Spotlight

The impact of anti-abortion protest on women accessing services – A Rapid Evidence Assessment

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Abstract

This L&RS Spotlight, written in collaboration with the Trinity Centre for Global Health, Trinity College Dublin, the University of Dublin, presents the results of a Rapid Evidence Assessment undertaken to establish what is known, and unknown, about the impact of anti-abortion protest on women accessing abortion services.
Summary

This L&RS Spotlight has been written in collaboration the Trinity Centre for Global Health, Trinity College Dublin, the University of Dublin. It presents the results of a Rapid Evidence Assessment (REA) which sought to establish what is known and unknown about the impact of anti-abortion protest on women accessing abortion services.

Rationale for this REA

The Minister for Health, Simon Harris T.D. has stated that it is his intention to enact legislation which would create what are termed ‘safe access zones’ around facilities in which abortion services are provided. Such legislation would prohibit protest in these areas, and a Bill for this purpose is listed on the current Government Legislation Programme. The rationale for such legislation is, according to the Minister, to protect both service users and staff from distress and/or harassment when accessing such facilities.

In anticipation of any such legislation, this Spotlight seeks to inform parliamentary dialogue and debate by equipping Oireachtas Members with the available evidence as to the impact of protest on women accessing abortion services. While the debate surrounding safe access zones centres largely on balancing the rights of protesters to voice their objection to abortion and a woman’s right to access a legal health service safely and free of harassment or intimidation, those arguments are beyond the scope of this Spotlight.

Research question

What, if any, is the psychological impact of anti-abortion protest on women accessing abortion services?

Available evidence

The REA identified four empirical studies conducted between 1994 and 2019 which directly responded to our research question; three were conducted in the United States, with the remaining study being conducted in the United Kingdom. The findings of each of these studies were published in peer-reviewed, academic journals. A detailed description of the methodology used to identify these studies can be found at Appendix A to this Spotlight.

Impact of protest on women accessing abortion services

The available evidence appears to indicate that women generally experience an emotional and entirely negative response to anti-abortion protests outside abortion facilities. A range of negative emotions were reported by women in all studies, including anger, guilt, and feelings of upset or harassment.

One study reported that women who found the decision to obtain an abortion particularly difficult were more likely to report being upset by protesters. Not all women appear to be upset by anti-abortion protest but the reasons for this are unclear. While protesters did not consider themselves
to be harassing women in the study conducted in the United Kingdom, their actions were nonetheless experienced by those attending the clinic as harassment, irrespective of whether they were directly or indirectly confronted.

Exposure to anti-abortion protest – whether passive (prayer/vigils) or active (confronting women) – did not appear to have had lasting psychological impact at follow-up after one week (Foster et al, 2013) or at follow-up after two years (Cozzarelli and Major, 2000). However, the studies did not separate out those women who had terminated an unplanned pregnancy and women who terminated a planned and wanted pregnancy.

What can the evidence tell us about the impact of anti-abortion protest on women accessing abortion services in Ireland?

The studies identified by this REA were conducted in the United States and in the United Kingdom. In both the United States and the United Kingdom, abortion has been legally available for over 40 years so, in this respect, the contexts of the studies are not comparable with Ireland. In the United States in particular, the issue of abortion is highly politicised and at times extremely volatile, while differences in population size and diversity mean that the prospect of meeting neighbours, family and friends at abortion facilities is considerably less likely than in Ireland.

While in the United States and United Kingdom women generally access dedicated abortion facilities, this is not the case in Ireland. As abortion has been integrated into overall health care provision, the reason a woman may be attending a primary care practice or hospital will not be immediately apparent to protesters. In this context, women may feel less intimidated or specifically targeted by protesters, but this assumption would need to be tested by Irish-specific research.

As all four studies identified pointed to significant levels of emotional distress and upset among women accessing abortion services in the United States and United Kingdom, it is likely that a similar study conducted in Ireland would also identify protest-related stress or upset. However, only an Irish-based study could confirm this, while identifying particular systemic and social factors that may exacerbate protest-related stress arising from the relatively recent legalisation of abortion, the contested history of abortion in Ireland, and the close social networks through which Irish people are connected.

