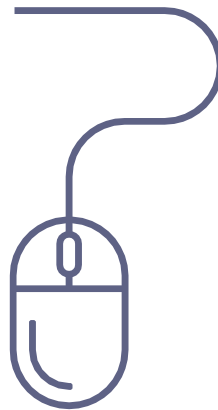


March 8, 2023

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# **Examining the Websites of Anti- Choice "Crisis Pregnancy Centres"**



By: Joyce Arthur, Annaliese Downey, Angela Katelieva,  
Olivia Jensen, Katelyn Mitchell, Teale N. Phelps Bondaroff



**Abortion Rights  
Coalition of Canada**



**BC HUMANIST  
ASSOCIATION**

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# EXECUTIVE SUMMARY

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Anti-choice agencies that claim to help pregnant people often present themselves as unbiased medical clinics or counselling centres. The ostensible goal of these “crisis pregnancy centres” (CPCs) is to provide pregnant people with non-judgemental information on all their options when faced with an unintended pregnancy. However, CPCs are not medical facilities, most are Christian ministries, they generally will not refer clients for abortion or contraception, and many promote misinformation, in particular the existence of “post-abortion distress,” which is not a medically recognized condition. These factors contribute to abortion stigma and interfere with people’s ability to make a fully informed decision about an unwanted pregnancy. Moreover, CPCs in Canada are not currently regulated.

The aim of this study was to determine the presence of any deception or misinformation on the websites of Canadian CPCs, and compare the results to a similar study conducted by Abortion Rights Coalition of Canada (ARCC) in 2016 to better understand changes over time. The current study is by ARCC and BC Humanist Association (BCHA).

We identified 146 CPCs across Canada, as of spring 2022. Of those, 143 had websites. Given that some CPCs shared the same websites, 110 unique websites were reviewed to determine what the centres were sharing online, and to identify any misinformation or attempts at deception. The findings reveal that a large majority of the 143 CPCs do one, or both, of the following on their websites: 1) spread misleading or inaccurate information about abortion, contraception, sexually-transmitted infections, sexual activity, or adoption; or 2) present themselves deceptively, doing such things as not disclosing that they do not refer for abortion, or hiding their religious stance from prospective clients.

Given the results of this study, we recommend that CPCs in Canada be regulated in order to better public health and respect the rights of patients seeking healthcare. We specifically recommend that CPCs: be required to disclose their anti-choice and religious stance, be stopped from providing unregulated medical services such as ultrasounds, not be publicly funded, be removed from referral lists used by legitimate medical facilities, have their charitable tax status revoked for those that are charities, be stopped from teaching sex education in public schools, and not be allowed to place misleading advertising in public.

## HIGHLIGHTS OF RESULTS

Our evaluation of the 110 websites linked with 143 CPCs found that:

1. 38.5% (55) did not have disclaimers that they do not assist with, or refer, for abortion or contraception.
2. 5.6% (8) claimed a link between abortion and breast cancer, which has been scientifically rejected.
3. 18.9% (27) cited other medical risks of abortion that were exaggerated or not scientifically supported.
4. 75.5% (108) mentioned negative psychological consequences, primarily in the context of “post-abortion distress”, which is not medically recognized.

5. 11.2% (16) claimed, or implied, that artificial contraception is unreliable.
6. 13.9% (20) advocated for abstinence or discourage sex outside of marriage.
7. 81.8% (117) emphasized adoption or presented adoption as a better option to abortion.
8. 74.1% (106) showed evidence of a religious outlook or agenda, most openly, but 15% (16 of 106) were not transparent and upfront about their religious motivations or affiliations.
9. 42.7% (61) did not have disclaimers that they were not a medical facility and/or that clients should see a doctor for medical services.
10. 9.8% (14) indicated that they offered medical services, including ultrasounds or STI testing.
11. 1.4% (2) mentioned, promoted or offered “abortion pill reversal,” an unproven and potentially dangerous medical regimen.
12. 92.3% (132) offered programs or services not directly related to abortion, such as prenatal and parenting classes, or other types of workshops.
13. 16.8% (24) encouraged, or required, clients to participate in programs in order to access resources such as baby clothes.

In addition:

- At least 39.9% (57) of the CPCs offered sexual education classes to schools according to their websites or other sources. Another 8.4% (12) offered some type of community or youth education but did not specify if this was directed at schools.
- 93.7% (134) of the 146 CPCs we identified had charitable tax status.

## ACKNOWLEDGEMENTS

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### VOLUNTEER ACKNOWLEDGEMENTS

The Abortion Rights Coalition of Canada and BC Humanist Association would like to thank the following volunteers who helped at various stages of the research project. Our valued volunteers provided advice and support, created tools for the study, reviewed CPC websites, entered and quantified data, undertook research, drafted the final report, and helped plan its release and publicity. Each co-author of the report also participated in these activities.

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## TERRITORIAL ACKNOWLEDGEMENTS

We would like to acknowledge that all work done for this study and report was done on the traditional, ancestral, and unceded territories of Indigenous, Inuit, and other First Nations peoples across Turtle Island. While the people who contributed to this report are scattered across Canada, most are in either the metro Vancouver or Victoria areas. We would like to specifically acknowledge that we live and work on the unceded territory of:

- The Coast Salish peoples – Skwxwú7mesh (Squamish), Stó:lō, Səlílwətaʔ/Selilwitulh (Tsleil-Waututh), and xʷməθkʷəy̓əm (Musqueam) Nations
- The ləkʷəŋən (Lekwungen) peoples — Songhees, Esquimalt, and W̱SÁNEĆ Nations

Further, we acknowledge the historical and ongoing oppression of Indigenous Peoples in Canada, and respect and uphold the Inherent and Treaty Rights of all Indigenous Peoples.

We are committed to an intersectional, anti-colonial approach to abortion rights, reproductive justice, and sexual health. As part of this commitment, we respect Indigenous rights, land stewardship, and self-determination, which is especially important in light of the historical and ongoing reproductive injustices committed against Indigenous Peoples in Canada.

## ABOUT THE ORGANIZATIONS

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### BCHA

The BC Humanist Association has been providing a community and voice for Humanists, atheists, agnostics, and the non-religious of British Columbia for over 30 years. We support the growth of Humanist communities across BC, provide Humanist ceremonies, and campaign for progressive and secular values.

### ARCC

The Abortion Rights Coalition of Canada is the only nation-wide political pro-choice group dedicated to fighting for reproductive freedom. ARCC's primary mandate of undertaking political and educational work on this issue includes advocating for appropriate policies and regulations to protect these rights and improve access.

# ABOUT THIS STUDY

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## STUDY AIMS AND JUSTIFICATIONS

The aim of this study was to determine the presence of any deception or misinformation on the websites of Canadian “crisis pregnancy centres,” or CPCs, and compare the results to a similar study we conducted in 2016 to better understand changes over time. CPCs often try to prevent pregnant people from obtaining an abortion or accessing birth control through a variety of tactics that include deception and the dissemination of misinformation.<sup>1</sup> This contributes to abortion stigma and interferes with people’s ability to make a fully informed decision about an unwanted pregnancy.

In 2016, we noted a relative dearth of research on CPCs in Canada, and while some additional resources have since been published, we felt it important to continue adding to the body of knowledge on the topic as we seek out opportunities to regulate these organizations.

The threat posed by CPCs to the reproductive autonomy of women and transgender people has been difficult to challenge because of the deceptive practices CPCs employ and the circulation of false information about abortion by anti-choice agencies across North America. In the United States, the number of CPCs has been growing over the decades, with many more expected to open after the overturning of *Roe v. Wade* in June 2022. In contrast, the number of abortion clinics is rapidly shrinking. Over 2,500 CPCs operate in the United States (US),<sup>2</sup> compared to 808 abortion clinics as of 2017 – but at least 66 abortion clinics have closed since the US Supreme Court invalidated abortion rights.<sup>3</sup> Heartbeat International, a “network of pro-life pregnancy resource centers,” claims to serve “over 3,000 affiliate locations on all six inhabited continents to provide alternatives to abortion,”<sup>4</sup> and recently boasted that their 2021 ‘Worldwide Directory of Pregnancy Help’ had over 7,000 entries.<sup>5</sup>

In Canada, we identified 146 CPCs for this study (143 with websites),<sup>6</sup> while about 150 facilities provide abortions across the country.<sup>7</sup> It is noteworthy that in many smaller and rural communities, the CPC may be the only place available for people seeking help with their pregnancies.

- 
- 1 Bryant AG & Swartz JJ (2018 March). “Why crisis pregnancy centers are legal but unethical.” *AMA Journal of Ethics*, 20(3), 269–277. <https://doi.org/10.1001/journalofethics.2018.20.3.pfor1-1803>
  - 2 College of Public Health at the University of Georgia (2022). “Crisis pregnancy center map.” <https://crisispregnancycentermap.com>
  - 3 Kirstein M, et al. (2022 October). “100 days post-Roe: At least 66 clinics across 15 US states have stopped offering abortion care.” *Guttmacher Institute*. <https://tinyurl.com/4crx6vn5>
  - 4 Heartbeat International (2022). “About us.” [www.heartbeatinternational.org/about-us](http://www.heartbeatinternational.org/about-us)
  - 5 Bourne L (2021). “An exciting milestone for the worldwide directory of pregnancy help.” *Heartbeat International*. <https://tinyurl.com/38j6tdfi>
  - 6 One CPC, the Support familial flocons d’espoir (#132), is no longer identified as an anti-choice organization by ARCC as of January 2023 because it does not provide pregnancy options counselling. While it was too late to remove the centre from our data analysis or report, our prior review of its website found no red flags other than religious affiliations, which means there are no negative implications for this centre in our study.
  - 7 Abortion Rights Coalition of Canada (ARCC) (2023 February). “Abortion services and support services in Canada.” [www.arcc-cdac.ca/media/2020/08/list-abortion-clinics-canada.pdf](http://www.arcc-cdac.ca/media/2020/08/list-abortion-clinics-canada.pdf)

We expected to find that CPC websites would continue to reflect the same type of misinformation and/or deception as in our previous 2016 study, as well as reflect what people encounter when patronizing CPCs as identified by other studies and investigations. While we did find significant misinformation, our study also found a reduction in the presence of misleading information, as compared with some areas identified in our 2016 study. However, we found more deception or cloaked language in other areas, including updated softer language that obscures their anti-abortion or religious beliefs. More than ever, many CPC websites present an unbiased appearance and tend to conceal their agenda or give only subtle indications of it, presumably to attract or even trick people considering abortion into using their services.

An important caveat of this study is that we examined only the websites of CPCs, which may not necessarily reflect their practices or counselling when they speak to clients in person or on the phone. However, past studies by others, many of which used undercover reporters or “spies” pretending to be women seeking an abortion, have shown that a large majority of CPCs in North America mislead clients about abortion and engage in unprofessional counselling techniques.

## NOTES ON FOOTNOTES

- Links in the footnotes were accessed between December 2022 and February 2023, unless otherwise noted.
- If a link for a quote from a CPC website notes an earlier date accessed, it means the website has changed since we examined it and the quote is no longer there. Also see Appendix 3 for links to CPC websites.
- Most citations (to studies, resources, articles etc.) are also included in a Bibliography – see Appendix 2.

## LIMITATIONS OF STUDY

We reviewed only the websites of CPCs, which may not capture their actual practices or counselling when they speak to clients in person or on the phone. The list of 146 CPCs that we identified as operational was developed as accurately as possible, but may contain some errors or omissions. Further, a few CPCs have closed since then and new ones have opened.

Most websites were reviewed in mid to late 2021 and many, if not most, of the websites have since been updated and in some cases, completely redone. Copies of websites at the time of review were not saved. Sometimes, information or quotes were taken from revised websites during 2022 or early 2023, so the findings are not an exact snapshot of the websites from mid to late 2021. Only about ten percent of the Review Worksheets (Appendix 4) and CPC websites were re-checked for accuracy or updated during 2022.

Question 7 (adoption) was altered in 2022 from the similar question in 2016, making direct comparisons difficult between the two studies. Minor changes to Question 2 (breast cancer) and Question 8 (religious references) had little or no effect on the comparisons.

The research was not done through an academic institution or formally peer-reviewed. It was entirely unfunded and done on a volunteer basis. The Review Worksheets were completed primarily by two different volunteers, so data interpretations may not always be consistent despite the standard set of questions. Further, the team of volunteers changed somewhat between mid-2021 and publication time.



## LITERATURE SEARCH

Many US-based studies and investigative reports have been done on American CPCs,<sup>8</sup> and all have consistently exposed their tactics of misinformation and deception.

Fewer studies and investigative reports have been done on Canadian CPCs specifically, but they have produced similar results. The following are all known Canadian studies and media reports on CPCs, which show they tend to mislead and deceive, and sometimes put their clients' health at risk. The list includes investigative documentaries, news stories, articles, studies, and reports. In order of release:

- The Pretenders.<sup>9</sup>
- Exposing Crisis Pregnancy Centres in BC.<sup>10</sup>
- Deception used in counselling women against abortion.<sup>11</sup>
- Are anti-choice crisis pregnancy centres targeting female students on Ontario university campuses?<sup>12</sup>
- Surrey charity gives dubious abortion advice: investigation.<sup>13</sup>

- 
- 8 See *inter alia* (by date): Montoya MN, Judge-Golden C, Swartz JJ (2022 June 8). "The Problems with Crisis Pregnancy Centers: Reviewing the Literature and Identifying New Directions for Future Research." *Int J Womens Health*. 2022; 14: 757–763. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9189146/>; McKenna J and Murtha T (2021 October 28). "Designed to deceive: A study of the crisis pregnancy center industry in nine states." The Alliance: State Advocates for Women's Rights & Gender Equality. <https://tinyurl.com/2edbj9yc>; Polcyn C, et al. (2020 July 27). "Truth and transparency in crisis pregnancy centers." *Women's Health Reports*, 1, 224–226. <https://doi.org/10.1089/whr.2020.0057>; Kimport K (2020 February). "Pregnant women's reasons for and experiences of visiting antiabortion pregnancy resource centers." *Perspectives on Sexual and Reproductive Health*, 52(1), 49–56. <https://pubmed.ncbi.nlm.nih.gov/32103617/>; Swartzendruber A, et al. (2019 October) "Crisis pregnancy centers in the United States: Lack of adherence to medical and ethical practice standards; A joint position statement of the Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology." *Journal of Pediatric and Adolescent Gynecology*, 32, 563–566. <https://doi.org/10.1016/j.jpag.2019.10.008>; NARAL Pro-Choice Connecticut Foundation (2018). "Crisis pregnancy centers: A threat to reproductive freedom." <https://tinyurl.com/4ynznaff>; Swartzendruber A (2017 November). "A study of information and misinformation presented on the websites of crisis pregnancy centers in Georgia." *Scholars Strategy Network*. <http://tiny.cc/c864vz>; Bryant & Swartz 2018; Winter M (2015 July 14). "What some pregnancy centers are really saying to women with unplanned pregnancies." <https://tinyurl.com/yc257huf>; Winter M (2015 April 6). "'Save the mother, save the baby': An inside look at a pregnancy center conference." *Cosmopolitan*. <https://tinyurl.com/327fkj9>; McIntire L (2015 January). "Crisis pregnancy centers lie: the insidious threat to reproductive freedom." NARAL Pro-Choice America. <https://tinyurl.com/u629azpr>; Waxman HA [prepared for] (2006 July). "False and misleading health information provided by federally funded pregnancy resource centers." United States House of Representatives, Committee on Government Reform – Minority Staff, Special Investigations Division. [www.motherjones.com/files/waxman2.pdf](http://www.motherjones.com/files/waxman2.pdf);
- 9 CTV (2000 November 5). "The Pretenders." W-Five documentary news program.
- 10 Arthur J (2009 January). "Exposing crisis pregnancy centres in British Columbia." *Pro-Choice Action Network*. [www.prochoiceactionnetwork-canada.org/Exposing-CPCs-in-BC.pdf](http://www.prochoiceactionnetwork-canada.org/Exposing-CPCs-in-BC.pdf).
- 11 Smith J (2010). "Deception used in counselling women against abortion." *The Star*. <https://tinyurl.com/ykascusf>
- 12 Tilley S (2011). "Are anti-choice crisis pregnancy centres targeting female students on Ontario university campuses?" Student research paper, Department of Political Science, University of Toronto. [www.arcc-cdac.ca/media/2020/06/CPCs-Universities-2011-Sara-Tilley.pdf](http://www.arcc-cdac.ca/media/2020/06/CPCs-Universities-2011-Sara-Tilley.pdf)
- 13 Woodward J (2012 April 27). "Surrey charity gives dubious abortion advice: Investigation." *CTV News Vancouver*. <https://tinyurl.com/d873u966>

- Phony abortion clinics In Canada are scaring women with lies.<sup>14</sup>
- Enjeux éthiques de l'intervention auprès de femmes vivant une grossesse imprévue au Québec.<sup>15</sup>
- Mieux comprendre les ressources conseil grossesse anti-choix au Québec.<sup>16</sup>
- Toll free but not judgment free: evaluating postabortion support services in Ontario.<sup>17</sup>
- Review of "crisis pregnancy centre" websites in Canada.<sup>18</sup>
- Crisis pregnancy centers in Canada and reproductive justice organizations' responses<sup>19</sup>
- Pro-choice advocates want crisis pregnancy centres defunded and regulated.<sup>20</sup>
- Access in Alberta: Understanding barriers to abortion and the role of crisis pregnancy centres.<sup>21</sup>
- Analyzing the communication methods of crisis pregnancy centres: A conventional content analysis.<sup>22</sup>
- Comparative analysis of crisis pregnancy centres – Canada and international.<sup>23</sup>
- Student encounters with a campus crisis pregnancy centre: Choice, reproductive justice and sexual and reproductive health supports.<sup>24</sup>

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- 14 Khandaker T (2013 June 26). "Phony abortion clinics In Canada are scaring women with lies." *VICE*. <https://tinyurl.com/yh6sckbp>
- 15 Gonin A, Pronovost V, & Blais M (2014). "Enjeux éthiques de l'intervention auprès de femmes vivant une grossesse imprévue au Québec: Discours et pratiques de ressources anti-choix et pro-choix – Rapport de recherche." [*Ethical Issues of intervention with unplanned pregnancy experienced by women living in Quebec: Anti-choice and pro-choice discourse and resource practices – Research report.*] Université du Québec à Montréal (UQÀM) and Fédération du Québec pour le planning des naissances (FQPN). <https://tinyurl.com/4f6eh5s3>
- 16 FQPN – Fédération du Québec pour le planning des naissances (2014). "Mieux comprendre les ressources conseil grossesse anti-choix au Québec : Outil d'information, de réflexion et pistes de recommandation." [*Translation: "To better understand anti-choice pregnancy counselling resources in Quebec: A tool for information, reflection and tracking recommendations"*]. [https://api.fqpn.qc.ca/wp-content/uploads/2021/01/RESS\\_CG\\_WEB\\_FIN.pdf](https://api.fqpn.qc.ca/wp-content/uploads/2021/01/RESS_CG_WEB_FIN.pdf)
- 17 LaRoche KJ, & Foster AM (2015 November). "Toll free but not judgment free: Evaluating postabortion support services in Ontario." *Contraception*, 92(5), 469–474. <http://www.ncbi.nlm.nih.gov/pubmed/26260687>
- 18 Arthur J, et al. (2016 May). "Review of 'crisis pregnancy centre' websites in Canada." *ARCC*. <https://tinyurl.com/bddv2ybr>
- 19 Li H. (2019). "Crisis Pregnancy Centers in Canada and Reproductive Justice Organizations' Responses." *Global Journal of Health Science*. Vol. 11, No. 2. <https://ccsenet.org/journal/index.php/gjhs/article/view/0/38088>
- 20 Browne R (2019 June 1). "Pro-choice advocates want crisis pregnancy centres defunded and regulated." *Global News*. <https://globalnews.ca/news/5328797/crisis-pregnancy-centres-abortion/>
- 21 Mitchell K (2019). "Access in Alberta: Understanding barriers to abortion and the role of crisis pregnancy centres." In *Political Challenges and Digital Frontiers Reproductive Health and Services in Southern Alberta*. Eds. K Mitchell, C Giles, and C Williams. Parkland Institute, pp. 39–60. <https://tinyurl.com/2p9fhneb>
- 22 Murdoch A (2020). "Analyzing the communication methods of crisis pregnancy centres: A conventional content analysis." Master's thesis, *Western University*. <https://tinyurl.com/mr3cszax>
- 23 Upshaw B (2022 March). "Comparative analysis of crisis pregnancy centres – Canada and international." Memo prepared for ARCC through PBSC-UNB. <https://tinyurl.com/h4sww64z>.
- 24 Rudrum S. (2023 December 21). "Student encounters with a campus crisis pregnancy centre: Choice, reproductive justice and sexual and reproductive health supports." *Canadian Journal of Sociology*, 47(1). <https://doi.org/10.29173/cjs29754>

## BACKGROUND: ABORTION POLITICS IN CANADA

Canada is the only country in the world with no legal or policy restrictions on abortion. Our previous law was struck down by the Supreme Court of Canada in 1988 as unconstitutional because it violated section 7 of the Charter of Rights and Freedoms, particularly the right to “security of the person” – bodily autonomy. While access has improved substantially since 1988, the ongoing politicization and stigmatization of abortion has resulted in continued access problems.<sup>25</sup> Most clinics and hospitals that provide abortion are clustered in Canada’s larger cities, requiring people in outlying and remote areas to travel farther for care. The arrival of medication abortion (Mifegymiso) in 2017 has helped make things easier for many, as has the spread of telemedicine, but many smaller communities still lack doctors who will prescribe abortion pills or pharmacies that can dispense them.

