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## Are Anti-Choice Crisis Pregnancy Centres Targeting Female Students on Ontario University Campuses?

### **I. Introduction**

Crisis Pregnancy Centres (CPCs) are organizations that offer women who think they may be pregnant a free pregnancy test—using commercial home pregnancy kits—and counseling. If a woman is pregnant, she may receive a free ultrasound, maternity clothes, baby products, such as diapers and formula, information about medical assistance, and in some cases guide women through applying for social assistance, as well as job and educational training.<sup>1</sup> CPCs claim to offer “non-judgmental counseling” that is “hope-filled and Christ-centred”, as well as complete and accurate information about the options available to women facing an unintended pregnancy—adoption, parenting, and abortion.<sup>2 3</sup>

Linda Cochrane, a consultant for the largest CPC network in America, Care Net, explains that CPCs provide “comprehensive education to help clients make healthy life choices, and offer information about contraception as well as the risk of pregnancy and STDs associated with using various forms of contraception.” Cochrane states that crisis pregnancy centres teach “abstinence outside of marriage and fidelity inside marriage [as] the best way to prevent unwanted pregnancy and STDs.” For the unmarried who visit the centres, “abstinence is recommended to protect the emotional, mental and spiritual health” of their clients.<sup>4</sup>

While some crisis pregnancy centres may provide an open and honest atmosphere as they offer neutral support and information to women facing unintended pregnancies, many CPCs have been accused of operating with the objective of trying to prevent a woman from having an abortion. Crisis pregnancy centres believe that “the majority of women facing unplanned pregnancies dread the thought of terminating their pregnancies”, and that most women “regret it when they do”.<sup>5</sup> According to their mandates, CPCs exist “to help women avoid the heartbreak of abortion,” by “empower[ing] women to choose life”, and to help those who have “undergone abortions, in a loving, compassionate way, that— by the grace of God—can bring real healing, through a widespread “post-abortion counseling ministry”.<sup>6</sup> However, women have reported being deceived by CPC tactics and philosophies: that organizations are usually not upfront about their “pro-life” beliefs and strong religious affiliations, and use neutral-sounding advertisements and centre

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<sup>1</sup> Care Net. Care Net Report. March/April 2007. Retrieved 10 December 2010 from <[https://www.care-net.org/uploads/report\\_date/cnrMarApril07.pdf](https://www.care-net.org/uploads/report_date/cnrMarApril07.pdf)>

<sup>2</sup> Care Net. Caring Together Report. July 2009. Retrieved 12 December 2010 from <[https://www.care-net.org/uploads/report\\_date/CT-July2009.pdf](https://www.care-net.org/uploads/report_date/CT-July2009.pdf)>

<sup>3</sup> Heartbeat International. “About Us”. <<http://www.heartbeatinternational.org/heartbeatint-about-us>>

<sup>4</sup> PBS. “Head to Head: Abortion Counseling”. 20 July 2007. <<http://www.pbs.org/now/shows/329/abortion-debate-print.html>>

<sup>5</sup> Care Net. Care Net Report. March/April 2007. Retrieved 10 December 2010 from <[https://www.care-net.org/uploads/report\\_date/cnrMarApril07.pdf](https://www.care-net.org/uploads/report_date/cnrMarApril07.pdf)>

<sup>6</sup> Ibid.; Care Net. Care Net Report. September 2009. <[https://www.care-net.org/uploads/report\\_date/CNR-Sept%2009.pdf](https://www.care-net.org/uploads/report_date/CNR-Sept%2009.pdf)>

names to give the impression that the centres are reputable health care or counseling providers, when in fact, they are not.<sup>7</sup>

“It’s easy to support the goal: helping women facing an unplanned pregnancy,” Nancy Gibbs reported in her article investigating CPCs for *Time* magazine, explaining that “what critics challenge are the means, the information these centres give, the methods they use, and the costs they ignore.” “Even among pro-life activists,” Gibbs elaborates, “there’s an argument about emphasis: Do you focus on fear and guilt, to make choosing an abortion harder, or on hope and support, to make “choosing life” easier? Either way, the pregnancy-centre movement takes the fight over abortion deep inside some of the most intimate conversations a woman ever has”.<sup>8</sup>

Crisis pregnancy centres have come under heat recently, with reproductive rights groups and activists questioning their legitimacy, professionalism, ethical conduct, and motives in providing their services. Fawe Wattleton, the president of the Center for the Advancement of Women, a women’s advocacy group, and former president of Planned Parenthood Federation of America, defines CPCs as “centres purporting to offer free pregnancy tests and “counseling” [that] have long been a front by religious organizations attempting to persuade women to continue a pregnancy,” and that such centres ambush “a woman’s informed reproductive decisions... by misleading and fraudulent disinformation”.<sup>9</sup> According to personal accounts compiled by the National Abortion and Reproductive Rights Action League (NARAL), a U.S. reproductive rights research group, once women are inside CPC offices, counselors subject them to anti-abortion propaganda, and characterize abortion as a painful and life-threatening choice, with long-lasting physical and psychological consequences.”<sup>10</sup>

The most significant criticisms of crisis pregnancy centres are that they pose a threat public health, and a threat to a woman’s right to reproductive choice. CPCs are said to threaten public health because they provide women and men with ethically questionable, emotionally distressing and manipulative counseling methods, and also provide medically inaccurate information, ranging from the risks of abortion to sexual and contraceptive education. Emily Polak, deputy-director of NARAL Pro-Choice Virginia, explains, “when you’re telling women who are scared about unintended pregnancies that condoms have holes and abortions cause cancer, it’s a public health threat”.<sup>11</sup> They also present a serious threat to ‘choice’: CPCs may limit a woman’s ability to access abortion services by *withholding* important and relevant information about the procedure. Aside from having tremendous influence on a pregnant woman’s emotions and feelings about the possible termination of her pregnancy, “CPCs also have complete control over what kind of information a woman receives regarding abortion care”.<sup>12</sup> Moreover, women who attend such clinics are most often unaware of their hidden agendas.

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<sup>7</sup> CPC Watch. “Major Complaints Against Crisis Pregnancy Centers and Efforts to Protect Women” (Dawn Stacey, 2008). <[http://cpcwatch.org/documents/major\\_complaints2.pdf](http://cpcwatch.org/documents/major_complaints2.pdf)>

<sup>8</sup> Nancy Gibbs. “One Woman at a Time.” *Time International* (Canada Edition). 26 February 2007. Vol. 169, Issue 9, p. 14-23.

<sup>9</sup> PBS. “Head to Head: Abortion Counseling”. 20 July 2007. <<http://www.pbs.org/now/shows/329/abortion-debate-print.html>>

<sup>10</sup> Vitoria Lin and Cynthia Dailard, “Crisis Pregnancy Centres Seek to Increase Political Clout, Secure Government Subsidy”. *The Guttmacher Report on Public Policy*. February 2002, Vol. 5, No. 1. P. 2.

<sup>11</sup> Derek Kravitz. Questions raised about anti-abortion groups getting Va. License plate fee”. *The Washington Post*. B01. Wednesday, January 20, 2010. .

<sup>12</sup> Jessica Shaw. “Reality Check: a close look at accessing abortion services in Canadian hospitals.” *Canadians for Choice*. Ottawa, 2006. P. 30-31

### Purpose of the Study

Most of what is known about CPCs comes from the American context. In Canada, however, much less is known of their operations and conduct. This lack of knowledge is problematic considering the severity of the accusations raised against CPCs.

The purpose of this project is to fill the gap of public knowledge regarding CPCs and their activities in Canada, looking specifically at Southern Ontario—where the largest number of CPCs operate. This study was motivated by a survey conducted in 2008 by the Feminist Majority Foundation, the largest feminist think-tank in the United States, titled *Media Advisory: The Dangerous Masquerade of ‘Crisis Pregnancy Centers’*. The survey found that *nearly half* of the 394-campus health centres at four-year U.S. colleges that responded to its national survey *routinely referred* students seeking reproductive health care to crisis pregnancy centres. Furthermore, the report found that the referral lists of university health centres failed to differentiate CPCs from the comprehensive health clinics that do provide abortion referrals and birth control.<sup>13</sup> Even though most university health centres referring to CPCs also referred students to comprehensive service clinics such as Planned Parenthood, “the fact that so many were referred to CPCs as well is troubling”, says Heather Boonstra, senior public policy associate at the Guttmacher Institute, which conducts research and policy analysis on reproductive health issues.<sup>14</sup> While comprehensive clinics are mandated to provide non-directional options counseling that [does not] guide a person... to terminate or carry the pregnancy,” Boonstra explains, “the very mission of a crisis pregnancy centre is to persuade a woman with an unintended pregnancy to carry it to term”.<sup>15</sup> This project will examine whether the CPC movement’s strong interest in targeting their outreach and advertising toward university students in the United States is reflected in the Canadian context.

This report is important because it comes at a critical time. First, between 663,000 and 879,000 Ontarians are currently without a family physician—meaning “Ontarians have been forced to seek alternative medical care from an emergency room, walk-in clinic, or community health centre”—and CPCs might seem like a good resource to explore.<sup>16</sup> Second, and perhaps most important, CPCs *operate without any sort of government regulation*, and Health Canada nor the Ontario Ministry of Health have anything to say about them. This means that, legally, a CPC can open its doors for business and counsel hundreds of women with no government oversight and no medical license. Yet these centres are prevalent and they outnumber abortion facilities by a ratio of nearly three to one.<sup>17</sup>

Third, crisis pregnancy centres are growing in number and influence at a time when reproductive rights in Canada are being rolled back, and the Conservative government is allowing its “Pro-Life” Caucus to introduce “several regressive private members’ bills that have indirectly sought to undermine choice and women’s rights in general.” For instance, “in the Maritimes, as in many rural and northern regions, access to abortion is severely limited, violating the tenets of the Canada Health act and jeopardizing women’s health and safety. Clearly, there is the need for

<sup>13</sup> Feminist Majority Foundation. *Media Advisory: The Dangerous Masquerade of ‘Crisis Pregnancy Centers’*. 11 November 2008.

<sup>14</sup> Elizabeth Zwerling. *Dangerous Masquerade*. Ms. Fall 2008. 18:4, p. 50-54.

<sup>15</sup> Ibid.

<sup>16</sup> Ontario College of Family Physicians. “Managing the Physician Shortage Crisis: Provincial Poll”. July 2008. Retrieved 19 March 2011 from <<http://www.ocfp.on.ca/local/files/Communications/Poll%20backgrounder%20-%20family%20physician%20shortage%20survey%20in%20Ontario.pdf>> P. 1-2.

<sup>17</sup> Joanna Smith. “Deception used in counseling women against abortion.” 7 August 2010.

<<http://www.thestar.com/news/canada/article/844997--deception-used-in-counselling-women-against-abortion>>

vigilance in the protection of the fundamental human rights of women to control their own bodies and make their own decisions, rights that are all too easy to take for granted.”<sup>18</sup> Fourth, on university campuses specifically, it is important to ensure that students are receiving accurate reproductive health information. “On many campuses,” the Abortion Rights Council of Canada states, “eternal groups continue to fund aggressive campaigns to spread misinformation about choice and to advocate for the limitations on women’s rights”. Groups such as the Genocide Awareness Project and the Canadian Centre for Bio-Ethical Reform “use materials, deemed offensive by Canadian courts, and use confrontational tactics to create unsafe space on campus.”<sup>19</sup>

The validity of this research will be based on building and refining fieldwork conducted by other academics and think tanks studying CPCs, reproductive issues, and public health and policy. The primary goal is to determine whether or not CPCs are directing attention and resources to specifically attract female university students to their centres, and if this represents a threat to public health and to reproductive choice. Secondary goals will look to issues of public education, government regulation, and areas of further study.

This project will be guided by the following research questions:

- Is there evidence of an advertising campaign by CPCs directed toward university students?
- Does the CPC literature reflect a specific focus on university students?
- Are CPCs included on campus health centre referral lists? How did they get there? Are CPCs persuading campus health centres to include them on their referral lists? Or another source?
- Do CPCs constitute a public health concern requiring government regulation?
- How can the public be educated about CPCs? What are the most important things that they need to know?
- What are the possibilities for future academic study on this subject?

## II. Literature Review

Studies discussing a wide range of reproductive justice topics, from anti-choice movements to the accessibility of abortion services in Canada and the United States, reiterate the need to study CPCs and their influence—yet few exist.<sup>20</sup> This section will begin by examining what is known about CPCs: their history, role in the larger pro-life movement, a review of the important literature, and to identify and address the specific accusations made against them.

### A. History, Structure and Funding of Crisis Pregnancy Centres

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<sup>18</sup> Abortion Rights Council of Canada. Student Resource Package – Letter of Introduction. 2010. <<http://www.arcc-dac.ca/student/intro-letter.pdf>>

<sup>19</sup> Abortion Rights Council of Canada. Student Resource Package – Letter of Introduction. 2010. <<http://www.arcc-dac.ca/student/intro-letter.pdf>>

<sup>20</sup> For Canada: Jessica Shaw. *Reality Check: A Close Look at Accessing Abortion Services in Canadian Hospitals*. Canadians for Choice: Ottawa, 2006.; CARAL. *Protecting Abortion Rights in Canada: Legal, Safe, Accessible? A Special Report to Celebrate the 15<sup>th</sup> Anniversary of the Decriminalization of Abortion*. Ottawa, 2003.; Joyce Arthur. *Exposing Crisis Pregnancy Centres in British Columbia*. Pro-Choice Action Network - Canada. Vancouver, B.C., January 2009. For the U.S., refer to: Sarah Wheat. *Crisis Pregnancy Centers: A Hidden Threat to Women’s Health*. NARAL Pro-Choice Texas Foundation. Dallas, December 2005.; National Abortion Federation. *Crisis Pregnancy Centres: An Affront to Choice*. Washington, D.C., 2006.; United States Congress House Committee on Government Reform, Special Investigations Division. Prepared for Rep. Henry Waxman. *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers*. 109<sup>th</sup> Cong., 2<sup>nd</sup> Sess., 2006. Washington: GPO, 2006.; S. Malia Richmond-Crum and Melissa Kleider. *Maryland Crisis Pregnancy Center Investigations: The Truth Revealed*. NARAL Pro-Choice Maryland Fund. January 2008.