Previous L&RS Resources

L&RS Note: Safe Access Zones – What do other countries do? (May 2019)

L&RS Bill Digest: Health (Regulation of Termination of Pregnancy) Bill 2018 (October 2018)

L&RS Note: Sexual and Reproductive Health and Rights (SRHR): A framework for the introduction of abortion services in Ireland (October 2018)

1. Context and rationale

In May 2018, the Irish electorate voted by referendum to replace Article 40.3.3° of the Constitution of Ireland, also known as the ‘Eighth Amendment,’ thereby removing Ireland’s constitutional prohibition on abortion.

Following this constitutional change, the Health (Regulation of Termination of Pregnancy) Act 2018 was enacted to regulate the provision of abortion services. The Act came into effect on 1 January 2019 and abortion services are now provided free-of-charge for residents of Ireland through some general practice (GP) clinics, hospitals, family planning clinics and women’s health clinics.

In December 2018, it was reported that there would be no public register of GPs providing abortion service due to fears that clinics may be targeted by protesters (Ward, 2018). A 24-hour helpline was established to direct callers to their nearest service provider.

The Minister for Health, Simon Harris, T.D., has declared his intention to legislate for ‘safe access zones,’ sometimes also referred to as ‘exclusion zones,’ and a Bill for this purpose is on the current Government Legislation Programme. While legislative proposals were scheduled to be published in the first half of 2019, this has been delayed. But following a protest outside the National Maternity Hospital in Dublin in July 2019, the Minister reaffirmed his commitment to introducing legislation for this purpose (O’Regan, 2019).

The presence and behaviour of abortion protesters has been intensely debated in the courts in many jurisdictions. These debates generally centre on balancing the rights of protesters to voice their objection to abortion and a woman’s right to access a legal health service safely and free of harassment or intimidation. Safe Access Zones have been implemented in parts of Canada, Australia and, most recently, the Isle of Man.

A recent analysis by the Houses of the Oireachtas Library & Research Service (L&RS) was unable to identify any European country with specific safe access zone legislative provisions (Houses of the Oireachtas Library & Research Service, 2019).

The Houses of the Oireachtas L&RS in collaboration with the Trinity Centre for Global Health, Trinity College, Dublin, has undertaken a Rapid Evidence Assessment (REA) (see Appendix for methodology and study limitations) of the scientific literature exploring the impact of anti-abortion protest on women accessing services.

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2 A perimeter around an abortion facility within which protest is not permitted by law. The nature of protest activity varies but conduct such as harassing, intimidating or obstructing a person from gaining entry to the facility is generally prohibited. Safe access zones have also, in some jurisdictions, been created around the homes of doctors who provide abortion services.


4 A Rapid Evidence Assessment (REA) provides a balanced assessment of what is known (and not known) in the scientific literature about an intervention, problem or practical issue by using a systematic methodology to search and critically appraise empirical studies (Centre for Evidence-based Management, 2017)
protest on women accessing abortion services, the results of which are set out in this Spotlight. The rationale for the study was to inform parliamentary dialogue and debate in relation to any forthcoming Safe Access Zones legislation.

The specific research question which the REA set out to explore is presented in the text box below.

**Research question**

What, if any, is the impact of anti-abortion protest on women accessing abortion services?
2. The psychological impact of abortion on women

Before considering the impact of anti-abortion protest on women accessing abortion services, it is necessary to review the evidence around the psychological impact of abortion itself. There are very different psychological experiences between women who terminate an unplanned pregnancy and women who terminate a planned and wanted pregnancy. Understanding the reasons why a woman chooses an abortion is important in terms of understanding psychological reactions to abortion (Biggs, Gould, Barar, & Foster, 2018). It is equally important to consider systemic, social, or personal factors that may be precursors to unintended pregnancy placing women at higher risk of unintended pregnancy or predispose them to experience mental health problems. As such, it is not possible for research to provide a simple yes or no answer to whether abortion does or does not cause harm to women’s mental health.

