

# CHERISH LIFE QUEENSLAND INC.

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SUBMISSION TO HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY

VIOLENCE PREVENTION COMMITTEE ON THE TERMINATION OF PREGNANCY BILL 2018

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5 September, 2018



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## Preamble

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**Thank you at the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Health Committee hereafter) for the opportunity to provide a submission on the Termination of Pregnancy Bill 2018.**

We also humbly request we are invited to present to the Health Committee on this life and death Bill. Cherish Life Queensland (CLQ) is an established leader in the Queensland pro-life community, and has been the lead voice for life in this debate in the media.

CLQ exists to advocate for the right to life from conception until natural death. CLQ has 14 branches across the state, and many thousands of supporters. Established for 48 years we are Queensland's oldest lobby group and largest pro-life group. Our supporters are diverse, but we all agree on the right to life from conception until natural death. We position ourselves to be a voice for the voiceless and weak, and will never compromise on the truth that human life is of the utmost value and therefore should be protected by law. Our numbers are growing, which is consistent with global trends towards more life-centric thinking about pregnancy.

The pro-abortion movement often wrongly judges the pro-life movement as "religious nuts", perhaps in a bid to invoke censorship and intimidation via polarisation. While many pro-life people are of a monotheistic faith, many pro-life individuals and organisations not aligned with any particular religion or faith. CLQ is not aligned with any particular religion or faith. We work with many faith and non-faith groups on the matter of life. Whether born or pre-born, human life is incredibly beautiful, delicate and to be treasured. Without new life our civilisation would become extinct. The matter of life transcends any debate on politics, science, religion or law – its importance cannot be defined, or diminished by a set of laws, but its intrinsic value or sanctity must be protected by law to give due recognition to its utmost importance.

The personhood of the unborn is in part protected by the inclusion of abortion in the Criminal Code in Queensland, as it sits under the current laws. Although the unborn child is not recognised as a "person capable of being killed" under this Code until he/she is born (S. 292), there is at least some protection offered by it. However, to remove abortion from the Criminal Code altogether would deprive the unborn child of any legal recognition whatsoever. It is extremely worrying and grievous that the Termination of Pregnancy Bill 2018 (the Bill hereafter) does not effectively recognise the rights or the personhood of the unborn at any stage of pregnancy. Abortion is not and never will be just another medical procedure. No other legal medical procedure in Australia involves the killing of an innocent human being. The mark of a successful abortion is the death of an unborn human – this is extremely serious and the law should duly reflect this.

The main purpose of the law is to regulate and control unwanted behaviour to make society more just, less violent and more protective of innocent life and property. Martin Luther King said: "It may be true that the law cannot change the heart, but it can restrain the heartless." Laws have an educative value as well. The philosopher of old Aristotle asserted that "the law is an educator". Changes in laws governing smoking, wearing seatbelts and safety helmets are at least partly informed by the damage done to health and life, and in turn have changed people's behaviour for the better.

Historically, our laws pertaining to abortion were derived from English law and reflected its Judeo-Christian heritage. This was at a time when much less was known about life before birth, still less able to visualise it through methods such as ultrasound. Some of the Sections, specifically 224, 225 and 226 are couched in terms of this ambiguity, using the phrase “whether she is or is not with child” in each section.

In this day we are much better informed by the science of embryology and fetology than our forebears. Ultrasound, 3D, and 4D imaging shows very clearly the humanity of the child growing within his or her mother’s womb. The humanity and therefore the personhood of the unborn can no longer be ignored. In fact not attributing personhood to the pre-born based on the information we have is inexcusable.

It’s quite surprising that the Government has sought to decriminalise abortion so soon after the two Pyne abortion law reform bills were withdrawn from the Queensland Parliament in February of 2017. During the long investigative process of the Queensland Parliament committee system in examining these bills, the people of Queensland clearly let our politicians know that they did not want abortion law reform. This was evidenced when:

1. 2,725 submissions were received by the Parliamentary Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, which was charged with reviewing these two bills. Of these, 85% were against change, 11% were in favour of reform and 4% of the responses were inconclusive.
2. 55,604 Queenslanders signed the two Queensland Parliament e-petitions against abortion law reform
3. 4,000 Queenslanders came out on a 37 degree heat on 11 February 2017 to march against more permissive abortion laws. It might be noted that this was after local radio stations were advising their listeners to stay indoors to avoid the excessive heat. It was not a day for the faint-hearted.
4. Many thousands of Queenslanders wrote to their local Members of Parliament, the Premier of Queensland, Annastacia Palaszczuk, and to the then LNP Leader, Tim Nicholls, making their opposition clear.

The opposition to radical abortions laws is mounting in Queensland as seen at the most recent March for Life Brisbane held last Saturday, 1 September. This pro-life march and rally organised and sponsored by Cherish Life Queensland is the biggest one held in the past 20 years, rightly being reported as a “massive rally” (*The Courier-Mail*, 1 September).

In a similar vein, a YouGov Galaxy poll<sup>1</sup> (full results included in Appendix) undertaken in 6-8 August convincingly shows that Queensland voters oppose many aspects of the Termination of Pregnancy Bill. The most unpopular being arguably the two most severe components of the Bill, abortion up until birth – only 6% of Queensland voters agree with abortion until birth - and sex-selective abortion – only 8% of Queensland voters agree with sex-selective abortion.

The Termination of Pregnancy Bill 2018 is of particular concerns to CLQ for the following reasons:

1. It would legalise abortion on request up until 22 weeks gestation.

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<sup>1</sup> YouGov Galaxy Poll conducted on 6-8 August, 2018. Sample: 1,000 Qld voters. Full results can be found on the Cherish Life Qld website at [http://www.cherishlife.org.au/images/media-releases/2018/You\\_Gov\\_Galaxy\\_poll\\_August\\_2018\\_-\\_What\\_Queenslanders\\_Really\\_Think\\_About\\_Abortion.pdf](http://www.cherishlife.org.au/images/media-releases/2018/You_Gov_Galaxy_poll_August_2018_-_What_Queenslanders_Really_Think_About_Abortion.pdf)

2. It would legalise abortion from 22 weeks up until birth based on loose and expansive criteria including “social” reasons.
3. In legalising abortion on request up to 22 weeks gestation, and then abortion to birth for “social” reasons, it would legalise sex-selective abortion.
4. Doctors with conscientious objection would be compelled to refer for abortion anyway.
5. There are no safeguards for women considering an abortion.
6. Abortion on request would be done at public hospitals for free as part of routine medical care.
7. Exclusion zones would criminalise actions of a mother trying to persuade her daughter to proceed with the pregnancy, or a boyfriend offering support and trying to dissuade his partner from having an abortion.
8. No mandatory data reporting

Our submission seeks to provide sound reasons, including data, why this unnecessary, extreme, brutal and anti-woman late-term abortion Bill should be rejected by the Health Committee.

## PERSONHOOD OF THE UNBORN

*By Dr Donna Purcell, President of Cherish Life Queensland*

The contention of the government in presenting this bill is that abortion should be treated as a health issue. Its proponents are also fond of saying that this legislation is for the 21<sup>st</sup> century.

If that is the case, then this committee must be willing to consider ALL health aspects. This includes the science on which modern health is based, knowledge that was not present in the 19th century, including most if not all of what we know about the development of the unborn child. It also should include some of the significant evidence that abortion does physical and mental harm to the woman.

Since the committee refuses to accept images of foetuses or the outcomes of “medical procedures”, it will be necessary to produce a word description of the first victim of abortion - the unborn child - and also to describe some of the abortion methods that may be employed.

The information below is taken from two resources, and is thoroughly documented. From the end of the first trimester (3 months or 12 weeks), the foetus is clearly a human being in general human proportions with facial features, fully formed hands and feet, genitalia clearly either male or female, and most organs are already working in a manner suited to requirements. The heart has been beating from 22 days past conception. Eyelids cover the developing eyes. By the end of the three months the length is up to 8cm and weight 30g.

The greatest changes in morphology and organ development occur throughout the first trimester; through the two remaining trimesters the foetus becomes more sophisticated in his/her responses to the outside world, to pain and other sensory stimuli and in movement. The following description of the remaining months highlights these milestones. Where provided, weights and lengths are averaged and can vary.

**By 4 months:** The whole of the body with the exception of the top of the head and back are sensitive to light touch. This has clear connotations for the pain experienced by the foetus through an abortion. A needle inserted into the abdomen triggers a hormonal stress response with the release of noradrenaline into the bloodstream. In the lungs, the bronchial tree is nearly complete. A greasy substance called vernix covers the skin to protect against the amniotic fluid surrounding him/her. Movements, breathing activity and heart rate follow daily cycles called circadian rhythms. The foetus does not breathe air, but is developing the capacity required after birth. Up to 12 cm long.

**By 5 months:** The hearing organ the cochlea has reached adult size, and can respond to an increasing array of stimuli, including those from the outside world. All the skin structures such as skin hair follicles and glands are present. If the foetus is female, she already has egg cells formed in ovaries which will remain dormant until puberty. Foetal movements felt by now. Up to 20 cm long

**Up to 6 months:** By 21-22 weeks the lungs gain some ability to breathe air and produce surfactant, a substance which prevents alveoli collapsing, and from this time some foetuses are viable, meaning they can survive outside the uterus with the aid of neonatal intensive care.

Average weight is 500g and length 30cm. He/she will fit into the palm of an adult hand.

**Up to 7 months:** By 26 weeks, the eyes are now open, and exhibit a blink/startle response, and pupils react to light by 27 weeks. Weight gain is about 200g weekly. Breathing activity occurs about 30-40% of the time, “breathing” in amniotic fluid which is excreted as urine. The amniotic fluid is constantly cleansed and replenished like a filtering system.

**8 months until birth:** This is a time of preparation for birth. The foetus roughly doubles its weight from 32 weeks until birth. Movements become more cramped, and the foetus becomes more settled into the best position for birth by moving deeper into the pelvis. Hormonal processes govern the timing of labour as the production of progesterone declines, and placental stimulatory hormones such as oxytocin, prostaglandins and cortisone increase.

The references used are

1. “A Child is Born” by Lennart Nilsson 5<sup>th</sup> edition Random House London
2. The Biology of Prenatal Development (DVD) produced by Endowment for Human Development Inc and distributed by National Geographic

### **Methods of Abortion**

There are essentially two categories of methods for both first trimester abortion (up to three months) and later abortion, i.e. for the duration of the rest of the pregnancy. This bill will allow abortion anytime up until birth as it is divided into time periods of up to 22 weeks gestation and after 22 weeks gestation. These methods are loosely categorised as surgical and medical. Up to recent times, surgical abortion was the normal method. Since the approval and registration of users by the Therapeutic Goods Administration (TGA) for Mifepristone (RU486), this method is becoming more widely used, usually in combination with Misoprostol for both first trimester and second trimester abortion as the so-called “medical” abortion method.

In a medical abortion, Mifepristone is used as an anti-progesterone agent to chemically kill the unborn child by blocking the action of progesterone, a hormone essential for the well-being of the pregnancy. However, by itself is only about 70% effective in first trimester and less so in later trimesters. Misoprostol is a prostaglandin which mimics labour and causes strong uterine contractions to cause the unborn child to be expelled from the uterus.

The Queensland Maternity and Neonatal Guidelines Therapeutic Termination of Pregnancy (referred to hence as the Guidelines) contain the procedure for the use of this method in Queensland hospitals for first and second trimester. After 22 weeks gestation, the Guidelines recommend “feticide” by the injection of potassium chloride into the heart using ultrasound guidance. This method is also listed for use for so-called “selective reduction” where one unborn child is selected to be killed in multiple pregnancies for whatever reason is considered acceptable under the current situation.

If this bill is passed, there will be more such “reductions” since the criteria for abortion beyond 22 weeks is easily fulfilled once “all relevant medical circumstances, the woman’s current and future physical, psychological and social circumstances” are considered. This is just a recipe for open slather as it is not difficult to foresee that any reason can be proffered to fulfil these

criteria.

The Guidelines also advised doctors to consider the potential for a live birth from an abortion and to advise the mother accordingly. No particular direction is given in the Guidelines as to what will be done for the baby in these circumstances.

Where it has occurred, the unborn child usually dies soon after birth because of prematurity, but that may take some hours. In one incident in the NT in 1998, an child of 22 weeks gestation, Jessica Jane, who was born alive weighing 515 g after a botched late-term abortion, with “good vital signs”, [REDACTED]. This is the age under this bill at which abortion can be done for any reason and at which they are allegedly nonviable!

As part of the debate over the Pyne Bill, during Questions on Notice No 779 on 11<sup>th</sup> May 2016, Mark Robinson, Member for Cleveland (now Oordgeroo) asked the Minister for Health Cameron Dick:

“How many babies aged 20 weeks or more were born alive after a termination procedure in Queensland hospitals between 2005 and 2015?” The answer was 204!

Such is the inhumanity of abortion and the dehumanisation that it causes in the medical community that would leave a tiny child to die alone without any attempt to provide comfort or resuscitation if past the point of viability. In these instances, staff who become distressed by this are warned against intervention because the purpose of abortion is to produce a dead baby.

### **Surgical Abortion**

There are a variety of techniques that fall under this category. The most commonly used one is curettage by suction, and this is the most commonly performed method of abortion in the western world. It is also used into the second trimester to varying extents depending upon the operator. In the Guidelines, this method is advised to be used up to 14 weeks but after that from 14-16 weeks only be used by experienced practitioners. However, the Guidelines also state it can be considered at any stage.

For this method, the cervix may be prepared beforehand to soften it using luminaria (seaweed) or misoprostol to make the abortion easier and to reduce damage to the cervix. A cannula (hollow tube) is attached to a suction device and inserted into the uterus. The abortionist acts blindly to [REDACTED]. Larger pieces that will not come through the [REDACTED].

There is a video of this procedure on a website called [REDACTED] during which tiny hands and feet can be seen coming out of the uterus as the abortion is occurring.

For another account of a second trimester suction abortion, a previous abortionist Dr Anthony Levatino described to a US House of Representatives sub-committee on the District of Columbia Pain-Capable Unborn Protection Act 2012 how he performed what is called there a suction D&E (meaning suction dilatation and extraction) abortion up to 22 weeks of pregnancy. After



describing in detail how the softer parts of the body such as arms, legs spine, intestines, heart and lungs were removed, he went on to say:

“The toughest part of a D&E abortion is extracting the baby’s head. The head of a baby that age is about the size of a large plum and is now free floating inside the uterine cavity. You know you have it right when you [REDACTED]

[REDACTED] (Testimony of Anthony Levatino MD JD before the Subcommittee on the Constitution, Committee on the Judiciary, US House of Representatives on The District of Columbia Pain-Capable Unborn Child Protection Act (HR3803) May 17, 2012

Another similarly horrendous method of killing unborn human beings is the “cranial decompression” or partial birth abortion method, also known as D&X (dilatation and extraction). A previous practitioner of this method in Australia, Dr David Grundmann described it as “essentially a breech delivery where the foetus is delivered feet first, and then when the head of the foetus is brought down into the top of the cervical canal, it is [REDACTED]

[REDACTED] ( ABC 7.30 Report, 27 October 1994). In layman’s terms, the doctor puts [REDACTED] or another [REDACTED] into the back of the [REDACTED] and uses high pressure suction to evacuate the [REDACTED]. With the [REDACTED], the baby is removed.

This latter method was banned by the US Senate in 2003 as being “gruesome, inhumane and never medically indicated” with obvious implications for foetal pain, but there is actually no reason why this method of abortion could NOT be performed in Queensland under the provisions of this Bill.

David Grundmann performed partial birth abortions in Queensland until his activities were exposed and while this state was controlled by its “nineteenth century legislation” so despised by advocates of this Bill. It would only take another abortionist like David Grundmann to set up practice in this state were this bill to be passed into legislation.

### Foetal Pain

In the previous section on foetal development, it was stated that there is evidence of bodily sensation of some type from as early as four months or sixteen weeks gestation. It is also important to know that bodily pain is generated or experienced at different levels of the nervous system, not just the most superior level, the cortex. The degree and nature of pain experience will change and develop as the foetus’ nervous system matures, not be an “all -or-nothing” phenomenon. Inhibitory pathways to pain experience develop later than the receptive pathways. The following quotation may be of assistance in putting these concepts together.

“To experience pain, an intact system of pain transmission from the peripheral receptor to the cerebral cortex must be available. Peripheral receptors develop from the seventh gestational week. From 20 weeks’ gestation, peripheral receptors are present on the whole body. From 13 weeks’ gestation the afferent system (ie system receiving stimuli from the body) located in the substantia gelatinosa of the dorsal horn of the spinal cord starts developing. Development of afferent fibres connecting peripheral receptors with the dorsal horn starts at 8 weeks’ gestation. Spinothalamic (the thalamus is in the midbrain) connections start to develop from 14 weeks’ and

are complete at 20 weeks' gestation, whilst thalamocortical connections are present from 17 weeks' and completely developed at 26-30 weeks' gestation. From 16 weeks' gestation, pain transmission from a peripheral receptor to the cortex (the entire pathway) is possible and completely developed from 26 weeks' gestation. It is important to note that serotonin-releasing inhibitory descending pain fibers only develop following birth." Further on, the paper notes that "a physiological fetal reaction to painful stimuli occurs from between 16-24 weeks."

- Marc Van de Velde and Frederik De Buck," Fetal and Maternal Analgesia/Anaesthesia for Fetal Procedures" Fetal Diagnosis and Therapy 31(2012): 201-209

This article is used as a reference for the suggested amount of anaesthesia required for in utero foetal procedures ranging from minor to major operations now performed such as closure of a spina bifida defect. Further on, the paper notes that "a physiological fetal reaction to painful stimuli occurs from between 16-24 weeks." This refers back to previous comments that a hormonal stress response is evident from four months gestation and connotes a level of response to pain that has already developed well before the cortex may be able to appreciate pain simply because the full pathway is not complete.

