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Abortion Views Survey 2023

FURTHER ANALYSIS, COMMENTARY AND
RECOMMENDATIONS

A Report by Centre for Bio-ethical Reform UK
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Foreword

“Rather, we have renounced secret and shameful ways; we do not use deception, nor do we distort the word of God. On the contrary, by setting forth the truth plainly we commend ourselves to everyone’s conscience in the sight of God.” 2 Cor 4:2

This isn't the first survey to capture views on abortion, but it is one of a few that gives an accurate snapshot of how those views are prone to shift to a more humane ethic when the truth is set forth plainly. I'm 100% confident that the way these results have been collected is accurate and honest. What's more, I am confident that the truth will be able to stand the hypercritical evaluation this survey invites and that larger randomised and weighted surveys will yield the same result.

What is the truth?

The truth, which the survey expresses and my experience over nearly two decades of interacting with members of the public confirms, is that abortion is far from a settled issue. Despite what we hear from those who provide abortions, once privy to the facts, there is a great deal of enthusiasm for seeing abortion law reformed. We commend this point boldly to the national conscience in the sight of God.



Andrew Stephenson
Founder of Centre for Bio-Ethical Reform UK

22nd March 2023

Introduction

For the last decade both sides of the abortion debate have been commissioning polls to test public opinion on abortion with both sides citing their own results as reason for reform. It is no surprise therefore, that many polls are distrusted or ignored.

By publishing our whole data set along with a comprehensive methodology (see Appendix) we hope this survey will be cause for serious reflection and further investigation for everyone, irrespective of what side of the debate they sit.

What is more, we hope our survey will highlight just how much desire for reform exists when people are invited to go beneath the euphemisms and explore the facts of our abortion law.

The purpose of this document is to analyse the results found in the *Data Tables* and the *Results and Analysis* documents and comment on how they could be used to inform UK abortion law reform. This document is intended for anyone, policy maker and pundit alike, seeking to ascertain what members of the public really think about UK abortion law.

Acknowledgments

Special thanks to the 76 surveyors who sacrificed their time and energy to collect these surveys in all weathers. May we also thank the many people who have offered their time and expertise, free of charge, to craft, refine, and analyse results ready for publication.

Executive Summary

We surveyed 874 respondents on a randomly selected basis in England and Wales between June and November 2022. Contrary to what other surveys and polls suggest, a majority of respondents, when given the facts, thought our abortion law needed reforming in some way. The desire for reform was most apparent when it came to questions of abortion because of disability, fetal viability, fetal pain relief, and where abortions should be allowed to take place.

Key Points

- 26% of respondents said they were pro-life, 59% said they were pro-choice. The rest said they did not know (11%) or preferred not to say (4%).
- A total of 58% of respondents, when given facts, thought our abortion law should be restricted in some way, with only 11% wanting a relaxation in our laws.
- Just under half (46%) of respondents believed current abortion figures are too high. Only 1% of respondents believed we should have more abortions.
- Over half of respondents (55%) thought aborting a baby because of Down's syndrome was unacceptable, with 6 in 10 (63%) expressing support for reforming our abortion law in this area.
- 8 in 10 (79%) respondents thought aborting an unborn baby solely because s/he has cleft lip and cleft palate is unacceptable, with 76% expressing support for legal reform in this area.
- 61% of respondents supported a reduction in the upper abortion limit from 24 weeks to 22 weeks.
- 80% of respondents supported the mandatory introduction of painkillers for the unborn baby during an abortion procedure beyond 12 weeks gestation.
- 71% of respondents thought "pills by post" abortion was unacceptable. The figure concurs exactly with other polls on the matter and nearly exactly with the government consultation result on the same topic.

While our detractors may disagree with our choice of words and the focus of our questions, we are prepared to defend these because they speak plainly and objectively about the conditions and procedures in question, preferring accessible, everyday language over medically obscure or euphemistic language, whilst also avoiding terms or descriptions that are unnecessarily graphic or ideologically loaded. At the very least our hope is that our detractors will concede that the words we use and the facts we choose to focus on (or omit) have the capability to radically change the outcome of the results.

We welcome further research and polling in this area, from all sides of the abortion debate, on the provision that members of the public are invited to earnestly examine the detail of our law, and abortion is described in accurate terms. Our survey suggests that when these two criteria are met, the results turn out to be very different from what the abortion industry would have us believe.

In Comparison to Other Polls

Comprehensive and transparent published polls on abortion are surprisingly hard to find. Organisations often commission and cite them, yet remain unwilling to publish the full data set or methodology for public consumption. Examples of this kind of polling include the *Channel 4* poll as part of their documentary *Disability Abortion: The Hardest Choice* and a recent 2020 Amnesty International poll reflecting on abortion provision in [Northern Ireland](#).

Two notable exceptions to this rule on both sides of the abortion divide, are the [2017 Comres poll of 2,005 adults](#) and the rolling [YouGov](#)¹ survey asking *Should women have a right to an abortion?* Each provides robust data that can be scrutinised, offering helpful insight into the views of the population. The first focuses on more technical matters of waiting times, consent, coercion and other matters, the second poses the broader question of access and legality.

Yet three differences exist between these polls and our own.

1. Language

Firstly, with regards to language. It has often been observed that language affects belief. In the popular university textbook *An Introduction to Literature, Criticism and Theory* the authors state:

*Ideology, the way that people think about their world is produced and altered in and through language. Language changes and even creates the social and political world in which we live.*²

The pro-choice/pro-abortion lobby knows this well and has produced multiple messaging guides to ensure its practices are normalised and its opponents stigmatised through words.³ In constructing our survey we sought to be accurate yet fair. On principle we were unwilling to dehumanise the human child and therefore referred to the child as an unborn baby throughout. We offered the following explanation in our survey introduction:

For the purposes of consistency and simplicity we will be referring to the fetus in the non-latin name of "unborn baby". This name is also used on the NHS start for life website: <https://www.nhs.uk/start4life/pregnancy/week-by-week/1st-trimester/week-4/>

¹ YouGov have three rolling polls on abortion at present, these are questioning: a) [Should the legal time limit of abortion change?](#) b) [Should women have a right to an abortion?](#) c) [abortion availability](#). All can be viewed by following the hyperlinks.

² Bennett A. and Royle, N. (2014). *An Introduction to Literature, Criticism and Theory*. Hoboken: Taylor and Francis. P199.

³ The [BBC style guide](#) states under "abortion"- 'Avoid pro-abortion, and use pro-choice instead. And use anti-abortion rather than pro-life, except where it is part of the title of a group's name'. The International Planned Parenthood Federation: [How to Report on Abortion](#) goes much further in normalising abortion and stigmatising those that disagree.

The only reference to termination is found in question 2, establishing the current view, and in reference to the survey itself. Ultimately we concluded that it was fairer and less biased to continue with the language commonly used in medical and everyday settings for normal, wanted pregnancies - 'baby', 'mother' etc - rather than to switch and adopt the terms that pro-choice advocates especially select for unwanted pregnancies, since the biological nature of the unborn baby remains unaltered by circumstances, feelings, or desires.

2. Focus on the unborn baby

The second factor that is noteworthy with regards to this survey is our focus on the unborn baby. Six of the eight questions that deal with abortion law focus on the treatment of unborn babies and the willingness of the respondent to support or oppose legal reforms that could lessen their suffering. This is unique to recent UK surveying around abortion that tends to take a more mother-centric approach. This is not to say that the experience of the mother does not matter; it definitely does! (A matter we explore briefly in question 10). However, with a limited number of questions that we could ask, we felt we needed to focus attention where it was most lacking in public discourse, research and consideration. It was the frequent feedback of surveyors that the facts and figures we shared in the course of the survey were received with novelty, sobriety, and at many points gratitude from respondents.

3. Testing the power of images

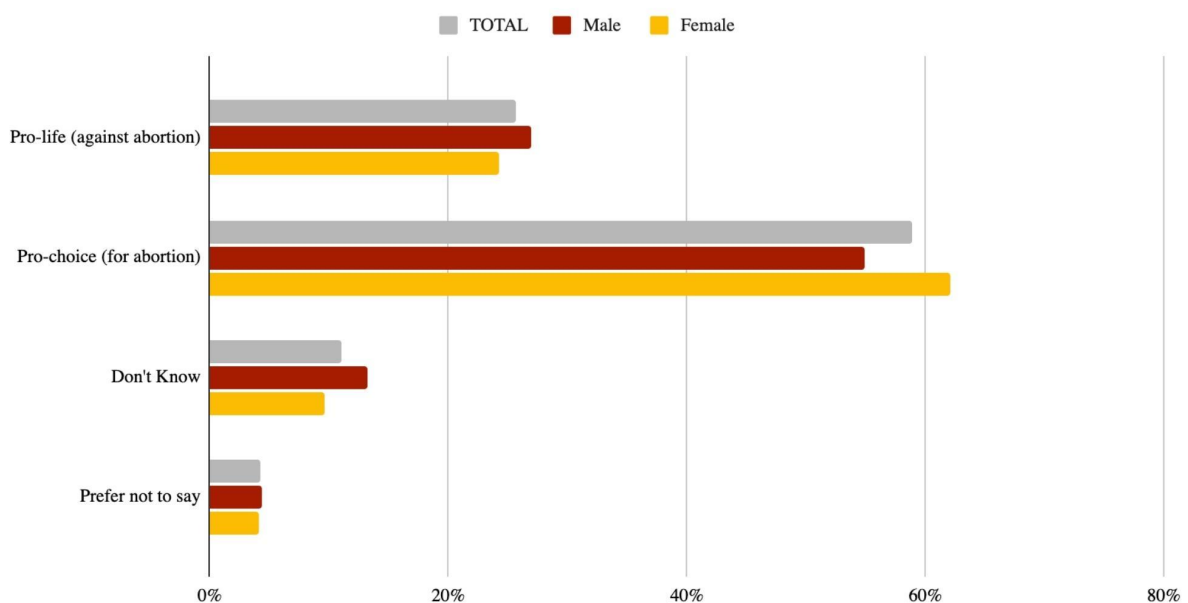
The third way our survey is unique is that it contains an optional question at the end that gives the respondent the opportunity of seeing an unborn baby before and after an abortion. We believe this, to the best of our knowledge, to be a UK first. A handful of people we surveyed actually transitioned from being in support of abortion to wanting it totally restricted having seen these images. See Impact of Images (p 26) for more information.