Pro-choice organizations claim that, unable to shut down legitimate public-health centres, the anti-choice movement built a national network of generally unlicensed, unregulated organizations posing as comprehensive health care clinics—“crisis pregnancy centres”.<sup>21</sup> Academic researchers who have studied CPCs claim they were launched as a reaction by anti-abortion movement to the realization that enacting a “right-to-life” amendment was not going to happen—and that there was a need to respond to pro-choice criticism that they “had no concern for pregnant women”.<sup>22</sup> Crisis pregnancy centers have existed in the North American landscape for over four decades. Robert Pearson of Hawaii opened the first CPC in the United States, dubbed “the service arm of the anti-choice movement” in 1967. After *Roe v. Wade* in 1973, Pearson founded the Pearson Foundation, a pro-life organization to assist local groups in setting up CPCs.<sup>23</sup> The foundation provided training sessions, slide shows, pamphlets, discounted video equipment, urine pregnancy test kits, and a manual called “How to Start and Operate Your Own Pro-Life Outreach Crisis Pregnancy Center” (1984). The manual reads “Our name of the game is to get the woman to come in as do the abortion chambers. Be put off by nothing... Let nothing stop you. The stakes are life or death”.<sup>24</sup> Also found in the manual are the same sorts of deceptive tactics that pro-choice groups accuse CPC of employing, such as the use of neutral advertising to “draw abortion-bound women”, and to mislead potential clients who phone to inquire about abortion services: “there is nothing wrong or dishonest if you don’t want to answer a question that may reveal your pro-life position by changing the caller’s train of thought by asking a question in return”, and recommends that staff answer the question “Are you a pro-life centre?” with “We are a pregnancy testing centre... what is pro-life?”.<sup>25</sup> Robert Pearson publicly admitted this deception in a 1994 speech: “obviously, we’re fighting Satan. A killer, who in this case is the girl who wants to kill her baby, has no right to information that will help her kill her baby. Therefore, when she calls and says, ‘Do you do abortions?’ we do *not* tell her, ‘no, we don’t do abortions’”.<sup>26</sup>

The first CPC in Canada was opened in Toronto, Ontario in 1968; this CPC grew into the Birthright International chain of centres, which also operates in the United States.<sup>27</sup>

According to *Time* magazine, CPCs are typically Christian charities, often under the umbrella of one of three national groups: Care Net, Heartbeat International, and the U.S. National Institute of Family and Life Advocates. Heartbeat International, for example, describes itself as “the first pro-life network of pregnancy resource centers in the U.S. and the largest in the world, supporting, strengthening and starting nearly 1,000 pregnancy centres to provide alternatives to abortion”.<sup>28</sup> Care Net describes itself as “a Christian ministry assisting and promoting the evangelistic, pro-life work of pregnancy centres in North America”.<sup>29</sup> Care Net, originally the Christian Action Council, was founded by Dr. Harold O.J. Brown in 1975, the first major evangelical pro-life

<sup>21</sup> NARAL Pro-Choice Virginia Foundation. “Crisis Pregnancy Centers Revealed”. 20 January 2010. P. 2-4.

<sup>22</sup> Ellie Lee. *Abortion, Motherhood and Mental Health*. Aldine de Gruyter: New York, 2003, p. 131; Faye Ginsburg. *Contested Lives: The Abortion Debate in an American Community*. Berkeley: University of California Press, 1989; Suzanne Stagenborg. *The Pro-Choice Movement: Organization and Activism in the Abortion Conflict*. New York and Oxford: Oxford University Press, 1991.

<sup>23</sup> National Abortion Foundation. *Crisis Pregnancy Centres: An Affront to Choice*. Washington, D.C. 2006. P. 1.

<sup>24</sup> The Pearson Foundation. “How to Start and Operate your own Pro-Life Outreach Crisis Pregnancy Center”. 1984.

<sup>25</sup> Dawn Stacey. “The Pregnancy Center Movement: History of Crisis Pregnancy Centres”. *CPC Watch*. 2006. <<http://cpcwatch.org/documents/cpchistory2.pdf>>

<sup>26</sup> *Ibid.*; Deb Berry. “Choose Lies”. *Orlando Weekly*. 17 April 2003.

<sup>27</sup> National Abortion Foundation. *Crisis Pregnancy Centres: An Affront to Choice*. Washington, D.C. 2006. P. 1.

<sup>28</sup> Heartbeat International. “Pro-life Pregnancy Center Support”. <<http://www.heartbeatinternational.org/>>

<sup>29</sup> Care Net. “Our Mission”. <<http://www.care-net.org/aboutus/mission.html>>

organization—as the Catholics already had founded the National Right to Life.<sup>30</sup> A fourth umbrella organization is the Virginia-based National Institute of Family and Life Advocates, which boasts some 900 CPC as affiliates.<sup>31</sup> Although no one can give a definitive number of how many CPCs exist, especially since some centres operate independently of the larger national groups, most reproductive justice organizations have been supplying a figure of “between 2,500 and 4,000 CPCs” since 2006.<sup>32</sup>

There seems to be a great advantage for CPCs to choose to affiliate with a large umbrella organization. These federations facilitate communication among CPCs, provide legal help and liability insurance, set standards for counseling and the operation of member CPCs, and conduct some national advertising and fundraising.<sup>33</sup> According to Care Net, CPCs choose to affiliate with their organization because of its “uniquely evangelistic emphasis”, the “extensive training and professional assistance” it provides, including “free on-site education, a free legal review, and a free collection of training manuals that range from legal issues to evangelism”. Affiliates also have the opportunity to attend national conferences, and to benefit from networking opportunities.<sup>34</sup> In addition, affiliates “directly benefit from Care Net’s extensive television, billboard and Internet advertising campaigns, including the Option Line-- a joint operation of Care Net and Heartbeat International.<sup>35</sup> Option Line is a 24/7 call centre based in Ohio that women can contact for information and referral to a local CPC. In 2006, Care Net spent \$4 million alone on marketing, including more than \$2 million on billboards for Option Line, featuring headlines such as “Pregnant and scared? 1-800-395-HELP. We’re here 24/7”.<sup>36</sup> In 2009, it was reported that 797,522 visits were made to the Option Line website, and 1,1918 billboards were placed to advertise the Option Line.<sup>37</sup>

In Canada, the Canadian (formerly, “Christian”) Association of Pregnancy Support Services (CAPSS) is the most significant CPC-affiliate organization in Canada. Affiliates must adhere to the CAPSS Statement of Faith, Sanctity of Life Statement, Stewardship Policy, Statement of Principles, Counseling Code of Ethics, and Volunteers Training Guidelines.<sup>38</sup> Its website states that “an approved CAPSS application confers the option of dual or triple affiliation with Care Net and/or Heartbeat International, [and] gain full access to resources of all three support associations.”<sup>39</sup> Notable benefits of CAPSS affiliation include: national statistics compiled by CAPSS for use as effective marketing and communication tools, receiving Option Line referrals, local training, a one-time free gift of a foundational set of Care Net manuals, yellow pages ad designs, website critiques, phone consultations with Care Net legal staff, discounts on Care Net

<sup>30</sup> Care Net. “Special Report: Interview with Care Net Founder Dr. Harold O.J. Brown”. Care Net Report. Vol. 8, No. 4. September/October 2007. Retrieved 10 December 2010 from <[http://www.care-net.org/uploads/report\\_date/cnrseptoct2007.pdf](http://www.care-net.org/uploads/report_date/cnrseptoct2007.pdf)>

<sup>31</sup> NARAL Pro-Choice California Foundation. *Unmasking Fake Clinics: the truth about crisis pregnancy centres in California*. January 2010. <<http://www.citizensforchoice.org/cpcreport2010%5B1%5D.pdf>>.

<sup>32</sup> National Abortion Foundation. *Crisis Pregnancy Centres: An Affront to Choice*. Washington, D.C. 2006.

<sup>33</sup> Zaid W. Munson. *The Making of Pro-Life Activists: How Social Movement Mobilization Works*. University of Chicago Press: Chicago, 2009.

<sup>34</sup> Care Net. Care Net Report. March/April 2007. Retrieved 10 December 2010 from <[https://www.care-net.org/uploads/report\\_date/cnrMarApril07.pdf](https://www.care-net.org/uploads/report_date/cnrMarApril07.pdf)>

<sup>35</sup> Ibid.

<sup>36</sup> Nancy Gibbs. One Woman at a Time. *Time international (Canada Edition)*. 26 February 2007. Vol. 169, Issue 9, p. 14-23.

<sup>37</sup> Care Net. Care Net 2009 Annual Report. Lansdown, VA, 2010. Retrieved 10 December 2010 from <[http://www.care-net.org/public/file\\_server.php](http://www.care-net.org/public/file_server.php)>

<sup>38</sup> Canadian Association of Pregnancy Support Services. “About Us”. <<http://www.capss.com>>

<sup>39</sup> Canadian Association of Pregnancy Support Services. “Benefits of Affiliation”. <<http://www.capss.com/en/home/services/benefits-of-affiliation>>

conferences, a complimentary affiliation with Heartbeat International, and passwords for current information on pregnancy center research through web-based fact sheets, studies, and more.<sup>40</sup>

Canadian for Choice, a non-profit charitable organization dedicated to ensuring reproductive choice, found that in 2008, there were 197 CPCs in Canada, with 83 of those being in Ontario (compared to 151 Canadian abortion facilities, 36 in Ontario). At least 28 of the 83 CPCs in Ontario are CAPSS affiliates, with many others being part of Birthright.<sup>41</sup> Much like Care Net, CAPSS also holds major annual conferences for its affiliates.<sup>42</sup>

CPCs may be a well-established fixture, but they are still relatively new to the political scene. Prior to the Bush Administration, only a few CPCs received federal funding. However, during Bush presidency, CPCs were made the centerpiece of his quest for ‘compassionate conservatism’, “signaling to members of the President’s evangelical base that he shared their values” and that supporting pregnancy resource centres was a central component of his pro-life and faith-based agenda.<sup>43</sup> At this time, more than \$100 million in federal money was allocated to abortion alternatives programs, a portion of which went to fund CPCs.<sup>44</sup>

The National Abortion Federation states that federal funding for CPCs began in 1996, “when the federal welfare reform law allocated \$50 million to Title V abstinence-only education programs, which some states made available to CPCs.”<sup>45</sup> Since promoting abstinence-only before marriage was part of the CPC mission, centres were eligible for these abstinence-education grants, which in some cases instantly doubled or even tripled a centre’s budget. For instance, in 2005, about 13% of Care Net affiliate centres received state or federal money, with an average budget of \$155,000.<sup>46</sup> Since 1996, a variety of federal grants have funded abstinence-only programs, which are often matched by state funds, making the impact of this allocation significant.<sup>47</sup> For example, at least 29 CPCs received a total of \$24 million in Community-Based Abstinence Education (CBAE) funds from 2001-2005.<sup>48</sup>

Direct federal funding of CPCs began in 2000 under the maternal and child health block grant’s Special Projects of Regional Significance Program.<sup>49</sup> In 2001, this program channeled \$20 million to community-based organizations that condemn sex before marriage and target teenagers. Close to \$3 million of this funding was channeled directly to CPCs, and this funding doubled to \$6 million by 2002.<sup>50</sup> A 2006 report by Rep. Henry Waxman (D-CA) suggests over \$30 million of

<sup>40</sup> Ibid.

<sup>41</sup> Canadian Association of Pregnancy Support Services (CAPSS). “Affiliates – Find a CAPSS Centres – Ontario”. <<http://capss.com/en/home/affiliates/centre-locator/ontario>>; Canadians for Choice. “List of Ontario CPCs”. Compiled 28 May 2008. Received from Agathe Gramet-\_\_\_, Acting Executive Director, 17 March 2011; Canadians for Choice. “What you need to know about crisis pregnancy centres...”. 2008. <[http://www.canadiansforchoice.ca/CPC\\_2008.pdf](http://www.canadiansforchoice.ca/CPC_2008.pdf)>

<sup>42</sup> Canadian Association of Pregnancy Support Services. “Conference Agenda - CAPSS National Conference will be held in Calgary, Alberta, May 3-6, 2011.” <<http://capss.com/en/home/conference/agenda>>

<sup>43</sup> Nancy Gibbs. One Woman at a Time. Time international (Canada Edition). 26 February 2007. Vol. 169, Issue 9, p. 14-23.

<sup>44</sup> National Abortion Foundation. Crisis Pregnancy Centres: An Affront to Choice. Washington, D.C. 2006. P. 11.

<sup>45</sup> Ibid. P. 11.

<sup>46</sup> Nancy Gibbs. One Woman at a Time. Time international (Canada Edition). 26 February 2007. Vol. 169, Issue 9, p. 14-23.

<sup>47</sup> Vitoria Lin and Cynthia Dailard, Crisis Pregnancy Centres Seek to Increase Political Clout, Secure Government Subsidy. The Guttmacher Report on Public Policy. February 2002, Vol. 5, No. 1.

<sup>48</sup> United States Congress House Committee on Government Reform, Special Investigations Division. Prepared for Rep. Henry Waxman. *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers*. 109<sup>th</sup> Cong., 2<sup>nd</sup> Sess., 2006. Washington: GPO, 2006. P. 3.

<sup>49</sup> National Abortion Foundation. *Crisis Pregnancy Centres: An Affront to Choice*. Washington, D.C. 2006. P. 12.

<sup>50</sup> Ibid.

federal tax dollars have gone to CPCs since 2001, with most of the money coming from federal programs for abstinence-only education.<sup>51</sup> Additional funding has been distributed as “capacity-building” grants to 25 pregnancy resource centres in 15 states as part of the \$150 million Compassion Capital Fund. Individual centres have also been the beneficiaries of earmarked appropriation bills.<sup>52</sup>

At the state level, Arizona, Florida, Louisiana, Kansas, Minnesota, Missouri, Nebraska, North Carolina, Pennsylvania, and Texas have state-subsidized funding for CPCs.<sup>53</sup> In Texas, for instance, a round of tax cuts in 2006 for social services drained \$25 million from comprehensive family planning services, and reallocated \$5 million of that money to support CPCs. In addition, “Choose Life” vanity license plates, launched by Governor Jeb Bush in Florida in 1999, have been sold in twenty-two states; proceeds of their sale directly support CPCs.<sup>54</sup> On average, these programs are said to generate \$65,000 per month.<sup>55</sup> In Virginia, for instance, “Chose Life” plate legislation was signed in April 2009 by Governor Kaine to create a funding stream for 38 select CPCs. Yet a NARAL Pro-Choice Virginia study found that 26 of these 38 CPCs shared medically inaccurate information with clients—a violation of their own “Commitment of Care” standards.<sup>56</sup> In some states, including Louisiana, and South Carolina, the “Choose Life” plate schemes have been brought to court and successfully struck down, as the plate program was deemed to constitute viewpoint discrimination. Reproductive health activists have challenged the policy of the “Chose Life” plates, arguing that it is unconstitutional for a state to endorse one political viewpoint over another, and that the funding of agencies affiliated with churches or religious organizations amounts to establishment of religion.<sup>57</sup> Nonetheless, some states with these plates continue to refused to provide “Pro-Choice” equivalents.<sup>58</sup>

Crisis Pregnancy Centres claim that this amount received in federal and state funding has been inflated. For example, a Care Net spokesperson claimed that “only a small number of pregnancy centres (13% in 2005) have received a federal and state grant,” and that “most centres are supported by individuals, churches, businesses, and community agencies that care about women in crisis”.<sup>59</sup> Federal funding of CPCs was cut when President Obama assumed power, calling for an “immediate return to science-based initiatives, medically-accurate information, and an end to federal funding for abstinence only education” in his FY 2010 federal budget.<sup>60</sup>

Joyce Arthur of the Pro-Choice Action Network- Canada and the Abortion Rights Council of Canada (ARCC) estimates that approximately 170 anti-abortion groups in Canada have charitable tax status, and that approximately 100 of these are CPCs (46 Birthright centres, 34 CAPSS

<sup>51</sup> United States Congress House Committee on Government Reform, Special Investigations Division. Prepared for Rep. Henry Waxman. *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers*. 109<sup>th</sup> Cong., 2<sup>nd</sup> Sess., 2006. Washington: GPO, 2006

<sup>52</sup> Ibid. P. i.

<sup>53</sup> CPC Watch. *Crisis Pregnancy Centers: How are they funded?* 2007. Retrieved 14 December 2010 from <<http://cpcwatch.org/Funding.php>>

<sup>54</sup> Guttmacher Institute. “State Policies in Brief: ‘Choose Life’ License Plates”. 1 August 2010.

<sup>55</sup> Choose Life, Inc. “About US: Choose Life Story”. <<http://www.choose-life.org/story.html>>

<sup>56</sup> NARAL Pro-Choice Virginia Foundation. “Crisis Pregnancy Centers Revealed”. 20 January 2010. P. 2-4.

