

Institution: Manchester Metropolitan University		
Unit of Assessment: C20 Social Work and Social Policy		
Title of case study: Abortion corridors: challenging barriers to access and care		
Period when the underpinning research was undertaken: 2016 - 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Deirdre Duffy	Reader	2016-present
Period when the claimed impact occurred: 2016-2020		
Is this case study continued from a case study submitted in 2014? No		
<p>1. Summary of the impact</p> <p>Dr. Duffy's research has equipped organisations and activists working in conservative regimes globally to monitor and protect abortion access. The Irish Family Planning Association used her evidence in its submissions to the Citizens' Assembly on Repealing the 8th Amendment and Oireachtas Committee, which preceded the legalisation of abortion in the Republic of Ireland (RoI). The World Health Organisation and Abortion Rights Campaign used her evaluation frameworks to monitor the implementation of RoI's first accessible abortion service after thirty year's prohibition. Campaigners used her research in a successful defence of access to abortion services in Colombia, preventing a proposed reduction in services from 22 to 15 weeks. The Women and Equalities Commission Report on Abortion in Northern Ireland (2019) also cited her evaluation of barriers to abortion access to justify widening access to abortion services.</p>		
<p>2. Underpinning research</p> <p>Duffy's research interrogates the link between evaluation, government and policy-making, highlighting how evaluation can operate as a form of 'soft power,' which elites can use to manipulate knowledge production to their own ends. Challenging existing modes of evidence-based policy-making, it offers insights into how grassroots organisations can reclaim evaluation to inform and direct policy. Developed through a critique of the use of evaluation, which aimed to reorient youth work away from less measurable agendas, over the last five years, she has shifted her lens to the domain of abortion care.</p> <p>Drawing on case studies from youth work in the UK, Duffy's book Evaluation and Governing in the 21st Century: Disciplinary Measures, Transformative Possibilities (2017) and paper 'Scientism, governance and evaluation: Challenging the 'good science' of the UK evaluation agenda for youth work' suggested approaches to evaluation that more accurately capture the complexity of the 'lived experience' of policy systems [1, 2]. This social justice orientation made the work particularly useful to NGOs and activists whose work centred on everyday problems individuals and communities face, such as barriers to care. Her focus on the everyday continued through her work on the reality of abortion care. This research highlighted how the cost of services, the need to travel to reach services, the lack of clear information, and practitioners' fears of legal repercussions made abortion inaccessible for millions.</p> <p>Duffy's ground-breaking interdisciplinary study The Liverpool-Ireland Abortion Corridor: Between history, activism and medical practice (Wellcome, GBP24,853) demonstrated these lived barriers clearly. Until 2018, the Republic of Ireland had one of the most restrictive abortion law regimes in the world. Abortion was only permitted where there was an immediate risk to the mother's life. Northern Ireland's laws were similarly restrictive: the Abortion Act 1967 (the law permitting abortion access in England, Wales and Scotland) had never been extended to Northern Ireland. These legal environments resulted in high rates of abortion travel from the island of Ireland to mainland Britain. Since the Abortion Act 1967 made services legal, over 900,000 women have taken the 'boat to Liverpool' from Ireland in order to access abortion. However, existing research addressed abortion travel from a legal perspective, rather than exploring the implications it has for everyday care provision and access. Neither practical burden of travel nor how health professionals felt about, or supported abortion travellers, had been researched.</p> <p>Duffy, and Co-I Claire Pierson, explored the impact of the 'abortion corridor' through a series of workshops with health care professionals, people who had travelled to Liverpool for abortion services, academics in reproductive justice, and abortion trail activists. Duffy also interviewed health practitioners and activists, and undertook archival research in Liverpool and Belfast. The study resulted in three major findings: firstly, that financial, informational and logistical burdens inhibited access to care as much as legal frameworks; secondly, that access needs to be the focus</p>		

of legal change; and thirdly, that access is still problematic where abortion is legal. Their research highlighted barriers not rooted in law. For example, the cost of travel, practical considerations, such as childcare and transport, and a lack of available information on how to access services can inhibit access [3, 6].

Duffy and her co-investigators' research on the Liverpool-Ireland Abortion Corridor remains the only academic study of care for abortion travellers from Ireland to include the voices of health professionals. Their analysis indicated that the position of the subjects of (written) legal frameworks was as important as the frameworks themselves. In particular, it showed that issues outside of legal frameworks, including morals, stigma and fear of professional repercussions can play a key role in decision-making [4]. This insight was of critical importance to concurrent global debates about abortion provision and accessibility. The research also uncovered evidence (through archival and qualitative interviews) of previously undocumented Liverpool-based organisations supporting abortion travellers [5]. Duffy is now building on findings from the Wellcome study in a Leverhulme Trust Research Fellowship, which explores how non-state actors facilitate abortion access: **Feminist outlaws: abortion trail activism and evolution of abortion politics** (2020-2022, GBP53,170).

