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Dear Committee Members,

The Abortion Rights Campaign would like to address a number of issues raised by the Irish state's response to the list of issues published by the Committee (CRC/C/IRL/Q/3-4) on 15 July 2015.

We view the State's response as inadequate in its omissions and oversimplifications and hope that the following comments will further assist the Committee with its examination:

### **Introduction to the Abortion Rights Campaign**

The Abortion Rights Campaign (ARC) is a broad-based grassroots movement for choice and change in Ireland. In the face of the State's abdication of its duty to provide access to safe and legal abortion in Ireland, we are building broad national support for a referendum to repeal Article 40.3.3° of the Irish Constitution, which stands as the greatest barrier blocking women and girls from accessing abortion services in the Republic of Ireland. We are working to ensure the health and rights of women and girls<sup>1</sup> in pregnancy are protected in line with international human rights standards. In addition, the Abortion Rights Campaign works to educate the public and policy-makers about the need for access to free, safe and legal abortion in Ireland for all who need it, regardless of citizenship or financial capacity, and in line with the provision of other basic health-care options.

Since its inception, the Abortion Rights Campaign has formed partnerships with groups advocating for social justice, human rights, and gender equality in Ireland and internationally. Collectively, we have called for Ireland to reform its abortion regime to reflect the views of the Irish people, and to bring its laws and Constitution into agreement with international human rights norms and standards. We are not alone - opinion polls have revealed a groundswell of support among the Irish people for repealing the 8<sup>th</sup> Amendment, and support is increasing for broadening the grounds for access to abortion. According to a recent Red C poll commissioned by Amnesty International, two-thirds (67%) of people surveyed favoured decriminalising

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<sup>1</sup> ARC works for rights for anyone who may become pregnant and need access to abortion services no matter their gender.



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abortion,<sup>2</sup> 69% favoured expanding access on the ground of rape, and 68% favoured expanding access on the ground of a risk to health.<sup>3</sup>

Within ARC, we continue to be gravely concerned about the lack of space and time given to the voices of women in political debates on abortion, therefore we organise 'speak outs'. These are safe spaces where women who have had abortions can tell their stories and be listened to and respected. This is a core part of our work to reduce the effects of stigma and shame on people exercising their right to reproductive choice. We also promote the provision of relevant, up-to-date information to support evidence-based policymaking and to challenge anti-choice rhetoric that threatens reproductive freedom.

### **A note on the X Case**

The rights of girls in Ireland, particularly their sexual and reproductive health rights, continue to be threatened and denied in contravention of the Convention on the Rights of the Child (hereafter "the Convention"). Arguably, the most transformative case in the history of Irish debates about abortion concerned the rights of a child, known as "X". X was 14 years old when she was raped, and became pregnant as a result. X became suicidal fearing that she would have to continue to carry the pregnancy, and her parents made arrangements for her to travel to the UK for an abortion.

In advance of travelling, X's family contacted the Gardaí (Police) to ask if DNA from the aborted foetus would be admissible as evidence in a rape trial. This query was referred to the Attorney General, Harry Whelehan, who sought an injunction to prevent the girl from travelling for the procedure, under Article 40.3.3° of the Irish Constitution (the amendment which outlaws abortion). In the High Court, Justice Declan Costello granted an injunction. By this time, X and her parents had already left the jurisdiction, but returned once they were informed of the injunction.

The High Court injunction was appealed to the Supreme Court, which overturned it, holding that a girl or woman had a right to an abortion under Article 40.3.3° if there was a "real and substantial risk" to her life, including the risk of suicide. Shortly after the judgment, X miscarried.

