The following is a summary of elements taken from my recent PhD (history) titled ‘The provision of abortion in Northern Ireland, 1900 to 1968’, (Queen’s University, Belfast, 2017). By providing the committee with a historical overview of legal and illegal abortion provision, this submission attempts to address the final element of the committee’s first question. “What are the views of the general public, women and medical and legal professionals in Northern Ireland about the law on abortion and whether it should be reformed? How have those views changed over time?”

Executive summary.

- The 1967 Abortion Act was not extended to Northern Ireland because, in part, the local population were perceived to be against a more liberal abortion regime.
- Research into medical and legal archives indicates that this was not the case.
- Abortion was part of pregnancy regulation in the region and a longstanding and widespread information network helped women terminate their own pregnancies and/or find abortion providers.
- Many of these illegal abortions were for the non-medical ‘social’ reasons that were inherent within the 1967 Abortion Act.
- Word-of-mouth information networks were kept alive through an oral tradition that would not have been possible unless the local population accepted, or at the very least tolerated, non-medical abortion.
- Politicians could perceive the public as being against abortion law reform because the voices of anti-abortion campaigners dominated the public sphere.
- Physicians provided legal therapeutic abortions for medical conditions that mirrored those in Great Britain and elsewhere.
- Factors influencing legal abortions also included non-medical ‘social’ factors such as spousal abandonment and existing numbers of children. These factors were considered when linked to medical conditions.
- Potential foetal abnormality was also an acceptable indication for abortion in relation to cases of rubella/congenital rubella syndrome.
- The focus of police efforts was on abortion providers and their attention was centred on the investigation of unqualified handywomen.
The focus of judicial sanction, in the form of custodial sentences, was also on abortion providers rather than the pregnant abortion seeker.

1. In January 1969, the Attorney General for Northern Ireland was asked, in Stormont, whether the 1967 Abortion Act would be extended to the region. His response was that ‘the feelings of many people here on [abortion] do not coincide fully with those of people in Great Britain’. The point he articulated was that the local population would not accept the more liberal, non-medical, ‘social’ reasons inherent within the 1967 Act.

2. At that time, there were no groups publically campaigning for abortion law reform in Northern Ireland. Consequently, the public sphere was dominated by those who were opposed legislative change. This included members of the public, religious organisations, some medical professionals and politicians.

3. If accepted at face value, the decision not to extend the Abortion Act to Northern Ireland could be interpreted as an example of local democracy. However, this position is predicated on the belief that the local population was ideologically opposed to abortion provision and was similarly opposed to abortion for so-called social reasons. Recent historical research has demonstrated that this was not the case.

4. A detailed examination of court, medical and social history archives has revealed a network of abortion provision that spanned the entire research period (1900 to 1968) and included every county in Northern Ireland.

5. Similar to legal provision in England and Wales prior to the 1967 Act, an informal medico-legal consensus facilitated the provision of legal therapeutic abortion by qualified medical practitioners in Northern Ireland. Although archives do not allow for discussions of numbers of procedures, it can be confirmed that abortions were provided in Northern Ireland for many of the same medical reasons accepted on the other side of the Irish Sea. These included threats to a pregnant woman’s life and to her health. Non-medical social factors, such as spousal abandonment and existing family size, can also be found in locally authored medical literature as acceptable contributing reasons that justified therapeutic abortion provision.

6. In addition, potential foetal abnormality, specifically linked to congenital rubella syndrome, was an accepted reason for the provision of legal abortion. While legally permissible for reasons of the pregnant woman’s mental health, medical literature implies that foetal abnormality and not maternal mental health was the acknowledged
justification by physicians for abortions linked to rubella. These terminations demonstrate that within the medical profession, the provision of abortion was already more liberal than the strictest interpretation of the law.

7. A woman’s abortion experiences typically began with attempts to self-induce an abortion. Information of how to attempt such procedures existed within a series of overlapping knowledge networks that could be found across the period under review and in every county of Northern Ireland.

8. The groups providing abortions outside the legal sphere included doctors, nurses, midwives, pharmacists, the pregnant women themselves and handywomen; the so-called backstreet abortion providers.

9. Doctors, and other professionals, provided ‘discreetly legal’ abortions and were able to deflect police and judicial attention by virtue of their status and their ability to provide a safe service. Pharmacists supplied drugs to induce abortions and sometimes operated a system of referral to nurses and handywomen if their abortifacient products proved unsuccessful.

10. Outside the legal sphere, women involved with unwanted pregnancies accepted abortion for non-medical, social reasons. In addition to the pregnant women, it can be demonstrated that the networks of abortion enablers (friends, family, work colleagues, spouses) and the various professionally trained and unqualified providers also accepted non-medical abortion. If not accepting of abortion, at the very least all those involved in the knowledge and supply networks they were prepared to tolerate the reason put forward by the pregnant woman in front of them.

11. The knowledge networks and networks of abortion supply were kept alive by a word-of-mouth oral tradition that required people to pass on information across generations and across social groups. Information was passed between lovers, spouses, between parents and pregnant children, neighbours, work colleagues and complete strangers. Court records indicate that the extent of the abortion supply network sometimes made it possible for a woman to decide to procure an abortion and to then be with an abortion provider within a matter of days. Despite this, it was also the case that a lack of access to information networks, or money, delayed women’s abortion attempts and access to providers. These delays increased the likelihood of maternal mortality and post-operative morbidity.

