have contact with them, indefinitely into the future. We do provide both pre and post-abortion counselling. Women are made aware of that, not only multiple times but as soon as they are put in contact with us and many women take that up.

I want to hark back as well to what you were saying. I think your assessment is exactly right that the protests have been shown not to stop women from having a procedure that they want, but to go somewhere else for that procedure. We have multiple phone calls from women saying, "I have seen the protesters, the vigil, outside your clinic. I don't want to have to deal with that. I am going to go to one of your other clinics" and we help them rebook. That should not be seen as a solution because what that does is delay their treatment and, the more treatment is delayed in abortion care, the higher the risk of the procedure. We want to ensure that women are able to undertake, first, the type of procedure they want, whether medical or surgical—and there are time limits to consider with those, to undertake them safely—and to not have unnecessary delays.

We always give them the time they need. If they need to access more counselling, that is fine but, once they have made their decision, they should be allowed to go ahead with that decision and what the protests do is force them to rebook someplace else, further delaying their

treatment and sometimes disqualifying them from the treatment they originally wanted.

Clare McCullough: Excuse me—

Chair: I'm sorry; I am going to let Ms Murphy come in first. Carry on.

Clare Murphy: I just wanted to concur, very quickly, with that, and give you perhaps two very quick examples about the impact of what goes on outside on women's treatment. Certainly, once a woman has decided that she wants an abortion, she will find a way to have that. That may mean going elsewhere.

You may be aware that with early medical abortion in England, the way it is provided, women have to attend, for the most effective treatment, on two separate days to take the pills 24 to 48 hours apart. Scotland has just allowed women to start taking the second dose home with them so they can take it at a time that suits them. The Secretary of State for Health is not allowing that in England. However, we do also give women the option of taking both sets of medication at once. It is slightly less effective. They are informed of that, but for some women it means that they do not need to come back if it is very difficult for them to come back. We are now aware of women who are opting for taking it all at once; they are opting for a clinically suboptimal process, precisely because they do not want to encounter what goes on outside twice.

The other thing I should say is that we are also aware, through our colleagues, that Women on Web—which is an online abortion service that primarily provides care to women living in countries where abortion is illegal—is getting requests from women who are so concerned about the activity outside clinics, and particularly where there are activists potentially with cameras, women who are in situations where they cannot risk their confidentiality, cannot risk their families finding out, that they are going online to try to order pills to take at home because they feel that the activity outside clinics is an absolute impediment to them accessing the lawful service.

Q90 **Chair:** You are clear that there are some cases where, because of the protests, some women are having later abortions than they otherwise would, are choosing less appropriate treatment than they otherwise would, and potentially even illegal or online treatment, without the support they need.

Clare Murphy: Yes.

Chair: Ms McCullough.

Clare McCullough: I would like to question why BPAS are providing suboptimal treatment options at all, but am moving on. The women that we help are not women who we imagine keep their babies. They do keep their babies and we provide them with baby things, baby cots; we see them for years and years to come. The women that we are turning

around at the clinics are not all women who are going off to some other clinic to have an abortion and have just left because we have terrified them. This is just nonsense. We have hundreds of women who have kept their babies, from outside the abortion centres, because they were desperate for help. Marie Stopes was not able to operate for 10 weeks last year because they were found not fit to counsel vulnerable women and younger women. They were even suspended from performing surgical terminations for 10 weeks because they were found not to be counselling women properly, women with learning difficulties, particularly, who had to be actually saved from being pushed through an abortion.

Chair: We are not going into the details of the regulatory process. Sarah Jones.

Q91 **Sarah Jones:** To be completely clear—and I am aware we are short on time, so short answers would be great—at the start you said that there was no evidence of harassment; it just does not happen. But then you said there is an organisation, SSPX, that does do things that you think are harassing. You also said that on a Saturday there will be lots of you in a sort of harassing way. Can you just answer, "Yes" or "no", does any harassment occur, from either yours or other organisations?

Clare McCullough: I cannot answer that question "yes" or "no" because you said I have said a lot of things that I have not said. I do not agree with the SSPX approach, the posters they use, because I do not think they are helpful. They do not harass people in any other way, except that the posters are not—

Q92 **Sarah Jones:** Can you just answer the question: is there harassment, "yes" or "no", in your view?