New Brunswick still enforces an illegal regulation that limits funded abortions to hospitals, while some private clinics in Ontario are not fully funded. In New Brunswick and other provinces, the Colleges of Physicians and Surgeons may enforce policies that limit availability of abortion to lower gestational limits (such as 12 weeks or 16 weeks). Since 1987, at least 47 anti-choice Private Member Bills and Motions have been introduced in the Canadian Parliament, with goals such as criminalizing abortion, including fetuses as persons with rights under the Charter of Rights and Freedoms, or redefining “human being” to include fetuses under the Criminal Code.<sup>26</sup>

Only about 25 standalone clinics provide surgical abortions in Canadian provinces, mostly in larger cities. Around 120 hospitals and other centres also provide abortions,<sup>27</sup> but many of these are also in cities, meaning that people often have to travel for abortion services. Furthermore, healthcare workers in Canada are allowed to deny care or referrals to patients if they have personal or moral beliefs against that care – even though such care denials violate medical ethics and reduce access to reproductive healthcare.<sup>28</sup> Other barriers to accessing abortion can include discrimination and racism, poverty, lack of providers, travel and cost challenges, and abortion stigma that is reinforced by “crisis pregnancy centres.”

While there is currently no federal law restricting abortion in Canada, access to abortion is frequently under attack. These attacks come in the form of federal and provincial Members of Parliament introducing anti-choice legislation, provincial governments refusing to provide sufficient access under the law, a growing right-wing populist movement, and CPCs spreading misinformation and impersonating medical clinics.

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25 Action Canada for Sexual Health and Rights (2019 September 19). “Access at a glance: Abortion services in Canada.” <https://tinyurl.com/2wbn7p7r>

26 ARCC (2021 June). “Anti-choice private member bills and motions introduced in Canada since 1987.” [www.arcc-cdac.ca/presentations-anti-bills/](http://www.arcc-cdac.ca/presentations-anti-bills/)

27 Action Canada for Sexual Health and Rights 2019.

28 ARCC (2022 November). “The refusal to provide health care in Canada.” <https://tinyurl.com/3vdfs445>

## WHAT ARE CPCs?

“Crisis pregnancy centres,” sometimes called “pregnancy resource centres,” “pregnancy care centres,” or “pregnancy help centres,”<sup>29</sup> are non-profit organizations that present themselves as unbiased medical clinics or counselling centres for pregnant people. However, most CPCs are religiously affiliated anti-abortion agencies whose primary objective is to dissuade pregnant people from choosing to terminate their pregnancy. They are part of a host of “explicitly pro-life service providers - including maternity homes, adoption and general social services agencies, hotlines, support groups, aid networks, and more...”<sup>30</sup>

### History of CPCs

The idea for CPCs originated in Canada with Louise Summerhill, who established Birthright in Toronto in 1968 as Canada was taking steps towards legalizing abortion. Summerhill was purportedly inspired by a British telephone service that gave people information about where to access abortion, and she sought to repurpose this model to counsel people experiencing unplanned pregnancies and encourage them to avoid abortion.<sup>31</sup>

Crisis pregnancy centres took off in the US as several states began to remove legal restrictions on abortion. In response to this liberalizing movement, Catholic anti-abortion advocate Robert J. Pearson established the first American CPC in the state of Hawaii in 1969. The goal of these centres was to make abortion “unwanted now and unthinkable in future generations”<sup>32</sup>

### Umbrella groups for CPCs

A number of umbrella organizations helped connect and spread CPCs and still do so today. Many Canadian CPCs are affiliated with one or more of these networks, which are all religiously motivated, some more overt than others.

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29 Hussey LS (2020). The pro-life pregnancy help movement: Serving women or saving babies? USA: University Press of Kansas, p.2.

30 Hussey 2020:3.

31 Summerhill L (1973). The story of Birthright: The alternative to abortion. Illinois, USA: Prow.

32 Hartshorn MH (2011). *Foot soldiers armed with love: Heartbeat International's first forty years*. Virginia, US: Donning, p.15, cited by Hussey 2020:27.

**Pregnancy Care Canada (PCC)** is a Canadian umbrella group that governs the operations of about half of all Canadian CPCs. It describes itself as a “Christ-centred national ministry” and requires affiliates to commit to a “biblical view of sexuality as being exclusively reserved for marriage between one man and one woman.” Affiliates must also adhere to directives such as recruiting only Christian staff and volunteers, sharing with clients “the love of Jesus Christ,” and not referring clients for abortion or contraception.

**Birthright** bills itself as officially secular and non-evangelizing<sup>33</sup> but was founded in Canada by a Catholic, and a previous director described the organization as running on “prayer power.”<sup>34</sup> The organization operates about 200 centres in Canada, the US, and Africa, although numbers used to be at least twice as many.<sup>35</sup>

**Care Net** is an umbrella group for over 1,100 CPCs in North America. It calls itself “an evangelical Protestant organization that requires its centre staff to adhere to a statement of faith and calls them to share their faith with clients.”<sup>36</sup> This organization’s 2018 vision statement declared that “Care Net envisions a culture where women and men faced with pregnancy decisions are transformed by the gospel of Jesus Christ and empowered to choose life for their unborn children and abundant life for their families.”<sup>37</sup>

**Heartbeat International** is an international umbrella group with 3,000 centres across six continents. It was founded by Catholics and formally adopted a religious identity in the 1990s. The group’s website claims “to make abortion unwanted today and unthinkable for future generations”, and: “All Heartbeat International policies and materials are consistent with Biblical principles and with orthodox Christian (Catholic, Protestant, and Orthodox) ethical principles and teaching on the dignity of the human person and sanctity of human life.”

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33 Ianora KN (1999). *Crisis pregnancy centers: The birth of a grassroots movement*. Indiana, USA: AuthorHouse, cited by Hussey 2020:64.

34 Ianora 1999; Nelson A (2014 December 23). “Birthright leader stepping down after 45 years helping women in crisis pregnancies.” *Georgia Bulletin*. <https://tinyurl.com/y73w7zmc>; and see Hartshorn 2011 cited by Hussey 2020:220.

35 Conlon M (2018 June 5). “Birthright marks a half century of service.” *The Catholic Register*. <https://tinyurl.com/mr34326d>

36 Hussey 2020:29.

37 Care Net “Mission and vision” cited by Hussey 2020:60.

## CPC strategies of deception and disinformation

From their very inception, CPCs have employed deceptive practices and disinformation to further their agenda. At the core of their strategy is advertising themselves as providing “non-judgemental, compassionate support and information on all pregnancy options for women struggling with an unplanned pregnancy.”<sup>38</sup>

At the same time, their websites are full of anti-abortion messaging such as offering “free pregnancy tests, information on pregnancy, abortion procedures and risks, and abortion alternatives” and claiming that “we are available to discuss with you all your options – adoption, parenting, and abortion – in a caring, respectful environment.”<sup>39</sup>

In a 2014 study, Bryant *et al.* reviewed the websites of 254 US pregnancy centres from 12 states, and found that 80% contained “at least one false or misleading statement,” most often concerning health risks associated with abortions.<sup>40</sup> A previous 2012 study by Bryant and Levi that used undercover visits and calls to 32 CPCs in North Carolina and found that 53% “uttered at least one piece of misleading or incorrect information about the medical risks of abortion or the effectiveness of birth control.”<sup>41</sup>

Many CPCs also refuse to refer their clients for abortion or contraception or will use fear-mongering as a means to dissuade people from deciding to have an abortion. Their advertising is strategically ambiguous with phrases such as: “Think You Are Pregnant? We are here to help!”<sup>42</sup> This ambiguity allows them to conceal their anti-abortion ideology so that potential clients are not deterred if they are considering terminating their pregnancies, and also to avoid criticism from the public, given that 62% of Canadians identify as pro-choice.<sup>43</sup>

Further, despite presenting themselves as legitimate clinics and sometimes intentionally being located near health clinics,<sup>44</sup> CPCs lack any medical facility licensing as they do not offer medical services. However, about ten percent of CPCs in Canada have begun offering ultrasound or other services such as STI testing in recent years,<sup>45</sup> even though CPCs are unregulated and not required to adhere to medical standards. The scope of practice for the majority of CPCs is limited to offering over-the-counter pregnancy tests, diapers, baby clothes, religious counselling, adoption referrals, financial assistance, some prenatal services, and occasionally educational or skills programs such as for young parents. The provision of these services not only serves as a way of getting people through the door of the CPC, but

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38 Crisis Pregnancy Centre of Burnaby & New Westminster (2022). <https://optionscentre.ca/>

39 Ibid.

40 Bryant AG, *et al.* (2014). “Crisis pregnancy center websites: Information, misinformation, and disinformation.” *Contraception*, 90(6), 601-605.

41 Bryant AG & Levi EE (2012). “Abortion misinformation from crisis pregnancy centers in North Carolina.” *Contraception*, 86(6), 752–756, <https://pubmed.ncbi.nlm.nih.gov/22770790/>, cited by Hussey 2020:189.

42 Belleville Pregnancy and Family Care Centre (2022). [www.bpfcc.ca/think-you-are-pregnant](http://www.bpfcc.ca/think-you-are-pregnant)

43 DART C-Suite Communicators (2021 January 31). “Abortion: A Canadian public perspective after three decades.” *DART & Maru/Blue Voice Canada Poll*. <https://tinyurl.com/2p959676>

44 Hussey 2020:120.

45 Bryant & Swartz 2018.

also give the CPC an air of being a medical clinic, and could serve to dissuade a visitor from choosing an abortion.

CPCs have received a substantial amount of criticism for their unprofessional practices, especially by media outlets that have published stories on pregnant people with experiences in these facilities (see above under *Literature Search*).

## SUMMARY OF ARCC'S 2016 STUDY

The 2016 study by ARCC identified 180 CPCs across Canada. Of those, 166 had websites. As some CPCs shared the same websites, 100 unique websites were reviewed to determine what the centres were sharing online, and to look for misinformation or indications of deception. The findings revealed that a large majority of the 166 CPCs did one or both of the following on their websites: 1) spread misleading or inaccurate information about abortion, contraception, sexually-transmitted infections, sexual activity, or adoption; or 2) presented themselves deceptively, such as by not disclosing that they do not refer for abortion, or hiding their religious stance from prospective clients.

Evaluation of the websites of 166 CPCs in 2016 found that:

- 59.6% (99) did not have disclaimers that they do not refer for abortion or contraception.
- 4.8% (8) claimed a link between abortion and breast cancer, which has been scientifically rejected.
- 9.0% (15) cited other medical risks of abortion that were exaggerated or not scientifically supported.
- 47.6% (79) mentioned negative psychological consequences, primarily in the context of “Post-abortion Syndrome”, which is not medically recognized.
- 7.2% (12) claimed that artificial contraception is unreliable, while 5% (8) gave false or misleading information about contraception or sexually-transmitted infections.
- 23.5% (39) promoted sexual abstinence as the ideal solution for ‘unwed women.’
- 28.3% (47) overemphasized adoption at the expense of other possible options.
- 95.8% (159) revealed a religious affiliation or agenda, but only 24% (39) were transparent and upfront about this affiliation.
- 33.1% (55) did not have disclaimers that they were not a medical facility and/or that clients should see a doctor for medical services.
- At least 35.5% (59) offered a sex education program to youth or local schools and communities. Of those, at least 67.8% (40 of 59) were being offered to schools, including public schools.

Further, 68% (122) of the 180 CPCs we identified had charitable tax status. See Appendix 7 for a comparison chart with both the 2016 and 2022 findings.

## A NOTE ABOUT BIRTHRIGHT

Birthright is an international anti-abortion organization that acts as an umbrella group to about 210 Birthright CPCs around the world, most of which are in the US.

Comparisons of data between the current study and the 2016 study will be somewhat impacted by a large reduction in the number of Birthrights in Canada since 2016, relative to the total number of CPCs.

- In 2016, 56 Birthrights were counted in Canada (31.1% of 180 CPCs). The 2022 study found only 20 (13.3% out of 146 CPCs).
- In 2016, 55 of the 180 CPCs (30.6%) were Birthright centres that shared a single website; only one had its own website.
- In 2022, 19 of the 20 CPCs shared a single website run by Birthright International - Birthright.org. Only one Birthright had its own website.
- The Birthright International website was treated as its own website in 2022, but was not included in the 2016 analysis at all.

## BCHA'S IN-DEPTH STUDY OF CPCs IN BC

The BCHA created a separate complementary analysis to this report,<sup>46</sup> diving deeper into the qualitative information for CPCs in British Columbia. They analyzed the 23 BC centres identified by ARCC and created individual profiles for each. The profiles help reveal key deceptive tactics that these CPCs currently apply, as well as critical information about other aspects of their operations.

First, the profiles highlight information on the physical aspects of CPCs, such as advertising, logos, and physical locations. The report found examples of CPCs deploying logos and signage that mimic local health clinics in the area. Given that some CPCs provide services like sexually transmitted infection (STI) testing and ultrasounds, this highlights an ongoing effort by CPCs to medicalize their services, which further allows them to mislead unwitting patients. CPCs are unregulated, with no accountability for medical safety or privacy.

The CPC profiles also provide background information about their affiliation with international or local religious groups and the problematic funding they may receive from the government or religious organizations. Many had ties to well-known international anti-abortion organizations, as well as local anti-choice efforts. Even with these troubling affiliations, several CPCs still received federal, provincial, and municipal funding over the past 10 years.

The services that each CPC provided within the centre and externally were also recorded on the profiles. These included sonograms, pregnancy tests, and (biased) options counselling, along with sexual education presentations in schools or scholarships. Five CPCs were found to be actively providing sexual education classes in public and private schools across the province. Several provided high school

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46 BCHA (forthcoming).



scholarships, often referencing their opinions on abortions or how to end abortion in Canada on the essay submission question.

The goal of both the BC report and this national report is to not only raise awareness about the dangers of CPCs but also to transfer the necessary information to local advocates who can use it to create change in their communities or provinces. This report lists certain measures that activists and organizations can take to promote the regulation of these harmful centres across the country. Local municipalities hold the power to regulate against such deceptive practices, allowing everyone with a uterus the right to make well-informed decisions about their pregnancies by relying on accurate, judgement-free, and unbiased information.

## METHODS

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In the 2022 study, we compiled a list of all known CPCs in Canada that were operational as of April 2021, including their website addresses (Appendix 3). Operations were verified via Internet searches and phone calls when necessary. CPCs with websites were again verified as operational between May and August 2021, and many again in September 2022. The active CPC status, as well as individual data collection, were confirmed and compiled by two volunteer researchers.

As in the 2016 study, homes for pregnant women ('maternity homes'), adoption agencies, post-abortion counselling agencies, political anti-choice and right-to-life groups, and crisis pregnancy centre hotlines were not included in our analysis, unless their websites explicitly said they offered pregnancy options counselling.

A majority of the CPCs on the list had websites: 143 out of 146. The 3 CPCs without websites were eliminated from our review. Some CPCs had branches and shared the same websites, so only 110 unique websites were reviewed:

- 20 of the 143 CPC websites (14.0%) were Birthright centres, 18 of which shared a single website run by Birthright International - [Birthright.org](https://www.birtheright.org). (The Birthright International website was treated as its own website, bringing the total to 19 with the same website.)
- The 18 affiliated Birthrights had their own page on the main website, but even these were mostly identical apart from contact information and occasional event news.
- Only one Birthright CPC had its own unique website – Birthright Victoria: [Birthrightvictoria.org](https://www.birtherightvictoria.org).
- Of the non-Birthright centres, 10 websites were shared by 2 CPCs, 2 websites were shared by 3 CPCs, one website was shared by 4 CPCs, and one website was shared by 5 CPCs.
- Therefore, 33 CPCs out of 143 (23.1%) were sharing a website, including 19 Birthrights and 14 non-Birthrights.
- In our analysis, the 33 CPCs that shared websites were treated as individual CPCs – i.e., results were rendered based on 143 CPCs with websites.

A Review Worksheet (Appendix 4) was created that contained 13 Yes/No questions to evaluate information on each CPC website. Information from the websites that was pertinent to the 13 questions was also captured and excerpted into the Review Worksheet. A key change from the 2016 study was the

addition of four new questions – numbered 10–13. These were added to capture more information related to evolving strategies and new services offered by CPCs since 2016, including the provision of medical services, the promotion of the “abortion pill reversal” treatment, and expansion into other programs such as prenatal and parenting classes.

Other items evaluated included charity status (whether the CPC was a registered charity in good standing with the Canada Revenue Agency as of November 2021), and whether the CPC was an affiliate of the umbrella group PCC (formerly known as the Canadian Association of Pregnancy Support Services). We also reviewed the CPC websites to determine if they offered a sex education program to youth or local schools and communities.

The Yes/No answers from the Review Worksheets were entered into a master spreadsheet where CPCs were numbered and organized alphabetically. To further quantify the data, we were able to break down most of the 13 questions (except for 3, 9, and 11) into additional categories of information (“Groups”) that reflected emerging patterns and themes found in the data captured from the websites. Appendix 6 describes the Groups for each question and their criteria.

Bar charts were created to display the data for all Y/N questions and the Groups. The answers to the 13 Yes/No questions from the Review Worksheets were counted and rendered as a percentage for each answer. An Answer Key was created (Appendix 5) to help guide the research team on what the Y/N answers meant – i.e., what we were looking for according to our hypothesis.

An Excel spreadsheet showing all the individual answers and some additional data for each CPC is available on the ARCC website,<sup>47</sup> as is the data for the 2016 study.<sup>48</sup>

## RESULTS

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This section provides the answers to the Yes/No questions from the Review Worksheets that evaluated each CPC website, and spotlights salient examples from many CPC websites. Most questions also have categories (“Groups”) of further analysis, which are included in their respective sections. See Appendix 6 for an explanation of the Groups.

Overall, our results show that although there is no unifying strategy among CPC websites as to how they attract their clients, the majority use some sort of deception or misinformation about contraception and the risks of abortion, with most websites mentioning negative psychological effects of abortion, sometimes in a subtle and vague manner. For example, the majority of websites do not explicitly name any negative psychological impacts of abortion, but rather will mention “post-abortion counselling” or “post-abortion recovery programs.” Nevertheless, some CPC websites did provide lists of alleged symptoms of “post-abortion distress,” or medical complications of abortion.