<sup>57</sup> Guttmacher Institute. “State Policies in Brief: ‘Choose Life’ License Plates”. 1 August 2010.

<sup>58</sup> Pamela Hamilton. Appeals Court Rules “Choose Life” Plates Unconstitutional. Associated Press. 22 March 2004.

<sup>59</sup> PBS. “Head to Head: Abortion Counseling”. 20 July 2007. <<http://www.pbs.org/now/shows/329/abortion-debate-print.html>>

<sup>60</sup> Katharine Spillar. “Crisis of Deception: Fake Clinics Spread Misinformation on the Federal Dime.” *Reproductive Health Reality Check*. 8 July 2009. <<http://www.rhrealitycheck.org/blog/2009/07/08/crisis-deception-fake-clinics-spread-misinformation-federal-dime>>



affiliates, 15 independents).<sup>61</sup> Ms. Arthur explains that “in Canada, many CPCs enjoy charitable tax status while only two pro-choice organizations have charitable tax status.” By law, Canadian charities can devote only ten percent of their resources to political activities under limited circumstances, yet Ms. Arthur believes that but some of these groups may be spending far more than that. This means that “so-called charitable pro-life groups exploit an unfair tax advantage and enjoy higher donation rates compared to pro-choice groups.”<sup>62</sup> Joanna Smith, an investigative reporter with the Toronto Star, found that the oldest 17 CPCs in Canada are found in the Greater Toronto Area, with the oldest having been registered as a charity since 1968.<sup>63</sup> They all appear to have a well-established pool of donors: the 14 registered charities that run those CPCs received a total of \$546,851 in tax-receipted gifts in 2008.

## B. Investigations of Crisis Pregnancy Centre Conduct and Operations

### *Major studies of CPC Activity*

Prior to 2005, Crisis Pregnancy Centres did not receive much attention from academics, activists or reproductive justice organizations. However, after 2005, a number of studies were conducted in an attempt to “expose” CPCs and their deceptive tactics. Without exception, all of these studies have come to a similar conclusion—that most CPCs use deception to attract women considering abortion, and then dispense misinformation about it.

### *NARAL Pro-Choice Foundations*

In December 2005, NARAL Pro-Choice Texas Foundation released its report, “Taxpayer Financed Crisis Pregnancy Centres in Texas: A Hidden Threat to Women’s Health”. The report found that “most CPCs are staffed by volunteers, rather than medical professions”, “are not licensed or regulated”, and that they often mislead clients by representing “themselves as comprehensive reproductive health clinics by choosing medical-sounding names, locating near comprehensive women’s health clinics, or by being intentionally vague about the services they provide.”<sup>64</sup> The report subsequently presented the propaganda that it claimed was perpetuated by CPCs, such as: abortion kills four times as many women as childbirth, women who have abortions double their risk of breast cancer, that abortion causes infertility and decreases the ability to get pregnant in the future, and that half of women who have had abortions will suffer from emotional and psychological problems, such as depression, substance abuse, eating disorders and suicide. The survey concluded that it was “irresponsible to take scare taxpayer dollars away from pregnancy prevention and health care and divert it to unlicensed, biased, non-medical counseling”.<sup>65</sup>

NARAL Pro-Choice Organizations in several states have subsequently launched similar investigations. In its effort to determine whether Maryland CPCs were engaging in a systematic

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<sup>61</sup> Joyce Arthur. “Why Anti-Abortion Groups Should Not Have Charitable Tax Status”. *Pro-Choice Action Network-Canada*. 2008.

<sup>62</sup> National Abortion Foundation. *Crisis Pregnancy Centres: An Affront to Choice*. Washington, D.C. 2006. P. 12.; Joyce Arthur. *Why Anti-Abortion Groups Should Not Have Charitable Tax Status*. 2008 Pro-Choice Action Network-Canada.

<sup>63</sup> Joanna Smith. “Deception used in counseling women against abortion.” Toronto Star. 7 August 2010. Retrieved 1 Sept 2010 from <<http://www.thestar.com/news/canada/article/844997--deception-used-in-counselling-women-against-abortion>>

<sup>64</sup> NARAL Pro-Choice Texas Foundation. *Taxpayer Financed Crisis Pregnancy Centres in Texas: A Hidden Threat to Women’s Health*. December 2005. P. 1.

<sup>65</sup> *Ibid.* P. 6.

pattern and practice of deception and misinformation, NARAL Maryland “found that *every* CPC visited provided misleading, or, in some cases completely false, information... distributed in several ways, including verbally, in written materials, and on websites.” Each CPC provided “false information about abortion risks, misleading data on birth control, and emotionally manipulative counseling”. The centres also “consistently refused to provide information or referrals for affordable birth control services, despite targeting their services to sexually active, low-income and young women”. When two of the CPCs eventually agreed to discuss birth control, false information such as “condoms have a 35% failure rate” and “birth control pills cause infertility and cancer” were supplied.<sup>66</sup> Instead, these centres promoted abstinence only and/or “naturally family planning” rather than a comprehensive approach to birth control.<sup>67</sup> While CPCs often cite counseling as one of their most valuable services, investigators “found the counseling services to be inadequate, biased, and in some cases, unethical”. Specifically, most centres, although friendly in communicating their anti-abortion message, failed to maintain the professional neutrality that is commonly accepted as the tenet of counseling, used some type of emotionally manipulative tactic, such as “offering congratulations for a positive pregnancy test, referring to the pregnancy as a baby, and giving the investigator hand-knitted booties”, and by giving pregnant women a model of a 12-week-old fetus to hold while discussing their options.<sup>68</sup> Lastly, after providing free urine pregnancy tests, of the variety available at any drug store, women were counseled with only negative information about abortion, given wildly inaccurate information about the physical and mental health risks of abortion, and were informed only about the joys of parenting and adoption.<sup>69</sup>

The most recent investigations by NARAL Pro-Choice Foundations in Virginia and California have come to a unified conclusion: Because of the inaccurate reproductive health information many CPCs provide, NARAL “believes these centres to be a threat to public health,” and recognizes that medically erroneous information propagated by CPCs put women and the entire population at risk.<sup>70</sup> Furthermore, they argue, that while it is the centre’s prerogative to offer anti-choice services—the criticism of these advertising tactics is that they fail to be forthcoming, and instead use websites, yellow pages and billboard ads to encourage women to call or visit their centres without complete information about its limited services”.<sup>71</sup>

#### *Other important studies, articles, and documentaries*

In 2006, two seminal reports were published, each claiming to expose the deceptive, misleading, and threatening nature of CPCs.

A U.S. Congressional investigation prepared for Rep. Henry Waxman (D-CA) revealed that an astonishing 87% of CPCs across America provided false or misleading information to women about the health effects of abortion.<sup>72</sup> The inquiry found that these centres grossly misrepresented and distorted the medical risks of abortion by telling women discredited claims: for instance, that

<sup>66</sup> NARAL Pro-Choice Maryland Fund. “Maryland Crisis Pregnancy Center Investigations: A Report by the NARAL Pro-Choice Maryland Fund. 14 January 2008. P. 5, 9.

<sup>67</sup> NARAL Pro-Choice Maryland Fund. *Maryland Crisis Pregnancy Center Investigations: A Report by the NARAL Pro-Choice Maryland Fund*. 14 January 2008. P. 5-6.

<sup>68</sup> *Ibid.* P. 9.

<sup>69</sup> *Ibid.* P. 9

<sup>70</sup> NARAL Pro-Choice Virginia Foundation. *Crisis Pregnancy Centres Revealed*. 20 January 2010.

<sup>71</sup> *Ibid.* P. 10-11.

<sup>72</sup> United States Congress House Committee on Government Reform, Special Investigations Division. *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centres*. 109<sup>th</sup> Cong., 2<sup>nd</sup> Sess., 2006. Washington: GPO, 2006, p. i.

having an abortion would increase the risk of breast cancer, result in sterility, and/or lead to the fictitious “post-abortion syndrome” and suicide.<sup>73</sup> The investigation also found that CPCs routinely provided inaccurate information regarding birth control methods. The National Abortion Federation’s study “Crisis Pregnancy Centers: An Affront to Choice” is another literature review that attest to CPC strategies of deception, harmful tactics, funding schemes, litigation, and outline ways to combat the centres.<sup>74</sup>

Following the release of Rep. Waxman’s Congressional report, CPCs began to receive more, mostly negative, attention from documentarians, news anchors, journalists, and magazine columnists. Heidi Ewing and Rachel Grady’s HBO documentary “12<sup>th</sup> and Delaware” chronicles the events at one intersection in Florida, where on one corner sits an abortion clinic, and the other, a CPC.<sup>75</sup> Ms. Magazine, a feminist magazine based in the U.S., has released a number of critical articles about the crisis pregnancy centre movement since 2008.<sup>76</sup> Other magazines, from Time to Glamour magazine, have also profiled the centres.<sup>77</sup>

### *C. CPCs Facing Legal Heat*

In most states where a NARAL Pro-Choice Foundation chapter investigation of local CPCs was conducted, lawmakers have successfully managed to pass “truth-in-advertising” laws, requiring CPCs to post signs stating that they do not perform abortions, give abortion referrals, or provide birth control or referrals. Baltimore, Maryland, in December 2009, became the first city in the United States to pass the law, which also required that both English and Spanish signs be visible in the waiting area. In addition, a number of other states, including New York, California, Ohio, Missouri, and North Dakota, have investigated or sued CPCs under consumer protection laws for deliberately misleading clients.<sup>78</sup>

In the following year, the “Limited Service Pregnancy Center Disclosure Ordinance” (2010) was passed in Austin, Texas, and ensures that women visiting a CPC are informed that the centres do not provide birth control or abortion referrals or services. Most recently, in March 2011, the New York City Council voted overwhelmingly to pass a bill that would require CPCs to abide by a “truth-in-advertising” law similar to that in Baltimore and Austin.<sup>79</sup>

At the Federal level, Representative Carolyn Maloney (D-NY) and Senator Robert Menendez (D-NJ) have been trying to push through the “Stop Deceptive Advertising Women’s Services Act” (SDAWS). Under SDAWS, the Federal Trade Commission would consider it “an unfair or deceptive act” for a CPC to advertise as a health care provider. However, the legislation is currently stalled.

In Canada, however, no such bylaws exist-- namely because our knowledge of CPCs remains so limited, and political will to investigate such centers is lacking.

<sup>73</sup> Ibid, p. 7 – 13.

<sup>74</sup> National Abortion Federation. *Crisis Pregnancy Centers: An Affront to Choice*. Washington, D.C. 2006.

<sup>75</sup> Heidi Ewing and Rachel Grady. *12<sup>th</sup> and Delaware*. HBO Documentaries. 2010.

<sup>76</sup> Elizabeth Zwierling. “Dangerous Masquerade.” *Ms. Magazine*. Vol. 18, No. 4. Fall 2008; Kathryn Joyce. “The Clinic Across the Street: Crisis Pregnancy Centers”. *Ms. Magazine*. Fall 2010.

<sup>77</sup> Nancy Gibbs. *One Woman at a Time*. Time international (Canada Edition). 26 February 2007. Vol. 169, Issue 9, p. 14-23; Liz Welch. “The Serious Health Decision These Women Are Ready to Talk About: Eight Women Share Their Abortion Stories.” *Glamour Magazine*. 10 February 2009. <<http://www.glamour.com/sex-love-life/2009/02/eight-women-share-their-abortion-stories>>

<sup>78</sup> NARAL Pro-Choice Texas Foundation. “Taxpayer Financed Crisis Pregnancy Centres in Texas: A Hidden Threat to Women’s Health”. December 2005. P. 1.

<sup>79</sup> Ms. Magazine Online. “NYC Council Passes Bill for Greater Transparency for CPCs.” 3 March 2011. <<http://www.msomagazine.com/news/uswirestory.asp?ID=12891>>

#### *D. CPCs Fight Back Against Criticism*

CPCs have not silently accepted these legal challenges to their centres: they have been known to fight back against such obstacles. In Baltimore, for instance, the Catholic archdiocese, which provides funding for some of the local CPCs, is suing the city, saying that the law against deceptive signage “violates freedom of speech and religion”. The archdiocese claims that the ordinance “targets for speech regulation only one side of a contentious public, political debate” and that “its centres do provide birth control information through natural family planning counseling” and “should not be required to state that they do not offer birth control”.<sup>80</sup>

In its “Caring Together Report”, Care Net deflects criticism against its centres by turning the attention back to Planned Parenthood and other comprehensive reproductive care centres: “If you visit Planned Parenthood’s website, you’ll quickly discover who they fear— ‘Beware of so-called ‘crisis pregnancy centres’... They have a history of scaring women into not having abortions’”, stating that “only in Planned Parenthood’s world could ‘not having an abortion’ be a bad thing”.<sup>81</sup> The report tells us that “the truth is, Care Net pregnancy centres offer ultrasounds, parenting classes, material assistance, spiritual guidance, and many other services that empower women to choose life. It’s nonjudgmental, hope-filled and Christ-centred”.<sup>82</sup> Responding to what it calls “another bizarre accusation” is the assertion that ultrasound and sonogram pictures, being shown to women, can in no way be considered “misleading”, suggesting that “clearly, this organization [Planned Parenthood] has a problem with people who use science to defend life”.<sup>83</sup> In all, the report suggests that clinics such as Planned Parenthood and reproductive rights groups, by criticizing CPCs, are telling “more lies [that] scare women”.<sup>84</sup>

To assist its affiliates in answering hostile accusations about pregnancy centres, Care Net has developed a document that lists common “accusations”, followed by the appropriate CPC response. Care Net identifies the most common accusations as “deceptive advertising, coercing women to carry their pregnancies term, misusing public funds, providing medically inaccurate information about abortion risks, and illegally practicing medicine”.<sup>85</sup> However, the provided “rebuttals” that CPCs are meant to use leave much to be desired. For instance, when addressing the claim of deceptive advertising, Care Net advises its affiliates to explain that, “as part of the Care Net Network, centres comply with strict guidelines regarding truth-in-advertising. All of our advertisements... clearly state the services we offer... and about the services we don’t offer.” Responding to the criticism that CPCs provide medically inaccurate information, Care Net states that “all client material on abortion procedures and abortion risks is medically referenced and sourced, reviewed by a medical professional, and deemed accurate. Our primary client brochure, ‘Before You Decide’, is published by Care Net and regularly reviewed by its Medical Advisory Board for accuracy”.<sup>86</sup>

<sup>80</sup> Kathryn Joyce. *The Clinic Across the Street*. Ms. Magazine. Fall 2010. P. 26-31.

<sup>81</sup> Care Net. *Caring Together Report*. July 2009. Retrieved 10 December 2010 from <[https://www.care-net.org/uploads/report\\_date/CT-July2009.pdf](https://www.care-net.org/uploads/report_date/CT-July2009.pdf)>.

<sup>82</sup> Ibid

<sup>83</sup> Ibid.

<sup>84</sup> Ibid.