Another expert on fetal sensation and pain perception, Dr. Jean Wright Professor and Chair of Pediatrics at the Mercer School of Medicine, gave evidence to the US House Committee on the Judiciary Subcommittee on the Constitution on fetal pain development on November 1, 2005. She said in part:

"As early as 6 weeks of development, tiny pain fibers pepper the face and oral mucosa (lining of the mouth). The spread of these unique fibers proceeds in a head to toe fashion until by the 20<sup>th</sup> week, they cover the entire body. Not only do these fibers exist, they do so with greater density per square inch than in the adult. Studies at 16 weeks and beyond show hormonal responses to painful stimuli that exactly duplicate the response that the infant and adult possess. The critical difference is that the unborn lacks the ability to modulate itself in response to this pain. This ability to down regulate the response in light of painful stimuli will not exist until the unborn is nearly full term in its gestational age.

"After 20 weeks of gestation, the unborn has all the requisite anatomy, physiology, hormones, neurotransmitters, and electrical current to 'close the loop' and create the conditions needed to perceive pain. The hormones and EEGs (electroencephalograms) and ultrasounds record the pain response, and our therapies with narcotics demonstrate our ability to adequately block them."

Assumptions about the amount and extent of pain experienced by the unborn from abortion can be erroneous, as is the contention that maternal anaesthesia provided through an abortion will necessarily block any pain felt by the unborn. The antipathy or disinterest exhibited by the abortion lobbyists towards the first victim of abortion is ideological and not founded upon any of the science we now possess.

## COMMUNITY ATTITUDES ON ABORTION

### Women lead the charge

A new independent opinion poll shows that most Queensland voters, particularly women, are opposed to the Queensland Labor Government's Termination of Pregnancy Bill.

Conducted by independent market research firm YouGov Galaxy for Cherish Life Queensland and the Australian Family Association, this representative online opinion poll of 1,000 Queensland voters was taken on 6 to 8 August.

With 21 specific, objectively-worded questions, this is the most comprehensive research on abortion ever done in Queensland. It has avoided skimming the surface of the issue as most past polls have done and has drilled down to find out what the Queensland public really thinks.

### Women more pro-life than men

A really interesting aspect of this research is that the data clearly shows that women are more pro-life than men, based on the answers to 17 out of the 21 questions, with the other four being about even.

### Voters do not want this Bill

A majority of Queensland voters (52%) oppose the key provision of the Bill, which would legalise abortion on request for any reason until 22 weeks of pregnancy. 57% of women oppose this, as do 48% of men, with 29% of voters in favour.

A solid majority of Queensland voters (62%) oppose the provision of the Bill which would legalise abortion after 22 weeks of pregnancy for "social circumstances". 70% of women oppose this provision, as do 54% of men, with just 22% of voters in favour.

A majority of Queenslanders (51%) oppose free abortions on request being performed in public hospitals, which would occur if the Bill is passed. 55% of women oppose this, as do 47% of men, with 31% of voters in favour.

A question in the poll about the current law, under which an estimated 14,000 abortions take place in Queensland each year, revealed that 38% of voters believe the current law is "about right as it is" and 18% think it is not restrictive enough, showing that 56% of Queensland voters either believe the law should stay the same or be stricter. This compares with 26% of voters who think it should be less restrictive.

The poll revealed that a sizeable majority of Queensland voters (62%) believe that an unborn child at 23 weeks of pregnancy is a person with human rights. 69% of females agree, compared with 54% of males. Almost one-quarter (24%) of voters disagree.

Most voters in Queensland (60%) would not allow abortion after 13 weeks of pregnancy, with 66% of females and 54% of males taking this view. This group includes 21% of voters who are opposed to abortion at any time.

### Voters strongly oppose late-term and sex-selective abortion

76% of Queenslanders oppose abortion after 23 weeks of pregnancy, comprising 81% of females and 71% of males. **Only 6% support abortion up to birth**, comprising 10% of males and 3% of females.

The poll showed **only 8% support for sex-selective abortion**, the practice of terminating a pregnancy based upon the sex of the unborn baby, usually when it is a girl, which would be legalised by the Government's Bill, as abortion on request for any reason will be allowed up to 22 weeks.

Of those who support sex-selective abortion, 11% are males and 5% are females. The vast majority of Queensland voters (83%) are opposed to the idea of aborting unborn babies solely because of their sex.

The fact that only 6% of Queenslanders support late-term abortion and just 8% support sex-selective abortion is very significant.

The Bill will legalise both practices, which shows how out of touch the Government is in trying to impose this abhorrent and unnecessary legislation on Queensland.

The poll shows that Deputy Premier Jackie Trad and other pro-abortion ideologues in the Government are supporting an extreme position held by just 6 to 8% of Queenslanders.

**This extreme Trad Bill is worse than the Pyne Bills rejected last year** and which has been forced upon Labor MPs whether they like it or not.

#### **Voters want safeguards for women**

The poll showed that one in four Queensland voters (26%) know at least one woman that took the decision to have an abortion following pressure from another person.

There are no measures in the Government bill to protect women from coercion to have an abortion, nor were there any safeguards for women such as independent counselling, informed consent requirements and a cooling-off period.

This is an extreme anti-woman Bill which if passed will only increase the number of women harmed by abortion.

The poll showed that Queenslanders widely accepted that abortion can harm the mental and physical health of a woman (75%). More females (79%) believe this than males (71%).

By trying to ram this horrendous Bill through Parliament, the Government is ignoring the need to protect women, which the public fully understands.

The poll showed there is widespread belief in Queensland (88%) that before having an abortion a woman should receive free independent counselling so that she can make a fully informed decision. 91% of females and 85% of males take this view.

The overwhelming majority of Queensland voters (85%) also support the idea that a woman considering abortion should receive information on the development of the unborn child, the nature of the procedure, the physical and psychological risks associated with abortion and the support available should she wish to continue with the pregnancy.

There is also strong support (79%) for a cooling-off period of two or three days between making an appointment for an abortion and the actual procedure.

Almost two-thirds of Queensland voters (65%) believe parental consent should normally be required for girls under the age of 16 to have an abortion. 23% of voters disagree.

About three-quarters of Queensland voters (74%) support conscientious objection provisions allowing doctors and nurses to opt out of having to perform or participate in, or refer for, abortions against their will. Only 13% of females are opposed, compared with 17% of males.

This Trad Bill would compel doctors, nurses and pharmacists to refer for abortion, which is an elective procedure, forcing them to be complicit in the abortion against their conscience. This is a contravention of a fundamental human right which is strongly supported by the public.

### **Voters will change their vote on this issue**

A finding from the poll that will be of great interest to MPs is that more than half of all Queensland voters (54%) say that if their local Member of Parliament voted in favour of the Government's Termination of Pregnancy Bill it would influence their vote, and supporting the Bill would be more likely to cost votes (39%) than be a vote winner (15%). 43% of females say they would be less likely to vote for a MP who supported the Bill, compared with 35% of males.

### **This indicates a potential average swing of 13% against pro-abortion MPs.**

Other results of the poll were:

Most voters in Queensland (60%) agree that pain relief should be given to an unborn baby prior to an abortion after 22 weeks. 63% of women agree, as do 57% of men. Only 11% of voters disagree.

A strong majority (70%) of Queensland voters agree that a baby who survives a late-term abortion should be cared for like any other premature baby. 74% of women agree, as do 67% of men. Only 10% of voters disagree.

### ***Side-note: Courier-Mail poll flawed***

*The Courier-Mail* on Friday, 17 August published an article by Sarah Vogler entitled "Abortion Bill has support of majority".

This was based on just one question in an omnibus survey done by YouGov Galaxy, and the question was inaccurate. *The Courier-Mail* did not publish the wording of this single question, but kindly gave it to Cherish Life Queensland when we requested it. The question was:

"The Queensland Government has announced that it will introduce the Termination of Pregnancy Bill to State Parliament. This Bill will decriminalise abortions performed up to 22 weeks of pregnancy with the authorisation of a doctor. Do you support or oppose this Termination of Pregnancy Bill?"

**This question is inaccurate and misleading in two aspects:**

1. The question does not inform voters that the Bill also would legalise abortions after 22 weeks for “social” reasons. It led respondents to believe that abortions will only be decriminalised “up to 22 weeks”.

2. The question stated that under 22 weeks of pregnancy women seeking an abortion would need “the authorisation of a doctor”. This may have led respondents to think that women under 22 weeks would need the approval of their doctor as well as the abortionist. This is incorrect as the Bill will legalise abortion on request for any reason, no questions asked, up to 22 weeks.

Therefore, the result of this one question survey by *The Courier-Mail*, which just skims the surface of the issue, is flawed and cannot be relied upon as a true indication of the views of Queensland voters on the Government Bill.

## LEGALISATION OF ABORTION ON REQUEST TO 22 WEEKS GESTATION (Section 5 of the Bill)

Part 2 Section 5 of the Bill states: “A medical practitioner may perform a termination on a woman who is not more than 22 weeks pregnant.”

Removal of any restrictions on abortion in the first 22 weeks of pregnancy, means abortion will be legal for any reason including sex-selection (more on that in another section). Abortion on request is just that – no reason has to be given.

In application a woman could present herself to a public hospital at 21 weeks pregnant and request a termination and under this law she could not be refused, and would not be asked why. This paints a very concerning picture; firstly because there is a live, almost viable child involved who would be legally killed under this regime. It will be entitled to a death certificate, as all babies who die past 20 weeks are. Secondly as there are no safeguards or checks in place to assist the woman holistically; there is no requirement to check if the woman is being coerced in an abortion, no offer of independent counselling, no independent assessment by a doctor to see if an abortion is in fact best for her physical and mental health and no informed consent requirements including a warning on risks of abortion and information on the alternatives to abortion. Thirdly because of what abortion on demand will do to the public health system (more on that later).

This premise of the Bill has zero recognition of the rights and the personhood of the unborn. This is deeply distressing.

The scientific fact is that human life begins at fertilisation, when the father’s sperm with 23 chromosomes joins with the mother’s ovum with 23 chromosomes to form a zygote – with a unique genetic code which determines our sex, height, the colour of our hair and eyes and so on.

Sophisticated ultrasounds show the unborn babies heart beating at five weeks gestation (as early as 21 days post conception) and a perfect little human at 10 weeks gestation.

At 22 weeks gestation the unborn baby is fully formed and functioning. Some premature babies are now surviving at 22 weeks gestation. Compared to many European countries abortion laws where the “on request” gestational limit is 12 weeks gestation (please refer to appendix), abortion on request up to 22 weeks gestation is a very late gestation.

Part 2 section 5 of the Bill totally ignores the humanity of the unborn and therefore this Bill should be firmly rejected.

## LEGALISATION OF ABORTION FROM 22 WEEKS UNTIL BIRTH (Part 2, section 6 of the Bill)

Part 2 Section 6 of the Bill specifies that abortion after 22 weeks of pregnancy is allowed if a doctor considers that it should be performed under a broad range of criteria including “the woman’s current and future physical, psychological and social circumstances”, and a second doctor agrees.

The word “social” is dangerously ambiguous, and the same terminology in Victoria’s Abortion Law Reform Act 2008 has meant about 50% of the late-term abortions performed over the last decade have been done for “psycho-social” reasons. These terminations had nothing to do with the woman’s or unborn child’s health.

The provision for a second doctor’s approval under Section 6 is questionable, as the second doctor is not required to see the woman or her file. The first doctor can be an abortionist and the second doctor can also be an abortionist. The “approval” can be obtained by a phone call or email. If the first doctor does not bother to get a second opinion, the Bill has no legal penalty. A law without a penalty is no law at all.

The broad criteria and ambiguity around the “social” conditions for abortion past 22 weeks and the absence of proper legal and medical governance makes the 22 week gestation limit ineffective. Basically it’s a farce, and a deadly one at that.

The Bill if passed would introduce abortion to birth legislation in Queensland.



## SEX-SELECTIVE ABORTION WOULD BE LEGAL

Part 2 Section 5 of the Bill States: “A medical practitioner may perform a termination on a woman who is not more than 22 weeks pregnant.” Removal of any restrictions on abortion in the first 22 weeks of pregnancy, means abortion will be legal for sex selection.

Abortion on request is just that – no reason has to be given.

Abortion for sex selection is not legal under the current law, as interpreted by the courts, because this is not a situation where there is a serious danger to a woman’s physical or mental health.

One of the terrible consequences of legalising abortion on request to 22 weeks gestation is it would be legal to abort a female baby, just for being a girl. The sex of a child is usually discovered at the 16 to 20 week scan, but can also be detected from 10 weeks of pregnancy by a blood test.

Part 2 Section 6 of the Bill specifies that abortion after 22 weeks of pregnancy is allowed if a doctor considers that it should be performed under a broad range of criteria including “the woman’s current and future physical, psychological and social circumstances”, and a second doctor agrees.

The key point is that word “social” is ambiguous and would include in its scope sex-selective abortion, as sex selection is a social reason. This practice fits under no other description. Although in practice sex-selective abortion almost always would be prior to 22 weeks gestation because the sex can be determined well before then, it could be very accessible past 22 weeks too because of the loose criteria for obtaining a late-term abortion and the lack of rigorous governance around the approval process.

Globally, sex-selective abortion and infanticide of female babies is at catastrophic levels, with United Nations estimates of more than 100 million girls missing around the world.

There is evidence that sex-selective abortions do occur in Australia, provided by a demographic study using ABS data from 2003 to 2013 showing “1,395 missing girls”, which was reported by

[SBS](#)<sup>2</sup> and [Daily Mail Australia](#)<sup>3</sup> in 2015. Also, on 12 August 2018 [The Sydney Morning Herald](#)<sup>4</sup> and [The Age](#) carried a story titled “The ‘missing girls’ never born in Australia”.

It is worth noting that Termination of Pregnancy Bill 2018 is almost a mirror image of the Victorian abortion law passed in 2008 (please see the comparison table in the appendix), which allows sex-selective abortion and even compels doctors to refer these cases to an abortionist under threat of deregistration.

In 2013, [Dr Mark Hobart](#)<sup>5</sup>, a Melbourne GP, faced disciplinary action for refusing to refer a couple with a 19 week unborn baby girl for a sex-selective abortion in Victoria.

Recent [YouGov Galaxy polling](#) (full results in appendix) show that only 8% of Queenslanders, including 5% of women, support sex-selective abortions, with 83% of voters opposed.

**However, abortion remaining in the Criminal Code would mean that sex-selective abortion does remain illegal in Queensland.**

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<sup>2</sup> <https://www.sbs.com.au/news/could-gender-selective-abortions-be-happening-in-australia>

“Could gender selection be happening in Australia?” SBS, 28 August 2015

<sup>3</sup> <http://www.dailymail.co.uk/news/article-3203013/Gender-selection-abortions-happening-Australia.html> Daily mail - “how Australian parents have shamefully aborted more than 1,400 babies in the last decade - just because they were girls - 19 August 2015

<sup>4</sup> <https://www.smh.com.au/healthcare/the-missing-girls-never-born-in-australia-20180811-p4zwxr.html> The “missing girls’ never born in Australia, SMH 12 August 2018

<sup>5</sup> <https://www.heraldsun.com.au/news/opinion/doctor-risks-his-career-after-refusing-abortion-referral/news-story/a37067e66ed4f8d9a07ec9cb6fd28cf5> “Doctors risks his career after refusing abortion referral.” Herald Sun - 5 October 2013

## LACK OF A FULL CONSCIENTIOUS OBJECTION FOR DOCTORS

CLQ wishes to respond to the clause 7 relating to conscientious objection. In keeping with the general requirement by doctors under the Medical Board of Australia's "Good Medical Practice: A Code of Conduct for Doctors in Australia" to inform patients when they cannot comply with a request for a referral to which the doctor has a conscientious objection, the issue does not lie in actually informing the patient, but in the action required subsequently.

A referral for an abortion is not at all necessary currently to arrange for or to acquire an abortion in Queensland. There are any number of websites claiming to provide legal abortions although that is highly unlikely given the impreciseness of what a "serious risk to the mental or physical life of the mother" might mean.. Under the proposed changes to the law, there will be virtually no safeguards, thus inviting many more "providers" who do not currently legally require a referral. On its website on the proposed changes, the Queensland Government and the Health Department say they expect that most of the abortions will still be provided by private clinics. That is debateable, but even if so, it means that a formal referral process is not required. That being the case, why should doctors be obligated to assist a woman to find an abortion provider? As was said previously in submissions to the Pyne Bill and to the QLRC, a referral is not just an obligatory piece of paper. It is a legal document that testifies that the doctor providing the referral agrees to the intended treatment, believes it to be essential for the patient and that the person to whom he/she is referring is an adequately skilled and trained professional. If any of these do not apply, a referral should not be supplied.

Recently, there has been some controversy over suggested changes to the above-mentioned Code of Practice to the effect that doctors not be allowed a public voice when it comes to issues of personal or professional opinion that may differ from someone else's in a context that does not relate to their quality of patient care. The discussion paper commented that:

"If making public comment, you should acknowledge the profession's generally accepted views and indicate when your personal opinion differs. Behaviour which could undermine community trust in the profession is at odds with good medical practice and may be considered unprofessional" (ref. Good Medical Practice: A Code of Conduct for Doctors in Australia June 2018)

Queensland AMA rightly commented on this by saying:

"Just because a doctor does not hold 'the profession's generally accepted views' on a particular social matter does not indicate a lack of medical professionalism or substandard medical practice. For example, many doctors do not personally agree with abortion, contraception or voluntary assisted dying." (ref. AMA submission on Medical Board of Australia's public consultation draft.pdf)

Unfortunately, the Qld AMA in its submission to the QLRC on this bill does not support doctors who do not wish to refer, but in so doing they have contradicted themselves. A doctor cannot on one hand speak publicly against abortion, then privately refer to another doctor to provide one. She/he either looks like a hypocrite or is silenced which is a denial of a right to free speech, something to which the AMA objects.