The best available evidence suggests that there is no greater risk of mental health problems among women who have a single abortion in the first three months of an unplanned pregnancy compared to women who deliver an unplanned pregnancy (APA Task Force on Mental Health and Abortion, 2008).

The American Psychological Association’s (APA) systematic review of the evidence exploring the relationship between mental health and abortion reported that the most consistent predictor of mental disorders post-abortion is a prior history of mental health problems. This finding has been replicated more recently in a Swedish study of almost 1,300 women (Wallin Lundell et al., 2017).

2.1 Mental health risks associated with multiple abortions

While the best available evidence suggests no greater mental health problems among women who have a single abortion in the first three months of an unplanned pregnancy, the evidence in relation to mental health risks associated with multiple abortions is less clear. The American Psychological Association’s rigorous assessment of the international evidence suggests that women who report having had multiple abortions, and experience poorer mental health, may be linked by risks that increase their likelihood of multiple unplanned pregnancies and mental health problems.

2.2 Mental health risks associated with termination of a planned and wanted pregnancy

There is a dearth of evidence in relation to the impact on mental health in women who undergo an induced abortion due to fatal foetal abnormality. Such terminations typically occur later and in the context of a pregnancy that was planned. Some studies speculate that women may feel a greater sense of personal responsibility following an abortion in such circumstances (Salvesen, Oyen, Schmidt, Malt, & Eik-Nes, 1997). Late termination of a wanted pregnancy is associated with

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5 A systematic review summarises the results of available studies to provide a high level of evidence about a particular subject or issue. Judgments are sometimes made about the evidence by the authors and recommendations are provided for policy and practice.
negative psychological outcomes that are similar to those experienced by women who miscarry a planned pregnancy, stillbirth or the death of a new-born child (APA Task Force on Mental Health and Abortion, 2008).

2.3 Suicide ideation in women who have had an abortion and women denied an abortion

Women who have an abortion are not at higher risk of suicidal thoughts compared to women who are denied an abortion (Biggs et al., 2018; Steinberg, Becker, & Henderson, 2011; Steinberg, McCulloch, & Adler, 2014). One significant study recently conducted in the United States (U.S.) among 956 women from 30 U.S. abortion clinics over a 5-year period found that levels of suicide ideation are extremely low among women who had abortions and women who were denied abortions (Biggs et al., 2018). The authors of this study concluded that information suggesting that women may become suicidal if they opt to have an abortion is not evidence-based.

2.4 Abortion and co-occurring risk factors

In trying to understand the impact of abortion on women’s mental health, it is important to consider other co-occurring risk factors that pre-dispose some women to mental health difficulties regardless of whether their pregnancy is planned or unplanned. There are systemic, social, and personal factors (discussed below) that can be precursors to unintended pregnancy that place women at risk for abortions or predispose them to experience mental health problems. As such, mental health problems that occur after an abortion may not be related to the abortion itself (APA Task Force on Mental Health and Abortion, 2008).

2.4.1 Systemic risk factors

Poverty is a risk factor for unplanned pregnancy and for abortion in many contexts (Finer & Henshaw, 2006; Jones, Darroch, & Henshaw, 2002; Jones & Kost, 2007). It is also a risk factor for mental health problems (Kessler et al., 1994). However, data on the socio-economic status of women accessing abortion in Ireland since it was introduced on 1st January 2019 is not available.6

Exposure to sexual or physical abuse during childhood and exposure to gender-based violence has been associated with an increased likelihood of unplanned pregnancy and abortion in the United States (Boyer, 1992; Dietz, 1999; Gazmararian, 1996; Pallitto, 2005). Some studies show that women are more likely to develop a mental disorder if they experience more stress-related events in their life, including intimate partner violence (Breslau et al., 1998; Brown & Harris, 1978).

2.4.2 Personal risk factors

Personal or behavioural risk factors may also contribute to the increased likelihood that a woman may have an unplanned pregnancy and/or abortion, in addition to mental health problems. The evidence-base shows a strong relationship between unplanned pregnancy, early sexual initiation,

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6 Under section 20 of the Health (Regulation of Termination of Pregnancy) Act 2018, medical practitioners are required to record certain information in respect of each termination they carry out. A copy of that record must then be forwarded to the Minister. On the basis of those notifications, the Minister will then prepare an annual report on the terminations carried out in the preceding year. The form currently prescribed for the purpose of recording terminations does not require any information to be included about the woman apart from her county/place of residence. Thus further research will required to establish what is known about the socio-economic status of women accessing services.
unprotected sexual intercourse, alcohol and drug use, and abortion (Costa, Jessor, & Donovan, 1987).