Clare McCullough: They do not harass people. The posters may not be something that people will find easy to deal with.

Q93 **Sarah Jones:** So, no.

Clare McCullough: They do not harass people. On Saturdays, there are large numbers of people praying, but they are praying well back from the abortion centre and, no, I do not believe that is harassing behaviour either. It is not how I organise my vigil—I keep it as small as possible—and we have the highest number of turnarounds at our vigil, which is why I am here today, and not the other groups.

Q94 **Sarah Jones:** Several people outside the abortion clinic on a Saturday, shouting at people as they go in, and that is not harassment?

Clare McCullough: They are not shouting at people. Excuse me. Can I just say? Sister Support themselves, on their own website, say, "We have never seen a pro-lifer shouting at a patient using the clinic. That is because their campaign is so carefully orchestrated to disguise what they are doing as selfless and caring".

Q95 **Sarah Jones:** You are saying harassment does not exist.

Clare McCullough: That is what we are saying.

Q96 **Sarah Jones:** A follow up question: you talk about the logs you have seen. Can you explain why you think people would lie about it? What is the motivation?

Clare McCullough: A lot of it is just vague and irrelevant. "Someone was sitting in a car and shouting at somebody" does not prove—

Q97 **Sarah Jones:** Why would they lie?

Clare McCullough: I am not saying they are lying. I am saying that does say that a pro-lifer is attacking somebody because somebody in a van has shouted at a woman and we do not even know what was shouted—

Q98 **Sarah Jones:** You are saying there is no harassment and they are saying there is harassment, so somebody is lying somewhere. I am just trying to understand.

Clare McCullough: There are 12 instances of protesters being around the gate, shouting at women. On nearly every one of those occasions, Sister Support is the group that is allowed to stand on the gate at that time. So I cannot say that Sister Support's behaviour is not intimidatory. I find it very intimidatory. But the pro-life groups are not intimidating anybody.

Q99 **Sarah Jones:** Can we just ask you this? You said the harassment has gone up over the last couple of years. Why do you think that has happened? I am interested in why it would have increased, for what purpose?

John Hansen: I think it is because it has been allowed to. I will give you an example. Recently one of the members of The Good Counsel Network—outside, on her own, not a large group—was causing so much distress to our service users as they came in that one of our receptionists went out and said, "I'm sorry but, if you continue to upset so many women in this way, I am going to have to call the police". Her response was, "Good, then I am doing my job". So there is impunity and I think that has been allowed to snowball and snowball. That is the only explanation for it that I can come up with.

Q100 **Sarah Jones:** You said it has increased on a Saturday, as well. Why do you think that is?

Clare McCullough: Because the Sister Support protester groups come out in huge numbers, so that pro-lifers are not going to see a pro-lifer being intimidated and harassed and not respond. With allegations such as John has just made, of which he makes many, I would say put the allegation out there; name the person; say what time it happened. I can tell you what member of staff was there at any date and time. Let's sit down and see what they have been saying to clients. Let's bring this out into the open.

We take full responsibility for the behaviour of our staff and volunteers. There are many people who attend our vigils who are post-abortive themselves; many, many people who do not want to see other people forced through what they had to go through. We are very willing to answer for any accusations that are put before our staff, if they will be put openly and honestly, and with the times and the dates. Come on; let's bring this all out into the open and show what harassment is happening there, because there is none.

John Hansen: We have times and dates and you have heard on multiple occasions, outright denial that any of that is legitimate so I do not see the value of presenting—that incident I told you about, we know exactly which protestor that was. She is known among our staff to be one of the worst. She is there on many days in the week. She is well described in the incident. We have the date. We have the time. We have the date and the time for the other 86 incidents that are logged in that logbook and about 20 more that are logged in our incident recording system.

Q101 **Sarah Jones:** Is that a member of The Good Counsel Network?

John Hansen: Yes.

Q102 **Chair:** Ms McCullough, you have heard a very clear claim that there is evidence against one of your protesters—

Clare McCullough: What is the evidence of? He has not said what she was saying or doing.

John Hansen: I believe I did, actually. I believe I described her upsetting some of the clients and, when asked to stop that behaviour, responding that she was glad for that because it meant she was doing her job.

