



# THE RIGHT TO LIE

CRISIS PREGNANCY CENTERS  
IN CONNECTICUT

A report by NARAL Pro-Choice Connecticut Foundation  
June 2015



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NARAL  
Pro-Choice Connecticut Foundation

## THE RIGHT TO LIE CRISIS PREGNANCY CENTERS IN CONNECTICUT

### EXECUTIVE SUMMARY

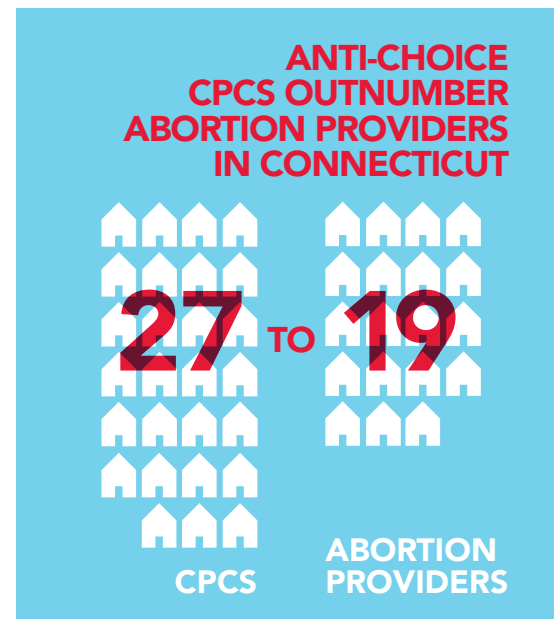
In recent years, increased attention has been given to the issue of so-called “crisis pregnancy centers” (CPCs). Concerned about the potential impact of CPCs in Connecticut, NARAL Pro-Choice Connecticut Foundation (NPCCF) initiated an investigation of crisis pregnancy centers operating in the state. Over the course of a thorough investigation that spanned two years, our investigators discovered a consistent pattern of misinformation, deceptive advertising, and blatant lies about reproductive health.

The aim of the report that follows is to provide insight into the deceptive practices and harm these organizations pose to women and communities in Connecticut, evidence for the need to inform women of the limitations of their services, and policy recommendations to address the threat these facilities pose to women’s health and safety.

Based on the results of this investigation, NPCCF strongly believes these centers are a threat to public safety; reproductive health information provided by CPCs is inaccurate and often times, wildly so. This threat is made more urgent because of the volume of women in Connecticut seeking reproductive health services.

#### WHAT ARE CRISIS PREGNANCY CENTERS?

Crisis pregnancy centers are fronts for anti-abortion organizations that often pose as real reproductive health clinics. They target women seeking medical information and treatment, especially those with unintended pregnancies, with deceptive advertising that implies they are comprehensive women’s health centers.



CPCs lie to women about abortion, contraception, and other issues of reproductive and sexual health. As if lying weren't enough, they also seek to shame women about their personal choices. Staff and volunteers at CPCs often use propaganda to dissuade women from considering comprehensive birth-control options or legal abortion.

## ABOUT CRISIS PREGNANCY CENTERS IN CONNECTICUT

Anyone seeking health care services should receive comprehensive, unbiased, and medically accurate information. Women facing unintended pregnancies deserve nothing less. No matter how a person feels about the question of legal abortion, everyone can agree that women should never be misled when seeking information about pregnancy, birth control, abortion, or sexually transmitted infections.

NPCCF identified 27 CPCs operating in Connecticut—meaning that there are eight more CPCs in our state than comprehensive, legitimate family planning clinics.

CPCs do not provide or refer for abortion care, emergency contraception, or birth control.<sup>1</sup> Additionally, the research conducted by NPCCF found that 95% of all CPCs in Connecticut provide inaccurate and deceptive information that may put the health and safety of women in Connecticut at risk. At the same time, CPCs try to hold themselves out as being comprehensive medical clinics—a position that is blatantly false. No Connecticut CPC is licensed to provide family planning services and only 11% of CPCs in Connecticut have medical professionals or medically supervised personnel on staff.

Since they are not legitimate, licensed family planning clinics, CPCs operate without regulation or oversight, even though they are providing so-called “counseling” for women about pregnancy options. While some CPCs are overseen by medical

<sup>1</sup> United States House of Representatives Committee on Government Reform — Minority Staff. “False and misleading health information provided by federally funded pregnancy resource centers.” 2006. Published online at <http://www.chsourcebook.com/articles/waxman2.pdf>



professionals or have licensed staff, this poses a different danger. This allows CPCs to appear legitimate and further mislead women into thinking they will receive comprehensive, medically accurate information.

## INVESTIGATION FINDINGS

Our investigation, conducted by a team of NPCCF staff and volunteers, included 22 in-person visits, website analyses of all available CPC web pages, and surveys conducted via telephone. This study pursued the following lines of inquiry:

- Are CPCs forthright and honest in their promotion and advertising?
- Are CPCs dispensing medically accurate information and non-directive counseling?
- Are CPCs providing information that is in the best interest of the public's health and safety?


Based on the findings from this investigation, the answer to all of these questions is an unqualified "no."


- 70% of CPCs did not explicitly disclose that they are not a licensed medical facility.
- 95% of CPCs provided misleading information about abortion and provided other medically inaccurate information.
- 0% of CPCs offered STI testing or referrals.

Although no CPC in Connecticut is licensed as a family planning clinic, they often attempt to present themselves as such—20% of CPCs outfit staff in white lab coats, as would a doctor or nurse, and 45% of CPCs in Connecticut situate themselves in or next to professional medical parks amongst legitimate healthcare providers.

There were several commonalities found in the inaccurate information provided by CPCs, including the following:

- 80% of CPCs falsely stated as fact that abortion leads to breast cancer.
- 30% of CPCs falsely suggested a high likelihood of miscarriage in order to deter women from considering abortion or delay them in making a decision about their pregnancy.
- 90% of CPCs falsely claimed that an abortion would lead to severe mental health problems.

MORE THAN  
  
**4 OUT OF 5**  
CPCS IN CONNECTICUT  
**ARE LOCATED LESS THAN  
FIVE MILES FROM A  
COLLEGE OR UNIVERSITY  
CAMPUS.**



Equally disconcerting, CPCs appear to actively target college-aged women, women of color, and women living in poverty. More than four out of five (85%) CPCs in the state are located less than five miles away from a college or university campus. Additionally, 65% of CPCs in Connecticut operate in communities with higher-than-average populations of color, and 69% of the state's CPCs operate in communities with a higher-than-average population of people living below poverty level. CPCs target these populations

by advertising free pregnancy testing and offering varying levels of financial support as an incentive for women to carry their pregnancies to term. A pamphlet from one Connecticut CPC illustrated the typical incentives CPCs offer, advertising free pregnancy testing, free baby supplies, and free maternity clothes. All of Connecticut's CPCs engaged in manipulative tactics of this nature.

## POLICY RECOMMENDATIONS

The obvious reason for urging policymakers to establish reasonable regulations for CPCs is that women facing unintended pregnancies deserve professional, medically sound counsel. Women who are desperate for advice at such a critical time should not be subjected to biased or inaccurate information from volunteers posing as medical or counseling professionals.

NARAL Pro-Choice Connecticut Foundation recommends:

- CPCs should be required to adhere to honest advertising and promotion that accurately discloses what services they do and do not provide.
- The state should not fund or refer women to pregnancy-counseling facilities that do not offer comprehensive, medically accurate, and non-directive options counseling.

State-level action is required to uniformly address the threat to women's health and safety posed by CPCs throughout Connecticut.

## POLICY OPTIONS:

- **Regulation of Advertising:** One of the more insidious practices of CPCs is to advertise in such a manner as might mislead women into thinking that CPCs are comprehensive reproductive health centers or medical clinics. By addressing the earliest point of contact that most women have with CPCs, it is hoped that

truth-in-advertising regulations would, at the very least, ensure that women who go to CPCs are aware that they will receive information that is limited by the ideological agenda of the organizations presenting it.

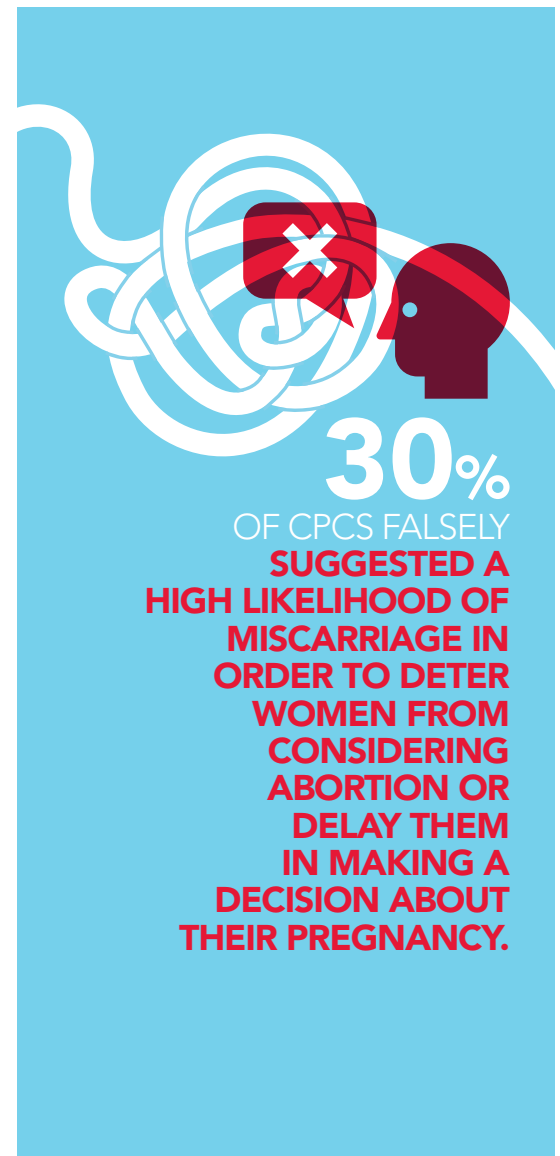
- **Limiting State Support:** Ensure the state does not fund or refer women to pregnancy-counseling facilities that do not offer comprehensive, medically accurate and non-directive options counseling.