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<sup>2</sup> The Irish Time 8 July 2015 Abortion poll finds two-thirds favour decriminalisation Available from: <http://www.irishtimes.com/news/social-affairs/abortion-poll-finds-two-thirds-favour-decriminalisation-1.2277540> [accessed 15 August 2015]

<sup>3</sup> The Irish Independent 21 September 2014 Poll: Act now on abortion say voters Available from: <http://www.independent.ie/irish-news/politics/poll-act-now-on-abortion-say-voters-30602947.html> [accessed 15 August 2015]



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The man who raped her was tried and convicted of statutory rape and sentenced to 14 years in prison, reduced on appeal to 4 years (served 3 years); in 2002 he was tried and convicted of sexual assault and false imprisonment of another adolescent girl and was sentenced to 3 and a half years.<sup>4</sup>

The Protection of Life During Pregnancy Act was enacted in 2013, more than two decades later, ostensibly to give legislative effect to the verdict in the X case. The Act sets out the most restrictive grounds imaginable for lawful abortion, provides onerous barriers that hinder access, and does not provide for lawful access on the grounds of rape, but rather imposes a criminal penalty of 14 years imprisonment on any woman or girl who procures an abortion unlawfully. Under this new legislation, a woman or girl who is raped and accesses an illegal abortion by ordering pills online or accessing abortion by other means, could receive a longer prison sentence than her attacker.

In 2014 the UN Human Rights Committee expressed grave concern over the criminalisation element in the Act, suggesting that it was not compatible with Ireland's obligations under the International Covenant on Civil and Political Rights (ICCPR).<sup>5</sup> In 2015, the Committee on Economic, Social and Cultural Rights, echoed this concern and made specific recommendations for the Government to hold a referendum to revise its abortion legislation.<sup>6</sup> The UN Committee Against Torture (UNCAT) has also expressed specific concern for the criminal penalties in Ireland's abortion laws and has cautioned that it may give rise to a violation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.<sup>7</sup> Finally, the UN Special Rapporteur on the Right to Health has recommended the immediate removal of criminalisation of and legal restriction on sexual and reproductive health-care services, including abortion, in all states.<sup>8</sup>

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<sup>4</sup> The Irish Independent 2 March 2002 *X-case rapist guilty of sexually assaulting girl (15)* Available from: <<http://www.independent.ie/irish-news/xcase-rapist-guilty-of-sexually-assaulting-girl-15-26053614.html>> [accessed 29 November 2015]

<sup>5</sup> UN Human Rights Committee, Concluding Observations for the Irish State, CCPR/C/IRL/CO/4, Available from: <[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CCPR%2fC%2fIRL%2fCO%2f3&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CCPR%2fC%2fIRL%2fCO%2f3&Lang=en)> [accessed 25 November 2015]

<sup>6</sup> UN Committee on Economic, Social and Cultural Rights, Concluding Observations on the Third Periodic Report of Ireland, E/C.12/IRL/CO/3 Available from: <[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fIRL%2fCO%2f3&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fIRL%2fCO%2f3&Lang=en)> [accessed 25 November 2015]

<sup>7</sup> Committee Against Torture, Concluding Observations for the Irish State, CAT/C/IRL/CO/1, Available from: <[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CAT%2fC%2fIRL%2fCO%2f1&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CAT%2fC%2fIRL%2fCO%2f1&Lang=en)> [accessed 25 November 2015]

<sup>8</sup> Interim report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, A/66/254, para 24, Available from: <<http://www.un.org/en/ga/third/66/documentslist.shtml>> [accessed 27 November 2015]



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## **Executive Summary**

In Ireland, abortion remains criminalised in all circumstances, with risk to life (as distinct from health) being the only exception. This criminalisation carries with it a penalty of up to 14 years imprisonment and creates a “chilling effect” that dissuades women and girls from seeking access to services where they are lawful, including both abortion services and post-abortion care where complications arise.

In 2013 the State introduced the Protection of Life During Pregnancy Act (hereafter “the Act”), ostensibly to (a) respond to the European Court of Human Rights (ECtHR) judgment in *A, B and C v Ireland* (2010); and (b) to finally give legislative effect to the 1992 Irish Supreme Court ruling in the X case that established a constitutional right to abortion if a woman or girl’s life is at risk, including the risk of suicide.

