Introduction

Women’s Aid Federation of England is the national charity working to end domestic abuse against women and children. Women’s Aid was founded in 1974 and, over the past 44 years, has been at the forefront of shaping and coordinating responses to domestic abuse through practice, research and policy. We empower survivors by keeping their voices at the heart of our work, working with and for women and children by listening to them and responding to their needs. We are a federation of over 180 organisations who provide just under 300 local lifesaving services to women and children across the country. We hold the largest national data set on domestic abuse, and use research and evidence to inform all of our work. Our campaigns achieve change in policy, practice and awareness, encouraging healthy relationships and helping to build a future where domestic abuse is no longer tolerated.

Scottish Women’s Aid is the lead organisation in Scotland working towards the prevention of domestic abuse. We play a vital role coordinating, influencing and campaigning for effective responses to domestic abuse. We work with a network of 36 specialist local Women’s Aid groups to eradicate domestic abuse in Scotland. Our vision is a Scotland where women, children, and young people enjoy all their human rights and have equal opportunity to explore all their ambitions and aspirations.

Welsh Women’s Aid is the umbrella membership organisation in Wales that supports and provides national representation for 22 independent third sector violence against women, domestic abuse and sexual violence (VAWDASV) specialist services in Wales (our membership of specialist services). As an umbrella organisation, our primary purpose is to prevent domestic abuse and all forms of violence against women and ensure high quality services for survivors that are needs-led, gender responsive and holistic. We collaborate nationally to integrate and improve community responses and practice in Wales; we provide advice, consultancy, support and training to deliver policy and service improvements across government, public, private and third sector services and in communities, for the benefit of survivors. This includes advising and supporting commissioners and strategic leads in their development of VAWDASV needs assessments and strategic plans, promoting evidence for innovative new service models, and supporting research into the prevention of abuse.

Women’s Aid Federation of England, Welsh Women’s Aid and Scottish Women’s Aid welcome the opportunity to submit evidence to the Women and Equalities Committee inquiry into abortion law in Northern Ireland. We will limit our response to our areas of expertise and focus on the experiences of survivors of domestic abuse in our nations and those survivors who may be travelling from Northern Ireland into our nations to access abortion services.

Summary of response:

There is an urgent need to consider the safety of survivors of domestic abuse in Northern Ireland, who may be placed in a particularly vulnerable position when pregnant and if they need to access abortion services. We urge further consideration of the compatibility of abortion law in Northern Ireland with human rights legislation (and for the UK government to deliver a clear conclusion on any primary legislative changes required) and the UK government’s role in protecting the rights of women in Northern Ireland. As the leading organisations working to end domestic abuse in our nations, we support the implementation of the United Nations (UN) Convention of the Elimination Violence Against Women (CEDAW) in Northern Ireland. We are therefore, highly concerned that in its last examination, the UN CEDAW Committee criticised the UK government for failing to uphold the human rights of women and girls in Northern Ireland in need of reproductive healthcare.

There are clear links between experiences of domestic abuse and the need to access abortion. Women’s Aid Federation of England, Scottish Women’s Aid and Welsh Women’s Aid are concerned about the ability of survivors of domestic abuse in Northern Ireland to access abortion services and would urge the Committee to consider the specific challenges these women face in accessing safe abortions and ensuring they are not put at further risk of violence and abuse in the process of using abortion services. We further recommend:
- The UK government should fully consider how reforming the law on abortion in Northern Ireland will impact on women survivors of domestic abuse;
- The UK government must urgently address the safety of women living with domestic abuse, who are placed in a particularly vulnerable position when pregnant because of the lack of access to abortion services in Northern Ireland;
- The UK government should work to ensure that women and girls in Northern Ireland have equal legal entitlements to healthcare (and other associated protections) to women and girls in the rest of the UK;
- The UK government should consider how coercion and abuse operate in the context of reproductive health.

**Background:**

### The legislation relating to abortion in Northern Ireland:

Northern Ireland continues to rely on the 1861 Offences Against the Person Act, which made abortion a criminal issue. This legislation is out of step with other parts of the United Kingdom, who are bound by the 1967 Abortion Act, where abortion is free and safe. After the Irish referendum in May 2018, Northern Ireland is the only country in Europe, apart from Malta, where abortion is illegal. The confusing and threatening legal ambiguity for accessing abortion services in Northern Ireland creates barriers to safe abortions in Northern Ireland. It further forces many women to travel to England, Scotland and Wales to access NHS abortion services (further information below) and leads to potential criminalisation of those seeking or carrying out abortions with pills at home.