Attempts across the country have been made to require CPCs to post signs detailing the nature of their services. Unfortunately, legislative attempts at the municipal level requiring CPCs post signage disclosing to their clients that they're not medical facilities, that they don't have doctors on staff and/or that they don't offer abortions or abortion referrals have been found to be unconstitutional in several jurisdictions. Even signage by local departments of health recommending that if you're pregnant, or think you might be, you should see a licensed health care provider, have been struck down as unconstitutional by the courts.<sup>2</sup> Additionally, because national research shows that it is the goal of CPCs to become more and more medical, these ordinances are likely to become quickly outdated and could even serve to bolster CPCs' ability to appear more like legitimate health care options while still providing the same biased and manipulative counseling.

While legislation addressing the worst practices of CPCs is vital, not all of the harmful practices CPCs engage in can be remedied through legislation. The research NPCCF conducted is the first of many steps in raising public awareness. One area requiring additional research is whether there exist state-authorized funding streams which benefit from the deceptive business practices of CPCs. Through legislation and education we can remedy the gross injustice done to Connecticut women who are lured in by CPCs while seeking medically accurate, comprehensive options counseling.

NPCCF is dedicated to ensuring that all women in Connecticut have complete and medically accurate information when faced with decisions related to their reproductive health. These recommendations will help ensure that CPCs throughout the state will be held to standards that demand truth in their advertising and greater regard for public health.

<sup>2</sup> The Evergreen Association, Inc. v. City of New York. United States Court Of Appeals For The Second Circuit. 2014.



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## INTRODUCTION

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In the United States nearly half of all pregnancies are unintended.<sup>3</sup> In Connecticut, 51% (35,000) of pregnancies are unintended and teenage girls account for nearly one-fifth of all unintended pregnancies annually.<sup>4</sup> The unintended pregnancy rate for low-income women has increased 50% in the past decade.<sup>5</sup>

An unintended pregnancy can be a confusing and overwhelming event. Many women seek outside guidance, turning to family members, friends, clergy, their physician, or a trained counselor to discuss their options. At such a time, it is critical that women and their loved ones are able to receive unbiased and medically accurate information about their pregnancy and all of their reproductive health care options.

Crisis pregnancy centers (CPCs) advertise themselves to be just that: places for women and their partners to engage with health care professionals and learn about options for unintended pregnancies. In reality, CPCs are not comprehensive reproductive health providers but ideologically driven organizations, many of which target and lie to vulnerable women seeking pregnancy-related information and counseling. Creating the illusion of medical authority has bolstered CPCs' perceived legitimacy as mainstream "service" providers, helping them gain access to resources such as government funding in several states.

From February 2012 to June 2014, NARAL Pro-Choice Connecticut Foundation conducted an in-depth, undercover investigation of CPCs in Connecticut. The purpose of the research was to detail whether CPCs accurately advertise their services and assess the quality of information provided to their clients. This report discusses the prevalence

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<sup>3</sup> Guttmacher Institute. "Fact Sheet: Unintended Pregnancy in the United States." 2013. Published online at <http://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html#6>

<sup>4</sup> Guttmacher Institute. "State reproductive health profile: Connecticut." Published online at <http://www.guttmacher.org/datacenter/profiles/CT.jsp>

<sup>5</sup> Guttmacher Institute. "Fact Sheet: Unintended Pregnancy in the United States." 2013. Published online at <http://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html#6>

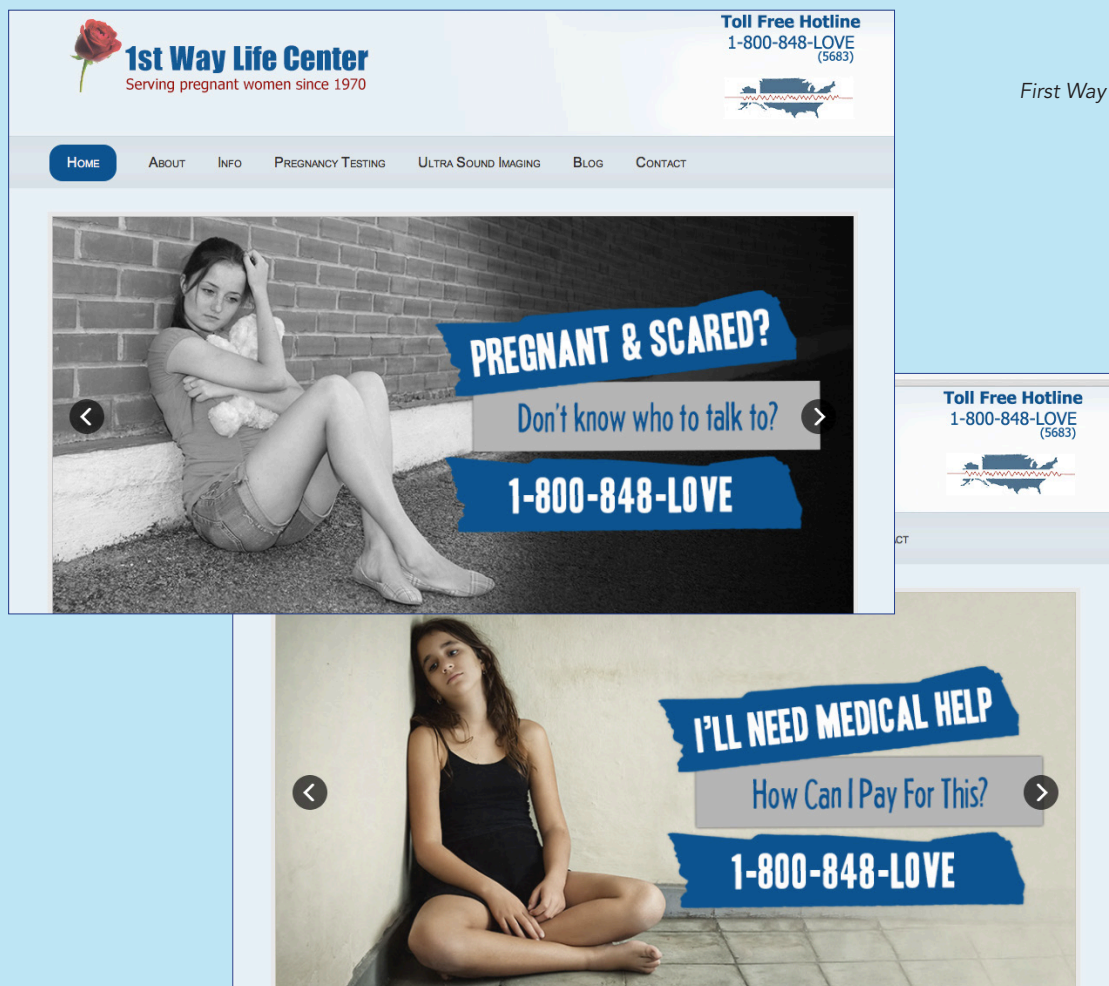


of CPCs in Connecticut, describes what a CPC is, and explains how they are different from comprehensive women's health centers. Our findings show that CPCs in Connecticut misinform and emotionally manipulate women who turn to them for help. Finally, policy recommendations are provided to prevent the public threat to women's health and safety that results from CPCs' lies, manipulations, and deceptive advertising.

## HIGHLIGHTS

This report documents the following:

- CPCs outnumber family planning clinics in Connecticut 27 to 19.
- CPCs routinely attempt to frighten and intimidate women through inaccurate information about birth control, sexually transmitted diseases, and abortion.
- CPCs falsely hold themselves out as comprehensive, legitimate reproductive health care clinics.



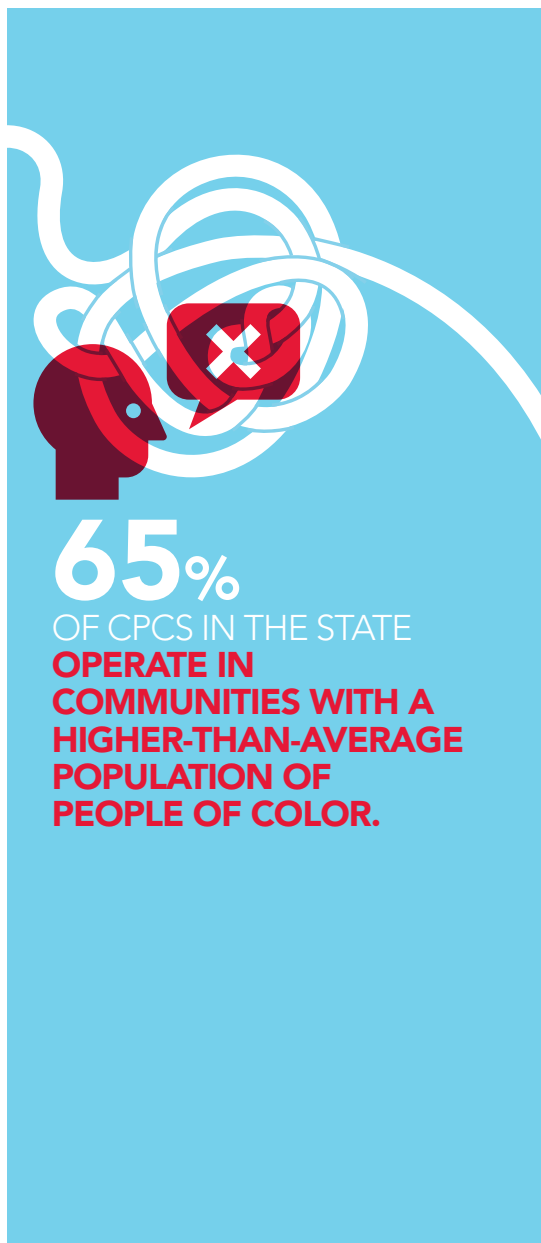
**Figure 1**  
Screenshots of  
First Way Life Center's website.

## WHAT ARE CPCs?

Crisis pregnancy centers are fronts for anti-abortion organizations that often pose as real reproductive health clinics. They target vulnerable women, especially those with unintended pregnancies, with deceptive advertising that implies they are comprehensive women's health centers.

CPCs lie to women about abortion, contraception, and other issues of reproductive and sexual health. As if lying weren't enough, they also seek to shame women about their personal choices. Staff and volunteers at CPCs often use propaganda to dissuade women from considering comprehensive birth-control options or legal abortion.

