

Women and Equalities Committee

Oral evidence: [Abortion Law in Northern Ireland](#), HC 1584

Thursday 24 January 2019 Antrim

Ordered by the House of Commons to be published on 24 January 2019.

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Members present: Mrs Maria Miller (Chair); Tonia Antoniazzi; Sarah Champion, Angela Crawley; Vicky Ford; Jess Phillips.

Questions 43–120

Witnesses

I: Dawn McAvoy, Co-founder, Both Lives Matter; Sarah Haire, Stanton Healthcare; and Marion Woods, Life Northern Ireland.

Written evidence from witnesses:

- [Both Lives Matter](#)
- [Life Northern Ireland](#)
- [Stanton Healthcare](#)

Private session (Antrim) 2:10 pm - 3.20 pm

Examination of witnesses

Dawn McAvoy, Co-founder, Both Lives Matter; Sarah Haire, Stanton Healthcare; and Marion Woods, Life Northern Ireland

- Q43 **Chair:** Thank you very much. Our second panel is joining us. I was just remarking on the fact that the acoustics in this room are very—it is a bit like being in the National Theatre. You can hear a pin drop, so I am going to urge you all, my colleagues, MPs and staff, to not have conversations if that is possible because it is terribly difficult to hear otherwise. I apologise for that.

I thank you on behalf of the Women and Equalities Select Committee for coming in front of us today. I am really grateful to you for your time. We are a little bit tight on time. We have about 40 or 45 minutes or something like that, so if I could really urge you to give us succinct answers I would be really grateful.

This is a broadcast session, so before I start perhaps I could just ask you to give your name and the organisation that you represent and then Members of Parliament will ask you some questions. Dawn?

Dawn McAvoy: Dawn McAvoy, Both Lives Matter.

Sarah Haire: Sarah Haire, Stanton Healthcare.

Marion Woods: Marion Woods, Life Northern Ireland.

- Q44 **Chair:** That is wonderful. Sarah is going to start our questioning.

Sarah Champion: Ladies, thank you so much for being patient with us. I have a really broad question to start with that each of you could give me your opinion on, which is basically how you think the law on abortion is working. Can I start with you Marion?

Marion Woods: At the minute, the law on abortion in Northern Ireland strikes the difficult but delicate balance between the life of the unborn and the life of the mother. I think, when allowed to work, the law in Northern Ireland looks after and protects and holds both of those. A doctor, obstetrician or gynaecologist has two patients. There are two lives—at least—in every pregnancy. As a pregnancy care charity, we are starting to see a lot more service provision and a lot more support and especially when there crisis in pregnancies involved. That is not defined by the law. The law is there to protect lives and that is effectively what our law does right now.

We have several stories and I believe someone has already shared their story with you about how the law did actually protect her life and gave her baby the best chance at life. Unfortunately the baby did not survive,



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but it is evidence of how the law, when it is allowed to work, does work well.

Q45 **Sarah Champion:** You think it is working well. How about you, Sarah?

Sarah Haire: Thank you for having me, first of all. Yes, I believe the law is working. At Stanton Healthcare, we are giving emotional and practical support to women with difficult, unplanned, unintended pregnancies. Therefore, women come to us who are in very difficult situations and many—in fact, most—are abortion-minded. Really, we are trying to figure out why. Why are they in a position where they feel like abortion is their only option or only choice? We are giving them the opportunity to seek support.

Q46 **Sarah Champion:** Could you give us any examples of why they are thinking that is their only option? Just a few?

Sarah Haire: Yes. Every mum is so different. Most of the time there is a lot of pressure, actually. If you left them totally on their own, totally unsupported, the fear is really leading that decision. Sometimes it is financial, but we are here to totally support them and you have just met one of the mothers whom we have helped.

Q47 **Sarah Champion:** We are looking specifically at the law. Do you think it is good as it stands?

Sarah Haire: Yes, absolutely, because whenever a law changes, the culture changes with it, and women who are in these difficult pregnancies are seeking support first. In countries where abortion is legalised, the culture often changes, and for women who find themselves in that situation, from my experience, it is a lot easier to get an abortion and therefore in that situation you try to get out of it as easily as possible.

Q48 **Sarah Champion:** Thank you. Dawn?

Dawn McAvoy: I understand that it depends on the perspective that you are coming from. We have the perspective that every pregnancy means that at least two lives are in existence. So, coming from that perspective, our law means that over 100,000 people are alive today who would not have been if Northern Ireland had introduced the 1967 Abortion Act along with England, Wales and Scotland. So that the report was launched by us when our campaign began in January 2017—abortion activists challenged that claim and reported us to the Advertising Standards Authority, who then commissioned an independent health statistician to look at our research, so it used the Government's available statistics. The independent statistician said that, directly related to our law, over 100,000 people are alive today in Northern Ireland. That is 5% of the population, and it is a significant number. But we recognise that the law on its own is not enough. The law says no to abortion, but women need to be able to choose life. So we talk about the culture and how the law shifts culture and saying that abortion is wrong, you need a trinity really of law—life enabling services and of life-affirming culture, which strengthens and underpins the law.