The legislation in Northern Ireland has a range of negative impacts for women and girls. It denies them both equal entitlement to healthcare and equal protection of the law enjoyed by women in Britain. Furthermore, there are a range of impacts of women’s health including: a greater risk to health due to miscarrying/medical complications if travelling overseas to access abortions; greater risk of medical complications/death as seeking medical aftercare could lead to prosecution, so is a significant barrier; and significant mental health impacts due to the stigmatisation of having a termination.

We are deeply concerned about the situation facing survivors of domestic abuse in Northern Ireland, which has one of the most restrictive and punitive regimes in the world relating to abortion and reproductive health access. A woman who has an illegal abortion in Northern Ireland risks a custodial sentence of up to life imprisonment – a woman who has been raped and takes pills to induce an abortion can be imprisoned for longer than her rapist.

We know that women from Northern Ireland have been crossing over to other areas of the UK to access abortions from the NHS. Many of these women will have been experiencing domestic abuse. To address the barrier of cost for Northern Irish women seeking abortions, the UK government agreed, in October 2017, to make it possible for those who need abortions to travel to England to access free abortions. For some women travel and accommodation are also covered. On 6 March 2018 the Department of Health and Social Care set up a central booking system so that women in Northern Ireland could call to make an appointment through the British Pregnancy Advice Service (BPAS).

More than 700 women a year were already travelling to Great Britain, from Northern Ireland, to access abortion services.


There are well known links between experiences of domestic abuse and the need to access abortion. Not all women will want to terminate a pregnancy if they have been raped or are in an abusive relationship, but if they do want to we believe that this should be their choice.

Survivors often experience sexual violence and rape as part of a pattern of domestic abuse and perpetrators can use tactics of reproductive coercion, as well as planned and unplanned pregnancies, to exert further power and control over their victim when they are more vulnerable. The Crime Survey for England and Wales found that the majority of female victims of rape or assault by penetration (including attempts), the offender was a partner or ex-partner (45%) or someone who was known to them other than as a partner or family member (38%). (For the three survey years ending March 2015 to March 2017.)

We also know that domestic abuse is likely to start or escalate during pregnancy. Research has shown that, 40%-60% of women experiencing domestic violence are abused while pregnant. Survivors of domestic abuse may not be able to decide if they want to keep or terminate a pregnancy, the perpetrator of abuse may have forced the woman to fall pregnant and not allow her access to an abortion, or the survivor may be very fearful of the response of the perpetrator when they find out she is pregnant. For many survivors of domestic the fear of disclosing they are pregnant or discussing seeking an abortion will be an incredibly frightening and dangerous time - making access to safe reproductive healthcare and abortion services absolutely crucial.

Perpetrators of domestic abuse can use reproductive coercion as part of a pattern of domestic abuse. Reproductive coercion can include: refusing to use condoms or allowing the woman to use any birth control, sabotaging birth control or purposefully getting their partners pregnant without consent. A survey of 164 survivors of domestic abuse, carried out in the US, found that four in ten of these women reported that their abusive partners had tried to get them pregnant and 84% of those women went on to become pregnant in the abusive relationship.

Due to these experiences of sexual assault and coercion, women in abusive relationships are more likely to require abortion services than the general population.

Access to services

Women in abusive relationships are placed in a particularly vulnerable position because of the lack of abortion access in Northern Ireland. They do not have the same options as other women in the UK, and soon in Ireland, and their experiences of domestic abuse make the consequences of this legislation even more damaging.

For many women in abusive relationships travelling to other areas of the UK to access abortion services will be extremely difficult. They may be experiencing economic abuse, which can mean they have limited access to money or bank accounts, and their account may be closely monitored so the perpetrator would find out if they had to travel overseas. Childcare responsibilities and limited access to transport may also present further barriers to travel. For many women simply leaving the country without the perpetrator finding out and without having to disclose what they are doing will make it far too dangerous to travel.

Travelling significant distances from home - and potentially having to do so for multiple appointments - makes it harder for women to hide their activity from controlling partners, potentially putting them at greater risk of harm. This can result in women either forgoing abortion care and being forced to continue with their pregnancy, or seeking alternatives outside safe or approved provision. The lack of access to abortion in Northern Ireland and the risks and costs associated with travelling to Great Britain can put survivors of domestic abuse, who don’t want to continue with their pregnancy, in the position of being forced to order abortion pills online.