We believe this right to not be involved in any aspect of abortion provision applies equally to ancillary staff such as nurses and others who may be required to assist on the day. These staff do not have the "clout" that doctors might have in the system, and their rights can be more easily pushed aside.

It will be to the detriment of the public system if doctors do not exercise a total ability to withhold their complicity in abortion provision. Many doctors will refuse to work in the public

system, thus causing more delays and shortages, and otherwise well-qualified doctors will decide to retrain into other specialties to avoid conflict. These problems will become even more acute in regional hospitals, as abortion advocates have discovered when they wish to have abortions provided in their local hospitals, and have taken to funding planes to fly women to NSW for an abortion. If doctors believe they will be forced to do abortions in “emergencies” because they are the only one available, this will be a very strong disincentive to work in regional centres.

Finally, clause 7(4) relating to abortion as an “emergency” procedure is totally unnecessary, and actually reflects the ideological nature of this bill, not an attempt to legislate for health. The best way to relieve the problem where the continuation of pregnancy is directly endangering the life of the mother is where possible to deliver the baby (if after the age of viability) and have both of them cared for in a tertiary centre. Quoting Dr Anthony Levatino (an obstetrician gynaecologist who also performed abortions as part of his practice) in his evidence before the subcommittee on the Pain Capable Unborn Child Protection Act:

“Albany Medical Centre, where I worked for over seven years, is a tertiary referral center that accepts patients with life-threatening conditions related to or caused by pregnancy. I personally treated hundreds of women with such conditions in my tenure there. There are several conditions that can arise or worsen, typically in the late second or third trimester of pregnancy, that require immediate care. In many of those cases. Ending or ‘terminating’ the pregnancy if you prefer, can be life-saving, but ‘terminating a pregnancy’ does not necessarily mean ‘abortion’.. I maintain that abortion is seldom if ever a useful intervention in these cases.”

Dr Levatino went on to explain that one of the reasons for this is that if it is truly an emergency, there was not time to prepare the cervix for an abortion of the type that he normally did, requiring at least 36 hours or up to 72 hours. There is also the very real matter that any attempt to perform an abortion” to save the mother’s life” actually entails an undue and dangerous delay.

The World Medical Association in 2008 stated that:

*“The central element of professional autonomy and clinical independence is the assurance that individual physicians have the freedom to exercise professional judgement in the care and treatment of their patients without undue influence by outside parties or individuals.”(14)*

If abortion is totally against one’s conscience, to be involved in it in even a minor way such as providing a referral is being complicit in the act. Not every doctor or other medical personnel will take their opposition this far, but for those who believe it is killing another human being; it is completely in accord with their understanding of their duty. It can be reasonably compared with doctors being required to participate in state-authorized capital punishment.

Conscientious objection should not extend to not coming to the assistance of a woman whose life is endangered, but as stated above, abortion isn’t necessarily the only way to preserve her life. Emergencies are normally handled in major or tertiary centres where there is access to specialist services. If a woman is seriously ill, performing an abortion is going to pose as many risks as delivering the child by emergency caesarean section.

Fortunately, we live in a modern era where the choice between the mother and the child’s life is hardly ever necessary, so it would seem unnecessary to make a law to cover the rare cases.

This has been a very contentious area in Victoria since the Abortion Law Reform Act 2008 made it illegal for a doctor to refuse to refer a woman to another practitioner (Section 8 ). (1)

The Australian Medical Association stated at the time that this Act

*“infringes the rights of doctors with a conscientious objection by inserting an active compulsion for a doctor to refer to another doctor who they know does not have a conscientious objection.”(16)*

A referral is not simply a piece of paper. A doctor who conscientiously believes that abortion destroys another human being will feel bound not to refer on for an abortion as a referral is a recommendation that the procedure be done. It is also the doctor's responsibility to be sure that, as far as possible, the referee is someone whose competence can be relied upon. In Queensland where most abortions are done in private clinics for profit by people whom the doctor wouldn't know, and whose training and expertise is not known or may be substandard, the doctor has every reason not to refer.

In a YouGov Galaxy poll in August 2018, the following question about conscientious objection was put:

"Many doctors do not wish to perform or participate in abortion in any way, including having to direct a patient to another doctor or abortionist when they believe that is not in their patient's best interests. Do you support or oppose conscientious objection provisions to allow doctors and nurses to opt out of performing or participating in abortions against their will?"

Almost three-quarters (74%) of respondents answered in the affirmative. (17)

The Trad Bill would compel doctors, nurses and pharmacists to refer for abortion, which is an elective procedure, **forcing them to be complicit in the abortion against their conscience**. This is a contravention of a fundamental human right which is strongly supported by the public.

If this goes through, it will result in doctors of faith leaving the profession, and a drop in new entrants, which will greatly increase pressure on the public hospital system.

## NO SAFEGUARDS FOR WOMEN CONSIDERING ABORTION – NO INDEPENDENT COUNSELLING, NO INFORMED CONSENT CONDITIONS AND NO COOLING-OFF PERIOD

The Termination of Pregnancy Bill is also woefully inadequate in supporting women who are considering abortion, and ensuring a woman is not being coerced into an abortion. The Bill does not contain any safeguards for a woman considering an abortion. This extreme deficiency coupled with the fact it would allow sex-selective abortion clearly demonstrates this is profoundly anti-woman Bill.

There is a growing burden of documentation from professional bodies and individual researchers on the damage done to women by abortion.

The current support services in Queensland for women who are considering terminating their pregnancy or who have already had an abortion are woefully inadequate.

**There are a lot of unwanted abortions** where women have been pressured into an abortion by their parents, boyfriend, husband or partner, or by their financial or social circumstances. This causes deep regret, guilt and harm to these women.

**The law on abortion should have safeguards for women and particularly be addressing a woman's right to know.**

There are NO safeguards contained in the Bill for women considering abortion. Standard safeguards in many European nations abortion laws are: mandatory independent counselling, informed consent conditions (advising women of the mental & physical risks of abortion as well as alternatives to abortion) and cooling-off periods.

While some women walk away from their abortion seemingly unscathed, many women get hurt by abortion. Up to 1 in 5 women developed a serious prolonged mental illness post an abortion, because of the abortion. A woman who has had an abortion is 6 times more likely to commit suicide. Dr Priscilla Coleman's research has a lot of excellent information about the mental health problems resulting from abortion,<sup>6</sup> Real Choices Australia has a lot of information about abortion in Australia.<sup>7</sup> There are also physical risks – some global studies show a 35% increased risk of breast cancer and risk of injury and infection - particularly with later gestational abortions.<sup>8</sup> Abortion often does hurt

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6 Priscilla K. Coleman, Ph.D., "Does Abortion Cause Mental Health Problems?"  
<[http://realchoices.org.au/wp-content/uploads/2012/07/Causal-evidence\\_abortion-and-mental-health.pdf](http://realchoices.org.au/wp-content/uploads/2012/07/Causal-evidence_abortion-and-mental-health.pdf)>.

7 "Late Term Abortion Statistics", Real Choices Australia  
<<http://realchoices.org.au/issues/abortionresearch/late-term-abortion-statistics/>>.

women and the pain and regret can last a lifetime. In the vast majority (in fact almost 100%) of cases the best thing a woman can do for her body and mind is to opt for a live-birth. Very rare exceptions would be when the women's life is in mortal danger, such as in the case of an ectopic pregnancy (but the intent is to save the mother's life, not to take life, so it is not an abortion).

According to the most recent **comprehensive survey of Queensland voters** on abortion, a **YouGov Galaxy opinion poll of 1,000 Queensland voters conducted 6 to 8 August 2018**, 88 percent of Queenslanders believe that when considering an abortion, a woman should receive **free independent counselling** from a source that has no financial interest in her decision, so that she can make a fully informed decision.

The same study, which was commissioned by the Cherish Life Queensland and Australian Family Association, showed that 85% of Queenslanders believe that a woman considering abortion should receive information on the development of the unborn child, the nature of the procedure, the physical and psychological risks associated with abortion and the support available should she wish to continue with the pregnancy. Referred to as “informed consent” conditions.

Referring doctors, counselling agencies and abortion providers should be required to provide accurate information to each woman in a prescribed written form, so she can properly consider it. Without this mandatory requirement, there can be no true **informed consent** across the board.

The YouGov Galaxy poll also found that 79 per cent of Queenslanders believe there should be a **cooling-off period** of several days between making an appointment to have an abortion and the actual procedure, to ensure that the woman is certain of her decision.

92% of Queenslanders agree that a woman requesting an abortion always should be seen in person by a qualified doctor.

It is also pertinent that the YouGov Galaxy poll discovered that 26% of Queenslanders know at least one woman who has been **pressured into having an abortion**.

Any legislation should include a requirement for **mandatory independent counselling** before abortion, including the provision of an **informed consent booklet** similar to the one provided to women seeking an abortion in the ACT between 1999 and 2002, which included information on the nature of the procedure, the physical and psychological risks of abortion, the development of the unborn child, alternatives to abortion and support agencies.

Under this ACT law, there also was a mandatory cooling-off period of 72 hours or 3 days.

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8 Lanfranchi AE, Fagan P., “Breast cancer and induced abortion: a comprehensive review of breast development and pathophysiology, the epidemiologic literature, and proposal for creation of databanks to elucidate all breast cancer risk factors.”

<<https://www.ncbi.nlm.nih.gov/pubmed/25189012>>

The requirements for the provision of an informed consent booklet and the cooling-off period co-existed in the ACT Health Act alongside the law in the Crimes Act under which an abortion was legal only if a doctor was satisfied that the woman's life or physical or mental health was in serious danger from carrying on the pregnancy.

**There are a lot of unwanted abortions which mandatory independent informed consent counselling could prevent. Women often go into a private abortion clinic which is operating for profit and are not properly or fully counselled. They are in effect sold an abortion.**

It is of interest to note that the *Sunday Mail* in South Australia on 25 July 2004 reported a significant reduction in the number of abortions performed at the Women's and Children's Hospital in Adelaide.

In South Australia, the law is that there are no private abortion clinics; it is all done through public hospitals. In 2003, the hospital changed its policy and made independent counselling by social workers mandatory and it led to a drop of 25% in the number of abortions at that hospital over the next 12 months.

We acknowledge that a number of professional bodies and counselling organisations suggest that counselling may be unhelpful if the woman's attendance is forced.

However, what if the woman's attendance at the abortion clinic is forced by her parents, boyfriend, partner or husband? Good counselling at that point may save her from that situation.

Furthermore, considering the serious physical and psychological risks of abortion, and the harm that could be averted if women chose to continue with their pregnancies, the inconvenience a mandatory counselling session would cause to some would be outweighed by the benefit it would bring to other women who may not otherwise have sought counselling themselves.

Well-funded support services should be available before and after an abortion.

It should be incumbent upon abortion providers to pay for the harm they cause to their patients by facilitating this independent counselling, which is required by women who experience mental effects ranging from guilt, sadness and regret to clinical mental health disorders that may only surface years later.

It is also about time that the Government-funded pregnancy counselling centres with a pro-life ethos, not just those which advocate for abortion. As well as giving the full range of information and alternatives to women contemplating abortion, pregnancy counselling services such as Priceless Life also support women who need post-abortive counselling who would never go back to the abortion clinic or pro-abortion agency that recommended that course of action.



## ABORTIONS WOULD BE PERFORMED AT PUBLIC HOSPITALS AND THEREFORE FREE + EFFECT OF DECRIMINALISATION ON THE QLD HEALTH SYSTEM

Whenever something is legalised, the incidence of it always rises, as the law plays a role in educating the community regarding moral values.

It is inevitable that decriminalisation would result in a significant increase in the number of abortions, because the law then would allow free abortions on request in public hospitals.

It also would greatly change the culture in hospitals from one for the preservation and betterment of life, to the indiscriminate taking of life. It also may well affect the supply of doctors, particularly if doctors are forced to refer for abortion - as in the case of Victoria - or have to perform abortions as part of their training.

In 2016, Dr Carol Portmann gave evidence to the Queensland Parliament Health Committee inquiry into the second Pyne Bill, that if abortion was decriminalised in Queensland, **the proportion of abortions done by public hospitals would increase from 2% to “20 to 25**

Dr Portmann, former director of maternal and foetal medicine at the Royal Brisbane and Women’s Hospital, who now performs abortions up to 20 weeks as part of her private gynaecology practice, said **Queensland Health would have to support public hospitals to cater for this increase in demand.**

Currently, Queensland public hospitals only perform “therapeutic terminations” (which meet the current judicial interpretation of the law that for an abortion to be legal there must be a serious danger to the woman’s physical or mental health), while private clinics perform the other 98% of abortions which are mainly for financial or social reasons.

Dr Portmann said the current “health culture” in Queensland public hospitals would make it **difficult to find medical and nursing staff who would be “happy to be involved on a regular basis”** in meeting the demand for more abortions.

**Dr Portmann went on to predict that over time a cultural shift would occur so that abortion would be considered “part of routine medical care”.**

A cultural shift within public hospitals so abortion becomes “part of routine medical care” no doubt would have dire consequences, particularly for people of faith. What are Christian doctors going to do if abortion becomes part of routine medical care? What if it became a required part of medical training in Queensland?

The Trad Bill does not have full conscientious objection protection for doctors, nurses and pharmacists - so they will be forced to refer for abortion against their will, even if they considered it not to be in the best interests of their patients, and be complicit in the abortion.

All things considered, it's likely that over time there will be a significant decrease in the supply of doctors. Already Cherish Life has been approached by doctors who say that if abortion is decriminalised they will hang up their shingle, take early retirement or move elsewhere. One doctor told us he would dissuade his son from following in his footsteps.

Many public hospitals already struggle with long waiting lists. Doctors in rural and remote areas are already in short supply. A decrease in the number of existing doctors and a fall in the number of new doctors coming through would further diminish an already struggling Queensland health system. The ramifications of decriminalisation of abortion go on and on.

Dr David van Gend, a Toowoomba GP and state secretary of the World Federation of Doctors Who Respect Human Life, spoke on this issue at the Cherish Life Queensland conference on 23 June, saying he feared young Christian men and women would shun medicine and nursing as careers if they were "required to participate in abortion or euthanasia". "The ethical stress that they can foresee might be so much that they would rather choose a less hostile profession," he said, as was reported in *The Sunday Mail* the next day.

It's highly likely many doctors of faith would exit medicine because of the lack of a full conscientious objection protection, and it may deter new entrants of faith. Since the majority (62.2%) of Queenslanders recorded themselves as Christian at the 2016 census, this is very concerning. There may well be a decrease in supply of doctors in the coming years if this Bill passes. This is because under this Bill doctors would be forced to refer for abortion, making them complicit in abortion. An under-supply of doctors would no doubt be mostly be felt in rural and regional areas which often have suffered with insufficient health services. Ironically, women in rural or regional areas having access to abortion is one of Ms Trad's apparent reasons for wanting to decriminalise abortion.

Other questions have to be asked: Would free abortion on request performed at public hospitals take precedence over other elective surgery? What would free abortion on request do to our already under-resourced health system? What would free abortion on request in our public hospitals do to our waiting lists?

Then there is the unanswered question about the impact of decriminalisation of abortion on private hospitals. While doctors are afforded some conscientious objection rights, hospitals are not. Would a private Catholic hospital like the Mater be obliged to allow its operating rooms to be used by abortionists? How would these Catholic Institutions respond to having their religious freedoms denied?

We note that the Government has not issued a public blueprint or impact study related to the proposed decriminalisation of abortion. Besides killing more babies and harming more women, decriminalisation of abortion also will damage the Queensland health system.

It's also sadly ironic that doctors must refer for an abortion or to another doctor who will help the woman with her abortion endeavour - all in the name of "choice", yet the doctor gets no "choice" in this abortion supply-chain, even if in their professional medical opinion an abortion is not best for the woman's health. In removing full conscientious objection for doctors, nurses and pharmacists, the government would be effectively creating an abortion totalitarian regime.

## ACCESSIBILITY

Since 1986, when Judge Maguire interpreted the statute law in the Criminal Code to mean that termination of pregnancy is legal where there is a serious danger to the physical or mental health of a woman, abortion has been legally available in Queensland.

There are about 14,000 abortions in Queensland each, with almost 10,000 surgical procedures covered by Medicare and the remainder done using prescribed drugs. The unfortunate truth is that abortion is highly accessible in Queensland through 23 private clinics throughout the state.

In 119 years under our current law, NO woman has ever been convicted for having an illegal abortion, because where cases have been brought against a doctor it has been as a result of a complaint by the woman, who as a Crown witness is given immunity.

However, abortion remaining in the Criminal Code does serve as a necessary deterrent to doctors and as a moral compass for all. It instructs society about the grave consequence of an abortion – a life is destroyed and a woman is harmed.

## AN OLD LAW DOES NOT MAKE A BAD LAW

Another of the main arguments of the pro-abortion lobby is that the law is old, dating back to 1899. It is an odd argument as most laws governing us are old, or a derivation of an old law.

A law shouldn't be changed because it's old, but only because it is bad. It is right and just that abortion remains under the Criminal Code as it rightly instructs about the seriousness of a procedure designed to take a person's life.