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As Sarah just said, similarly we have had women telling us their stories as to how the law here has impacted them and, conversely, women who have travelled to access abortion and now regret it. Actually, one of the stories on our website is really striking. One person, [Name], who unfortunately could not come today, as she says she discovered late in her pregnancy—she was 24 weeks when she found out she was pregnant and she'll acknowledge that, if she had been earlier on in her pregnancy she would have panicked—she had just done her A levels—she would have felt, "I need an abortion". Even if she had been in GB, she wouldn't have been able to have an abortion and she said that initial panic, that feeling of I need an abortion because she couldn't here or in GB then. She said over time she accepted it did not ruin her life, being pregnant. She went on to university, she got her degree and as she said she is now enjoying life with her son. So we need to celebrate that the law that we have.

Q49 Sarah Champion: That is a great story. Picking up on what you said, would you look to have an addition to the law so that there were statutory support services in there?

Dawn McAvoy: Absolutely. To say no to abortion, none of us here would say that that is enough. I myself had a pregnancy crisis and I was across the water at university and I saw that firsthand. When I discovered I was pregnant I went to the doctor and I was in a complete panic, as you would imagine. The first thing the doctor said was, "What are you going to do?" I said I was going to leave university and get married and she said, "You don't have to do that. There are other options", and I said, "What?" She said, "You can get an abortion". That was how easy it was and I look back now. And nobody said, "You can stay at university and get your degree".

There are five university campuses in Northern Ireland. Only one offers childcare. What message does that send to women? Yes, you can fulfil your career or follow your dreams, live equally to men, but to do that you need to be able to have an abortion. That is not good enough so yes its law because the law does save lives, as has been shown with the 100,000, but services and culture enable women to choose life.

Q50 Sarah Champion: It is interesting you pick up on culture. Sarah, you mentioned culture in your answer as well. There have been loads of surveys done and probably the biggest one was the Life and Times Survey. That found that public opinion was shifting on this topic and was moving towards supporting a change in the law, particularly in very certain circumstances. It does seem as though attitudes and culture are starting to change. Maybe it is time to look at the law again. I wondered what your views were on that. Marion, you have not said anything about culture so let us go to you.

Marion Woods: I think, as Dawn said, it is a trinity of law, services and culture. We cannot really separate them out on their own. Not only is the law formed by the culture but the services impact on the culture. Right



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now we, as a service provider in Northern Ireland, do struggle to get any additional help in terms of Government support or financial help.

One example I can give is that we are the regional hub of the national charity Life 2009. Life 2009, you may recall, was given part of the grant—the tampon tax grant—and in Westminster there was resistance to giving Life 2009 that grant. Life filled in a grant application and they fulfilled all the criteria. The reason they wanted the money and applied for the money was to provide accommodation for homeless pregnant women in London. There was nobody else doing this. These women wanted to keep their babies, but they were homeless and they needed support. Even though that was the area that Life 2009 wanted the money for, they were resisted. There was an argument about it. There was—

Q51 **Sarah Champion:** I was specifically talking about attitudes in Northern Ireland.

Marion Woods: Yes, I know, but what I am trying to show is—

Q52 **Sarah Champion:** We are really limited on time. On that particular question, do you acknowledge that there is a change in attitudes towards the law—

Marion Woods: What I would say—

Q53 **Sarah Champion:** Can I finish? Do you acknowledge that there is a change in attitudes which is making people look towards there being a change in the law?

Marion Woods: What I am trying to say is that because the services are not working at the full level, that is impacting on culture and we have seen—

Q54 **Sarah Champion:** You are saying pregnancy support services are not there or are not working?

Marion Woods: Yes.

Q55 **Sarah Champion:** That is why people are looking for a change in the law?

Marion Woods: For example, obviously in Northern Ireland one of the big remits at the minute is around life-limiting conditions, otherwise termed fatal foetal abnormality. We do not have the facilities in Northern Ireland, effectively. They are slowly growing in some hospitals but the care is patchy. We know from the Royal College of Obstetricians and Gynaecologists (RCOG) in Northern Ireland that care is patchy throughout the health trusts. If we do not have a standardised package of care, then of course people are going to be fearful whenever they get that diagnosis and that in turn is going to impact on the culture.

Dawn McAvoy: Can I jump in? I was just going to add to what Marion said. We are constantly having conversations with people about this—people on street and different legislators—and I think partly the reason for people thinking abortion is needed in certain circumstances is because



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that is what they are being told. When we talk to people about, “What does an abortion look like?” in that late stage of pregnancy, it is not a quick, easy fix. When we talk about options such as perinatal palliative care, very often people are like, “Okay, so there are alternatives.” The current push, I suppose, within society is that abortion is the answer, and what we are saying is that in very limited circumstances abortion is permitted in Northern Ireland. It is legal in very tight circumstances. It is safe in very strict circumstances.

Q56 Sarah Champion: Again, being very specific, would you agree with removing the criminal element so that it would still be a civil offence but it would not result in women or a medic going to jail?

Dawn McAvoy: Is that restricted in any way or just generally speaking, removing the criminal element?

Q57 Sarah Champion: It is a criminal offence now.

Dawn McAvoy: In the last 10 years there have been two criminal convictions. Both have been in Great Britain and they have both been for women in their third trimester. One woman who was in her 39th week of pregnancy who self-induced a termination. We have to consider. As we said, there are two lives in existence and the criminal law is there to protect everybody in this room from being harmed by another person. When you are coming from our position that unborn human beings are just exactly that, then pregnancy means there are two lives. As a mum, I would expect the law to protect my unborn child and if my friend was sitting beside me pregnant, I would expect the law to protect her unborn child.