The reality, however, is that the Act does not adequately fulfil Ireland’s obligations under the European Convention on Human Rights (ECHR), nor does it legislate for the full constitutional right established by the Irish Supreme Court in the X case. In addition, the Act is a clear derogation of the right to health, as it creates a false distinction between health and life, and does not provide for access to services where a woman or girl’s health is at risk. Girls’ access to legal abortion is hindered by the strict legal requirements for abortion under the Act and the lack of an effective and accessible procedure for obtaining a legal abortion under current legislation.

The publication of a Guidance Document with the apparent aim of supporting the implementation of this legislation in no way addresses the fact that there is no objective procedure for assessing a “real and substantial risk” to a woman or girl’s life. The inclusion of the term “real and substantial risk” within the legislation effectively prevents doctors from being able to provide services in accordance with best medical practice, forcing them instead to attempt to divine what exactly policy-makers mean by this phrase.

Furthermore, the additional decision-making procedures required for assessing whether there is a risk to life from suicide (as opposed to a physical health risk) demonstrates that these provisions are also discriminatory.

Many women and girls circumvent Ireland’s restrictive abortion regime by exercising their right to travel to another jurisdiction to access abortion services, often at significant psychological, physical and financial cost. However, this system actively discriminates against young women and adolescent girls, and other marginalised groups who face specific barriers to travel due to poverty, age, disability, migration or asylum status and other factors.



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In addition to the above, the Irish state is also failing to ensure that all young people have access to preventative measures such as comprehensive Relationships and Sexuality Education (RSE) and emergency contraception.

### **A note on Article 40.3.3°**

The Abortion Rights Campaign is concerned that the Irish state currently does not respect the right to the highest attainable standard of physical and mental health of girls due to its continued criminalisation of abortion services. Article 40.3.3° (the 8<sup>th</sup> Amendment) of the Irish Constitution, which equates a pregnant woman's life with continued foetal development, remains the single greatest impediment to access to abortion services. It reads:

*'The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right.'*

The default interpretation of this Article has been to privilege the continued development of the foetus over the life of the woman, as demonstrated by the tragic and fully preventable death of Savita Halappanavar in 2012.<sup>9</sup> Article 40.3.3° violates international human rights standards and norms. Until it is repealed, the sexual and reproductive rights and health of women and girls in Ireland cannot be fully protected.

It should also be noted that the Irish state has taken an extremely conservative approach towards its responsibility to uphold this Article of the Constitution by enshrining harsh criminal sanctions in legislation, which are not a constitutional necessity.

### **A note on the Protection of Life During Pregnancy Act 2013**

The Abortion Rights Campaign contends that the Protection of Life During Pregnancy Act 2013 and the associated Guidance Document are deeply flawed and unworkable in practice. The Act was introduced in 2013 ostensibly to (a) respond to the European Court of Human Rights (ECtHR) judgment in *A, B and C v Ireland* (2010); and (b) finally give legislative effect to a 1992 Supreme Court ruling which established the right of women and girls in Ireland to access abortion services when their lives are at risk, including the risk of suicide. The case which led to

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<sup>9</sup> Holland, Kitty (2012-11-14). "Woman 'denied termination' dies in hospital" The Irish Times: <  
<http://www.irishtimes.com/news/woman-denied-a-termination-dies-in-hospital-1.551412>> [accessed 29 November 2015]



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this judgement, *Attorney General v X* (1992), involved a 14-year old girl who had become pregnant as a result of rape and wished to end her own life rather than continue with the pregnancy.<sup>10</sup>

The reality, however, is that the Act does not adequately fulfil Ireland's obligations under the European Convention on Human Rights (ECHR), nor does it legislate for the full constitutional right established by the Irish Supreme Court in *Attorney General v X* (1992). In addition, the Act is in clear violation of Article 24 of the Convention, which guarantees the right to the highest attainable standard of health, as it creates a false distinction between health and life, and does not provide for access to services where a girl's health is at risk. This distinction between health and life implicitly condones allowing the health of a girl to deteriorate until her condition is deemed to be immediately life threatening, a gross derogation of the right to health.

The pathways of referral through which girls may attempt to access the limited right to abortion that exists under current legislation remain lengthy and complex, despite the publication of a Guidance Document ostensibly to support health care practitioners in the implementation of the Act. Furthermore, the extremely onerous assessment procedures required under the Act risk exacerbating the suffering of pregnant girls, particularly those experiencing severe mental distress and wish to end their pregnancy due to the risk of suicide.