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## Conclusion

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The Termination of Pregnancy if passed would legalise abortion to birth, legalise sex-selective abortion, leave women unprotected against abortion coercion and would surely put added pressure on Queensland health system as doctors of faith leave the profession and the increase of abortions performed at the already struggling public hospitals. It would have the dark and cruel distinction of being amongst the worst abortion laws in the world.

There is reliable science readily available that proves beyond any doubt that the product of conception, as abortionists term the embryo or fetus, is an unborn human being. Every embryology and biology textbook and journal article we could find attests to the fact that at the moment of fertilisation, the zygote that comes into being has human DNA unique to her parents and is actively on a pathway to become an adult human being. After fertilisation, there is no significant biological development that suddenly makes an inhuman being into a human being; the being was always human and therefore she deserves human rights to protect her at her most vulnerable stages.

There is also reliable data already available that demonstrates that the ready availability of abortion is not a liberating factor for women and far more likely to lead to her victimisation. The most recent data collected by Priscilla Coleman and published recently in the *Journal of American Physicians and Surgeons* in late 2017 showed that from a sample size of 987 women who sought post-abortive counselling, 58.3% aborted to make others happy, 73.8% admitted that their decision to abort included some form of coercion, and 67.5% said that it was one of the hardest decisions of their lives. These are not responses typical to conventional forms of health care.

The recent YouGov Galaxy poll clearly showed Queenslanders don't want more abortion.

Surely if the government really cared about women they firstly would put to the Parliament a Bill that required anonymised details about the impact of abortion on women from a range of services. These services would need to include abortion facilities, obstetricians, gynaecologists, psychologists, counsellors and social workers.

This right to life of the unborn encoded in the *United Nations Declaration of Human Rights* (1948) recognizes the need for special safeguards and care, including legal protection before as well as after birth. How can we meet our UN obligations if abortion is decriminalised?

This Bill if passed will lead to an increase in the number of abortions before of loose conditions and expanded criteria. There will be more dead Queenslanders and more women broken by abortion. With every abortion the toll is at least two, one baby dead and one woman hurt.

Queenslanders deserve better than more abortion.

The Bill should be entirely rejected for the brutal, extreme and unnecessary legislation it is.

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<b>Termination of Pregnancy Bill 2018</b>	<b>Pyne Bills 2016 - Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016 &amp; Health (Abortion Law Reform) Amendment Bill 2016 – moved by Independent MP Mr Rob Pyne in 2016 and withdrawn in February 2017 because it was evident that they would have been defeated if put to a vote in the Queensland Parliament</b>	<b>Victorian abortion law: Abortion Law Reform Act 2008</b>
<b>Abortion for <u>any</u> reason up to 22 weeks gestation</b>	<b>Abortion for <u>any</u> reason up to 24 weeks gestation</b>	<b>Abortion for <u>any</u> reason up to 24 weeks gestation</b>
<b>Sex-selective abortion legal</b>	<b>Sex-selective abortion legal</b>	<b>Sex-selective abortion legal</b>
<b>Abortion from 22 weeks until birth</b> , for a wide range of loose criteria including “social” reasons. Two doctors give the approval. The first doctor can be the abortionist and the second doctor (who can also be an abortionist) doesn't have to see the woman or even read her file. No legal penalties on doctors if rules not followed.	<b>Abortion from 24 weeks until birth</b> , if there is a “risk... to the physical or mental health of the woman”. Two doctors give the approval. The first doctor can be the abortionist and the second doctor (who can also be an abortionist) doesn't have to see the woman or even read her file. No legal penalties on doctors if rules not followed.	<b>Abortion from 24 weeks until birth</b> , for a wide range of loose criteria including “social” reasons. Two doctors give the approval. The first doctor can be the abortionist and the second doctor (who can also be an abortionist) doesn't have to see the woman or even read her file. No legal penalties on doctors if rules not followed.
<b>Doctors with conscientious objection must refer for abortion</b> , or to another doctor who will help the woman with her abortion request, and therefore be <b>complicit</b> in the outcome of an abortion.	<b>Full conscientious objection</b> provision for doctors and nurses.	<b>Doctors with conscientious objection must refer for abortion</b> , or to another doctor who will help the woman with her abortion request, and therefore be <b>complicit</b> in the outcome of an abortion.
<b>Abortions to be performed at taxpayer-funded public hospitals</b> and therefore free.	<b>Abortions to be performed at taxpayer-funded public hospitals</b> and therefore free.	<b>Abortions to be performed at taxpayer-funded public hospitals</b> and therefore free.
<b>No protections for women considering an abortion</b> – no independent counselling, informed consent conditions or cooling-off periods.	<b>No protections for women considering an abortion</b> – no independent counselling, informed consent conditions or cooling-off periods.	<b>No protections for women considering an abortion</b> – no independent counselling, informed consent conditions or cooling-off periods
<b>150 metre exclusion zone</b> around abortion clinics.	<b>50 metre exclusion zone</b> around abortion clinics.	<b>150 metre exclusion zone</b> around abortion clinics.



Post 20 week abortion statistics by year: Victoria

YEAR	TERMINATIONS FOR PSYCHOSOCIAL INDICATIONS	TERMINATIONS OR INDUCTION FOR CONGENITAL ABNORMALITY			OVERALL TOTAL
		STILLBIRTH (FOETAL DEATH)	NEONATAL DEATH (BORN ALIVE)	(TOTAL)	
2016	125	152	33	185	310
2015	107	171	31	(202)	309
2014	146 (1neonatal death)	135	38 (1 psychosocial)	(172)	319
2013	179	136	43	(179)	358
2012	132	145	53	(198)	330
2011	183	155	40	(195)	378
2010	191	151	24	(175)	366
2009	214	154	42	(196)	410
2008	178	118	32	(150)	328
2007	164	129	52	(181)	345
2006	150	106	42	(148)	298
2005	178	84	45	(129)	309
2004	197	95	35	(130)	327
2003	103	75	41	(116)	219
2002	60	73	30	(103)	163
2001	45	71	35	(106)	151
2000	14			(98)	112
1999				(66)	

## Victoria's Abortion Law Reform Act 2008- late term abortions study

### VICTORIA LATE-TERM ABORTIONS

#### A) The Statistics

**Victorian 2016 perinatal mortality and morbidity statistics published July 18:<sup>1</sup>**

310 post 20-week terminations

185 for congenital abnormality

125 for psychosocial indications

33 babies born alive (and died)

**In 2010 there were a total of 366 post 20-week terminations, 2011 a total of 378.<sup>2</sup>**

Of 366 in 2010, 191 were for psychosocial indications, of 378 in 2011, 183 were for psychosocial indications. (Table 6.20, pg 159)

In 2010, 184 of these were carried out between 20-27 weeks, and 7 between 28 and 31 weeks. (table 6.21a, pg 160, item 5.1)

In 2011, 172 were carried out between 20-27 weeks, 10 between 28 and 31 weeks and 1 after 37 weeks. (Table 6.21b, pg 161, item 5.1)

...

We know the evidence supports the claim that women undergoing late term abortion are particularly at risk of psychological harm.

With 18 women undergoing termination post 28 weeks in Victoria between 2010 and 2011, one of whom was over 37 weeks gestation, we have to ask how women benefit

from the termination of the lives of their healthy unborn children at a stage when those children could be delivered and other services put in place to support the woman to either parent or not as she chooses.

### **Victorian late term abortion figures (1999-2009)<sup>3</sup>**

The 2009 Annual Report of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity was released last month (July 2012) and details the growing numbers of late term abortions being undertaken in Victoria.

From a total of 410 post 20 week abortions, 210 were performed on physically healthy babies, with 10 of these undertaken after 28 weeks, a time when these babies could have been safely delivered alive and the psychosocial concerns of their mothers addressed.

Over a ten year period from 1999 – 2009 late term abortions in Victoria grew from 66 to 410, with more than half of these being undertaken for psychosocial reasons in every year since 2004 (2007 being an exception). The 2009 figures show an even more disturbing increase, that is the number of very late term abortions on healthy, viable babies for maternal psychosocial reasons.

Most of the general public continue to believe that late term abortions are only undertaken when women are seriously ill and their lives are threatened, or when their babies have no hope of survival and will die a more horrific death if allowed to come to term. Neither of these is true.

Most remain ignorant of the reality that women continue to be offered surgical solutions to their economic, social, relational, and mental health problems rather than positive solutions to address their circumstances, even when they are at a stage of pregnancy when their babies could be safely delivered alive.

The international research clearly demonstrates that up to 30% of women suffer serious and prolonged mental health problems after abortion, with women having later term abortions being at higher risk than those having abortions at early gestations.

Research further indicates that the majority of women undergoing abortion do so feeling as if they have no other choice, forced to choose between their unborn and their jobs, or their education, or their partners or family support. This is not choice for women. This is coercion wrapped up in a tidy 'safe and common surgical' package that denies women the right to genuine and supported options.

Source: Page 27 <<http://realchoices.org.au/wp-content/uploads/2015/05/VicPNDData1994.pdf>>.<sup>4</sup>

Source: <http://realchoices.org.au/wp-content/uploads/2018/07/Late-Term-Abortion-by-Year-CA-vs-PS.pdf><sup>5</sup>

## **B) Sex-selective abortions: Ingrained bias against females**

### **Non-invasive prenatal testing 'being used for gender selection'**

'Non-invasive prenatal testing involves screening maternal blood for fetal DNA, returning high-precision results on genetic abnormalities and gender from about 10 weeks' gestation for about \$500. But doctors fear the tests, which show the sex of the baby weeks in advance of the conventional ultrasound scan, are being abused.

Canberra-based obstetrician and gynaecologist Stephen Robson said the test was being used by some parents for gender selection.

"I've certainly heard about the practice happening," he said. "By 10 weeks it's very easy to do the sequencing to determine the sex with enormous certainty."<sup>6</sup>

### **The 'missing girls' never born in Victoria<sup>7</sup>**

'A phenomenon of "missing girls" could be afflicting Victoria, as a study of more than a million births suggests some parents could be aborting unborn female babies or undergoing embryo selection overseas in order to have a son.

If nature was left to take its course, it is expected that for every 100 girls born, about 105 boys will be brought into the world.

But in findings researchers say indicate "systematic discrimination against females starts in the womb", mothers within some key migrant communities are recording sons at rates of 122 and 125 for every 100 daughters in later pregnancies.

Lead researcher Dr Kristina Edvardsson from Melbourne's La Trobe University said it showed gender bias persisted in Victoria, despite laws banning people from choosing the sex of their child, other than for medical reasons.'

## **C) Harms of late-term abortions**

### **Late-Term Elective Abortion and Susceptibility to Post-traumatic Stress Symptoms<sup>8</sup>**

Later abortions were associated with higher Intrusion subscale scores and with a greater likelihood of reporting disturbing dreams, reliving of the abortion, and trouble falling asleep. Reporting the pregnancy was desired by one's partner, experiencing pressure to abort, having left the partner prior to the abortion, not disclosing the abortion to the partner, and physical health concerns were more common among women who received later abortions. Social reasons for the abortion were linked with significantly higher PTSD total and subscale scores for the full sample.

... a few large scale research efforts have revealed that 2nd trimester (13–24 weeks) and 3rd trimester (25–36 weeks) abortions pose more serious risks to women's physical health compared to 1st trimester abortions [9, 10]. The abortion complication rate is 3%–6% at 12-13 weeks gestation and increases to 50% or higher as abortions are performed in the 2nd trimester [9].

### **Abortion Coercion and Domestic Violence<sup>9</sup>**

Context: From the research currently available, the association between domestic violence (otherwise known as Intimate Partner Violence or IPV) and abortion is high for Australian women. As cited earlier in this paper, a study by Taft and Watson in 2007 found that the odds of termination of pregnancy (TOP) for women who experienced recent partner violence (17%) were more than four times higher than of non-abused women (4%). Likewise, a 12 month audit in 2009 into the records of over 3,000 women who contacted PAS in Victoria found that almost 1 in 5 women (16%) seeking terminations disclosed experience of violence. Children by Choice client data from 2015 also shows that about 74% of clients who report reproductive coercion (abortion coercion or other forms of reproductive coercion), also report domestic violence. CBC client data on abortion coercion alone is not presently accessible.

It is unknown what percentage of these numbers of abused women sought terminations freely or due to abortion coercion, either emotional or physical. In 2014 an extensive systematic review was published by Hall and colleagues, looked at IPV and termination of pregnancy (TOP) across six continents (including Australia). It found high rates of physical, sexual and emotional IPV among women seeking terminations, yet many women were not asked about IPV at the time of the termination, even when screening occurred. This was despite 56 women desiring intervention when they did report IPV...

cf. Natalie Wolfe, "Brock Wall given two life sentences for murdering partner Fabiana Palhares and unborn baby" (10-week-old fetus), *News.com.au*, 6 August 2018 <<https://www.news.com.au/national/queensland/courts-law/brock-wall-given-two-life-sentences-for-murdering-partner-fabiana-palhares-and-unborn-baby/news-story/dd26e185c36f598c598ab18f98bf824b>>.

### **Physical Harm – Dangers and Risks of Late Term Abortion<sup>10</sup>**

The average (late term abortion) seems to include the twenty first week of pregnancy, when it is suggested that a fetus could live outside the womb. ... All abortions, like most invasive medical procedures, come with a certain degree of risk. Late term abortions can carry more dangers dependent upon the type of procedure performed.

### **Infection**

Physicians perform most late term abortions using a procedure known as a Dilation and Evacuation (D and E). Patients receive a dose of antibiotics prior to the beginning of the procedure because of the possibility of infection. The Pregnancy Center states that this can occur due to the surgical instruments introduced into the uterus. It can also result due to fetal parts that remain behind. A metal instrument scrapes the inner lining of the uterus to evacuate all the contents. However, dead tissue can still get left inside the uterus. When this occurs the remaining tissue begins to decay and can enter the bloodstream causing sepsis. Signs of a systemic infection include headaches, muscle

aches, dizziness and an overall feeling of illness. Sepsis can present with or without a fever.

### **Sepsis**

The Cleveland Clinic defines sepsis or septicemia as a serious medical condition caused by the body's response to infection that can lead to widespread clotting and inflammation. Physicians For Life reports that RU486, also known as the abortion pill and mifepristone, has shown a significant amount of deaths as a result of bleeding and infection. Signs of septicemia after a late term abortion include fever, chills, severe abdominal pain, foul smelling vaginal discharge and excessive bleeding.

### **Heavy Bleeding**

It is normal for there to be some bleeding after any abortion. However, if the uterus tears or punctures during the procedure there is a risk of hemorrhaging. According to the National Abortion Federation if you experience bleeding that becomes greater than the heaviest day of your normal menstrual period or you soak through more than two maxi pads in an hour you should contact your surgeon immediately.

### **Ruptured or Perforated Uterus**

The doctor performing this procedure does so without the benefit of seeing the uterus. As instruments are introduced into the uterus, the possibility of perforation or tearing arises. During late term abortions, this proves especially true as the fetus is larger and the uterus is thinner. In the event of a perforated uterus, surgery may become necessary to close the tear, or in extreme cases the uterus may have to be removed.

1 "Perinatal deaths: Victoria's Mothers, Babies and Children 2016", Victoria State Government Health and Human Services <<https://www2.health.vic.gov.au/-/media/health/files/collections/research-and-reports/m/mothers-babies-children-2016-appendix-6.docx>>.

2 Debbie Garratt, "Victorian Late Term Abortion Figures Released", *Real Choices Australia*, July 2014<<http://realchoices.org.au/2014/07/victorian-late-term-abortion-figures-released/>>.

3 Debbie Garratt, "Victorian late term abortion figures", *Real Choices Australia*, 30 August 2012 <<https://www.acl.org.au/victorian-late-term-abortion-figures>>.

4 Victorian late term abortion statistics, *Real Choices Australia* <<http://realchoices.org.au/victorian-perinatal-data/>>.

5 Also cf. <https://www2.health.vic.gov.au/Api/downloadmedia/%7BD9B737B0-DABD-4052-A08D-28C24D6B0F62%7D>

6 Rebecca Puddy, “Non-invasive prenatal testing 'being used for gender selection'”, *The Australian*, 31 August 2015  
<<https://www.theaustralian.com.au/news/health-science/noninvasive-prenatal-testing-being-used-for-gender-selection/news-story/6a45756a3d5f235d700e2370537abb4d>>.

7 Aisha Dow, “The 'missing girls' never born in Victoria”, *The Age*, 12 August 2018  
<<https://www.theage.com.au/national/victoria/the-missing-girls-never-born-in-victoria-20180811-p4zwx.html>>.

8 Priscilla K. Coleman, Catherine T. Coyle, and Vincent M. Rue, “Late-Term Elective Abortion and Susceptibility to Posttraumatic Stress Symptoms”, *Journal of Pregnancy*, 1 August 2010  
<<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3066627/>>.

9 “3.1: Abortion Coercion and Domestic Violence”, *Abortion Reform in Australia: A White Paper - Policy Recommendations for Immediate Consideration by Governments of Australia, following Collaboration between Experts and Community Members from all sides of the Abortion Debate*, June 2018  
<<http://www.abortionrethink.org/images/WHITE-PAPER-Abortion-Reform-in-Australia-June-2018-Final-Release.pdf>>.

10 Martina McAtee, “Dangers and Risks of Late Term Abortion”, *Live Strong*, 14 August 2017 <<https://www.livestrong.com/article/100407-medical-reasons-abortions/>>.