Q58 Sarah Champion: Sarah, do you agree?

Sarah Haire: Can I just ask, who was that survey asked to?

Sarah Champion: I do not know but I can definitely get it—

Jess Phillips: It is the biggest one for the general population.

Sarah Haire: The general population of the UK?

Jess Phillips: No, Northern Ireland.

Sarah Haire: Just Northern Ireland, okay. First of all, to get a fair judgment on how the culture is changing, if it is, or the public is changing, you need to do an all-population of Northern Ireland census.

Q59 Sarah Champion: I get that. What I am asking is: do you think that the culture is changing so that there would be a move towards changing the law, or do you think that it is static and fine as it is?

Sarah Haire: No. It is about people being well informed. One of our main worries is whether women are totally informed before making any decision whatsoever. If the whole of the population or the whole of that 1,000 people were totally informed as to what abortion is—it is obviously the intentional killing of a human being in the womb—the wording of the question is a massive contributor.



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Q60 Jess Phillips: Do you think the law is working effectively to protect women where there are serious or long-term physical or mental health issues? You have all quite clearly focused on late-term abortions. Let me, if I can, ask a question in regard to early abortion. Do you think that, if there was need for an early abortion through rape, incest or something that would deeply affect a woman's mental health, the law currently protects them?

Sarah Haire: Obviously I have worked with a number of women. Just to give two examples, we have recently seen a girl who accessed abortion and mentally it was very, very difficult for her. We got her access to a psychologist, she received support from that psychologist and she now is in a much more positive position in her life. Just as a second example, obviously we also offer post-abortion care and we have seen one of our clients who was suffering after having an abortion, three years after. How it affected her mentally was extremely worrying. Suicidal thoughts. I worked very closely with her and it was absolutely devastating in every way. I felt really helpless. What can I actually do?

Q61 Jess Phillips: You think that, in that case, because that woman has had an abortion that she definitely deserved, her mental health had not been taken consideration of in that example?

Sarah Haire: We would ask, are these women being informed whenever they go into these abortion clinics? Are they being told there is an 81% risk that this will increase your mental health problems? That was the Coleman study.

Q62 Jess Phillips: Are you asking my opinion?

I think that what you are suggesting is that the law is currently fine in cases of rape, incest and women who have very serious mental health challenges through their pregnancies.

Sarah Haire: Women need real support. They need real psychological and mental health support. Abortion does not help anyone's mental health. There have been no studies into that. Whenever a woman comes into us abortion-minded, fear has taken over her. Psychologically, how that has affected her—she needs to be loved, she needs to be cared for and ultimately she needs support.

Q63 Jess Phillips: Do you accept that there are women who are loved and cared for well who do not feel mentally challenged by having an abortion? Do you accept that?

Sarah Haire: Can you repeat the question?

Q64 Jess Phillips: Do you accept that there are women who are loved and cared for who do not feel mentally challenged by having an abortion?

Sarah Haire: I suppose so. It is a different question to your last question.

Q65 Jess Phillips: It is a different question.



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Sarah Haire: I will say I have not met these women.

Marion Woods: I suppose when we fully look at the law and you look at the words of the law, our law already takes into consideration impact on the health and life of the mother that is real, serious, long-term and permanent. Our law does work and, as Dawn said earlier on, there are a small remit of cases that are covered by our law. If somebody fell into that category, the law already does allow for that. There is not a blanket ban on abortion in Northern Ireland. It is tight and there are parameters, yes, but it does account for those.

Given we do not have abortion in Northern Ireland, all we can do is look to our closest neighbour, which is GB. We learn from statistics in GB that the cases that you are talking about account for 2% for all abortions that happen in GB. It is a small category. It is not a category that needs to be put to the side and not addressed—we obviously do need to help people—but I think that the words of our law make it clear that if somebody is in that category, then abortion is catered for.

Q66 **Jess Phillips:** On what grounds?

Marion Woods: Again, it is the impact to the mother.

Q67 **Jess Phillips:** So, the mental health law, you think, covers it well enough? If a woman was raped and wished to seek an abortion, or suffered incest, it comes under mental health?

Marion Woods: We do put our trust in doctors to adhere to the law and if they felt that somebody fell under that category then the law, as it stands, already allows for that. Again, it is not a blanket ban on abortion. Again, coupled with what I said before and what we have all said before, there has to be parity of services and there has to be that parity of support.

Q68 **Jess Phillips:** Dawn?

Dawn McAvoy: I would say that law is not policy. For want of another term, the law is a backstop.

Q69 **Jess Phillips:** Gosh. We almost avoided it all day.

Dawn McAvoy: To that degree the concerns would be twofold: first that abortion would be presented as a solution or as something that heals a woman from rape. I do not think that assumption should ever be made. We have—

Q70 **Jess Phillips:** Do you think that abortion is being offered as a cure for rape?

Dawn McAvoy: I think it can be presented as helping a woman but if she does have an abortion, it adds to the trauma. I do not mean that in a derogatory sense. [Name's] story on our website is exactly that and in her words—again, this is not derogatory, these are her words—she got over the rape, but she never got over the abortion. We know stories of women who find healing through continuing with their pregnancy. "This is



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not the rapist's child, this is my child". They gather some form of self-empowerment and control.

