Northern Ireland and Abortion Law Reform


Document Version:
Publisher’s PDF, also known as Version of record

Queen's University Belfast - Research Portal:
Link to publication record in Queen's University Belfast Research Portal

Publisher rights
© 2018 QUB, Ulster University and University of Liverpool.
This work is made available online in accordance with the publisher’s policies. Please refer to any applicable terms of use of the publisher

General rights
Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The Research Portal is Queen’s institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.
The purpose of this paper is to provide an overview of Northern Ireland and abortion law reform. The briefing is particularly relevant to the current UK-wide decriminalisation debate, providing an analysis of the Northern Ireland context.

**Section 1:**
In this section we provide an overview of the political context, addressing issues such as the processes of decision-making and the development of legislation.

**Section 2:**
In this section we review current law and human rights in the context of national and international standards; specifically, we highlight how current law contravenes human rights standards.

**Section 3:**
Our focus shifts to those directly impacted; women seeking abortions. We consider monitoring data relating to those who travel to England and identify public opinion and health professional opinion on legal reform. Finally, in this section we consider the impact of the fear of criminalisation on those self-aborting at home.

Introduction

The purpose of this paper is to provide an overview of Northern Ireland and abortion law reform. The briefing is particularly relevant to the current UK-wide decriminalisation debate, providing an analysis of the Northern Ireland context.

**Section 1:**
In this section we provide an overview of the political context, addressing issues such as the processes of decision-making and the development of legislation.

**Section 2:**
In this section we review current law and human rights in the context of national and international standards; specifically, we highlight how current law contravenes human rights standards.

**Section 3:**
Our focus shifts to those directly impacted; women seeking abortions. We consider monitoring data relating to those who travel to England and identify public opinion and health professional opinion on legal reform. Finally, in this section we consider the impact of the fear of criminalisation on those self-aborting at home.

Introduction

The purpose of this paper is to provide an overview of Northern Ireland and abortion law reform. The briefing is particularly relevant to the current UK-wide decriminalisation debate, providing an analysis of the Northern Ireland context.

**Section 1:**
In this section we provide an overview of the political context, addressing issues such as the processes of decision-making and the development of legislation.

**Section 2:**
In this section we review current law and human rights in the context of national and international standards; specifically, we highlight how current law contravenes human rights standards.

**Section 3:**
Our focus shifts to those directly impacted; women seeking abortions. We consider monitoring data relating to those who travel to England and identify public opinion and health professional opinion on legal reform. Finally, in this section we consider the impact of the fear of criminalisation on those self-aborting at home.
A very worried young woman called to ask all about the abortion pills. She had a lot of questions; ‘How do you take them? Are they safe? Will it show on my medical records? Can they trace the pills to me? What is the name of the medication? What are the side effects? Where’s the best site to get them?’ I told her as much as I could but made sure I told her about the funding and travel help from the UK. She was adamant it wasn’t possible. It was exam time, turned out she was a medical student and there was no way she could miss the exams, what possible reason could she give? She was already having to hide her morning sickness in classes. She wondered aloud if she were ever to be caught would it mean she was struck off from her classes. She wondered aloud if she were ever to be caught would it mean she was struck off from her classes.

Section 1: Political Context

The Northern Ireland Assembly
The Belfast / Good Friday Agreement, signed in 1998, established a liberal power-sharing (consociational) form of governance in Northern Ireland, designed in particular for countries emerging from, or at risk of, conflict. The main features which impact on decision-making and the development of legislation are:

- Grand coalition government in which major segments are represented. Proportional representation is ensured through the electoral system. Power is shared at the executive level between unionist and nationalist parties. One cannot be in power without the other. The d'Hondt system determines the proportion of unionist and nationalist Ministers appointed to the Executive, based on the number of seats a party wins in the election.
- A minority veto system removes the threat of domination for either group. In the case of Northern Ireland this takes the form of the ‘Petition of Concern’ whereby legislation can be blocked if it poses a threat to one of the represented communities. 30 Members of the Legislative Assembly (MLAs) can request that any decision be taken on a cross-community basis. This means that a decision requires ‘Parallel Consent’ – a concurrent majority of nationalists and unionists and an overall Assembly majority – or the support of a ‘weighted majority’, comprising 40% of nationalist MLAs, 40% of unionist MLAs, and 60% of the Assembly.