CPCs often run advertisements with messages like, "Pregnant? Need help?"<sup>6</sup> They advertise on public transportation, on college campuses, and on the results pages of search engines such as Google when people look up terms like "abortion clinic" or "pregnancy counseling."<sup>7</sup>



They are often located next to legitimate health centers that provide a full range of health care options, including abortion, so they can confuse women who might be seeking services at a real clinic.

## WHAT IS THE GOAL OF A CPC?

CPCs hold themselves out as being places where women can go to get information about their pregnancies. Unfortunately, this is far from the truth. CPCs have one primary goal: to block women from considering abortion care.

Evidence of this limited agenda is clear. The American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the National Association of Social Workers (NASW) recommend a number of specific services for pregnant women. But despite holding themselves out as being resource centers on pregnancy, the vast

<sup>6</sup> "Bus ad." 14 March 2014. NARAL Pro-Choice Connecticut. "Crisis Pregnancy Centers and Deceptive Advertising." Published online at <http://www.prochoicect.org/what-is-choice/crisis-pregnancy-centers/ads.shtml>

<sup>7</sup> NARAL Pro-Choice America. "66,608 Americans call on yellowpages.com and superpages.com to stop allowing deceptive anti-abortion ads." Published online at [http://www.prochoiceamerica.org/media/press-releases/2010/pr07062010\\_cpc-sp-yp.html](http://www.prochoiceamerica.org/media/press-releases/2010/pr07062010_cpc-sp-yp.html)

majority of CPCs surveyed did not provide, nor did they provide referrals for, the medical and social services recommended by experts. These recommended services include: prenatal care, medical care for pre-existing conditions, or education on and assistance with cessation of tobacco, alcohol, and drug use.

The following charts provide a detailed comparison of recommended medical and social services as contrasted with services offered at CPCs:

<b>AAP and ACOG recommended medical services for pregnant women</b>	<b>Offered at CPCs?</b>
Prenatal care	✗ No
Family history/genetic counseling, information, and screening	✗ No
Medical care for pre-existing conditions	✗ No
Cessation of use of tobacco, alcohol, and drugs	✗ No
Dietary recommendations and restrictions	✗ No
Education on and avoidance of toxins	✗ No
STI and HIV testing and counseling	✗ No
Evaluation and assistance for domestic violence situations	✗ No
Postpartum depression information and treatment	✗ No
Referrals for social services	✓ Yes at some CPCs
Childbirth and child care classes	✓ Yes at some CPCs

Figure  
2

<b>NASW recommended social services for pregnant women</b>	<b>Social services offered at CPCs?</b>
Evaluation of licensed social services	✗ No
Evaluation of social history, including current living arrangements household environment, and work, school, or vocational history	✗ No
Evaluation of the impact of health condition on cognitive, emotional, social, sexual, psychological, or physical functioning	✗ No
Evaluation of formal and informal social supports	✗ No
Evaluation of financial resources, housing, transportation, and health insurance	✗ No
Evaluation of relevant biomedical, psychosocial, and cultural factors and needs of the client and family	✗ No
Evaluation of past and current health history, including genetic and family history	✗ No
Evaluation of domestic violence and interventions	✗ No
Evaluation of postpartum depression, information and treatment	✗ No
Evaluation of behavioral and mental health status and current level of functioning, including mental health history, suicide risk, and coping styles	✗ No

Figure  
3

Nor do CPCs provide the health and social services offered at comprehensive women's health clinics such as annual gynecological exams, Pap tests, and contraception assistance. Below is a list of such services juxtaposed against those provided by CPCs

Figure  
4

Health/social services	Provided at comprehensive women's health clinics	Provided at CPCs?
Annual gynecological exams	✓ Yes	✗ No
Pap tests and lab tests	✓ Yes	✗ No
Family planning and contraception	✓ Yes	Only "abstinence only" information provided
STI testing, counseling, and treatment	✓ Yes	✗ No
HIV testing, counseling, and treatment	✓ Yes	✗ No
Abortion services	✓ Yes	✗ No
Urinary tract infection treatment	✓ Yes	✗ No
Vasectomies	✓ Yes	✗ No
Essure and tubal ligation services	✓ Yes	✗ No
Emergency contraception	✓ Yes	✗ No
Colposcopy and cryotherapy	✓ Yes	✗ No
Clinical research	✓ Yes	✗ No
Pregnancy testing, both blood and urine	✓ Yes	Urine testing only
Adoption service referrals	✓ Yes	Only to select adoption agencies
Pregnancy counseling	✓ Yes	Only anti-abortion counseling provided

The following chart offers a detailed contrast of the regulations of comprehensive women's health clinics with those of CPCs and the accountability of trained, professional counselors with that of CPC staff and volunteers:

Figure  
5

Regulation requirement OF COMPREHENSIVE WOMEN'S HEALTH CLINICS	Regulation requirement OF CPCs
Must have a licensed physician on staff	✗ No such requirement
Are subject to inspection by Connecticut Department of Health	✗ No such requirement
Must meet health and safety standards for hygiene, employee qualifications and supervision, and quality of care	✗ No such requirement
Cannot reveal a patient's identity without his or her consent – violations are subject to injunctions and fines	✗ No such requirement
Must obtain written permission before releasing health information for marketing purposes	✗ No such requirement

Figure  
6

Regulation and accountability FOR LICENSED CLINICAL SOCIAL WORKERS	Regulation and accountability FOR CPC VOLUNTEERS
Legal and professional accountability is maintained through the risk of loss of license and ability to practice, as well as civil or accountability and criminal penalties if found to be acting unprofessionally	✗ No such requirement
Licensure is obtained by meeting minimum requirements of formal education, training, completion of supervised work experience, or accountability and passing of a licensure exam	✗ No such requirement
License maintenance is accomplished through continuing education courses, including ethics training, as well as review or accountability for licensure renewal	✗ No such requirement

This juxtaposition makes it clear that the central goal of CPCs is to prevent women from having an abortion—not to actually provide care for pregnant women.

Some examples of Connecticut CPCs’ unwillingness to provide pregnant women with vital information about their pregnancies:

- When an investigator asked a CPC staff member if she needed to see a doctor, regardless of what she chose to do about her pregnancy, she was told that doctors have only been involved in delivering babies for the last 50 years or so, that taking care of yourself during pregnancy is “common sense,” and to eat plenty of fresh fruits and vegetables.
- Another CPC staff member told an investigator that, while pregnant, she “wouldn’t have to change [her] lifestyle” and “could even run a marathon.”
- Another CPC had a NPCCF investigator use a “decision making tool” to weigh her pregnancy options. The CPC staff person told the investigator that her daughter had used the tool to decide whether to go on a camping trip or to a wedding.

Because CPCs in Connecticut are not real clinics, they are not bound by federal medical privacy laws that are required of licensed medical facilities under the Health Information Portability and Accountability Act (HIPAA). Below is an excerpt from the “Notice of Privacy Practices” from one CPC:

“Because we are a medical care provider that does not engage in any transactions that invoke coverage of the HIPAA Privacy Act, the privacy practices and terms described in this notice are voluntarily undertaken. **Therefore, nothing in this notice should be construed as creating any contractual or legal rights on behalf of patients.**”

It is clear: in addition to refusing to refer for abortion care or contraceptive services, CPCs cannot match the breadth of services or expertise offered by legitimate family planning clinics.

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## RESEARCH

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Our research consisted of five parts: (1) compiling a list of the state's CPCs, (2) analyzing their websites, (3) placing telephone calls to CPCs (4) conducting in-person visits to CPCs, and (5) reviewing the literature and other materials collected, as well as tracking statements made by CPC representatives during the in-person investigations.

### **METHODOLOGY**

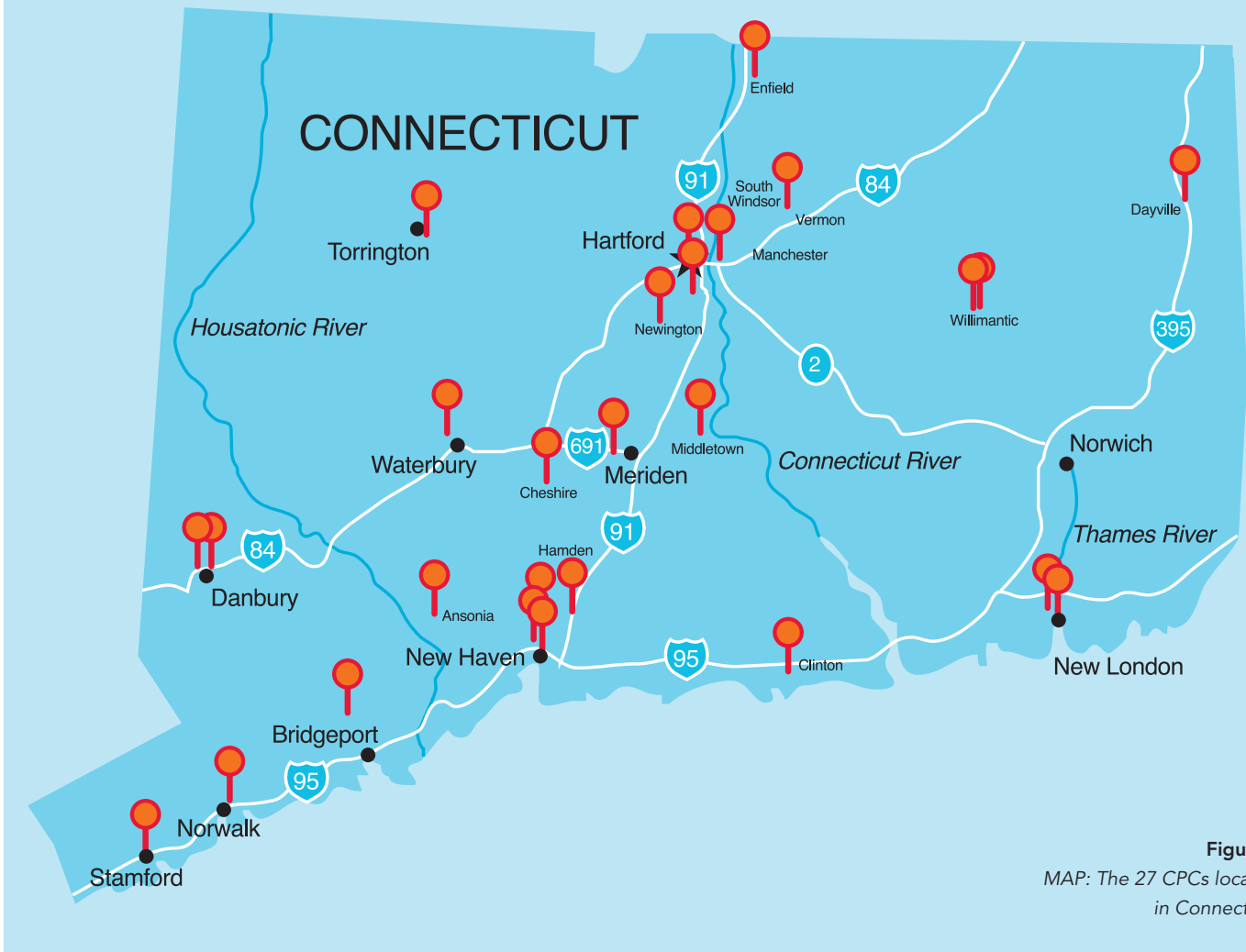
NARAL Pro-Choice Connecticut Foundation trained over 20 volunteer investigators and guided them in their visits and phone calls to these centers. All investigators were instructed to make an appointment by phone first, and then visit the center with a partner for both safety and research needs. Trainings included question-and-answer sessions, informational materials, and role-plays in order to obtain the most comprehensive and accurate information possible.