3. The impact of anti-abortion protest on women accessing abortion services

Having reviewed the evidence surrounding the impact of abortion itself, this chapter of the paper sets out the outcome of our Rapid Evidence Assessment (REA) on the impact of anti-abortion protest on women accessing abortion services.

There is a paucity of evidence examining the impact of protest on women accessing abortion services globally. Of the studies that exist, the vast majority of these have been undertaken in the United States. Given the differences between US and Irish culture and society, it is impossible to establish whether or not similar findings may expect to be seen in the Irish context.

Surprisingly, this Rapid Evidence Assessment (REA) has uncovered only four studies that respond directly to the research question – what is the impact of anti-abortion protest on women accessing abortion services?

There are, however, earlier studies rooted in a vast body of psychological research which have shown that conflict with other people or groups and social disapproval are associated with increased psychological distress and reduced well-being (Childs & Krook, 2008; L. S. Ruehlman & Wolchik, 1988; Linda S. Ruehlman & Karoly, 1991).

Given the limited number of studies uncovered, and the limitations of those studies, the findings presented in this REA should be treated with caution and must not be read as conclusive. They may only be considered indicative of a phenomenon relating to the experiences of women accessing abortion services and anti-abortion protest.

The findings of each of the studies identified are outlined below:

3.1 The effects of anti-abortion demonstrators and pro-choice escorts on women’s psychological responses to abortion (Cozzarelli & Major, 1994)

The first empirical study to examine the impact of anti-abortion protest on women accessing termination of pregnancy services was undertaken by Catherine Cozzarelli and Brenda Major in the United States in 1994.

The study was prompted by the significant increase in the intensity and scope of protest that appeared to gain momentum in the 1990s. They identified very different expressions of protest from small-scale and peaceful picketing to very large demonstrations and occasionally acts of

7 ‘Pro-choice escorts’ are volunteers who accompany women to clinics where there may be a high level of protest activity.
extreme violence. An earlier study had found that only 6% of facilities surveyed had experienced peaceful picketing alone. The vast majority of facilities were subjected to a range of demonstrations that included:

- mass-scheduling of ‘no-show’ appointments,
- clinic ‘invasions’ by demonstrators,
- vandalism, and
- death threats or pickets outside the homes of medical personnel (Forrest & Henshaw, 1987).

The study used questionnaires to collect initial data from 291 women attending a private clinic in Buffalo, New York. Of those, 112 women provided follow-up data. All the women surveyed in Cozzarelli and Major’s study were exposed to protest and reported their experiences in very different ways.

**Study 1: The effects of anti-abortion demonstrators and pro-choice escorts on women’s psychological responses to abortion (Cozzarelli and Major, 1994)**

**RESEARCH FINDINGS**

How did women experience protests in this study?

- Anti-abortion picketers have an impact on women's post-abortion psychological distress;
- On average women described protest as ‘moderately upsetting’;
- One-third said that they were not upset at all;
- Women who were more upset by the picketers were more depressed immediately post-abortion than women who were less upset by picketers;
- The more personal contact women had with protesters, the more upsetting they found those encounters;
- It is unclear from this study how the effects of direct or personal contact upset women more but it may be that it felt more personalised;
- The findings are consistent with other research indicating that negative social interactions are direct sources of stress or depression (Rauktis, Koeske, & Tereshko, 1995; Schrimshaw, 2003)

One limitation of Cozzarelli and Major’s 1994 study was its use of a single, ill-defined measure to assess women's emotional responses. To be upset by demonstrators is ambiguous and could encompass a range of emotions including anger, distress, guilt or shame (Cozzarelli, Major, Karrasch, & Fuegen, 2000).
3.2 Women’s Experiences of and Reactions to Anti-abortion Picketing (Cozzarelli and Major, 2000)

Recognising some of the weaknesses of the earlier study (above), Cozzarelli et al conducted a follow-up study in 2000 with 442 women in three abortion clinics in Buffalo, New York between February and September 1993. The mean age of the women was 24 years and the majority of women (82%) were single.