The efficacy of power-sharing has been criticised (both in Northern Ireland and internationally) for a number of reasons including:

- The ability for the petition of concern to block legislation on issues which are not necessarily related to national / religious identity, for example, abortion and same sex marriage.
- The continual focus on national identity makes it more difficult to develop on policy and legislation on issues which are not integral to national identity or culture.1
- Policy development in Northern Ireland has been described as a ‘lowest common denominator’ approach of conservative social values and social policies.2

Current Context
Since the Northern Ireland Assembly collapsed in January 2017 there is no mechanism to make legislation at the Northern Ireland Assembly level. The last vote on abortion law was in February 2016, when two separate amendments to the Justice Bill were put forward. The first was to allow for abortion in cases of fatal foetal anomaly (proposed by the then Justice Minister David Ford of the Alliance Party), and this was defeated by 59 votes to 40. The second, (proposed by Anna Lo of the Alliance party) was to allow for abortion in cases where pregnancy was a result of rape or incest, and this was defeated by 64 votes to 30.

The Democratic Unionist Party (DUP) Health Minister Simon Hamilton set up a working group in February 2016 to examine the issues relating to abortion in cases of fatal foetal anomaly. The findings of the group were not released until April 2018 and recommended that abortion be legal where the foetus is unlikely to reach full gestation or die during or shortly after birth.3

Political Parties’ Positions on Abortion
Whilst party members may have individual views on abortion, official positions from the six main parties are presented here:

Sinn Fein: In June 2018 the party voted to change their policy on abortion to allow access within ‘a limited gestational period’. This is in line with legislation proposed in the Republic of Ireland following the referendum in May 2018. The party also supports abortion in cases of fatal foetal anomaly and sexual crime.4

Democratic Unionist Party: the DUP oppose any change to Northern Ireland’s abortion law.5

Social Democratic and Labour Party: the SDLP consider themselves a ‘pro-life party’ but since May 2018 have stated that it will allow members vote with their conscience even if that goes against party policy.6

Ulster Unionist Party: the UUP consider abortion to be a matter of conscience for elected representatives.7

Alliance Party: the Alliance Party consider abortion to be a matter of conscience for elected representatives, however legislative change has been proposed by two elected representatives.8

Green Party: the Green Party support full decriminalisation of abortion in Northern Ireland.9
Section 2: Human Rights

Current Law in Northern Ireland and Human Rights

Abortion in Northern Ireland is currently a criminal offence under sections 58 and 59 of the Offences Against the Person Act 1861. The only exception to this is where abortion is carried out in good faith to preserve the life of the woman or prevent long-term serious effect to her mental or physical health. 10

This law predates the development of human rights norms. These norms have evolved to recognise restrictive and criminal frameworks for abortion provision as engaging important fundamental human rights.11 The section below overviews relevant human rights issues nationally, regionally, and internationally.

National Human Rights Provision

In the UK human rights are protected by the Human Rights Act 1998. This legislation enshrines the provisions of the European Convention on Human Rights (ECHR) in national law and allows them to be drawn upon in UK courts. In 2015 the Northern Ireland Human Rights Commission brought a legal challenge against the prohibition of abortion in Northern Ireland in three circumstances: fatal foetal abnormality; severe foetal malformation; cases of sexual crime. The Commission advanced that this position violated the right to respect for private and family life (Article 8) and the right to be free from torture, cruel, inhuman or degrading treatment (Article 3).

At first instance the Northern Ireland High Court determined that there was a violation of Article 8 in cases of fatal foetal abnormality and sexual crime.12 This decision was reversed, however, by the Northern Ireland Court of Appeal.13 In 2018 the UK Supreme Court heard this case. While ultimately determining that the Northern Ireland Human Rights Commission did not have standing to bring the case, the majority found that prohibition of abortion in the case of fatal foetal abnormality and sexual crime was incompatible with Article 8. A minority also found a violation of Article 3.