Survey Results and Analysis

Pro-Life vs Pro-Choice

Pro-Life Vs Pro-Choice

Q1: Would you describe your views towards abortion generally as:



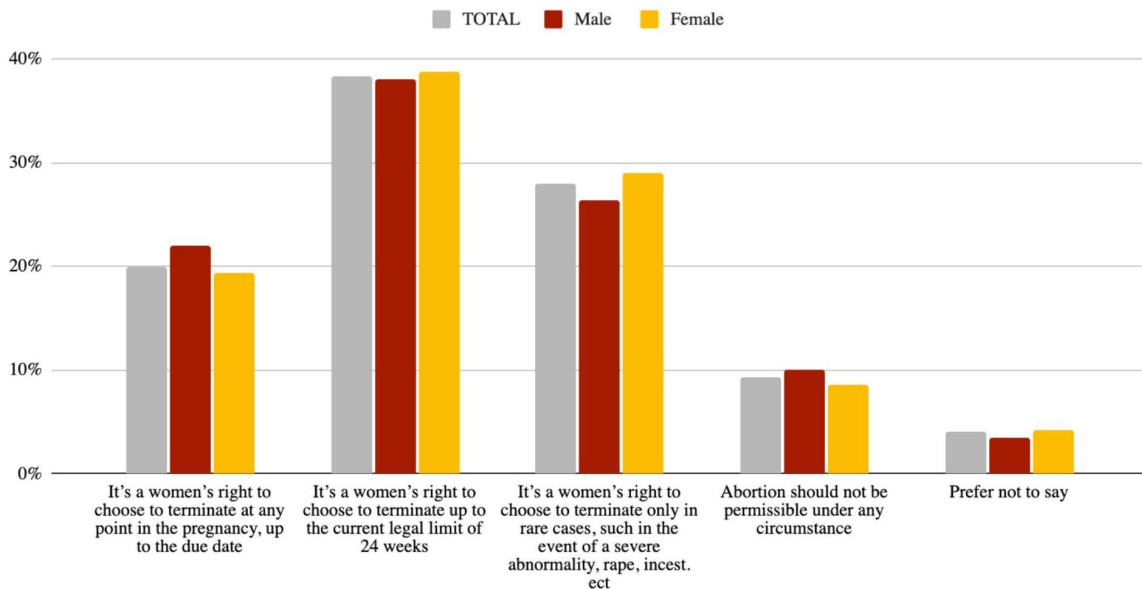
Graph 1: A comparison of results from Question 1 including a breakdown of gender

The majority (59%) of people we surveyed identified as pro-choice (for abortion), with around one-quarter (26%) identifying as pro-life (against abortion). 98 people we surveyed didn't know their general position. This result concurs in part with a previously made assertion from the abortion industry that we are a pro-choice nation, but challenges the extent to which this is true. [A 2020 survey touted by MSI claimed](#) that 9 in 10 adults were pro-choice.⁴ Our findings put this figure at 6 in 10.

⁴<https://www.msichoice.org/news-and-insights/news/2020/2/9-in-10-uk-adults-now-identify-as-pro-choice/>

Specific View

Q2: Which of the following best describes your view?



Graph 2: A comparison of results from Question 2 including a breakdown of gender

When given five options and requested to specify their exact view, the majority of respondents (75%) did not want abortion expanded. A sizable minority (37%) of respondents thought abortion should not be permissible except in rare cases, with 9% stating they believed abortion should not be permissible under any circumstance whatsoever. 1 in 5 (20%) of respondents supported abortion up to birth for any reason.

The 98 people who said they “Don’t know” their general position in question 1, tended to settle on a pro-abortion position in question 2 (cf. Table 4: Prolife/Prochoice/Don’t Know in Data tables). Just under half (45%) said they approved of abortion in extreme cases, with 27% settling on the current 24 week limit. Of this “don’t know” group, 18% opted for abortion up to birth with only 4 people stating that abortion should not be permissible under any circumstance.

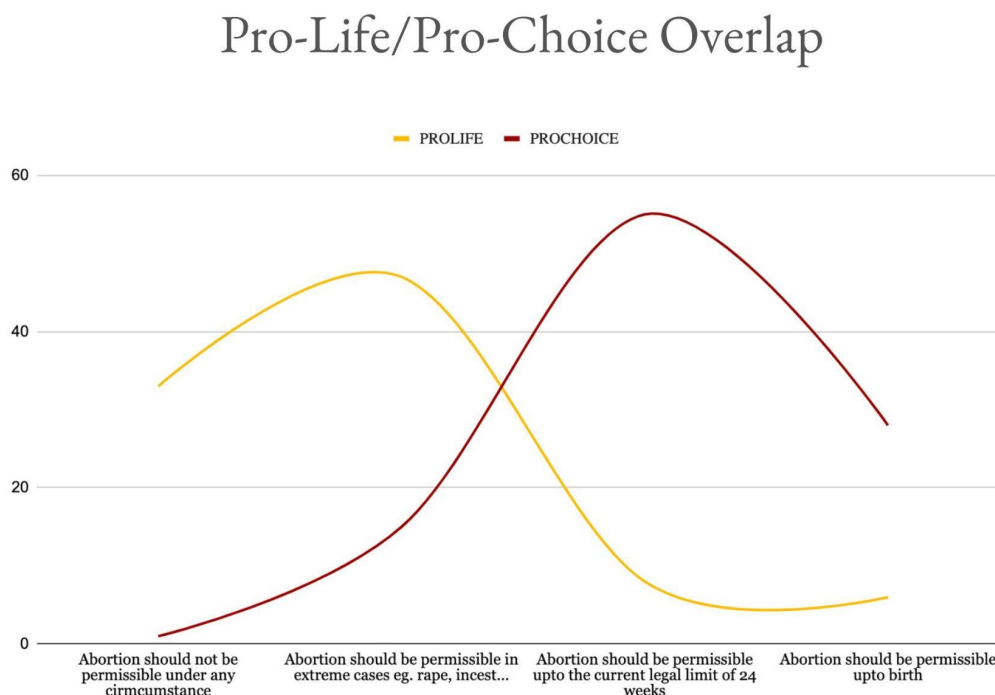
One key observation from these two questions is that a “woman’s right to choose” is far from an absolute for many people. For most of our respondents the matter was nuanced and subject to various conditions that may not have seemed obvious at first.⁵ Another key observation is that the agnostic and unsure, while siding with a moderate pro-abortion

⁵One rolling [YouGov survey](#) (last updated Feb 2023) asking whether women should have a right to an abortion found that 84% of people think they should, with 4% thinking they should not. While our answers to question 2 do not disqualify their results, they do call into question under what specific circumstance their respondents believe this right exists.

position, were also the second largest group to change their minds radically when confronted with the facts - a matter clearly visible in the Impact of Images section (p26).

The issue with pro-life/pro-choice terminology

While people's self-categorisations hold some value and will be referred to throughout this analysis, a note of caution is also required. As the survey further explored various aspects of UK abortion law, the terms pro-life and pro-choice became increasingly redundant as accurate identifiers of people's actual position across different topics. The overlap is clearly visible in the following graph.