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47 ARCC (2023). “CPC Websites Master Data Spreadsheet.” <https://tinyurl.com/55env38r>

48 ARCC (2016). “CPC study: Excel raw data.” [www.arcc-cdac.ca/CPC-study/excel-raw-data.xls](http://www.arcc-cdac.ca/CPC-study/excel-raw-data.xls)

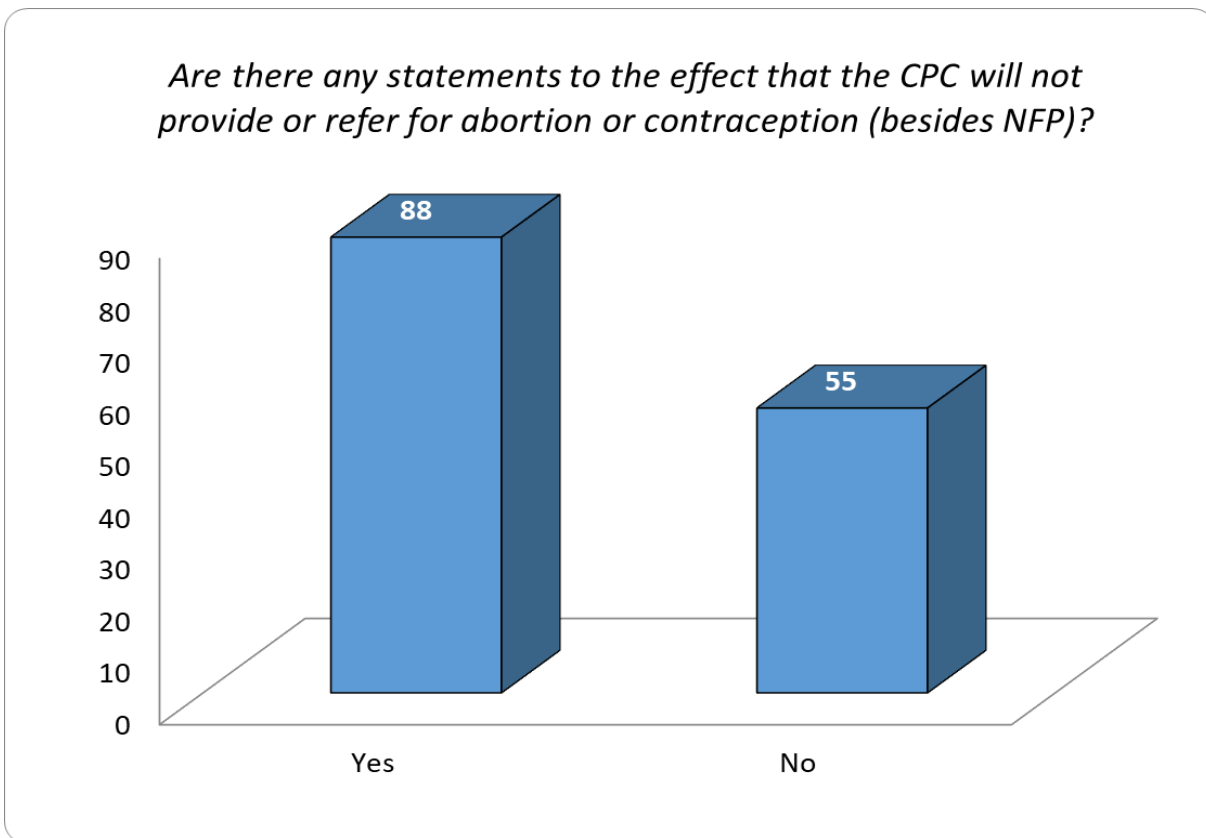
A common thread amongst CPCs is their presentation of themselves as benign and caring institutions, often coupled with a lack of transparency and truthful accounting of their organization's belief systems and scope of services.

A large proportion of CPCs still do not explicitly disclose on their websites that they do not make referrals for abortion or contraception, nor that they are *not* a licensed medical facility.

The 2022 study added four more questions (10–13) to the original nine in the 2016 study. A brief comparison of data between the two studies is included in the *Results* section, with more details in the next section *Changes and Trends Since 2016*. This section also contains more details and references to refute the misinformation found on the websites. See the table in Appendix 7 for direct comparisons of the numbers.

- **Question 1:** Are there any statements to the effect that the CPC will not provide or refer for abortion or contraception? (besides 'natural family planning', NFP)
- **Question 2:** Is there any mention of a possible increased risk of breast cancer caused by abortion?
- **Question 3:** Is there any mention of other medical complications and risks of abortion? (e.g., infection, hemorrhage, perforations/ lacerations, infertility, future miscarriage, etc.)
- **Question 4:** Is there any mention of increased risks of negative psychological effects after abortion (e.g., 'post-abortion syndrome,' grief, guilt, depression, nightmares, increased use of alcohol/drugs to cope, risk of suicide, etc.)?
- **Question 5:** Does the site say that contraception (or any specific type) is not reliable, or has an unacceptable failure rate, or may not protect adequately against sexually-transmitted infections?
- **Question 6:** Does the site advocate 'abstinence only,' or does it discourage sex outside of marriage?
- **Question 7:** Does the site mention or emphasize adoption, or present it as the best or better option?
- **Question 8:** Are there any indications of a religious outlook or agenda (e.g., are there religious graphics or links; words like God, Christian, Bible, church, prayer; etc.)?
- **Question 9:** Are there any disclaimers to the effect that they are not a medical facility, or that clients should consult a doctor if they need medical services?
- **Question 10:** Do they offer any medical services, such as ultrasounds, STI testing, etc.?
- **Question 11:** Do they mention, promote, or offer 'abortion pill reversal'?
- **Question 12:** Do they offer any programs or services not directly related to abortion, such as sexual assault counselling, prenatal and parenting classes, or other types of counselling, classes, workshops, etc.?
- **Question 13:** Do they encourage or require clients to participate in programs in order to access support or donations? (for diapers, baby clothes, etc.).

## QUESTION 1



**Figure 1:** 61.5% (88) of CPC websites stated that they do not make referrals for abortion or contraception. 38.5% (55) failed to provide this information.

We found that the majority of CPC websites 61.5% (88) included a disclaimer that they did not make referrals for abortion or contraception, 38.5% (55) failed to include this information.

Note: NFP refers to methods that involve monitoring menstrual cycles and abstaining from sex during fertile periods.

**Example 1.1:** Gianna Centre in Calgary, Alberta (#59)<sup>49</sup> has no explicit disclaimer on their website that they do not refer clients for abortion, but it does mention that they provide referrals to “pro-life doctors.” They also state that their “goal is to promote the sanctity of human life, and protect the unborn as well as to help the mother/father who may be in distress.”<sup>50</sup>

These statements are left ambiguous and could potentially mislead clients into thinking they may be able to get an abortion referral.

49 These numbers indicate the designated number we gave to each of the 143 CPCs studied. See Appendix 3 for the full numbered list.

50 Gianna Centre (n.d.). “Gianna Centre: Pregnancy support services.” [www.cssalberta.ca/Gianna-Centre](http://www.cssalberta.ca/Gianna-Centre)

**Example 1.2:** Some CPC websites simply state that they do not refer for abortion, such as The Nurture Pregnancy Centre in Medicine Hat, Alberta (#90): *“We provide accurate information on all options but do not provide abortion referrals.”*<sup>51</sup>

However, other CPC websites are misleading because they imply they do not provide abortions because they are not a medical clinic – not because they are in fact anti-choice: The Atwell Centre in Hamilton, Ontario (#7) says: *“We do not provide abortion services, contraceptives (birth control), or physician counseling. Clients must visit their family doctor for ongoing health care needs.”*<sup>52</sup>

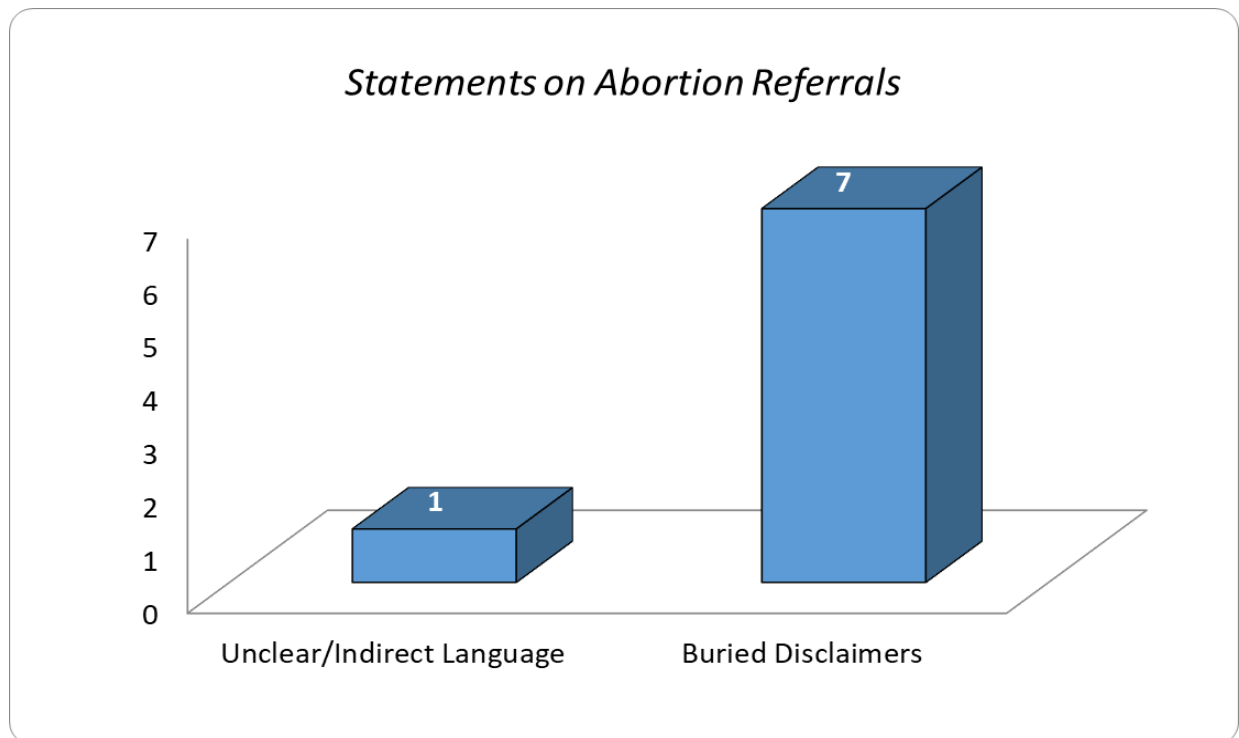
**Example 1.3:** Hope for Women Pregnancy Services in Abbotsford, BC (#66) states it “is not a medical facility. We do not perform or refer for abortions but provide nonjudgemental, compassionate support, and accurate information on all pregnancy options, including abortions.”<sup>53</sup>

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51 Nurture Pregnancy Centre (n.d.). “About.” <https://nurturepregnancycentre.ca/about/>

52 Atwell Centre (n.d.). “Abortion.” <https://atwellcentre.ca/abortion/> (accessed 18 May 2021, quote since removed).

53 Hope for Women (n.d.) “Volunteer information.” <https://www.hopeforwomen.ca/volunteer/>



**Figure 1.1:** 0.7% (1) of sites used indirect language to make it unclear whether they will refer for or talk about abortion with a client. 4.9% (7) buried disclaimers regarding anti-choice philosophy or lack of abortion counseling in privacy policy links or in small print at the bottom of site.

In addition to simply including a disclaimer, some CPCs websites used either unclear or indirect language that could be prone to being misunderstood, or buried their disclaimers on their websites, often in small fonts and at the bottom of a page. One website (see example below) used indirect language that left the reader unsure if the CPC talked about abortion with clients or made referrals, while seven websites buried their disclaimers on their pages using a combination of small fonts and page placement.

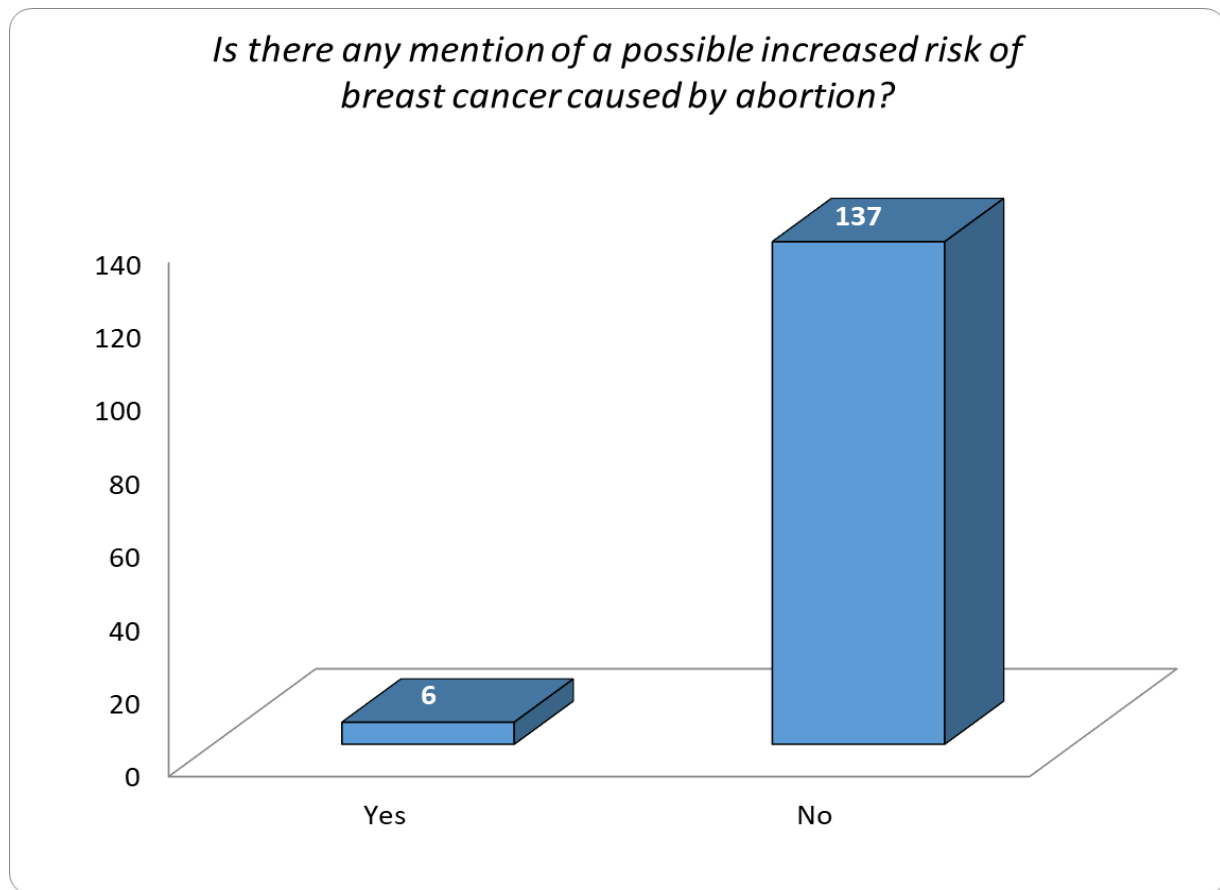
By contrast, our 2016 study found that 44.6% (74) of CPC websites made vague statements about whether they will refer for abortion or contraception. Only 4 of those sites also had disclaimers that they did not refer for abortion, while 6.6% (11) buried anti-abortion philosophy in privacy statements or small print at the bottom of a page.

**Example 1.4:** The Pregnancy Care Centre (and Hispanic Centre) (#109) states they “provide compassionate community support to women and families facing an unexpected pregnancy so that they can thrive without seeing abortion as their only option.”<sup>54</sup>

This is not a clear disclaimer. These statements could mislead potential clients into assuming that they will be able to access a medical abortion from these pregnancy centres.

54 Pregnancy Care Centre (and Hispanic Centre) (n.d.). “About us.” <https://iamnotalone.ca/about-us/>

## QUESTION 2



**Figure 2:** 4.2% (6) of sites claimed an explicit link between abortion and breast cancer.

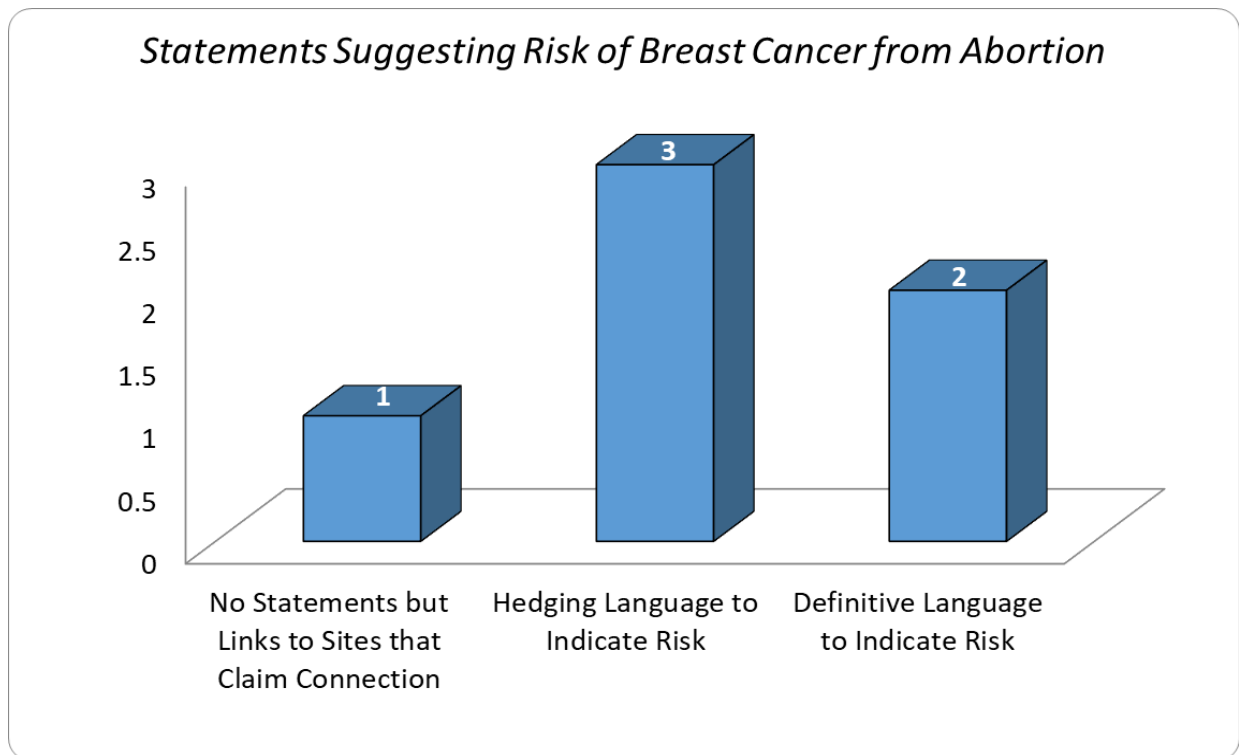
Anti-abortion activists will often tout unsupported claims that link abortion to breast cancer. We found that only 4.2% (6) CPC websites regurgitated this false claim. Little change was observed from our 2016, where we identified 4.8% (8) CPC websites that claimed that there was an explicit link between abortion and breast cancer.

**Example 2.1:** The Back Porch in Edmonton, Alberta (#8) says in their frequently asked questions (FAQ): “If I have an abortion, am I at-risk for breast cancer later on in life? It is possible that you may become at a higher risk for breast cancer later in life if you have had an abortion. Induced abortion does not allow excess estrogen hormones to be released naturally. The excess estrogen left in your breasts after an induced abortion can potentially cause the growth of abnormal (cancer) cells.”<sup>55</sup>

However, well-established scientific evidence has refuted this claim. Having an abortion has been found not to have an influence on the subsequent risk of breast cancer.<sup>56</sup>

55 The Back Porch (nd.). “FAQ – Abortion.” [www.thebackporch.info/fag/abortion-edmonton](http://www.thebackporch.info/fag/abortion-edmonton)

56 American College of Obstetricians and Gynecologists (ACOG) (2009). “Induced abortion and breast cancer risk.” Committee Opinion No. 434, 113(6), 1417–1418. <https://doi.org/10.1097/aog.0b013e3181ac067d>



**Figure 2.1:** 0.7% (1) of sites made no statements on site but linked to sites that claim a connection.  
 2.1% (3) used hedging language to indicate risk  
 (eg, may, might, possibly, some evidence, more research needed).  
 1.4% (2) used more definitive language to indicate risk  
 (eg, studies show, most studies, good evidence, experts say, etc.) or provided risk numbers.

Of the six websites that touched on the breast cancer issue, one site made no statements on site, but linked to sites that claim connection. Two sites used hedging or cautions language to indicate risk of breast cancer, e.g. 'may,' 'might,' 'possibly,' 'some evidence,' 'more research needed', while two other sites used more definitive language to indicate risk, e.g., 'studies show,' 'most studies,' 'good evidence,' 'experts say,' etc. or provided risk numbers.

Our 2016 study found that two sites did not mention an explicit link between breast cancer and abortion but linked to other sites that did, seven claimed the issue to be undecided in medical opinion, while three claimed that pregnancy reduces the risk of breast cancer.