Delivering their judgment, the Supreme Court Law Lords stated that while remedy could not be awarded due to the legal issue of standing, the Court has made a clear statement that the current law regulation abortion in Northern Ireland is incompatible with human rights provisions enshrined in domestic law.14

The European Convention on Human Rights

The UK is a party to the ECHR, and bound by the judgments of its adjudicative body, the European Court of Human Rights. From the early 2000s this Court has heard a number of cases related to restrictive legal frameworks for abortion. This provides a corpus of jurisprudence determining when human rights under the ECHR are engaged and may be violated. In cases where abortion is lawful but access is prohibited in practice – for example, by health professionals, structures or unclear information – the Court has found a violation of Article 815 and Article 3.16 These issues may be engaged in Northern Ireland due to a lack of appropriate and timely pathways and information on lawful abortion, even where funding is available for services in Great Britain.17

International Human Rights Law

The UK is a signatory to all major international human rights treaties. In the past twenty years international human rights law has evolved to recognise the denial of safe abortion services as a human rights violation. The 1994 International Conference on Population Development and the 1995 Beijing Declaration and Platform for Action both outlined the importance of access to safe, legal abortion as a human rights concern.

The United Nations Human Rights Committee, the Committee on Economic, Social and Cultural Rights, the Committee Against Torture and the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) have stressed that states must guarantee accessible legal abortion services.18 In particular, they have noted that criminal frameworks and punishments for abortion are not human rights compliant.19

In 2016 the CEDAW Committee carried out an inquiry into Northern Ireland’s abortion laws. In 2018 it published its report which determined that the current law in Northern Ireland results in grave and systematic violation of human rights under CEDAW. The Committee made recommendations in two areas to remedy the violation:

1. Change of Legal Framework: Repeal sections 58 and 59 of the Offences Against the Person Act 1861 and create new legislation with expanded grounds for access to abortion. Interim cease on application of criminal law should be put in place.

2. Improvement to local sexual and reproductive health rights and services: This should include access to contraception and high quality abortion/post-abortion care; rights-based counselling and information on sexual and reproductive health and services; reform of sex education; awareness-raising campaigns on reproductive and sexual health; combating of gender stereotypes; protection of clinic staff and service users from harassment by anti-abortion protestors.

Human Rights Summary

In 2018 the UK Supreme Court and the United Nations CEDAW Committee outlined that the current framework regulating abortion in Northern Ireland is in violation of national and international human rights commitments. These developments reflect a wider international movement transcending the limitations of polarised debate on abortion, but legal imperatives which the UK has commitments to protect, respect and fulfil.
Access to abortion in Northern Ireland is highly restricted, resulting in less than 20 legal abortions being carried out in the last reported year. Others travel outside of Northern Ireland or self-abort at home. An analysis of data provided by the Department of Health provides insight into the demographic profile of Northern Ireland residents who access abortions in England and Wales. In broad terms their profile is similar to residents of England and Wales:

- In terms of marital status over 60% have a partner/ are married / are in a civil partnership
- In terms of age 12% are teenagers, 48% are aged 20-29 and the remainder are aged 30+
- 50% of those who obtain abortions are already mothers

Key differences can be observed between Northern Ireland residents and those resident in England and Wales in terms of gestation of the pregnancy and method of termination. For instance, women in Northern Ireland are less likely to obtain an early abortion compared to residents of England and Wales as detailed in Table 1 (67%, 77%). This is likely to be due to delays in accessing information on abortion services, the need to make travel plans, arrange time off work and organise childcare. It is noteworthy that later gestation times require more invasive procedures and carry higher risks of complications.

In terms of the type of procedure, the data indicate that those from Northern Ireland are much more likely to choose a surgical method compared to residents of England and Wales, as detailed in Table 2 (66%, 35%). This is likely due to a preference to complete the abortion at the clinic, using the surgical method, as opposed to the medical method which entails ingesting medication, and requires some hours to complete the abortion, during which time they may be travelling back to Northern Ireland. Again, it is noteworthy that surgery is more invasive and carries higher risks of complications.