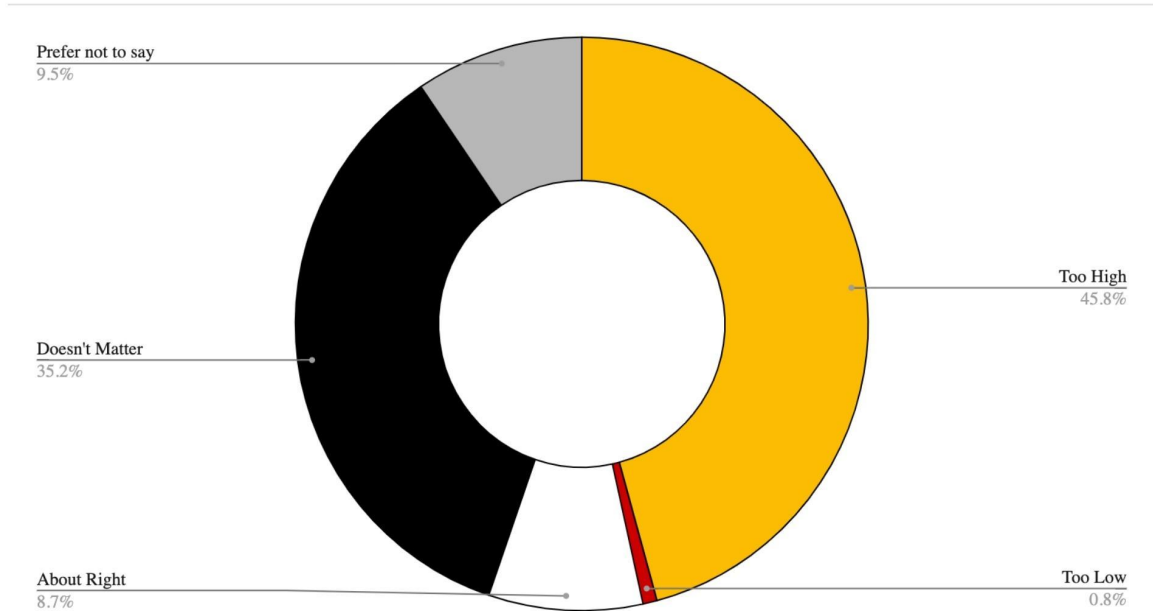


Graph 3: A comparison of question 1 and 2 results depicting the overlap between pro-life and pro-choice ideologies when applied to specific positions.

In the *Summary of Pro-Life and Pro-choice Answers* (cf. Table 4.1 and 4.2 in Data Tables) you will see that around one third of those interviewed from both sides actually held similar middle positions supporting abortion up to 24 weeks or only in extreme cases. To give an even more specific example: If you view the pro-choice data summary (Table 4.1 in Data Summary) you will also see half of people who support abortion up until birth think both that cleft lip and cleft palate abortion is unacceptable (52%), and that abortion should not be conducted in homes (53%). In view of this, it is reasonable to conclude that broad top level labels like “pro-life” or “pro-choice” are not a good indicator when assessing specific areas of reform and may be something of a distraction.

Abortion Figures

Q3: Last year 214,869 abortions took place in England and Wales, the highest figure on record. Do you think this number is:



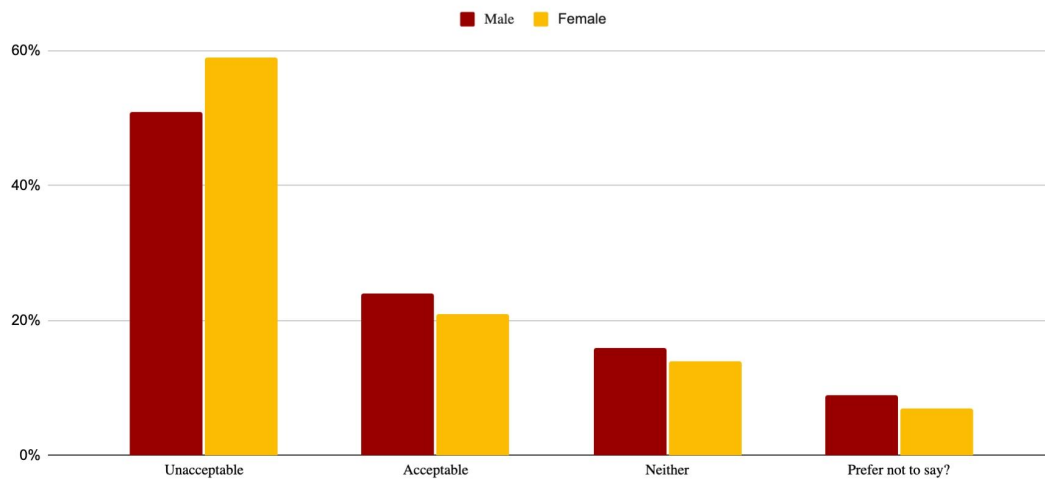
Graph 4: A donut chart depicting results from Question 3 of survey

Just under half the people we surveyed (46%) believed current abortion figures to be too high. A significant but lesser proportion, around 1 in 3, (35%) believed the abortion figures don't matter. A tiny proportion of people (1%) believed we should have more abortions.

It is understandable that people who believe the unborn baby is a human being should want a reduction in our national figures and those that don't, see the overall figures as a matter of no consequence. What is interesting however, is that 1 in 4 people who identify as pro-choice (for abortion), also said these figures were too high (cf. *Table 4.1 Pro-Choice Data Summary*). For a significant group of people it is clear that there is a disconnect between the moral question of whether a person should have access to a legal abortion and the industrial scale on which legal abortion is currently operating in the UK.

Down's syndrome

Q4: In the UK it's legal to abort an unborn baby up to the moment of birth if they have Down's syndrome. Last year 859 unborn babies were aborted with this condition. Do you think this aspect of the law is:



Graph 5: A bar chart depicting Percentage Summary of Question 4 with male/female breakdown.

These figures can be used to say a number of different things. On the one hand the majority of those we surveyed (55%) thought killing an unborn baby simply because she/he has Down's syndrome is unacceptable. On the other hand, by combining the other three categories, a case could be made to suggest a large minority of the public is in support of abortion for Down's syndrome. It can also be noted that women respondents expressed marginally more sympathy and compassion towards children with Down's syndrome than men with 6 in 10 women stating it's 'unacceptable', compared to 5 in 10 men.

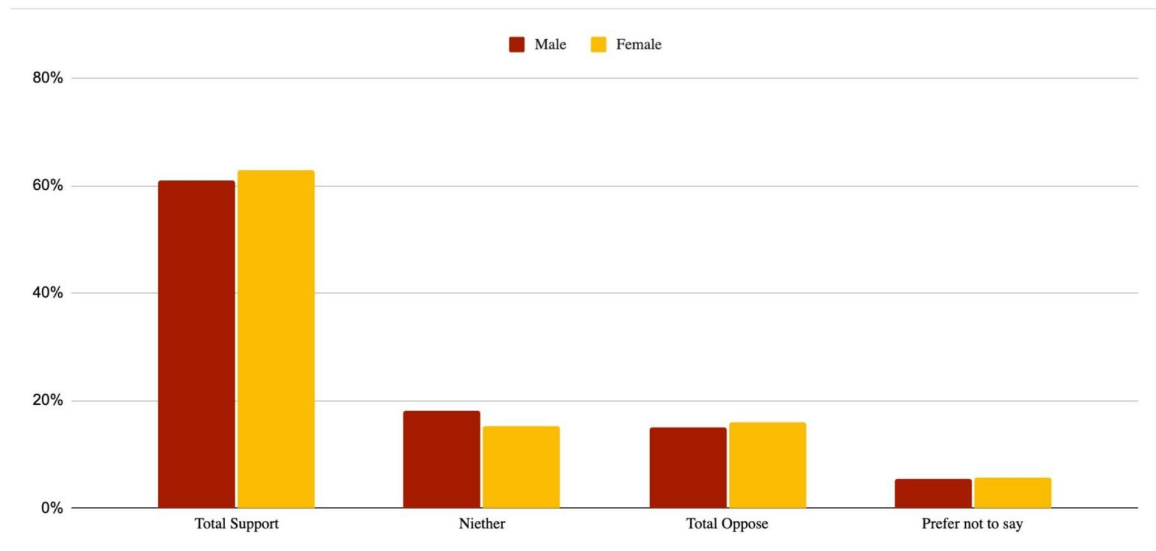
Put another way, this is certainly an area for political reform that enjoys not simply public support, but also favourable media coverage.⁶ Politicians and disability charities should be willing to rally around it. This said, from our research, they should expect a fight, not simply with the apathetic and eugenic minded individual but also with the NHS departments and bereavement suites that facilitate the killing of these babies each year with use of potassium chloride, often under 'compassionate' pretences.⁷

⁶ Examples include: [Mum of Baby with Down's syndrome Suing Government over Abortion Law](#) (Sky News, May 2020) and [Woman with Down's syndrome Loses Abortion Law Fight](#) (BBC, Sept 2021)

⁷ To understand this misguided phenomenon one needs only to read the names of the specialist bereavement rooms in which these babies are killed and delivered. National examples include: Bereavement Suite, Quiet room, Sad room, Snowdrop Suite, Rosemary Suite ect

Down's syndrome Reform

Q5: In light of this information, to what extent would you support or oppose amending the law to prevent unborn babies with Down's syndrome being aborted beyond 24 weeks?