This study examined many of the issues and themes arising in the 1994 research, but in greater depth:

1. **Picketing exposure**: whether women had seen picketers and whether they had been spoken to by picketers;
2. **Picketing emotions**: women who had seen the protesters were asked to rate a range of emotions on a scale of 1 to 5;
3. **Personal conflict about the abortion**: women’s feelings about the abortion were assessed and determined against religious beliefs, moral values and attitude to abortion prior to pregnancy;
4. **Post-abortion depression**: depression was assessed approximately one hour post-abortion in the recovery room and two years post-abortion at follow-up;
5. **Post-abortion attitudes towards picketers**: at the two-year follow-up interview, women who were asked to rate their experiences of encountering picketers prior to their abortions.

**Study 2: Women’s Experiences of and Reactions to Anti-abortion Picketing**

*(Cozzarelli et al., 2000)*

**RESEARCH FINDINGS**

**How did women experience protests in this study?**

- 87% of women experienced picketing;
- Of the women who experienced demonstrators, 64% said the demonstrators spoke to them, and 34% said the demonstrators had tried to block their entry to the clinic;
- Emotional responses to protesters immediately post-abortion: ‘mad’ ‘angry’ and ‘tense’ were the emotions most frequently described with feelings of ‘guilt’ only slightly less common;
- Emotional responses to protesters after two years: extremely negative. Unsurprisingly, no protest behaviours were positively recalled by women;
- Being blocked by protesters was associated with increased guilt and anger;
- Women's feelings of guilt as a result of seeing protesters corresponded with increased post-abortion depression;
- This study concluded that while anti-abortion protest is experienced by women in overwhelmingly negative terms, protest does not appear to lead to serious negative psychological effects in the longer term.

While no long-term psychological effects were identified at two-year post-abortion follow-up with women who had accessed abortion services in Buffalo county, New York, this study has some limitations. For example, women may have been discouraged from accessing a service in their local area due to the fear of encountering protesters and/or anti-abortion protesters known to them.
The authors themselves report that “many doctors” in Buffalo County were refusing to perform abortions after being harassed by demonstrators, and abortion clinics were experiencing increased security and psycho-social support costs as a result of the persistent activities of anti-abortion activity.

3.3 Effect of abortion protesters on women’s emotional response to abortion (Foster, Kimport, Gould, Roberts, & Weitz, 2013)

This study interviewed 956 women who had accessed abortions between 2008 and 2010 at 30 abortion facilities in the United States. Staff from 27 of these facilities were also interviewed. The rationale for the study was the paucity of available literature exploring the impact of anti-abortion protest on women accessing abortion services.

**Study 3: Effect of abortion protesters on women’s emotional response to abortion (Foster et al., 2013)**

**RESEARCH FINDINGS**

**How did women experience protests in this study?**

- Women seeking abortions regularly interact with protesters and a substantial minority report being upset by the interaction;
- Just under half of women interviewed said that they were not upset by protesters, while one in six reported that they were quite a bit or extremely upset by them;
- One of the strongest predictors of being upset by protesters was whether the woman had experienced difficulty deciding to have an abortion. Women who had more difficulty deciding to have an abortion were more likely to find anti-abortion protest upsetting;
- Being stopped by protesters did increase the odds of women being upset by protesters compared to seeing protesters only;
- Women are upset by protesters, but the protesters did not affect women's subsequent feelings about their abortions (assessed one-week post-abortion);
- This study found that staff regularly comfort women who encountered protesters, with some facilities providing dedicated support specifically addressing the experience of protest.

The findings of this study are similar to those of Cozzarella and Major with some more nuanced information pointing to the increased levels of distress among women who found the decision to have an abortion a difficult one. It also identifies the need for facility staff to provide psycho-social support to women who are upset by anti-abortion protesters.