### Section 3: Monitoring Data, Public and Health Professional Views, case studies Monitoring Data

### Public Opinion

Over the last two decades repeated public opinion polls have provided clear evidence of support for legal reform, albeit in restricted forms. More recent research, the Northern Ireland Life and Times Survey (equivalent to the British Social Attitudes Survey), determined that the Northern Ireland public are broadly in favour of reform. The survey also identified that across voters for all the main political parties there was support for reform. For instance, in the circumstances that a pregnant woman was likely to die as a result of the pregnancy, below represents the percentage of supporters who thought abortion should be legal.

![Diagram of public opinion on abortion]

<table>
<thead>
<tr>
<th>Political Party</th>
<th>Percentage of Supporters</th>
<th>Percentage of Supporters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>UUP</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>DUP</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>SDLP</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>Sinn Fein</td>
<td>74%</td>
<td></td>
</tr>
</tbody>
</table>

### Health Professional Opinion

The authors of this paper have engaged with health professional organisations such as the Royal College of Midwives (RCM), the Royal College of Nurses (RCN) and the Royal College of Obstetricians and Gynaecologists (RCOG) since 2016 in a series of roundtables. These sessions have evidenced that access to abortion is regarded as being deeply problematic. Concerns have been raised as to the implementation of guidelines, and that there is a lack of awareness over policy changes elsewhere in the UK.

Senior health professionals have also publicly articulated concerns related to those self-aborting at home. Breedagh Hughes (recently retired director of the RCM) stated that she is extremely concerned that the threat of criminalisation will lead to the untimely death of a woman, due to the fear of seeking medical treatment if complications arise.

### Table 1: Gestation time of those who obtain abortions in England and Wales

<table>
<thead>
<tr>
<th>Gestation weeks</th>
<th>NI residents % (n=919)</th>
<th>England and Wales residents % (n= 189,859)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 – 9 weeks</td>
<td>67</td>
<td>77</td>
</tr>
<tr>
<td>10 – 12 weeks</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>13 – 19 weeks</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>20 weeks and over</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

### Table 2: Abortion procedure accessed by those who obtain abortions in England and Wales

<table>
<thead>
<tr>
<th>Type of abortion procedure</th>
<th>NI residents % (n=919)</th>
<th>England and Wales residents % (n= 189,859)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical</td>
<td>66</td>
<td>35</td>
</tr>
<tr>
<td>Medical</td>
<td>34</td>
<td>65</td>
</tr>
</tbody>
</table>

A ground-breaking study conducted in 2017, entitled Abortion As A Workplace Issue, provides further insight into the barriers faced by those needing abortion in Northern Ireland. This included being unable to access sick leave, returning to work whilst still recovering from the abortion, isolation and stigma. The study, which comprises a survey of over 2,000 trade union members in Northern Ireland, also provides clear evidence of support for legal reform - 84% of respondents stated a woman should not be criminalised for having an abortion.
A text message comes through, 'Hi, you don’t know me but someone told me about abortion medication, discussed the fear of criminalisation and wanted some insight into the stresses experienced by those who self-abort at home.'

Consultation sessions with the activist organisation, Alliance for Choice, identified a series of case studies which provide insight into the stresses experienced by women who self-abort at home. Each case highlighted the importance of access to abortion medication, discussed the fear of criminalisation and, as outlined below, the circumstances which prevented them accessing abortion elsewhere.

“We had a few calls, secretly, from someone who had been up and call back a number of times as she was so afraid. It turned out her ex had destroyed all of her documents, she was in the process of leaving him but he was so abusive she had left him. She had nothing to say who she was, she was far away from him which meant being far away from her support network and had no-one to be in touch with, so no-one to look after her young children for days. There was just no way in her travel. We reassured her about the safety of the pills but told her he had to not tell anyone at hospital if she needed to go. We had to reassure her that though it was illegal very few people had been arrested. We were asking her to add more secrets and strains to the already difficult experience she was going through. She was frightened if he ever found out what she was doing that she would lose her children to her violent ex-partner.”