<sup>85</sup> Care Net. “Answers to Hostile Accusations About Pregnancy Centres”. Accessed 20 December 2010, from <[http://www.care-net.org/public/file\\_server.php?id=476](http://www.care-net.org/public/file_server.php?id=476)>

<sup>86</sup> Care Net. “Answers to Hostile Accusations About Pregnancy Centres”. Accessed 20 December 2010, from <[http://www.care-net.org/public/file\\_server.php?id=476](http://www.care-net.org/public/file_server.php?id=476)>

Moreover, Care Net has demonstrated, in light of the fact that “pro-life gains and pregnancy centre advancements have spurred attacks and increased scrutiny from the media and abortion advocates”, that there must be as clear goal the unification of the CPC movement’s response to criticism. Care Net wants to be the centre of this unified movement, stating that “when it comes to interacting with the media, Care Net has played a unique role. Situated outside the nations capital, [it] serves as a national voice for the pregnancy care movement”. Care Net has also established its expertise in public relations, reminding readers that “every year, Care Net offers an intense media training for pregnancy centres at its national conference, as well as individual advice for centres throughout the year.” It has also, together with Americans United for Life, sponsored a media training program in Virginia with the purpose of developing a “SWAT” team of media spokespeople, trained by a talented, pro-life, “fortune 500” media trainer—on how to best represent the pro-life and pregnancy centre movement”<sup>87</sup>

Another form of retaliation that the pro-life movement has made against critics of CPCs has been to redirect the same accusations made against them toward comprehensive reproductive clinics. For instance, Unchoice.com, a pro-life website whose logo claims that abortion is “unwanted, unsafe, and unfair”, has published an article that claims that “telling women ‘post-abortion trauma as a myth’ is a form of coercion” and that “concealing information relevant to a woman’s decision-making and future health should be recognized as an act of coercion”.<sup>88</sup> In another example, the Care Net included an official-looking news-bulletin in their January/February 2007 Report, revealing that “a New York-area abortion business [had] agreed to stop false advertisements under the ‘abortion alternatives’ section of the local business phone and online phone directories,” and that this move came about “after a local pregnancy center filed a lawsuit against it for misleading women with unplanned pregnancies”.<sup>89</sup> This is ironic, since most NARAL reports and the Waxman Congressional reports found that CPCs were advertising under “abortion services” in the Yellow Pages themselves.

In the Canadian context, pro-life organizations have only recently begun to publish responses to criticisms of CPCs. In reaction to Joanna Smith’s Toronto Star investigation of CPCs in the Greater Toronto Area, The Interim, described as Canada’s Life and Family Newspaper and published by the Campaign Life Coalition, released an article that tried to discredit Ms. Smith’s findings.<sup>90</sup> For instance, the article tries to present as medical fact what Ms. Smith’s article tried to “debunk” as myths, by suggesting that, in order to disprove the “abortion-breast cancer link, post-abortion syndrome, and increased fertility problems”, Ms. Smith “*selectively* cites contrary evidence to each claim, but ignores numerous other studies suggesting a correlation”. It explains, in defense of the “reality” of post-abortion syndrome, that while the American Psychiatric Association may not recognize the syndrome, “however ‘authoritative’ the APA may be, there are plenty of researchers and post-abortive women who will personally attest, that there are emotional and psychological scars that result from abortion. Again, a single source [for Ms. Smith’s article] is sufficient to label CPCs misleading”. However, it is ironic that the Interim article fails to cite any of these “numerous other studies” suggesting a correlation. When Ms. Smith wrote a follow-up piece shortly thereafter, the Interim suggested that the Toronto Star’s preoccupation with CPCs appeared to be taking the form of “a crusade”. The article closes by asking if the same

<sup>87</sup> Care Net. Care Net Report. January/February 2008. Retrieved 10 December 2010 from <[http://www.care-net.org/uploads/reports\\_date/jan%2008%20CNR.pdf](http://www.care-net.org/uploads/reports_date/jan%2008%20CNR.pdf)>

<sup>88</sup> Melinda Tankard Reist. “Disclosure and Coercion: Concealing Relevant Information is ‘An Act of Coercion’”. *The Unchoice*. Retrieved 15 February 2011 from <<http://www.theunchoice.com/articles/disclosureandcoercionsw2.htm>>

<sup>89</sup> Care Net. Care Net Report. January/February 2007. Retrieved 10 December 2010 from <[http://www.care-net.org/uploads/report\\_date/CNRJanFeb07.pdf](http://www.care-net.org/uploads/report_date/CNRJanFeb07.pdf)>

<sup>90</sup> Paul Tuns. “Toronto Star attacks crisis pregnancy centres”. The Interim. 1 September 2010. <<http://www.theinterim.com/resources/crisis-pregnancy-centres/toronto-star-attacks-crisis-pregnancy-centres/>>

“truth-in-advertising” expectations of CPCs shouldn’t also be considered for abortion facilities—while failing to disclose that Health Canada and the Ontario Ministry of Health regulate and license abortion facilities, unlike CPCs.

Another report by the Interim, “The Campaign Against CPCs”, lists many of the pro-choice investigative reports of CPC operations discussed above, and gathered the reaction of one CPC volunteer to the allegations: “I would say that that’s absolutely false. We are very open here about our program, and what we offer our clients [...] .” As an example of her centre’s advertising, the CPC volunteer read out the text of her business card, “Pregnancy care centre. Helping you make a wise and informed choice—free and confidential”.<sup>91</sup>

### III. Methodology

So-called crisis pregnancy centres are targeting young women by **advertising in student newspapers and on billboards** located on and near campuses. And most recently, these centres have started **advertising on social networking sites** popular with college students. They urge **campus health centres** to include crisis pregnancy centres in student referral lists.<sup>92</sup>

This study will examine the influence of Crisis Pregnancy Centres at select universities campuses in Southern Ontario; specifically, within a two-hour commute from Toronto. Based on that criterion, 8 of Ontario’s 23 universities will be included:

- Brock University (St. Catharines, ON)
- McMaster University (Hamilton, ON)
- Queen’s University (Kingston, Ontario)
- Ryerson University (Toronto, ON)
- Trent University (Peterborough, ON)
- University of Toronto (Toronto, ON)
- University of Waterloo (Waterloo, ON)
- Wilfred Laurier University (Waterloo, ON)

#### *Part One: Measuring the degree of CPC influence on campuses*

The three indicators that will be used to determine if CPCs are targeting their advertising to university students.

First, the researcher will visit each campus to determine the degree of CPC advertising in student newspapers, on campus billboards, in student centres, and along local bus routes. To do so, each university student union will be contacted for guidance in locating important billboards and information hubs on campus, and to link the researcher with women’s centres, and campus pro-choice and pro-life groups.

Second, social networking sites such as facebook will be examined for CPC activity targeted toward students.

Third, the researcher will interview university health services representatives to determine if students are being referred to CPCs, or if any students have come forth with their CPC experiences. For many students, the majority of whom are living away from home, as well as

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<sup>91</sup> Joseph Jals. “The campaign against CPCs”. *The Interim*. 1 September 2010. <<http://www.theinterim.com/issues/the-campaign-against-cpcs/>>

<sup>92</sup> Feminist Majority Foundation. *Media Advisory: The Dangerous Masquerade of ‘Crisis Pregnancy Centers’*. 11 November 2008.

their family doctors, university health services is often the first point of contact for medical inquiries. Health services are well publicized around campus, and students generally seem to be aware of their services.

The purpose of this inquiry is first, to determine if university health services refer students to CPCs, and second, to determine if they have had experiences with CPCs. The objective of the conducting these semi-structured interviews is to establish: the centre's procedure for providing abortion information to students; what resources or referrals for abortion they provide; if there is a procedure for how clinics are chosen to be on their abortion referral list, and to determine if the centre is knowledgeable of CPCs or has had any experiences with them. To do this, interview questions have been designed to ensure that they adopt a neutral tone, as one would not want to seem accusatory or make the employee feel as though the centre has done something wrong. A semi-structured format is best to allow for specific information to be gathered, but to allow flexibility for elaboration and other topics of interest.<sup>93</sup>

To corroborate the information given during the interview, the researcher will contact the university health centre by phone posing as a pregnant student considering an abortion and requesting referral information. This additional exercise is necessary to ensure that information given to a researcher and information given to a "client", match. Although this may seem redundant, this step is necessary: studies of abortion access in Canadian hospitals and of CPCs in Canada have found that "gate-keepers" such as phone operators, receptionists and other staff routinely provide information contrary to that given to researchers in questionnaires and interviews.<sup>94</sup> The university health services referral lists will be examined for possible CPCs. The researcher would subsequently prepare an update to submit to university health services identifying clinics that are CPCs and ask that they either be removed from the referral list, or that they include a disclaimer explaining that CPCs espouse anti-abortion views.

*Part Two: Evidence of CPC efforts to advertise to university students; visiting their centres posing as a university student with an unplanned pregnancy*

First, primary resources from CAPSS and Care Net will be examined to gauge if these organizations are intentionally targeting their advertising and attention to attracting university students.

Next, for each university that is included in the study, the researcher will visit a CPC in that city posing as a university student with an unplanned pregnancy. The goal is to gather as many informative pamphlets and materials as possible from the CPC (to be analyzed for accuracy, along with the CPC's website), and to gauge what sort of information a pregnant student might receive should she visit the CPC for options counseling. Subsequently, the medical soundness of the information will be verified by reference to academic studies and a family physician, who has agreed to look over this data. The researcher will assume the following script when visiting CPCs: she is a local university student in her third year, has been sexually active with her supportive boyfriend for over a year, used condoms regularly, is going through a very difficult financial time, has parents who might be supportive (but who are not in a financial position to provide assistance), and feels confused about her reproductive options, but is leaning toward an abortion. All three types of CPCs will be visited: CAPSS affiliates, Birthrights, and independents.

<sup>93</sup> Herbert Rubin and Irene Rubin. *Qualitative Interviewing: The Art of Hearing Data*. Sage, New York: 2005.

<sup>94</sup> Jessica Shaw. *Reality Check: A Close Look at Accessing Abortion Services in Canadian Hospitals*. Canadians for Choice: Ottawa, 2006; and Joyce Arthur. *Exposing Crisis Pregnancy Centres in British Columbia*. Pro-Choice Action Network - Canada. Vancouver, B.C., January 2009.

### *Ethical Considerations*

Interacting with human subjects for research purposes necessitates a certain degree of sensitivity and awareness of how the project might impact others. For this project to be successful, a level of deceit will be required when visiting Crisis Pregnancy Centres. Going “undercover” about one’s identity is not a usual way to conduct research, and it is done only after serious discussion with professors specializing in ethical research and ethics reviews. To justify employing deceit in fieldwork, two fundamental criteria must be satisfied: first, is it in the public interest, and second, could the research be conducted with the same accuracy and detail using another method? Advice was sought from individuals from Canada’s top reproductive rights organizations, who concluded that, in their opinion and experience, my research methods were the only sound way to gather the information required. The University of Toronto Guidelines for Research Ethics state that deceit may be justified in certain projects, but that disclosure is required upon the project’s completion. As such, all subjects were contacted after our encounters to explain why the deceit was necessary, and to try to foster dialogue.

## **IV. Research Findings**

### ***Part One: Measuring the degree of CPC influence on campuses***

#### 1. Evidence of CPC advertising on campus

To determine if CPCs were advertising on campuses, the researcher examined student newspapers, campus billboards, student centres, and local bus routes for evidence of CPCs. To do so, each university student union was contacted for guidance in locating important billboards and information hubs on campus, and to link the researcher with women’s centres, and campus pro-choice and pro-life groups.

CPC advertisements were found on 40% university campuses (3 of 8). In fact, advertisements for the same “Birthright” CPC chain location were found at Wilfred Laurier University and the University of Waterloo in student union-produced undergraduate student agendas that are distributed free to students at the beginning of the academic year. This ad reads: “PREGNANT? And need help? Call Birthright, help for pregnant women. All services are free and confidential. Free Pregnancy Tests. A friend to turn to...” (See Appendix 1.a-b). This advertisement does not disclose that Birthright is a pro-life centre. In fact, it implies that women would be given help, regardless of their specific choice of parenting, adoption, or abortion. Local bus routes in Kitchener-Waterloo that frequent these two campuses also featured Birthright ads inside of the buses. At Queen’s University, advertisements for a CAPSS-affiliated CPC are often found taped to lamp-posts on campus, and are regularly removed by the “Levana Gender Advocacy Centre”, a student group on campus. On the five remaining campuses, however, no evidence of CPC advertising was found on billboards or in busy student areas.

Speaking with various student groups produced interesting insights. Student unions revealed that most campuses have a strict policy for posting materials on billboards, whereby all ads require approval from a university-sanctioned board. This might explain why CPC advertisements were not found on any university-monitored billboards.

As a whole, most women’s centres had heard of CPCs and the nature of the accusations made against them, but had not had any direct experience with them, nor had known of any students who had visited a CPC themselves. The Women’s Centre at the University of Waterloo, however, reminisced about an eleven-page, full-colour insert that appeared in their student newspaper,



Imprint, at the beginning of the previous school year, in September 2009. The researcher visited Imprint and managed to procure a copy of this insert, and learned that Imprint had been paid \$2 for each copy that appeared in its newspaper (See Appendix 1.c). The insert was co-produced by the Human Life Alliance and the National Campus Life Network, a non-profit organization that represents student pro-life groups across Canada. The appearance of this glossy leaflet sparked a heated debate on the University of Waterloo campus about what sorts of advertisements are appropriate in a student newspaper. Imprint responded: “if we run only ads from candidates or causes we support, then the ad relationship becomes an endorsement relationship. Even worse, a paid endorsement. That threatens the integrity of what we do-- which is to report the facts and find and explain the opinions we have”.<sup>95</sup> Nevertheless, page two of the insert suggests that “pregnancy + abortion = ~~problem solved~~ people hurt. Get the facts!” and provides contact numbers to Option Line, a CPC referral number, to Birthright, and to groups involved with post-abortion counseling.<sup>96</sup>

Pro-life student groups on three campuses agreed to either be interviewed or to fill out a questionnaire. When asked if they had ever been approached by CPCs to promote the centres on campus, all three (100% of) pro-life student groups revealed that *they* had approached and promoted local CPCs. The President of the University of Toronto Students for Life told of her organization’s close relationship to a controversial CPC in Toronto, Aid to Women, located directly next door to a clinic that provides abortions. When asked how this relationship was forged, she indicated that a past president of Student for Life had been a general manager there. She also disclosed that a couple of club members were currently volunteering or interning at Aid to Women, and that the club was eager to begin distributing pamphlets promoting the CPC in the near future.<sup>97</sup>

Another pro-life student group, McMaster Lifeline, had contacted Birthright Hamilton directly and were planning to launch a campaign to promote Birthright on campus in the near future.<sup>98</sup> Guelph Life Line, the pro-life student group at the University of Guelph, indicated that they had invited local CPCs, such as Birthright and Michael House, to information sessions and campus-wide club fairs.<sup>99</sup>

## 2. CPCs on social networking sites

Second, facebook was examined for CPCs activity directed toward students. Fifty percent of CPCs in this study did have a facebook page. The four centres with facebook pages were: Aid to Women (Toronto), Kingston Pregnancy Care Centre (Kingston), Niagara Life Centre (St. Catharines) and the K-W Pregnancy Resource Centre (Kitchener/Waterloo).<sup>100</sup> Three of these four centres are CAPSS-affiliates. Birthright locations did not have individual facebook pages. These websites discussed upcoming events, contact information and service descriptions: none of which indicating that they were pro-life, or anti-abortion organizations.

## 3. University Health Services and CPCs

<sup>95</sup> Michael L. Davenport. “A Heated Advertising Debate”. *Imprint*. Vol. 32, No. 11. Friday, October 2, 2009.

<sup>96</sup> Human Life Alliance and the National Campus Life Network. “We Know Better Now”. 2009. P. 2

<sup>97</sup> Interview with Lucy Schmidt and Gianna Marks of the University of Toronto Students for Life. 14 February 2011.