The study is limited by the disproportionate number of women with pregnancies in the second trimester included in the sample, which may have skewed the findings in relation to women who were more upset by anti-abortion protest.

Cozzarella and Major’s two studies, and this study, asked women if they found anti-abortion protest upsetting. However they all failed to ask women why they found protest upsetting.
3.4 Anti-Abortion Clinic Activism, Civil Inattention and the Problem of Gendered Harassment (Lowe & Hayes, 2019)

This recent study is markedly different from the other three studies presented above and, therefore, enhances our understanding of the impact of protest on women accessing abortion services, while also documenting the views of protesters. It also used different methods to the other studies. This study used a qualitative research design with a mix of approaches including ethnographic observations of clinic actions; formal and informal interviews undertaken with anti-abortion activists outside clinics; and captured women's experiences of protest on accessing abortion services.

Clinic actions were observed at ten separate sites in England and Wales. The clinics were chosen to include different anti-abortion groups and different levels of protest activity. In addition, anonymous comment forms completed by clients of the clinics were analysed. In total, this dataset included 147 comment forms from ten clinics. One limitation of the comment form dataset is that forms did not record who completed them; thus some comments were made by those accompanying a woman to the clinic.

Study 4: Anti-abortion Clinic Activist, Civil Inattention and the Problem of Gendered Harassment (Lowe and Hayes, 2019)

RESEARCH FINDINGS

How did respondents experience protests in this study?

- Many respondents described their experience of encountering protests as upsetting and intrusive. While some respondents reported being angry, many emphasised the emotional distress they felt;
- Observation by anti-abortion activists created a sense of public exposure, and some respondents reported that discussion about their private decision to undergo an abortion on the street was profoundly embarrassing, especially if the conversations were overheard by passers-by;
- Respondents experienced encounters with anti-abortion activists as harassment, even when they were not being approached aggressively.

Interviews with anti-abortion activists revealed that protesters largely believed that they were not harassing women, but that they were outside clinics to offer a ‘choice’. The authors report that the majority of protests are held by conservative Catholic lay groups with links to bodies in the United States. The type of protest researchers observed was deeply rooted in a faith-based understanding of public witnessing. Some protesters told the authors that they were simply there to pray. Ethnographic observations, however, identified activists regularly approaching women, making eye contact with women, handing literature to and engaging in encounters with clinic

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8 An observational study of cultural phenomena.
clients. Protesters claimed in interview that they do not view such conduct as harassment, even though women reported that they felt harassed by these actions.

The study is limited by the use of secondary data originally captured by the British Pregnancy Advisory Service (BPAS) and a tendency to use some leading questions in the study design. As the sample was self-selecting, it is likely that more women who felt particularly strongly about anti-abortion protests participated in this study and this may have skewed the findings. These limitations are acknowledged by the authors of the study.
4. Conclusion

This Rapid Evidence Assessment has systematically reviewed the available but limited evidence exploring the impact of protest on women accessing abortion services between 1994 and 2019 (25 years). We have identified three empirical studies that were conducted in the USA and one in the UK.

While each of the studies operate some limitations, they clearly indicate that women generally experience an emotional and entirely negative response to anti-abortion protests outside abortion facilities. Some women, however, appear to be unconcerned by the protests but the reasons for this have not been explored in these studies.

A wide range of negative emotions including anger, guilt, and feeling upset or harassed were reported by women accessing abortion services in both the UK and the USA. Foster et al.’s study found that women for whom abortion had been a particularly difficult decision reported significant upset and/or guilt on encountering anti-abortion protesters. Many of the women in this study were in their second trimester and as such, may have been seeking an abortion due to fatal foetal abnormality. This may have contributed to heightened distress or upset. As outlined in chapter 2, women who undergo an induced abortion due to fatal foetal abnormality may feel a greater sense of personal responsibility following an abortio (Salvesen et al., 1997). Late termination of a wanted pregnancy is associated with negative psychological outcomes (APA Task Force on Mental Health and Abortion, 2008) which when added to the distress of encountering anti-abortion protest, has the potential to be particularly upsetting for these women.