“A very worried young woman called to ask about the abortion pills. She had a lot of questions; ‘How do you take them? Are they safe? Will it show on my medical records? Can they trace the pills too? What is the name of the medication? What are the side effects? Where’s the best site to get them from?’ I told her as much as I could but made sure she understood the following:

- The pills are taken at home.
- She should not eat or drink anything after taking the first pill.
- It is important to have a safe place to stay.
- The pills are not addictive.
- The pills can cause nausea, vomiting, abdominal pain, and bleeding.
- The pills can cause side effects such as headaches, dizziness, and drowsiness.
- The pills can cause complications such as heavy bleeding, infection, or incomplete abortion.

She was already having to hide her morning sickness in class. She considered aloud if the source ever to be caught would it mean she was struck off from her potential career.”

“A text message comes through, ‘Hey, you don’t know me but someone told me you can help us!’ We communicated by text for the next day about how to access the pills safely and how to limit the chances of being arrested.

There was no way she could travel as her boss wouldn’t let her take time off at short notice and it took her a year and a half to get out of unemployment. A week or so later she tested again, ‘Do you mind going through with me again what is going to happen when I take them?’ We exchanged texts for 45 minutes and I asked her if she had anyone she could be with whilst she took them. ‘My sister’s in the next room but she can’t talk to me because if she told her what I’m doing I stopped with her on the phone for the rest of the evening making sure she was comfortable and knew what to expect and wasn’t in any danger.’

The evidence reviewed in this briefing sets out the issues impacting on how access to abortion is considered in the political context, identifying that whilst there is a clear need for reform, that this would be supported by the public and health professionals, and that the peculiarity of legislative structures mean that reform to date has been unachievable. It is also evident that the current framework regulating abortion in Northern Ireland is in violation of national and international human rights commitments. As a result of this, women from Northern Ireland are under threat of criminality, or travelling to access abortion at later times and using more invasive procedures, than their counterparts elsewhere in the UK.

Should intervention from Westminster occur, leading to decriminalisation, this would likely result in a mixed reaction from political parties, dependent on their position as outlined in this analysis. Notably a similar intervention occurred in 2004 when the Civil Partnership Act was introduced under a period of direct rule. This Act remains in place and has not been subject to any challenge by any political party. It is again worth noting that public opinion is in favour of, reform, with less than 10% identifying themselves as being opposed to any access to abortion. The impact of decriminalisation would result in women being able to access abortion locally, at earlier times, using less invasive procedures, and without fear of criminalisation.

### Conclusion

The evidence reviewed in this briefing sets out the issues impacting on how access to abortion is considered in the political context, identifying that whilst there is a clear need for reform, that this would be supported by the public and health professionals, and that the peculiarity of legislative structures mean that reform to date has been unachievable. It is also evident that the current framework regulating abortion in Northern Ireland is in violation of national and international human rights commitments. As a result of this, women from Northern Ireland are under threat of criminality, or travelling to access abortion at later times and using more invasive procedures, than their counterparts elsewhere in the UK.

Should intervention from Westminster occur, leading to decriminalisation, this would likely result in a mixed reaction from political parties, dependent on their position as outlined in this analysis. Notably a similar intervention occurred in 2004 when the Civil Partnership Act was introduced under a period of direct rule. This Act remains in place and has not been subject to any challenge by any political party. It is again worth noting that public opinion is in favour of, reform, with less than 10% identifying themselves as being opposed to any access to abortion. The impact of decriminalisation would result in women being able to access abortion locally, at earlier times, using less invasive procedures, and without fear of criminalisation.

