

Citations of studies/court evidence that abortion clinic picketing raises the risk of medical complications for women

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Updated June 10, 2018

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Studies/Papers/Reports:

Lowe, Pam, and Graeme Hayes. Sept. 2015. 'A Hard Enough Decision to Make': Anti-Abortion Activism outside Clinics in the Eyes of Clinic Users. Aston University, Birmingham UK. <http://www.aston.ac.uk/lss/research/research-centres/ccisc/social-movements-and-social-change/adps/>

This report analyses the comments made by women seeking abortion in bpas clinics who have encountered anti-abortion activists outside the clinic. The research shows that the presence of anti-abortion activists outside clinics is a significant source of distress for women seeking abortions, and points to the difficulties in balancing the rights of women to have an abortion and to privacy in healthcare decisions with the rights to free speech and free assembly of anti-abortion activists.

(The study shows that women were distressed simply by the presence of protesters, including silent prayer vigils.)

Foster, DG, K Kimport, H Gould, SCM Roberts, TA Weitz. 2013. Effect of abortion protesters on women's emotional response. *Contraception*. 87 pp 81-87.

Full paper: http://www.ansirh.org/documents/library/foster_contraception2-2013.pdf

Abstract: Background: Little is known about women's experiences with and reactions to protesters and how protesters affect women's emotional responses to abortion.

Study Design: We interviewed 956 women seeking abortion between 2008 and 2010 at 30 US abortion care facilities and informants from 27 of these facilities.

Results: Most facilities reported a regular protester presence; one third identified protesters as aggressive towards patients. Nearly half (46%) of women interviewed saw protesters; of those, 25% reported being "a little" upset, and 16% reported being "quite a lot" or "extremely" upset. Women who had difficulty deciding to abort had higher odds of reporting being upset by protesters. In multivariable models, exposure to protesters was not associated with differences in emotions 1 week after the abortion.

Conclusion: Protesters do upset some women seeking abortion services. However, exposure to protesters does not seem to have an effect on women's emotions about the abortion 1 week later.

Cozzarelli C, B. Major, A. Karrasch, K. Fuegen. 2000. Women's experiences of and reactions to anti-abortion picketing. *Basic and Applied Social Psychology*. 22(4) pp. 265-275.

Abstract:

http://www.leaonline.com/doi/abs/10.1207/S15324834BASP2204_1;jsessionid=j39JPKdxuycookieSet=1

This study examines responses to antiabortion picketing among women who encountered picketers as they entered 1 of 3 abortion clinics to have an abortion. The goals of this study are to describe women's experiences with, emotional reactions to, and attitudes toward antiabortion picketers; examine predictors of women's emotional responses to picketers; and examine the relations among exposure to picketers and emotional responses to picketers and postabortion mental health. Results indicated that most women encountered antiabortion picketers on clinic entry and experienced negative emotions in response. Women were more likely to feel angry than guilty in response to seeing picketers. Reports of positive emotions were rare. Women whose entry was blocked by picketers were more likely to experience both anger and guilt in response to picketers. Women who were personally conflicted about abortion were more likely to experience guilt, but not anger, in response to picketers. Feeling guilty in response to seeing picketers and being high in personal conflict about abortion were significant predictors of depression immediately postabortion. Feeling angry in response to picketers was unrelated to postabortion mental health. In general, women seemed to find encounters with picketers unpleasant and to be negatively affected by them in the short term but not to suffer serious, long-term, negative psychological effects as a result of these encounters.

Cozzarelli C. and B. Major. 1998. The impact of anti-abortion activities on women seeking abortions. In L. J. Beckman & S. M. Harvey (Eds.), *The New Civil War: The Psychology, Culture, and Politics of Abortion* (pp. 81-104). Washington, DC: American Psychological Association. <http://psycnet.apa.org/record/1998-07820-004>

Russo, NF and Denious J. 1998. Why is abortion such a controversial issue in the United States. In L.J. Beckman & S.M. Harvey (eds): *The New Civil War: The Psychology, Culture, and Politics of Abortion* (pp. 25-60). Washington, DC: American Psychological Association. <https://searchworks.stanford.edu/view/4004335>

From another book that cites the paper (*Opposition and Intimidation: The Abortion Wars and Strategies of Political Harassment*: pg 127: "Out of the women in the study, the most detrimental effect of harassment [by anti-choice protesters] on women seeking services appeared to be in post-abortion adjustment." (pg 25-26 of Russo/Denious paper)

The *Opposition and Intimidation* book (https://www.press.umich.edu/179153/opposition_and_intimidation) also has two pages (127-128) talking about effects of anti-choice protesters on women that you may be able to find on Google Books.

Cozzarelli C. and B. Major. 1994. The effects of anti-abortion demonstrators and pro-choice escorts on women's psychological response to abortion. *Journal of Social and Clinical Psychology*, 13:404-427.

Abstract: http://serials.unibo.it/cgi-ser/start/en/spogli/dfs.tcl?prog_art=2269997&language=ENGLISH&view=articoli

This study examined the impact of anti-abortion demonstrators and pro-choice escorts on women's post-abortion distress. Results revealed that the more women seeking an abortion reported being upset by anti-abortion demonstrators and the more intense anti-abortion activity they encountered while attempting to enter the clinic, the more depressed they were immediately post-abortion. Results also suggested that pro-choice escorts were able to partially insulate women against direct contact with the anti-abortion demonstrators and helped to protect women against the negative psychological effects attributable to the number of anti-abortion demonstrators outside the clinic. However, the escorts were not able to buffer effects attributable to the intensity of anti-abortion picketing.