Observations about access to abortion also motivated further exploration of the barriers presented by information flow and misinformation. Both factors can present important systemic and persistent barriers to abortion, yet they are not addressed by changes to abortion law. Duffy designed a five-item tool (ASIAT), which policy-makers and stakeholders could use to conduct formative evaluations of web-based information on accessing abortion services, available on the internet in England, Northern Ireland and the Republic of Ireland, from a service-user perspective. A pilot study analysed 619 web pages, including web pages produced and managed by health service providers. Less than a third were judged as 'good' or 'excellent' [6]. The findings recommended greater attention to the user perspective in the design of information to facilitate access to abortion care (including web-based information) in order to minimise informational barriers (e.g. lack of legal knowledge).

3. References to the research

[1] Duffy, DN (2017). *Evaluation and Governing in the 21st Century: Disciplinary Measures, Transformative Possibilities*. Palgrave Macmillan. ISBN: 978-1137545121

[2] Duffy, DN (2017). [Scientism, governance and evaluation: Challenging the 'good science' of the UK evaluation agenda for youth work](#). *Youth and Policy*, 116, 45-61.

[3] Duffy, DN and Pierson, C (2017). [Liverpool-Ireland Abortion Corridor. Briefing paper: initial findings from healthcare perspectives on abortion care and travel](#).

[4] Duffy, DN, Pierson, C, Myerscough, C, Urquhart, D and Earner-Byrne, L (2018). Abortion, emotions, and health provision: Explaining health care professionals' willingness to provide abortion care using affect theory. *Women's Studies International Forum*. 71, pp.12-18. DOI: [10.1016/j.wsif.2018.09.002](#)

[5] Duffy, DN (2019). From Feminist Anarchy to Decolonization: Understanding abortion health activism before and after the Repeal of the 8th Amendment. *Feminist Review*. DOI: [10.1177%2F0141778919895498](#)

[6] Duffy, DN, Pierson, C and Best, P (2018). A formative evaluation of online information to support abortion access in England, Northern Ireland and the Republic of Ireland, *BMJ Sexual and Reproductive Health*. DOI: [10.1136/bmj.srh-2018-200086](#)

Funding:

G1. Duffy, DN (PI), The Liverpool-Ireland Abortion Corridor: Between history, activism and medical practice, Wellcome Trust Seed Fund, 2015 (paused and transferred to Manchester Metropolitan University 2016), GBP24,853.

G2. Duffy, DN (PI), *Feminist outlaws: abortion trail activism and evolution of abortion politics*, Leverhulme Trust Research Fellowship, 2020-2022, GBP53,170 (RF-2019-284 8).

G3. Duffy, DN, Policy Implementation – Access to Safe Abortion Services in the Republic of Ireland, World Health Organisation (WHO), GBP36,759 (SRA00000182).

Indicators of quality:

Reference [1] featured in an invited piece on the LSE's highly regarded Impact of Social Sciences blog (August 14th 2017).

Reference [6] has a high attention score compared to outputs of a similar age and is amongst the top 5% of all research outputs scored by Altmetric.

4. Details of the impact

Abortion is a significant societal challenge: there are 22 million unsafe abortions each year. The World Health Organization (WHO) estimates these have direct and long-term impacts on the maternal mortality and morbidity of five million women and girls annually. The United Nations also prioritises 'Ensuring universal access to sexual and reproductive health and reproductive rights' in its Sustainable Development Goals (SDG5.6) and its Women, Peace and Security Agenda. However, governments (including Ireland and the UK) tend to frame abortion access as a mainly legal issue. Liberalising abortion law is equated with the answer to problems of abortion access. Duffy's research has supported the efforts of those working to monitor and protect abortion access internationally by underlining, through empirical evidence, that law is just one barrier to care. Cost, location, information flow and willingness of health professionals are equally significant in the lived experience of abortion access. NGOs have used this research to support and achieve change.

Public policy:

Until May 2018, abortion was only permitted in the Republic of Ireland (RoI) if the woman's life was at risk, due to the constitutional recognition of the 'right to life' of the unborn (Article 40.3.3 of the 8th Amendment). This led many women, including those who were raped or carrying foetuses with abnormalities, to use unsafe abortion methods or travel to the UK to access abortion services. Duffy's research showed an average of two women a day travelled to England at significant personal and financial cost. Campaigning for liberalisation of abortion law led to a Citizens' Assembly on Repealing the 8th Amendment (2016).