Clare McCullough: No, she was glad the police were being called because she was doing her job properly. I am sure that is exactly what she meant. What was she saying to upset people? What was she doing to upset people? That is what evidence means. You say I have denied everything in the log—

Q103 **Chair:** The evidence that has been put to you is that a series of women have said they were upset by what she was doing. That is how they felt. They were upset. Those were the feelings that they experienced and that they described. Are you denying that they had those feelings and those experiences?

Clare McCullough: If those testimonies are logged, people have come in and they have said that. I accept that people have said that, if they have said it. If you want to say to my staff member, "Stop what you are doing; it is distressing" then you need to tell them what they are doing so they can stop it. I have not denied the incidents in the log. I have shown that, on many of the incidents in the log, someone else was perpetrating the action that was being attributed to us.

Q104 **Chair:** But not in all of them; in some of them.

Clare McCullough: I have not found any allegation of anything that would concern me that is attributable to us.

Q105 **Chair:** You are denying it.

Clare McCullough: One of the accusations in the Marie Stopes's log against us is that we told one woman that we could help her claim benefits. I do not consider that to be harassment. If the woman says that she has financial difficulties, I would not consider that to be harassment.

Chair: There is real concern that there has been a series of descriptions of people feeling very distressed and feeling very concerned as a result of the behaviour of individual protestors. For you to state that this does not count as harassment or does not count as distressing people, when clearly it has distressed people, does put us in a rather difficult situation, hearing this evidence because, if you are not prepared to accept the impact that people describe, then it makes it rather difficult to see how a resolution can be found without there being any further measures or further legal action taken. I will allow you to come back in a second. I want Sarah Jones to be able to continue her questions.

Q106 **Sarah Jones:** I want to move on to what some of the solutions might be. The law needs changing all the time, right? We are talking there about upskirting, which is thing that did not exist before and now it does. You can change the harassment laws to not have harassment against an individual but against a place. There are changes we could make. If the Home Secretary decided to go down that route, I would be interested in your views as to whether a solution should be abortion-centred or something generic. The kinds of cordoned-off areas that you have in Canada or America are very specific to abortion because the problem that you are encountering, that you are describing, is quite unique to people who are going to have abortions. Or whether it is a better thing to say, "This is the criminal activity of harassment" and just incorporate a new definition of it that could allow the police to take action outside the clinics. Do you have a personal view, or an organisational view, about that?

Clare Murphy: I feel any patient accessing any service should not be harassed. The issue is that it does not seem to happen with other healthcare procedures in the same way. I am open to all possibilities as to how we could address this. We have talked about whether it is the case of just moving people over to the other side of road. The problem is that sometimes we have set up quite small clinics. Because of this issue with early medical abortion, where women want to get home to pass the pregnancy, we have tried to set up small locations, often in GP surgeries, much closer to where women live so they can get home and be there in comfort to pass the early pregnancy.

Talking about "over the road", sometimes that is literally three or four metres. We talked earlier about some examples from Australia, which do

seem to be working well, where they have looked at a buffer zone of about 150 metres. There are definitely examples that I can think of where that would be the area you would need. We have a clinic in Richmond—very similar to the Ealing one—where it is on a big road and you would probably need that distance to be able to ensure that women coming from various access points did not have to encounter this. But, yes, I do think there are a number of options that could be pursued.

John Hansen: From my point of view, a big part of this is about privacy in accessing care. I think it would be wonderful for it to be a rule of not on site. It should not happen inside the clinic. It could be very easy to attach that to clinics that are registered to provide terminations or pregnancy advice, which is to say, once you achieve that registration, these activities are not permitted within a certain area. However, we are open to anything that will help our service users escape this kind of intimidation.

Clare McCullough: You said I could come back on that point?

Chair: Yes.

Clare McCullough: I am listening to what is being said here. It is hard to take somebody's allegations seriously when you have heard them, when you are being interviewed yourself, saying that you are livestreaming people on Facebook, which we obviously are not and anybody can check that we are not. Then, when they put forward allegations, you do really wonder yourself, "Why do they lie about everything we do?" That bit is difficult for me, to just accept an allegation because Marie Stopes or BPAS make it.

Q107 **Chair:** Are you accusing BPAS and Marie Stopes of lying?

Clare McCullough: Yes, I am. Yes, absolutely. Yes, again, and again and again. We are Facebook livestreaming or we are not. That is a provable fact.