While protesters identified at the facilities in England and Wales in Lowe and Hayes’ study did not think of themselves as harassing women, over half the women interviewed felt harassed by protesters irrespective of whether they were directly or indirectly confronted. This points to a disconnect between the intentions of the protesters and the way that their actions were perceived by women accessing abortion services and is an important consideration in the debate around Safe Access Zones.

Exposure to anti-abortion protest – whether passive (prayer/vigils) or active (confronting women) – does not appear to have had lasting psychological impact at follow up after one week (Foster et al, 2013) or at follow-up after two years (Cozzarelli and Major, 2000). While welcome, this finding should be treated with some caution as these studies did not separate out those women who terminate an unplanned pregnancy and women who terminate a planned and wanted pregnancy and may, therefore, have been more affected by anti-abortion protest. Neither did they consider systemic, social, or personal factors that, as the APA conclude, are precursors to unintended pregnancy and mental health problems (APA Task Force on Mental Health and Abortion, 2008) (see Chapter 2 for further details).

4.1 What, if anything, can the evidence tell us about the impact of anti-abortion protest on women accessing abortion services in Ireland?

In the USA, where three of these studies were conducted, the Constitution of the United States has protected a woman’s right to terminate a pregnancy since the *Roe v. Wade* ruling by the Supreme
Court in 1973. In the intervening years, States have implemented a varied system of regulation governing the circumstances under which a woman may obtain an abortion.

Notwithstanding continued opposition to abortion in some quarters, America has had 46 years of federal support for abortion and in this respect, it is not a comparable context with Ireland. Furthermore, the issue of abortion in the USA is highly politicised between Democratic and Republican party perspectives and while religion is the axis upon which abortion debate is fuelled, the alignment of political and religious forces has rendered the debate intense and at times, extremely volatile.

Abortion has long been contested in an Irish context but it is less politicised and, unlike some protest in the USA (Wilson & Lynxwiler, 1988) activism has not been defined by extreme violence. As such, because the context is so different in terms of the length of time abortion has been legalised, the sheer size and diversity of the population, coupled with intense politicisation of abortion debate, the American-based studies may offer limited insight into women’s experience of anti-abortion protest in Ireland.

While the recent UK study offers a more context-relevant insight into the experiences of women, abortion has been legal in the UK since 1967. The size of the population is 15 times that of Ireland and as such the prospect of meeting neighbours, family and friends at abortion facilities is considerably less likely than in Ireland. Consequently, while the findings which illustrate the fact that women feel harassed irrespective of the intentions of the protesters are important, some caution in interpreting these findings should be exercised.

All four studies point to significant levels of emotional distress and upset among many women accessing abortion services in the US and the UK, and it is likely that a similar study conducted in Ireland would also identify protest-related stress or upset among women. However, women seeking abortion in Ireland are generally not accessing a dedicated abortion facility. As such, their reasons for attending a primary care practice or hospital where abortion is integrated into overall health care provision is not apparent to protesters. In this context, women may feel less intimidated or specifically targeted by protesters, but this assumption would need to be tested by Irish-specific research.

In conclusion, only an Irish-based study could confirm the impact of anti-abortion protest on women accessing abortion services while identifying particular systemic and social factors that may exacerbate protest-related stress arising from the relatively recent legalisation of abortion, the contested history of abortion in Ireland, and the close social networks through which Irish people are connected.

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9 Such a study may be undertaken in 2020 by the Trinity Centre for Global Health, Trinity College, Dublin, the University of Dublin pending successful application to the Irish Research Council.
Appendix A - Methodology

This Rapid Evidence Assessment (REA) was conducted by the Houses of the Oireachtas Library and Research Service (L&RS) in collaboration with the Centre for Global Health, Trinity College Dublin, the University of Dublin to provide a rapid but methodologically robust review of research evidence reporting the psychological impact of anti-abortion protest on women accessing abortion services.

An REA aims to provide an assessment of what is known (and not known) in the scientific literature about an intervention or phenomenon (Barends, Briner, & Rousseau, 2017). An REA uses a systematic methodology to search and critically appraise empirical studies and while similar to a systematic review in that it uses systematic and explicit methods to collect and analyse data, it operates a number of limitations. The limitations of this study are outlined below.