**Example 2.2:** The Goderich Life Centre in Goderich, Ontario (#60) has a fairly lengthy section on breast cancer on its website, and concludes that abortion increases the risk of breast cancer – even though it does not: *“Biology shows that estrogen, without the balancing effects of the other pregnancy hormones, is a factor in increased breast cancer risk. Induced abortion increases a woman's total estrogen exposure, ultimately increasing her risk for breast cancer.”*<sup>57</sup>

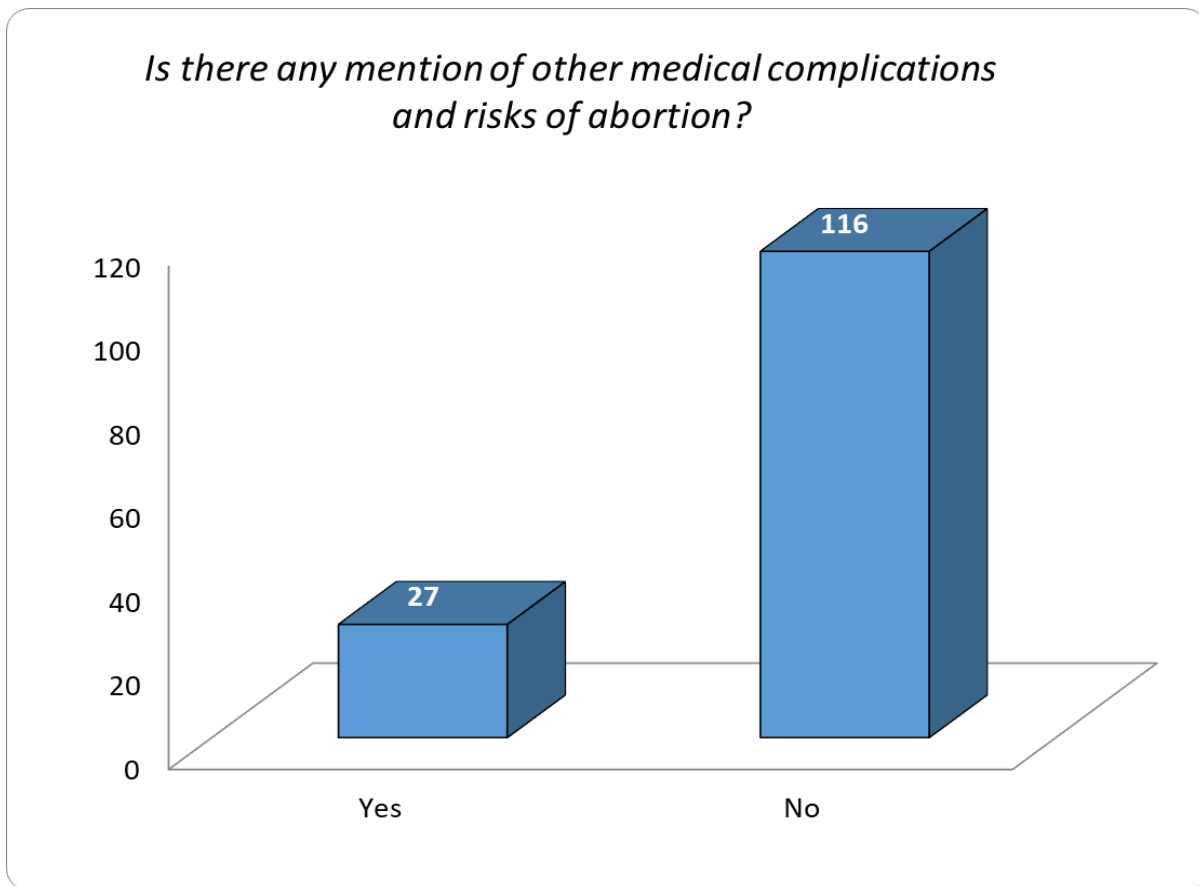
**Example 2.3:** “Enceinte et Inquiète ?” in Montréal, Quebec (#54) cautions about a possible alleged link between abortion and breast cancer, but it relies on flawed and discredited studies: *“Medical experts continue to debate the association between abortion and breast cancer. Did you know that carrying a pregnancy to term protects against breast cancer? Ending a pregnancy means losing that protection. Despite the controversy surrounding this issue, it is important for women to know what some experts are saying: a number of reliable studies have shown a link between abortion and the later development of breast cancer”* (translated).<sup>58</sup>

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57 The Goderich Life Centre (n.d.). “Facts you should know before you consider abortion.” <https://tinyurl.com/ymdrm92k>

58 Enceinte et Inquiète ? (n.d.). “Tu envisages un avortement: Considère les risques à long terme de l’avortement provoqué.” [www.enceinteinquiete.org/tu\\_envisages\\_un\\_avortement\\_2](http://www.enceinteinquiete.org/tu_envisages_un_avortement_2)

### QUESTION 3



**Figure 3:** 18.9% (27) of websites mentioned other medical complications and risks of abortion (e.g., infection, hemorrhage, perforations/lacerations, infertility, future miscarriage, etc.).

We found that 18.9% (27) CPC websites mentioned complications and risks of abortion. This number has increased from 2016, when we found 9% (15) of CPC websites discussed abortion risks.

Emphasizing potential medical complications and risks associated with abortions can serve to deter those seeking an abortion. Risks that would often be mentioned as possible physical complications of abortion (excluding breast cancer) include infection, hemorrhage, perforations/lacerations, infertility, and future miscarriage.

**Example 3.1:** In a video produced by Christine's Place Pregnancy Support Centre in Vancouver, BC (#43) a man describes the physical risks of abortion and states: *"As with any medical procedure, there are potential risks that you need to consider before making a final decision. The physical risks of an abortion vary depending on the type of abortion procedure used and the stage of the pregnancy. In general, the physical risks increase with the number of weeks of pregnancy and they include but are not limited to: heavy bleeding, infection, increased risk of premature births in subsequent pregnancies, damage to the cervix or uterus including a small risk of infection or scarring that can be associated with infertility (uterine synechiae) or miscarriage."*<sup>59</sup>

**Example 3.2:** When explaining the process of a medical abortion, the Back Porch in Edmonton Alberta (#8) asserts *"you will return to the clinic about two weeks later for a second visit to determine if the abortion is complete and no fetal body parts remain in your body."*<sup>60</sup>

These centres are citing disproven risks of abortion or exaggerating the risks, using fear-based tactics to deter people from considering an abortion. Abortion complications are rare and when they do occur, are generally minor. There is no reliable evidence that abortion increases the risk of subsequent premature birth,<sup>61</sup> and the risks of damage, infection, and infertility are mostly associated with illegal unsafe abortion.<sup>62</sup> Many centres do not cite the sources they use when writing about the medical risks of abortions, or they rely on flawed, outdated, or discredited studies.

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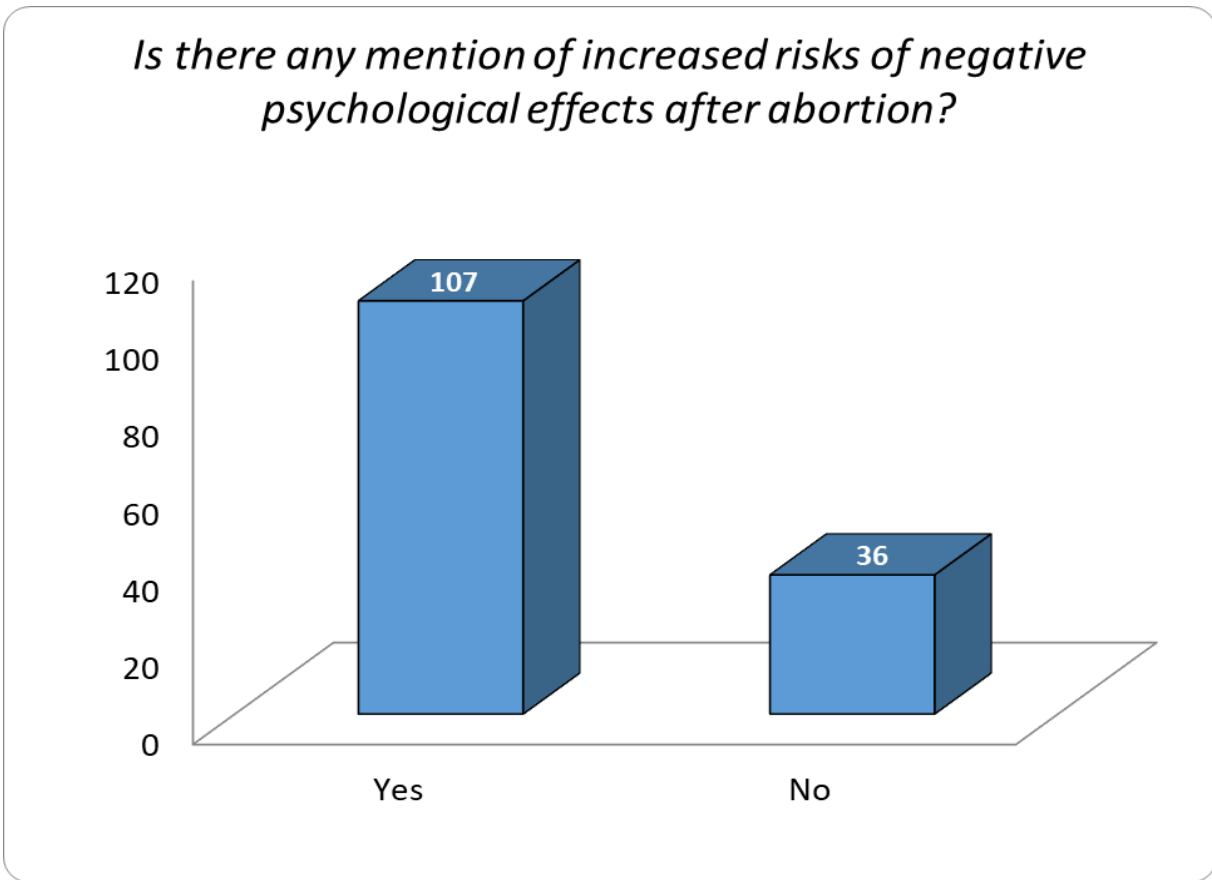
59 Christine's Place Pregnancy & Family Support Centre (n.d.). "What are my options." <https://www.christinesplace.org/what-are-my-options> (accessed 3 July 2021, video since removed).

60 The Back Porch (n.d.). "Abortion procedure." [www.thebackporch.info/abortion-edmonton/abortion-procedure](http://www.thebackporch.info/abortion-edmonton/abortion-procedure)

61 Ke L, et al. (2018). "Association of induced abortion with preterm birth risk in first-time mothers." *Scientific Reports*, 8, No. 5353. [www.nature.com/articles/s41598-018-23695-7](http://www.nature.com/articles/s41598-018-23695-7)

62 World Health Organization (WHO) (2021). "Abortion: Consequences of inaccessible quality abortion care." [www.who.int/news-room/fact-sheets/detail/abortion](http://www.who.int/news-room/fact-sheets/detail/abortion)

#### QUESTION 4



**Figure 4:** 75.5% (108) of websites mentioned an increased risk of negative psychological effects on abortion, (such as “post-abortion distress,” grief, guilt, depression, nightmares, increased use of alcohol/drugs to cope, suicide risk).

We found a considerable number of websites, 75.5% (108), that mentioned an increased risk of negative psychological effects of abortion. These risks included “post-abortion distress,” grief, guilt, depression, nightmares, increased use of alcohol/drugs to cope, suicide risk. These are broken down further below. This number has increased considerably since our 2016 study where we found that 47.6% (79) claimed that abortion results in negative psychological consequences.

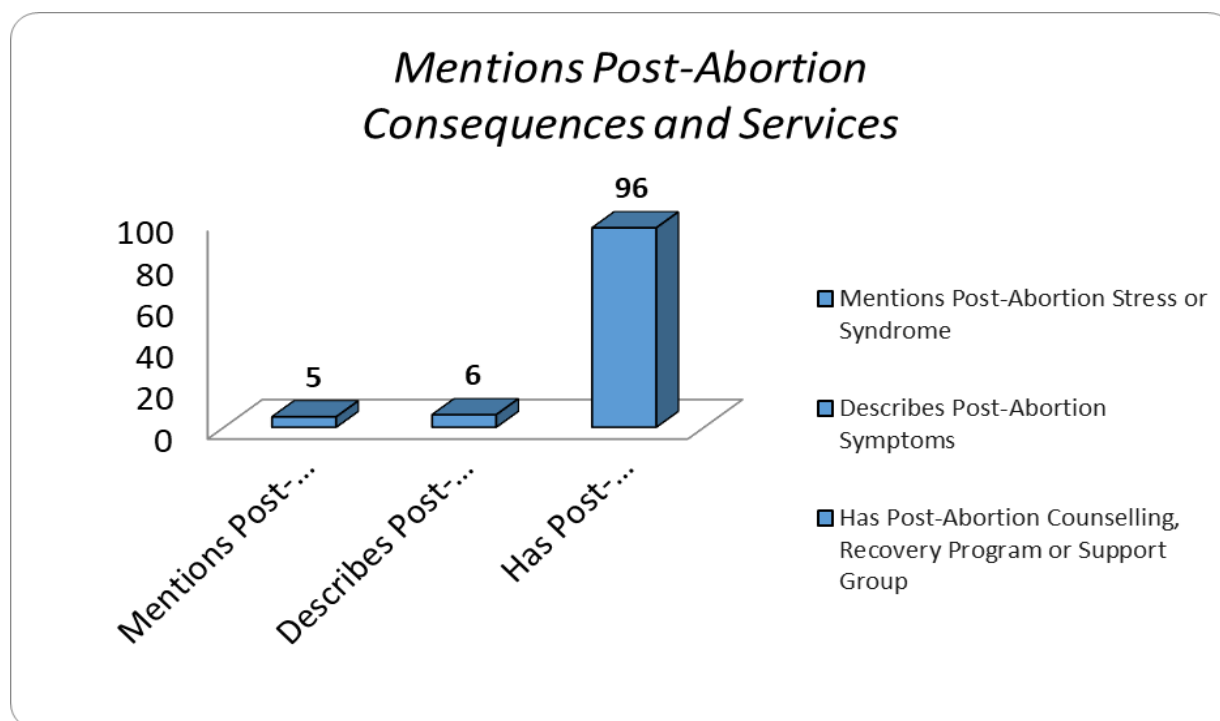
**Example 4.1:** The Pregnancy Help Centre of Durham, Ontario (#119) mentions that “Abortion is a serious and final choice in a pregnancy. Although sometimes it may appear easier, it is important to understand that it is not a solution to the problems that are making this pregnancy a crisis in your experience... If this is a path you have already chosen, there may be other problems developing. You may be struggling with guilt, sleep disturbances, depression, intruding thoughts, feelings of despair, and/or thoughts to harm yourself.”<sup>63</sup>

Strong evidence exists that abortion is not linked to psychological harm. A recent article by the American Psychological Association states: “*More than 50 years of international psychological research shows that having an abortion is not linked to mental health problems, but restricting access to safe, legal abortions does cause harm. Research shows people who are denied abortions have worse physical and mental health, as well as worse economic outcomes than those who seek and receive them. Meanwhile, the same research shows getting a wanted abortion does not cause significant psychological problems, despite beliefs to the contrary.*”<sup>64</sup>

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63 Pregnancy Help Centre of Durham (n.d.). “Abortion.” <http://www.pregnancyhelp.ca/abortion>

64 Abrams Z (2022 September). “The facts about abortion and mental health.” *APA Monitor on Psychology*, 53(6), pp. 40. [www.apa.org/monitor/2022/09/news-facts-abortion-mental-health](http://www.apa.org/monitor/2022/09/news-facts-abortion-mental-health)



**Figure 4.1:** 3.5% (5) mentioned or discussed post-abortion stress/post-abortion syndrome. 4.2% (6) described post-abortion grief/symptoms similar to PASS but not named as such. 67.1% (96) had a post-abortion counselling/recovery program/support group.

The majority of CPC websites, 67.1% (96), included information about post-abortion counselling, abortion recovery programs, or abortion support groups. While 3.5% (5) mentioned or discussed post-abortion stress or “post-abortion syndrome” (PAS), and 4.2% (6) described post-abortion grief or symptoms similar to PASS but did not name it as such.

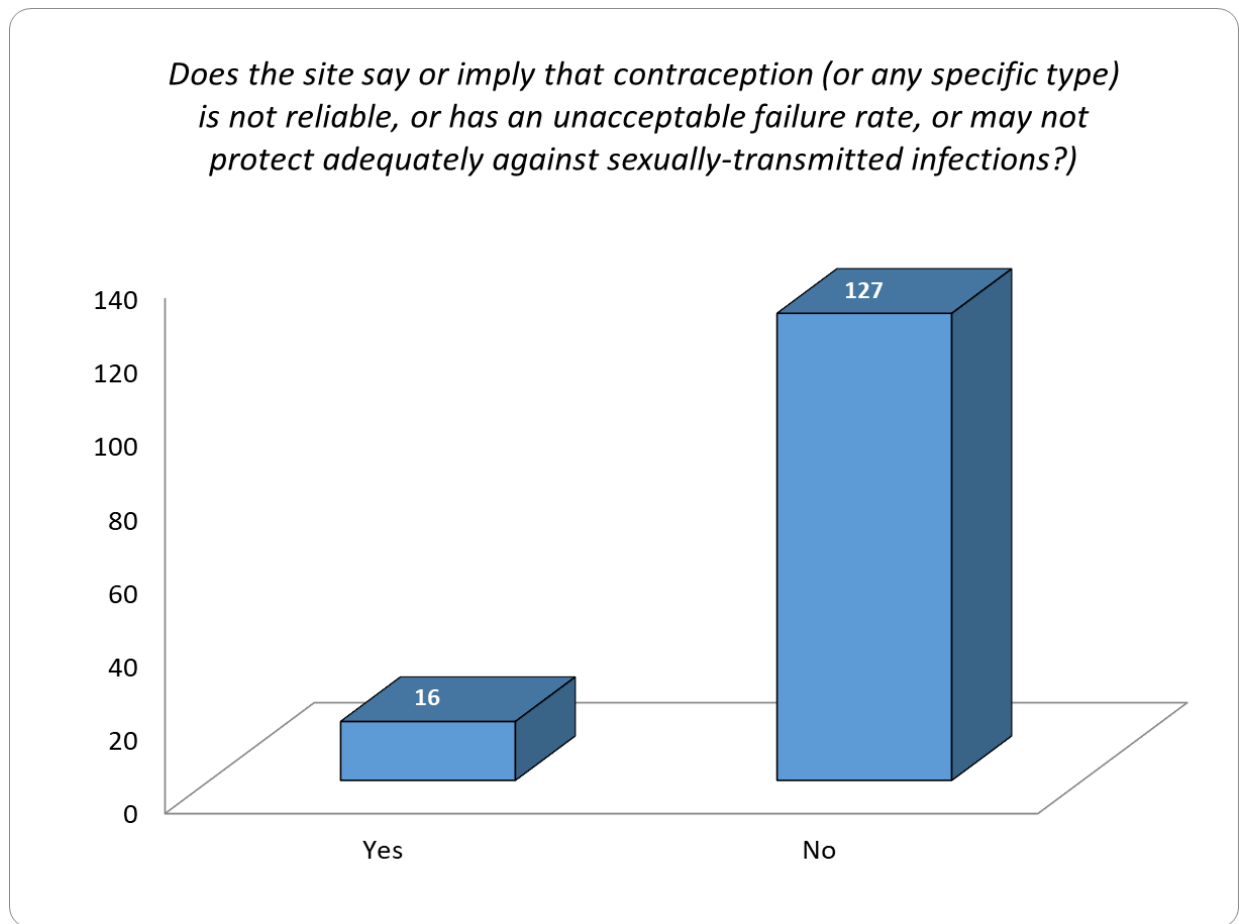
By contrast, our 2016 study found that 50.6% (84) CPC websites offered post-abortion counselling, 19.9% (33) mentioned or discussed PAS, and 16.3% (27) did not name PAS, but instead described symptoms that anti-abortion groups often claim it comprises.