<sup>98</sup> Email correspondence with Michael McCann, of McMaster Lifeline. 23 February 2011.

<sup>99</sup> Email correspondence with Hanna Barlow of Guelph Life Choice. 26 February 2011.

<sup>100</sup> Aid to Women: <<http://www.facebook.com/pages/Aid-to-Women-Centre/83523116623>>, Kingston Pregnancy Care Centre <<http://www.facebook.com/group.php?gid=34319363302&ref=ts>>, Niagara Life Centre <<http://www.facebook.com/pages/Niagara-Life-Centre/385042381512>>, and K-W Pregnancy Resource Centre <<http://www.facebook.com/pages/K-W-Pregnancy-Resource-Centre/309998508578>>. All retrieved 13 March 2011.

Third, the researcher interviewed university health services representatives to determine if students are being referred to CPCs, or if any students have come forth with their CPC experiences. For many students, the majority of whom are living away from home, as well as their family doctors, university health services is often the first point of contact for medical inquiries. Health services are well publicized around campus, and students generally seem to be aware of their services.

University health service representatives across the eight campuses indicated that students facing an unwanted pregnancy are referred to comprehensive clinics. Preference was indicated for the Morgentaler clinic in Toronto, based on “many years of positive experiences” both for Universities located in Toronto (U of Toronto and Ryerson) and at more distant campuses such as Wilfrid Laurier University.<sup>101</sup> Other universities, such as Trent in Peterborough, reported that the percentage of women seeking abortions that come into their health services centre is very low, and tends to be in September.<sup>102</sup> Their abortion referral lists were made available, and they did not include any CPCs. In addition, no health service centres have been approached by a CPC asking for their centre to be advertised. This finding stands in stark *contrast* to the trend identified in the United States by the Feminist Majority Foundation’s 2008 survey “*Media Advisory: The Dangerous Masquerade of ‘Crisis Pregnancy Centers*”, which found that *nearly half* of the 394 campus health centres at four-year U.S. colleges that responded to its national survey *routinely referred* students seeking reproductive health care to Crisis Pregnancy Centres. However, all university health services managers and representatives indicated a strong interest in this study and were eager to learn the results.

***Part Two: Evidence of CPC efforts to advertise to university students; visiting the centres posing as a university student with an unplanned pregnancy***

Evidence of CPC efforts to advertise to university students

First, primary resources from CAPSS and Care Net were examined to gauge if these organizations were intentionally targeting their outreach and advertising to attract university students. A review of such documents reveals that CAPSS and Care Net are in fact launching many outreach programs geared toward students. The earliest proof came in April 2007, when the results of “extensive research documenting Care Net’s work from 2005” were released. Seven “Top Five” category lists were revealed, and of interest to this study, a “Top 5 Centers with the most College Student Clients”.<sup>103</sup> This certainly demonstrates a high priority to attracting students. As mentioned previously, Care Net maintains an affiliation with CAPSS, and represents 1/3<sup>rd</sup> of CPCs in Ontario.

Later in 2007, Care Net unveiled its own “Campus Outreach and Pregnancy Support Initiative”.<sup>104</sup> Defined as a “program to help support local pregnancy centres meet the needs of pregnant students”, a Care Net report announced that many pregnancy centres were being relocated or newly opened at satellite locations near college campuses to ensure access to key CPC services. “You hear the word ‘choice’ thrown around on college campuses all the time”, said Molly Ford, the new program’s director stated, “but too often pregnant students don’t have any other choice that the one that their administrators or peers think they should make”. Ford concluded that the

<sup>101</sup> Interviews with Dr. Su-Ting Teo, Medical Centre Director, Ryerson University. 14 March 2011, and Karen Ostrander, Health Service Coordinator, Wilfrid Laurier University, 3 March 2011.

<sup>102</sup> Interview with Ms. Meri Kim Oliver, Associate Vice President, Student Services and Acting Registrar, Trent University, 2 March 2011.

<sup>103</sup> Care Net. Care Net Report. March/April 2007. <[http://www.care-net.org/uploads/report\\_date/](http://www.care-net.org/uploads/report_date/)>

<sup>104</sup> Care Net. Care Net Report. July/August 2007. <[http://www.care-net.org/uploads/report\\_date/cnrjulaug2007.pdf](http://www.care-net.org/uploads/report_date/cnrjulaug2007.pdf)>

reason why “you rarely see pregnant students on a college campus and why the abortion rate is so high among women in their early twenties” is that women are “basically forced to choose between their child and their education”.

Care Net listed four “strategic pillars” for outreach in its 2009 annual report: promoting, planting, preparing and partnering. As a priority of its “planting” pillar, Care Net expressed its intentions to “go where most abortions are performed by proactively planting pregnancy centres in underserved communities, including inner cities, and *college campuses*”.<sup>105</sup>

In preparation for its upcoming National Pregnancy Center Conference in September 2011, Care Net has invited established CPC ministries to help train, equip and encourage other CPCs by hosting a workshop. Of the six “presentation tracks” that CPCs are invited to speak about, “College/Campus Ministries” features prominently.<sup>106</sup> An online catalogue of Care Net Conference workshops from 2008-2010 also demonstrate a focus on university/college students; the titles of these talks include “college campus ministry”, and “campus outreach: reaching the college student”. Other workshop titles of interest to this project include “client marketing tactics: what message and method to use, abortion and mental health, sharing the gospel with the spiritually resistant client, abortion and mental health, controlling the media, facing controversy and maintaining composure, and legal and political threats facing crisis pregnancy centres. To demonstrate just how focused these workshops can be, one was titled “ministering to the post-abortive African-American woman”.<sup>107</sup>

CAPSS has just launched its own newsletter called “Pulse”. In its second newsletter, “the Toronto Project” was introduced as a new priority for the organization: “Your CAPSS team continues work toward more presence of life-affirming ministry in Toronto. This year, we welcome a new affiliate, at the Haven on the Queensway.” This focus falls in line with Care Net guidelines to transfer or plant new CPCs in urban areas. CAPSS views this challenge as “substantial”, as the core of Toronto “has 11 freestanding abortion clinics and hospitals... this is not friendly turf!”.<sup>108</sup> Toronto also has three universities and many colleges filled with students to extend their ministries to.

#### Visiting CPCs posing as a university student with an unplanned pregnancy

Second, for each university that is included in the study, the researcher visited a CPC in that city posing as a university student with an unplanned pregnancy. The goal of this exercise was to gather as many informative pamphlets and materials as possible from the CPC, and to gauge what sort of information a pregnant student might receive should she visit a CPC for options counseling. Subsequently, the medical soundness of the information given verbally, in written materials, and on CPC websites were verified by reference to academic studies and a family physician, who agreed to look the medical claims and risks of abortion made by CPCs.

<sup>105</sup> Care Net. Care Net Report. Winter/Spring 2009. Accessed 15 December 2010 from <[http://www.care-net.org/uploads/report\\_date/CNR-Winter-Spring2009.pdf](http://www.care-net.org/uploads/report_date/CNR-Winter-Spring2009.pdf)>

<sup>106</sup> Care Net. “Care Net Invites You to Submit a Workshop Presentation” <[https://www.care-net.org/public/file\\_server.php?id=1044](https://www.care-net.org/public/file_server.php?id=1044)>

<sup>107</sup> Barker Productions. Online Catalogue: Care Net Conferences, 2008-2010. <<http://www.barkerproductions.net/shop.asp?action=cat&catID=16466>>

<sup>108</sup> Canadian Association of Pregnancy Support Services. Pulse. Fall 2010. P. 2. Retrieved 22 February 2011 from <<http://www.capss.com/images/stories/PDF/fall2010.pdf>>

### *Findings*

- Brock University (St. Catharines, ON) – Niagara Life Centre
- McMaster University (Hamilton, ON) - Birthright Hamilton
- Queen’s University (Kingston, Ontario) Kingston Pregnancy Care Center
- Ryerson University (Toronto, ON) Aid to Women
- Trent University (Peterborough, ON) Peterborough Pregnancy Support Services
- University of Toronto (Toronto, ON) Aid to Women
- University of Waterloo (Waterloo, ON) Birthright Kitchener
- Wilfred Laurier University (Waterloo, ON) K-W Pregnancy Resource Centre

All crisis pregnancy centres were located by searching for affiliates on the CAPSS website, or the Birthright website. However, to demonstrate how women might be confused when searching for a comprehensive clinic, results on google, if searching for “abortion” in a city, consistently mix “abortion services” and “abortion alternatives” into one category. While Yellow pages searches try to make this distinction more apparent, results are nonetheless mixed and can be confusing to someone who does not know what they are searching for. In a statement from Yellow Pages, however, a representative claimed that “in the case of [abortion services and abortion alternatives] categories, we provide the content but the choice of services to use and/or calling the business for additional information on the service offering is ultimately left to the consumer,” and that “to date, we have received no inquiries or complaints regarding [these] categories”.<sup>109</sup>

### Findings

#### *A. Location, proximity to campus, appearance, and first impressions*

All seven CPCs were located between a 10-20 minute drive from campus. There were significant differences when comparing Birthright and CAPSS-affiliated centres. All Birthright CPC were located in the downtown core of each proper city, whereas all CAPSS-affiliated CPCs were located in residential or residential-business split areas. One Birthright and one CAPSS-affiliate had doorbells, a removed door handles from the outside, and an intercom speaker, in order to verify who wanted to be admitted into their centres. This was unexpected, as this made the centres seem as though they were abortion-providing centres, since abortion providers are required to take such precautions for safety reasons. When the volunteer at Birthright Hamilton finally opened the door, she was very suspicious of the researcher’s presence, and would open the door only slightly until the researcher convinced her that she was “in the right place”. In contrast, upon arrival at Peterborough Pregnancy Support Services, the researcher was delightfully ushered into the centre by an eager volunteer.

In terms of appearance, the two Birthright centres felt very “dated” and cold. There were baby bonnets, booties, and teddy bears abound, certainly knitted by its elderly volunteer staff. CAPSS-affiliates, in stark contrast, were all modern, trendy, and typically in converted homes.

#### *B. Reception, intake forms, discussion of the services provided, counselors*

Six CPCs had a welcome “desk”, but not a formal reception area of the variety that CPCs are accused of having in the United States to resemble medical clinics. Only one CPC, the Niagara Life Centre, had a very large desk with a receptionist, business cards, and information pamphlets

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<sup>109</sup> In a statement provided to the Toronto Star by Perry Schwartz, senior manager, communications, Yellow Pages Group on August 5, 2010.

on display about their services. All CAPSS-affiliate centres asked that the researcher fill out a 3-paged “intake form” prior to commencing the counseling session, and a “confidentiality” agreement. These intake forms all asked the same sorts of questions, including: personal contact information, education, level of income, relationship status, race, how one had heard of the centre, what support one would have in pregnancy, religious beliefs, among others. It also asked if one could be contacted later for follow-up; the researcher indicated no, and did not receive any form of subsequent contact. This stands in contrast to CPCs in the United States, which have been known to harass their clients. Birthright locations did not seem to collect personal information, at least while the client was present.

Only one centre, Birthright Hamilton, explained that they were a pro-life organization the minute the researcher entered the centre. All centres eventually did disclose their pro-life views, but this occurred well into the counseling session. When the researcher asked if that meant discussions about abortion were “off the table”, the counselors said absolutely not, they needed to discuss all of the available options. CAPSS affiliates displayed their CAPSS and Care Net certificates in the counseling rooms, to lend an air of distinction.

Birthright counselors were the stereotypical warm “grandmother” figures. With one exception, CAPSS-affiliate were Caucasian, young blonde women, who were either currently pregnant or had just had a baby themselves. One had a university degree in sociology (the Niagara Life Centre), but all others had received “peer counseling” training from their CPC only.

### *C. Risks of abortion (Verbal information and written materials)*

#### Mental/psychological risks

Most counselors deferred the responsibility of verbally informing the researcher of “the physical and mental health risks of abortion” by providing pamphlets that could be looked over at home. The only medical risk that was emphasized verbally by all counselors was the risk of “post-abortion syndrome” (PAS): that most women regret their abortions, that “symptoms of PAS can sometimes start 10, 20, 30 years after the abortion”, and that “not a lot of women understand this risk”. All materials given by CPCs discussed this risk of PAS. One counselor, however, spoke about PAS to a lengthy extent, going so far as to give the researcher a photocopy of 15-year-old PAS ‘statistics’ obtained from Birthright, which are used for “volunteer training purposes”. This fact sheet stated that, in the short term, 90% of women have self-esteem issues, 68% will have suicidal tendencies, and 28% will attempt suicide. In the long term, 81% are said to become “preoccupied with abortion”, 73% will have flashbacks, and 69% will be sexually inhibited (see Appendix 2.a).

Birthright centres did not provide materials to bring home, other than a brochure for adoption services such as “Beginnings” and information about PAS (Birthright Hamilton only, and at the insistence of the researcher). The four CAPSS affiliates, and the one independent CPC, provided three different pamphlets intended to help make an informed decision regarding an unplanned pregnancy. All of these pamphlets cast abortion as a negative choice, and adoption and parenting as positive choices-- and were obviously not neutral sources of information. For instance, the first page of Care Net’s “Before You Decide” pamphlet explains “this brochure will help you understand more about your pregnancy, about the new life developing inside you, and about abortion. You do have *positive* options”.<sup>110</sup> This unjustly casts abortion as a “negative” option, which is certainly not the case for certain women.

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<sup>110</sup> Care Net. “Before you decide: an abortion education resource”. 2003. P. 1.

All pamphlets follow a similar format. An opening page describes how “the right to choose includes the right to know”, implying that there are some hard truths about abortion that women do not know, and warns that “before you decide, *you deserve to have as much information as possible*—this is one of the biggest decisions you will make in your life”.<sup>111</sup> Another pamphlet advises women to “know the facts” and that “the law gives you the right to be fully informed about this important decision”.

A section chronicling “fetal development” at several stages, follows. Photos of fetuses in utero are accompanied in one pamphlet by the testimony of a “post-abortive” woman, “I wish I would have been told”, implying that had she been told the CPC’s view of fetal development, she would not have undergone the abortion. However, the descriptions of fetal development in these brochures are exaggerated. For instance, it is not possible to record fetal brain activity before 20-24 weeks, and fetuses cannot feel pain until at least the third trimester. In Joyce Arthur’s “Exposing Crisis Pregnancy Centres in British Columbia, Dr. Konia Trouton, a Family Physician, reviewed CPC materials and the CAPSS volunteer training manual for its workers, and concluded that the sources used to document fetal development were “not from any reputable, non-biased scientific source”.<sup>112</sup> The sections detailing fetal development are followed by a description of the different types of abortion procedures, including outdated methods such as “saline solution”, and other forms not performed in Canada.