Search Strategy

Specific databases were used to identify studies published between 1994 and 2019 with a clear focus on the impact of anti-abortion protest on women accessing abortion services including PubMed; PsychINFO; PsychArticles; Google Scholar; the Cochrane Database of Systematic Reviews and the Campbell Collaboration. Legal databases were also searched including Hein Online; LexisNexis and Westlaw UK. An initial scoping was undertaken by the research team, which indicated a paucity of literature focusing on anti-abortion protest and this was also observed in the REA.

In selecting our studies, the following inclusion criteria were adopted:

1. The study should relate to women accessing abortion services only;
2. The study should describe the psychological impact of anti-abortion protest on women only;
3. The study must be available in English;
4. The study must have been published between 1994 and 2019;
5. Quantitative and/or qualitative studies.

Grey literature sources were not included in the search strategy. Due to the small number of studies apparent from the scoping, the use of EPPI-Reviewer software\(^\text{10}\) was considered unnecessary in this case and a manual approach to data management was adopted by the research team. The first phase of screening involved an assessment of the eligibility of studies returned from the search terms against the inclusion criteria using the title and abstract. Single screening of studies was undertaken with regular checks to ensure uniformity of application of the inclusion criteria with disagreements arising around eligibility resolved through dialogue.

Ten studies were screened on title and abstract as identified through database searches. All ten were considered initially eligible for inclusion but when the team undertook full-text assessment, six full-text articles were excluded on the basis that they did not relate directly to women accessing abortion services, or they considered factors other than the psychological impact of anti-abortion protest. As such, four studies were included in the research synthesis.

\(^{10}\) EPPI-Reviewer is a software programme for managing and analysing data.
Qualitative Synthesis

In order to respond directly to the requirements of the research question and the nature of debate surrounding the proposed introduction of Safe Access Zones, the team felt that a thematic synthesis approach would be most effective in terms of the REA. The synthesis extracted information relating to the feelings reported by women who encountered anti-abortion protesters while accessing an abortion service, e.g. ‘upset’, ‘anger’, ‘guilt’, ‘fear’. The synthesis also extracted the psychological impact reported immediately post-abortion and at one-week and 2 years post-abortion and these results have been reported in Chapter 3.

Results

Following the searching and screening phases of the REA, only four studies were included. Three of those studies were undertaken by psychologists in the USA and were quantitative in design. One study was recently conducted in England and Wales, was qualitative and rooted in social science frameworks. As such, the diverse methodological approaches made it difficult to compare findings resulting in the adoption of a qualitative synthesis approach to the data.

Quality appraisal of the evidence

The quality of the evidence in this REA is mixed. Methods tended to focus on participant experience after the event had occurred with no comparisons before or after or with a control group. While the three US-based studies reported the feelings experienced by women who encountered anti-abortion protest while accessing an abortion service, none of these studies sought to understand why women felt as they did. The study sample sizes in the US studies were considerable if confined to one country.

The UK-based study used a secondary data set with some leading questions in the study design. Furthermore, as the sample in this study was self-selecting, it is possible that women who felt particularly strongly about the presence of anti-abortion protesters were more likely to have participated in the study and this may have distorted results.

Limitations of the study

REAs are increasing used by policymakers because they are both systematic and relatively quick to undertake in comparison with a systematic review. In order to progress a rapid review of evidence in a particular area or phenomenon of interest, however, concessions are generally made to both the depth and breadth of the search process (Barends, 2017). For example, this REA has not critically appraised the properties of the various tests, measures, or questionnaires in any of the studies as might be expected of a full systematic review.

As this review has only brought four studies to light, this cannot be considered strong evidence and as such, may only be considered indicative of a phenomenon relating to the experiences of women accessing abortion services and anti-abortion protest.

Finally, all of the studies included in this REA were undertaken in countries with a long history of legalised abortion service provision and are consequently not comparable with the Irish context.

Given all of these limitations, the findings presented in this REA should be treated with caution and must not be read as conclusive.
Bibliography