A standard survey instrument was used to ensure uniformity in reporting findings. Investigators were asked to track a variety of topics including information shared with clientele, procedural methods, paperwork and confidentiality. Most tracking measures were objective analyses, reporting on the facility's physical appearance, terminology used to describe procedures and options, and collecting written materials. The survey instrument also asked investigators to report any specific anecdotes or conversations not otherwise tracked on the form.

Investigators were instructed to record findings on the survey instrument immediately after the interaction, and were also subjected to a comprehensive debrief by NPCCF staff. They were also instructed to take as much written material from the center as was available. NPCCF compiled, tracked and evaluated all information and materials submitted with strict confidentiality.

### **COMPILING A LIST OF CPCs**

The initial phase of our investigation focused on identifying all of the CPCs in Connecticut through comprehensive yellow pages and Internet searches. As CPCs often change



**Figure 7**  
MAP: The 27 CPCs located  
in Connecticut

locations, contact information, and even names, it is difficult to discern an exact count of CPCs in the state. However, our investigators were able to combine Internet research with telephonic and in-person confirmations to develop the most up-to-date listing of current CPCs, determining that 27 CPCs exist in Connecticut.

## WEBSITE ANALYSIS

All available CPC websites were reviewed to determine the following:

- Whether the CPC clearly stated that it neither offers or provides referrals for abortions.
- What services are advertised and provided.
- What other referrals are provided; and
- The accuracy of the communicated information on abortion, breast cancer, adoption, parenting, contraception, STIs and HIV, and infertility.



## **IN-PERSON INVESTIGATIONS**

Staff and volunteers conducted 22 in-person investigations at a total of 21 CPCs across the state. The CPCs that received in-person investigations were chosen based on the travel ability of trained volunteer investigators as well as the ability to synchronize their availability with the operating hours of a given CPC. Investigators always went in pairs, with one investigator posing as a potentially pregnant woman and the second one posing as a supportive friend or partner. Most often, investigators told the CPC staff members uniform stories: that her menstrual cycle was very late; she suspected she was pregnant; the pregnancy was not intended; and therefore she wanted to learn about all her options, including abortion. Immediately after each visit, investigators were debriefed and completed a detailed questionnaire and narrative of the visit.

## **PHONE INVESTIGATIONS**

Investigators were trained in data collection, what to expect during the calls, and which issues to pursue. All 21 CPCs visited were called prior to in-person investigations, and the investigators presented themselves as potentially pregnant women seeking help and information on their options. An additional five CPCs received a phone investigation without a follow-up in-person visit. While attempts were made to contact all CPCs, some calls were simply unanswered or unreturned. The investigators took notes during the calls and immediately afterwards documented narratives of the conversations.

## **LITERATURE REVIEW**

During in-person investigations, investigators collected and accepted any and all materials made available at the CPC. In many cases, CPCs gave the investigator a folder, or collection of materials they perceived to be most relevant. Collected literature also included brochures and pamphlets provided in the waiting room and during the counseling sessions. Some CPCs also disseminated DVDs to investigators. The information included in the CPC materials given to or obtained by NPCCF investigators was grouped by CPC site, fact-checked and analyzed for medical accuracy and tone. Copies of all materials used in preparing this report are on file at NPCCF.

## **LIMITATIONS OF THE INVESTIGATION**

The results of the investigation are factual and show trends, tendencies and common business practices of CPCs in Connecticut. However, the findings do not seek to make blanket statements about all nonprofit, pregnancy-related centers in Connecticut. This report does not seek to attack any particular CPC or person. The sole purpose of this report is to educate and inform the people of Connecticut about CPCs and the misinformation and manipulative tactics they utilize.



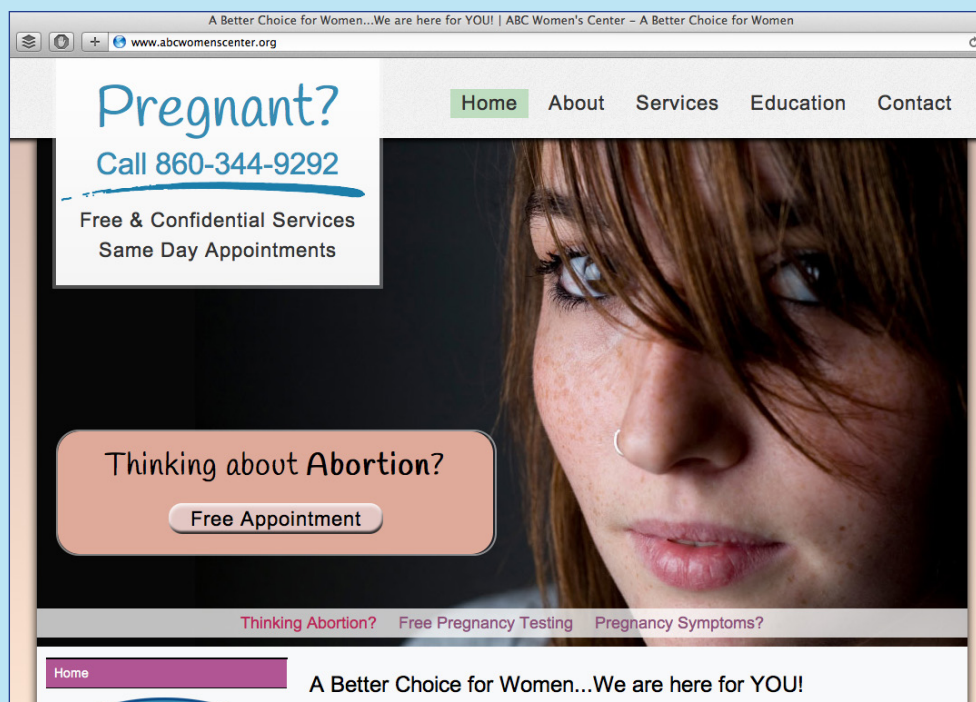
## FINDINGS

**"Pregnant? Scared? Need Help?"**

**"Committed to empowering individuals to make informed choices."**

**"We are here to help you in making a decision about your pregnancy. We want you to know the many options available to you."**

These phrases, and others like them, commonly appear on the websites, advertisements, and informational brochures of many CPCs. Such innocuous and reassuring greetings work in conjunction with the very names of the CPCs themselves to obfuscate their anti-abortion agenda and position themselves as a comfort to scared women in crisis. In using keywords such as "pregnancy services" or "help" or "choices" in conjunction with abortion in web searches, CPCs deceive women looking for legitimate options and counsel. While the volume of information available on websites differs by organization, nearly all present CPCs as supportive places where women can receive non-judgmental information on all their pregnancy options.



**Figure 8**  
A screenshot of  
ABC Women's Center's  
website homepage

Despite their promises to the contrary, CPCs do not provide unbiased, accurate or in-depth information on all reproductive health options, including abortion. All CPCs actively discouraged investigators from choosing abortion as an option—through a variety of tactics—but only after investigators were physically inside the CPC. As a note: some CPCs disclosed non-referral for abortion on their intake form—but this caveat was only included as “fine-print” and noticeable to our investigators after being trained to look for such disclosures.

THE CHARTER DOCUMENT OF BIRTHRIGHT (A CONNECTICUT CPC) STATES ITS POLICY IS

**“To refrain in every instance from offering or giving advice on the subjects of contraception...and to refrain from referring any person to another person, place, or agency for this type of advice.”**

THE CHARTER DOCUMENT ALSO STATES THEY WILL

**“Attempt to effect in every possible way a decrease in the number of abortions by encouraging pregnant women and girls to have their babies.”**

## DECEPTIVE ADVERTISING AND PRACTICES

Connecticut CPCs begin their deception long before a woman even makes an appointment or walks through the door. The names and locations of CPCs are part of a carefully engineered strategy to deceive women. CPC websites and advertisements often claim all-options, non-judgmental counseling and free services to lure women into CPCs.

Many CPCs have innocuous names that make them sound like medical services providers by including language such as “Pregnancy Center” and “Resource Center”. Thirty-two percent of Connecticut CPCs engaged in this sort of tactical naming practice.

The website of one CPC stated that they realized their “obviously pro-life name might prevent some people from calling for help, so [the director] changed the name.”<sup>8</sup>

Beyond deceptive naming practices, some CPCs further attempt to pose as legitimate reproductive health clinics by purposefully locating in the same office buildings as health care providers, near hospitals, medical offices, and even abortion providers. In Connecticut 58% of CPCs operate in municipalities with existing legitimate family planning clinics (e.g. Planned Parenthood). Some CPCs are even located directly across or down the street from an abortion provider. Additionally, 45% of CPCs in our investigation were located near other types of medical buildings or health care providers.