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While commonly procured abortions tablets, Mifepristone and Misoprostol are safe medications and approved by the World Health Organisation and are prescribed in the UK for early-term medical abortions, taking them carries a penalty of up to life in prison in Northern Ireland. Some domestic violence victims are therefore facing the impossible decision of undertaking an illegal abortion or continuing with a pregnancy that can put them at greater risk of harm. In cases where the authenticity of pills cannot be verified, women in desperate situations may have to gamble with their health in an attempt to terminate the pregnancy.

There are also significant barriers to seeking post-abortion support in NI hospitals for fear of being reported to the police. This may place them in danger if there are any complications after having a termination.

The below case studies highlight the fear and danger association with accessing abortion for Northern Irish women victims and survivors of domestic abuse.

Case Studies from the Abortion Support Network:

“We were contacted by a non-British woman living in Northern Ireland. She has young children and her partner is exceptionally abusive and controlling, following her, checking her phone and other things. She was only able to communicate to us using a payphone or at an internet café using a dummy email address. She had secretly gotten the coil to prevent future pregnancies but found that she was pregnant again despite this. [information removed by Women’s Aid] Ultimately she passed the 10 week limit which meant that early medical abortion tablets were no longer an option for her. In the end we were able to get the client to England when her husband was away. This was after weeks of her living in a blind panic that she would be forced to continue the pregnancy, or that her husband would find out.”

“We were contacted by a client who spent all her money on last minute tickets for her and her mother to travel to England – client is too anxious and distressed to travel on her own. When she arrived, the pregnancy was too small to see on scan so she had to travel back a second time. Her abusive and controlling partner deliberately got her pregnant and she is terrified that he will realise that she is pregnant and force her to continue the pregnancy. The partner has been screaming at her and abusive over the fact that she was “missing” for a day (when she travelled over with her mum). She can only take calls before 7pm and has to delete all calls, texts and emails. The client refused contact information for Women’s Aid or other support organisations.”

“We were contacted by a woman in a severely abusive relationship. She had several children but we managed to work with her to find a day that she could travel to England for an abortion when she could get childcare and also when her partner would be out of the house for long enough for her to get in and out of the country. Just before the client was supposed to travel over, she disappeared. We tried following up, but in the end we do not chase our clients. The client got back in touch just over a year later, pregnant again. She apologised for disappearing the last time, saying her partner had found out about her plan to have an abortion and beat her so badly she was hospitalised. Pregnant again, she wanted to know if she was still eligible for help from us despite having not attended her last appointment.”

Public Opinion:

Public opinion on abortion has changed over the past few decades, with many prominent campaigners for ‘pro choice’ approaches to abortion. Our organisations, who are deeply rooted in the feminist movement, support a women’s right to choose.

The NI Life & Times survey in 2016[^7] was the most comprehensive canvass of Northern Irish public opinion on the issue of abortion to date. It found:

- 78% of people thought abortion should definitely or probably be legal on cases of rape or incest;
- 81% thought it should be legal in cases of fatal foetal abnormality;
- 73% thought it should be legal in cases of serious foetal abnormality;
- 83% thought it should be legal if women have a serious health condition and pregnancy may kill her;
- 76% thought it should be legal if a doctor said continuing pregnancy would pose a threat to the woman’s physical or mental health;

[^7]: [http://www.ark.ac.uk/nilt/results/abortionres.html](http://www.ark.ac.uk/nilt/results/abortionres.html)
34% thought it should be legal if a woman is pregnant but does not want to have children.

Recommendations:

- The Women and Equalities Select Committee should specifically examine the experience of survivors of domestic abuse in Northern Ireland and their ability to access safe abortions;
- The UK government should fully consider how reforming the law on abortion in Northern Ireland will impact on women survivors of domestic abuse;
- The UK government must urgently address the safety of women living with domestic abuse, who are placed in a particularly vulnerable position when pregnant because of the lack of access to abortion services in Northern Ireland;
- The UK government should work to ensure that women and girls in Northern Ireland have equal legal entitlements to healthcare (and other associated protections) to women and girls in the rest of the UK;
- The UK government should consider how coercion and abuse operate in the context of reproductive health.

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