Duffy and Pierson made a submission to the Assembly on behalf of Manchester Metropolitan University, which drew on their Wellcome-funded research. The Irish Family Planning Association (IFPA) - the leading provider of sexual and reproductive health services in RoI – also referenced Duffy and Pierson's research, multiple times, to support their case for repeal. IFPA was one of just 17 advocacy groups that the Assembly chose to hear from, in person, from over 13,000 submissions. They drew on the research findings to argue that: '*Constitutional clauses on abortion force policy-makers, doctors and politicians to view abortion within a uniquely legal framework and impede doctors' use of clinical judgement*'. They also asserted the research, '*clearly establishes that the harms of the amendment are such that it may be considered an inherent clinical risk to the safety of women who travel from Ireland for abortions.*' The IFPA later presented its case to the cross-party Oireachtas Committee, which was set up to consider the Assembly's report. This process led to the decision to hold a popular referendum on abortion and the amendment was repealed on 20th December 2018, legalising abortion up to 12 weeks in all circumstances and up to 20 weeks where there was evidence of harm to the mother and/or that the baby would not survive over 28 days post-partum. Abortion services were finally introduced on 1st January 2019, after thirty years' prohibition [A].

Duffy submitted evidence, based on her evaluation of barriers to abortion access, to the Women and Equalities Committee Inquiry (2019) on Abortion Law in Northern Ireland. Her submission was integrated into the resultant report and cited twice: to evidence conflicts between guidance on abortion and doctors' duty of care towards their patient, and the fear this lack of clarity creates. The Committee used the report to justify widening access to abortion services. Services to provide abortion care were commissioned in 2019 as a result of the Committee's efforts (although these have been affected by Covid-19) [B].

Public services:

Whilst over 6,500 women accessed abortion in RoI in 2019, doctors, legal experts and charities raised concerns about the ongoing impact of systemic and persistent barriers post-legalisation. Three organisations are now undertaking large-scale evaluations of the new services in RoI to monitor delivery, and to address these concerns. The evidence produced will be submitted to a major review of the implementation of abortion services in RoI, scheduled for late 2021. Evaluations of sexual and reproductive health care within health systems usually use research undertaken by policy-makers focused on external barriers (for example, legal prohibitions). They largely ignore barriers within systems and the perspectives of, and evidence from, grassroots organisations. However, Duffy's research-informed training, workshops and collaborations with

transnational organisations have led to the adoption and implementation of her model in two of the three evaluations.

Abortion Rights Campaign (ARC) evaluation: As Duffy's research showed, health systems and processes can prevent people from accessing care even when legal barriers are removed. ARC - the largest pro-choice organisation in RoI - wanted to undertake research on abortion experiences under the new system to identify those barriers and help them to address them. They also wanted to highlight the fact that they were most problematic for marginalised and socially-disadvantaged groups. ARC invited Duffy to deliver a workshop on evaluation and to create a tool they could use to gather and systematise their evidence, drawing on her research. She also recorded a podcast for use in further training. ARC say the workshop: *'evoked questions that had not yet been considered and provided insight into the key questions to be included to create a robust evaluation'* and that it: *'helped to clarify our own evaluative framework'*. This ensured they gather evidence that will help them to propose policy change, determine resource provision and identify areas for further research. ARC launched their evaluation in 11 languages in September 2020 to: *'gather evidence around how the current legislation is working, from the perspective of those directly affected by it'*. It forms a central part of their #Resolvetogetinvolved and #RepealReview campaigns, which emphasise systemic barriers and lived experience [C].

The World Health Organisation (WHO) evaluation: In 2020, WHO also launched an evaluation: *"to provide a better understanding of the barriers and facilitators to the implementation process"* for abortion services in RoI. WHO invited Duffy to be the Co-Investigator on its United Nations' Human Reproduction Programme (HRP) team due to her research expertise, leading the information analysis and sharing her knowledge of the factors that shape women's access to, and experiences of, abortion services. The study includes collaborators from Global Doctors for Choice - an international network of physicians advocating for access to safe, reproductive health care for all. Duffy produced two reports for WHO, which will also be released as standalone reports in the public domain on the project's conclusion. The first report, completed in September 2020, presents available quantitative evidence on access to abortion in Ireland - both under and outside of the Health Act - and abortion travel. Her second report (November 2020), presented findings and analysis from the review of information available to health professionals and abortion seekers in RoI. The Principal Investigator states that Duffy also *'made valuable contributions'* to the stakeholder mapping process, input on the team's semi-structured interview guides before they began to collect qualitative data, and input on the analysis, organisation, and dissemination of the study. In addition to adding to the evidence base for the legislative review in Ireland, the study will inform WHO's wider, international strategy on abortion legislation and service implementation. Translating her research into practice, Duffy has ensured that internal barriers and lived experience are at the centre of the evidence-base that underpins the project's recommendations [D].