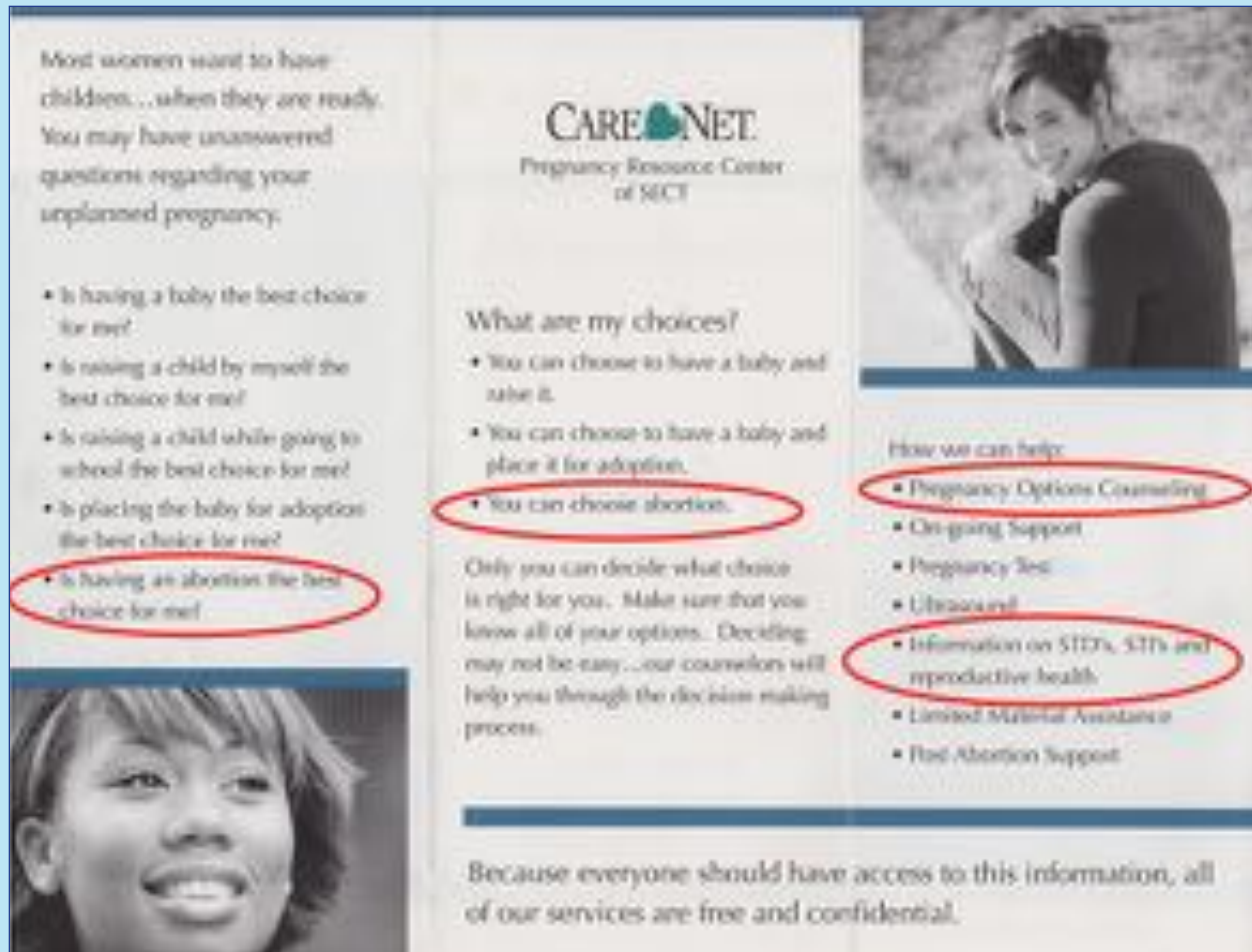


Figure 9

CARENET PAMPHLET: 100% of CPCs in Connecticut offer some sort of incentive such as baby clothing, diapers, direct financial support, to discourage women from choosing to have an abortion

CPCs' carefully crafted deception may also come in the form of creating a contrived atmosphere of a professional medical office. It is therefore reasonable to believe that many women entering a "pregnancy center" would assume that comprehensive medical care and unbiased counseling are available.

Unfortunately, that was not found to be the case with respect to CPCs in Connecticut. Consider the following:

- 45% of CPCs investigated either gave the appearance of being a medical clinic, had their staff outfitted in scrubs or white lab coats like those worn by doctors and nurses in legitimate health care facilities, or both.

<sup>8</sup> Screenshot of Supporthopeline.org. 2 October 2014. NARAL Pro-Choice Connecticut. "Crisis Pregnancy Centers and Deceptive Advertising." Published online at <http://www.prochoicect.org/what-is-choice/crisis-pregnancy-centers/ads.shtml>



Figure 10

*HOPELINE'S WEBSITE: Many CPCs investigated either gave the appearance of being a medical clinic, had their volunteers or staff outfitted in scrubs or white lab coats like those worn by doctors and nurses in legitimate health care facilities, or both.*

At the same time:

- 85% of the CPCs studied do not have medical professionals on staff;
- Only 30% explicitly disclosed to investigators that they are not medical facilities; and
- 0% of CPCs conduct STI testing.

A 2010 study conducted by NARAL Pro-Choice America found that many CPCs use, or have used, deceptive advertising on Internet databases, search engines and in phone-books such as yellowpages.com and whitepages.com.<sup>9</sup> Our own research revealed that a great number of CPCs appear on these informational search engines when one searches for terms including "abortion" or like-terms. The following images are screen shots of listings including CPCs when one searches for "abortion" in Bridgeport, and Hartford, respectively on whitepages.com.

<sup>9</sup> NARAL Pro-Choice America. "66,608 Americans call on yellowpages.com and superpages.com to stop allowing deceptive anti-abortion ads." Published online at [http://www.prochoiceamerica.org/media/press-releases/2010/pr07062010\\_cpc-sp-yp.html](http://www.prochoiceamerica.org/media/press-releases/2010/pr07062010_cpc-sp-yp.html)



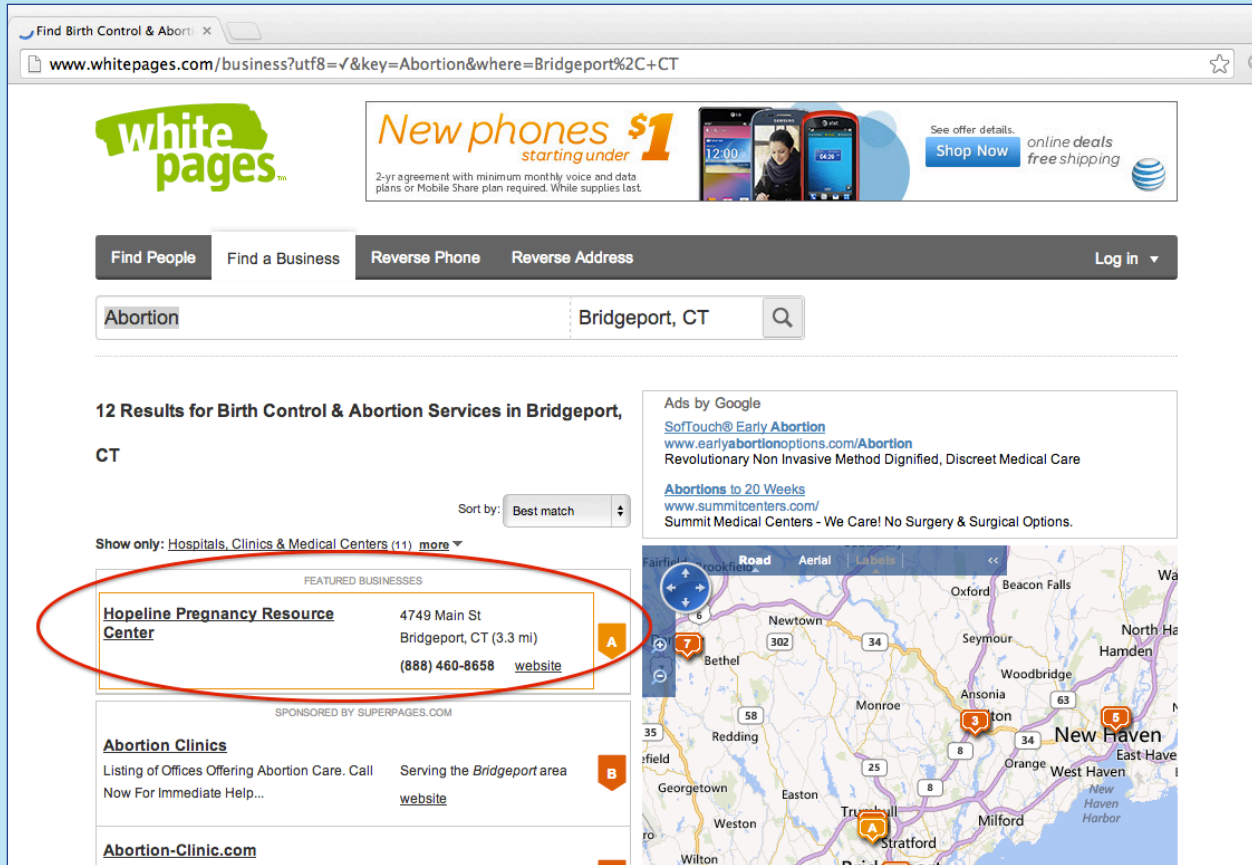
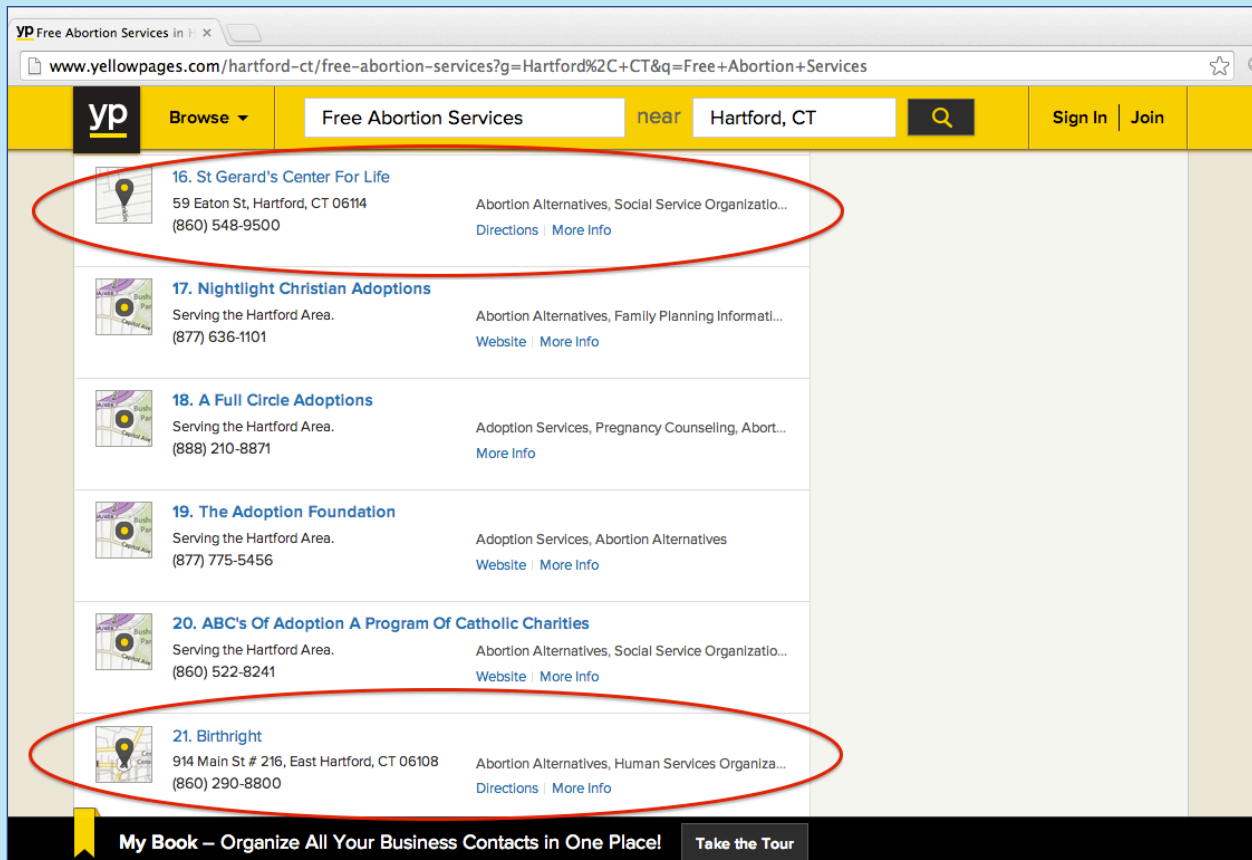