**Example 4.2:** The Valley Care Pregnancy Centre in Kentville, Nova Scotia (#135) states that “*Countless women and men have shared with us their deep, long-term, unwanted feelings of regret, sorrow, guilt, shame, depression, anxiety, substance abuse and suicidal thoughts and behavior which they say are directly linked to their abortion experience.*”<sup>65</sup>

These statements are problematic because they use fear-mongering tactics to dissuade clients from accessing abortion and they do not cite their sources for their claims. Moreover, they do not mention the vast amount of evidence that exists refuting the claim that abortion is not linked to psychological harm (see Deception and Misinformation on CPC Websites later in this report).

65 Valley Care Pregnancy Centre (n.d.). “Abortion.” [www.asafeplaceforme.com/abortion](http://www.asafeplaceforme.com/abortion)

## QUESTION 5



**Figure 5:** 11.2% (16) of websites said or implied that contraception is not adequately reliable or may not protect against sexually-transmitted infections.

We found that 11.2% (16) of websites said or implied that contraception is not adequately reliable or may not protect against sexually-transmitted infections. This number has somewhat increased since 2016, when we found that 7.2% (12) CPC websites made such statements or implications.

**Example 5.1:** Gianna Centre in Calgary, Alberta (#8) states on their website that “Condoms and birth control methods fail and cannot guarantee that your girlfriend will not become pregnant.”<sup>66</sup>

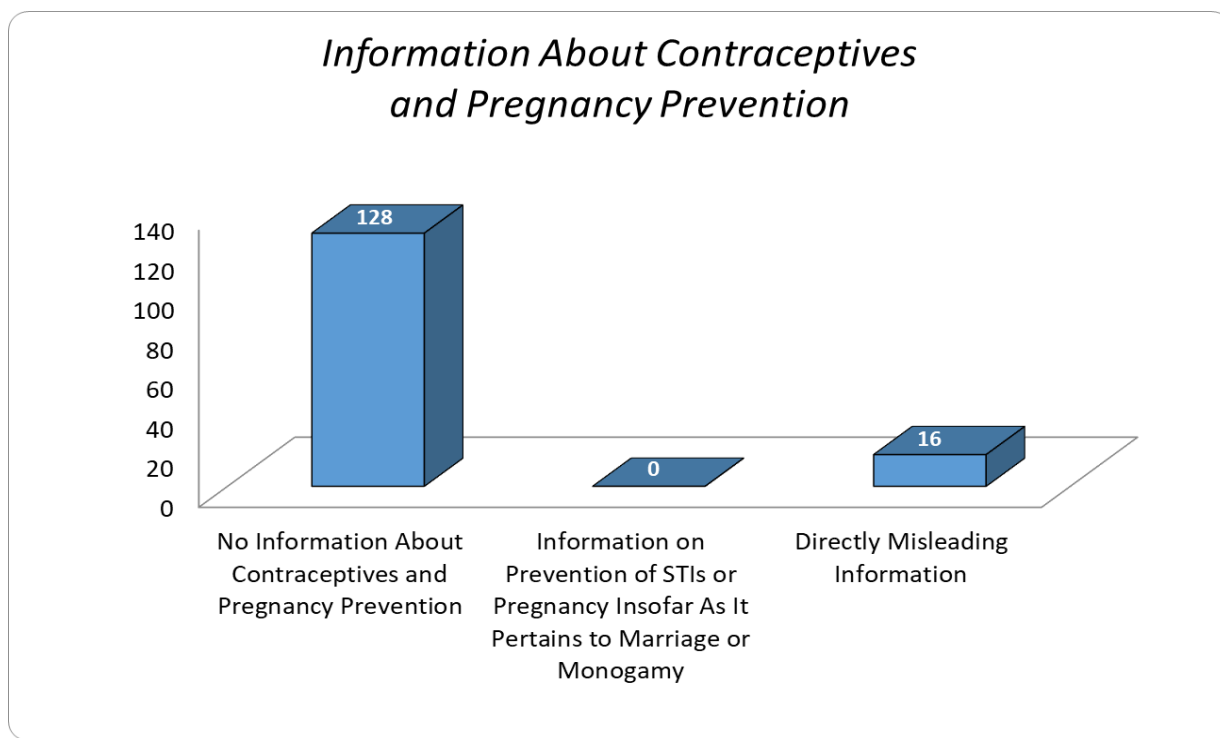
While all birth control methods have a certain failure rate, when used correctly and consistently, even condoms are up to 97% effective,<sup>67</sup> and hormonal methods have a very low failure rate.

66 Catholic Social Services, Alberta (n.d.). “For men.” [www.cssalberta.ca/Gianna-Centre/For-Men](http://www.cssalberta.ca/Gianna-Centre/For-Men)

67 Marfatia YS, Pandya I, & Mehta K (2015 July–December). “Condoms: Past, present, and future.” *Indian Journal of Sexually Transmitted Diseases and AIDS*, 36(2), 133–139. <http://dx.doi.org/10.4103/0253-7184.167135>

**Example 5.2:** The Elisha House Pregnancy & Family Support Centre in Welland, Ontario (#53) had the following statement: “You may have heard that condoms protect you against STIs, but the truth is that they do not. Using a condom only reduces the risk and not in all cases.”<sup>68</sup>

This statement is wrong, as evidence has consistently shown that condoms, when used consistently and correctly, are highly effective in preventing sexual transmission of sexually transmitted infections, including HIV, gonorrhea and chlamydia.<sup>69</sup> Furthermore, the second part of the statement is left intentionally unclear, ambiguous, and confusing to the reader.



**Figure 5.1:** 89.5% (128) had no information about contraceptives and pregnancy prevention at all. 0% gave information or made mention of prevention of STIs or pregnancy only insofar as it pertains to marriage or monogamy. 11.2% (16) gave directly misleading information about contraception.

We found that 89.5% (128) of CPC websites had no information about contraceptives and pregnancy prevention at all. None gave information about the prevention of STIs or pregnancy, even in the context of marriage or monogamy. And we found that 11.2% (16) gave directly misleading information about contraception.

68 Elisha House (now renamed as Clarity Pregnancy Options) (n.d.). <https://www.elishahouse.on.ca/> (accessed 6 July 2021, quote since removed).

69 Department of Human Health and Service (2022 February 2). “Condoms and STDs: Fact sheet for public health personnel.” *Centers for Disease Control and Prevention*. <https://tinyurl.com/52k7p3s2>



These numbers have changed since 2016, when we found that 59.6% (99) of sites gave no information at all about STIs or prevention, while 6% (10) gave information pertaining only to monogamous or married couples (heterosexual), and 4.8% (8) gave false or misleading information regarding contraception and/or STIs.

**Example 5.3:** The Atwell Centre in Hamilton, Ontario (#7) has the following on their website: *“18% of the time condoms fail to protect Canadians from unexpected pregnancy.”*<sup>70</sup>

Recent evidence suggests that condoms are 97% effective when used perfectly, meaning with correct and consistent use. However, since humans are imperfect, the best evidence suggests that condoms are at least 86% effective with typical human use.<sup>71</sup>

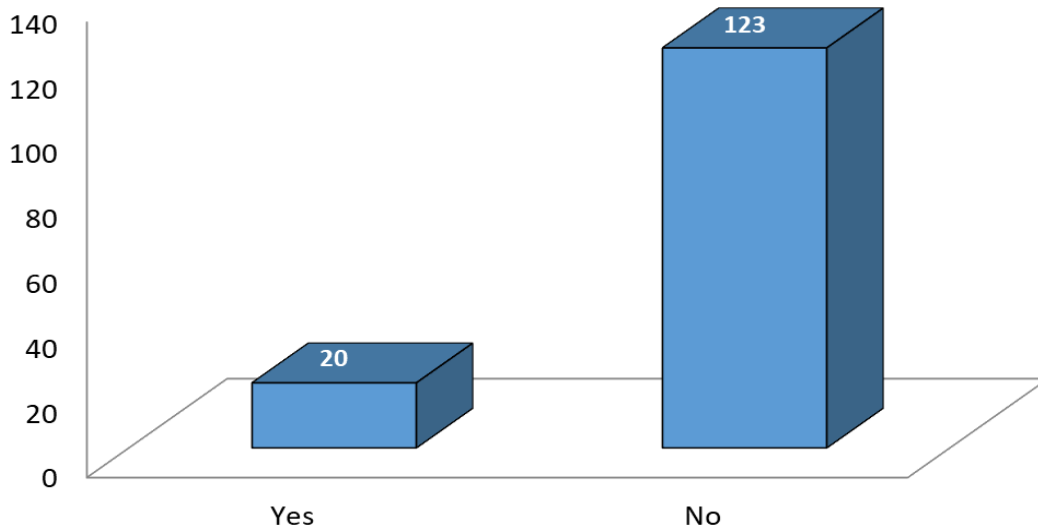
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70 The Atwell Centre (2022). <https://atwellcentre.ca/>

71 Marfatia, Pandya, & Mehta 2015.

## QUESTION 6

*Does the site advocate “abstinence only”, or does it discourage sex outside of marriage?*



**Figure 6:** 14.0% (20) of websites advocate for abstinence or discourage sex outside of marriage.

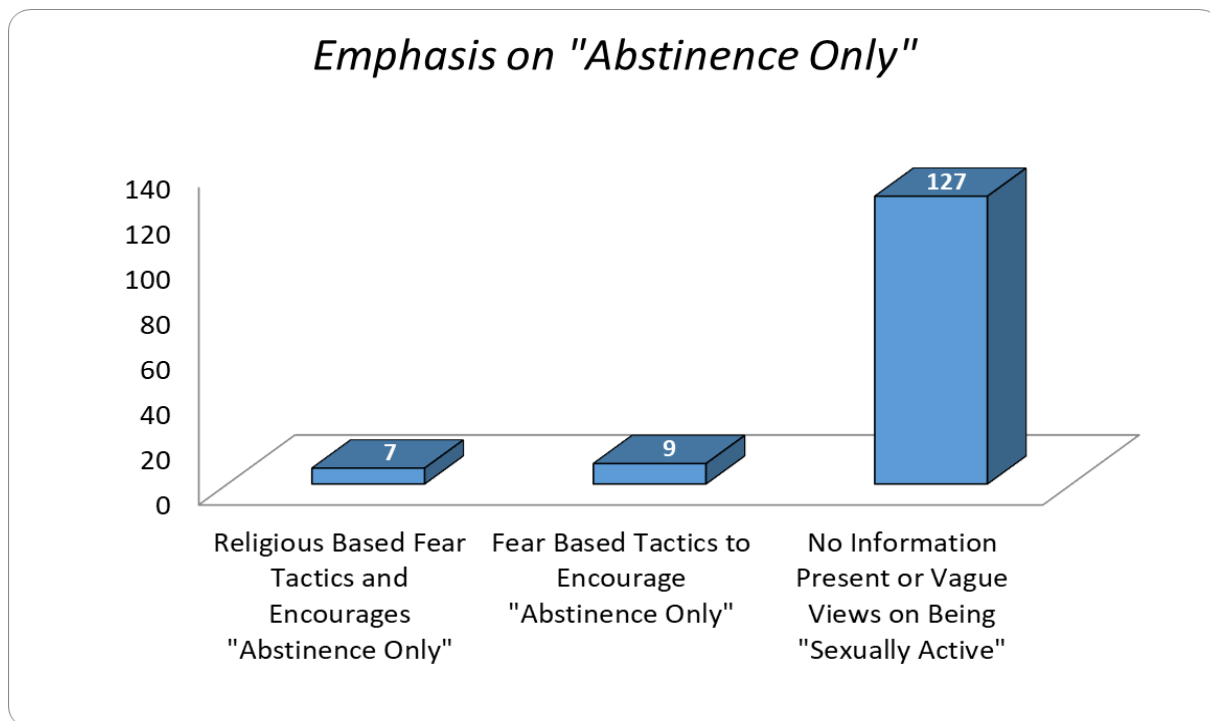
We found that 14.0% (20) of CPC websites advocated for abstinence or discouraged sex outside of marriage. This number is down from our 2016 study, where we found 23.5% (39) of sites promoted sexual abstinence as the ideal solution for unwed women.

**Example 6.1:** South Niagara Life Ministries in Niagara, Ontario (#130) mentions their abstinence curriculum and describes it as: *“Sexual Health/Relationships Empowered ... is excellent for classroom presentations and area public school assemblies. Presentations walk students through the importance of abstinence to their emotional, physical, mental, and spiritual health; and empowers students with right choices for their future; for healthy, lasting relationships.”*<sup>72</sup>

Current research suggests that science-based and medically accurate comprehensive sexuality education, including teaching about contraception, abstinence, reproductive choice, 2SLGBTQ2+, pubertal development, and relationships, is more effective than abstinence education on its own.<sup>73</sup>

72 South Niagara Life Ministries (n.d.). “Services & programs.” <http://snlmcounsel.ca/services.html>

73 ACOG (2016 November 16). “Comprehensive sexuality education – committee opinion.” <https://tinyurl.com/2s3y6a3x>



**Figure 6.1:** 4.9% (7) of sites used religious-based fear tactics to persuade viewers to accept abstinence. 6.3% (9) used non-religious fear-based tactics. 88.8% (127) had vague information or no information regarding sexual activity.

We found that 4.9% (7) of CPC websites used religious-based fear tactics to persuade viewers to accept abstinence, while 6.3% (9) used non-religious fear-based tactics. Most websites, 88.8% (127) were identified as having vague or no information regarding sexual activity.

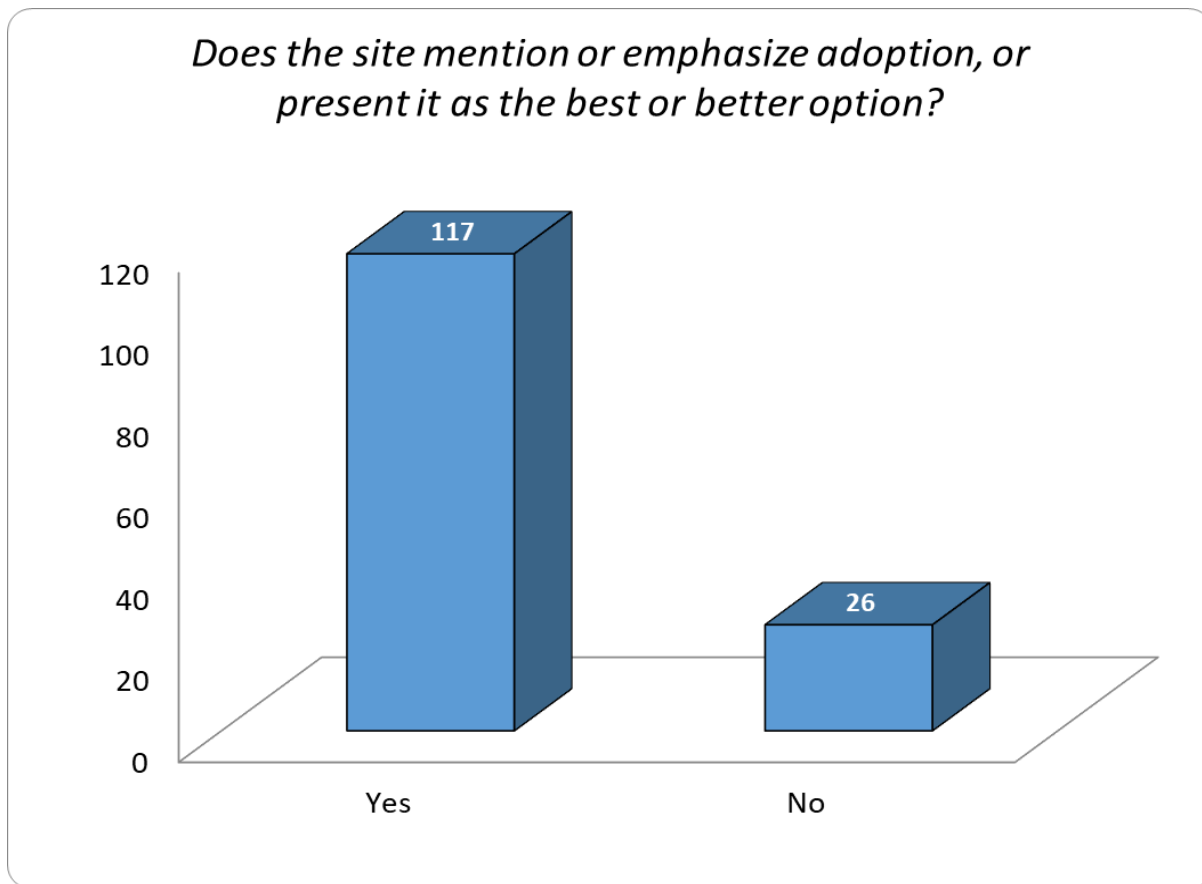
These numbers compare with our 2016 study, where we found 3.6% (6) of sites used religious-based fear tactics to persuade viewers to accept abstinence, 16.3% (27) used non-religious fear-based tactics, and 78.3% (130) had vague or no information regarding sexual activity.

**Example 6.2:** The Bancroft Pregnancy Centre in Bancroft, Ontario (#9) states in a FAQ: *"Are you anti-birth control? We believe that abstinence is the most effective and healthy form of birth control."*<sup>74</sup>

These vague statements are problematic as they cite no evidence to back up their claims and do not mention any other contraceptive strategies that have been proven to be effective. Accurate, comprehensive, up to date, and judgement-free information is critical to ensuring people can make informed choices about their sexual and reproductive health.

74 Bancroft Pregnancy Care Centre (n.d.). "FAQs." <https://bancroftpcc.ca/faqs/> (accessed 28 May 2021, page since removed).

## QUESTION 7



**Figure 7:** 81.8% (117) of websites emphasized adoption or presented adoption as a better option to abortion.

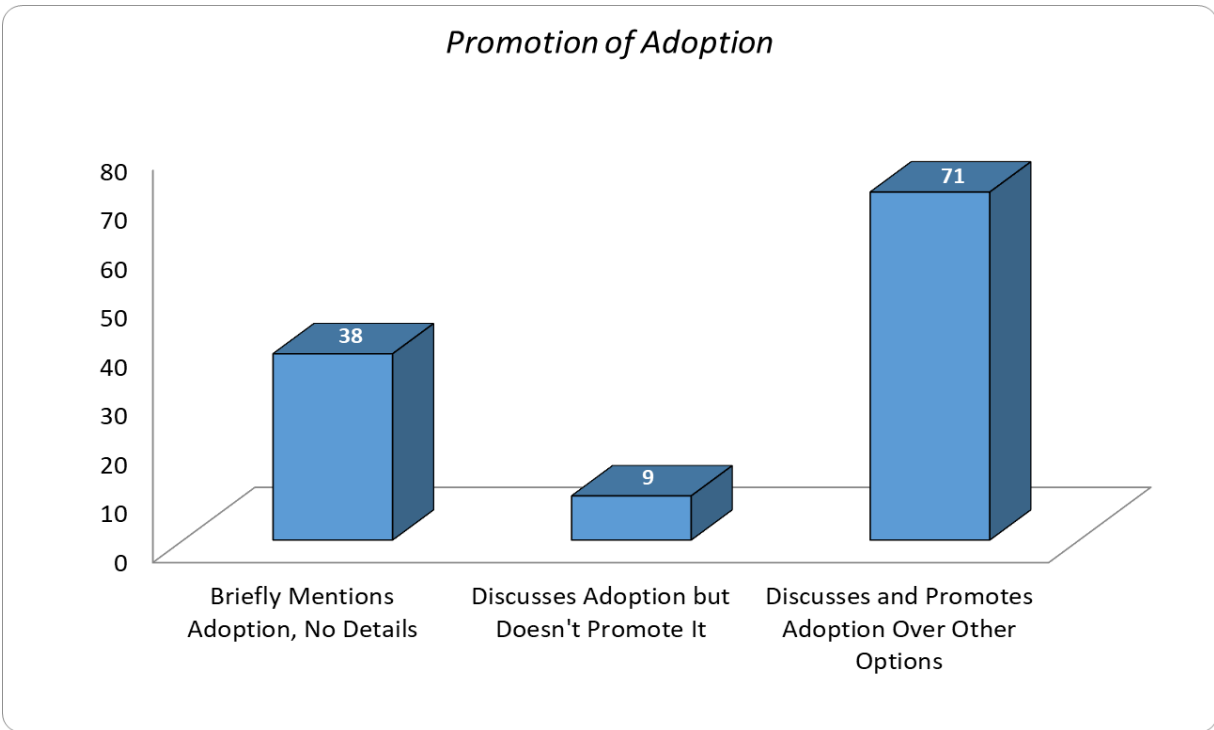
We found that 81.8% (117) of CPC websites emphasized adoption or presented adoption as a better option to abortion. This number has increased substantially from our 2016 study, where we found that 28.3% (47) of sites overemphasized adoption at the expense of other possible options for women. These results cannot be directly compared as the question was reworked for the new study.