The most common pamphlet the researcher received was “Abortion, adoption, parenting: an informational guide for unplanned pregnancy”, produced by CAPSS in 2010. It tells a woman facing an unplanned pregnancy that, “although many women feel some relief after abortion, many other have negative emotions afterwards. These reactions may be immediate or may occur years later. Emotional responses vary depending on a woman’s age, stage of pregnancy, religious or cultural beliefs, previous mental health, or whether she is being pressed by others into having an abortion”. It includes a quote from Carla from British Columbia, who we can assume was a past CPC client, who tells of the negative effects of her abortion, testifying that she felt that she was “holding onto this big secret [and] didn’t want anyone to know because [she felt] ashamed. There’s always this sense of loss and struggle with sadness”.<sup>113</sup> The pamphlet lists the following symptoms of PAS: sadness, emotional numbing, depression, self-destructive behaviour, guilt, alcohol and drug abuse, shame, nightmares or flashbacks of the abortion, anniversary grief, suicidal thoughts (see Appendix 2.b).<sup>114</sup>

In “Before you decide: an abortion education resource”, published in 2003 by Care Net, much of the same information regarding PAS are provided, including another list of PAS symptoms, this time also including “anger, anxiety, sexual dysfunction, relationship problems, eating disorders, and psychological reactions”.<sup>115</sup> The final brochure entitled “Making an informed decision about pregnancy” from Frontlines Publishing in 2005, adds “memory repression, hallucinations, and long-term grief anger” to the list of PAS symptoms.<sup>116</sup> Of note is that the CAPSS 2010 pamphlet does not include a section on “spiritual risks”, whereas the other two brochures do, saying that abortion “may have an impact on your relationship with God” and asking abortion-minded

<sup>111</sup> Frontlines Publishing. “Making an informed decision about pregnancy” 2005. P. 1.

<sup>112</sup> Joyce Arthur. “Exposing Crisis Pregnancy Centres in British Columbia”. Appendix 1: Correcting Medical Misinformation (by Dr. Konia Trouton, Family Physician). Pro-Choice Action Network-Canada. January 2009. P. 21-2.

<sup>113</sup> CAPSS. “Abortion, adoption, parenting: an informational guide for unplanned pregnancy”. 2010. P. 5.

<sup>114</sup> Ibid.

<sup>115</sup> Care Net. “Before you decide: an abortion education resource”. 2003. P. 12.

<sup>116</sup> Frontlines Publishing. “Making an informed decision about pregnancy” 2005. P. 8.

women to consider “what God’s desire for you is in this situation” and “how God sees your unborn child.”<sup>117</sup>

The references provided for PAS claims are listed on the final page of each pamphlet. However, one need only look at the quality of these references to realize that they are not medically sound nor hold scientific weight. In Care Net’s brochure Anne Speckhard and Vincent Rue “Post-Abortion Syndrome: An Emerging Public Health Concern” is cited from 1992 as proof of the syndrome.

However, when Speckhard and Rue testified in two separate cases for the existence of PAS, their evidence was thrown out of court. Rue, for instance, testified in *Planned Parenthood v. Casey*, the case that effectively threw out the requirement that women be informed of possible psychological risks of abortion. The presiding judge, Justice Crabb, found Rue lacked the academic qualifications and scientific credentials, and that his evidence was “not credible”.<sup>118</sup> Speckhard’s PAS proof in *Karlin v. Foust* (1997) was similarly thrown out by the judge, who called her opinion “ludicrous” and that if Speckhard’s opinion that 20% of women will suffer from PAS and 40 to 45 percent would experience some post traumatic stress “were correct, approximately four million women... would be suffering from the disorder. [That] would be a psychiatric epidemic of epic proportions that could hardly escape the notice of the nation’s physicians.”<sup>119</sup> In fact, in every instance where counterclaims about the evidence of the psychological effects of abortion have been visible, and where they have reached the courts, they have decisively influenced the outcome of proceedings to the detriment of the PAS claim.<sup>120</sup>

The Frontlines publishing brochure cites as evidence of PAS a study by David Reardon, who a PBS documentary exposed as having a “PhD from a unrecognized university”, and director of the organization behind “Afterabortion.org”, the Elliot Institute.<sup>121</sup> Although Reardon believes that abortion harms women, his own studies and the studies upon which they rely to make that assertion [that PAS exists] “are so flawed methodologically that they cannot be said to establish a causal relationship”.<sup>122</sup> For instance, the studies fail to address the fundamental question of whether women who have had abortions experience more adverse reactions than do otherwise similar women who have carried their unwanted pregnancies to term. In his study “Abortion in women’s lives”, the Guttmacher Institute concludes that “none adequately control for factors that might explain both the unintended pregnancy and the mental health problem, such as social or demographic characteristics, preexisting mental or physical health conditions, childhood exposure to physical or sexual abuse, and other risk-taking behaviours... because of these confounding factors, even if mental health problems are more common among women who have had an abortion, abortion may not have been the real cause”.<sup>123</sup>

The mental health community is quite unified in their rejection of PAS. The American Psychiatric Association, the American Psychological Association, and all other mainstream authority do not

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<sup>117</sup> Care Net. “Before you decide: an abortion education resource”. 2003. P. 12.

<sup>118</sup> Ellie Lee. *Abortion, Motherhood and Mental Health*. Aldine de Gruyter: New York, 2003, p. 131; Faye Ginsburg. “Contested Lives: The Abortion Debate in an American Community. Berkeley: University of California Press, 1989. P. 127.

<sup>119</sup> *Ibid.* P. 127-128

<sup>120</sup> *Ibid.* P. 129.

<sup>121</sup> Cynthia L. Cooper. “Abortion Under Attack.” *Ms. Magazine*. August 2001.

<sup>122</sup> Susan A. Cohen. “Abortion and Mental Health: Myth and Realities”. Guttmacher Institute. Vol. 9, No. 3. Summer 2006. Accessed 5 December 2010 from <<http://www.guttmacher.org/pubs/gpr/09/3/gpr090308.html>>

<sup>123</sup> *Ibid.*

recognize it as an official syndrome or diagnosis.<sup>124</sup> The first study to analyze the health effects of abortion was conducted by then-U.S. Surgeon General C. Everett Koop under the direction of President Reagan in 1987. Koop concluded that the psychological effects of abortion were “miniscule” from a public health perspective.<sup>125</sup> In 1989, the American Psychological Association (APA) convened a panel to comprehensively assess the body of research meeting the minimum criteria for scientific validity. The review determined that legal abortion of an unwanted pregnancy “does not pose a psychological hazard for most women”, and that “women who terminate pregnancies that are wanted or lack support from their partner or parents for the abortion may feel a greater sense of loss, anxiety and distress. For most women, however, the time of greatest distress is likely to be before an abortion; after an abortion, women frequently report feeling relief and happiness. Nada Stotland of the American Psychiatric Association wrote in the American Medical Association journal that “PAS... is a medical syndrome that does not exist” and that, although women may experience abortion as loss and thus feel sad afterward, “a feeling is not the equivalent of a disease”.<sup>126</sup>

In 2008, the APA released its “Report of the Task Force on Mental Health and Abortion”, after having reviewed all of the best scientific evidence published since 1989. It concludes that “among adult women who have an unplanned pregnancy, the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy.”<sup>127</sup> Furthermore, the report found that “the evidence regarding the relative mental health risks associated with multiple abortions is more equivocal. Positive associations observed between multiple abortions and poorer mental health may be linked to co-occurring risks that predispose a woman to both multiple unwanted pregnancies and mental health problems”.<sup>128</sup> A recent study published in the British Medical Journal echoed the APAs findings, and “determined that there is no causal link between depression and abortion”.<sup>129</sup>

### Physical risks

Two centres warned the researcher verbally of the physical risks of abortion, which included infertility, tearing of uterus and hemorrhaging. “It’s not just a simple procedure”, more counselor warned, “it’s surgery... if you decide to abort, they use a suction devise to take the baby out of you... there are risks”. However, the remaining centres referred the researcher to the supplied pamphlets for more information.

In CAPSS’s “Abortion, adoption and parenting”, one page of the pamphlet is dedicated to describing the different types of “abortion procedures”, and another page outlines “abortion risks”. It lists as the physical risks of abortion “heavy bleeding, infection, damage to the cervix or womb” “increased risk of future miscarriage, increased risk of premature births, increased risk of infertility, and a possible link to breast cancer”.<sup>130</sup>

<sup>124</sup> Cynthia L. Cooper. “Abortion Under Attack.” *Ms. Magazine*. August 2001.

<sup>125</sup> Ellie Lee. *Abortion, Motherhood and Mental Health*. Aldine de Gruyter: New York, 2003, p. 131; Faye Ginsburg. “Contested Lives: The Abortion Debate in an American Community. Berkeley: University of California Press, 1989. P. 116-118

<sup>126</sup> Nada Stotland. “The myth of the abortion trauma syndrome.” *Journal of the American Medical Association*. 268 (15): 2078-9.

<sup>127</sup> American Psychological Association. Task Force on Mental Health and Abortion. “Report of the Task Force on Mental Health and Abortion” Washington, DC: Author. 2008. Retrieved 10 February 2011 from <<http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>>

<sup>128</sup> Ibid.

<sup>129</sup> CPC Watch. “Fact Versus Fiction” <<http://cpwatch.org/Fact-v--Fiction.php>>; Susan A. Cohen. “Abortion and Mental Health: Myth and Realities”. Guttmacher Institute. Vol. 9, No. 3. Summer 2006. Accessed 5 December 2010 from <<http://www.guttmacher.org/pubs/gpr/09/3/gpr090308.html>>

<sup>130</sup> CAPSS. “Abortion, adoption, parenting: an informational guide for unplanned pregnancy”. 2010. P. 5.



Care Net's "Before you decide" lists three pages of physical health risks of abortion. The physical risks of abortion identified in this pamphlet are: "heavy bleeding and risk of hemorrhage... a blood transfusion may be required", "infection, [as bacteria] may get into the uterus from an incomplete abortion", "incomplete abortion" as some fetal parts "may not be removed by abortion", allergic reactions to drugs that "may result in convulsions, heart attack, and in extreme cases, death", tearing of the cervix, scarring of the uterine lining, perforation of the uterus that may require "major surgery, including a hysterectomy", damage to internal organs, and death.<sup>131</sup> The pamphlet warns of the effect of abortion on future pregnancy, that "scaring or other injury during an abortion may prevent or place at risk future wanted pregnancy" and states that the "risk of miscarriage is greater for women who abort their first pregnancy".<sup>132</sup> The link between abortion and breast cancer is also discussed. Juxtaposed against a photo of a doctor, the pamphlet states that "most studies conducted so far show a significant linkage between abortion and breast cancer." (See Appendix 2.c) A 1994 study from the National Cancer Institute is quoted as proof of this correlation: "Among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50% higher than among other women".<sup>133</sup> "Making an informed decision about pregnancy" by Frontline Publishing includes the same physical risks as the CAPSS and Care Net pamphlets.<sup>134</sup>

The physical risks listed in these "informative guides" are either grossly exaggerated or are blatantly false. Abortion is a safe medical procedure—it is "safer than continuing pregnancy and entails about the same risk as spontaneous abortion [miscarriage]". To put things into perspective, the Society of Obstetricians and Gynecologists of Canada (SOGC) posted a link to an editorial in the reputable medical journal *Contraception* titled "Reproductive health risks in perspective". The article states "women are far more likely to die from pregnancy-related complications, from automobile accidents or from a fall than they are from having undergone either a medication or surgical abortion".<sup>135</sup> In rebuttal to CPCs and other anti-choice organizations touting the risks of abortion, the editorial argues, "those who claim that abortion [is] unsafe *base this assertion on ideology, not on evidence-based science*".<sup>136</sup> While the CPC pamphlets go at length to describe the physical risks of abortion, the rate of complications in Canada have been improving since 1988, and occur at a rate of 1.1 percent.<sup>137</sup> There is also no evidence that an abortion increases the risk of infertility or miscarriage for future pregnancies.<sup>138</sup>

The medical community is unified in its stance that abortion does not increase the risk of breast cancer. While the Care Net pamphlet cited a 1994 National Cancer Institute (NCI) study as proof

<sup>131</sup> Care Net. "Before you decide: an abortion education resource". 2003. P. 10-12

<sup>132</sup> Care Net. "Before you decide: an abortion education resource". 2003. P. 12.

<sup>133</sup> Ibid.

<sup>134</sup> Frontlines Publishing. "Making an informed decision about pregnancy" 2005. P. 7.

<sup>135</sup> Contraception. "Editorial: Reproductive Health Risks in Perspective". Vol. 73, 2006. P. 437–439. Accessed 18 January 2011 from <[http://www.sogc.org/media/pdf/statements/reproductive-health-risks\\_contraception.pdf](http://www.sogc.org/media/pdf/statements/reproductive-health-risks_contraception.pdf)>

<sup>136</sup> Ibid.

<sup>137</sup> L.E. Ferris et al. Factors associated with immediate abortion complications". Canadian Medical Association Journal. Vol. 154, No. 11. June 1996. P. 1677-85.

<sup>138</sup> Roger W. Harms, M.D. "Abortion: does it affect subsequent pregnancies?" Mayo Clinic.

<<http://www.mayoclinic.com/health/abortion/AN00633/>>; F. Parazinni et al. "Induced abortion in the first trimester of pregnancy and risk of miscarriage". British Journal of Obstetric Gynecology. April 1998. Vol. 105, No. 4, P 418-21; Atrash H.K. and C.J. Hogue. The effect of pregnancy termination on future reproduction. Baillieres Clinical Obstetric Gynaecology. Vol 4, No. 2, June 1990. P. 391-405; T.T. Lao and Ho L.E. "Induced abortion is not a cause of subsequent preterm delivery in teenage pregnancies". Human Reproduction. Vol 13, No. 3, March 1998. P. 758-61; X. Xiong, W.D. Fraser and Demianczuk N.N. "History of abortion, preterm, term birth, and the risk of preeclampsia: a population-based study." American Journal of Obstetric Gynecology. Vol 187, No. 4, October 2002. P 1013-8.

of this correlation, the researcher's visits to NCI's website suggested otherwise. In February 2003, the NCI convened a workshop of over 100 of the world's leading experts who study pregnancy and breast cancer risk. The workshop participants, after reviewing the exiting population-based, clinical studies on the relationship between pregnancy and breast cancer risk, including studies of induced and spontaneous abortions, concluded that "having an abortion or miscarriage *does not* increase a woman's subsequent risk of developing breast cancer."<sup>139</sup> Thorough studies and expert statements by the American Cancer Society, Susan G. Komen Foundation and the American College of OB/GYNs have also concluded that there is no link between abortion and breast cancer. In addition, the Canadian Cancer Society has released the statement on its website regarding the abortion-breast cancer link: "At the present time, the body of scientific evidence does not support an association between abortion and increased breast cancer risk."<sup>140</sup>

### *E. Ethically questionable conduct from volunteers*

At all centres, abortion was presented as morally questionable and distressing, whereas adoption and parenting were presented as positive options—especially easy given that all volunteers were mothers or soon-to-be mothers. Every CPC, with the exception of Birthright Hamilton, had on display models of fetuses at various stages of development (see Appendix 2.d). Aside from Birthright Hamilton, CPCs provided the researcher with pamphlets and leaflets containing photos of fetuses at various stages of development, to give a sense of what her "baby" looked like. Referring to the early unwanted pregnancy as a client's "baby" was a common occurrence across CPCs and was emotionally distressing. When the researcher first disclosed to counselors that she was "pregnant", she was even told "congratulations" at one location. The impetus behind this strong focus on displaying fetal development may be because, for CPCs in Canada, it is against the law for non-regulated centres to use ultrasound equipment to give women a "glimpse" of her baby. Pamphlets, photos and life-sized models are used instead to show, as one counselor said, "the baby growing inside of you right now". (see Appendix 2.e) "Isn't this precious... this is your baby," a counselor stated as she presented an outstretch hand, motioning for the researcher to hold the little plastic fetus, "this is its size".

