

## Offences Against the Person Act 1861

Sarah Wollaston Chair, Health and Social Care Committee, Chair, Liaison Committee (Commons)

I should like to start by paying tribute to Stella Creasy for all the work that she has undertaken in this area, and for bringing this debate to the House. The result of the referendum in the Republic of Ireland has been a great victory for women's rights to make decisions about their own bodies, but it has also thrown a stark spotlight on the situation of women in Northern Ireland. To my mind, it cannot be acceptable that in six counties of our United Kingdom, women are forced to make long, lonely journeys across the water or forced into the hands of the unscrupulous, or that they face criminal prosecution for making decisions that should be theirs by right. I believe that it is time for this House to act to protect their rights, as well as the rights of those everywhere else in the United Kingdom.

Jo Swinson Deputy Leader, Liberal Democrats, Liberal Democrat Spokesperson (Foreign Affairs)

We heard earlier from Sir Jeffrey M. Donaldson about the devolution of policing issues to Northern Ireland. Does the hon. Lady agree that the fact that we are talking about policing women's bodies is part of the whole problem? That is not the right context for this debate. Supporting women to take these decisions is a health matter and a medical matter, and no woman takes this decision lightly.

Sarah Wollaston Chair, Health and Social Care Committee, Chair, Liaison Committee (Commons)

Indeed. I could not agree more with the hon. Lady.

It is time for us to review the way in which we treat this issue and to move to a medical model. Since the 1967 Act, things have changed considerably, not only in social attitudes but in the availability of medical terminations of pregnancy. They were not available at the time of the Act. We have also moved on from the paternalistic attitudes that dictated that two doctors were the only ones who could be trusted to help a woman to take this decision. That completely negates the role of specialist nurse practitioners, who often undertake the role of counsellor in the clinics. It is an anachronism that we should still insist on two medical signatures.

Hannah Bardell Shadow SNP Spokesperson (Digital, Culture, Media and Sport)

On the matter of paternalism, does the hon. Lady agree that comments about women having abortions as a matter of convenience are deeply offensive, and that this debate must be characterised by decency and by respect for the views being expressed across the House? I have supported friends who have had an abortion, and I know that nothing about what they have chosen to do has been about convenience.

Sarah Wollaston Chair, Health and Social Care Committee, Chair, Liaison Committee (Commons)

I thank the hon. Lady for making those points. If the House will forgive me, I am mindful that many Members wish to speak, so I will not take further interventions.

There is a further point about the impact of medical terminations of pregnancy using two medicines. Because of the restrictions of the Act, the second of those medicines currently has to be administered in the clinic, which means that women sometimes have to face the extreme indignity of travelling home with heavy bleeding and in considerable pain. It is time for the House to review the whole way in which this operates, and to shift to a medical model. We know that there is an opportunity to put this right with an amendment to the domestic violence Bill, and I say to Ministers that now is the time to plan ahead for that, rather than looking the other way and saying that this is purely a devolved matter. We know that a cross-party amendment will be tabled, and now is the time to be planning ahead and making the thoughtful, careful preparations that we need to make about the kind of medical regulations we wish to see in place.

Of course, there are those who say that repealing sections 58 and 59 of the Offences Against the Person Act 1861 will lead to us being thrown into some kind of vacuum, but that is not the case. The hon. Member for Walthamstow pointed out that the term limit of 24 weeks would remain in place, and there are other protections. For example, it is already an offence to supply abortion pills under the Human Medicines Regulations 2012, and individuals can face up to two years in prison and a considerable fine for supplying such medications illegally. Equally, some say that there might be a free for all in people turning to back-street abortionists, with unqualified people carrying out surgical procedures—it has happened in the past—but that is not the case. That would still constitute actual bodily harm or grievous bodily harm, and unqualified people would not be able to rely on the victim's consent to the procedure as a defence under sections 47 and 20 of the 1861 Act, which would remain in place. Such offences would carry a penalty of up to five years in a prison and a fine.

The point here is that it is highly unlikely that anyone would want to visit a back-street abortionist if free, safe, confidential and non-stigmatising help was available free of charge on the NHS. As many colleagues have pointed out, we do not stop abortions happening by criminalising them and making an abortion difficult to access; we just make them happen in a less safe context.

I ask Ministers to start preparing for the inevitable cross-party amendments. I hope that the Minister in summing up will be clear that there will be no delay in the domestic violence Bill for fear of a controversial amendment, because an amendment will be tabled, and now is the time to ensure that all the regulations we need are carefully and thoughtfully consulted upon. As someone mentioned earlier, this process would allow the devolved Assemblies to decide what is right for their areas. The time is right for us to move from a situation in which women are criminalised to one where women are treated with respect and dignity.

I will take one further intervention from the Chair of the Home Affairs Committee.

Yvette Cooper Chair, Home Affairs Committee

I welcome the speech that the Chair of the Health Committee is making and her point that this is an opportunity to prepare and to consider such things in detail in anticipation of future legislation. Does she agree that the moving thing about the "Home to Vote" movement in the Republic of Ireland's referendum campaign was that so many women said that they were returning home to vote so that other women did not have to travel in future? They were

making journeys so that other women would not have to do so.

Sarah Wollaston Chair, Health and Social Care Committee, Chair, Liaison Committee (Commons)

I absolutely agree. We were all deeply moved by the "Home to Vote" campaign.

Although the change happened in the Republic of Ireland, there are implications across the entire United Kingdom, because it has given us the opportunity to review what is wrong with the existing legislation. It is now time for the Government to plan ahead and to have a thoughtful process of ensuring that the regulations are right. I hope that this House will decide collectively to protect and respect the rights of women, wherever they live in this United Kingdom.