**Example 7.1:** The Crisis Pregnancy Centre of Burnaby and New Westminster in BC (#47) states: *"Adoption may be an excellent option for you and your baby. This choice means you can continue your life plans without the responsibility of parenting or experiencing grief associated with abortion."*<sup>75</sup>

These sorts of statements depict the bias of crisis pregnancy centres by promoting adoption, while failing to mention the risks associated with pregnancy. Further, adoption is often quite traumatic for the birthing parent.<sup>76</sup> When facing an unplanned pregnancy, people have a right to make decisions without pressure or undue influence, and should be presented with all available options in an unbiased way.

75 Crisis Pregnancy Centre of Burnaby and New Westminster (n.d.). "Adoption." <https://tinyurl.com/2p6tmr4m>

76 Origins Canada (2010). "Adoption trauma." [www.originscanada.org/adoption-trauma-2/adoption-trauma/](http://www.originscanada.org/adoption-trauma-2/adoption-trauma/)



**Figure 7.1:** 26.6% (38) briefly mentioned adoption or adoption services with no details. 6.3% (9) discussed adoption but didn't promote it over other options, with possible mention of potential negatives/downsides of adoption. 49.7% (71) discussed and favoured/promoted adoption over other options with virtually no negatives/downsides mentioned.

We found that 26.6% (38) of CPC websites briefly mentioned adoption or adoption services with no details, while 6.3% (9) discussed adoption but did not promote it over other options, with some mentioning potential negatives or downsides of adoption. On the other hand, 49.7% (71) discussed and promoted adoption over other options, presenting this option favourably with virtually no mention of possible negatives or downsides.

While the results are not comparable with our 2016 study, it is useful to examine these numbers as well. In 2016, our report found that 11.4% (19) of CPC websites openly championed adoption as a preferred choice, 3.6% (6) did not mention the negative consequences of adoption, and 13.9% (23) talked neutrally about adoption.

**Example 7.2:** The Valley Care Pregnancy Centre – A Christian Outreach Ministry in Kentville, Nova Scotia (#135) states:

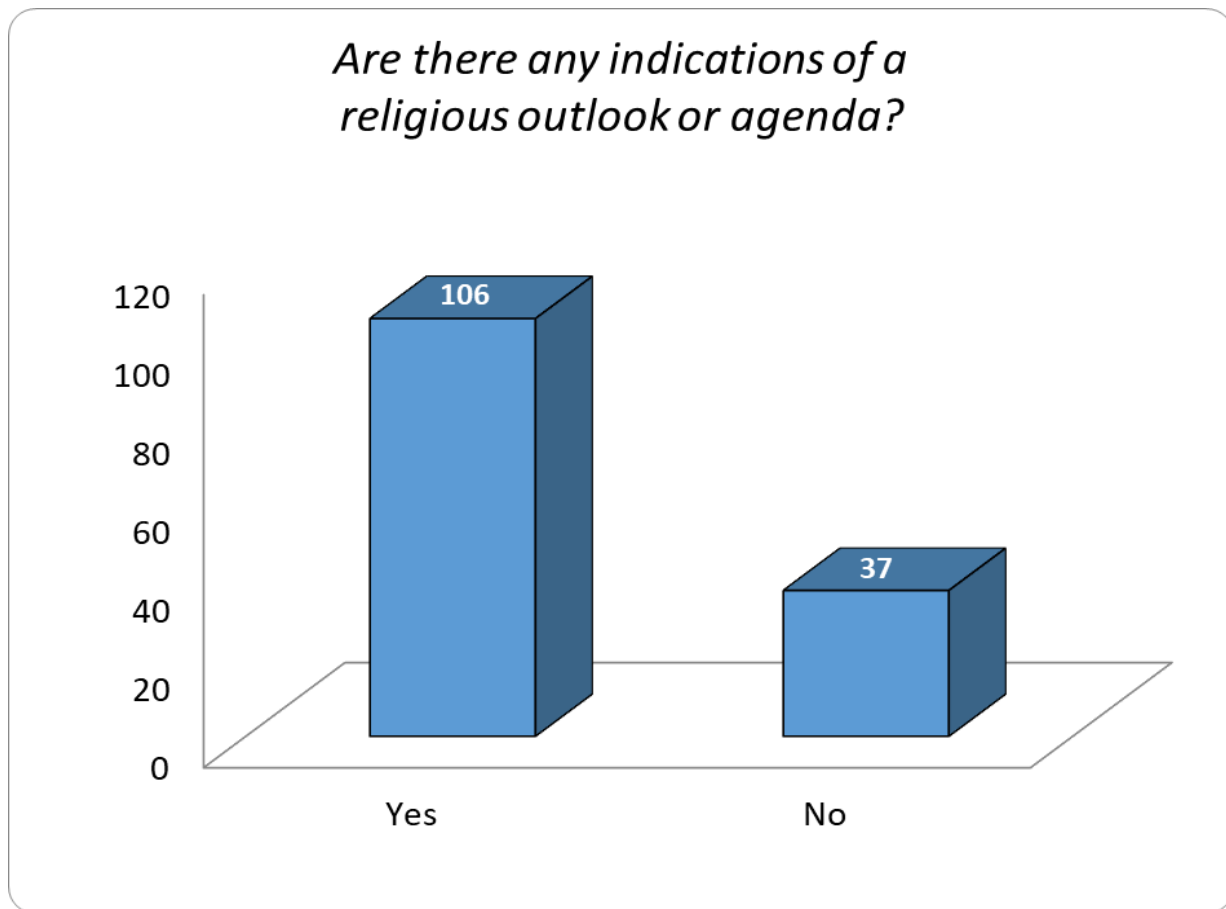
*“You may be interested to know that in Nova Scotia, there are many, many families waiting to adopt infants. There are older children in Foster Care who are available for adoption in Nova Scotia, but the fact is that there are very many families in Nova Scotia looking to adopt infants today, but a lack of infants available for adoption in this province. As the Department of Community Services' website states, ‘There are fewer infants available for adoption than in the past and there is a lengthy waiting period to adopt infants’.”<sup>77</sup>*

These statements put a great deal of emphasis on adoption by brushing aside the plight of older children in need of a home, and focusing on infants. Talking about the lack of infants available for adoption sends the message that newborn babies are a commodity that pregnant people have a duty to supply.

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77 Valley Care Pregnancy Centre (n.d.). “Adoption.” [www.asafeplaceforme.com/adoption](http://www.asafeplaceforme.com/adoption)

## QUESTION 8



**Figure 8:** 74.1% (106) of websites showed evidence of a religious outlook or agenda (e.g., there are religious graphics or links; words such as God, Christian, Bible, church, prayer; etc.).

Our survey of CPC websites found that 74.1% (106) showed evidence of a religious outlook or agenda. For example, there were religious graphics or links, or words such as God, Christian, Bible, church, prayer, etc. The number of CPC websites that reveal their religious affiliations has declined since our 2016 study, where we found that 95.8% (159) of sites revealed their religious affiliation or agenda, though we noted that this was usually in a hidden or unclear manner.

**Example 8.1:** Aid To Women Crisis Pregnancy Centre in Toronto, Ontario (#3) states: *"We have seen first hand the difference prayer makes. We pray for the end of abortion, the staff at the abortion clinic beside ATW, our clients facing a crisis pregnancy, the unborn and young families!"*

It's not necessarily a problem if CPCs are open about their religiosity. However, many are not, while those that are more open may try to proselytize to clients or inappropriately judge or pressure them. Aid to Women's statement about prayer is indeed judgmental – it assumes that abortion is wrong and should be ended, and that abortion clinic staff should repent.

**Example 8.2:** North Peace Pregnancy Care (#89) in Fort St. John, BC makes no clear mention of its religious affiliation on its website. But it does include the following disclaimer at the bottom of the home page in a small font:

*"The North Peace Pregnancy Care Centre exists to provide compassion and support to those affected by unexpected pregnancy. Find out more about us. We are a nonprofit agency consisting of a Board of Directors, Executive Director and many volunteers, the NPPCC is affiliated with the Pregnancy Care Canada (PCC). If you would like to know more about the NPPCC, please contact us by phone or email."*<sup>78</sup>

Only the most savvy website visitor would be aware that the PCC is an overtly Christian organization, which describes itself as *"a Christ-centred national best practice organization dedicated to affirming the value of every life by equipping pregnancy care centres and local communities with resources, education, and support to compassionately serve those challenged by an unexpected pregnancy."*<sup>79</sup>

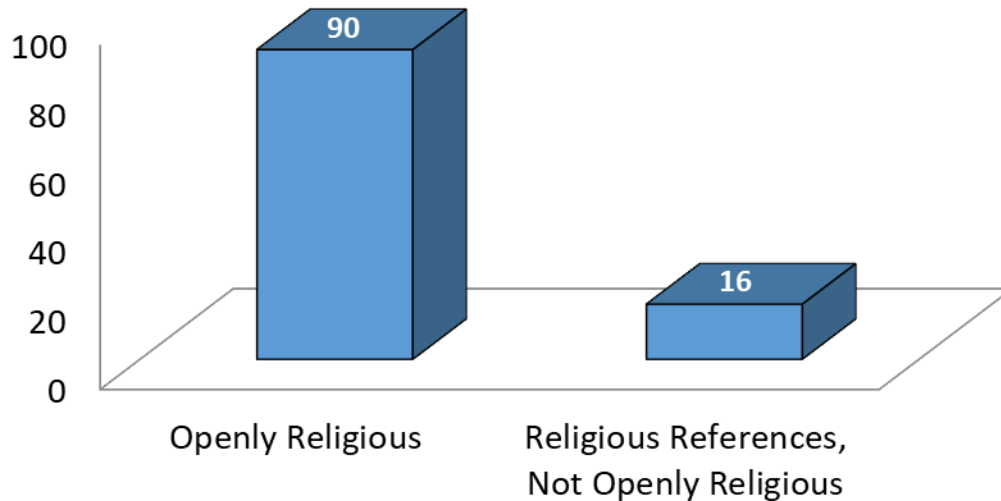
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78 North Peace Pregnancy Care (n.d). "Home." <https://northpeacepregnancycare.ca/>

79 Pregnancy Care Canada (n.d.). "Our mission." <https://pregnancycarecanada.ca/who-we-are/>



### Openly Religious vs. Subtle Religious References



**Figure 8.1:** 62.9% (90) are openly religious.

11.2% (16) had subtle indications of religious references, but not stated openly (eg., links to religious sites, religious words on donation page).

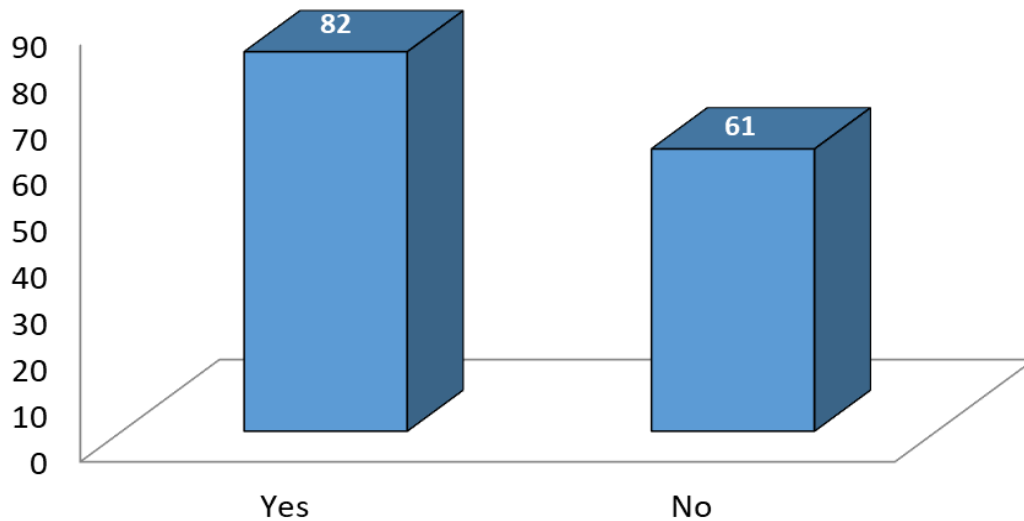
Of the CPC websites that did indicate a religious agenda or outlook, we found that 62.9% (90) are openly religious, while 11.2% (16) had subtle indications of religious references, but did not state this explicitly, instead perhaps including links to religious sites or having religious words on the donation page. This represents a change from 2016, where we found that 23.5% (39) of sites used openly religious language and terminology, while 72.3% (120) used more subtle or hidden religious language.

**Example 8.3:** The Sunrise Pregnancy and Family Support Services (#131) only reveals their religious connections obliquely, on their Donate page, which states: *"Sunrise is a registered charity that does not receive government funding but relies on the generosity of individuals, businesses, churches and organizations."* And their Parenting Program Support page states: *"We are currently meeting on Wednesday's 11am-1pm in the basement of Uxbridge Baptist Church...."*<sup>80</sup>

80 Sunrise Pregnancy and Family Support Services (n.d.). "Donate." [www.sunriseuxbridge.com/donate/](http://www.sunriseuxbridge.com/donate/)

## QUESTION 9

*Are there any disclaimers to the effect that they are not a medical facility, or that clients should consult a doctor if they need medical services?*



**Figure 9:** 57.3% (82) of websites had disclaimers that they were not a medical facility or that clients should consult a physician if they need medical services, while 42.7% (61) did not.

We found that 57.3% (82) of CPC websites had disclaimers that they were not a medical facility or that clients should consult a physician if they need medical services, while 42.7% (61) did not. The percentage of CPC websites including such disclaimers has increased since 2016, when we found that only 33.1% (55) of websites had disclaimers that they were not a medical facility, while 66.9% (111) failed to include such a disclaimer.

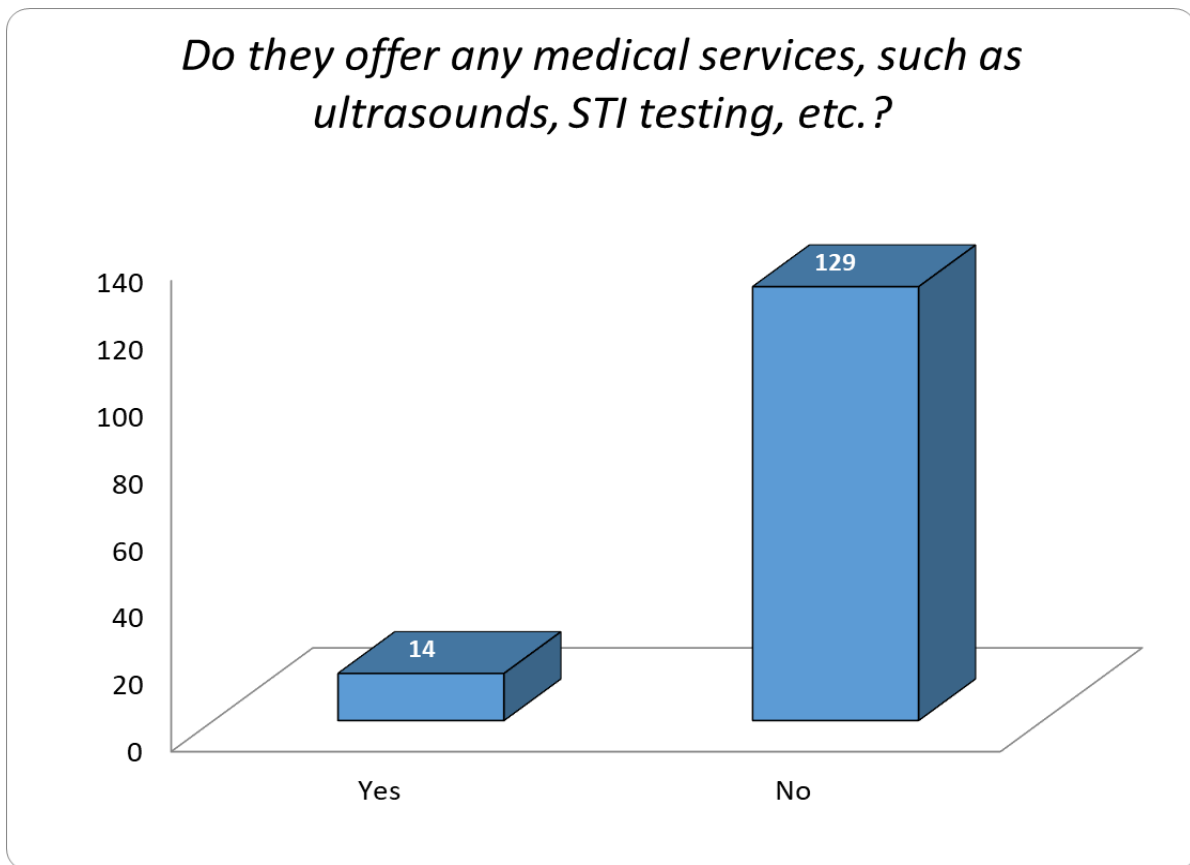
**Example 9.1:** The Norfolk Pregnancy Centre in Simcoe, Ontario (#86) does state that they are not a medical facility but then follows this with a judgment against other groups that may help clients with birth control or abortion, telling clients that CPCs like theirs have the best supports in conjunction with medical professionals:

*“Whatever their choice, if it involves their physical and or mental health, we suggest they seek medical attention from a Medical Provider. ... Some groups who tell a woman to go on birth control or have an abortion are NOT caring for the WHOLE woman and do not understand the choices and consequences of those choices for women and their families. It is unwise to take any medicine or make any life altering choice without seeking ALL the information available and ALL supports in a person’s life, including medical professionals. Decisions regarding pregnancy, caring for a child(ren), abortion or adoption are all decisions that affect a person’s mind, body and spirit. The best possible help for women and their families is to seek supports like those found at NPC and other appropriate helping agencies and their medical professional.”<sup>81</sup>*

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81 Norfolk Pregnancy & Family Resource Centre (n.d.). “FAQs.” <https://www.norfolkpc.org/faqs> (accessed 23 July 2021, quote since removed).

## QUESTION 10



**Figure 10:** 9.8% (14) of CPC websites indicated that they offered medical services, including ultrasounds or STI testing.

We found that only 9.8% (14) of CPC websites indicated that they offered medical services, including ultrasounds or STI testing. The medicalization and professionalization trend is reflected in the fact that this was not a question that was explored in our 2016 study.

**Example 10.1:** The Pregnancy & Wellness Centre of Moncton in New Brunswick (#120) describes the medical services offered:

*"Our nurse is available for STI testing and treatment appointments from 9:00 am to 12:00 pm, Monday - Thursday. STIs we test for are: HIV, HepB, Syphilis, Chlamydia, Gonorrhea, Bacterial Vaginosis & Trichomoniasis. Appointments available for women and men. [Click here](#) to learn more about STI's. Appointments may be made by calling the Centre or make your appointment online. Please be sure to bring your Medicare Card with you to your appointment. A urine sample will be required at your appointment time."<sup>82</sup>*

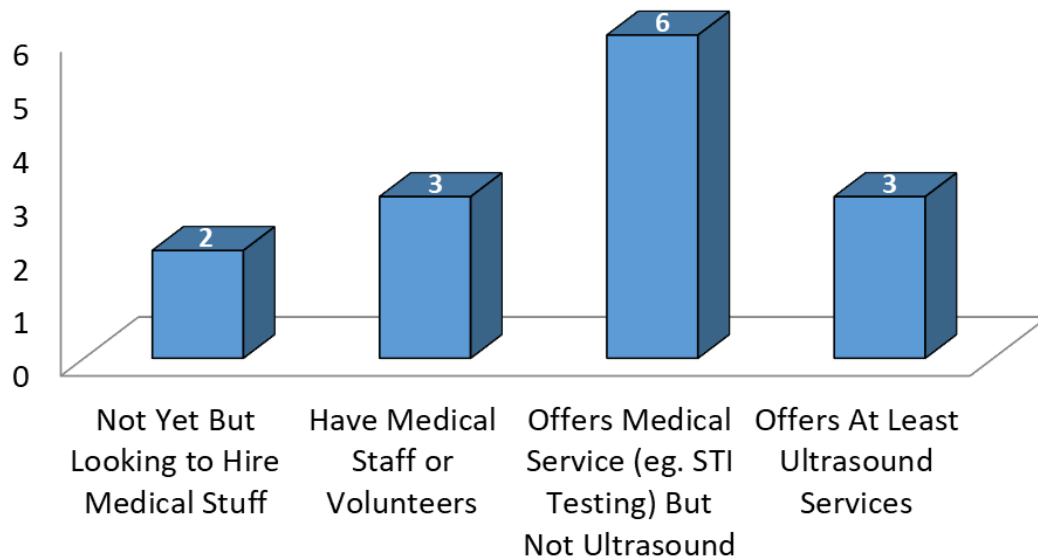
While only ten percent of CPCs offer some type of medical service, it is a growing trend that indicates they are trying to legitimize themselves in the community, including by representing themselves as a medical clinic and receiving healthcare funding from the government. Yet the Pregnancy & Wellness Centre of Moncton is unregulated and run by volunteers, is a faith-based Christian agency that will not assist or refer for abortion or contraception, and does not disclose their anti-abortion stance on their website.