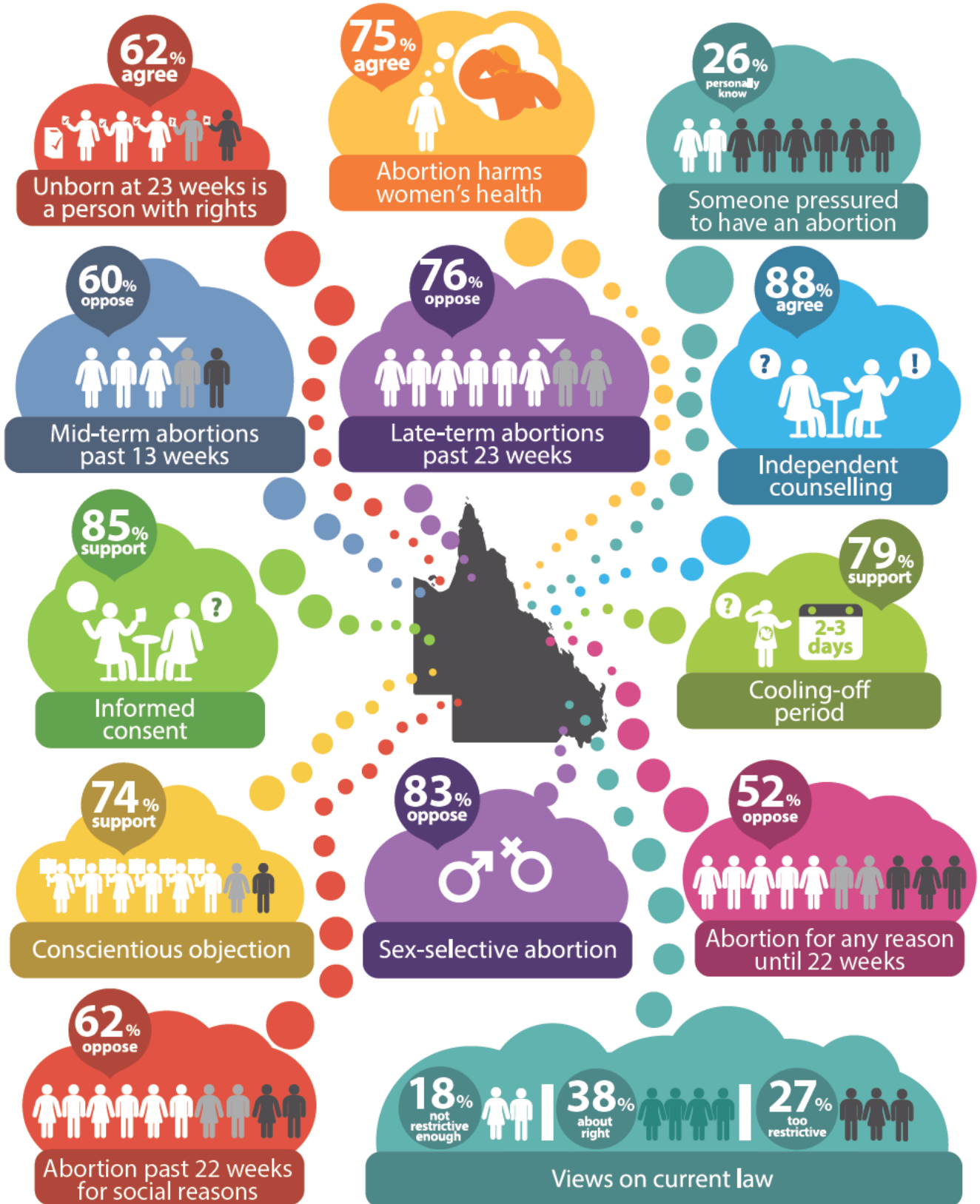
# What Queenslanders Really Think About Abortion



## Poll Results August 2018

# Executive Summary

A report on a comprehensive independent market research survey conducted by YouGov Galaxy, commissioned by Cherish Life Queensland and the Australian Family Association. This online opinion poll of a representative sample of 1,000 Queensland voters was conducted from 6 to 8 August 2018, with 21 questions in total.







## Methodology

This study was conducted online among a representative sample of voters in Queensland from Tuesday, 6 August to Thursday, 8 August, 2018.

The sample comprises 1,000 respondents, distributed throughout Queensland including Brisbane, regional and rural areas.

YouGov Galaxy designed the questionnaire, a copy of which has been included in this report.

The questionnaire was transferred into Web Survey Creator in order to be hosted online. For each question the respondent had to click on the response which represented his or her answer.

Following the completion of interviewing, the data was weighted by age, gender and region to reflect the latest ABS population estimates.

For inquiries, please contact David Briggs at YouGov Galaxy:

Phone 02 9406 5800

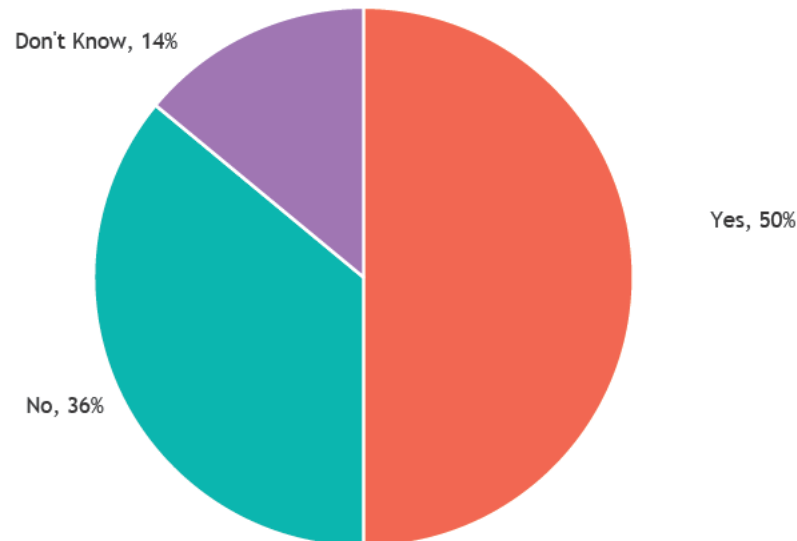
Email [david.briggs@yougov.com](mailto:david.briggs@yougov.com)

## Key Findings

N.B. Q1 was: Are you eligible to vote at elections?

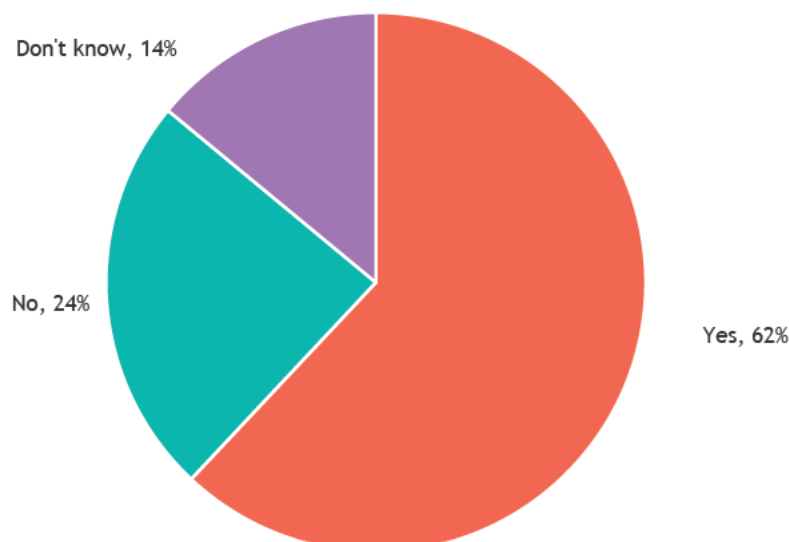
### Definition of human life

**Q2. Abortion is an operation or procedure which involves termination of an unwanted or difficult pregnancy, preventing birth of a live baby. Do you believe abortion involves the taking of a human life?**



Half of the voters in Queensland agree abortion involves the taking of a human life (50%), while a little over one-third (36%) disagree with this premise. It is of interest to note that while 40% of males disagree, only 33% of females do.

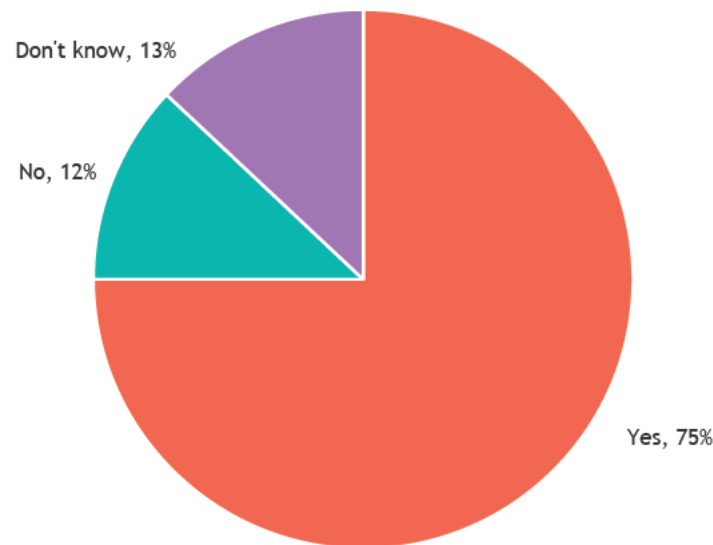
**Q3. At 23 weeks (5.3 months) of pregnancy, an unborn baby has a reasonable chance of survival outside the womb. Do you believe that at that time an unborn baby is a person with human rights?**



A sizeable majority of Queensland voters (62%) believe that an unborn child at 23 weeks of pregnancy is a person with human rights. 69% of females agree, compared with 54% of males. Almost one-quarter (24%) of voters disagree.

## Risks to women

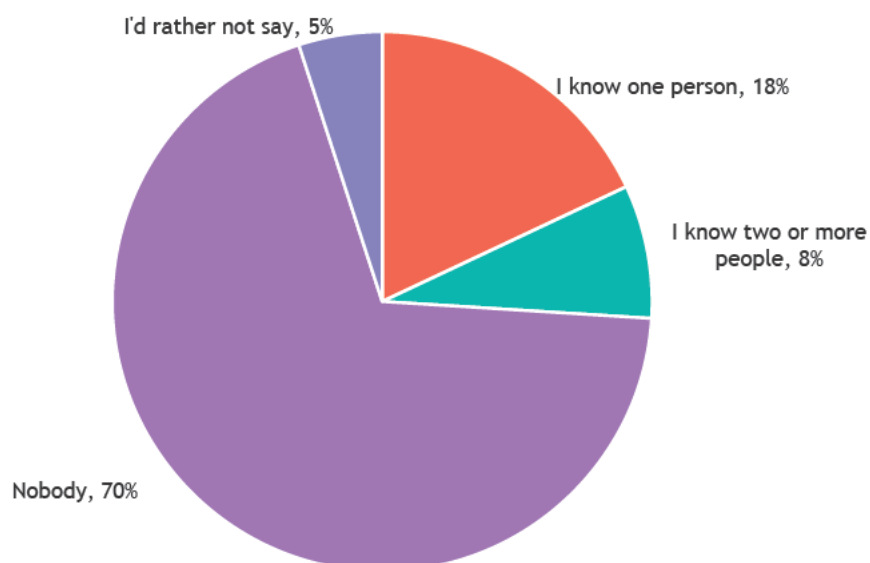
**Q4. Do you believe that abortion can harm the physical and/or mental health of a woman?**



It is widely accepted that abortion can harm the mental and physical health of a woman (75%). More females (79%) believe this than males (71%).

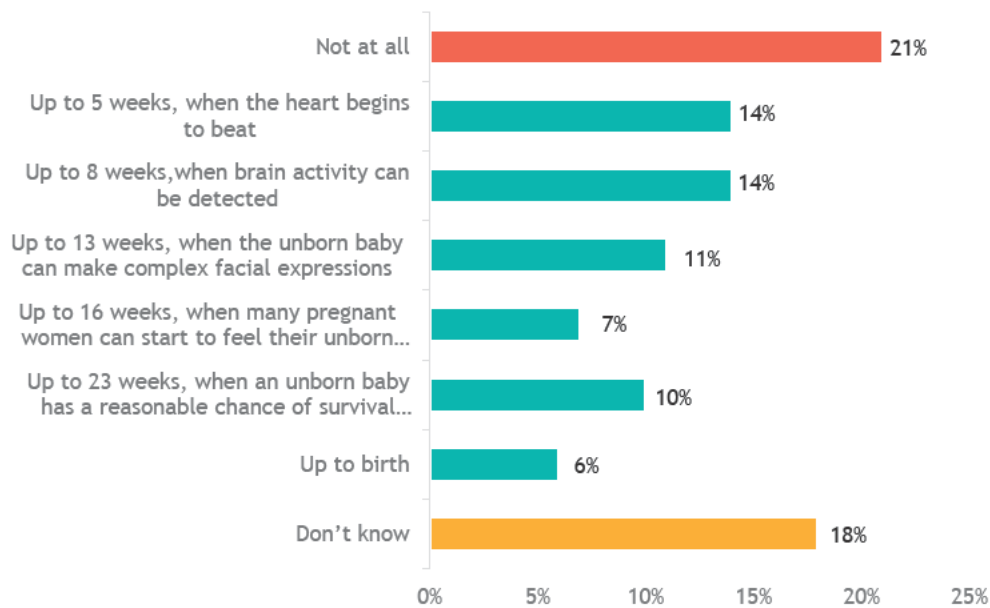
## Circumstances surrounding abortion

**Q5. One factor that can be involved in a woman's decision to have an abortion is pressure from another person such as a partner. Do you personally know anyone who had an abortion where you believe that pressure from another person was a significant factor in their decision to have the abortion?**



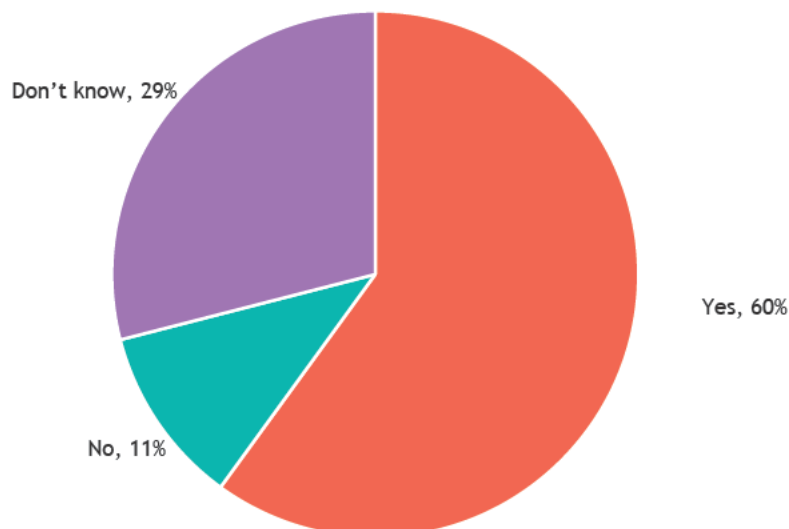
One in four Queensland voters (26%) know at least one woman that took the decision to have an abortion following pressure from another person.

**Q6. Up to what stage of pregnancy would you allow abortion?**



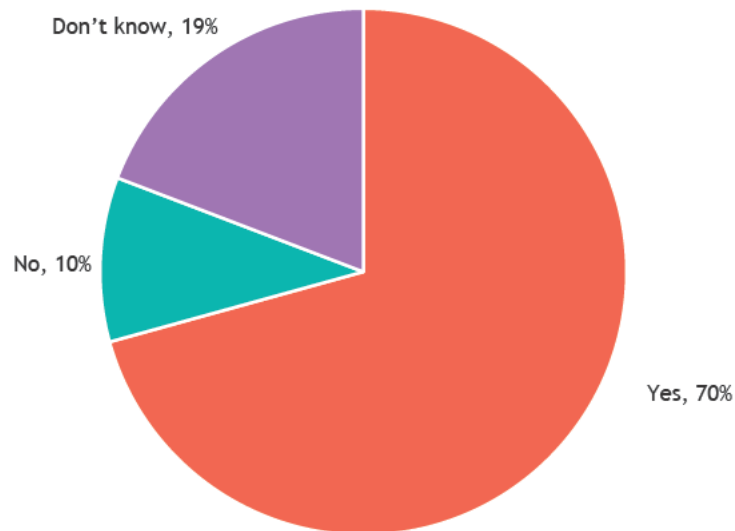
Most voters in Queensland (60%) would not allow abortion after 13 weeks. 66% of females and 54% of males take this view. This group includes 21% of voters who are opposed to abortion at any time. 76% of Queenslanders oppose abortion after 23 weeks of pregnancy, comprising 81% of females and 70% of males. Only 6% support abortion up to birth, comprising 10% of males and 3% of females.

**Q7. There is substantial medical evidence that an unborn baby may be capable of experiencing pain during an abortion procedure after 22 weeks of pregnancy. Should the law require that pain relief be given to the baby before an abortion after 22 weeks of pregnancy?**



Most voters in Queensland (60%) agree that pain relief should be given to an unborn baby prior to an abortion after 22 weeks. 63% of women agree, as do 57% of men. Only 11% of voters disagree.

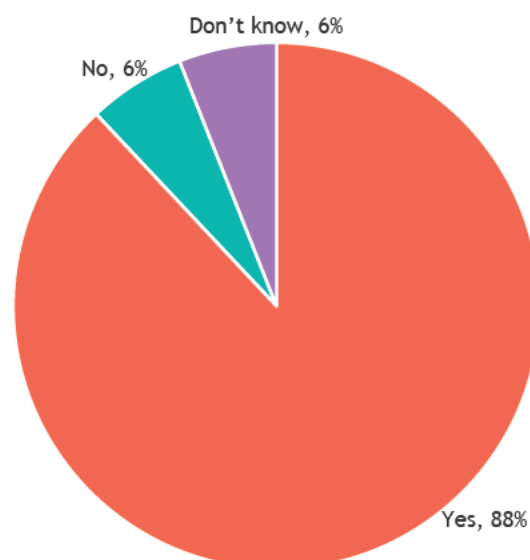
**Q8. If a baby survives a late-term abortion after 23 weeks of pregnancy (the point at which there is a reasonable chance of survival outside the womb), should the law require that the baby be cared for like any other premature baby?**



A strong majority (70%) of Queensland voters agree that a baby who survives a late-term abortion should be cared for like any other premature baby. 74% of women agree, as do 67% of men. Only 10% of voters disagree.