These assessment procedures are also impractical and unworkable. Section 9 of the Act, which deals specifically with cases where a pregnancy may constitute a risk to the girl's life by way of suicide, requires that three medical professionals—two psychiatrists and an obstetrician—certify that the girl's life is at risk in order for her to be able to access an abortion. If her request for an abortion is denied by any of these medical professionals, but the girl still believes she is entitled to an abortion under the Act, she must appeal to a review panel whereby a further three medical professionals will adjudicate on her case. Additionally, given that the first point of care for many pregnant women and girls is their general practitioner, a pregnant girl at risk of suicide could potentially have to make her case to *seven* medical professionals before she is granted her request for a termination. These extremely onerous barriers to abortion access in cases of suicide risk do not constitute an "effective and accessible" procedure for assessing whether a woman qualifies for a legal abortion, as required by the ECtHR ruling in the A, B and C case, nor are they humane or in any way respectful of a girl's right to privacy.<sup>11</sup>

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<sup>10</sup> *Attorney General v. X and Others* [1992] IESC 1; [1992] 1 IR 1 Retrieved from: <http://www.bailii.org/ie/cases/IESC/1992/1.html> [X case] [accessed 25 November 2015]

<sup>11</sup> *A, B and C v. Ireland* App no 25579/05 (ECtHR, 16 December 2010) Available from: <[http://hudoc.echr.coe.int/eng?i=001-102332#{"itemid":\["001-102332"\]}](http://hudoc.echr.coe.int/eng?i=001-102332#{)> [accessed 15 August 2015]



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These burdensome requirements discriminate against girls with mental health issues, compounding their vulnerability and placing their lives and health at greater risk. The UN Special Rapporteur on the Right to Health has criticised legislation that requires access to legal abortion to be approved by more than one health-care provider on the grounds that this necessarily restricts access.<sup>12</sup> In line with the Committee's general comment No. 4 (2003) on adolescent health, ARC believes that the Irish state should - at a minimum - establish clear standards for a uniform and non-restrictive interpretation of the conditions for legal abortion and relevant procedures.

Furthermore, ARC argues that the Act is in violation of Article 2 of the Convention prohibiting discrimination on multiple grounds including sex, as only those who are biologically female would require access to abortion in order to preserve their physical or mental health, or their life. Yet the Irish state continues to discriminate against women and girls, by criminalising services that only women and girls require.

Finally, not only are the Act's provisions onerous, reports indicate that they are patently failing the most marginalised women and girls. Within a year of the commencement of the Act, the media reported the case of a young asylum-seeking woman (known only as "Miss Y") who was raped in her country of origin and discovered after arriving in Ireland that she had become pregnant as a result of the assault.<sup>13</sup> She did not want to continue the pregnancy and sought advice on obtaining an abortion abroad but, because of her migration status, she was unable to leave the State freely.

Unable to access a termination, she became increasingly distressed and then suicidal. After many weeks of engagement with the State health system, she was eventually assessed under the Act. Although certified as suicidal, she was apparently refused an abortion at 24 weeks' gestation on the premise that the foetus was, by that stage, potentially viable. She then went on hunger strike, and a High Court injunction was sought to forcibly hydrate her. Her pregnancy was eventually terminated by caesarean section at just under 26 weeks' gestation.

It is not yet clear what information was provided to the young woman about her right to access a termination under the legislation. It is deeply concerning that the first known application of the

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<sup>12</sup> Interim report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, A/66/254, para 24, Available from: <<http://www.un.org/en/ga/third/66/documentslist.shtml>> [accessed 15 August 2015]

<sup>13</sup> Holland, Kitty; Mac Cormaic, Ruadhán (2014-08-19). "They said they could not do an abortion. I said, 'You can leave me now to die. I don't want to live in this world anymore'". The Irish Times: <<http://www.irishtimes.com/news/health/they-said-they-could-not-do-an-abortion-i-said-you-can-leave-me-now-to-die-i-don-t-want-to-live-in-this-world-anymore-1.1901258>> [accessed 24 November 2015]



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Act should result in a case that would appear to demonstrate that abortion, even under the strict circumstances permitted by the new Act, is not accessible in practice. Her case also illustrates how the Irish government's failure to substantively address the issue of equitable access to abortion translates into coercion, and inhuman and degrading treatment towards women and girls who lack the financial means or appropriate visa permissions to access abortion freely in another jurisdiction.