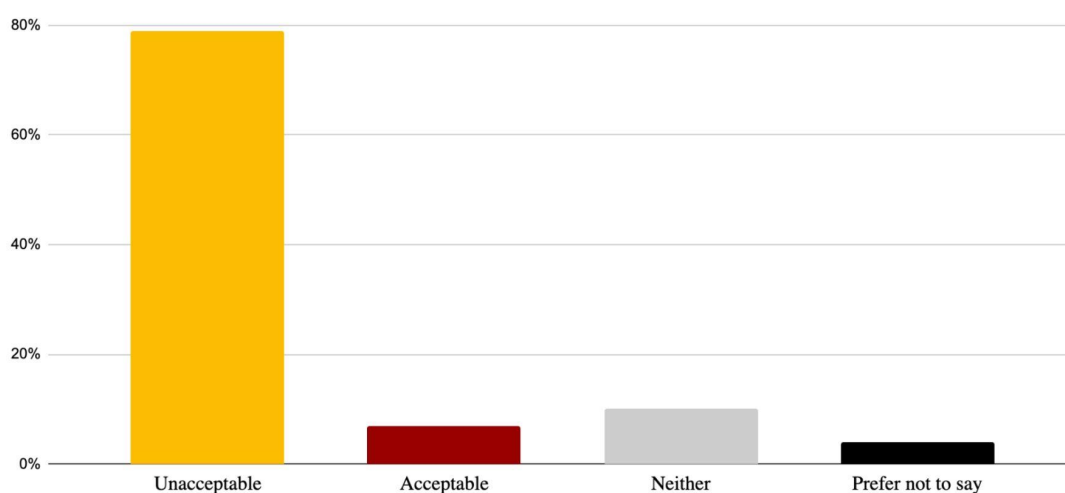
Graph 6: A bar chart depicting results from Question 5 of survey. The categories “strongly support” and “tend to support” have been combined under one header “total support” for simplicity. This has been mirrored in regard to opposition to reform as well.

The follow-on question expresses a clearer picture, and surprisingly, yields an even higher result than the previous one. 63% of respondents supported reforming the abortion law to bring it in line with the UK limit for non-disabled children. This was an increase of 8% on those who said aborting because of Down's syndrome was 'unacceptable'.

One possible reason for this is that, thanks to the influence of the [Disability Discrimination Act \(1995\)](#) and the activism of Heidi Crowter and others, growing numbers of people have an issue, not so much with abortion itself, but rather with the differing standards being applied to disabled and non-disabled babies. Only 15% of those interviewed suggested they would actively resist reforming the law in this area. In view of this, this should be a key area of legislative reform.

Cleft Lip and Cleft Palate Abortion

Q6: In the UK it's legal to abort an unborn baby up to birth if they have cleft lip and cleft palate, a condition which can be rectified with surgery. Last year 40 unborn babies were aborted in the womb because they had these conditions. Do you think this aspect of the law is:



Graph 7: A bar chart showing Percentage Summary of Question 6 results.

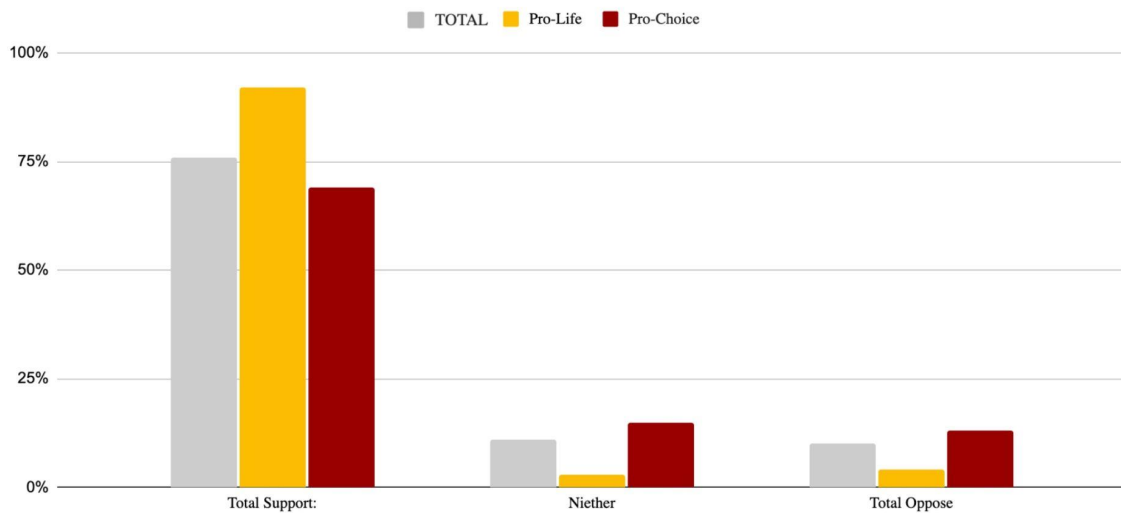
The small majority who raised issues with abortion because of Down's syndrome, grew significantly when provided with the facts on cleft lip and cleft palate abortion (also recorded each year under ground E abortions).⁸

A staggering 79% of those we interviewed thought aborting an unborn baby just because it has a cleft lip or cleft palate was unacceptable. 7% thought this was an acceptable practice with 14% putting forward a neutral view or no view at all.

⁸A 2013 Eurocat review found that cleft lip and cleft palate abortions could be up to 10 times more common than reported. <https://www.telegraph.co.uk/news/health/news/9845780/Cleft-lip-abortions-10-times-as-common-as-reported.html>

Cleft Lip and Cleft Palate Reform

Q7: In light of this information, to what extent would you support or oppose amending the law to prohibit abortions solely in the case of cleft lip and cleft palate?



Graph 8: A bar chart depicting results from Question 7 of survey. The categories “strongly support” and “tend to support” have been combined under one header “total support” for simplicity. This has been mirrored in regard to opposition to reform. I have also divided the answers by people’s self identification in question 1.

76% of respondents supported changing the abortion law to prohibit aborting babies solely because they have cleft lip and cleft palate. This included 69% of those who identified as pro-choice in question 1 (cf. Table 4.1 Pro-Choice Data Summary). Only 13% said they would oppose such a change.

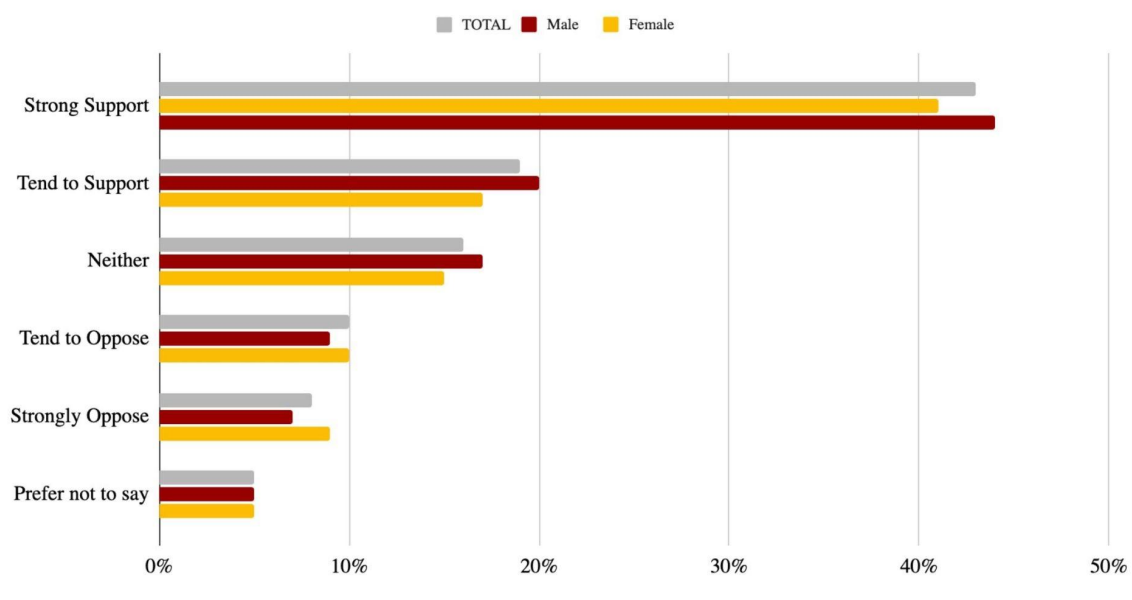
On logical grounds, many respondents clearly felt that a condition that can be fixed did not justify an abortion. There are also cultural considerations at play.

With lengthy and heartrending fundraisers for [Smile Train](#) appearing on our TVs each Christmas, combined with the presence of celebrities, friends and family members born with cleft lip and cleft palate, it is no surprise that most felt both discomfort and desire for reform. Undoubtedly, this glaring inconsistency needs not just highlighting⁹ but legislating.

⁹ [The campaign Stand Up and Smile](#) has already highlighted this, yet as far as we are aware no-one has yet presented legislation to amend the law to remove cleft lip and cleft palate as a justification for abortion.

Viability

Q8: In the UK 3 in 10 babies born at 22 weeks survive with help. To what extent would you support lowering the abortion limit to 22 weeks to respond to this advance in medical science?



Graph 9: A bar chart depicting results from Question 8 of survey, with a breakdown of gender.

In UK law the unborn baby is only protected so long as they can survive outside the womb. The threshold for this used to be at 28 weeks under the [Abortion Act 1967](#), but was reduced to 24 weeks in 1990. However, with advances in medical science, the age of viability of the baby has dropped further. According to a 2019 report published by the [British Association of Prenatal Medicine](#), 3 in 10 babies born at 22 weeks in the UK can survive with help. Having outlined this fact, we questioned whether the respondent thought the gestational limit should be changed in order to respond to this advance in medicine.

