Violence Against Women and Girls (VAWG) strategy 2021 to 2024: call for evidence

Evidence submission from MSI Reproductive Choices UK

About MSI Reproductive Choices

MSI Reproductive Choices (formerly Marie Stopes International) is a global organisation delivering reproductive health services across 37 countries. MSI Reproductive Choices UK (MSI UK) has been supporting reproductive health choices for over 40 years. We provide NHS-funded and self-funded abortion and vasectomy care through our network of local clinics all over England, and we run a 24/7 advice line.

Summary of our evidence and recommendations

- Reproductive coercion is a form of VAWG.
- Research published by the *British Medical Journal (BMJ) Sexual and Reproductive Health* found that one in four women accessing a sexual health clinic have experienced some form of reproductive coercion.
- Any strategy to address VAWG should protect against reproductive coercion by safeguarding and improving access to contraception and abortion for all UK nations.
- Our specific recommendations for delivering this are:
    - Make Early Medical Abortion at Home (telemedicine) a permanent option after the COVID-19 pandemic ends
    - Introduce legislation to protect against harassment and intimidation outside abortion clinics
    - Continue with regulations giving Westminster powers to direct the commissioning of abortion services in Northern Ireland.

Reproductive coercion as a form of VAWG

1. Violence against women and girls (VAWG) takes many forms. At MSI UK, we work with many survivors of rape, intimate partner violence, and other forms of gendered violence. This includes provision of contraception, abortion, counselling and other

services to many women and girls who have experienced reproductive coercion, which is a form of VAWG.

2. Sexual and reproductive health and rights are fundamental to tackling VAWG. Without control over one's own reproductive choices, it is harder to protect oneself, leave an unsafe relationship or home, secure an income (or become otherwise financially independent), access education, access support networks and participate in many other aspects of society necessary for achieving gender equality.

What is reproductive coercion?

3. Reproductive coercion can involve sabotaging or lying about contraception, coercing someone into or out of a pregnancy, and forcing either the termination of or continuation of a pregnancy.

4. Manifestations of reproductive coercion include behaviours which range from pressuring or emotionally manipulating a partner into unprotected sex, to non-consensual condom removal during sex and other examples of rape.

5. Reproductive coercion is often used to keep a partner vulnerable or dependent and stop them leaving a relationship. It is most common as a form of partner abuse but sometimes families or gangs engage in reproductive coercion as well. It is most commonly perpetrated by men against women, although this is not always the case.

6. Research published by the *BMJ Sexual and Reproductive Health* in 2019 found that one in four women accessing sexual health clinics have experienced reproductive coercion,[1] although, worryingly, they do not always identify it as such.

7. It is impossible to address VAWG in a satisfactory way without fiercely safeguarding sexual and reproductive health and rights. Specifically, access to contraception and abortion is necessary to protect anyone who can become pregnant from this form of abuse. The fewer barriers there are to accessing contraception and abortion, whether these barriers are financial, geographical, emotional, or stigma-related, the safer women and girls will be from violence. Safeguarding and improving access to contraception and abortion must, therefore, form part of any meaningful VAWG strategy.

Telemedicine and VAWG

8. During the global COVID-19 pandemic, MSI UK designed a service to provide Early Medical Abortion at Home, also known as "telemedicine." The service won an award for innovation during the pandemic.[2]

[1] Rowlands S, Walker S. Reproductive control by others: means, perpetrators and effects; BMJ Sexual & Reproductive Health 2019;45:61-67.
[2] MSI Reproductive Choices awarded Nursing Times' Team of the Year.

9. In addition to improving clinical safety and reducing waiting times, abortion via telemedicine has made access safer for people in abusive households. It can be very difficult to leave your house to visit a clinic in person without the people you live with finding out why. Many of our most vulnerable clients are dependent on others for transport (for example, younger people who do not drive). The ability to access abortion medications by post in discrete packaging has allowed, for example, women living with an abusive partner to end a pregnancy with greater privacy and safety than if they had needed to travel to a clinic.

10. In our experience, talking privately on the phone for a consultation with an MSI UK health advisor has been possible for the vast majority of our clients. In fact, our research, published in the *British Medical Journal (BMJ) Sexual and Reproductive Health* in 2021 found that that 95.3% of patients were able to talk privately during their consultation.[3]

11. Many of our clients explicitly tell us that they prefer having the consultation over the phone because it removes the stress or judgment of visiting a clinic in person.

12. There can be privacy and confidentiality challenges inherent in visiting a clinic in person, especially for patients living in a smaller community, where they may see people they know as they are entering the premises.