Jess Phillips: Of course.

Dawn McAvoy: I would be concerned that it would be presented as de facto. When you talk about mental health and mental trauma, you will know as well as we do that the vast number of abortions in GB are covered by loosely defined mental health grounds. What we are trying to say is that, because they are two lives, then health should be defined and abortion should never be presented as a default option.

Q71 **Jess Phillips:** You have all mentioned case studies. We all look through the case studies and they are the most helpful thing to us. Do you recognise that the case studies that you are talking about, where you are talking about a rape victim, for example, who felt healed—

Dawn McAvoy: Sorry, she had an abortion and then regretted it.

Q72 **Jess Phillips:** And then regretted it. Sorry, I apologise. You said you had seen other people who had felt healed by going on with it.

Do you recognise that women will have different experiences and those will not be the experiences of all women?

Dawn McAvoy: Absolutely.

Q73 **Jess Phillips:** There will be some women who were raped who felt that they had to go on to have their children and that was horrendous for them.

Dawn McAvoy: You are absolutely right. We refer to personal stories because that makes it real, but at the same time the law has a duty of common good and public good. The law is not put into law based on one story. You take collectively the stories and experiences. Coming from Northern Ireland, with 50 years of restricted abortion, we are coming from a very different culture and we have 50 years of Government statistics to show the out-workings of what pro-abortion policies and laws are.

What we are saying is that we think GB can do better but that Northern Ireland can do better for women than offering abortion—the ending of an unborn child's life—as a solution to the external crisis. Pregnancy crisis takes a different form for every single woman and those individual circumstances, as best as possible, we are saying, should be drawn alongside and some solutions should be made. Very often those who advocate for law change are taking very extreme and limited circumstances and then advocating for unrestricted abortion.

Marion Woods: Sorry, can I just also answer it? There has to be accountability in the cases of rape as well. We know that one of the driving factors is not wanting to be tied to the rapist, effectively. I am careful with language, understanding that I do not know who is listening and people's own experiences. We need to do something that assures a woman that, if she continues with her pregnancy, she is not necessarily



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going to be linked, that the rights of the man in that case are severely reduced, that there are policies around that.

That is one of the impacts on culture. It is also one of the impacts on services and one of the impacts on the law. I think we have to look at that. That is where women want the help. Abortion is not a sticking plaster for what the woman has gone through. Therefore, we have to look at that wider context and we have to remember what we are dealing with. There has to be accountability. There has to be criminalisation of the person who has committed the crime but also then looking forward, what does that mean for that woman and her child and the life that they are going to lead?

Dawn McAvoy: Yes. Generally speaking, better reporting, sentencing and prosecution.

Q74 **Jess Phillips:** Do you all campaign for that as well? You are all making a very good case for women's economic empowerment and women's safety. Is a key part of each one of your campaigns to campaign, for example, for this exact thing?

Dawn McAvoy: Absolutely. We have a limited capacity but we often say abortion should not be looked at in isolation. It is a chain link. A woman generally does not feel a crisis just because she is pregnant. It is the external stuff, or even the next 20 years after the birth.

Jess Phillips: That is just the easiest bit.

Dawn McAvoy: It is all of those. It is absolutely all of those policies. Government should enable families and should enable women to choose life and should not pit women against their pregnancies.

Q75 **Jess Phillips:** Very quickly, just to finally finish off, are there any circumstances in which you believe the law should be changed in cases of rape or fatal foetal abnormality? Any circumstances?

Chair: We have had evidence that there has been a change in the way the law is being interpreted.

Dawn McAvoy: That is what I was going to say. We have often said that we acknowledge that the RCOG has said there has been a chill factor going back to 2013. Talking to parents who have either accessed termination in Northern Ireland pre-2013 or did not based on, for example, their mental or medical diagnosis, there has absolutely been a change. We are not policy-makers or legislators but what we often say is that the law should be able to interpreted and applied, and if that is not working then that is a problem but there does not necessarily mean there needs to be law change.

Q76 **Jess Phillips:** You are saying that the chill factor is a problem.

Dawn McAvoy: That is what we are being told by medics, yes.

Q77 **Angela Crawley:** Obviously in the absence of an Assembly in Northern Ireland, who do you think is responsible for ensuring that the law on



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abortion is effective?

Sarah Haire: Obviously there was a vote taken in 2016 and the outcome of the vote was pro-life. Right now, our elected representatives—we have 11 MPs in Westminster and 10 of them are continuously voting pro-life—are against any changing of our laws. That is who should represent us. There is definitely a bullying factor when it comes, and Westminster dictating the laws in Northern Ireland. The three of us are women of Northern Ireland and—

Q78 **Angela Crawley:** I am sorry, did you use the word “bullying”? Or did I mishear you?

Sarah Haire: Rather than our elected representatives being allowed to dictate what our law is, there is an outside movement trying to introduce changes.

Q79 **Angela Crawley:** The point is that if you had a Northern Ireland Assembly, that Assembly then could be responsible.

Sarah Haire: Obviously.

Q80 **Angela Crawley:** It is up to your Assembly?

Sarah Haire: Yes.