Offering medical services can lend a CPC an air of being a legitimate medical clinic, and can also attract people to the CPC in regions where free medical services are unavailable.

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82     Pregnancy & Wellness Centre of Moncton (n.d.). "Sexual health services."  
[www.monctonwellness.ca/sexualhealth.php](http://www.monctonwellness.ca/sexualhealth.php)

## Medical Services Offered



**Figure 10.1:** 1.4% (2) of CPCs plan to or are looking to hire medical staff.  
 2.1% (3) of CPCs said they have medical staff or volunteer nurses etc. but doesn't specify medical services.  
 4.2% (6) offered at least one medical service (eg. STI testing) but **not** ultrasound.  
 2.1% (3) of CPCs offered at least ultrasound services.

We found that 2.1% (3) of CPCs said they have medical staff or volunteer nurses etc. but did not specify medical services. Of those that specified the types of services they offered, 4.2% (6) offered at least one medical service (eg. STI testing) but not ultrasound, while 2.1% (3) of CPCs offered at least ultrasound services. We found that 1.4% (2) of CPCs plan to or are looking to hire medical staff.

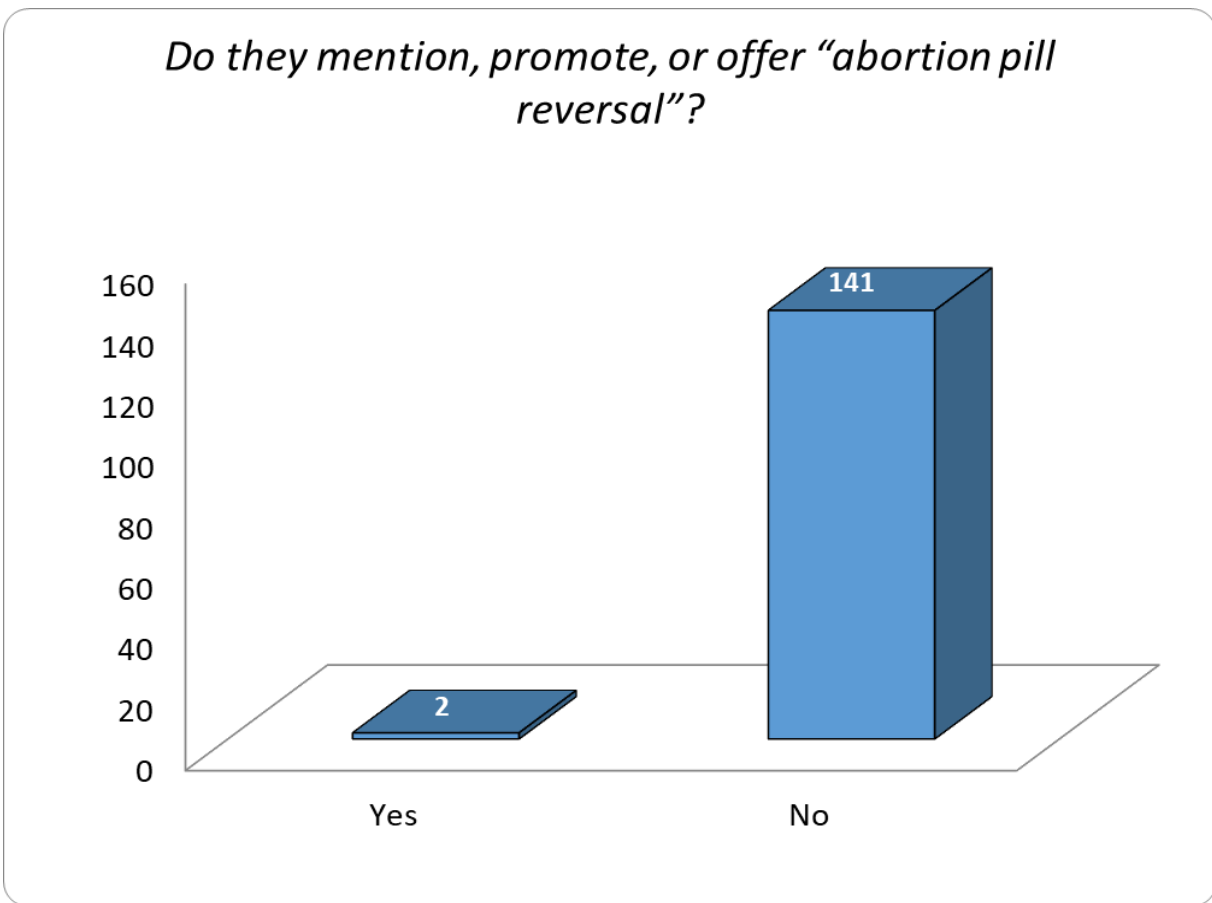
**Example 10.2:** The Atwell Centre in Hamilton, Ontario (#7) has the following on their "Volunteer Opportunities" page:

*"Become a Volunteer. Nurse Volunteer: Will be trained on procedures by our nurse manager, and help in the performance of Pregnancy Assessments and STI Testing, as well as Counselling."*<sup>83</sup>

The Atwell Centre is a Christian charity that opposes abortion and birth control, and counsels against abortion. When such a CPC medicalizes itself, it sends a message to the community that abortion is not healthcare and should not be provided. It also can potentially endanger clients, since CPCs are not obligated to follow medical standards including protecting patient privacy.

83 The Atwell Centre (n.d). "Volunteer Information." <https://atwellcentre.ca/volunteer/>

## QUESTION 11



**Figure 11:** 1.4% (2) of websites mentioned, promoted or offered an “abortion pill reversal.”

Anti-choice activists have responded to the increased availability of the abortion pill, particularly activists in the US, by advertising and promoting the so-called regimen of “abortion pill reversal.” While the use of this experimental practice has increased significantly in the US in recent years, leading to the addition of this question to our survey, only 1.4% (2) of CPC websites in Canada mentioned, promoted, or offered “abortion pill reversal.”

**Example 11.1:** The First Place Maternal Health Options in Kanata, Ontario (#57) states in their FAQ: *“I took the abortion pill, but now I have changed my mind. What can I do? The Abortion Pill, called Mifegymiso in Canada, is made up of two different medications. If you have only taken the first drug, mifepristone (also called Mifeprex), less than 72 hours ago, and have not yet taken the second medication, misoprostol (also called Cytotec), you may be able to preserve the pregnancy if you act quickly.”*<sup>84</sup>

84 First Place Maternal Health Options (n.d.). “Frequently asked questions.” [www.firstplaceoptions.ca/faq-place-options/](http://www.firstplaceoptions.ca/faq-place-options/)

**Example 11.2:** The Chilliwack Crisis Pregnancy Centre in BC (#43) features this ad on their Services tab:<sup>85</sup>



So-called "abortion pill reversal" is an unproven and unethical regimen according to the American College of Obstetricians and Gynecologists, which also states: "Claims regarding abortion 'reversal' treatment are not based on science and do not meet clinical standards."<sup>86</sup>

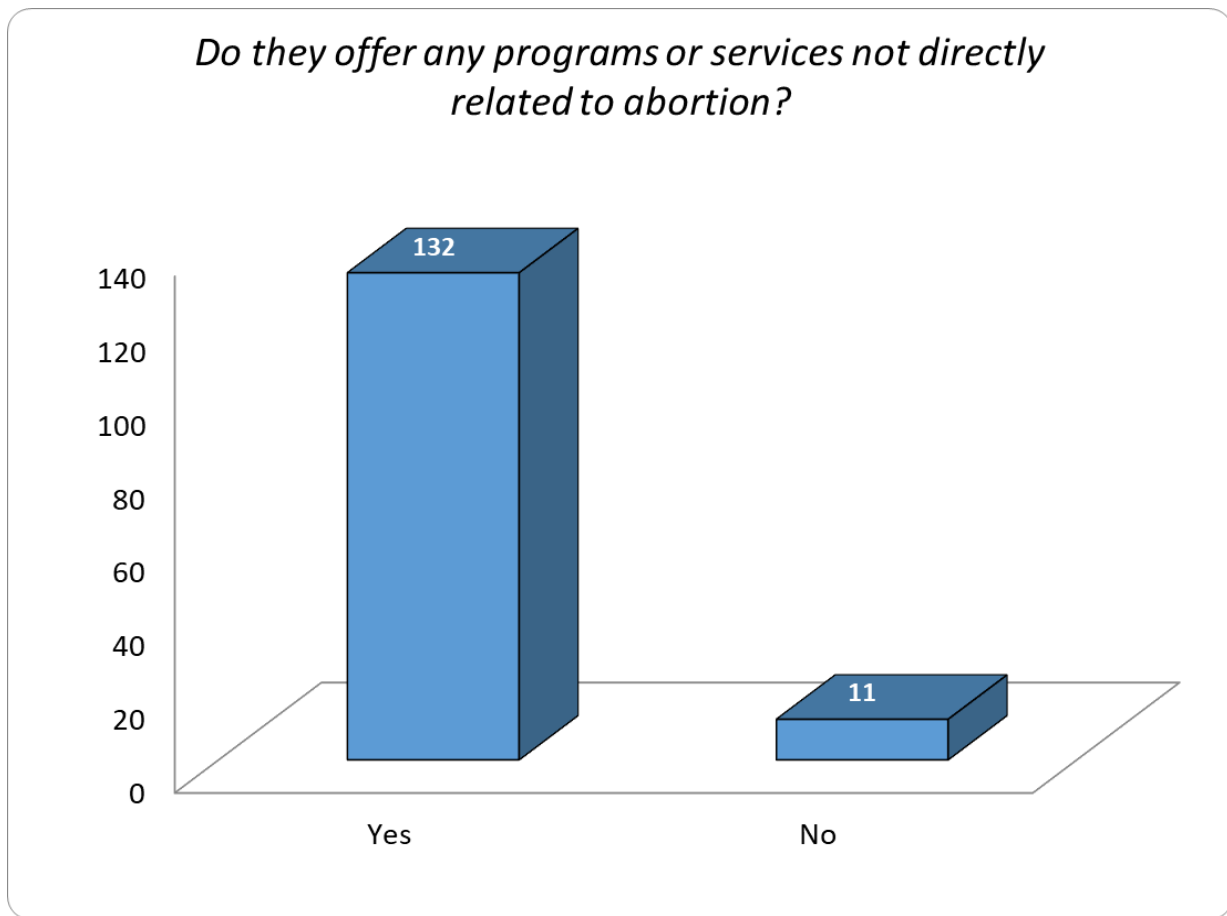
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85 Chilliwack Crisis Pregnancy Centre (now renamed to The Cherish Project) (2023). "Abortion pill reversal." <https://tinyurl.com/muhyu3ke>

86 ACOG (2022). "Facts are important: Medication abortion 'reversal' is not supported by science." <https://tinyurl.com/mux8kv2w>



## QUESTION 12

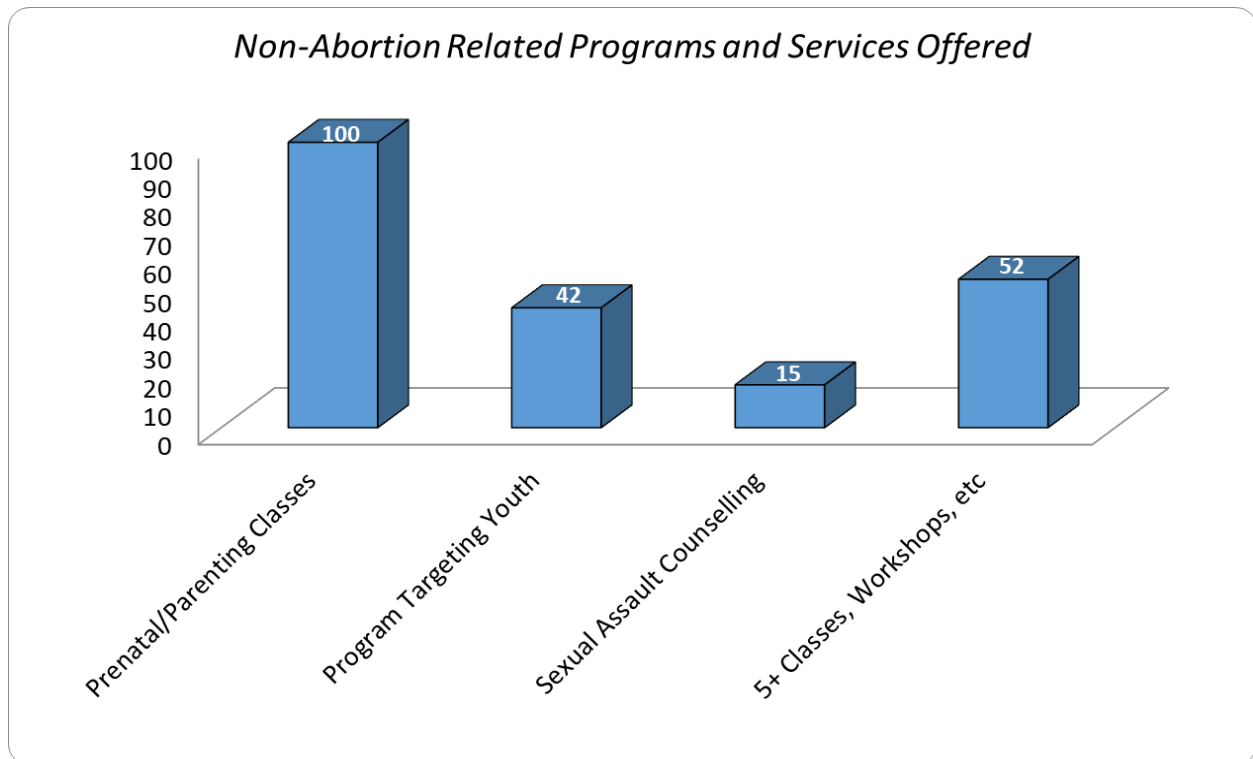


**Figure 12:** 92.3% (132) of CPC websites offered programs or services not directly related to abortion, including sexual assault counselling, prenatal and parenting classes, or other types of counselling, classes, workshops, etc.

We found that 92.3% (132) of CPC websites offered programs or services not directly related to abortion, including sexual assault counselling, prenatal and parenting classes, or other types of counselling, classes, workshops, etc.

**Example 12.1:** The Cochrane Pregnancy Care Centre in Alberta (#44) states on their website: “*The Centre offers free and confidential services that includes: pregnancy tests, information on pregnancy options, pre-natal classes, infant parenting classes, clothing boutique, adoption information and referral, parenting support, sexual health education and post abortion grief support for women and men.*”<sup>87</sup>

These types of programs and services provide another reason for members of the public to interact with the CPC, affording the CPC more recognition within the community. They can also enable a CPC to apply for grants, all without needing to disclose their anti-choice stance. Many of the programs may also promote failed models of sex education and/or reinforce traditional gender roles.



**Figure 12.1:** 69.9% (100) of CPCs offer prenatal and/or parenting classes. 29.4% (42) offer a program(s) targeted to youth. 10.5% (15) offer sexual assault counselling. 36.4% (52) offer 5 or more different types of classes, workshops, or counselling (non-abortion related).

87 Cochrane Pregnancy Care Centre (n.d.). “Our services.” [www.cochranepreg.com/our-services-1](http://www.cochranepreg.com/our-services-1)

When we examine the types of non-abortion counselling programs offered by CPCs, we found that 69.9% (100) of CPCs advertised offering prenatal and/or parenting classes, while 29.4% (42) offered programs targeted to youth, such as “sexual integrity education” (the promotion of abstinence only) either at the CPC or as an outreach program to local schools. Additionally, 10.5% (15) of CPC websites noted that they offered sexual assault counselling, and 36.4% (52) offer 5 or more different types of classes, workshops, or counselling (non-abortion related).

**Example 12.2:** We observed extensive use of coded language that suggests an agenda to promote abstinence and traditional gender roles:

- Crisis Pregnancy Centre of Vancouver & Richmond in BC (#48) offers a program that includes “Sexual Integrity Education.”<sup>88</sup>
- Compassion Place Pregnancy and Family Care Centre in Midland, Ontario (#46) offered a 10-week DVD series called “Steps to Sexual Health. Under “Who Benefits?” they list: “*Anyone who feels ‘broken’ in their sexuality*” and “*Anyone who feels a sense of shame and regret of their sexual history*”<sup>89</sup>
- Brantford/Brant County Crisis Pregnancy Centre in Ontario (#30) offers a “Quest for Authentic manhood” program that will help participants “*embrace a biblical definition of manhood*” and “*develop their own personal manhood plan*.”<sup>90</sup>

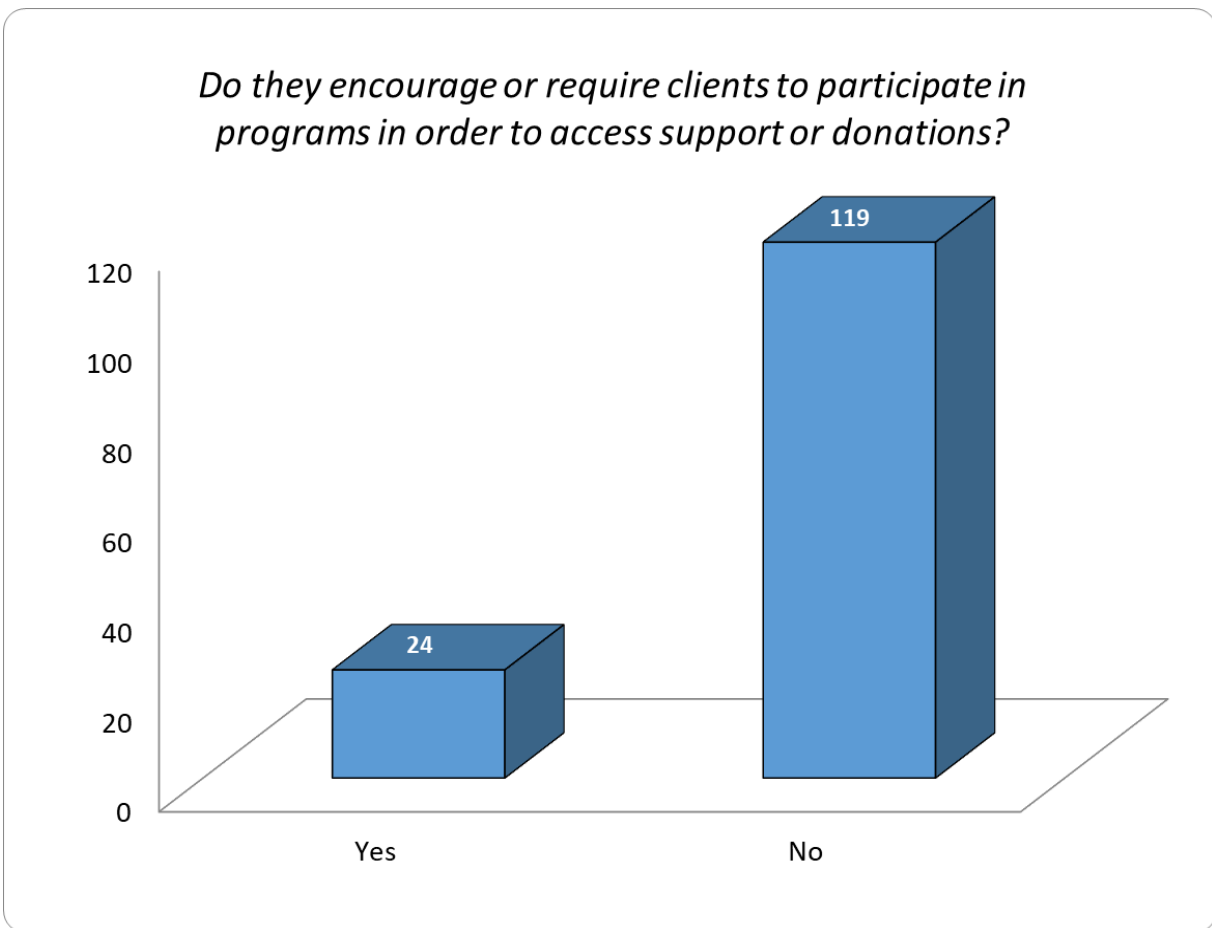
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88 Crisis Pregnancy Centre of Vancouver & Richmond (n.d.). “S.H.A.R.E. (Sexual health and relationship education).” <https://optionscentre.ca/share/>

89 Compassion Place Pregnancy and Family Care Centre. (n.d.). <https://www.compassionplacepregnancy.ca/> (accessed 16 July 2021, quote since removed).