Figure 11

SEARCH RESULTS: Screen shots of listings including CPCs when one searches for "abortion" in Bridgeport (Figure 11), and Hartford (Figure 12), on whitepages.com and yellowpages.com

Figure 12



100% of CPCs in Connecticut offer some sort of incentive such as baby clothing, diapers, or direct financial support to discourage women from choosing to have an abortion. If CPCs' sole intent were to provide low-income women with material assistance, they would be providing a commendable service. As it stands, offering financial assistance to lure women into CPCs and then shame and coerce them out of their full range of reproductive health options is a repugnant practice. Additionally, NPCCF investigators found that CPCs were often dishonest in their representation of the support they could provide. While CPCs do provide some material support to women, to downplay the significant resources needed to raise a child or suggest that a CPC's assistance will even come close to fulfilling that need is incredibly misleading.

## MEDICALLY INACCURATE INFORMATION

Ninety-five percent of CPCs investigated provided distorted, if not entirely fabricated, information about abortion and birth control. This deception was advanced either in-person, over the phone, on their website, or through literature provided at their center. One CPC staff member told a NPCCF investigator who asked for information about medical abortion that the only form of medical abortion is the morning after pill. Another CPC claimed, "Women who had abortions were almost twice as likely to die in the following two years" – a wildly inaccurate statement.

Some of the most common types of false information provided by CPCs in Connecticut are detailed below:

**Figure 13**  
**ABORTION RISK**  
**MISINFORMATION:**  
"Abortion raises Breast Cancer risk", Birthright Newington.

**BREAST CANCER**  
has a proven link to abortion, according to eight medical groups

- ◆ Breast cancer rates climbed more than 40% between 1987 and 1998. Among three age groups, only the youngest generation, ages 50-64, which had access to legalized abortion (the Roe v. Wade generation), experienced the increase, not the two older groups, ages 65 and older. Holly Howe et al., Annual report to the nation on the status of cancer, 1973 through 1998, featuring cancers with recent increasing trends. Journal of the National Cancer Institute 2001;93:824-842, figure 3
- ◆ "A woman who finds herself pregnant at age 15 will have a higher breast cancer risk, if she chooses to abort that pregnancy than if she carries the pregnancy to term, correct?" "Probably, yes," Response of Lynn Rosenberg, PhD., Boston Medical School, in sworn testimony as the expert witness for the abortion providers represented by the Center for Reproductive Rights in a lawsuit challenging Florida's parental notification law, Nov. 1999
- ◆ "As far as breast cancer is concerned, the risk-reducing effect of full-term pregnancy has been well-known literally for centuries, and is universally acknowledged...It is hardly difficult to connect the dots here: Having an induced abortion leaves a woman with a higher long-term risk of breast cancer, compared to not having the abortion; i.e., compared to childbirth." Joel Brind, PhD. National Catholic Bioethics Quarterly (Summer 2003) p. 303-329
- ◆ "Interruption during the first trimester of a first pregnancy causes a cessation of cell differentiation, which may result in a subsequent increase in the risk of cancerous growth in these tissues." Planned Parenthood Federation of America (1994)
- ◆ A Turkish study published in 2009 found a statistically significant 44% increase in breast cancer risk among women who'd had any abortions. The authors concluded, "Therefore, similar to our findings the majority of the (abortion-breast cancer) studies reported that induced abortion was associated with increased breast cancer risk." Naki Ozmen, et al. World J of Surg Oncol 2009;7:37.
- ◆ "Lawsuits may be filed against physicians who perform abortions and fail to disclose that the procedure might increase the chance of breast cancer. One such suit in Pennsylvania has already settled on confidential terms, after a lawsuit on similar grounds succeeded in Australia... Similarly, an Oregon judge recently approved a settlement paid on behalf of an abortion provider there to a 19-year-old girl with a family history of breast cancer, who was not told of an increased risk from the procedure at age 15." Attorney Andrew Schlegel, Journal of American Physicians and Surgeons 2005;10:11-14
- ◆ "Indeed, if women had larger family sizes and longer lifetime durations of breastfeeding that were typical of developing countries until recently, the cumulative incidence of breast cancer in developed countries is estimated to be reduced by more than half (from 6.3 to 2.7 per 100 women) by age 70 years." Valerie Beral and co-authors at Oxford who illogically deny that women who abort have a greater risk for breast cancer. "Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries." Lancet 2002;360:187-195
- ◆ "Among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 59% higher than among other women." "Highest risks (more than double) were observed when the abortion was done at ages younger than 18 years... or at least 30 years of age or older." Dr. Janet Daling, lead author of a study specifically commissioned by the National Cancer Institute to investigate the link between abortion and breast cancer. Journal of the National Cancer Institute 1994;86:1584-1592
- ◆ "I have three sisters with breast cancer and I resent people messing with the scientific data to further their own agenda, be they pro-choice or pro-life. I would have loved to have found no association between breast cancer and abortion, but our research is rock solid and our data is accurate." Dr. Janet Daling, who is strongly pro-choice, L.A. Daily News, Sept., 1997
- ◆ "The unwillingness of scientists to speak out against the shoddy research the abortion... When the p... abortion and scientific evidence rather than fl... Edward Furtak
- ◆ A study of 8 the "best pre... successfully... land and Wa... 100% accur... secondarily, I... Patrick Carn... American Phy...
- ◆ "The Assoc... believes that fully inform... treatment. T... effects... the... supporting it... moreover, hi... Director of a... Surgeons, No...
- ◆ "This reason... factors, espe... before first c... cancer." In... Bruce Sto... Phyllis Wings... linked a letter... the team's su... cancer among... use. February
- ◆ Jose and Iru... found that 7... was surgical... exposure to i... exposed rats... carried to 1980;100:493

**Abortion raises Breast Cancer risk**

ABC

## ABORTION INCREASES THE RISK OF BREAST AND OTHER TYPES OF CANCER

In our study, 80% of CPCs investigated suggested that there is a link between abortion and an increased risk of breast cancer, with some CPCs going so far as to indicate a causal relationship between the two. Additionally, some CPCs linked abortion to other types of cancer.

ONE CPC CLAIMS,  
"WOMEN WHO HAD  
ABORTIONS WERE  
ALMOST TWICE AS  
LIKELY TO DIE IN THE  
FOLLOWING TWO  
YEARS."

Contrary to this misinformation, there have been extensive studies that "have not found a cause and effect relationship between abortion and breast cancer."<sup>10</sup> A review of existing studies on pregnancy and breast cancer risk convened by the National Cancer Institute verified that there is no link between abortion and breast cancer, concluding that, "having an abortion or miscarriage does not increase a woman's subsequent risk of developing breast cancer."<sup>11</sup>

## ABORTION IS A DANGEROUS PROCEDURE, LEADING TO FUTURE INFERTILITY, MISCARRIAGES AND COMPLICATIONS, INCLUDING DEATH

CPCs in Connecticut grossly misrepresent the actual health risk a woman is taking when she obtains a safe, legal abortion. 85% of Connecticut CPCs highlighted a link between

<sup>10</sup> American Cancer Society. "Is Abortion Linked to Breast Cancer?" Published online at <http://www.cancer.org/cancer/breastcancer/moreinformation/is-abortion-linked-to-breast-cancer>

<sup>11</sup> National Cancer Institute. "Abortion, Miscarriage, and Breast Cancer Risk." Published online at <http://www.cancer.gov/cancertopics/factsheet/Risk/abortion-miscarriage>