Q108 **Chair:** Are you accusing them of lying in the evidence that they have given the Committee today?

Clare McCullough: I would have to go back through it to know whether they have. The do lie in public.

Q109 **Chair:** Those are very serious allegations—

Clare McCullough: I am well aware of how serious it is

Chair: —given the detailed information that they have given us.

Clare McCullough: It is also very serious to accuse people of Facebook livestreaming women going into abortion clinics; it is extremely serious to do that. Anyway, to come back to the point that was made about my member of staff, as I have said, I am very happy to look into any allegations of harassment but I cannot stop a behaviour if somebody does not tell me what it is. I accept that if the people honestly said they

were distressed, that is something we would want to stop. But we cannot stop it unless you tell us what the distressing behaviour actually is. That is just the standard that would be in any court case.

Q110 **Chair:** We have heard—from different evidence, both written and oral—that for many women, and also for staff entering the clinic, having somebody stand outside the clinic and either be in the way when they are trying to get in or hand them leaflets that they do not want to take, and to engage with them and to have the discussions with them that they do not want to have, for some people is harassing and intimidating.

Final questions: Ms McCullough, would your organisation be prepared to come to a voluntary agreement that you would not stand outside clinics and would be some distance away from clinics so that nobody has to pass your protestors, nobody has to walk past them, at all, and nobody has to take the leaflet? Would you be prepared to do that on a voluntary basis?

Clare McCullough: We would certainly be prepared to sit down and talk about all the options. Everything is on the table for discussion.

Q111 **Chair:** I am putting one particular option to you. Would you be prepared to come to a voluntary agreement that you would voluntarily, effectively operate a buffer zone and would not be within a certain distance from the clinic doors, so that nobody had to pass you on the way into the clinic?

Clare McCullough: Looking at the hundreds of women we see every year who take our help and feel they have not had that opportunity, and certainly do not get it inside these clinics, I am not seeing any way that I am going to move away from the nearest opportunity to give the woman the leaflet as she is going in the door; one person, just one person.

Q112 **Chair:** That is clearly a no. You are not prepared to abstain from the kind of behaviour that some women clearly find very distressing as they are going into clinics.

Can I ask Ms Tully, do you think that groups should agree to a voluntary buffer zone, some distance away from the clinic entrances, in order to prevent the kind of behaviour that some women clearly find very distressing?

Antonia Tully: No. We are the pro-life movement and we would not voluntarily take any action that would inhibit us from saving the lives of unborn children.

Q113 **Chair:** Therefore, you believe that any kind of activity—even if it is harassing or distressing—is justified if it deters somebody from having an abortion.

Clare McCullough: That is a disgraceful interpretation of what she said. It is disgraceful.

Chair: Thank you, Ms McCullough. That is why I am putting the question to her. Ms Tully.

Antonia Tully: Sorry, I am distracted now. Can you say that again?

Chair: Therefore, do you agree that any kind of harassment or distressing behaviour is justified if it deters somebody from having an abortion?

Antonia Tully: Absolutely not. The pro-life movement is predicated on a peaceful, legitimate basis. We do not feel that the end justifies the means. Nobody can make somebody not have an abortion.

Q114 **Chair:** The answer that you just gave to my previous question said that, no, you would not agree to supporting organisations to move any further away from the clinic, even if that behaviour was distressing and harassing to people going into the clinic—

Antonia Tully: Yes, because I do not accept that their behaviour is distressing.

Chair: Let me finish the question then you can answer. You would not accept that they should move any further away from the clinic entrance, because that might make it harder to prevent somebody from having an abortion?

Antonia Tully: You are tying me in knots here. I think that a peaceful, prayerful pro-lifer should have the right to be able to reach the women who need the help.

Q115 **Chair:** Even if those women find that reach that you describe distressing and harassing.

Antonia Tully: I do not accept that women are finding that reach distressing and harassing.

Chair: I am going to thank you all for your evidence today. We have heard a very clear explanation that, if there is no further action—either by local councils, by the police, or by the Government—the kinds of activities that some women clearly do find distressing and harassing will continue, and there is going to be no attempt, voluntarily, to prevent that kind of behaviour.

Clare McCullough: There was no objective evidence on any of it; none.

Chair: I am going to close the evidence session now and thank all of our witnesses for their time. We very much appreciate your time this morning.