### Endnotes

7. UUP Manifesto 2016 uup.org/assets/policies/assembly/2016 manifesto.pdf
10. R v Bourne [1939] 1 KB 687. Commentary from lawyers, judges and, in our own research, from health professionals indicates that the law lacks clarity and it is difficult to determine when a case will fall within this exception, and that health professionals are reluctant to take it forward. See also Bloomer, Kathryn McInally and Claire Pun, Moving Forward From Judicial Review on Abortion in Situations of Fatal Fetal Abnormality and Sexual Crime: The Experience of Health Professionals (Belfast, 2016) p 8.
11. Fine, J.B., Mayall, K. and Sepúlveda, L., (2017) ‘The role of decriminalisation would result in women being able to access abortion locally, at earlier times, using less invasive procedures, and without fear of criminalisation.

### Impact of the fear of criminalisation

Consultation sessions with the activist organisation, Alliance for Choice, identified a series of case studies which provide insight into the stresses experienced by those who self-abort at home. Each case highlighted the importance of access to abortion medication, discussed the fear of criminalisation and, as outlined below, the circumstances which prevented them accessing abortion elsewhere.

“We had a few calls, secretly, from someone who had been up and call back a number of times as she was so afraid. It turned out her ex had destroyed all of her documents, she was in the process of leaving him but he was so abusive she had left him. She had nothing to say who she was, she was far away from him which meant being far away from her support network and had no-one to be in touch with, so no-one to look after her young children for days. There was just no way in her travel. We reassured her about the safety of the pills but told her he had to not tell anyone at hospital if she needed to go. We had to reassure her that though it was illegal very few people had been arrested. We were asking her to add more secrets and strains to the already difficult experience she was going through. She was frightened if he ever found out what she was doing that she would lose her children to her violent ex-partner.”

“A very worried young woman called to ask about the abortion pills. She had a lot of questions; ‘How do you take them? Are they safe? Will it show on my medical records? Can they trace the pills too? What is the name of the medication? What are the side effects? Where’s the best site to get them from?’ I told her as much as I could but made sure she understood the following:

- The pills are taken at home.
- She should not eat or drink anything after taking the first pill.
- It is important to have a safe place to stay.
- The pills are not addictive.
- The pills can cause nausea, vomiting, abdominal pain, and bleeding.
- The pills can cause side effects such as headaches, dizziness, and drowsiness.
- The pills can cause complications such as heavy bleeding, infection, or incomplete abortion.

She was already having to hide her morning sickness in class. She considered aloud if the source ever to be caught would it mean she was struck off from her potential career.”

“A text message comes through, ‘Hey, you don’t know me but someone told me you can help us!’ We communicated by text for the next day about how to access the pills safely and how to limit the chances of being arrested.

There was no way she could travel as her boss wouldn’t let her take time off at short notice and it took her a year and a half to get out of unemployment. A week or so later she tested again, ‘Do you mind going through with me again what is going to happen when I take them?’ We exchanged texts for 45 minutes and I asked her if she had anyone she could be with whilst she took them. ‘My sister’s in the next room but she can’t talk to me because if she told her what I’m doing I stopped with her on the phone for the rest of the evening making sure she was comfortable and knew what to expect and wasn’t in any danger.’

The evidence reviewed in this briefing sets out the issues impacting on how access to abortion is considered in the political context, identifying that whilst there is a clear need for reform, that this would be supported by the public and health professionals, and that the peculiarity of legislative structures mean that reform to date has been unachievable. It is also evident that the current framework regulating abortion in Northern Ireland is in violation of national and international human rights commitments. As a result of this, women from Northern Ireland are under threat of criminality, or travelling to access abortion at later times and using more invasive procedures, than their counterparts elsewhere in the UK.

Should intervention from Westminster occur, leading to decriminalisation, this would likely result in a mixed reaction from political parties, dependent on their position as outlined in this analysis. Notably a similar intervention occurred in 2004 when the Civil Partnership Act was introduced under a period of direct rule. This Act remains in place and has not been subject to any challenge by any political party. It is again worth noting that public opinion is in favour of, reform, with less than 10% identifying themselves as being opposed to any access to abortion. The impact of decriminalisation would result in women being able to access abortion locally, at earlier times, using less invasive procedures, and without fear of criminalisation.