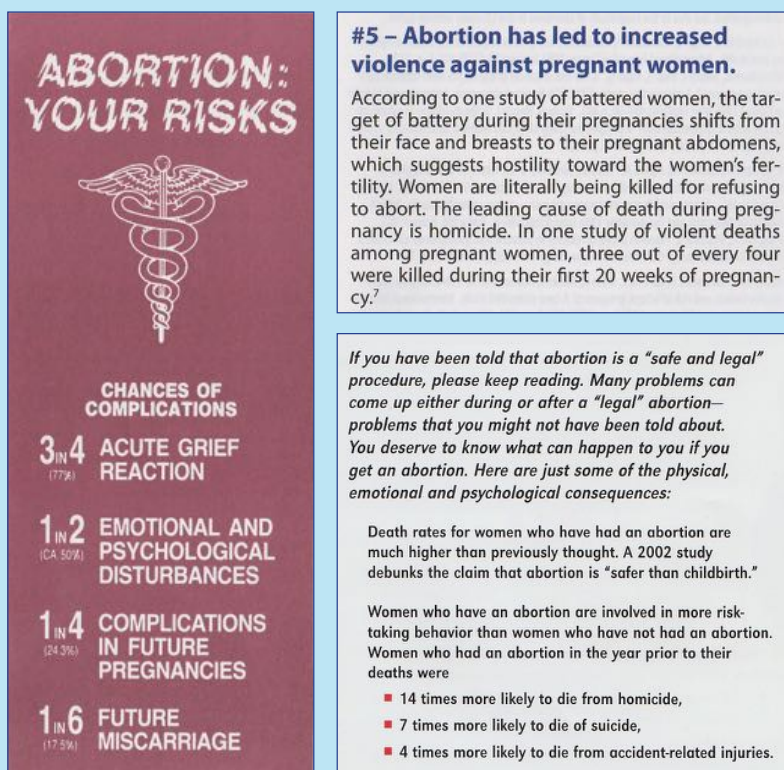


Figure 14

ABORTION RISK MISINFORMATION:  
"Abortion: Your Risks", Birthright Clinton;  
"Surgical Abortion", Saint Gianna Center;  
"What's so bad about abortion?",  
First Way Life Center



**If you think abortion is a safe procedure, PLEASE KEEP READING.**

### SHORT-TERM COMPLICATIONS

- About 1 in 10 women undergoing elective abortion suffers immediate complications, of which **one-fifth** are considered life threatening.
- Common major complications are:
  - infection
  - excessive bleeding
  - embolism
  - anesthesia complications
  - convulsions
  - hemorrhage
  - cervical injury
  - endotoxic shock
  - ripping or perforation of the uterus
- Minor complications include:
  - infection
  - bleeding
  - fever
  - second-degree burns
  - vomiting
  - chronic abdominal pain

Abortion Data and Complications, copyright 1997, 2000 Ethic Institute. Compiled by Douglas B. Reardon, Ph.D. <http://www.ethicinstitute.org/physician.html>

most strongly associated with subsequent treatments for neurotic depression, bipolar disorder, adjustment reactions and schizophrenic disorders.

Coleman PH, Reardon DC, Roe VM, Grady JR. "Short-term abortion vs. delivery: A comparison of subsequent mental health outcomes for years." *Journal of Obstetrics and Gynecology*, 2002, Vol. 12, No. 1, 120-122.

- A survey of post-abortion women found that:
  - 60%** commented that the decision to abort made their lives worse, and
  - 94%** regretted the decision to abort.

"Survey of Abortion vs. Delivery," *The Abortion Abortion*, Fall 1986, pp. 9-16

### DEATH

- Women who had abortions were almost twice as likely to die in the following two years. Also, over the next eight-year period women who aborted had:
  - 154%** higher risk of death from suicide,
  - 82%** higher risk of death from accidents,
  - 44%** higher risk of death from natural causes.

Reardon DC, Roe VM, Coleman PH, Grady JR, Coleman PH, Reardon T. "Short-term abortion vs. pregnancy outcomes: A longitudinal study of the women's health." *Journal of Medical Research*, August 2002, 1012-1014-10.

### DEPRESSION

- Women whose first pregnancies ended in abortion were **55% more likely to be at high risk of clinical depression.**
- After their abortions, married women were **138% more likely to be at high risk of clinical depression** compared to similar women who carried their first pregnancies to term.
- Women were **63% more likely to receive mental health care within 90 days of an abortion** compared to delivery. In addition, abortion was

Coleman PH, Reardon DC, Coleman PH. "Depression associated with abortion and delivery." *Journal of Obstetrics and Gynecology*, 1997, Vol. 10, No. 1, 120-122.

Reardon DC, Grady JR. "Short-term abortion vs. pregnancy outcomes: A longitudinal study of the women's health." *Journal of Medical Research*, August 2002, 1012-1014-10.

### SUBSTANCE ABUSE

- Women with a history of abortion are twice as likely to use alcohol, five times more likely to use illicit drugs and **10 times more likely to use marijuana** during the first pregnancy they carry to term compared to non-abortion women.

Coleman PH, Reardon DC, Roe VM, Grady JR. "History of induced abortion in relation to substance use during pregnancy carried to term." *American Journal of Obstetrics and Gynecology*, December 2002, 94-100.

### BREAST CANCER

- A meta-analysis of 28 reports concluded that induced abortion is a significant independent risk factor for breast cancer.
- Among women who had been pregnant at least once, the risk of breast cancer in those who had an abortion was **50% higher** than among other women. Women 18 and under or 30 and over were at highest risk.
- One abortion almost doubles breast cancer risk; two or more abortions further increases risk.

A. Bello, et al. "Induced abortion as an independent risk factor for breast cancer: a comprehensive review and meta-analysis." *Journal of Epidemiology and Community Health*, Vol. 55, 443-449.

McGee, et al. "Risk of breast cancer among young women: relationship to induced abortion." *Journal of Epidemiology and Community Health*, Vol. 55, 2-1 (1994).

2004-2005, "U.S. List of Major Physical Injuries Related to Abortion." <http://www.ethicinstitute.org/physician.html>

### PELVIC INFLAMMATORY DISEASE

- Of patients who have chlamydia at the time of the abortion, **23% develop PID** within four weeks. Studies found that **20 - 27%** of patients seeking abortion have chlamydia. About **5%** of patients not infected by chlamydia develop PID within four weeks after a first trimester abortion.

Abortion Data and Complications, 1997, 2000 Ethic Institute. Compiled by Douglas B. Reardon, Ph.D.

### FUTURE PREGNANCY RISKS

- Women who had one, two or more induced abortions are about **200% more likely to have a subsequent preterm delivery**, compared to women who carry to term. Preterm delivery increases the risk of neonatal death and handicaps.

Abortion Data and Complications, 1997, 2000 Ethic Institute. Compiled by Douglas B. Reardon, Ph.D.

**Figure 15**  
ABORTION RISK MISINFORMATION:  
"Surgical Abortion", Saint Gianna Center

**Figure 16**  
POST ABORTION STRESS SYNDROME:  
"Making an Informed Decision About Your Pregnancy", First Way Life Center; "Post Abortion Syndrome", Mary and Joseph's Place

## EMOTIONAL & MENTAL RISKS

Some women and men experience an immediate feeling of relief following an abortion, but many find themselves later coping with feelings they did not expect. They may have a difficult time talking about these feelings. Some psychologists have labeled these problems as Post-Abortion Stress.

You may recognize some of the following side effects in your friends or family members who have had abortions. These are several of the outcomes you may expect after having an abortion:

Sadness  
Long-Term Grief  
Anger  
Sexual Dysfunction  
Flashbacks  
Guilt  
Memory Repression  
Hallucinations  
Anniversary Reactions  
Suicidal Thoughts  
Increased Alcohol and Drug Abuse  
Difficulty Maintaining Relationships

PAS

Post Abortion Syndrome

Are **you** at Risk?

by David Reardon Ph.D.



future infertility and abortion either through personal stories, information provided during the visit, or through statements made on their websites. CPCs actively aim to scare women out of choosing to have an abortion by claiming that abortion creates risks for health problems.

One investigator said, “the CPC staff member told me that there were risks involved in having an abortion. She said that I could die from the procedure or that I would possibly be unable to have future children.” Another investigator had the following to say about her visit: “I asked the staff person, ‘well I could still have a baby later even if I have an abortion now, right?’ She said that wasn’t true, as abortion causes infertility in many women. She said it causes scarring to the ovaries, which stops you from getting pregnant.”

Abortion, both medical and surgical, is a safe procedure when conducted by a trained and licensed medical professional. According to the Guttmacher Institute, less than 0.3 percent of abortions in the United States result in complications requiring any additional medical assistance or hospitalization.<sup>12</sup> The rate of complications from abortions is lower than that of in-office surgeries such as tonsillectomies, which have a 1.2 percent complication rate.<sup>13</sup>

## ABORTION CAUSES SIGNIFICANT PSYCHOLOGICAL DAMAGE

90% of CPCs studied claimed abortion results in so-called “Post-Abortion Stress Disorder” or “Post Abortion Stress Syndrome” (PAS). However, the anti-abortion PAS theory has been disproven and is not a recognized medical condition by the American Medical Association, the American Psychological Association, or the American Psychiatric Association. Additionally, the Diagnostic and Statistical Manual of Mental Disorders (DSM V), which is a diagnostic manual used by psychologists, psychiatrists, social workers, and medical professionals does not recognize or include PAS among its clinical forms of stress and many clinical diagnoses.<sup>14</sup> Despite this, one CPC tells clients, “Abortion leads women down a dark hole and you will have to live with the pain from an abortion for the rest of your life.”

<sup>12</sup> Boonstra, Heather D., et al. “Abortion In Women’s Lives.” Guttmacher Institute. 2006. Published online at <http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf>

<sup>13</sup> Chen, MM, et al. “Safety of adult tonsillectomy: a population-level analysis of 5968 patients.” JAMA Otolaryngology–Head & Neck Surgery. 2014. Published online at <http://www.ncbi.nlm.nih.gov/pubmed/24481159>

<sup>14</sup> Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition



ONE CPC VOLUNTEER  
ENCOURAGED AN  
INVESTIGATOR TO TAKE  
HER TIME IN MAKING HER  
DECISION TO HAVE AN  
ABORTION BECAUSE,  
**“You have all these  
hormones from your  
pregnancy that make you  
not think straight.  
WHEN YOU’RE PREGNANT,  
YOU’RE LIKE AN OVER-  
EXCITED DOG.”**



Figure 17  
SCREENSHOT: "The morning after pill", ABC Women's Center

At another CPC, a staff member told a NPCCF investigator that the emotional risks associated with abortion include "increased likelihood of suicide, inability to care for future children, destruction of relationships, child abuse, and an inability to connect with others."

## DECEPTIVE DELAY TACTICS

One of the central practices of CPCs is to delay women from accessing abortion care without making their intentions clear. If the CPC is successful in delaying a woman's decision to end her pregnancy, abortion becomes much more expensive than if she had sought earlier care, making it less accessible for many women. In some cases, a delay can also make it too late to receive abortion care.