12. Women’s individual justifications for pursuing an abortion were often similar to those of other women and the reasons they offered were consistent throughout the twentieth-
century. The explanations put forward included the interlinked issues of finances and employment. Pregnancy and birth brought the potential for unemployment to many women and the reduction of a family’s income for those who were married.

13. For single women, the shame attached to unmarried pregnancy was a common theme. In the socially conservative atmosphere of Northern Ireland, pregnancy out of wedlock carried a stigma during the period studied. Illegitimacy rates rose in England and Wales from WWII onwards, however, they remained lower and relatively constant in Northern Ireland. Although some of this can be explained by the increasing local marriage rates, the conclusion must be drawn that single women still viewed birth outside of wedlock as something to be avoided. Regardless of all the other methods they used to evade pregnancy, including increased use of contraception, abortion was one technique local women used to avoid childbirth.

14. For married women, one of the primary motivators was existing family size and this fed into the aforementioned concerns over employment opportunities and finances. Although the cumulative and sometimes debilitating impact of continual pregnancy was well known, health was rarely cited as a reason for abortion. Married women were more likely to express concern over existing numbers of children or not having the capacity to deal with another infant at that point in their marriage. Fear of death due to complications in previous pregnancies or births was occasionally highlighted but this was typically in relation to worries about leaving behind existing children without a mother.

15. Analysis of court cases revealed that local pregnant women who chose to pursue an abortion had much in common with women highlighted in the international historiography. Their numbers were dominated by women from lower-income groups, they were under thirty and for the most part they were single and without existing children. Nonetheless, these similarities do not tell the full picture of the demand side of Northern Ireland's abortion supply. Employment profiles show that there were skilled working-class, white-collar and middle-class women caught by the police.

16. The higher prices charged by medical professionals also reveals that some abortion providers catered for a middle-class clientele; their fees were beyond the means of lower-income women and couples. For example, one Belfast woman was forced to pawn her son’s suit in order to raise a few shillings to pay for her fourteen-year-old daughter’s abortion attempt. What can be deduced is that abortion as a form of birth control was not the sole domain of low-income, working-class women. Furthermore, a substantial portion of the pregnant women were married, pregnant by their husbands and the
majority of them already had children. This challenges the image of abortion seekers as sexually irresponsible single women who were the authors of their own misfortune.

17. In age, socio-economic profile and marital status, the abortion seekers of Northern Ireland mirrored those found in the rest of the United Kingdom. The reasons they offered for requiring abortions also matched those found in historical literature on abortion concerned with Great Britain. In addition, the people who assisted the women in obtaining abortions and the people who provided the abortions were also similar to those enabling and providing abortions in Scotland, Wales and England. The people involved in these illegal and discreetly legal procedures were all engaged in the supply of non-medical abortions. Many of these procedures would have been considered acceptable therapeutic abortions under the criteria laid out within the 1967 Abortion Act.

18. In April 2016, a woman in Northern Ireland was found guilty of two charges linked to inducing her own abortion. The woman was handed a three-month prison sentence which was suspended for one-year. An analysis of twentieth-century witness statements, court records and punishments indicates that the 2016 sentencing of Judge McFarland was in line with those awarded by his predecessors.

19. The focus of the legal system was abortion providers and not pregnant abortion seekers. Northern Ireland’s judiciary was not overly concerned with the punishment of abortion per se but with the pursuit of those considered unscrupulous or dangerous purveyors of abortion. Through an examination of sentencing, it is often possible to see sympathy for many of the accused emanating from the bench. In one manslaughter case involving the death of an eighteen-year-old woman, the judge referred to the incident as one of ‘folly’. The handywoman who provided the fatal abortion was given twelve-months’ imprisonment.

20. Based on the findings of recent research, the political justification for not extending the Abortion Act in 1969 can be called into question. There is significant evidence to prove that in private, and sometimes quite openly, many people in Northern Ireland were prepared to accept more liberal abortion legislation. Moreover, given that tens of thousands of women have travelled for abortions since the 1967 Act, it is doubtful whether such a justification can be used today to maintain the legislative status quo.

21. With regard to the question, “How have those views changed over time?” If people’s views can be judged by their actions then evidence indicates that the views of people in Northern Ireland have been relatively consistent. Throughout the twentieth-century, the women of this region, like other parts of the UK, have used abortion as a method of
regulating pregnancy and limiting birth. The most significant shift in public behaviour and public attitudes is evident through the increasingly vocal calls for legislative reform and demands for local access to free, safe and legal abortion. The abortion debate is no longer skewed by the silence of one group and the perceived dominance of the other. Online, in print and on the streets, people are calling for reform and women are telling their abortion stories.

Summary

22. The contemporary assertion that non-medical abortion is not, and has not been, acceptable to the population of Northern Ireland continues to be the public justification for not revising current legislation. This assertion is not based on historical research and is at odds with the findings of recent public consultations produced by groups such as Amnesty.

23. In Northern Ireland, abortion for medical and non-medical reasons is part of a shared past, present and undoubtedly will form some part of its collective future. The continued refusal to address this historical and contemporary reality does not prevent abortion, it merely forces women to order abortifacients online or makes them travel to find an abortion provider. The similarities between twenty-first-century women with unwanted or unviable pregnancies and those of their twentieth-century counterparts are obvious to all.

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