Dawn McAvoy: Yes, it is devolved to Northern Ireland. I think if Westminster sought to impose anything over the heads of our Assembly into what it is a devolved issue, it would be a dangerous precedent for devolution. We were laughing about this earlier—the portrayal of Northern Ireland as sort of a Handmaid’s Tale, as if we are not able to have our own voice. As Sarah said, the politicians that we have have been voted in by the people of Northern Ireland. If their perception of our law is that it shouldn’t change for abortion they’ve been can voted in, very often on that manifesto. They are not speaking outside of the people—

Q81 **Angela Crawley:** If there was a Northern Ireland Assembly starting tomorrow do you think they would vote the same way on these issues?

Dawn McAvoy: Talking to people, I have no reason to suspect that they would not.

Q82 **Angela Crawley:** You don’t think there would be any change?

Marion Woods: Recent Westminster elections show that they probably would. When you take the 10 MPs that are sitting alongside the Government at the minute, I think that would be very reflective of probably what would happen at an NIA level. We did a poll recently in October of last year—if you do not mind, we can maybe just go and check that figure—in 2018. We asked people this very question—who should be responsible?—and 64% of people in Northern Ireland, which when we broke it down equated to 66% of women and, interestingly, 70% of 18 to 30 year-olds, felt that abortion law should be a decision



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made by representatives of Northern Ireland and not by MPs in the British Government.

Q83 Chair: You just said that medics are telling you that there is a chilling factor as a result of things that have happened and that chilling factor is potentially changing access to abortion for women whose lives could be in danger. I am just framing my question. At the moment nobody is responsible for looking at that potential change because we do not have a Northern Ireland Assembly. Does that not concern you?

Dawn McAvoy: Just to pick up, you said “for women whose lives are in danger”.

Chair: Yes.

Dawn McAvoy: I absolutely refute that women’s lives are in danger because of the current circumstances in Northern Ireland. There is no evidence of that fact at all.

Chair: We have spoken to women who—

Dawn McAvoy: You heard a story earlier of a woman whose life was actually saved by our law.

Q84 Chair: Can I just reassert the question, though? It is not about those women who are making that choice. It is women who have been told by their doctors that they could die of septicaemia and the chilling effect that you agreed might be happening. Currently that is not being looked at by anybody because we do not have an Assembly. In the absence of the Assembly, who do you think should be looking at that to make sure women’s lives are not in danger?

Dawn McAvoy: Just to challenge the exact example you gave, that was the story I was referring to. You just heard, I think, that story of a woman who had septicaemia and she was cared for in Belfast. They induced her labour—

Q85 Chair: Sorry, what I am talking about is women whose babies have died or are going to die, not women—

Dawn McAvoy: Who have died or are going to die?

Q86 Chair: Well, have died.

Dawn McAvoy: If a baby has died in Northern Ireland—I think this is a myth that is put around. I would absolutely reject that any doctor here—we are talking to doctors and no doctor in Northern Ireland is going to say to a woman whose baby has died, “There you go. Just whatever”. Those are two different things.

Q87 Chair: How do you think there are doctors being taken off for negligence?

Marion Woods: There are a lot of things being thrown all in one statement and it is really important that we sit down and we unpick all those. You have merged a lot of things together there. If you are talking



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about where there is no foetal heartbeat any more, the baby has passed away and the doctor has said, "Your baby has died. The foetal heartbeat is no longer in existence", our doctors would always, as is medical practice, induce that labour.

Q88 **Chair:** What about if they are about to die?

Marion Woods: That is very different. It depends on the diagnosis that you are talking about. Obviously we would campaign for more regular ultrasound scans. In this instance there is a massive difficulty whenever it comes to pregnancy. One of the issues, having been through four pregnancies myself and knowing the way the system works in terms of scanning, you get your first scan at about 12 weeks and then you do not get another scan until 20 weeks. That is what we are left with. If at 20 weeks there is a diagnosis that the baby may not survive until birth, we would be advocating at that point that there is a care pathway that is put in place for that woman and her partner, husband or family, and at that moment she is given at least weekly scans, she is monitored and her obs are taken regularly, they watch carefully the progression—

Q89 **Chair:** Do you think that at that point she should be allowed the choice to terminate the pregnancy? I am sorry, can I just ask you to answer that question?

Marion Woods: Yes, sorry. No, I do not, because I think that every situation has to be looked at. If we are talking about an abortion purely because the baby has a condition where they may not live or die, no, I do not agree with it. I think there should be the parallel pathway of care that I have described.

We talked about the chill factor. That is where the question started off. The reason that we are saying that yes, we acknowledge the chill factor, is that we have heard medics and agenda-led midwives refer to babies that have a condition as a "dead baby" even though that baby still has a heartbeat. We have heard them call a baby that is still alive in its mother's womb a "dead baby". That language is very worrying. That is causing fear among women. That is having a negative impact, and that is where the chill factor is happening. We have to do something to address the agenda-led medics in Northern Ireland as well.

Q90 **Angela Crawley:** We are all conscious of the use of language and careful about the use of language. We have also heard from women who had very different experiences and they told us that they felt there is an absence of information or access to pre-care, post-care, whatever their circumstances may be. You will be aware that the UN CEDAW Committee has said that it is against human rights to criminalise women and medical practitioners. In the next instance they have recommended that the UN should repeal the relevant sections of the Offences Against the Person Act so that the individual women and medical professionals are not criminalised. What would your view be on that?