13. There is often harassment outside the clinics, which can include sharing graphic images, and using language which could be described as misogynistic.

14. The UK Government, Welsh Government, and Scottish Government each held a public consultation on whether to make telemedicine a permanent option for abortion care after the pandemic ends. They are all currently considering the consultation responses. We urge the Government to consider the availability of abortion via telemedicine not only as a clinical improvement (as advised NICE, following a systematic review), but as an important part of ensuring women and girls can control their own bodies, safety and lives within the context of tackling VAWG. Telemedicine should remain available across England, Scotland and Wales, and should also be available in Northern Ireland.

Harassment outside abortion clinics

15. There are often anti-abortion groups gathered outside clinics, mainly targeting women and girls. Around 44 clinics around the country have faced on-and-off hostile demonstrations on their doorsteps, and although this has lessened in some areas due to COVID-19 restrictions, there is still a lot of activity, including some which appears to be in breach of the lockdown rules.

[3] "Acceptability of no-test medical abortion provided via telemedicine: analysis of patient-reported outcomes" published in the BMJ Sexual and Reproductive Health.

16. While we recognise the right to protect and the right to free expression, the behaviours our team members and clients report are not what we would consider to be reasonable expressions of free speech. For example, these groups have been known to take photographs or film people outside the clinics which infringes upon our clients' reasonable expectation of privacy. Other activity includes:

    - Shouting at clients and team members, including very emotive, aggressive language such as "find another job," "murderer" and "baby-killer"
    - Calling clients "mummy" or "mum" when they enter or leave the clinic
    - Disseminating medical misinformation, mainly verbally
    - Following clients and team members up the street
    - Displaying religious images or handing out pink and blue rosaries
    - Barricading the door, trying to stop clients and team members entering
    - Salting the floor (to 'cleanse'), spraying holy water, or throwing red liquid
    - Offering to give money, food or shelter to clients if they agree not to have an abortion
    - Spitting
    - Praying and singing
    - Staring in an unnerving or intimidating manner
    - Taking photos or filming
    - Using visual aids such as plastic foetus models.
    - We have reports of people (usually women) being sent away from the clinic when asking for directions, and in some cases being intimidated out of accessing the clinic altogether.

17. Many of those attending our clinics are extremely vulnerable. For example, some have been raped or survived abuse, some still live with an abuser, and some are at risk of so-called 'honour' violence. This type of harassment can be especially distressing for clients who have experienced violence or trauma, especially for those who may be experiencing symptoms of Post-Traumatic Stress Disorder (PTSD).

18. Public Spaces Protection Orders (PSPOs) have been introduced at a local level in Ealing, Richmond and Manchester. These have been effective locally but to address the problem at scale there needs to be a national solution. Local PSPOs need to be renewed every three years which takes resources from councils and serves as a rallying point for anti-abortion groups every time a consultation is held. The legal justification for PSPOs has been upheld by the High Court and the Court of Appeal, but fear of legal challenge still creates uncertainty for councils. The police are limited in action they can take under current laws, because most clients do not wish to make a formal complaint, usually due to privacy or confidentiality concerns. When a complaint is made, by the time the police arrive, the situation has often de-escalated. When the police do ask anti-abortion groups to move, they simply move a small distance away, and return at a later time or date in any case.

19. MSI UK considers this harassment to be a form of reproductive coercion and as such, any strategy to tackle VAWG should consider national legislation to protect safe access to abortion without fear of harassment, alarm, or distress.

20. After the previous public consultation on whether to introduce national legislation, former Home Secretary Sajid Javid felt national action would not be "proportionate." Since then, the Home Office has faced repeated calls for national legislation. We urge the UK Government to consider this issue as part of the wider culture of harassment, coercion and violence directed mainly towards women and girls.

Abortion access in Northern Ireland

21. The Abortion (Northern Ireland) (No. 2) Regulations 2020 came into force on 31 March 2020, yet people are still being asked to travel to England for abortion care.

22. The Northern Ireland Human Rights Commission has been granted leave by the High Court to bring forward a legal challenge in the form of a Judicial Review.[4]

23. MSI UK supports the intervention from the Secretary of State for Northern Ireland in laying regulations to give the UK Government power to direct the Department of Health in Northern Ireland to commission local abortion access.

24. Reproductive coercion is a form of VAWG, and as such, access to abortion services without travelling to England is essential for protecting women and girls against violence. MSI UK urges the UK Government to consider the lack of commissioning abortion services by the Department of Health in Northern Ireland in the context of its strategy to tackle VAWG.

[4] Update on Human Rights Commission's legal challenge on access to abortion services