### **Additional Issues**

#### **(i) Inequitable access to abortion services**

The introduction of the Protection of Life During Pregnancy Act in no way alleviates the serious challenges facing the vast majority of girls who wish to terminate a pregnancy as most of this cohort do not fall within the extremely narrow terms of the Act. Girls whose reasons for seeking a termination of pregnancy fall outside the narrow confines of the Act continue to be forced to either travel abroad to access services, to seek out illegal and possibly unsafe means of procuring an abortion, or to continue the pregnancy against their will. The introduction of the Act has done nothing to address this gross inequity.

Many women and girls circumvent Ireland's restrictive abortion regime by exercising their right to travel to another jurisdiction to access abortion services, often at significant psychological, physical and financial cost. It is estimated that since 1980 over 150,000 women have travelled from Ireland to access abortion services abroad, and since 1991 at least 2,700 adolescent girls under 18 have made this journey. In 2014, at least 105 girls under the age of 18 travelled from the Republic of Ireland to access abortion services in England and Wales.<sup>14</sup> However, this system actively discriminates against young women, girls, and other marginalised groups who face specific barriers to travel due to poverty, age, disability, migration or asylum status and other factors. Some of the most high profile cases concerning the detrimental impact of Ireland's abortion regime on health and well being, include the cases of young women and girls: the Miss Y case, the X case and the Miss D case.

Because the right to travel is qualified or contingent on a series of individual factors, this means that access is not equitable, and it places the Irish state in breach of Article 2 of the Convention. Young women and girls may feel unable to speak to their parents or guardians about an unintended pregnancy due to persistent stigma. Furthermore, parents or guardians may not

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<sup>14</sup> Table 12c, *Abortion Statistics, England and Wales: 2014* June 2015, Available from: <<https://www.gov.uk/government/statistics/report-on-abortion-statistics-in-england-and-wales-for-2014>> [accessed 27 November 2015]





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respect or support her autonomous decision. For these young women and girls, without the consent of a parent or guardian, travel and accessing abortion services will remain out of reach, violating their rights under Article 5 of the Convention. The Committee has recently made clear recommendations on ensuring the views of girls and young women are always heard and respected in abortion decisions.<sup>15</sup>

### (ii) Criminalisation of abortion

In Ireland, abortion is criminalised in all circumstances, with risk to life as distinct from health being the only exception; this criminalisation, carries with it a penalty of up to 14 years imprisonment.<sup>16</sup> Criminalisation creates a “chilling effect” that dissuades women and girls from seeking access to services even where they are lawful, including both abortion services and post-abortion care where complications arise. The Committee has expressed concern over the effects of punitive abortion legislation.<sup>17</sup> In its recent jurisprudence, it has also called upon states to decriminalise abortion and consider reviewing restrictive legislation to permit abortion in cases of rape, incest, and in situations where the life of the pregnant woman or girl is at risk.<sup>18</sup>

Section 59 of the 1861 Offences Against the Person Act, now obsolete, criminalised abortion with a sentence of life imprisonment.<sup>19</sup> The Protection of Life During Pregnancy Act restates the criminalisation of abortion in all cases except where there is a “real and substantial risk” to the woman’s life, which can only be averted by terminating the pregnancy. Abortion in all other cases, including where there is a serious risk to the woman’s health, or in the case of rape or fatal foetal anomaly, carries a potential fourteen-year prison sentence. This restatement of the criminal prohibition of abortion is dangerous and unnecessary and contravenes human rights norms.