Our results found that 62% of those we surveyed supported a two-week reduction in the upper limit for healthy babies (from 24 weeks to 22 weeks). 50% of those who self-identify as pro-choice also supported some form of reduction (29% strongly, 21% mildly, cf. *Table 4.1 Pro-Choice Data Summary*). 18% of respondents said they would resist such a change. This resistance, around 8-10% higher than those who oppose reform in the areas of Down's syndrome and cleft lip and cleft palate abortion, is explainable, due to the prevailing ideas around life-limiting disabilities that accompany very premature babies.

In [2012](#) and [2019](#), the Rt Hon Jeremy Hunt MP sparked controversy by suggesting our abortion limit should be lowered to 12 weeks to bring it in line with Europe.¹⁰ As recently as

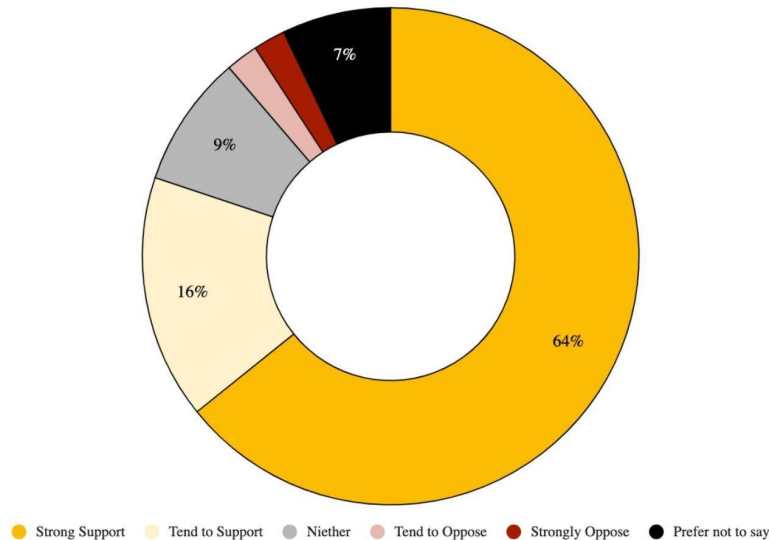
¹⁰A brief assessment of [European abortion laws](#) shows that the UK abortion remains a significant outlier.

July 2022, another Conservative MP, the Rt Hon Nadine Dorries, faced a similar backlash by [arguing](#) that the abortion limit should be reduced by one month. Our research suggests that many respondents would welcome such a change. [A 2017 Comres survey](#) (mentioned in section *Comparison to other polls*) asking whether UK laws should be brought in line with Europe, found 60% of respondents also supported a reduction in the upper limit.¹¹ What is required now is action to convert this mounting research and public support into legislation. Those who embark on this task should come armed with the latest statistics from neonatal intensive care units, and the stories of parents of premature babies, because the debate on prematurity leading to disability will likely form the biggest obstacle to reform in this area.

¹¹ Cf. Table 12, [Where do they Stand data Tables](#) pdf. Source: Right to Life UK

Fetal Pain Relief

Q9: According to the latest research an unborn baby can feel pain from 12 weeks onwards, yet almost all of the 13,500 unborn babies that were aborted beyond this point in 2021 were given no pain killers. To what extent would you support or oppose amending the law to require that unborn babies, over 12 weeks old, be given pain killers before being aborted?

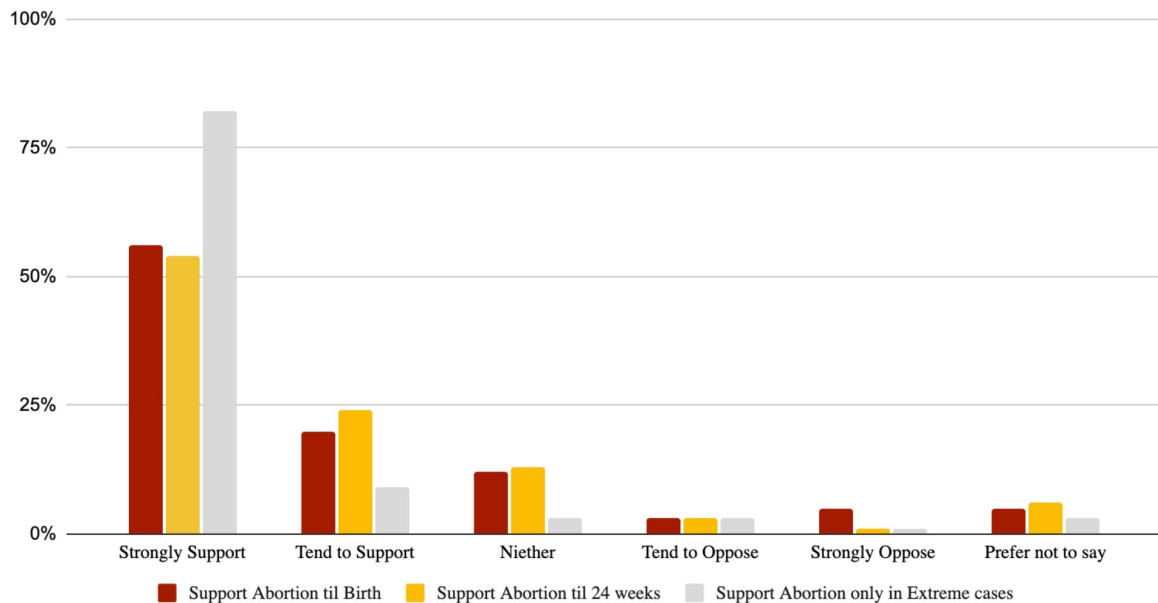


Graph 9: A doughnut chart depicting results from Question 7 of survey

80% of those we surveyed supported (in some way) the introduction of painkillers for the unborn baby beyond 12 weeks gestation before being intentionally killed. Only 4% of respondents suggested they would resist such a change.

Even those who support abortion up till birth thought this a humane idea with 76% offering strong or mild support to this proposition (*cf. Table 4.1 Pro-Choice Data Summary*). 83% of pro-life people (not visible in Graph 10, but available in *Table 4.2 Pro-Life Data Summary*) also expressed some support. 7% of all respondents said they prefer not to say.

Fetal Pain Relief, Pro-Choice Breakdown



Graph 10: A bar chart depicting results from Question 7 from a pro-choice perspective with a breakdown of specific position

Feedback from surveyors suggested that some of this group were in fact pro-life and ideologically against abortion, but felt that permitting pain relief before killing an unborn baby ran against their conscience. In light of this, this figure should not be interpreted as tacit approval.

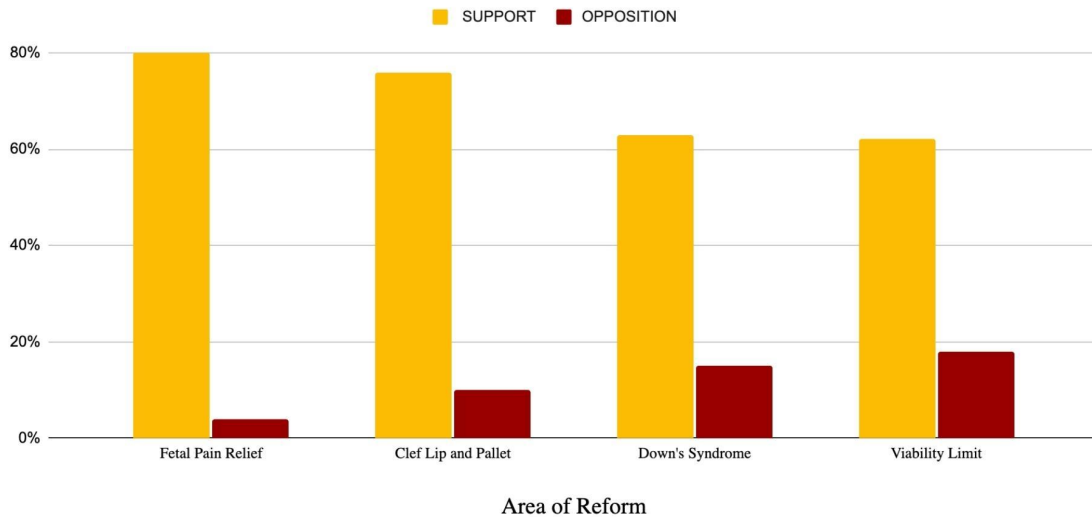
The topic of fetal pain and awareness is a contentious one with a lot riding on it. Until recently the Royal College of Gynaecologists and Obstetricians (RCOG) held that fetal pain did not begin until 24 weeks.¹² In view of pioneering in-utero surgery and suggestions that the 2010 report was out of date, the Royal college committed to a review. In December 2022 they published their [preliminary findings](#). The findings are somewhat obscure but suggested that fetal pain actually begins later than previously expected, potentially from 28 weeks onward. This finding contradicts the findings of the 2019 paper [Reconsidering Foetal Pain](#) published by Stuart WG Derbyshire (who worked on the RCOG 2010 paper) and John C Bockmann, which suggests fetal pain may begin from 12 weeks onward.

The huge level of support for reform (from all quarters) combined with a severe lack of clarity from the Royal Colleges, makes this a prime topic for public debate which should be commenced at the first available opportunity.

Questions like this one also highlight the importance of regular review. This applies specifically to fetal pain and perhaps even more urgently to DIY abortion.

¹² [Fetal Awareness: Review of Research and Recommendations for practice](#), 2010.