Although the dominance of conservative voices makes policy change difficult in many countries, Duffy's research has provided an important counterbalance in political debate on abortion and sexual health. In 2006, a legal challenge to the Colombian constitution liberalised abortion access up to 22 weeks in specific circumstances. However, as campaigning groups, such as La Mesa por La Vida, the Centre for Reproductive Rights and Women's Link Worldwide have highlighted, this change left the systemic barriers that inhibit access in place: barriers they have found it difficult to get addressed. In 2018, Women's Link Worldwide submitted a legal challenge to the Conservative Government's efforts to reduce the gestational limit on access to 15 weeks, which they described as: *'a serious rollback for women's sexual and reproductive rights'*. The fact that women whose pregnancies were over 15 weeks faced the most acute systemic barriers was central to their case. This challenge used a briefing written by Duffy, Dr Megan Daigle (Overseas Development Institute) and Diana López Castañeda (Gender Associations) as supporting evidence (in an amicus curiae "friend of the court" statement). The brief embedded Duffy's research on persistent barriers to access to abortion services in its defence [E]. They were successful, and in October 2018, the Colombian Constitutional Court reaffirmed the right to abortion up to 22 weeks. This ensured women who meet the legal criteria can continue to access abortion between 15 and 22 weeks gestation, preventing a change that would impact millions. Writing to thank Duffy, Daigle and Castañeda, the senior attorney explained:

The Court issued that these barriers are a form of violence against women and girls, which is a new and important standard. Additionally, this case has strengthen the case-law that

guarantees the right to abortion in Colombia. This victory for our movement was possible thanks to the important support that we got through the amicus we sent to the Constitutional Court, including yours [F].

The challenge was just one step in a wider campaign, and 2020 saw the launch of the Causa Justa movement - a collective of over 45 human rights and women's organisations and activists, health service providers and researchers. In September that year, they launched a lawsuit that aimed at total decriminalisation of abortion in Colombia. The campaign also used a brief by Duffy, Daigle and López Castañeda (submitted as an amicus curiae) to support the lawsuit, again using Duffy's research on barriers to access and information to underpin their case [G]. Although the decision will not be made until May 2021, Causa Justa contend that the amicus curiae briefings - 'really made a difference' and 'are certainly a key contribution to a favorable ruling'. As news provider La Silla Vacía observed, 90% of the 90 research-based submissions supported decriminalisation and, although not binding, 'provide arguments that the rapporteur magistrate, Antonio José Lizarazo, must consider' [H].

5. Sources to corroborate the impact

[A] i IFPA, '[Submissions to the Citizen's Assembly: A health and rights approach to abortion in Ireland](#),' IFPA, 16 December 2016, pp. 13, 22, 63; ii IFPA, '[Advance Paper to The Citizens' Assembly](#),' 23 February 2017, p. 3.

[B] House of Commons, Women and Equalities Committee, '[Abortion law in Northern Ireland Eighth Report of Session 2017–19 Report, together with formal minutes relating to the report](#),' HC 1584, 25 April 2019.

[C] i Testimonial, Abortion Rights Campaign; ii Abortion Rights Campaign evaluation materials.

[D] Testimonial, Principal Investigator, World Health Organization's Human Reproduction Programme study 'Policy Implementation – Access to Safe Abortion Services in the Republic of Ireland.'

[E] i Dr Deirdre Duffy, Dr Megan Daigle, Diana López Castañeda, amicus curiae, 13 September 2018.

[F] i Correspondence with Women's Link International; ii Constitutional Court Judgement, '[Expediente T 6612909 - Sentencia SU-096/18 \(October 17 2018\), M.P. José Fernando Reyes Cuartas](#)'; iii Center for Reproductive Rights and Profamilia, '[Colombia: Backlash to Abortion Law Fails to Emerge in the Midst of a Migrant Crisis](#),' 2019.

[G] i Dr Deirdre Duffy, Dr Megan Daigle, Diana López Castañeda, amicus curiae, 10 November, 2020; ii Submission to Constitutional Court, Legal Adviser for Conflict – Latin America and the Caribbean Center for Reproductive Rights.

[H] i Causa Justa, Letter to amicus curiae writers, 18 December 2020; ii Victor Castillo, '[En la discusión académica el consenso es a favor de despenalizar el aborto](#),' La Silla Vacía, 7 December 2020.