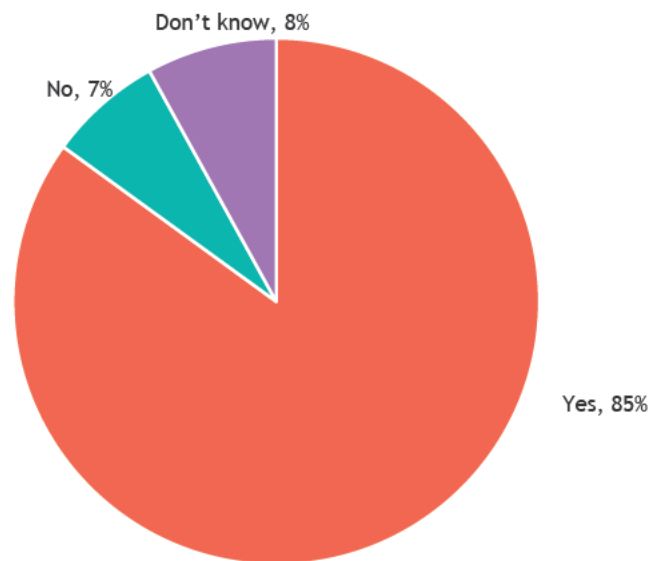
## Decision Making

**Q9. Do you believe that when considering having an abortion, a woman should receive free independent counselling from a source that has no financial interest in her decision, so that she can make a fully informed decision?**



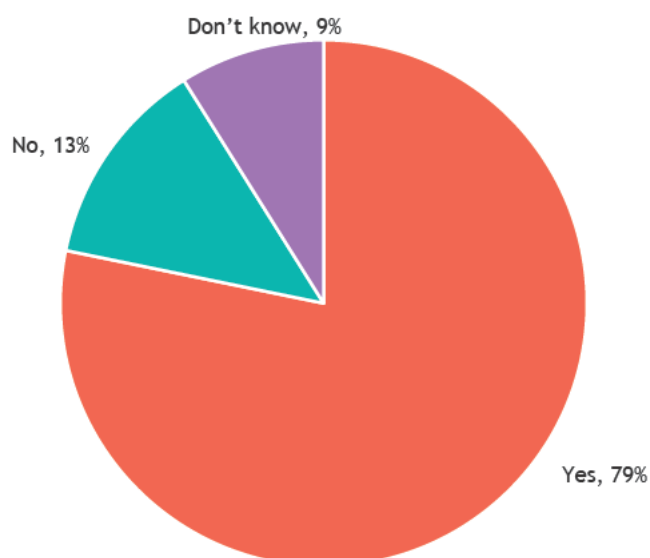
There is widespread belief in Queensland (88%) that before having an abortion a woman should receive free independent counselling so that she can make a fully informed decision. 91% of females and 85% of males take this view.

**Q10. Do you believe that a woman considering abortion should receive information on the development of the unborn child, the nature of the procedure, the physical and psychological risks associated with abortion and the support available should she wish to continue with the pregnancy?**



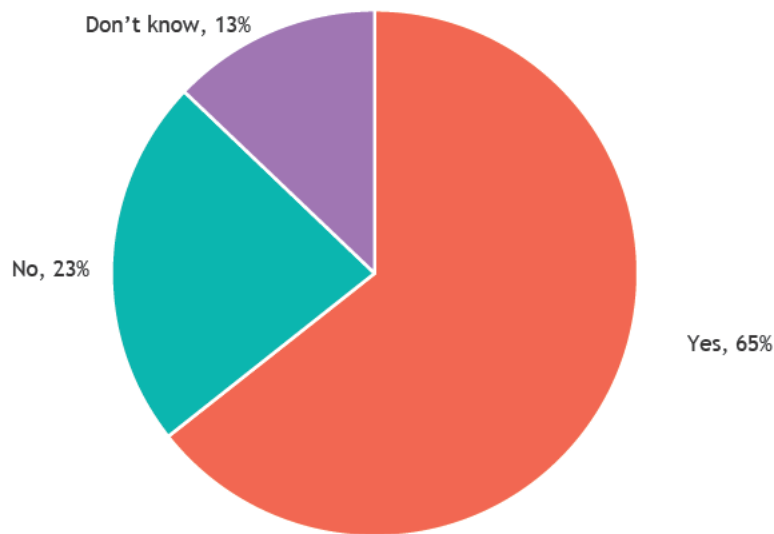
The overwhelming majority of Queensland voters (85%) also support the idea that a woman considering abortion should receive information on the development of the unborn child, the nature of the procedure, the physical and psychological risks associated with abortion and the support available should she wish to continue with the pregnancy.

**Q11. Do you believe there should be a cooling-off period of two or three days between making an appointment to have an abortion, and the actual procedure, to ensure that the woman is certain of her decision?**



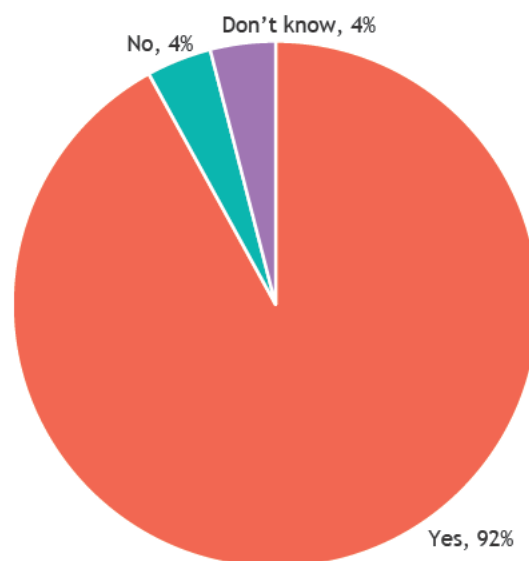
There is strong support (79%) for a cooling off period of two or three days between making an appointment for an abortion and the actual procedure. 81% of females agree, as do 77% of males.

**Q12. Do you believe that parental consent should normally be required for girls under the age of 16 to have an abortion?**



Almost two-thirds of Queensland voters (65%) believe parental consent should normally be required for girls under the age of 16 to have an abortion.

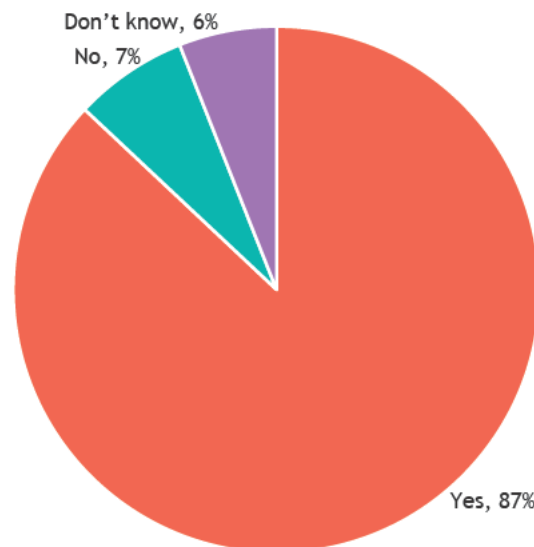
**Q13. Do you believe that a woman requesting an abortion should always be seen in person by a qualified doctor?**



Almost all Queensland voters (92%) believe that a woman requesting an abortion should always be seen in person by a qualified doctor.

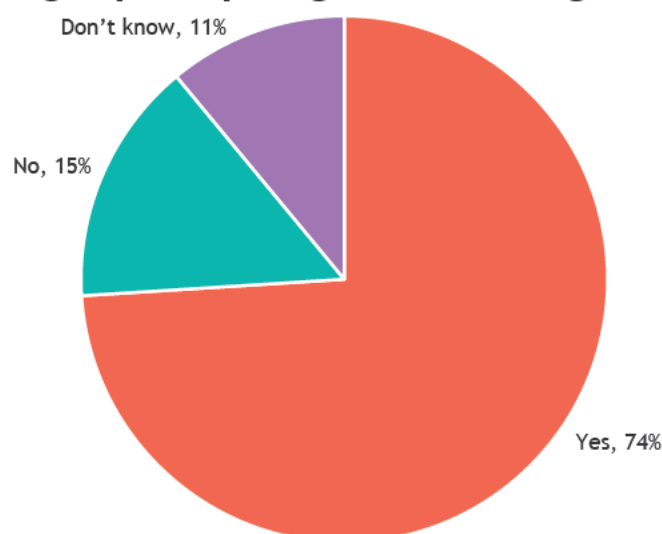


**Q14. Some women experience mental health effects after an abortion, which range from feelings of guilt, sadness and regret to clinical mental health disorders that may only surface years later. Do you believe that all abortion providers should be required to advise women prior to their abortions that they will provide free independent post-abortion counselling if requested?**



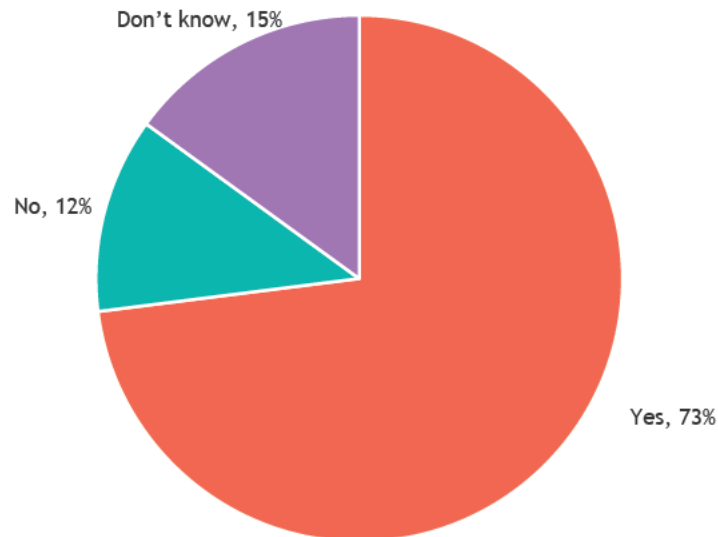
Almost 9 in 10 Queensland voters (87%) believe that all abortion providers should be required to advise women prior to their abortions that they will provide free independent post-abortion counselling if requested. 90% of females take this view compared with 84% of males.

**Q15. Many doctors do not wish to perform or participate in abort on in any way, including having to direct a patient to another doctor or abortionist when they believe that is not in their patient's best interests. Do you support or oppose conscientious objection provisions to allow doctors and nurses to opt out of performing or participating in abortions against their will?**



Almost three-quarters of Queensland voters (74%) support conscientious objection provisions allowing doctors and nurses to opt out of having to perform or participate in, or refer for, abortions against their will. Only 13% of females are opposed, compared with 17% of males.

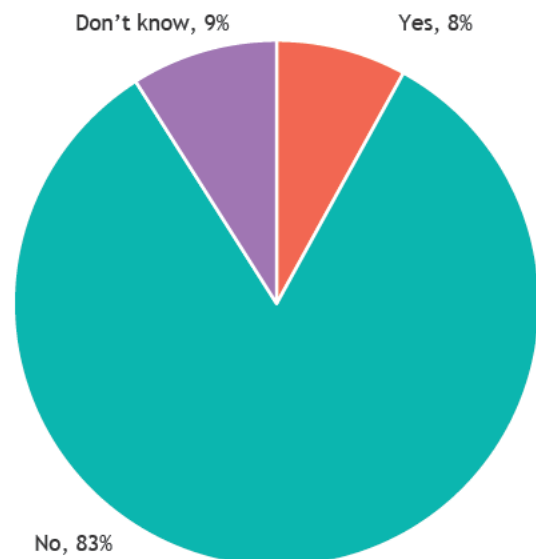
**Q16. Only two jurisdictions, South Australia and Western Australia, publish statistics on the annual number of abortions, and only South Australia records the reasons why women choose abortion. Collecting this data would help the Government understand the reasons why women have abortions and whether they are offered adequate support in crisis pregnancies. Do you believe the Queensland Government should gather accurate standardised anonymous data on abortions?**



Almost three-quarters of voters (73%) believe the Queensland Government should gather accurate standardised anonymous data on abortions in order to help the Government understand the reasons women have abortions and whether they are offered adequate support in crisis pregnancies.

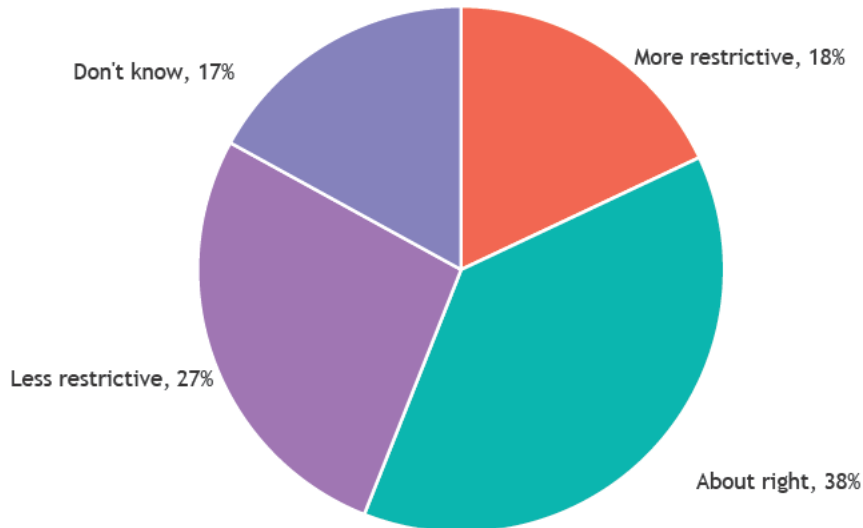
**Q17. Sex-selective abortion is the practice of terminating a pregnancy based upon the sex of the unborn baby, usually when it is a girl. Sex-selective abortions are known to occur in Australia. Do you believe that aborting unborn babies solely because of their sex should be permitted in Queensland?**

There is only 8% support for sex selective abortions – 11% by males and 5% by females. The vast majority of Queensland voters (83%) are opposed to the idea of aborting unborn babies solely because of their sex.



## Legal Aspects

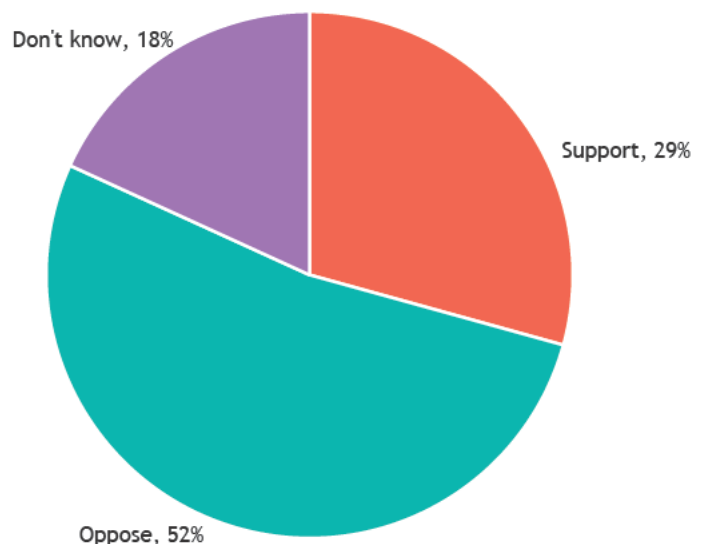
**Q18. Under the current law about 14,000 abortions are performed each year in Queensland. The Queensland law on abortion, as has been interpreted by the courts, is that abortion is legal where there is a serious risk to the physical or mental health of the woman. Do you believe the law in Queensland should be more restrictive, less restrictive or is it about right as it is?**



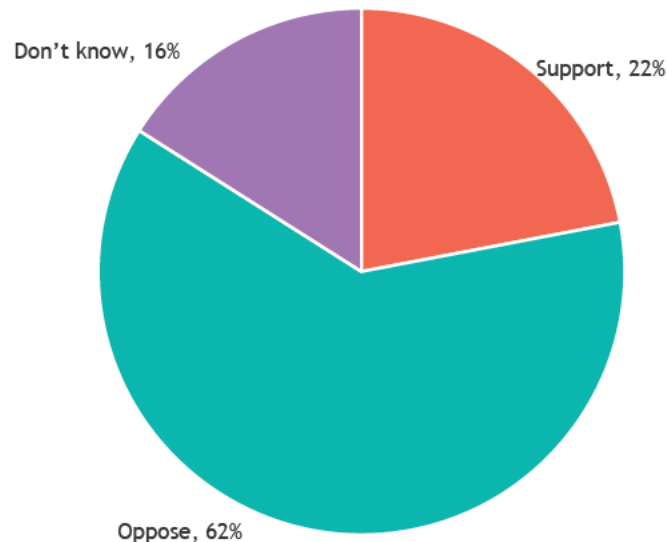
The community is divided over abortion laws in Queensland, with 18% being of the belief that the law as it currently stands is not restrictive enough and 38% thinking it is about right. This means that overall 56% of Queensland voters either believe the law should stay the same or be stricter. 27% of voters think the law should be less restrictive.