Comparison of Support vs Opposition for Reform



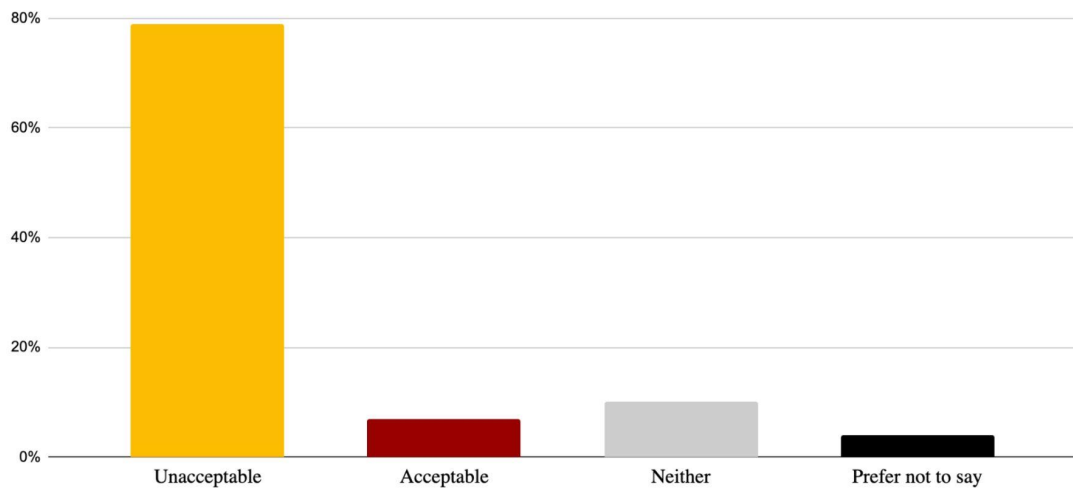
A Comparison of the % total of respondents who expressed a desire to support/oppose legislation across different topics. NB. Those who chose neither or prefer not to say were not included in this chart

Graph 11: A bar chart showing a comparison of total support vs total opposition of questions 5,7,8 and 9.

At this stage in the analysis and commentary of our results it may be helpful to depict the overall ratios of support vs opposition across various topics. As is clearly visible in graph 11, support for reform is strongest and resistance to reform weakest, in the areas of fetal pain relief and cleft lip and cleft palate abortion. Support decreases and opposition grows as one traverses across the topics of Down's syndrome abortion and lowering the abortion threshold based on viability. This said, according to our survey, the support for reform in these areas still outnumbers the opposition by 3 to 1. Pro-life MPs and peers, potentially timid in proposing legislation to reform abortion law in these areas, must take note of this fact.

Cleft Lip and Cleft Palate Abortion

Q6: In the UK it's legal to abort an unborn baby up to birth if they have cleft lip and cleft palate, a condition which can be rectified with surgery. Last year 40 unborn babies were aborted in the womb because they had these conditions. Do you think this aspect of the law is:



Graph 12: A bar chart depicting a summary of Question 10 of Survey, with results split into genders.

Regarding the topic of DIY or pills by post abortion, 7 in 10 (71%) of those we interviewed thought “pills by post” abortion was unacceptable. Just over 1 in 10 (12%) supported the idea, with 16% expressing neutrality or no opinion. This figure aligns with two other research exercises on the subject. Firstly, an independent poll from 2020 that found 71% of the public were concerned about these measures¹³ and secondly, the official results of the government consultation in which 70% of respondents called for these measures to “end immediately”.¹⁴

¹³ [DIY Abortion Polling](#), Dec 2020, Right to Life

¹⁴ [Pills By Post Government Consultation Results](#), 2021

Answer	All responses
End immediately	70%
Become a permanent measure	22%
Be extended for one year from the date on which the response to this consultation is published, to enable further data on home use of both pills for EMA and evidence on the temporary approval's impact on delivery of abortion services to be gathered	4%
As set out in the current temporary approval, be time limited for 2 years or end when the temporary provisions of the Coronavirus Act 2020 expire, whichever is earlier	3%
Others	1%

Image A: screenshot of Question 10 Government Consultation Results on DIY home abortion (also named Early Medical Abortion (EMA) abortion. The question read: "Should the temporary measure enabling home use of both pills for EMA:"

Remarkably, of the respondents who desired abortion up till birth in question 2, 53% disagreed with home abortions.

Having been furiously lobbied by the abortion industry during the COVID-19 pandemic, "pills by post" abortion still lacks the approval of the public for obvious reasons. Evidence suggests that medical abortion has a [4-fold higher complication rate](#) than surgical abortion, a fact played out in FOI data that revealed [1 in 17 women](#) in the UK require hospital treatment having taken these abortion pills at home. Astonishingly, longitudinal data on abortion complications, including the use of NHS numbers, is still not routinely collected by the Department of Health and Social Care, despite this data gap being brought to their attention on multiple occasions.¹⁵

Mounting evidence continues to suggest that these measures were pushed by the abortion industry without the approval of the public and the women they are claiming to serve.¹⁶ The legal reversal of these measures should therefore be a high priority for reformers.

¹⁵Cf. <https://thecritic.co.uk/the-mourning-after/> and also open letters written by the Care for Women partnership: <https://www.careforwomen.co.uk/campaigns>

¹⁶ For a compilation of all the counter evidence on DIY home abortion please visit www.careforwomen.co.uk

Overall Reform

The final question was designed to serve as a summary for all the other previously asked questions and gave the respondent an opportunity to reflect and alter their original view if they so wished.

Abortion Reform

Q11. In light of the issues raised by this survey, would you say that that UK abortion law, in general, needs:

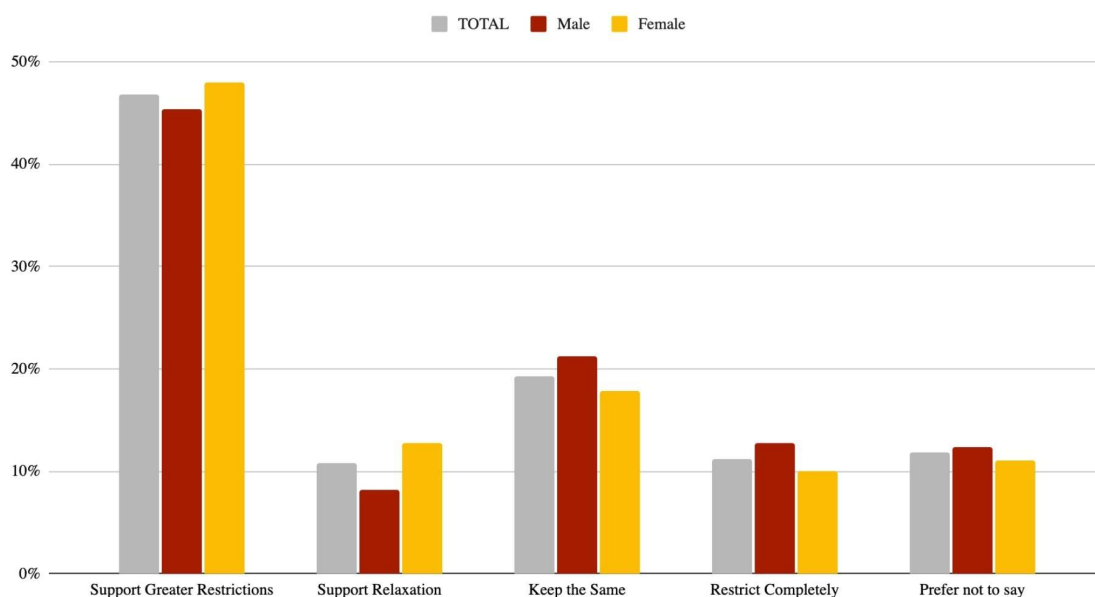


Chart 12: A bar chart depicting a summary of Question 11 of Survey, with results split into genders

A majority (58%) of respondents believed the UK abortion law needs restricting, either to make abortion less common (47%) or restricting completely (11%). Only 11% wanted to see abortion law relaxed. The figures on those who wanted abortion restricted completely and those who wanted it relaxed, mirrored each other, with just over 1 in 10 people holding such views. Our results suggest that most people lean towards restriction and not relaxation.

