Engender Parliamentary Briefing:
Scottish Government Abortion Law Review report

December 2025

1. BACKGROUND

Engender welcomes the Scottish Government's recently published Abortion Law Review report (ALR report).[1] This recommends removing abortion from the criminal justice system and reforming Scotland's abortion care framework, in line with World Health Organisation guidelines[2] and international standards on the protection of women's human rights.[3]

Alongside a broad range of civil society partners, Engender has advocated for abortion law reform for many years.[4] We call for the full decriminalisation of abortion alongside modernisation, to reflect best practice in healthcare delivery and human rights.

This is because:

- **The outdated law is in urgent need of modernisation**
- **Scotland is not meeting international health and human rights standards**
- **Abortion care directly impacts gender equality and women's rights**
- **Marginalised groups and vulnerable individuals are most at risk of harm**
- **Criminalisation creates stigma**

A detailed exploration of potential routes to legal reform is found in our 2024 policy report.[5]

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[1] Scottish Government (2025) Review of Abortion Law in Scotland Expert Group report. Available at: https://www.gov.scot/publications/review-abortion-law-scotland-expert-group-report/

[2] WHO (2022) Abortion Care Guideline. Available at: https://www.who.int/publications/i/item/9789240039483

[3] See for example: General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights) https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-22-2016-right-sexual-and

[4] Engender (2016) Our bodies, our choice: The case for a Scottish approach to abortion. Available at: https://www.engender.org.uk/content/publications/Our-bodies-our-choice---the-case-for-a-Scottish-approach-to-abortion.pdf

[5] Engender (2024) Outdated, harmful and never in the public interest: The urgent need to modernise Scotland's abortion law and prevent prosecutions. Available at: https://www.engender.org.uk/content/publications/ENGENDER--FINAL-DECRIM-REPORT---21-05-24.pdf

Repeat polling shows that an overwhelming majority of people in Scotland (83-97%) agree that "women should have the right to an abortion".[6] **All relevant professional healthcare bodies in the UK support decriminalisation**.[7]

Nevertheless, the rise of anti-rights narratives globally, alongside regression on women's rights in some countries, signals a potential threat to abortion rights everywhere.

We therefore urge MSPs to act decisively to strengthen women's rights in response to this threat. We ask that you:

- Consult the evidence compiled during the Scottish Government's review
- Challenge misinformation published by anti-abortion and anti-rights actors
- Support proposed changes to the law that would bring Scotland in line with international best practice.

This action is critical to safeguard reproductive rights for future generations.

2. THE SCOTTISH GOVERNMENT ABORTION LAW REVIEW REPORT

Engender welcomes the Scottish Government's ALR Expert Group report which sets a clear route to reform the law, address abortion stigma and improve women's healthcare.

The review was commissioned by the Scottish Government with the **remit of "ensur[ing] that abortion services are first and foremost a healthcare matter"**.[8] This reflects the reality that around one in three women in Scotland will have an abortion in their lifetime.

On this basis, the Expert Group, comprised of leading health and legal experts, comprehensively examined evidence on legal reform from around the world, as well as relevant expertise nationally. This process took place over the course of one year. The ALR report accordingly makes recommendations that are:

- In line with international best practice on abortion care
- In line with the position of global and national health bodies
- Rooted in the latest available national and international research and medical evidence

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[6] Yougov "Should women have the right to an abortion?". Available at: https://yougov.co.uk/topics/politics/trackers/should-women-have-the-right-to-an-abortion (accessed 10/12/25)

[7] Including: British Medical Association (BMA), the Royal College of General Practitioners (RCGP), the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Nursing (RCN), the Royal College of Midwives (RCM), the Royal College of Psychiatrists (RCPsych), the Royal College of Anaesthetists, the College of Sexual and Reproductive Healthcare (CoSRH), the Faculty of Public Health, the British Society of Abortion Care Providers (BSACP), the British Maternal and Fetal Medicine Society (BMFMS), the British Association of Sexual Health and HIV (BASHH), the Faculty of Forensic and Legal Medicine (FFLM) and the International Federation of Gynaecologists and Obstetricians (FIGO).

[8] Scottish Government "Abortion Law Review Expert Group: terms of reference". Available at: https://www.gov.scot/publications/abortion-law-review-expert-group-terms-of-reference/

- Influenced by the evidence submitted by a broad range of stakeholders in Scotland
- Focused on evolving clinical practice and standards of care.

2.1 Attempts to discredit the work of the Expert Group

Since the release of the ALR report, there has been a concerted campaign to publicly distort its recommendations. Supported by some media outlets, alarmist misinformation has been shared in attempts to discredit the Group's work and undermine organisations that gave their time and expertise to the process.