**Q19. The Queensland Labor Government has announced that it will introduce the Termination of Pregnancy Bill to State Parliament. This Bill will legalise abortion on request for any reason, even sex selection, until 22 weeks of pregnancy. Do you support or oppose abortion being performed for any reason until 22 weeks of pregnancy?**

A majority of Queensland voters (52%) oppose the key provision of the Government’s Termination of Pregnancy Bill, which would legalise abortion on request for any reason until 22 weeks of pregnancy. 57% of women oppose this, as do 48% of men. 29% of voters support this provision of the Bill.

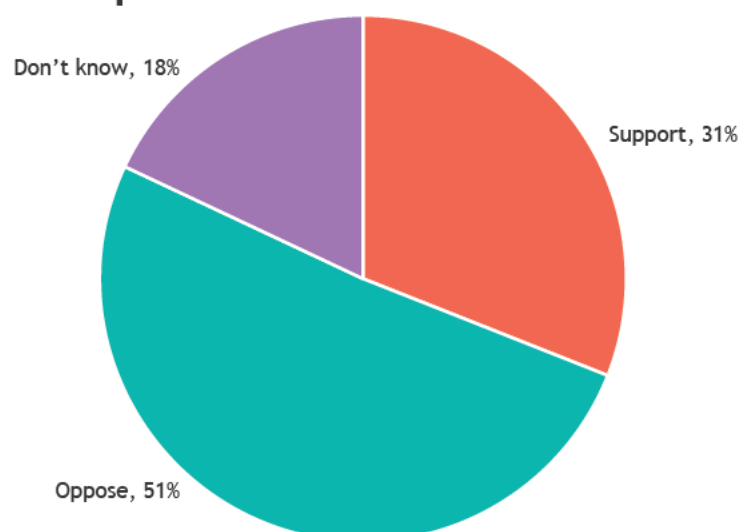


**Q20. The Queensland Labor Government's Termination of Pregnancy Bill will legalise abortion from 22 weeks of pregnancy until birth, under a number of criteria including 'social circumstances', which could include economic disadvantage, relationship breakdown or even sex selection. Do you support or oppose abortion being performed after 22 weeks of pregnancy for 'social' reasons?**



A solid majority of Queensland voters (62%) oppose the provision of the Government's Termination of Pregnancy Bill which would legalise abortion after 22 weeks of pregnancy for 'social circumstances'. 70% of women oppose this provision, as do 54% of men. Just 22% of voters support this provision of the Bill.

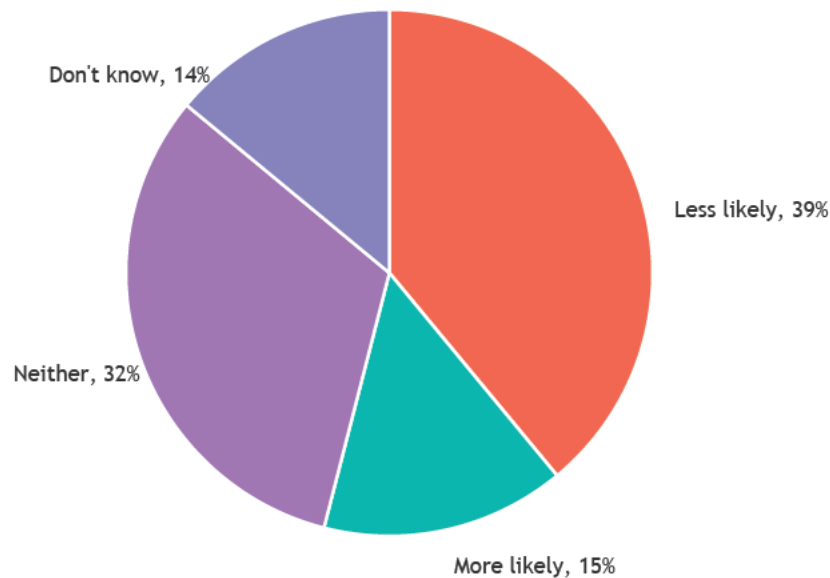
**Q21. If the Queensland Labor Government's Termination of Pregnancy Bill becomes law, taxpayer-funded public hospitals will have to provide free abortions on request, for any reason, even sex selection, until 22 weeks of pregnancy. Do you support or oppose free abortions on request being performed in public hospitals?**



A majority of Queenslanders (51%) oppose free abortions on request being performed in public hospitals. 55% of women oppose this, as do 47% of men. 31% of voters are in favour.

## Voting Intentions

**Q22. If your local Member of State Parliament voted in favour of the Queensland Labor Government's Termination of Pregnancy Bill, which effectively would allow abortion for any reason until birth, would you be less likely or more likely to vote for your Member of Parliament at the next State election?**



More than half of all Queensland voters (54%) say that if their local Member of Parliament voted in favour of the Government's Termination of Pregnancy Bill it would influence their vote, and supporting the Bill would be more likely to cost votes (39%) than be a vote winner (15%). The data clearly shows that women are more pro-life than men, with 43% of females saying they would be less likely to vote for a MP who supported the Bill, compared with 35% of males.

JOB NO. 180819  
 To be fielded no later than  
 Thursday, 9 August 2018

QUESTIONNAIRE NO: \_\_\_\_\_

**STANDARD INTRODUCTION  
 AND DEMOGRAPHICS**

**SECTION A - ASK RESPONDENTS AGED 18 YEARS AND OLDER**

A1. Thinking now about voting. Are you eligible to vote at elections? Yes ..... 1 \* A2  
 No ..... 2 # Term

**ASK IF ELIGIBLE TO VOTE IE CODE 1 IN A1. CODE 2 TERMINATE WITH THANKS**

A2. A few questions now about abortion. Abortion is an operation or procedure which involves termination of an unwanted or difficult pregnancy, preventing birth of a live baby. Do you believe abortion involves the taking of a human life? Yes ..... 1  
 No ..... 2  
 Don't know .... 3

A3. At 23 weeks (5.3 months) of pregnancy, an unborn baby has a reasonable chance of survival outside the womb. Do you believe that at that time an unborn baby is a person with human rights? Yes ..... 1  
 No ..... 2  
 Don't know .... 3

A4. Do you believe that abortion can harm the physical and/or mental health of a woman? Yes ..... 1  
 No ..... 2  
 Don't know .... 3

A5. One factor that can be involved in a woman's decision to have an abortion is pressure from another person such as a partner. Do you personally know anyone who had an abortion where you believe that pressure from another person was a significant factor in their decision to have the abortion? SR  
 I know one person ..... 1  
 I know two or more people ..... 2  
 Nobody ..... 3  
 I'd rather not say ..... 4

**Please select one option only**

A6. Up to what stage of pregnancy would you allow abortion? SR  
 Not at all ..... 1  
 Up to 5 weeks, when the heart begins to beat ..... 2  
 Up to 8 weeks, when brain activity can be detected ..... 3  
 Up to 13 weeks, when the unborn baby can make complex facial expressions ..... 4  
 Up to 16 weeks, when many pregnant women can start to feel their unborn baby moving ..... 5  
 Up to 23 weeks, when an unborn baby has a reasonable chance of survival outside the womb ..... 6  
 Up to birth ..... 7  
 Don't know ..... 8

**Please select one option only**

A7. There is substantial medical evidence that an unborn baby may be capable of experiencing pain during an abortion procedure after 22 weeks of pregnancy. Should the law require that pain relief be given to the baby before an abortion after 22 weeks of pregnancy? Yes ..... 1  
 No ..... 2  
 Don't know .... 3

- A8. If a baby survives a late-term abortion after 23 weeks of pregnancy (the point at which there is a reasonable chance of survival outside the womb), should the law require that the baby be cared for like any other premature baby? Yes ..... 1  
No ..... 2  
Don't know .... 3
- A9. Do you believe that when considering having an abortion, a woman should receive free independent counselling from a source that has no financial interest in her decision, so that she can make a fully informed decision? Yes ..... 1  
No ..... 2  
Don't know .... 3
- A10. Do you believe that a woman considering abortion should receive information on the development of the unborn child, the nature of the procedure, the physical and psychological risks associated with abortion and the support available should she wish to continue with the pregnancy? Yes ..... 1  
No ..... 2  
Don't know .... 3
- A11. Do you believe there should be a cooling-off period of two or three days between making an appointment to have an abortion, and the actual procedure, to ensure that the woman is certain of her decision? Yes ..... 1  
No ..... 2  
Don't know .... 3
- A12. Do you believe that parental consent should normally be required for girls under the age of 16 to have an abortion? Yes ..... 1  
No ..... 2  
Don't know .... 3
- A13. Do you believe that a woman requesting an abortion should always be seen in person by a qualified doctor? Yes ..... 1  
No ..... 2  
Don't know .... 3
- A14. Some women experience mental health effects after an abortion, which range from feelings of guilt, sadness and regret to clinical mental health disorders that may only surface years later. Do you believe that all abortion providers should be required to advise women prior to their abortions that they will provide free independent post-abortion counselling if requested? Yes ..... 1  
No ..... 2  
Don't know .... 3
- A15. Many doctors do not wish to perform or participate in abortion in any way, including having to direct a patient to another doctor or abortionist when they believe that is not in their patient's best interests. Do you support a conscientious objection provision to allow doctors and nurses to opt out of performing or participating in abortions against their will? Yes ..... 1  
No ..... 2  
Don't know .... 3
- A16. Only two jurisdictions, South Australia and Western Australia, publish statistics on the annual number of abortions, and only South Australia records the reasons why women choose abortion. Collecting this data would help the Government understand the reasons why women have abortions and whether they are offered adequate support in crisis pregnancies. Do you believe the Queensland Government should gather accurate standardised anonymous data on abortions? Yes ..... 1  
No ..... 2  
Don't know .... 3
- A17. Sex-selective abortion is the practice of terminating a pregnancy based upon the sex of the unborn baby, usually when it is a girl. Sex-selective abortions are known to occur in Australia. Do you believe that aborting unborn babies solely because of their sex should be permitted in Queensland? Yes ..... 1  
No ..... 2  
Don't know .... 3
- A18. Under the current law about 14,000 abortions are performed each year in Queensland. The Queensland law on abortion, as has been interpreted by the courts, is that abortion is legal where there is a serious risk to the physical or mental health of the woman. Do you believe the law in Queensland should be more restrictive, less restrictive or is it about right as it is? SR  
More restrictive..... 1  
About right..... 2  
Less restrictive ..... 3  
Don't know ..... 4

**Please select one option only**

- A19. The Queensland Labor Government has announced that it will introduce the Termination of Pregnancy Bill to State Parliament. This Bill will legalise abortion on request for any reason, even sex selection, until 22 weeks of pregnancy. Do you support or oppose abortion being performed for any reason until 22 weeks of pregnancy?
- SR  
Support..... 1  
Oppose..... 2  
Don't know ..... 3

**Please select one option only**

- A20. The Queensland Labor Government's Termination of Pregnancy Bill will legalise abortion from 22 weeks of pregnancy until birth, under a number of criteria including 'social circumstances', which could include economic disadvantage, relationship breakdown or even sex selection. Do you support or oppose abortion being performed after 22 weeks of pregnancy for 'social' reasons?
- SR  
Support..... 1  
Oppose..... 2  
Don't know ..... 3

**Please select one option only**

- A21. If the Queensland Labor Government's Termination of Pregnancy Bill becomes law, taxpayer-funded public hospitals will have to provide free abortions on request, for any reason, even sex selection, until 22 weeks of pregnancy, as well as abortions for 'social' reasons after 22 weeks of pregnancy. Do you support or oppose free abortions on request being performed in public hospitals?
- SR  
Support..... 1  
Oppose..... 2  
Don't know ..... 3

**Please select one option only**

- A22. If your local Member of State Parliament voted in favour of the Queensland Labor Government's Termination of Pregnancy Bill, which effectively would allow abortion for any reason until birth, would you be less likely or more likely to vote for your Member of Parliament at the next State election?
- SR  
Less Likely..... 1  
More Likely ..... 2  
Neither..... 3  
Don't know..... 4

**Please select one option only**





## Tables

The tables of findings are set out such that they include the following details:

### Base Weight Sample (000s):

The number of completed interviews has been weighted to reflect the latest ABS population estimates. These estimates are shown in thousands (000's). The percentages in the table are based on these weighted figures.

### Weights:

This indicates that in order to reflect the latest ABS population estimates the data has been weighted by age, gender and region.

### Filters (where applicable):

If the table is based on a subset of respondents then this will be titled as a Filter and accompanied by a description of the sample upon which the table is based.

### Respondents:

These figures show the actual sample size, indicating the total number of respondents who were asked the relevant question.

Each question has been analysed by a series of demographic variables as follows:

- **SEX:**
  - Male
  - Female
- **AGE:**
  - 18-34 years
  - 35-49 years
  - 50 years or older
- **AREA:**
  - Brisbane
  - Rest of Queensland
- **MARITAL STATUS:**
  - Married
  - Not married
- **HIGHEST EDUCATION LEVEL:**
  - Below Year 12
  - Years 12 or over
- **HOUSEHOLD INCOME:**
  - Less than \$50,000
  - \$50,000-\$99,999
  - \$100,000 or more

YOUGOV GALAXY - 6/8 AUG 2018

YOUGOV GALAXY  
TABLE 1 Banner 1 \*BY\* A2. Believe abortion involves the taking of a human life  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Below Year 12		< \$50K	\$50K-\$100K	\$100K+
												Year 12			
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A2. Believe abortion involves the taking of a human life															
Yes	1548	734	815	480	373	695	745	804	925	624	424	1124	517	565	334
	50%	49%	51%	55%	46%	49%	50%	49%	50%	50%	53%	49%	49%	55%	49%
No	1122	598	524	325	285	511	525	597	685	436	252	869	397	341	278
	36%	40%	33%	37%	35%	36%	36%	37%	37%	35%	31%	38%	38%	33%	41%
Don't know	435	176	259	64	152	219	206	229	255	180	128	308	132	129	67
	14%	12%	16%	7%	19%	15%	14%	14%	14%	15%	16%	13%	13%	12%	10%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

YOUGOV GALAXY - 6/8 AUG 2018

YOUGOV GALAXY  
TABLE 2 Banner 1 \*BY\* A3. Believe unborn baby at 23 weeks is a human person with human rights  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Below Year 12		< \$50K	\$50K-\$100K	\$100K+
												Year 12			
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A3. Believe unborn baby at 23 weeks is a human person with human rights															
Yes	1928	819	1109	516	514	898	931	997	1165	763	543	1385	666	663	411
	62%	54%	69%	59%	63%	63%	63%	61%	62%	62%	68%	60%	64%	64%	61%
No	740	466	273	228	172	340	334	405	460	280	144	596	247	250	178
	24%	31%	17%	26%	21%	24%	23%	25%	25%	23%	18%	26%	24%	24%	26%
Don't know	437	223	214	125	125	187	210	227	240	198	117	320	134	122	91
	14%	15%	13%	14%	15%	13%	14%	14%	13%	16%	15%	14%	13%	12%	13%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

YOUGOV GALAXY - 6/8 AUG 2018

YOUGOV GALAXY  
TABLE 3 Banner 1 \*BY\* A4. Believe abortion can harm the physical/ mental health of a woman  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Below Year 12		< \$50K	\$50K-\$100K	\$100K+
												Year 12			
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A4. Believe abortion can harm the physical/ mental health of a woman															
Yes	2333	1065	1268	697	625	1011	1136	1197	1391	942	606	1727	765	812	521
	75%	71%	79%	80%	77%	71%	77%	73%	75%	76%	75%	75%	73%	79%	77%
No	369	215	153	85	95	189	176	193	234	135	84	285	125	105	85
	12%	14%	10%	10%	12%	13%	12%	12%	13%	11%	10%	12%	12%	10%	13%
Don't know	403	227	176	87	91	225	163	241	240	163	114	289	157	117	73
	13%	15%	11%	10%	11%	16%	11%	15%	13%	13%	14%	13%	15%	11%	11%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

YOUGOV GALAXY - 6/8 AUG 2018

YOUGOV GALAXY  
TABLE 4 Banner 1 \*BY\* A5. Know anyone who had an abortion due to pressure from another person  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A5. Know anyone who had an abortion due to pressure from another person															
TOTAL KNOW 1 OR MORE PEOPLE															
I know one person	543	261	283	176	166	201	249	294	338	206	149	395	223	171	125
	18%	17%	18%	20%	21%	14%	17%	18%	18%	17%	19%	17%	21%	17%	18%
I know two or more people	258	118	140	79	74	105	119	139	144	114	57	201	106	79	50
	8%	8%	9%	9%	9%	7%	8%	9%	8%	9%	7%	9%	10%	8%	7%
**SUBTOTALS	802	379	423	254	241	307	369	433	482	320	206	595	329	250	175
	26%	25%	26%	29%	30%	22%	25%	27%	26%	26%	26%	26%	31%	24%	26%
Nobody	2159	1068	1091	585	523	1051	1054	1105	1310	849	542	1617	666	746	493
	70%	71%	68%	67%	64%	74%	71%	68%	70%	68%	67%	70%	64%	72%	73%
I'd rather not say	145	62	83	30	47	68	52	92	73	72	56	88	53	38	11
	5%	4%	5%	3%	6%	5%	4%	6%	4%	6%	7%	4%	5%	4%	2%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