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Dawn McAvoy: With all due respect to the Committee members, the highest court in the UK would disagree with them. Again, we have to be careful what we are talking about here.

Q91 **Angela Crawley:** You do not believe there is a breach of human rights?

Dawn McAvoy: The interpretation of the Convention by one Committee would suggest that the UK is not compliant in those areas but the Supreme Court of the UK has disagreed and the Court of Appeal in Belfast has disagreed. Obviously this is a contested space. Human rights either exist for every human being or they do not.

Sarah Haire: Just to emphasise Dawn's point, it is so important not to get off the topic that there are two lives we are talking about right now and never to ignore the other. Especially in this topic, there is a tendency to lead away from the dignity of both the mother and her unborn child. We must, as a society, protect both of them.

Q92 **Angela Crawley:** Do you believe that criminalising women for making a decision is the wrong approach?

Sarah Haire: Decriminalisation, obviously as we all know, would mean there would be no legislation when it comes to abortion and abortion would be legalised for any reason up to birth. Is that what we are talking about here?

Q93 **Angela Crawley:** No. Our suggestion is that if we were to repeal those sections and take away the criminalisation which—

Chair: It does not change access.

Sarah Haire: What effect would that have?

Chair: It just means you do not end up in jail. It does not change access to an abortion.

Marion Woods: I suppose the question, if we are comparing like with like, we would be in a situation then where you could not face a criminal charge for ending the life of an unborn baby but you could face a criminal charge for unknowingly disturbing a badger sett under the Countryside Act. When we get to the stage where birds' eggs and badger setts would be more respected in law than an unborn baby's life, we have reached a problem.

Q94 **Angela Crawley:** Coming back to the—

Marion Woods: But do you see what I am saying?

Q95 **Angela Crawley:** We understand the consequence of repealing sections—

Dawn McAvoy: Do you understand the consequences in Northern Ireland?

Q96 **Angela Crawley:** I was just about to—if you will let me finish my sentence, please—I was just about to say that you would create a void



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and that the void in that law would be there because there is no Northern Irish Assembly to legislate in the interim in any way to provide the safeguards that you were discussing. Yes, I do fully understand that. My point is that there is no Northern Irish Assembly. Hence the void if we were to repeal the section.

Dawn McAvoy: Would you risk creating that void?

Q97 **Angela Crawley:** My question to you is: what, if any, is the UK's responsibility in terms of ensuring, in the first instance, that we meet human rights obligations in relation to Northern Ireland?

Dawn McAvoy: There has been no ruling that human rights legislation is not compliant on abortion. There have been opinions expressed by a CEDAW Committee. The courts have said and the UK Government has said that Northern Ireland law is human rights compliant. What you are doing is hypothesising and saying that if there was a ruling without an Assembly, should Westminster intervene? This is a devolved issue and there is no requirement for Westminster to intervene on human rights grounds.

You have just acknowledged that there is a void, so if you were to intervene in Westminster right now without an Assembly—somebody said there would be no difference. We have already said that 100,000 people are alive today. We do not have the policies in place to cater for abortion the way there is in GB. Maybe if Westminster sections 50 and 59, GB would not see a significant difference. Northern Ireland would see a huge difference and, as you just said, there is no Assembly in place to deal with that. It would be reckless and irresponsible to do anything while we have no Assembly.

Q98 **Angela Crawley:** Okay. Just to be clear here, I am not advocating any one point in this instance. What I am arguing here is that, if there were a range of options available at this moment in time and if the UK Government as it stands, in the belief that for it to conform with the CEDAW Convention, may choose to repeal sections of that—I am not advocating necessarily that it is the place of the UK Government—

Marion Woods: You said it would be to make sure that it stands with the UN Convention of CEDAW—the Convention on the Elimination of Discrimination against Women. That piece does not mention abortion. It is only the Committee that mentions abortion. The Convention does not. The Convention on the Elimination of Discrimination against Women at no point mentions abortion. How can we be outside the remit of the Convention? We are not. It never mentions abortion, only the Committee does, and they are unelected representatives and independent, none of which have come from the UK or Ireland.

Dawn McAvoy: It talks about family planning and reproductive rights.

Marion Woods: Yes, but it does not talk about abortion.

Dawn McAvoy: But reproductive rights in the Cairo Convention are clearly defined as counselling, information, education. It goes on to say,



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"Abortion is not to be promoted as a method of family planning", and finishes with, "Every effort should be made to reduce recourse to abortion". We would say Northern Ireland is more compliant with that definition. We were reading the CEDAW report earlier and we have to say the Northern Ireland that it represents we do not recognise—this religious place that limits women's choices, access to contraceptives and education. I would entirely refute that. Every woman here has access to GPs, healthcare and the NHS. None of us are limited in our choice of contraceptives.

Q99 **Chair:** Can we just move on to the issue of the medical profession? I am realising that we are rather over time. Do you think medical professionals—I am talking here about Northern Ireland, not Great Britain—are consistent about how they advise and treat patients within the current law?

Marion Woods: We know from speaking to the RCOG that care is patchy and referred to that earlier on. That is in terms of advice that is given and also service provision and care packages that are there. We do advocate for a standardised care at a statutory level and also where charities can impact on that too.

Q100 **Chair:** Would you recognise the characterisation of access to abortion as inconsistent?