### (iii) Failure to take adequate preventative measures

In addition to its failure to provide access to safe and legal abortion for girls who wish to end a pregnancy, the Irish state is also failing to ensure that all young people have access to

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<sup>15</sup> See, e.g., Morocco, 67, U.N. Doc. CRC/C/MAR/CO/3 (2014); Venezuela, 67, U.N. Doc. CRC/C/VEN/CO/3 (2014); Poland, 70, U.N. Doc. CRC/C/POL/3-4 (2015)

<sup>16</sup> See Protection of Life During Pregnancy Act 2013, p. 18. Available from

<<http://www.irishstatutebook.ie/pdf/2013/en.act.2013.0035.pdf>> [accessed 25 November 2015]

<sup>17</sup> See, e.g., Morocco, 67, U.N. Doc. CRC/C/MAR/CO/3 (2014); Venezuela, 67, U.N. Doc. CRC/C/VEN/CO/3 (2014); Chile, 55, U.N. Doc. CRC/C/CHL/CO/3 (2007); Uruguay, 51, U.N. Doc. CRC/C/URY/CO/2 (2007); Palau, 46, U.N. Doc. CRC/C/15/Add.149 (2001); Chad, 30, U.N. Doc. CRC/C/15/Add.107 (1999).

<sup>18</sup> See, e.g., Morocco, 67, U.N. Doc. CRC/C/MAR/CO/3 (2014); Chad, 30, U.N. Doc. CRC/C/15/Add.107 (1999).

<sup>19</sup> Offences Against the Person Act, 1861, Available from:

<<http://www.irishstatutebook.ie/1861/en/act/pub/0100/print.html>> [accessed 25 November 2015]



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preventative measures such as comprehensive Relationships and Sexuality Education (RSE) and emergency contraception.

ARC is concerned that many young people and adolescents in Ireland are not receiving the information necessary to protect their health and lives, including information on how to prevent unintended pregnancies, in breach of Articles 13 and 24(f) of the Convention. In a context where access to abortion remains extremely restricted and almost entirely inaccessible for girls, the Irish state should put in place systematic policy and educational measures in an effort to reduce unintended pregnancy.<sup>[13]</sup> Repeated studies carried out by Ireland's Crisis Pregnancy Agency and the Department of Health and Children reveal that adolescents and young people report failure on the part of teachers delivering Relationships and Sexuality Education (RSE) to discuss the practice of safe sex, and broader social and emotional aspects of well-being and sexuality; young participants interviewed also demonstrated a continued lack of knowledge concerning sexually transmitted infections, contraception and negotiating healthy relationships.<sup>202122</sup>

Emergency contraception became available on prescription in Ireland in 2003 and from 2011 the emergency contraceptive pill Norlevo has been available in pharmacies without prescription.<sup>23</sup> In 2015, the emergency contraceptive pill ellaOne also became available without prescription. While these are positive developments, those seeking access to the emergency contraceptive pill must undergo a documented consultation with the pharmacist before they are granted access to the drug. The cost of these drugs is also unregulated and there can be significant variations in price as a result.<sup>24</sup> Furthermore, pharmacists may refuse to provide the emergency contraceptive pill under a 'conscientious objection' clause, which can result in significant barriers to access.<sup>25</sup>

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<sup>20</sup> Hyde, A. & Howlett, E. (2004) *Understanding Teenage Sexuality in Ireland*. Dublin: Crisis Pregnancy Agency.

<sup>21</sup> Mayock, P. & Byrne, T. (2004) *A Study of Sexual Health Issues, Attitudes and Behaviours: the Views of Early School Leavers*. Dublin: Crisis Pregnancy Agency.

<sup>22</sup> Mayock, P., Kitching, K., & Morgan, M. (2007) *Relationships and sexuality education in post-primary schools: Challenges to full implementation*. Dublin: Crisis Pregnancy Agency/Department of Education.