YOUGOV GALAXY - 6/8 AUG 2018

YOUGOV GALAXY  
TABLE 5 Banner 1 \*BY\* A6. Stage of pregnancy would allow abortion  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A6. Stage of pregnancy would allow abortion															
Not at all	639	297	342	195	164	281	285	355	382	257	194	445	248	215	127
	21%	20%	21%	22%	20%	20%	19%	22%	20%	21%	24%	19%	24%	21%	19%
Up to 5 weeks, when the heart begins to beat	448	205	243	100	107	241	215	233	244	205	134	314	162	158	87
	14%	14%	15%	12%	13%	17%	15%	14%	13%	16%	17%	14%	15%	15%	13%
Up to 8 weeks, when brain activity can be detected	446	174	272	134	105	207	171	275	279	167	133	312	156	147	91
	14%	12%	17%	15%	13%	15%	12%	17%	15%	13%	17%	14%	15%	14%	13%
Up to 13 weeks, when the unborn baby can make complex facial expressions	328	118	211	112	93	123	166	163	231	98	39	289	100	108	93
	11%	8%	13%	13%	11%	9%	11%	10%	12%	8%	5%	13%	10%	10%	14%
Up to 16 weeks, when many pregnant women can start to feel their unborn baby moving	206	82	124	47	70	89	112	95	129	77	34	172	77	51	50
	7%	5%	8%	5%	9%	6%	8%	6%	7%	6%	4%	7%	7%	5%	7%
Up to 23 weeks, when an unborn baby has a reasonable chance of survival outside the womb	296	185	110	96	66	134	131	164	161	135	40	255	92	112	65
	10%	12%	7%	11%	8%	9%	9%	10%	9%	11%	5%	11%	9%	11%	10%
Up to birth	196	150	45	72	50	74	106	90	111	84	19	177	42	85	60
	6%	10%	3%	8%	6%	5%	7%	6%	6%	7%	2%	8%	4%	8%	9%

YOUGOV GALAXY  
TABLE 5 (CONT.) Banner 1 \*BY\* A6. Stage of pregnancy would allow abortion

YOUGOV GALAXY - 6/8 AUG 2018

	Sex		Age			Area		Marital Status		Highest Education Level		Household Income			
	Total	Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Year 12		< \$50K	\$50K-\$100K	\$100K+
											Below	Year 12			
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A6. Stage of pregnancy would allow abortion															
Don't know	546	297	249	113	155	277	291	255	328	218	210	336	169	157	105
	18%	20%	16%	13%	19%	19%	20%	16%	18%	18%	26%	15%	16%	15%	16%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

YOUGOV GALAXY  
TABLE 6 Banner 1 \*BY\* A7. Should law require pain relief be given to baby before abortion after 22 weeks of pregnancy  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

YOUGOV GALAXY - 6/8 AUG 2018

	Sex		Age			Area		Marital Status		Highest Education Level		Household Income			
	Total	Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Year 12		< \$50K	\$50K-\$100K	\$100K+
											Below	Year 12			
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A7. Should law require pain relief be given to baby before abortion after 22 weeks of pregnancy															
Yes	1858	853	1005	514	495	849	863	995	1141	717	461	1396	612	632	442
	60%	57%	63%	59%	61%	60%	59%	61%	61%	58%	57%	61%	58%	61%	65%
No	338	214	124	150	67	121	169	168	204	133	69	268	122	128	73
	11%	14%	8%	17%	8%	8%	11%	10%	11%	11%	9%	12%	12%	12%	11%
Don't know	909	441	468	205	249	455	443	467	520	389	273	636	313	274	164
	29%	29%	29%	24%	31%	32%	30%	29%	28%	31%	34%	28%	30%	26%	24%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

YOUGOV GALAXY  
TABLE 7 Banner 1 \*BY\* A8. If baby survives late-term abortion should law require it is cared for like any other premature baby  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

YOUGOV GALAXY - 6/8 AUG 2018

	Sex		Age			Area		Marital Status		Highest Education Level		Household Income			
	Total	Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Year 12		< \$50K	\$50K-\$100K	\$100K+
											Below	Year 12			
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A8. If baby survives late-term abortion should law require it is cared for like any other premature baby															
Yes	2188	1010	1178	590	541	1056	1037	1151	1311	877	582	1606	744	753	476
	70%	67%	74%	68%	67%	74%	70%	71%	70%	71%	72%	70%	71%	73%	70%
No	319	187	132	115	66	139	163	156	195	125	59	261	116	108	68
	10%	12%	8%	13%	8%	10%	11%	10%	10%	10%	7%	11%	11%	10%	10%
Don't know	598	311	287	164	204	230	276	322	360	238	163	435	186	174	134
	19%	21%	18%	19%	25%	16%	19%	20%	19%	19%	20%	19%	18%	17%	20%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

YOUGOV GALAXY - 6/8 AUG 2018

YOUGOV GALAXY  
TABLE 8 Banner 1 \*BY\* A9. Believe woman should receive free independent counselling/ information before having an abortion  
BASE: WGHY SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Sex		Age			Area		Marital Status		Highest Education Level		Household Income			
	Total	Male	Female	18-34	35-49	50+	Bris -bane	Rest Qld	Marr -ied	Not Marr -ied	Below Year 12	Year 12	< \$50K	\$50K- \$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A9. Believe woman should receive free independent counselling/ information before having an abortion															
Yes	2746	1291	1455	740	718	1289	1287	1459	1644	1102	718	2029	927	926	608
	88%	86%	91%	85%	89%	90%	87%	90%	88%	89%	89%	88%	89%	90%	90%
No	173	111	62	82	43	48	98	75	106	67	27	146	56	58	52
	6%	7%	4%	9%	5%	3%	7%	5%	6%	5%	3%	6%	5%	6%	8%
Don't know	186	106	80	48	50	88	90	96	115	71	60	126	63	50	19
	6%	7%	5%	5%	6%	6%	6%	6%	6%	6%	7%	5%	6%	5%	3%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 9 Banner 1 \*BY\* A10. Believe women should be informed of the physical and psychological risks and the support if wish to continue with the pregnancy  
BASE: WGHY SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Sex		Age			Area		Marital Status		Highest Education Level		Household Income			
	Total	Male	Female	18-34	35-49	50+	Bris -bane	Rest Qld	Marr -ied	Not Marr -ied	Below Year 12	Year 12	< \$50K	\$50K- \$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A10. Believe women should be informed of the physical and psychological risks and the support if wish to continue with the pregnancy															
Yes	2627	1284	1343	732	680	1215	1251	1376	1589	1038	674	1953	871	915	574
	85%	85%	84%	84%	84%	85%	85%	84%	85%	84%	84%	85%	83%	89%	85%
No	229	107	122	76	58	94	113	116	128	101	48	181	83	68	56
	7%	7%	8%	9%	7%	7%	8%	7%	7%	8%	6%	8%	8%	7%	8%
Don't know	249	118	132	60	72	117	112	138	149	101	83	167	92	51	48
	8%	8%	8%	7%	9%	8%	8%	8%	8%	8%	10%	7%	9%	5%	7%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 10 Banner 1 \*BY\* A11. Believe there should be a cooling-off period between making appointment and procedure  
BASE: WGHY SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Sex		Age			Area		Marital Status		Highest Education Level		Household Income			
	Total	Male	Female	18-34	35-49	50+	Bris -bane	Rest Qld	Marr -ied	Not Marr -ied	Below Year 12	Year 12	< \$50K	\$50K- \$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A11. Believe there should be a cooling-off period between making appointment and procedure															
Yes	2444	1157	1287	641	633	1170	1140	1305	1493	951	632	1813	822	806	563
	79%	77%	81%	74%	78%	82%	77%	80%	80%	77%	79%	79%	79%	78%	83%
No	389	216	173	150	95	145	198	192	232	157	80	310	142	134	75
	13%	14%	11%	17%	12%	10%	13%	12%	12%	13%	10%	13%	14%	13%	11%
Don't know	271	135	136	78	83	110	138	133	140	131	92	179	83	94	41
	9%	9%	9%	9%	10%	8%	9%	8%	8%	11%	11%	8%	8%	9%	6%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 11

Banner 1 \*BY\* A12. Believe parental consent should be required for girls under the age of 16 to have an abortion  
 BASE: Wght Sample (000s)  
 WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A12. Believe parental consent should be required for girls under the age of 16 to have an abortion															
Yes	2004	960	1044	476	551	976	964	1040	1232	772	571	1432	678	692	421
	65%	64%	65%	55%	68%	69%	65%	64%	66%	62%	71%	62%	65%	67%	62%
No	703	366	337	273	173	258	334	369	412	291	107	596	216	245	176
	23%	24%	21%	31%	21%	18%	23%	23%	22%	23%	13%	26%	21%	24%	26%
Don't know	398	182	217	120	87	191	177	221	221	177	126	273	152	98	82
	13%	12%	14%	14%	11%	13%	12%	14%	12%	14%	16%	12%	15%	9%	12%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 12

Banner 1 \*BY\* A13. Believe a woman requesting an abortion should always be seen in person by a qualified doctor  
 BASE: Wght Sample (000s)  
 WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A13. Believe a woman requesting an abortion should always be seen in person by a qualified doctor															
Yes	2844	1360	1484	763	743	1338	1332	1512	1680	1164	750	2095	972	939	610
	92%	90%	93%	88%	92%	94%	90%	93%	90%	94%	93%	91%	93%	91%	90%
No	123	80	43	52	37	34	75	48	85	38	24	99	27	53	39
	4%	5%	3%	6%	5%	2%	5%	3%	5%	3%	3%	4%	3%	5%	6%
Don't know	138	67	70	54	31	53	68	70	100	37	31	107	47	42	29
	4%	4%	4%	6%	4%	4%	5%	4%	5%	3%	4%	5%	5%	4%	4%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 13

Banner 1 \*BY\* A14. Believe all abortion providers should be required to advise women they will provide free independent post-abortion counselling if requested  
 BASE: Wght Sample (000s)  
 WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A14. Believe all abortion providers should be required to advise women they will provide free independent post-abortion counselling if requested															
Yes	2704	1267	1437	732	690	1282	1264	1439	1633	1071	715	1988	928	875	603
	87%	84%	90%	84%	85%	90%	86%	88%	88%	86%	89%	86%	89%	85%	89%
No	211	125	86	98	58	55	110	101	112	99	30	181	73	85	43
	7%	8%	5%	11%	7%	4%	7%	6%	6%	8%	4%	8%	7%	8%	6%
Don't know	190	117	74	40	63	88	101	90	120	71	59	132	45	74	32
	6%	8%	5%	5%	8%	6%	7%	5%	6%	6%	7%	6%	4%	7%	5%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 14 Banner 1 \*BY\* A15. Support conscientious objection provisions to allow doctors and nurses to opt out of performing abortions  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris -bane	Rest Qld	Marr -ied	Not Marr -ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A15. Support conscientious objection provisions to allow doctors and nurses to opt out of performing abortions															
Yes	2290	1114	1177	561	571	1158	1082	1209	1373	917	613	1677	793	774	501
	74%	74%	74%	65%	70%	81%	73%	74%	74%	74%	76%	73%	76%	75%	74%
No	458	250	208	198	125	135	248	211	279	179	64	394	148	160	109
	15%	17%	13%	23%	15%	10%	17%	13%	15%	14%	8%	17%	14%	15%	16%
Don't know	356	144	212	110	115	131	146	211	213	144	127	230	106	101	68
	11%	10%	13%	13%	14%	9%	10%	13%	11%	12%	16%	10%	10%	10%	10%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 15 Banner 1 \*BY\* A16. Believe Qld Govt should gather accurate standardised anonymous data on abortions  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris -bane	Rest Qld	Marr -ied	Not Marr -ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A16. Believe Qld Govt should gather accurate standardised anonymous data on abortions															
Yes	2271	1116	1155	633	570	1068	1060	1211	1405	866	554	1717	773	791	511
	73%	74%	72%	73%	70%	75%	72%	74%	75%	70%	69%	75%	74%	77%	75%
No	369	193	176	117	109	143	205	164	200	169	85	284	128	125	79
	12%	13%	11%	13%	13%	10%	14%	10%	11%	14%	11%	12%	12%	12%	12%
Don't know	465	200	265	119	132	214	209	256	261	204	165	300	146	118	89
	15%	13%	17%	14%	16%	15%	14%	16%	14%	16%	21%	13%	14%	11%	13%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 16 Banner 1 \*BY\* A17. Allow sex-selective abortion  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris -bane	Rest Qld	Marr -ied	Not Marr -ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A17. Allow sex-selective abortion															
Yes	252	173	79	132	55	64	140	112	128	123	51	201	83	89	60
	8%	11%	5%	15%	7%	5%	9%	7%	7%	10%	6%	9%	8%	9%	9%
No	2586	1217	1369	631	691	1264	1216	1371	1596	990	675	1911	892	861	566
	83%	81%	86%	73%	85%	89%	82%	84%	86%	80%	84%	83%	85%	83%	83%
Don't know	267	118	149	106	65	96	120	147	141	126	78	189	72	84	52
	9%	8%	9%	12%	8%	7%	8%	9%	8%	10%	10%	8%	7%	8%	8%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



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TABLE 17 Banner 1 \*BY\* A18. Believe law as it stands should be more restrictive/ about right/ less restrictive  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A18. Believe law as it stands should be more restrictive/ about right/ less restrictive															
More restrictive	573	310	263	195	165	214	248	326	342	231	153	420	182	226	125
	18%	21%	16%	22%	20%	15%	17%	20%	18%	19%	19%	18%	17%	22%	18%
About right	1167	538	629	325	293	548	570	597	717	450	334	832	427	363	266
	38%	36%	39%	37%	36%	38%	39%	37%	38%	36%	42%	36%	41%	35%	39%
Less restrictive	845	405	440	216	198	431	374	471	535	310	142	703	266	285	203
	27%	27%	28%	25%	24%	30%	25%	29%	29%	25%	18%	31%	25%	28%	30%
Don't know	520	256	265	133	155	233	284	237	271	249	175	345	172	160	85
	17%	17%	17%	15%	19%	16%	19%	15%	15%	20%	22%	15%	16%	15%	13%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 18 Banner 1 \*BY\* A19. Support or oppose abortion being performed for any reason until 22 weeks of pregnancy  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A19. Support or oppose abortion being performed for any reason until 22 weeks of pregnancy															
Support	913	491	422	317	213	383	431	482	549	364	140	773	324	273	226
	29%	33%	26%	36%	26%	27%	29%	30%	29%	29%	17%	34%	31%	26%	33%
Oppose	1622	718	904	396	416	809	747	874	1030	592	497	1125	523	590	368
	52%	48%	57%	46%	51%	57%	51%	54%	55%	48%	62%	49%	50%	57%	54%
Don't know	570	300	271	156	182	233	296	274	287	284	167	403	200	171	85
	18%	20%	17%	18%	22%	16%	20%	17%	15%	23%	21%	18%	19%	17%	13%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 19 Banner 1 \*BY\* A20. Support or oppose abortion being performed after 22 weeks of pregnancy for social reasons  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris-bane	Rest Qld	Marr-ied	Not Marr-ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A20. Support or oppose abortion being performed after 22 weeks of pregnancy for social reasons															
Support	677	388	288	296	146	235	338	339	364	313	105	572	227	227	169
	22%	26%	18%	34%	18%	16%	23%	21%	20%	25%	13%	25%	22%	22%	25%
Oppose	1932	811	1121	433	515	984	891	1042	1240	692	560	1372	650	665	420
	62%	54%	70%	50%	64%	69%	60%	64%	66%	56%	70%	60%	62%	64%	62%
Don't know	496	309	188	141	150	206	247	250	261	235	139	357	170	143	90
	16%	20%	12%	16%	18%	14%	17%	15%	14%	19%	17%	16%	16%	14%	13%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 20 Banner 1 \*BY\* A21. Support or oppose free abortions on request being performed in public hospitals  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris -bane	Rest Qld	Marr -ied	Not Marr -ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A21. Support or oppose free abortions on request being performed in public hospitals															
Support	964	525	439	371	213	380	480	484	569	395	171	793	358	302	218
	31%	35%	28%	43%	26%	27%	33%	30%	31%	32%	21%	34%	34%	29%	32%
Oppose	1593	712	882	345	420	829	720	873	1025	568	477	1116	529	564	359
	51%	47%	55%	40%	52%	58%	49%	54%	55%	46%	59%	48%	51%	55%	53%
Don't know	547	271	276	153	178	217	275	273	271	276	156	392	159	168	102
	18%	18%	17%	18%	22%	15%	19%	17%	15%	22%	19%	17%	15%	16%	15%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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TABLE 21 Banner 1 \*BY\* A22. Would local MP voting in favour of decriminalising abortion influence vote at next state election  
BASE: WGHT SAMPLE (000s)  
WEIGHTS: Age/Sex/Area

	Total	Sex		Age			Area		Marital Status		Highest Education Level		Household Income		
		Male	Female	18-34	35-49	50+	Bris -bane	Rest Qld	Marr -ied	Not Marr -ied	Below Year 12	Year 12	< \$50K	\$50K-\$100K	\$100K+
RESPONDENTS	1000	500	500	243	266	491	491	509	614	386	264	736	344	328	218
WGHT SAMPLE (000s)	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A22. Would local MP voting in favour of decriminalising abortion influence vote at next state election															
Less Likely	1220	535	685	272	324	624	537	683	775	445	352	869	409	440	269
	39%	35%	43%	31%	40%	44%	36%	42%	42%	36%	44%	38%	39%	43%	40%
More Likely	460	238	222	210	106	143	234	226	273	187	60	400	150	150	131
	15%	16%	14%	24%	13%	10%	16%	14%	15%	15%	7%	17%	14%	14%	19%
Neither	992	537	455	270	258	463	488	504	563	429	237	755	321	328	212
	32%	36%	28%	31%	32%	33%	33%	31%	30%	35%	29%	33%	31%	32%	31%
Don't know	433	197	235	116	122	194	216	217	253	179	156	277	167	117	67
	14%	13%	15%	13%	15%	14%	15%	13%	14%	14%	19%	12%	16%	11%	10%
TOTALS	3105	1508	1597	869	811	1425	1475	1630	1865	1240	804	2301	1047	1034	679
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



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