In addition to speaking about post-abortion syndrome (PAS) as a "psychological risk" of abortion, every CPC counselors seemed to focus the idea of abortion as regret. One counselor informed the researcher "she runs many of the post-abortion counseling sessions, and as many as 99 per cent of those women who come in to speak with her regret their abortion... most women do". She reiterated this fact many times during the length of the session. Another counselor told the researcher "no one said it would be easy... [but you] don't want to do something you'd regret". The researcher was also told, by a different counselor, that "most couples tend to break up after an abortion because it is a trauma, and a loss".

The touted risk of "infertility", as presented above, was also given a manipulative twist; one counselor told the researcher "you need to think about the babies you want to have in the future...

<sup>139</sup> National Cancer Institute. Fact Sheet: Abortion, Miscarriage and Breast Cancer Risk. 1 December 2010. Accessed 14 January 2011 from <<http://www.cancer.gov/cancertopics/factsheet/Risk/abortion-miscarriage>>; National Cancer Institute. Summary Report: Early Reproductive Events and Breast Cancer Workshop. <<http://www.cancer.gov/cancertopics/ere-workshop-report>> 3 April 2003.

<sup>140</sup> Canadian Cancer Society. "Abortion and Breast Cancer: The Canadian Cancer Society's Perspective". 13 December 2009. Accessed 25 April 2011 from <[http://www.cancer.ca/Ontario/About%20us/Media%20centre/Our%20positions%20on%20cancer-related%20issues/Abortion%20and%20breast%20cancer.aspx?sc\\_lang=en&r=1%20centre/Our%20positions%20on%20cancerrelated%20issues/Abortion%20and%20breast%20cancer.aspx?sc\\_lang=en&r=1](http://www.cancer.ca/Ontario/About%20us/Media%20centre/Our%20positions%20on%20cancer-related%20issues/Abortion%20and%20breast%20cancer.aspx?sc_lang=en&r=1%20centre/Our%20positions%20on%20cancerrelated%20issues/Abortion%20and%20breast%20cancer.aspx?sc_lang=en&r=1)>

this may be your only chance. Especially if you don't find another person in your life, you may regret not having that baby". The researcher was also advised to speak to her parents, despite telling the counselor of her difficult family situation, because "after all, it is *their* grandchild. This doesn't just affect you and your little baby". Other statements were encouraging, but nonetheless emotionally manipulative, such as "I have a good feeling. I think you'd be a great mother. I just know it".

The one non-affiliated centre, however, Aid to Women, focused more on the morality of abortion, rather than speaking about how wonderful parenting and adoption is. Given that the counselor was pregnant at the time, saying she could never think of killing her child, it was difficult to disagree with her without seeming disrespectful, given her condition. While there was "give and take" in conversations with other counselors, this conversation seemed more like a sermon than a discussion. Abortion, "that it's so 'hush-hushed' in our society," she said, "it is obviously wrong". At this location, the researcher was not only shown plastic fetus models, but also pictures of aborted, bloody, severed fetuses, and was done to evoke emotional distress.

#### F. Referrals

Referral information for adoption services was made available at each location. However, upon further research, the researcher found that counselors gave a false impression of what an "option adoption" was, as did the pamphlets that the researcher was given. Open adoption was presented by CPCs as a very modern, caring and unselfish, positive alternative to abortion, and that it meant birth parents could have a say in choosing their child's adopted parents, and continue a relationship with them by exchanging pictures and letters, and perhaps the odd meeting (refer to appendix 2.f). Giving this impression is misleading, irresponsible—and completely false. There is no such thing as "open adoption", as suggested by CPCs. Instead, what is meant by the legal term "legal adoption" in Ontario is that when the child reaches the age of 18, they can access their full medical history and be able to track down their birthparents if they so wish.<sup>141</sup> However, the picture painted by CPCs and "Beginnings" private adoption agency is that the birthmother would be able to maintain close contact with their child and his or her adopted parents.

In addition, no birth control referrals or abortion referrals were made available by any of the CPCs. The researcher was able to obtain, through another reproductive rights activist, a copy of the CAPSS Crisis Pregnancy Centre Ministry Volunteer Training Manual (2002 edition). In this manual, under "CAPSS Policy – Contraceptive Counseling", it states that volunteers "are never to advise or refer a single woman for contraceptives. The seeming pragmatism of contraceptives does not dilute the clear command in Scripture to abstain from sexual intimacy outside of marriage".<sup>142</sup> That CPCs will not offer referral or information for birth control is enough to discredit these organizations in the eyes of most.

#### *IV. Conclusions, Areas of Future Study*

"The amazing thing, I think as I close the door, is that they still come. After hearing all that terrible propaganda and lies and being shown the inaccurate pictures by the places calling themselves some version of a pregnancy counseling center, they still come. They are desperate to end an unwanted pregnancy."--Dr. Susan Wicklund, from her book *This Common Secret: My*

<sup>141</sup> Correspondence with Joanna Smith, Toronto Star Investigative Reporter. 9 March 2011.

<sup>142</sup> CAPSS. *Crisis Pregnancy Centre Ministry Volunteer Training Manual*. Canadian Edition. 2002. P. 156.

*Journey as an Abortion Doctor*, reflecting on the patients that come to her clinic after visiting a CPC.<sup>143</sup>

The World Health Organization uses the following definition of public health: a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.<sup>144</sup> The goal of public health is then to improve the lives of the public through prevention and treatment. Abortion is the most politicized of medical act guaranteed under the Canada Health Act. Women deserve to be given accurate information regarding all of their reproductive options—especially at one of the most vulnerable times in a woman’s life. We must not forget that mental health is a part of public health as well. To emotionally manipulate women into carrying a pregnancy to term that she does not want can lead to serious mental illness.

The potential for further study in this topic is widespread. For instance, while visiting a CPC, the researcher noticed a “plaque of appreciation” on display from a Catholic District School Board, thanking the CPC for its assistance with sexual education. Given the grossly inaccurate information regarding contraceptives and STIs found in the CAPSS volunteer training manual, it is disturbing to know that some teenagers are not being provided with the sexual education needed to make safe choices.

The need for further, more widespread investigations of CPCs in Ontario and Canada more generally are desperately needed in order to lobby government to either regulate these centres, or to force a “truth-in-advertising” by-law as seen in the various U.S. states. This is imperative because the number of CPCs seems to be sharply rising in the last two years. For example, Patricia La Rue of Canadians for Choice found 18 CPCs in Quebec in 2008; in 2011, that number doubled to 28 CPCs.<sup>145</sup> Due to the erosion of access for women to reproductive health care and information, CPCs are capitalizing on a policy vacuum.

Crucially, both sides, pro-life and pro-choice, argue about the importance of “complete information” and “informed consent” for women considering abortion, and then argue over what that means. The public needs to be informed of the growing tendency of pro-life organizations to manipulate scientific findings and to present them out of context as fact. The Guttmacher Institute has even released an article chronicling “the uses and abuses of science in sexual and reproductive health policy”, stating that polarization over what a given study says and controversy over whether research is being applied appropriately... has become commonplace”.<sup>146</sup>

As one former CPC worker summed perfectly: “It’s been a real education about the scientific facts and data and who are reliable sources... That gets to the heart of the divide. *If we as a society can’t agree on who is the gold-standard source of medical information, that just reveals we’ve got problems*”.<sup>147</sup>

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<sup>143</sup> Susan Wicklund. *This Common Secret: My Journey as an Abortion Doctor*. New York: Public Affairs, 2007. P. 145-6.

<sup>144</sup> World Health Organization. “Preamble to the Constitution of the WHO as adopted by the International Health Conference, 1946.” Retrieved 21 October 2010 from <[http://www.who.int/governance/eb/who\\_constitution\\_en.pdf](http://www.who.int/governance/eb/who_constitution_en.pdf)>

<sup>145</sup> Correspondence with Agathe Gramet-Kedziior, Acting Executive Director of Canadians for Choice. 17 March 2011.

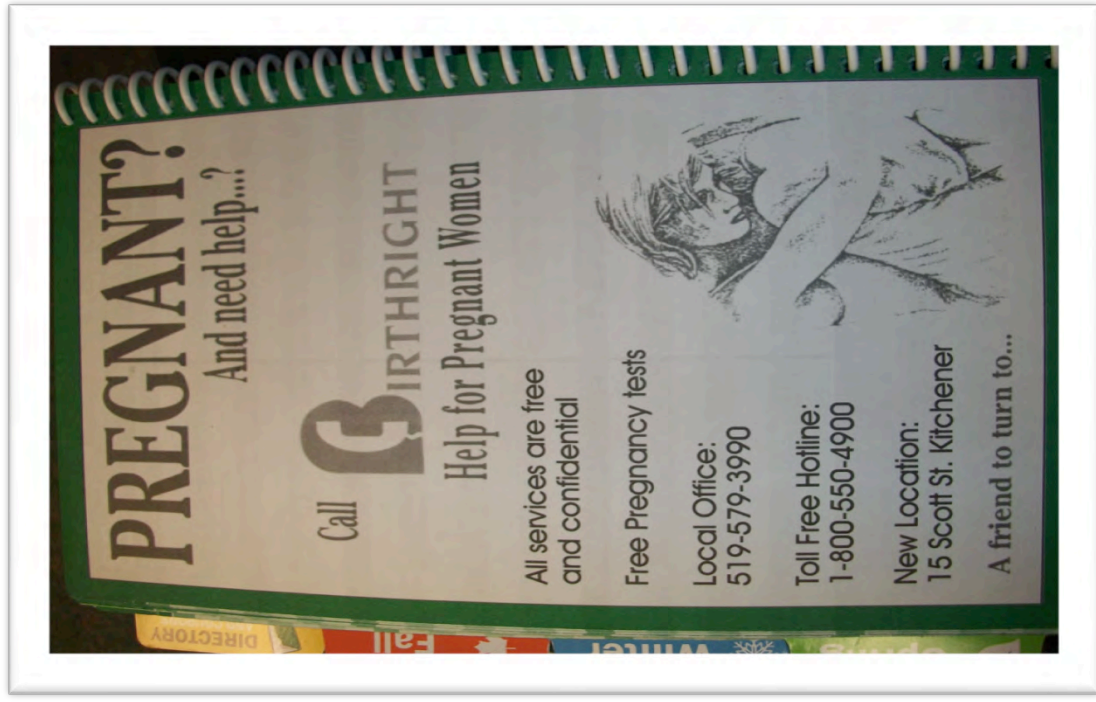
<sup>146</sup> Adam Sonfield. “The Uses and Abuses of Science in Sexual and Reproductive Health Policy and Debates”. *The Guttmacher Institute Report on Public Policy*. Vol. 8, No. 4. November 2005. <<http://www.guttmacher.org/pubs/tgr/08/4/gr080401.html>>

<sup>147</sup> Nancy Gibbs. “One Woman at a Time.” *Time International* (Canada Edition). 26 February 2007. Vol. 169, Issue 9, p. 23.

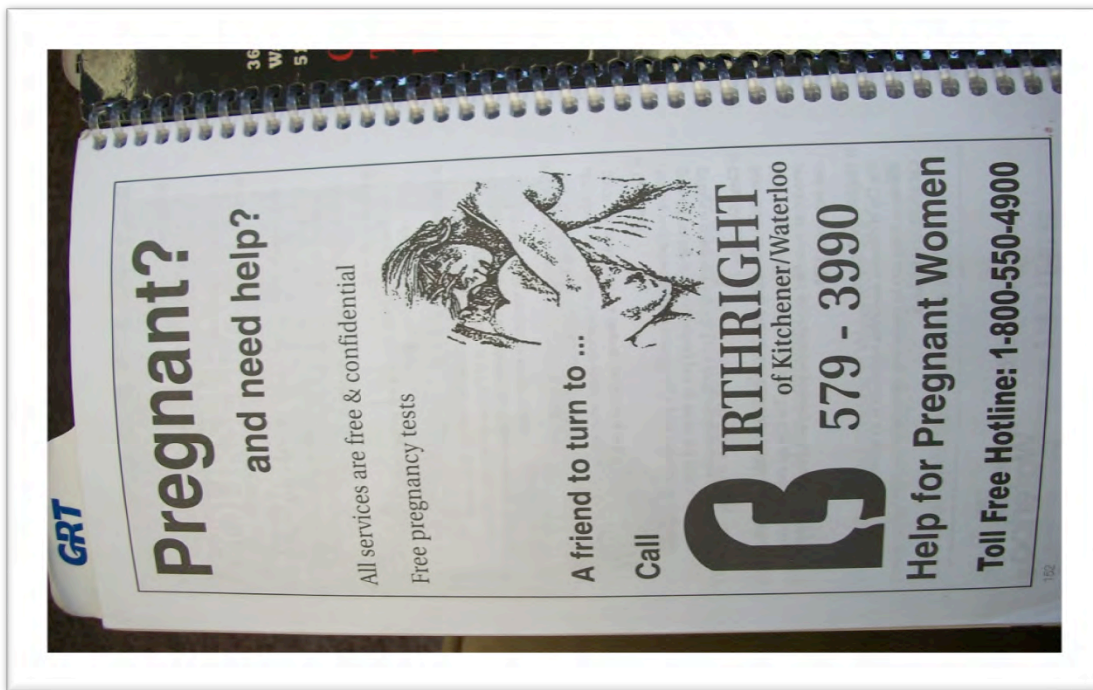
Appendix

**Appendix 1: Advertisements found on University Campuses**

1.a. University of Waterloo, Student Agenda



1.b. Wilfrid Laurier University, Student Agenda



1.c. National Campus Life Network and Human Life Alliance- produced “We Know Better Now”. Appearing in “Imprint”, the official student newspaper of the University of Waterloo



# FREE Help Lines

**Free Pregnancy Help**  
 Option Line – 24 hour  
 1-800-395-HELP (4357)  
[www.optionline.org](http://www.optionline.org)

**Birthright – 24 hour**  
 1-800-550-4900  
[www.birthright.org](http://www.birthright.org)

**Adoption**  
 Adoption Council of Canada  
 1-888-54-ADOPT (23678)  
[www.adoption.ca](http://www.adoption.ca)

**Free Help After An Abortion**  
 Rachel's Vineyard – 24 hour  
 1-877-HOPE 4 ME (467-3463)  
[www.rachelsvineyard.org](http://www.rachelsvineyard.org)

**Project Rachel**  
[www.projectrachel.ca](http://www.projectrachel.ca)

**Silent No More Awareness Campaign**  
[www.silentnomoreawareness.org](http://www.silentnomoreawareness.org)  
 Angelina Steenstra  
[asteenstra@sympatico.ca](mailto:asteenstra@sympatico.ca)  
 905-430-7990

**Abortionchangesyou.com**  
 Confidential space to share stories for those touched by abortion.

**LIED TO.** Since that fateful day abortion was legalized through all of pregnancy,<sup>1</sup> the evidence against lying. The time has come to throw formation and acknowledge what ion... abortion kills a unique, and hurts women physically

**We know better now.** Abortion advocacy is, in fact, poison to the roots of feminism. Learn how the pro-abortion mentality is oppressive and damaging to the empowerment of women today through the acceptance of the oppression of their own offspring (p. 8). See why the overpopulation myth with its population control measures is perpetuating increasing demographic problems (p. 8).

**We know better now.** Sex is a powerful force of nature. Our own biology teaches us ground rules for sex (p. 10). Birth control is not always contraceptive in how it works.