Our investigators found the use of these "delay tactics" at over 65% of CPCs visited. The tactics ranged from telling women to wait a month to take another pregnancy test to recommending medically unnecessary medical procedures. And even worse than delaying a pregnancy test, over 30% of CPCs investigated suggested the possibility of a miscarriage to resolve an unintended pregnancy.

The lengths some CPCs are willing to go to delay women from making a decision are truly shocking: one CPC staff member encouraged an investigator to take her time in making her decision to have an abortion because, "You have all these hormones from your pregnancy that make you not think straight. When you're pregnant, you're like an overexcited dog." The CPC staff member said this prevented our investigator from making a decision with her intellect.

CPCs are not above lying about the laws on abortion care in Connecticut as well. During one in-person visit, a CPC staff member told an investigator that she could have an abortion, “up to 20 weeks in Connecticut, but that really in Connecticut you could have it done at any point, you just need to know where to go.”

The implications of delaying decisions about pregnancy and pre-natal care are important to consider, especially if there are any complications with a pregnancy or if the woman is engaging in high-risk behavior, such as excessive alcohol or drug use.

## TARGETING SPECIFIC DEMOGRAPHICS

In addition to their failure to disclose their anti-abortion bias, many CPCs increasingly target groups that are most underserved by current health care systems and are therefore most vulnerable to the misinformation and deceptive practices of CPCs. These groups include women of color, young women and low-income women. Through a variety of methods including offering free services and strategically locating their facilities, CPCs work to attract women from specific demographics.

More than four out of five (85%) of CPCs in the state are located less than five miles away from a college or university campus. 65% of CPCs in Connecticut operate in communities with higher-than-average populations of color, and 69% of the state’s CPCs operate in communities with a higher-than-average population of people living below poverty level.

CPCs advertise free services such as pregnancy tests, ultrasounds, and parenting classes. One CPC study even offered financial incentives for each class attended. Unfortunately, women who are most in need of free services such as these are often those who lack access to comprehensive health care due to an economic or situational disadvantage. It is because of this lack of access that CPCs are able to attract women who feel they may have few options beyond these services.

## MISINFORMATION ABOUT CONTRACEPTION

Perhaps unsurprisingly, CPCs’ tactics to block women from considering all of their reproductive health care options are not limited to abortion. Of the 21 CPCs



ONE CPC SAID,  
**“There is  
 NO CLINICAL PROOF  
 THAT CONDOMS  
 ARE EFFECTIVE  
 in reducing the risk of  
 infection from  
 chlamydia, genital  
 herpes, HPV, syphilis,  
 chancroid, or  
 trichomoniasis.”**

## KNOWING THE RISKS

Along with the question of whether you really want to have sex right now, there are other serious concerns. The fact is that many young couples' experience with sex changes their lives forever – and not for the better.

### THE RISK OF SEXUALLY TRANSMITTED DISEASE

Sexually transmitted diseases (STDs) are among the nation's greatest health risks. Millions of Americans have caught STDs, and experts estimate that *33,000 new victims get STDs every day.*<sup>2</sup>



### CONDOMS AND "SAFE SEX"

Though condoms provide a physical barrier against the spread of sexually transmitted disease, their actual effectiveness is questionable.<sup>3</sup>

Even in preventing conception, which is possible only 3-5 days per month, condoms have a 10-15% failure rate.<sup>4</sup> STDs, in contrast, can be passed at any time of the month and are more difficult to block, being much smaller than sperm cells.<sup>5</sup>



The risk of getting a STD is actually increased with the use of condoms in some cases, when sexual activity increases as a result of feeling "safe." Viruses, like HPV, can be passed on to you even without a condom breaking. With normal rates for condom failure, breakage and misuse, increased activity means greater risk.

As numerous experts have concluded, the safe sex message just isn't true.<sup>7</sup> You can use condoms and still get a STD.<sup>8</sup> Outside of a faithful relationship with one healthy person, there is just no such thing as "safe sex."



Figure 18

BIRTH CONTROL: "Making an Informed Decision: Relationships",  
First Way Life Center



visited, 75% provided misleading information regarding the risks associated with birth control and emergency contraception (EC).

When one NPCCF investigator asked about contraception during a visit, the counselor said that birth control pills “are more likely to make you infertile the longer you take it.” She went on to say that, “career women take it and then when they are ready to have a child, find out they can’t.”

Another CPC staff member told an investigator that, according to the “World Health Association [sic]” birth control causes cancer. At a different CPC, an investigator was told that the World Health Organization classifies birth control as a carcinogen, and that having a medical abortion is just like “taking poison” because it’s equivalent to a massive dose of birth control; however, a medical abortion is not the same as or a substitute for birth control.

In lieu of more effective forms of birth control, CPCs encourage abstinence until marriage and the natural family planning method. Literature from one CPC promotes abstinence by lying about the effectiveness of contraception, saying, “As numerous experts have concluded, the safe sex message just isn’t true” and advising sexual relationships be “reserved for a permanent marriage relationship.”

Misinformation about contraception is yet another way that CPCs put the health of their clients at risk. Clearly women seeking the services of a CPC are sexually active. It is both an unethical and a poor public health practice to withhold or misrepresent information about contraception to any individual seeking the advice of a presumed medical professional. By doing this, CPCs ignore the needs of the women they purport to care so much about and deny them information that is crucial to preventing future unintended pregnancies.

## **EMOTIONALLY MANIPULATIVE TACTICS**

While all of the above could be considered emotionally manipulative, some CPCs will go even further to shame and scare women.

Despite the fact that many CPC websites and advertisements boast “all-options” and “non-judgmental” counseling, most of the CPCs in our investigation used emotional manipulation against women to advance their anti-abortion agenda. CPCs scare and shame women by telling personal stories, crying, using fetal models (often labeled inaccurately) or videos to show fetal development, by referring to the fetus as a “child” or a “baby,” and referring to abortion as murder or killing. CPCs also readily appeal to the “motherly instinct” they believe every woman should possess. It is not uncommon to hear the phrase “you are already a mother” once inside the counseling room at a

CPC. One counselor told an investigator that her pregnancy test was positive by handing her a pair of knitted baby booties and saying, “there’s a baby girl inside you.”

At one CPC, when the investigator told the CPC staff member that she was unsure if she could handle a child at this point in her life, the staff member replied, “what about the life inside of you?” At a separate clinic, an investigator said of her visit, “when I asked about referring me to an abortion clinic, they refused to do so, explaining that they were there to ‘save a life, not destroy one.’”

CPC staff routinely asked investigators about their religious beliefs and practices. Many CPCs were found to use these questions as a precursor to invoke religious themes in an attempt to prevent women from considering abortion or birth control. In fact, more than 70% of the CPCs investigated used some sort of religious ideology to shame, judge, or scare women during the course of their visit.

## **SEXUAL ASSAULT AND INTERPERSONAL VIOLENCE**

This study also revealed that CPCs frequently gave irresponsible or even dangerous advice concerning sexual and interpersonal violence. CPCs fail to provide women who are pregnant as the result of rape appropriate resources and are often dismissive of their experiences—even exploiting women’s histories with sexual violence to convince them not to choose abortion. A pamphlet from one CPC said, “Many women have likened the abortion experience to rape. Indeed, researchers have found that women with a history of sexual assault may experience greater distress during and after an abortion precisely because of the similarities between the two experiences.”

Another CPC told an investigator that she should consider her relationship as a factor in whether or not to have an abortion, stating that, “70% of couples break up within 30 days of having an abortion.”

Relationship advice given by CPCs often has troubling implications for women who might be in an abusive relationship. One CPC told an investigator that if she broke up with her boyfriend after having sex with him, part of her heart would “always be with him”, and she would “never recover completely.” A pamphlet from another CPC urged women to seek help if their partner hit them regularly but not if their partner hit them rarely or only when he was angry. Despite literature that frequently addressed rape or interpersonal violence, no CPC investigated offered information on where victims of violence could receive help.

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## POLICY RECOMMENDATIONS

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NARAL Pro-Choice Connecticut Foundation's investigators found that 95% of CPCs studied gave misleading or outright false information to potentially pregnant women seeking medical services. Young and low-income women, lured in by the promise of low-cost services and who may feel a CPC is their only reproductive health care option, certainly deserve to know who is counseling them and their ideological motives. Moreover, the people of Connecticut have a right to know organizations are operating in the state that knowingly disseminate medically inaccurate information to vulnerable populations.

A basic reason for urging policymakers to require CPCs to adhere to truth-in-advertising laws is that women facing unintended pregnancies deserve to know if a facility doesn't offer comprehensive care. Women may be desperate for advice at such a critical time and should not instead receive biased or inaccurate information from volunteers posing as medical or counseling professionals.

NARAL Pro-Choice Connecticut Foundation recommends:

- CPCs should be required to adhere to honest advertising and promotion that accurately discloses what services they do and do not provide.
- The state should not fund or refer women to pregnancy-counseling facilities that do not offer comprehensive, medically accurate and non-directive options counseling.

State-level action is required to uniformly address the threat to women's health and safety posed by CPCs throughout Connecticut.

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## CONCLUSION

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Regardless of one's opinion on abortion, we should all agree that misleading women about their health care options is wrong. It is particularly grotesque to deceive and manipulate vulnerable women in times of crisis.

NARAL Pro-Choice Connecticut Foundation (NPCCF) conducted this study for one reason: women, regardless of their age, income level, or geographic location, deserve the highest quality care, counsel, and support they can get. No Connecticut woman deserves to be deceptively lured to facilities that are not professionally staffed, and do not offer the comprehensive, medically accurate and non-directive counseling and support she deserves.

NPCCF's mission is to support and protect the right of every woman to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancies, bearing healthy children, and choosing safe, legal abortion. The CPCs in our study do not provide medically accurate, comprehensive services, and instead make every effort to mask their ideological, anti-choice agenda. Our state demands a policy that will hold bad actors accountable for their deceptions.

It is our hope that this report brings public attention and awareness to the public health threats CPCs pose to women's health and safety, and sparks the outcry necessary to make Connecticut's legislators and policy makers take notice and take action. Connecticut women deserve better.





NARAL  
Pro-Choice Connecticut Foundation

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