Dawn McAvoy: Within Northern Ireland?

Chair: Yes.

Dawn McAvoy: I will take your word for that. We are generally talking about the care that is given and recognising there has been a chill factor. I suppose you could read into that. I may not be best placed to say.

Chair: That is evidence we have been given.

Dawn McAvoy: If that is evidence you have been given, I have no reason to question it.

Q101 **Chair:** You would think that is possible? That access to abortion in Northern Ireland is inconsistent?

Dawn McAvoy: Within the remit of the law, within the chill factor, that may be the case, but I have not seen what you refer to.

Dawn McAvoy: Again, I have not seen—

Q102 **Chair:** It was the observation of an obstetrician, to be quite clear there.

Dawn McAvoy: Patchy and inconsistent may be the case.

Q103 **Chair:** If we have this inconsistency, who do you think is responsible for making sure there is more consistency both in terms of what the medical professions are talking about and also in people's access to whatever service it is that they want? Whose responsibility is that?



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Dawn McAvoy: If medics are, for whatever reason, not in a position to either interpret or apply what is law in Northern Ireland, if there is that breakdown in communication, then that is for the health trusts and legal teams to figure out. These are some of our brightest and best legal experts and medical experts. If they cannot figure out what the existing law is, interpret it and apply it, then it beggars belief but certainly, as we have said, we recognise there is a chill factor. What we want is for existing law to be able to be applied.

Q104 **Chair:** You would like clearer guidance to go out to the medics?

Dawn McAvoy: Certainly guidelines. This is a political issue because legislators make law but we do not want it to be politicised.

Q105 **Chair:** We are talking about the consistency of advice and consistency of access.

Marion Woods: Absolutely. You have addressed the fact that we do not have a Government. That is a problem for us sitting here as members of the community. We want nothing more than to see that our Government can be dealt with and can be dealt with effectively, so that the Department of Health can issue the guidance that is needed and so we can lobby the Department of Health for that standardised care pathway for everybody. Absolutely. That is why we keep on speaking—we are speaking all the time. Our MLAs obviously are not in the Assembly but they are still doing constituency work and we are trying to talk to them as much as we can so that they understand that the issues are not going away and the issues do need to be dealt with. We are in a bit of a vacuum at the minute and it frustrates us as much as it frustrates anybody. We would love to see some way that was resolved so that we could have that Government up and running, we could talk about these issues and provide that care for women.

Q106 **Chair:** Let us put the Government over there for the moment because Governments do not actually regulate medical professionals. That is down to the BMA. Are you surprised that the BMA has not picked up on this inconsistency and is not trying to support its members in getting more consistency? Forget changes. I am not talking about changes, just getting consistency. We should never have a medical profession that is responding to a chill factor, should we? Should their professional body not be helping them more?

Dawn McAvoy: I suppose that is what I was trying to put across, maybe not very well. Yes, if there is a chill factor, I am surprised that within the medical profession it is not being resolved.

Marion Woods: We are parents of girls. Dawn's are slightly older than mine but if there will come a stage where they will be in that situation of being pregnant, we want to see the best service around pregnancy in Northern Ireland. We want to see world-leading services. So, yes, we need that standardised care. We need it not to be patchy. We need somebody to step in and take the lead on that.



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Q107 **Chair:** As organisations, have you contacted the BMA to say that you are concerned about this inconsistency and the chill factor, because you are concerned that there is inconsistency there within the current law?

Dawn McAvoy: It is quite a good idea. We have talked with and met the RCOG but we have not contacted the BMA.

Q108 **Chair:** The Royal College is very important but they have absolutely no sway over the regulation of doctors and if doctors are not being consistent then I would urge you to consider that.

Dawn McAvoy: Thank you. We will take that on board.

Q109 **Tonia Antoniazzi:** What role, if any, do you think the police and criminal justice system have in investigating and prosecuting abortion or suspected abortion in the case of stillbirths? Should they be investigating and prosecuting in these cases in Northern Ireland?

Marion Woods: Why would they do that?

Q110 **Tonia Antoniazzi:** Because they suspect that it was actually an abortion and not a stillbirth.

Dawn McAvoy: Sorry, I have never heard that even suggested. I know that there is a lot of scaremongering in some South American countries that women are being imprisoned because they've had miscarriage or still birth. There is no reason to expect that would be the case. Does that even happen in the UK? It is hard to even think that it would.

Q111 **Tonia Antoniazzi:** You do not know of any cases—

Dawn McAvoy: The two criminal prosecutions and sentencing cases that I mentioned, which are in England, they were late-term so there was obviously some suspicion and, as I said, those were late-term self-induced abortions, one in the 39th week. In that circumstance, absolutely. That is a case for criminal prosecution because a viable child's life had been ended, and the body was then buried and has never been disclosed. Yes, in those very extreme circumstances I would say require justice.

Marion Woods: It sounded like you were referring to late-term there. In Northern Ireland there is one example that has been in the news and that was a case where the woman involved had a suspended sentence. In that case, again there is discretion at every step of the way. The police have the discretion to decide what they are going to bring to the prosecution service. They then have discretion in terms of the court and the judge has discretion himself or herself. I think in that case it was a he.

