

# Understanding Crisis Pregnancy Centers (CPCs)

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## What are Crisis Pregnancy Centers?

Also known as pregnancy resource centers or pregnancy support centers, crisis pregnancy centers (CPCs) are nonprofit centers that provide services and counseling to pregnant women, but oppose abortion. Often branches of national evangelical Christian and anti-abortion organizations such as CareNet and Heartbeat International, CPCs largely aim to dissuade women from getting abortions. Their services are typically limited to pregnancy testing, ultrasounds, and counseling, and they often provide women with inaccurate and intimidating information about their options for reproductive health care.<sup>1</sup> The United States is seeing an overall increase in CPCs and a decrease in abortion clinics; an estimated 4,000 CPCs exist, in contrast to a mere 2,000 comprehensive reproductive health care clinics.<sup>2,3</sup> This fact sheet describes how deceptive practices of CPCs can limit women's access to complete and accurate medical information, thereby undermining women's access to reproductive health care.

## Misleading advertising to vulnerable populations

CPCs position themselves as alternative sources of comprehensive care for pregnant women. They often mimic abortion clinic names and appearance in order to attract women seeking an abortion. These centers appear in Internet searches and in phone books under titles such as “family planning information centers”, “women's organizations”, “abortion”, “abortion services”, and “alternative abortions” even though they do not provide abortions or abortion referrals.<sup>4</sup> Furthermore, they are often located in close proximity to comprehensive family planning and abortion clinics to confuse women seeking care, and specifically target “abortion vulnerable” women.<sup>5</sup> A 24-hour hotline run by pro-life organizations Heartbeat International and CareNet connects women to CPCs and advertises “options” for

pregnant women, but fails to disclose that these options do not include abortion or abortion counseling.<sup>6</sup>

Women who are young, poor, and who belong to racial and ethnic minority groups are at disproportionate risk of being affected by the practices of CPCs due to higher rates of unintended pregnancy and abortion. Seventy percent of pregnancies in women aged 24 and under were unintended, a higher percentage than among older women.<sup>7</sup> Non-Hispanic black women have the highest percentage of unintended pregnancy (64%) followed by Latinas (53%) and non-Hispanic white women (40%); women in the lowest income bracket have the highest percentage of unintended pregnancy (62%) compared to women in the middle (57%) and high (34%) income brackets.<sup>8</sup> CPCs recognize and cater to this disparity by offering free services, advertising on college campuses, and establishing locations in low-income neighborhoods.<sup>9,10</sup> Both CareNet and Heartbeat International have developed programs and marketing campaigns aimed at African American and Latino women and serving poor, urban neighborhoods.<sup>11</sup>

## Inaccurate information and intimidation

CPCs often provide inaccurate information related to abortion and breast cancer, mental health, and fertility in order to persuade women against having an abortion. Many CPCs base counseling information on a study conducted by Priscilla Coleman in 2009, which claims to have uncovered a link between abortion and mental health problems occurring 30 days to 12 months following the procedure. Subsequently, a re-analysis of the findings revealed a major methodological oversight in the original study whereby Coleman and colleagues recorded lifetime history of mental health problems in all participants, rather than those present only after abortion, a misstep which negates any causal relationship their data may have shown.<sup>12</sup> Yet, on their website, CareNet still

lists risks related to an unproven disorder they term “Post-Abortion Stress”, which includes depression, psychological reactions, anxiety, and anger.<sup>13</sup> In truth, the condition has no scientific basis, and studies indicate that both surgical and medical elective abortion procedures can result in marked improvement of psychological outcomes and anxiety of the patient.<sup>14,15</sup>

At a conference held in 2003 by the National Cancer Institute, clinicians and researchers presented data that confirmed that there is no clear association between breast cancer and an abortion procedure, yet many CPCs continue to falsely tell women that having an abortion will put them at higher risk of breast cancer.<sup>16</sup> CPCs also warn women that abortion procedures frequently result in future infertility and obstetric problems, but extensive research refutes this claim. Studies have demonstrated that women who have had an induced abortion have no difference in future fertility compared to women with no abortion history.<sup>17</sup>

Many investigations have been conducted to find out how commonly false information is provided at CPCs. A “secret shopper” survey of nineteen different CPCs in North Carolina revealed that 16% provided information about the scientifically unproven association between abortion and breast cancer, 26% provided misinformation about fertility and abortion, and 26% provided inaccurate information about mental health issues.<sup>3</sup> Even more common are the rates of misinformation on CPC websites (86%) and false associations of abortion and “Post-Abortion Stress” (72%).<sup>18</sup>

Testimonies from unsuspecting women who sought care from a CPC describe long waiting periods for the results of a pregnancy test during which they are forced to watch disturbing videos meant to scare them away from considering abortion.<sup>19</sup> By providing false information and using tactics of intimidation, CPCs undermine a woman’s ability to make an informed and autonomous decision about her reproductive options.

### Legal action against deceptive practices

Crisis pregnancy centers are often staffed by volunteers with no medical or counseling licensing, and there is little regulation in place to ensure that these centers provide accurate information to women.<sup>20</sup> As a result, CPCs have recently faced efforts on the part of reproductive justice

advocates to end deceptive advertising and misinformation. In 2006, Representative Henry Waxman of California initiated an investigation into federally-funded CPCs, which brought attention to their practices and has prompted legislative action against CPCs.<sup>21</sup> A bill sponsored by Representative Carolyn Maloney in 2011 sought to “Stop deceptive advertising for women’s services” by empowering the Federal Trade Commission (FTC) to apply rules regarding unfair methods of competition and “unfair or deceptive acts or practices in or affecting commerce” to CPCs, as well as to develop new regulations preventing CPCs from creating misleading advertising content.<sup>22,23</sup> The bill was reintroduced in May 2013 in the hopes of curbing deceptive advertising.

Ordinances similar to the “Stop Deceptive Advertising For Women’s Services Act” have been proposed at the local level, and many have passed. A San Francisco ordinance was enacted in 2011 that prohibits CPCs from false and misleading advertising, and courts recently dismissed a lawsuit challenging the ordinance.<sup>24</sup> Baltimore passed a similar “truth-in-advertising” ordinance which requires CPCs to post signage indicating that they do not provide contraception, abortion, or abortion referrals.<sup>25</sup> Another recent ordinance in Montgomery County, Maryland, requires that centers disclose that they do not have licensed medical professionals on staff.<sup>26</sup> These ordinances have been developed and passed using arguments encompassed by state and local consumer protection laws, which serve similar purposes as FTC regulations. A recent review in the *Wisconsin Journal of Law* argues that deceptive practices of CPCs constitute unfair competition in trade because they provide false information in order to divert women from obtaining an abortion at a comprehensive reproductive health clinic.<sup>27</sup>

Despite these developments, some states have initiatives to empower CPCs. In 2011, the South Dakota legislature enacted a law requiring women seeking abortion to first obtain counseling at a state-approved CPC. This law includes a provision which mandates that such counseling include misleading links between abortion and mental health outcomes.<sup>28</sup> Furthermore, significant state and federal funding is awarded to CPCs through programs like “Alternatives to Abortion” in states including Pennsylvania, Missouri, Texas, and North Dakota, as well as proceeds from Choose Life license plates that contribute to the increasing presence and influence of these centers.<sup>29</sup>

## Conclusion

CPCs continue to provide limited resources, inaccurate information and biased counseling to women seeking prompt and reliable reproductive guidance and care. While the services they provide may be appropriate for the needs of some women, the delays and misinformation at many of these centers can undermine the health and well-being of women.

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