Overall Reform: Pro-Life vs Pro-Choice Comparison

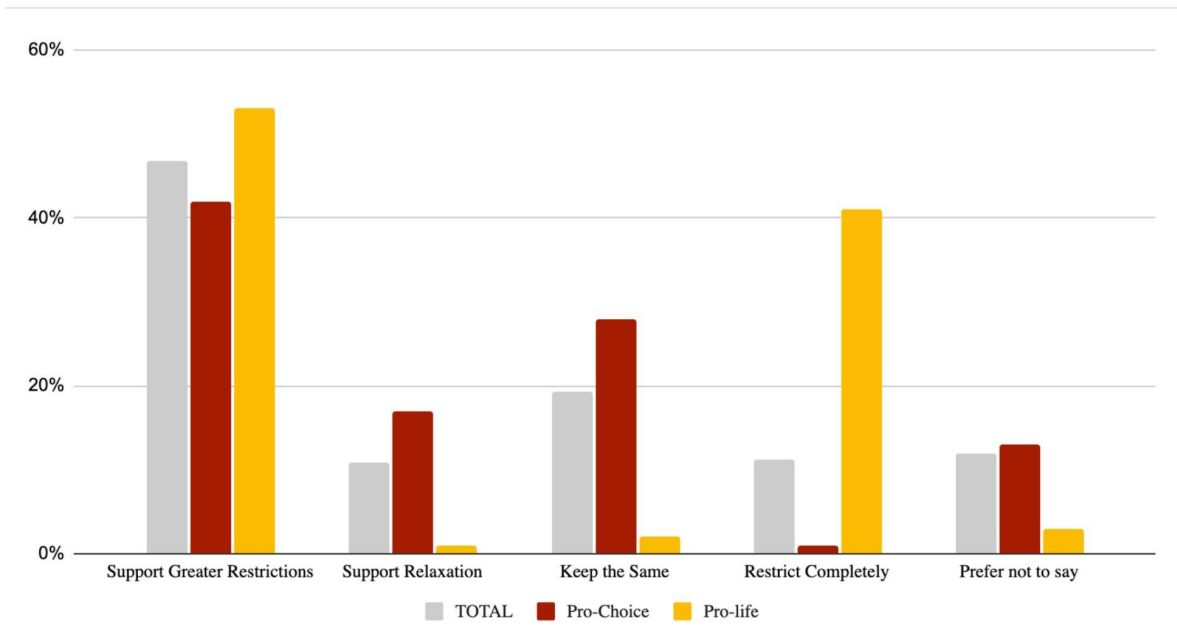


Chart 13: A bar chart depicting a summary of Question 11 with a breakdown of pro-life and pro-choice positions.

These findings suggest that while most people we interviewed didn't support the extremes of abortion relaxation or abortion abolition, they did support some form of reform and increased restriction in UK abortion law, especially in the areas of abortion due to disability, viability, fetal pain, and the reversal of DIY home abortion. This contrasts hugely with the view presented by the abortion industry and its allies in the media, suggesting that we as a nation are unequivocally pro-choice, and desire a law and policy as unrestrictive as possible.

Our findings show that over 40% of those who self-identified as pro-choice still supported greater restrictions having completed our survey.

Regional Analysis

Regions that collected 95 units of data or more were collated and compared, and can be found in the data summary document.

Q11 Abortion Law Reform?	National	YORKSHIRE	KENT	LONDON	GUILDFORD
Total Surveyed	874	254	264	126	95
Support greater restrictions	409	128	146	40	49
%	47%	50%	55%	32%	52%
Support relaxation	94	16	30	13	10
%	11%	6%	11%	10%	11%
Keep the same	169	49	47	24	20
%	19%	19%	18%	19%	21%
Restrict completely	98	36	16	24	8
%	11%	14%	6%	19%	8%
Prefer not to say	104	25	25	25	8
%	12%	10%	10%	20%	8%

Table 1: A table showing a summary of Question 11 with comparisons across 4 regions, taken from table 5 of [Abortion Views 2023: Data Tables](#)

According to our data, Yorkshire, Kent and Guildford were found to be more supportive of reform than London, which was 15% below the national average on question 11.

It should be noted that statistical results cannot be inferred from these tables due to small data sets and varying scope of the different locations. We have chosen to include this data in order to prompt future investigation into differing views on abortion across localities.

Impact of Images

Having completed the survey the respondent was offered an opportunity to see what a baby looks like before and after an abortion.



Image 1: 8 week living embryo

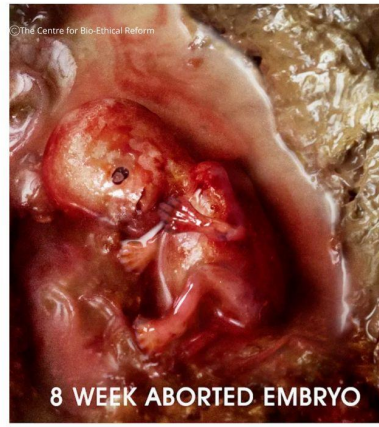


Image 2: 8 week aborted embryo



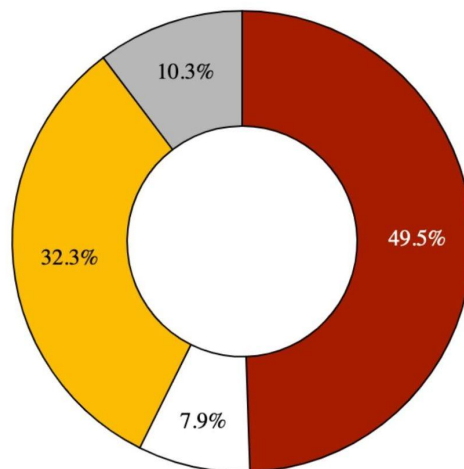
Image 3: surgical abortion at 10 weeks

Image A: The exact images and wording, in order of how they were seen, for those who agreed to the optional section.

368 people (42% of the total number who agreed to the survey) opted to do this.

Impact of Images?

Q12: Having viewed these images how would you say it has changed your view on abortion?



● Hasn't Changed
 ● Made you more supportive of decreasing restrictions around abortion
 ● Prefer not to say
 ○ Made you more supportive of increasing restrictions around abortion

Chart 14: A doughnut chart depicting a summary of how 368 respondents responded to seeing images of embryo and fetus before and after an abortion.

They were then asked whether seeing these images affected their position. While half (50%) said their views had not changed (this included 30% of those who were already against abortion), 32% said that seeing the image made them more supportive of restricting abortion laws.

A majority of pro-life people who saw the images expressed support for abortion restrictions. 38% of those who did not know their general position towards abortion expressed increased support for restrictions having viewed the images. 1 in 5 of those we interviewed who self-identified as pro-choice, expressed increased support for restrictions having seen them.

Impact of Images Comparison

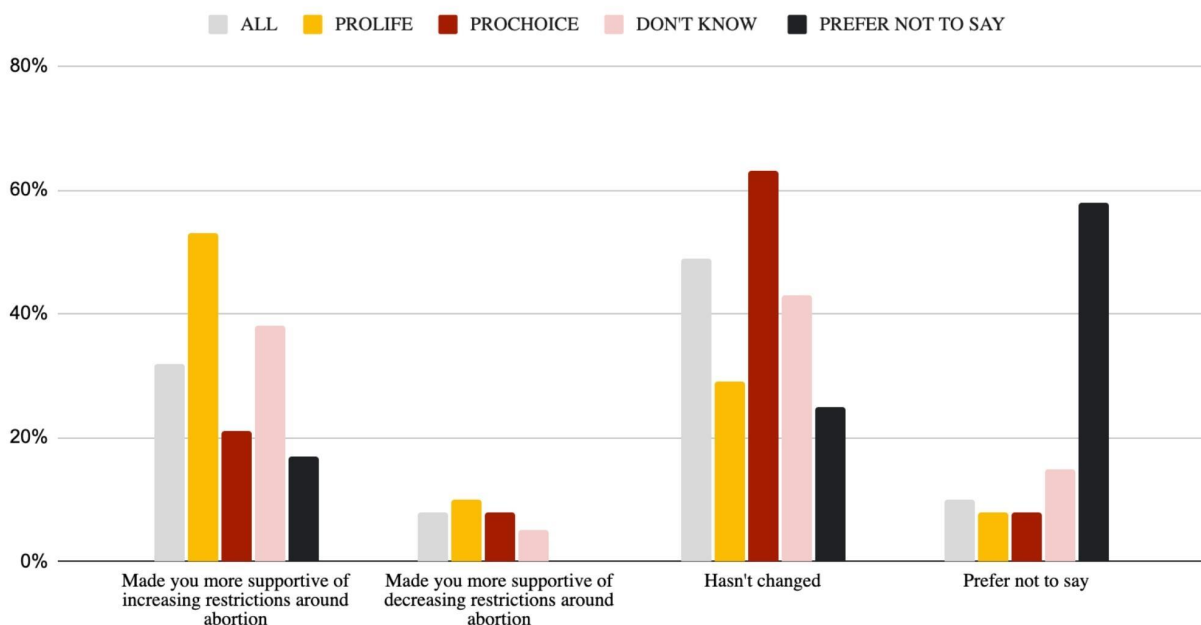


Chart 15: A bar chart depicting how respondents reacted to the images with a comparison of their initial position as stated in question 1.

In a world saturated with images of violence and injustice it is not surprising that a majority of respondents were unmoved by the images.¹⁷ Yet three points of encouragement need to be highlighted. Firstly, people who self-identified as pro-life were galvanised by the images. Over half (53%) expressed greater support for restrictions having seen them. Secondly, over one third of those who didn't know their initial position became more inclined towards restrictions. And thirdly, and perhaps most encouraging of all, 21% of people who self-identified as pro-choice came out supporting further restrictions having seen the plight of the unborn baby.

¹⁷ Graphic image use is not unique to the pro-life movement. Many charities and NGOs also use graphic images to galvanise public support towards their cause. The UK Government is no exception and enlists the use of graphic images in its anti-smoking campaigns.

A further examination of these 43 people yields fascinating further insight.