In that case, what was very disturbing and highlighted the law at that point was that the body had been disposed of in the bin and left for a housemate to find. It was the housemate then who brought that to attention. I can only imagine what the housemate must have felt at that stage. What do you do when you are faced with that? If they went to the police and it was reported, obviously then that sets off a chain in motion and that has to be followed. The very fact that the woman involved was



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given a suspended sentence was the judge using discretion because at the time that she was sentenced, she had a one-year-old. That was taken into consideration. I think the discretionary level throughout our prosecution system is important.

Q112 Angela Crawley: Can I just say, in case I was not absolutely clear, with regard to devolution Northern Ireland, we would love to see your Assembly come back together on this issue. However, the point that has been conveyed to us is that, because of criminalisation, there is a fear in women. There is a perception, and I do not know if it is accurate, that women are being driven to buy abortifacients online because they are so scared to go to medical practitioners. What is your view?

Dawn McAvoy: Before our campaign launched, I went to a pro-choice event in Belfast. This must have been 2016. Very naively, I skipped along thinking that we would be able to talk about our common ground, services and so on. I was appalled—it does speak to what you have just asked because at that activist event they were seeking law change through the courts and through the legislative Assembly, but it was also about making the law unworkable.

I was in the middle of this event which was talking about bringing in abortion pills, teaching people how to use them and then proving the law does not work. I do not doubt that there is an activist element to this. As regards the numbers of women, I think it was a GB survey that said that 40% of women do not even know that you can get abortion pills online on the internet. As regards the bigger picture of decriminalisation, we have a duty as a nation state to not change the law because people are breaking the law. You need to look at why, if the law is being broken, why it is being broken. As regards the number of women in Northern Ireland, and about who is supplying these illegal pills, what we do know is that abortion here is still happening but the rate is six times lower than in GB.

Angela Crawley: Reported?

Dawn McAvoy: The reported rate, yes. It is six times lower. There is a massive gap there. There is no reason to expect that it is met by illegal abortion pills.

Q113 Angela Crawley: I do not know if it is true or not that there is a criminal element to accessing abortion in Northern Ireland. Women are going online so they are not meeting with medical practitioners, and not even recording that that pregnancy exists because I do not necessarily know that it is as sinister as activist—

Dawn McAvoy: That was at an event.

Q114 Angela Crawley: There is a perception that women, because they are so scared of being criminalised in Northern Ireland, are going online. That is something that we just wanted to highlight because it has not been raised in the panel today but it is something that has been raised for us. It is a concern to the panel that the fear of criminality is driving women. That is something we must make sure that you are aware of as well



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because it is not coming through.

Marion Woods: Women are scared because of the activism and the constant use of the phrase “criminalisation”. There is no woman in Northern Ireland sitting in jail right now because she accessed abortion or took abortion pills.

Q115 **Jess Phillips:** Do you think that, if she did, she should be? Do you think that if somebody in Northern Ireland was today buying pills online, they should be criminalised?

Marion Woods: Again, what I said earlier on that is exactly why I used the most recent example that we have. There is discretion in law. If somebody breaks the law then a process is followed. I am not a judge so—

Q116 **Jess Phillips:** What do you think?

Marion Woods: I am not a judge and at the end of the day, the judge does not have to give a jail sentence. They can give a fine.

Q117 **Jess Phillips:** But they would be criminalised. Regardless of the sentencing, you think that a young woman should be criminalised.

Marion Woods: Do you think that it is okay for someone who unknowingly disturbs a badger sett to be criminalised?

Q118 **Chair:** Let us leave badgers out of it.

Marion Woods: No, but that is a valid question.

Q119 **Jess Phillips:** I am asking the questions.

Marion Woods: It was a rhetorical question but that is—

Chair: I am sorry, I tried to inject a lighter mood in this. We can talk quite a lot about badgers. They are quite interesting.

Jess Phillips: We are not here to talk about badgers, to be fair.

Q120 **Chair:** I am so sorry, I am going to have to play the bad person here and end the session because I think we literally could go on all afternoon. I would like to thank you for the vigour and frankness of your responses to our questions. It is incredibly helpful when people do that because it is absolutely clear the passion that you have for this subject and the amount of thought you have put into the position you have. It is incredibly helpful.

Obviously as a Select Committee for the United Kingdom, I would like to underline the fact that we have absolutely every right to look at this issue because we are responsible for holding the Government to account on its signatures on international conventions, including CEDAW, which does—although it uses opaque language—talk about reproductive rights of women. I do not think there is anybody who would question our ability to talk about these issues and I thank you for acknowledging that by being here today, with the caveat that we absolutely understand, as Angela has strongly put forward, the importance of delegation of these issues to



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devolved Assemblies, with the added complication of the fact that you do not have a devolved Assembly at the moment and our very real concern as people that as a result of that there is a potential void in picking up problems which we all have experienced, whether it is Wales, Ireland, Scotland or England. I think it is really good for us to have this discussion. Thank you very much. I am so sorry we have overrun the time that you were told.

Dawn McAvoy: Can I just say that we really appreciate the opportunity? We have gone to Westminster twice now and have not been able to raise many of these issues.

Chair: That is more to do with our timetables.

Dawn McAvoy: I absolutely understand but we are pleased to be here, to raise an alternative voice.

Chair: It is not an alternative voice, it is a voice.

Jess Phillips: It is a voice.

Chair: Thank you very much.