Hern, Warren M., 1991. Proxemics: The Application of Theory to Conflict Arising from Antiabortion Demonstrations. *Population and Environment: A Journal of Interdisciplinary Studies*, Vol 12:4, pp 379-388. Summer.

Full paper: <http://www.drhern.com/pdfs/proxemics.pdf>.

Relevant excerpt: "...clinic personnel observed that patients experienced harassment and added stress from even a few picketers. The patients would enter the clinic's waiting room crying and shaking from fear and anger. A significant part of such a patient's subsequent time in the clinic would be spent helping her deal with the psychological stress that she had experienced at the hands of the antiabortion demonstrators. Evidence of the psychophysiological stress was obvious. In addition to crying, patients exhibited evidence of adrenergic "fight-or-flight" reaction such as pallor, shaking, sweating, papillary dilation, palpitations, hyperventilation, and urinary retention. The patients were extremely uncomfortable both physically and psychologically following these encounters. These signs and symptoms had direct bearing on the patients' medical status and safety. For example, urinary retention made it difficult or impossible to perform a pelvic examination and determine the size of the patient's uterus or the presence of any co-existing pelvic pathology. Accurate determination of uterine size and length of gestation is essential in the proper preoperative evaluation of abortion patients. In addition, hyperventilation can lead to uncomfortable symptoms such as muscle spasms, circumoral numbness, and numbness and tingling of the fingers. These symptoms heighten anxiety even more in a patient under considerable stress, and can even lead to loss of consciousness if a vasovagal syndrome occurs. If such a patient becomes agitated during the preoperative procedure or during the abortion, she could easily experience serious

complications of the abortion that would be extremely unlikely under other circumstances.”

Court Cases:

Supreme Court of British Columbia. October 8, 1996. *Regina v. Maurice Lewis. Reasons for Judgment of the Honourable Madam Justice Saunders*. No. CC960120, Vancouver Registry. Heard June 24-27 and July 9-10, 1996. (CanLII 3559 (BC S.C.))

This case is the Crown’s appeal of the provincial trial for Maurice Lewis’ violation of BC’s *Access to Abortion Services Act*, in which part of the Act was struck down (*R. v. Lewis*, 1996, 18 B.C.L.R. (3d) 218 (Prov.Ct.)).

<http://www.westcoastleaf.org/wp-content/uploads/2014/11/CASES-1996-R-V-LEWIS-Decision.pdf>

(Para 107) These unsolicited and unwanted encounters immediately outside the clinic between women using the clinic and the pro-life protesters, when in most cases the woman is entering the clinic for an anxious medical service, is contrary to the dignity of the woman. Further, it is likely to cause, at the lesser end, embarrassment and anger and, at the greater end, psychological pressure, physical symptoms of anxiety and stress, and generally a departure from the ideal state for medical service of calm and relaxation.

(Para 108, excerpt) On the evidence, [sidewalk counselling] is unsolicited. It provokes rejection by women approaching the clinic, as evidenced by their hurrying through the protest zone, aversion of head and eyes from the proffered information or outright refusal of information. It often creates physical symptoms of anxiety or distress. It clearly invades the privacy of women and those escorting them.

(Para 141, excerpt) Further, the evidence establishes that the messages are often offensive in tone and content, and would be considered offensive by a reasonable audience in the position of a person entering the clinic for medical services. As such, they cause real harm to women by generating more distress immediately before the procedure. Dr. Major, who has reported on the only study done (the "Cozzarelli-Major Study") enquiring into the effects of protest on clients of an abortion clinic, has concluded that women experience psychological post-abortion negative effects in proportion to the level of protest activity. Even without Dr. Major's evidence, the evidence from those who work at the clinic, including two administrators and a counsellor, confirms the loss of calm and the increase in generally deleterious effects upon women entering the clinic caused by the presence of protesters and communications from them.

Ontario (Attorney General) v. Dieleman. 1994. O.J. No. 1864, Action No. 93-CQ-36131. Ontario Court of Justice – General Division, Toronto, Canada. Heard January 12-28, 1994. Expert testimony by doctors: *Physiological Risk to Life or Health* [caused by anti-abortion picketing], pp 219-245. [not online]

Excerpts from the Court's judgment, pp 406-407: "The evidence at hand supports the government concern for the physiological and psychological health of women patients. The injunction sought seeks, in part, to remove the very close contact between animated right-to-life proponents and vulnerable women patients outside abortion clinics and hospitals immediately before these women are to undergo a serious medical procedure. There can also be no doubt that this moment and this decision constitute one of the most painful and intimate situations a woman can encounter. The risk of physiological complications increases with higher dosages of sedative. While the actual occurrence of such complications is hotly disputed by the defendants, the risk is statistically present and therefore real, at least at this stage of the proceedings. The abortion procedure at the freestanding clinics is carried out under local anaesthetic and, accordingly, the patient is aware at all times, making her cooperation and relaxation crucial to a successful procedure. It seems reasonable to conclude, on the material before the court, that an increase in the patient's level of anxiety, fear and discomfort increases the danger associate with an otherwise safe procedure and thus increases the risk to the patients' life or health."

Pp 420-421: "A woman who is traumatized by protesters as she approaches an abortion clinic may, as the evidence indicates, remain in this emotional state after she enters the facility to receive medical care. This is particularly likely when the patient realize she will encounter the protesters upon her departure. Medical staff at these clinics state that protesters leave patients crying and in great distress. This stress complicates counselling, increases the health risks and prolongs recovery times."