Abortion kills a human being— 7). Over 3 million children have ince abortion was decriminalized en the effects of abortion either e close to us. The rhetoric can 3). Approximately 300

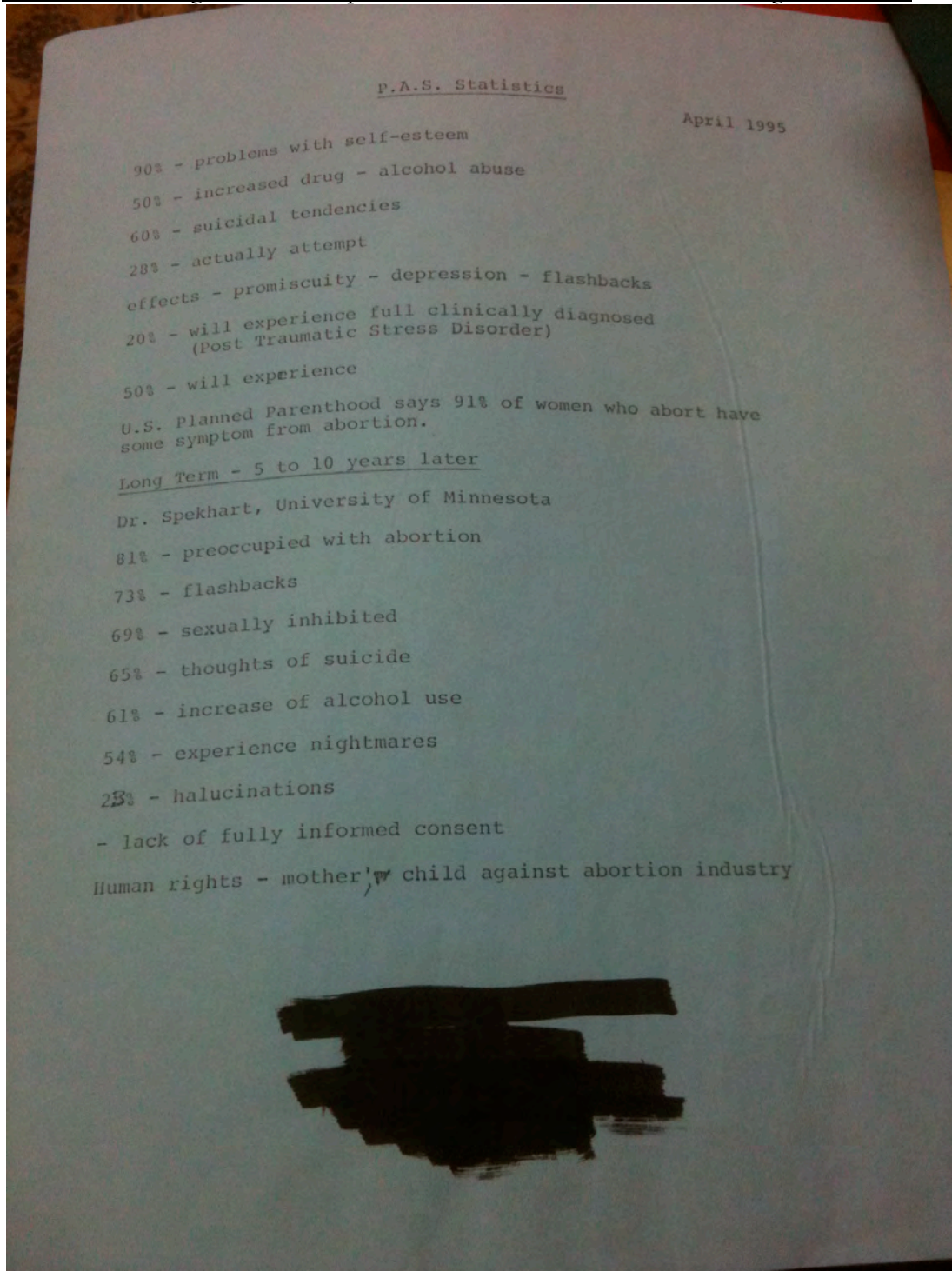
willing to look at the facts and see the consequence must continue to fight against the culture and speak life. **WE KNOW BETTER NOW!**

<sup>1</sup>Supreme Court Decision in R. v. Morgentaler, 1988, 1 S.C.R. 30. Law Amendment Act, 1968-69 (S.C. 1968-69, C.38) – Pierre Trud Omnibus Bill was introduced as Bill C-150. <sup>2</sup>Therapeutic Abortion "Induced Abortion Statistics, 2005." Statistics Canada. [www.statcan.ca](http://www.statcan.ca) | \*Ibid. | <sup>3</sup>Criminal Law Amendment Act, op. cit.



## Appendix 2: Pamphlets

### 2.a. Short- and long-term risks of post-abortion stress, handout from Birthright Kitchener



## 2.b. CAPSS “Abortion, Adoption, Parenting” (2010): The option of abortion - abortion risks

**the option of abortion – abortion procedures**

There are various abortion procedures available during different stages of pregnancy. In Canada, 90% of abortions are done in the first 12 weeks of pregnancy, avoiding the added risk associated with later term abortions. An ultrasound may be given before an abortion to determine the stage of pregnancy and also afterwards to determine if the abortion is complete. Depending on the type of abortion, the procedure may take between 5–30 minutes, with the entire process being generally less than 2 hours.

**medical abortion (usually up to 7 weeks)** – Methotrexate is typically given by injection or orally followed by Mifeprostol which may be self-administered by vaginal suppositories or oral pills. Methotrexate is a chemotherapy drug which stops cell growth. Cramping and bleeding will occur as the uterus contracts and as the embryo is expelled within 2 days. This procedure usually requires 3 visits to the abortion provider. Incomplete abortions are followed up with a surgical procedure.

**surgical abortions** – With each of the following surgical procedures, the cervix will be dilated (opened) to allow instruments to enter the uterus. Dilatation may be done using laminaria (seaweed sticks), an osmotic dilator (expanding sponge) or metal rods. A local anaesthetic, as well as medication to reduce pain, blood loss and risk of infection, may be given. After each surgical procedure, the fetal tissue will be examined to determine if all the products of conception were removed.

**vacuum aspiration (1st Trimester)** – After dilation, abortion is performed by inserting a long tube (cannula) into the uterus. This cannula is connected to a hand or machine-operated pump. The contents are then suctioned out of the uterus.

**dac: dilation & curettage (1st Trimester)** – After dilation, abortion is performed by using a loop-shaped instrument (curette) to scrape the wall of the uterus and remove the embryo. This procedure may be used on its own or as a follow-up to incomplete abortions after other procedures.

**dac: dilation & evacuation (2nd Trimester)** – This method requires 2 appointments. After 24 hours of dilation, this procedure is performed with the use of both suction and scraping used in 1st trimester abortions (above); additionally, fetal parts may need to be removed with forceps.

**dac: dilation & extraction (3rd Trimester)** – Labour is induced by injecting medication into the vagina or amniotic sac. The fetus is delivered feet first; an incision is then made at the base of the neck and the contents of the skull are removed by suction. This abortion is rare and not available in all provinces.

The Canadian Medical Association normally recommends that doctors not perform abortions after 20 weeks gestation, as the fetus may be viable.

**the option of abortion – abortion risks**

Thousands of abortions are performed every year in Canada, and are considered to be a safe medical procedure. However, as with any medical procedure, there are potential risks that you need to consider before making a final decision.

**physical**

- Heavy bleeding
- Infection
- Damage to cervix or womb
- Increased risk of future miscarriage
- Increased risk of premature births
- Increased risk of infertility
- Possible link to breast cancer


**emotional**

Although many women feel some relief after an abortion, many others have negative emotions afterwards. These reactions may be immediate or may occur years later. Emotional responses vary depending on a woman's age, stage of pregnancy, religious or cultural beliefs, previous mental health, or whether she is being pressured by others into having an abortion.

Women who have had an abortion have reported the following reactions:

- Sadness
- Emotional numbing
- Depression
- Self-destructive behaviour
- Guilt
- Alcohol and drug abuse
- Shame
- Nightmares or flashbacks of the abortion
- Anniversary grief
- Suicidal thoughts

“ I chose to have an abortion because I thought that having a baby would ruin my life. After I had the abortion it was like I was holding on to this big secret. I didn't want anyone to know because I felt guilty and so ashamed. There's always this sense of loss and I struggle with sadness.”  
– Carla, British Columbia



## 2.c. “Link” between abortion and breast cancer, Care Net “Before You Decide” (2003)

**Consider Other Risks of Abortion**

**Abortion and Breast Cancer**

Medical experts are still researching and debating the linkage between abortion and breast cancer. However, here are some important facts:

- 1) Carrying a pregnancy to full term gives protection against breast cancer that cannot be gained if abortion is chosen.
- 2) Abortion causes a sudden drop in estrogen levels that may make breast cells more prone to cancer.
- 3) Most studies conducted so far show a significant linkage between abortion and breast cancer.

**Effect on Future Pregnancy**

Scarring or other injury during an abortion may prevent or place at risk future wanted pregnancies. The risk of miscarriage is greater for women who abort their first pregnancy.

A 1994 study in the Journal of the National Cancer Institute found: “Among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50% higher than among other women.”

**Emotional Impact**


Some women experience strong negative emotions after abortion. Sometimes this occurs within days and sometimes it happens after many years. This psychological response is known as Post-Abortion Stress (PAS). Several factors that impact the likelihood of Post-Abortion Stress include: the woman's age, the abortion circumstances, the stage of pregnancy at which the abortion occurs, and the woman's religious beliefs.

**Spiritual Consequences**

People have different understandings of God. However your present beliefs may be, there is a spiritual side to abortion that deserves to be considered. Having an abortion may affect more than just your body and your mind – it may have an impact on your relationship with God. What is God's desire for you in this situation? How does God see your unborn child? These are important questions to consider.

**PAS Symptoms**

- Guilt
- Anger
- Anxiety
- Depression
- Suicidal Thoughts
- Anniversary Grief
- Flashbacks of Abortion
- Sexual Dysfunction
- Relationship Problems
- Eating Disorders
- Alcohol and Drug Abuse
- Psychological Issues

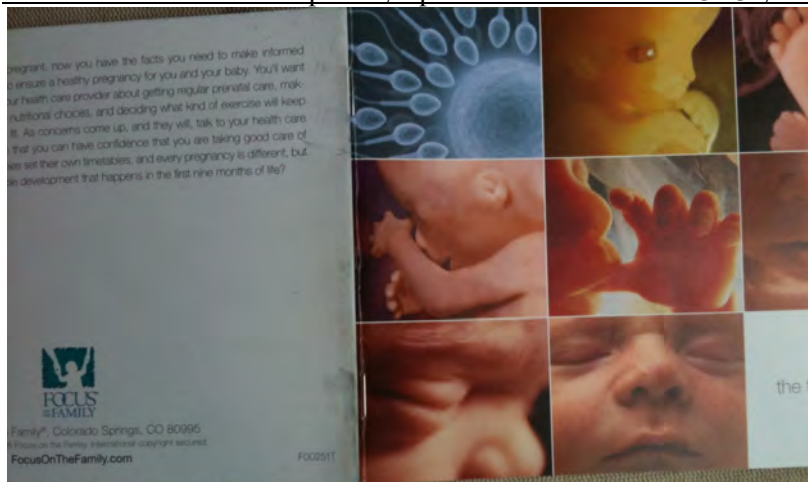




2.d. Display of fetuses, Birthright Hamilton



2.e. Photos of fetal development, top item received from 3 CPCs, bottom from Aid to Women



**The unborn fetal child has a beating heart by the 18th day.**

By the 24th day the child has eyes, spinal cord, nervous system, thyroid glands, lungs, stomach, liver, kidney and intestines.

Would a blob of cells look like this?



At 7 weeks



At 12 weeks



At 17 weeks

**Pregnant? Confused? We can help**

**Downtown Toronto:**

**Aid to Women:**  
416-921-6016  
300 Gerrard St. East,  
Toronto, ON, M5A 2G7

**North York:**

- Pregnancy Center: 416-229-2607  
214-280 Sheppard Ave. E.,  
Toronto, ON, M2N 3B1

**Scarborough:**

- Pregnancy Center: 416-287-9845

**Mississauga:**

- Life Center: 905-891-9515

**Danforth:**

- Birthright: 416-469-1111

**Find a center near you @**

- www.pregnancycenters.org
- 800-395-HELP

**Non-Judgmental Post-Abortive Help**

- Second Chance Ministry:  
416-261-7135  
2685 Kingston Road,  
Scarborough, ON M1M 1M4

**Make an informed and smart choice**

We know this decision is one of the biggest of your life.

**You are not alone.**

**Possible Health Risks to Abortion:**

- Perforation of the uterus and cervix
- Hemorrhage
- Infections
- Retained placenta and fetal body parts
- Future sterility/infertility
- Termination of pregnancy
- Lack of regular monthly menstrual cycle post-abortion

**Possible psychological effects:**

- Guilt
- Anxiety
- Depression
- Intentions of suicide
- Anniversary syndrome
- Re-experience of abortion
- Preoccupation with pregnancy
- Anxiety with future fertility
- Survival guilt
- Alcohol and drug abuse
- Eating disorders

2.f. Inaccurate information regarding “open adoption”

## 10 things you

**#1 How can adoption be good for my baby and me?**  
 You may know in your heart that you are just not ready to parent, but you can still give your baby the gift of life by making an adoption plan. You can take care of your child's future by choosing a stable, loving couple who are ready to become parents, allowing you to continue with your own life goals. That has to be good for both you and your baby.

**#2 Can I choose my family and who are these couples?**  
 We offer you several adoptive family profiles and you can select the right one for you and your child. At any given time, Beginnings has around 70 families who are fully prepared and ready to adopt. These are couples who have completed a provincial mandatory adoption education and a home study assessment by an approved adoption practitioner (including references, medicals, child welfare checks and police clearances).

**#3 How much contact will I have with my baby after adoption?**  
 Our adoptive couples look forward to having a relationship with you and your extended family throughout a child's lifetime. We help you work out your plans for ongoing contact through sharing letters, emails, phone calls and visits. Beginnings is there for you in the years ahead if you need our assistance with any aspect of your open adoption relationship.

**#4 Does the birth father have to be involved?**  
 Ideally, it is always best if birth dad is involved in the adoption plan and provides medical and social history for the child. You may not wish to talk to him, so we can do that for you. Whether he needs to sign adoption consent depends on the circumstances. Beginnings staff will work with

## Considering Open Adoption?



Beginnings is a licensed, private open adoption agency. We believe that birth mothers and fathers are significant people in the lives of children. Open adoption is a way of honouring that significance and making birth family connections possible for an adopted child.

At Beginnings, you are able to choose the adoptive couple for your baby and to meet them. Our adoptive couples look forward to having a relationship with you and your extended family. We help you work out your plans for ongoing contact through sharing letters, emails, phone calls and visits.


**Why choose an Open Adoption?**  
 You may know deep inside that, at this stage in your life, you just aren't ready or able to parent your baby the way you would like. And you may have concerns about having an abortion. By making an adoption plan, you arrange for the well-being of your baby while also allowing yourself to continue with your life goals and plans. Making an adoption plan is a very loving, child-centered choice.

## A Beginnings' counsellor can:

- Help you think through your life situation and your options
- Explain how open adoption works
- Offer support before and after your baby is born
- Help you work out an agreement for ongoing contact with your adoptive family
- Link you with community resources, including other birth mothers who have made adoption plans
- Provide a compassionate listening ear

**All our services to birth parents are free and confidential.**

## Our Services



Pregnancy counselling & support

Licensed open adoption services

Short-term foster care (if needed)

Post-abortion counselling

Post-adoption counselling

Community referrals

Appendix 3 – CAPSS Crisis Pregnancy Centre Ministries: Volunteer Training Manual. Canadian Edition, 2002.