We are calling on MSPs to stand up against these kinds of tactics. This is critical for two reasons:

1. Scotland's women deserve the highest standard of abortion healthcare that is designed and delivered based on medical best practice, not politicised scaremongering.

2. Abortion policy development, like all policy development, should be shaped using the highest level of evidence and expertise. Problematising expertise, as has been attempted here, carries serious risks for the quality of all policy making longer term.

2.2 Key recommendations from the ALR report

The ALR report makes 38 detailed recommendations. Important points to note include:

<u>1. The two doctors' authorisation requirement removed before 24 weeks</u>

- The 'two doctors rule' that operates in Scotland is a relic of law that is nearly 60 years old and has no medical or clinical rationale. It creates harmful stigma and acts as a barrier to care, particularly in remote and rural areas.
- The World Health Organisation's abortion care guideline stipulates that "third party authorisation requirements are incompatible with human rights law" and must be removed.[9]

<u>2. Abortion care after 24 weeks to remain predominantly unchanged</u>

- Less than 0.1% of abortions take place after 24 weeks' gestation in the UK.[10] Later abortions would continue to be decided by the patient and two healthcare professionals in line with legal 'grounds'.
- The 'grounds' for abortion would fundamentally remain the same but with some modernisation to reflect social and clinical changes since the Abortion Act was introduced in 1967.

[9] [9] WHO (2022) Abortion Care Guideline. Available at: https://www.who.int/publications/i/item/9789240039483

[10] Figures are unavailable in Scotland due to the rarity of cases.

- Claims that abortion would be 'legalised up to birth' are untrue.

3. Modernisation regarding the circumstances of abortion

- Abortion care would be delivered by trained and registered healthcare professionals, in line with global best practice. At present service provision is confined to doctors, adding pressure to stretched NHS services and harming equality of access.
- Legislation would allow for greater flexibility regarding where an abortion can take place, in line with advances in clinical practice and service delivery.

4. A duty to provide abortion services

- There is currently no positive duty on Ministers or health boards to provide abortion care. This is a modern rights-based practice adopted in other countries including Northern Ireland.
- Such a duty should help to address current gaps in service provision in Scotland, which result in some women having to travel to England to access care.[11]

5. Decriminalisation of abortion

- Specific criminal offences for abortion would be removed from the criminal law.
- Abortion would remain subject to robust legal and professional rules, like all other healthcare. This includes regulation of time limits, and unsafe or forced abortion.
- Decriminalisation is supported by the World Health Organisation, all relevant professional healthcare bodies in the UK and 71% of the British public.[12]
- Scotland trails behind the rest of the UK[13] and most other European countries regarding decriminalisation of abortion.

3. ABORTION RIGHTS AND GENDER EQUALITY

Abortion is crucial for achieving gender equality and women's rights. Access to safe and high-quality abortion care underpins the rights to privacy, bodily autonomy, safety, access to employment and education, financial security, housing, and health and wellbeing.

[11] BMJ Sexual and Reproductive Health (2014) 'Providers' perspectives on the barriers to post-20-week Ground C abortion in Scotland'. Available at: https://srh.bmj.com/content/51/4/319

[12] IPSOS "Seven in ten Britons think abortion should be legal in all or most cases – but this reduces to less than half in young men". Available at: https://www.ipsos.com/en-uk/seven-ten-britons-think-abortion-should-be-legal-all-or-most-cases-reduces-less-half-young-men

[13] MPs voted to decriminalise women who end their own pregnancy in June 2025. Abortion was decriminalised in 2019 in Northern Ireland.

Barriers to abortion care, like those created by unnecessary restrictions in law, are more likely to impact marginalised and oppressed groups including disabled women, younger women, trans and non-binary people, women of colour, migrant women and those in remote and rural areas.

The social and clinical context for abortion has evolved significantly since the Abortion Act was introduced in 1967. When the 1967 Act was passed only 4.5% of Members of the UK Parliament were women and neither the Equal Pay Act nor Sex Discrimination Acts had been introduced. Advances in medicine and healthcare best practice have also been transformative over the last 60 years.

Scottish Government and Scottish Parliament must deliver women's healthcare that is fit for the 21st century, as part of broader political commitments to women's equality and realisation of rights for women and girls.

FOR FURTHER INFORMATION

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ABOUT US

Engender is Scotland's feminist policy and advocacy organisation, working to increase women's social, political and economic equality, enable women's rights, and make visible the impact of sexism on women and wider society. We work at Scottish, UK and international level to produce research, analysis, and recommendations for intersectional feminist legislation and programmes.