The 43 Respondents Who Changed Their Minds

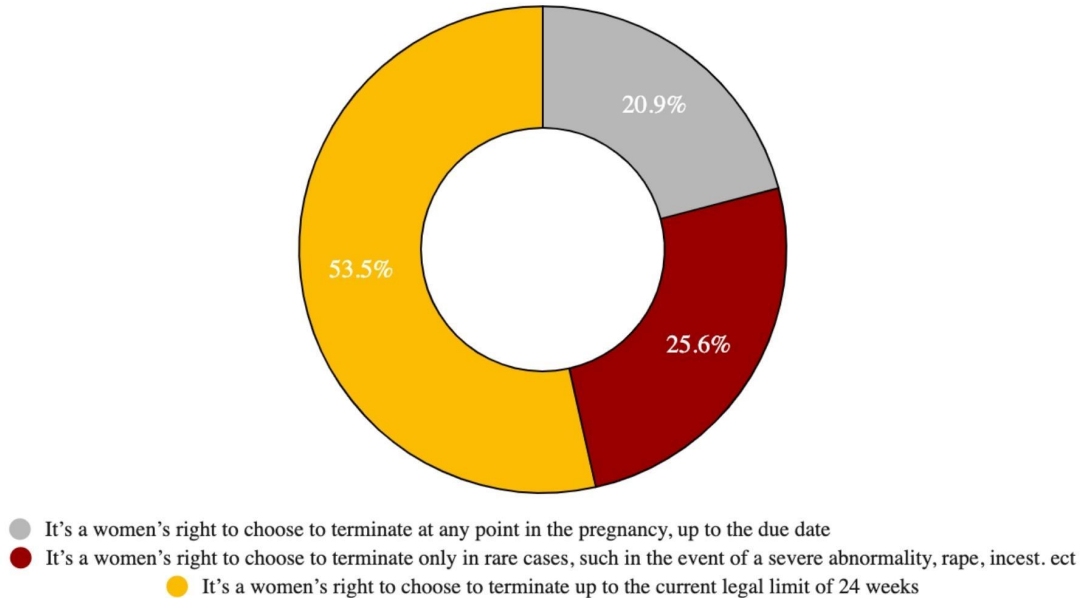


Chart 16: A doughnut chart taking a closer look at the 43 pro-choice respondents who started by saying they were pro-choice but went on to support greater abortion restrictions having completed our survey and seen the images.

9 respondents (21%) went from supporting abortion up to birth, to supporting greater restrictions, 23 respondents (53%) went from supporting the current legal limit of 24 weeks to supporting greater restrictions, and 11 respondents (26%) went from supporting abortion in rare cases to supporting greater restrictions. Considering successful social reform tends to follow the pattern of incremental steps followed by landslide opinion change, these results are incredibly encouraging.

If the exercise of inviting people to examine abortion facts, figures and images could be replicated on a much larger scale, our results suggest that it would only be a matter of years before many agnostic, unsure and pro-choice people would reconsider their position and support a much more restrictive abortion law.¹⁸

¹⁸ Our confidence in this assertion is based simply on the numbers. If 32 respondents (43 minus the 11 who already only supported abortion in extreme circumstances, transitioned from supporting the current abortion regime (or a more liberal version) to supporting further restrictions, then you are dealing with a 9% shift in position. If this 9% shift were to take place nationally, repeated over successive years, the change from general support for our current law to a situation where a large majority of people want it reformed could take place remarkably quickly.

Demographic Analysis

The respondents of the surveys we collected were disproportionately female (55.8% female, 44.2% male) and disproportionately urban (approx 99%). While not perfect, these two factors can be justified with consideration to the fact that, while abortion affects men (sometimes deeply) abortion disproportionately affects women.

Our urban focus in locations like London, Birmingham, Norwich, Canterbury and Cardiff, while not ideal, does not predispose our survey to be in favour of our conclusions. If anything the reverse is true. If election results are anything to go by,¹⁹ large urban centres are more likely to believe and vote towards the left, in which “sexual reproductive rights” has become enveloped.

In view of these factors, while our results cannot be said to be statistically representative of the whole UK population, we are confident that our survey shows a broadly representative and robust spread of ages, sexes and locations. Therefore, it is important that these results are taken very seriously by any researcher or policy maker seeking to ascertain the general public's desire for abortion reform, no matter what side of the debate they sit on. If not an immediate cause for reform it should certainly be cause for further research using statistically representative methods that go beyond just slogans and actually invite the public to explore the details and implications of our abortion law.

Age

Even though our survey was conducted on a random, self-selecting basis, we managed to collect a robust and even spread of ages. As can be seen in table 1, all age categories were represented relatively evenly.

		Gender		Age						
	Total	Male	Female	16-17	18-24	25-34	35-44	45-54	55-65	65+
Total Surveys Completed	874	386	488	47	155	129	106	116	121	200
% of Survey	100	44%	56%	5%	18%	15%	12%	13%	14%	23%

Table 1: A table to show the spread of ages of our surveys

Those under 18 were slightly underrepresented and those over 65 were slightly over represented. Notably, the two best represented age categories in our survey, 18-24 and 25-34, constitute the age categories who have the highest number of abortions each year in England and Wales.

¹⁹ <https://www.bbc.co.uk/news/election/2019/results>

Under 18	18 to 19	20 to 24	25 to 29	30 to 34	35+
6,273	14,239	54,820	53,017	45,118	40,789

Table 2: Legal abortions: numbers by age and Local Authority (England) and Locality Office (Wales) of residence, residents of England and Wales. SOURCE: Gov 2021 Abortion Data

The large data set of those in the 65+ category were particularly interesting. Despite being 56 years since we legalised abortion in the UK, 40% of this age category only supported abortion in extreme cases (double the national average). This was accompanied by heightened shock and desire for reform (around 10% increase on national average) when faced with certain aspects of our current abortion legislation. In view of this, it is reasonable to conclude that while the provision of abortion has become much more liberalised, almost beyond recognition compared with how it was introduced in 1967, a significant minority of those we surveyed who lived through its introduction still believe abortion is only justifiable in extreme cases.

Other Demographic Notes

	Total	%
North	326	37%
North East	2	0%
North West	70	8%
Yorkshire and Humber	254	29%
South	401	46%
South East	264	30%
South West	10	1%
Greater London	127	15%
East	57	7%
East of England	51	6%
East Midlands	6	1%
West	88	10%
Cymru Wales	10	1%
West Midlands	78	9%
Unaccounted for	2	0%
TOTAL	874	100%

Location

Regarding the location of data collection (cf Table 2 in *Dataset*). With limited resources and manpower we could not cover every county. We did, however, get a reasonable spread with concentrations in the North and South.

Eligibility to Vote

Also noted in the demographic notes (cf. Table 1 in *Dataset*) was eligibility to vote: 90% of those we surveyed were British citizens eligible to vote. The remaining 10% were a mixture of foreign nationals and those under the age of 18. This is significant because those who responded were not simply asked their opinion, but quizzed on their willingness to "approve or disapprove" of legal reform, with most showing some support.

Table 3: Surveys by region taken from Dataset

Even those who wanted abortion up to birth were partial to reform in certain areas, particularly in the areas of fetal pain relief and abortion due to disability.

While currently not a voting issue in the UK, there is every possibility that abortion will become more of a voting issue over the coming years, with increased expectations on MP's to represent the interests and beliefs of their constituents.

Recommendations

1. Further research

If you find the results of our survey compelling then the first and best step is to conduct more research. Professional, weighted polls need to be collected that explore in greater detail the questions this survey raises. Most importantly, we recommend that surveys take an honest approach when it comes to language, and that they invite the respondent into the details of our abortion law with use of accurate terms, statistics and images. As explored earlier, labels like pro-life or pro-choice should be treated lightly as they are poor indicators of what people actually think across different topics, and whether they would support a change to the abortion law.

2. Legislation

Further research serves little purpose unless it is matched with a willingness to legislate. The key successes of the abortion industry in recent years have come down to relentlessly putting forward legal amendments, irrespective of how relevant they were to the subject of the bill, in pursuit of their agenda.

Despite not having any real support, both “pills by post” abortion and abortion in Northern Ireland were achieved in this way. Yet for whatever reason, pro-life politicians seem reluctant to adopt a similar strategy. It is paramount that this is overcome. Our robust survey suggests that there are a number of areas where the ground is ripe for reform. All that is required is for someone to draft the legislation and make the case.

3. Use of images

In the past it is unfortunate that the use of imagery has been a point of contention among abortion reformers, with some refusing to use them on principle. This survey gives us empirical evidence to suggest they work. Which images should be used and how they should be used is beyond the scope of this report, but certainly, images, especially combined with the facts, serve to galvanise pro-life reform and change the minds of many who would see themselves as agnostic or pro-choice on the issue.

Conclusion

Be encouraged. Our results suggest that there is widespread unease about our abortion law matched with considerable desire for reform. Analysing this data over recent months has shown us that the ground is far more ripe for reform than the abortion industry and their allies in the media would ever have us believe. The question remains, who will be first to make the case to end abortion in the UK?

Appendix

Copy of *Original Survey*

Copy of *Code of Conduct*

The following documents are available on CBR UK's website: *UK Abortion Views Survey 2023: Results and Analysis*
UK Abortion Views 2023: Data Tables

More Information

To find out more about this publication and the work of CBR UK please visit www.cbruk.org/abortionviews or contact info@cbruk.org