<sup>23</sup> IFPA (2014a) *Ireland's Sexual and Reproductive Health History*. Retrieved from <http://www.ifpa.ie/node/82> [accessed 26 November 2015]

<sup>24</sup> Re(al)-Productive Health (2014) *Emergency: Contraception in Ireland*. Retrieved from <http://realproductivehealth.com/> [accessed 26 November 2015]

<sup>25</sup> Lynch, Kathleen (2015) Written Answers, Department of Health, Pharmacy Services, 28 May 2015. Retrieved from <https://www.kildarestreet.com/wrans/?id=2015-05-28a.95&s=morning+after+pill+speaker%3A402#g96.q> [accessed 24 November 2015]



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## Recommendations

We respectfully suggest the following recommendations:

- The Irish state should provide information on how the State reconciles its obligations regarding girls' rights to the highest attainable standard of physical, mental and social health under the Convention with its restrictive abortion laws.
- Please provide information on plans to implement the recommendations of the UNHRC and UN CESCR in relation to holding a referendum to repeal of Article 40.3.3 of the Irish Constitution, and with it the Travel, Abortion Information and Protection of Life During Pregnancy Acts, with a view towards full decriminalisation of abortion.
- Please provide information on measures to ensure that girls and young women, including asylum seekers, undocumented women and girls, women and girls with disabilities and other vulnerable groups have adequate access to reproductive health information and services, including in relation to abortion.
- Please provide information on the continued barriers to full implementation of the mandatory requirement for Relationships and Sexuality Education (RSE) education programmes to be delivered in all schools in Ireland, and steps the State is taking to ensure schools fully comply with requirements to institute an RSE policy and to deliver the programme in full.
- Information on plans to ensure unimpeded access to sexual and reproductive health services for adolescents, including the emergency contraceptive pill and - regarding the latter - actions to introduce a standard maximum cost and remove the conscientious objection clause.



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## Testimony: The Reality of Abortion in Ireland<sup>26</sup>

*“With a shaking hand and a racing head I took the test. This was the scariest part. Once it said positive a resolution came over me. I wasn’t ready and it wasn’t my time to have a baby. I’d been with my boyfriend a year and the condom had burst followed by a morning after pill that didn’t work. I rang my boyfriend, he agreed and my mind was made up.*

*This didn’t make it an easy choice. In the weeks leading up to the trip to England there first came the turmoil of telling my parents. The shame I felt. The disappointment I must be. My parents are quite open and liberal people but I was brought up in a small town believing that sex was wrong and to want it was bad. Thankfully both my mother and father embraced me with accepting arms and vowed to help me whatever my decision. They didn’t have a clue what to do. There was no easy way to find information on abortion then and my mother did the only thing she thought might help. She took out the golden pages! Unfortunately the people that had advertised information were a rogue pregnancy agency and this was by far the most traumatic part of the ordeal.*

*We arrived to Dublin and found our way to a dingy office on Dorset Street. It was rare we went to Dublin and even though we probably knew in our guts something was wrong we both went along not knowing an alternative. We were greeted by an older lady who asked my mother to stay in the waiting room while she brought me through to her office. She firstly brought me down to a bathroom and made me do a pregnancy test to see that I was positive. After that came an hour-long ordeal where she showed me videos of women who had regretted their abortion, a clinic where they went through all the utensils they used in an abortion. She took out figurines of foetuses and told me this was the size of my child now and asked me to name it. While all this was going on I was just so confused. Some strange part of my head told me she was testing me to make sure I was strong enough to have an abortion. It was all so surreal and it wasn’t until I came out of the office and onto the street did I realise what had happened. I broke down there and then. My older sister ended up ringing her friend who was a doctor and we got sent to the well woman clinic. They were so helpful and I’m so thankful we were able to find our way there after that experience. They ended up giving us proper advice on how to organise the termination and two weeks later I was in Birmingham. The flight was hard, leaving the hotel to go to the clinic was hard, eating in an unfamiliar restaurant and staying in an unfamiliar bed that night was hard. Everything different. No supports. And in my opinion there was no need for it to have been like this.*

*I think of all the young girls still having to make the same trip each year and it makes me feel so sad. I hope that things can change and people can end up opening their hearts to the struggles of women who, for one reason or another, cannot go to term with their pregnancy.”*

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<sup>26</sup> Source: personal communication with reproductive rights activist and ARC member.