90 Brantford/Brant County Crisis Pregnancy Centre (now renamed to Hope Pregnancy & Family Support Centre) (n.d.) “Practical fatherhood initiatives.” <https://tinyurl.com/2p8mrd49>

### QUESTION 13

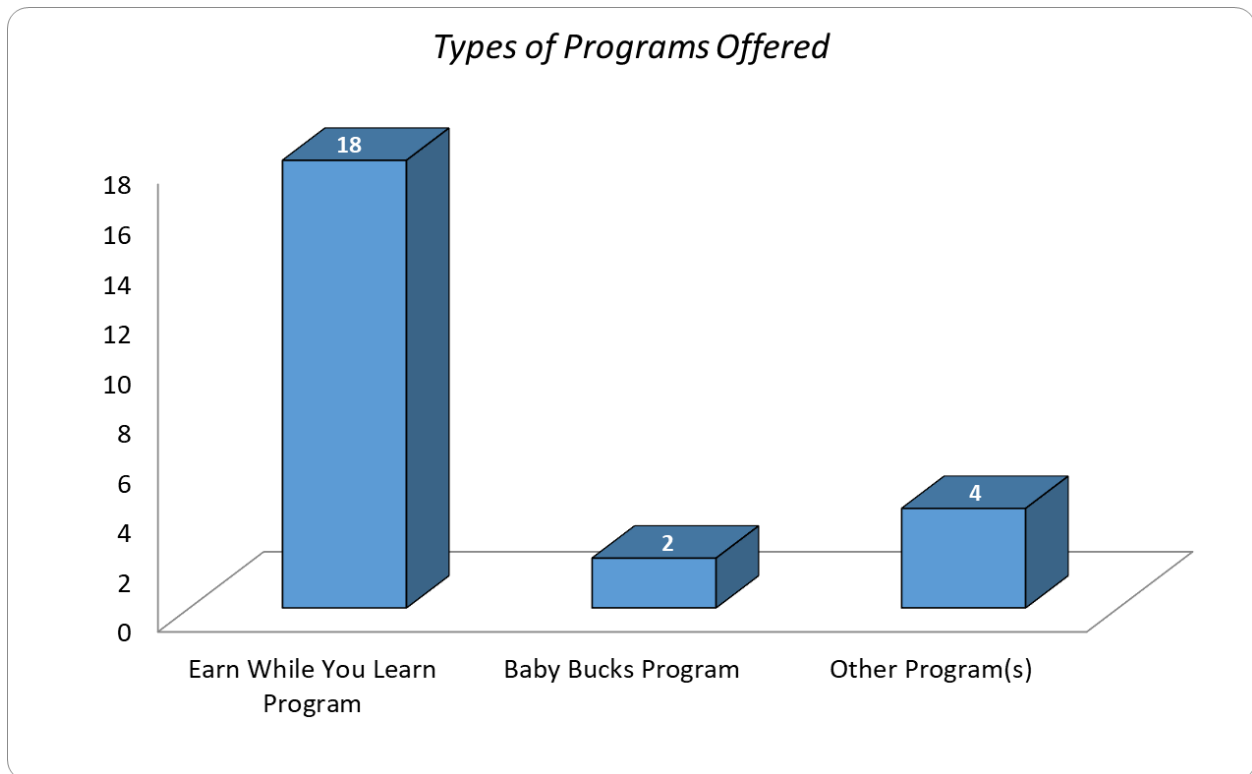


**Figure 13:** 16.8% (24) of CPC websites showed evidence of encouraging or requiring their clients to participate in programs in order to access support or donations, such as diapers, baby clothes, etc.

We found that 16.8% (24) of websites showed that the CPC encouraged or required their clients to participate in programs or workshops in order to access support or donations. Programs range from prenatal classes, breastfeeding, first aid, fatherhood, and even Bible studies. Credits can be used to “purchase” items like diapers, baby clothes, and other supplies from the centre’s store or “boutique.”

**Example 13.1:** West Yellowhead Pregnancy Care Centre (#141) mentions their “Earn While You Learn” program and states that it is “a unique pregnancy program that focuses on life-skill readiness for becoming a parent. Come learn things that you’ll absolutely need to know and earn points to redeem for brand new baby items!”<sup>91</sup>

Donations to clients should not be provided with strings attached. Programs such as “Earn While You Learn” may be opportunities for CPCs to proselytize their views, including traditional gender roles and religiously-based sexual morality.



**Figure 13.1:** 12.6% (18) of CPCs have an "Earn While You Learn" program.  
1.4% (2) of CPCs have a "Baby Bucks" program.  
2.8% (4) of CPCs have other types of programs.

We found that 12.6% (18) of CPCs operated "Earn While You Learn" programs, while 1.4% (2) called their programs "Baby Bucks," and 2.8% (4) of CPCs have other types of programs.

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91 West Yellowhead Pregnancy Care Centre (n.d.). "Our services." <http://www.wypcc.ca/services.html>

**Example 13.2:** The Pregnancy Resource Centre of St. John (#121) states:

*“EARN FREE BABY ITEMS FROM OUR BONUS BOUTIQUE! Here at The Pregnancy Resource Center, we understand that sometimes money is tight, so we have created the Bonus Boutique! The Bonus Boutique is our own little store of baby and maternity items! Instead of using your own money, you use the “Bonus Bucks” that you earn in our free classes. All items are new, or very gently used, and priced as they would be at any normal store. Items include: diapers, wipes, formula, bottles, super cute clothing, and items just for mom!”<sup>92</sup>*

## CHANGES AND TRENDS SINCE 2016

Four new questions were added to the 2022 study, Questions 10-13. For continuity’s sake, analyses are included for them in this section as well. Also see Appendix 7, *Data Comparisons Between 2022 and 2016*, for a direct comparison of the numbers on each question from both studies.

**Table 1:** Overall comparisons between 2016 and 2022 studies

	2016	2022	Difference from 2016
CPCs total	180	146	- 34
CPCs with websites	168	143	- 25
Birthrights	56	19	- 35
CPCs sharing a website			
Total	77	33	- 44
Birthrights	55	19	- 36
	22	14	- 8
CPCs common to both reports	105	105	
2016 CPCs not analyzed in 2022 due to no longer meeting criteria	10		- 10
CPCs presumed closed or opened after 2016:			
Total	57 closed	34 opened	- 23
Birthrights	36	1	- 35
Other CPCs	21	33	+ 12

92 The Pregnancy Resource Centre of St. John (n.d.). “Material support: Earn free items from our bonus boutique!” <https://prcsj.ca/bonus-boutique/>

## QUESTION 1

Are there any statements to the effect that the CPC will not provide or refer for abortion or contraception? (Besides natural family planning)

The differences between the 2016 CPC Website Survey and the 2022 CPC Website Survey are quite large. In 2016, 40.4% (67) of CPC websites explicitly stated they would not provide or refer for abortions or contraceptive care, while the 2022 study showed a 20.6% increase at 61.5% (88) (**Fig. 1**).

This contrasts with our 2016 study where we found that only 40.4% (67) CPC websites noted that they did not refer for abortions or contraception, while 59.6% (99) excluded this information.

CPCs should have a clear and prominent disclaimer saying they do not provide or refer for abortion or contraception, since they should be transparent and openly state the services they provide, as well as their limitations of service.

The Saskatoon Pregnancy Options Centre (#126) states, in bold type, on their Services page: *“Our centre provides information on all options of pregnancy. We are not a medical clinic and do not provide or assist in arranging abortions.”*<sup>93</sup> However, this disclaimer implies they do not assist with abortions *only* because they are not a medical clinic. This means the centre is not being transparent about their anti-abortion stance, because anyone can help a pregnant person find an abortion provider.

Eight CPCs had a brief or small disclaimer on their website where it might not be noticed by many visitors, or one that used indirect or vague language about their ability to help with abortion. This is a way for some CPCs to stealthily get away with seeming professional and comprehensive in their offerings for pregnant people.

We noted a considerable difference in the findings of Group 1 for Question 1, regarding indirect or vague language used around abortion provision/referrals - with 44.6% (74) of sites using such language in 2016, but only 0.7% (1) in 2022. While the reason for this difference is unclear, it could be attributed in part to a more flexible interpretation given to the question in 2016 by the volunteer reviewers (see **Fig 1.1**). In addition, roughly 20 CPCs have become more transparent by including a disclaimer for the first time, such as the Informed Choices Pregnancy Centre in Moose Jaw, Saskatchewan (#70) and the Island Pregnancy Centre in PEI (#71 and 72).

We noticed an increasing number of disclaimers similar to the one given by Saskatoon Pregnancy Options Centre, above. Language saying that they do not refer for abortion has been dropped by some centres in favour of language that they do not provide or arrange for abortions as they are not a medical clinic. Given that approximately 10% of CPCs in Canada *do* provide some medical services yet still do not refer for abortion, the changed language indicates a deliberate attempt to hide an anti-abortion agenda.

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93 Saskatoon Pregnancy Options Centre (n.d.). “Service.” [www.saskatoonpregnancy.com/services.php](http://www.saskatoonpregnancy.com/services.php)

## QUESTION 2

Is there any mention of a possible increased risk of breast cancer caused by abortion?

In 2016, 4.8% (8) of CPC websites publicly claimed a possible increased risk of breast cancer due to having an abortion. This has since remained relatively stable at 4.2% (6) (**Fig. 2**).

Well-established scientific evidence has refuted the claim that there is an increased risk of breast cancer from abortions. In 2009, the American College of Obstetricians and Gynecologists (ACOG) Committee on Gynecologic Practice asserted that “early studies of the relationship between prior induced abortion and breast cancer risk were methodologically flawed. More rigorous recent studies demonstrate no causal relationship between induced abortion and a subsequent increase in breast cancer risk.”<sup>94</sup> Despite the evidence, as of 2022, six CPC websites still disseminated this misinformation.

## QUESTION 3

Is there any mention of other medical complications and risks of abortion? (e.g., infection, hemorrhage, perforations/lacerations, infertility, future miscarriage, etc.)

The current study found that 18.9% (27) of websites cited medical risks associated with abortion (**Fig. 3**), which represents a 10% increase since 2016, when only 9% (15) of websites had such claims.

Furthermore, many of the CPC websites, for example Back Porch in Edmonton, do not cite any official scientific or medical sources to back up their claims. While any medical procedure carries some risks, early abortion is very safe and serious complications are extremely rare.<sup>95</sup> CPCs that cite medical risks of abortion do not put them into context or tend to exaggerate them, while never citing the far more significant risks of pregnancy and childbirth.

## QUESTION 4

Do they offer “post-abortion counselling”, or mention increased risks of negative psychological effects after abortion?

This question asked the researchers to find any mention of increased risks of negative psychological effects after an abortion, including grief, guilt, depression, nightmares, risk of suicide, increased use of alcohol and drugs, or “post-abortion distress.” We found that 75.5% of websites (**Fig. 4**) currently had such claims, whereas in our 2016 study, only 47.6% of websites contained claims of this nature, representing a 27% increase.

It is noteworthy that only 3.5% of websites specifically mentioned and discussed “post-abortion syndrome” or “post-abortion stress,” representing a 16% decrease from our 2016 review (**Fig. 4.1**). We found that 4.2% of websites, while not explicitly naming the fictitious syndrome, described negative

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94 ACOG 2009.

95 Kurtzman L (2014 December 8). “Major complication rate after abortion is extremely low, study shows.” *University of California San Francisco*. <https://tinyurl.com/35syjt5p>; WHO (2020 September 24). “Abortion: Safety.” <https://tinyurl.com/57m3e3sb>



symptoms that anti-abortion groups often claim it comprises (**Fig. 4.1**). Again, this is a substantial drop from the 2016 review, where 16.3% of websites had claims about such symptoms.

Consistent with the increased mentions of psychological problems after abortion, the current study found that a larger number of CPCs, 67.1%, now offer post-abortion counselling services, recovery groups, or support groups. The 2016 review found that only 50.6% of websites offered these services, representing a 16% increase.

There is no official recognized diagnosis of “post-abortion syndrome” (or “distress”) in either the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5) or the International Classification of Diseases.<sup>96</sup> In fact, the evidence, supported by the American Psychological Association, the American College of Obstetrics and Gynecology, and the Center for Reproductive Rights, suggests that while people can experience complex emotions before and immediately after having an abortion, there are no lasting impacts on mental health.<sup>97</sup>

**The American Psychological Association says:** “More than 50 years of international psychological research shows that having an abortion is not linked to mental health problems, but restricting access to safe, legal abortions does cause harm. Research shows people who are denied abortions have worse physical and mental health, as well as worse economic outcomes than those who seek and receive them. Meanwhile, the same research shows getting a wanted abortion does not cause significant psychological problems, despite beliefs to the contrary.”<sup>98</sup>

## QUESTION 5

Does the site say or imply that contraception (or any specific type) is not reliable, or has an unacceptable failure rate, or may not protect adequately against sexually-transmitted infections?

The percentage of CPC websites that said or implied contraception is not reliable for protection against pregnancy or sexually-transmitted infections (**Fig. 5**) rose to 11.2% in 2022 compared to 7.2% in 2016. Further analysis showed that 89.5% of CPC websites had no information about contraceptives and pregnancy prevention at all (**Fig. 5.1**), compared to 59.6% in 2016.

Accurate, up to date, and judgement free information about contraception is important for people to choose the form of contraception that works best for them. Sharing inaccurate, out of date, or biased information has a host of problems, including helping propagate dangerous misinformation and potentially causing someone to not make a fully informed decision around contraception.<sup>99</sup>

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96 American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders*. 5th ed. <https://doi.org/10.1176/appi.books.9780890425596>

97 Raypole C (2020 June 11). “Post-abortion syndrome: Is it real?” *Healthline*. <https://tinyurl.com/yzzbkxn7>

98 Abrams 2022.

99 Davies L (2022 March 30). “Fertility myths put millions off contraception, UN report warns.” *The Guardian*. <https://tinyurl.com/59vabbh6>

## QUESTION 6

Does the site advocate “abstinence only”, or does it discourage sex outside of marriage?

In 2016, 23.5% of websites promoted sexual abstinence and discouraged sex outside of marriage. In the current study, 14.0% of websites advocated for abstinence (**Fig. 6**), representing a 9.5% drop in the number of websites promoting sexual abstinence between 2016 and 2021.

Further analysis shows that 4.9% (7) of CPC websites use religious-based fear tactics to persuade their viewers to accept abstinence and 6.3% (9) use non-religious fear-based tactics. Similarly in 2016, 4.2% (6) of websites used religious-based fear tactics, but 16.3% (27) used non-religious fear-based tactics in 2016. This indicates a 10% drop or 18 fewer CPC websites that had non-religious fear-based tactics on their websites. Moreover, 88.8% (127) of CPC websites had vague information or no information regarding sexual activity in 2022, compared to 78.3% (130) in 2016.

Abstinence is unrealistic for most single adults and irrational to suggest for couples. Further, abstinence as a birth control method has a high failure rate because it does not delay sexual initiation or reduce sexual risk behaviours.<sup>100</sup> Abstinence-based programs have been shown to be harmful because they deny young people necessary and even life-saving information about their reproductive health and sexuality.<sup>101</sup>

## QUESTION 7

Does the site emphasize adoption (beyond a passing mention), or present it as the best or better option?

This question was reworked and worded differently in the 2022 review, so the results are not directly comparable to the 2016 review.

In 2022, 81.8% (117) of CPC websites mentioned or emphasized adoption or presented it as a superior option to abortion (**Fig. 7**). Further analysis showed that 26.6% of websites briefly mentioned adoption services with no further details, 6.3% discussed adoption but did not promote it over other options, while 49.7% of CPC websites promoted adoption over other options without mentioning any potential downsides of adoption (**Fig. 7.1**).

In 2016, researchers assessed whether CPC websites overemphasized adoption at the expense of other possible options. Mentions of adoption were not tabulated. The 2016 review found that 28.3% (47) of CPC websites did overemphasize adoption at the expense of other options. Group analysis in 2016 showed that 11.4% of websites promoted and favoured adoptions as a superior choice, while 13.9% of websites mentioned adoption in a neutral manner.

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100 Columbia University, Mailman School of Public Health (2017 August 22). “Abstinence-only education is a failure.” <https://tinyurl.com/3sshez2u>

101 Guttmacher Institute (May 2021). “Federally funded abstinence-only programs: Harmful and ineffective.” <https://www.guttmacher.org/fact-sheet/abstinence-only-programs>

The focus on adoption by the majority of CPCs is unusual and concerning, because very few pregnant people relinquish their babies for adoption today and the experience has been traumatic for most.<sup>102</sup> The organization Origins Canada supports people separated by adoption and states: “Adoption trauma to mothers and persons adopted continues to be under-acknowledged and under-served. Psychiatrists, psychologists, and other mental health professionals are often not knowledgeable with respect to adoption specific issues and adoption trauma.”<sup>103</sup> It is likely that untrained volunteers at CPCs would be far less knowledgeable than the professionals, as well as biased.

## QUESTION 8

Are there any indications of a religious outlook or agenda?

Our analysis found that 74.1% of CPC websites showed evidence of a religious agenda (**Fig. 8**), primarily via the use of religious language. While 62.9% were openly religious, 11.2% had subtle indications of religious references, but never stated it openly (**Fig. 8.1**). While many CPCs clearly identify themselves as a Christian organization,<sup>104</sup> others conceal their religious agenda through the use of vague language – for example, referring to “spiritual health” in the context of a school sex-ed program.<sup>105</sup> Others, like the North Peace Pregnancy Care in Fort St. John BC, hide their religious affiliation in a vague disclaimer.<sup>106</sup>

In 2016, 95.8% of CPC websites revealed their religious affiliation, but only 23.5% did so in an open manner, while 72.3% were much more subtle.

The difference in findings for Question 8 between 2016 and 2022 is due partly to the fact that over one-third of CPCs included in the 2016 study were Birthright CPCs:

- In 2016, 56 Birthright CPCs were counted in Canada; the 2022 study found only 20.
- In 2016, 55 of 56 the Birthright CPCs were categorized as showing subtle signs of a religious stance (all used the same website).
- In 2022, only one Birthright CPC out of 20 had religious indications on its website (Birthright Windsor, #29). This occurred under the specific tab for Windsor Birthright at the Birthright International website, a website that is used by all Birthright CPCs<sup>107</sup> with the exception of Birthright Victoria, which has its own separate website.<sup>108</sup>

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102 ARCC (July 2017). “Why few pregnant women choose adoption.” <https://tinyurl.com/5bmuzczp>

103 Origins Canada (2010) “Adoption trauma.” <https://tinyurl.com/ehs3nxxb>

104 See for example Hopewell Clinic and Pregnancy Centre (n.d.). “About us.” [www.hopewellkamloops.ca/aboutus](http://www.hopewellkamloops.ca/aboutus); or Banecroft Pregnancy Care Centre (n.d.). “About us.” <https://bancroftpcc.ca/about-us/>

105 South Niagara Life Ministries 2023.

106 North Peace Pregnancy Care n.d).

107 Birthright (n.d.). “Birthright of Windsor.” <https://birthright.org/windsor>

108 Birthright Victoria (n.d.). “Home.” <https://birthrightvictoria.org/>

CPCs are the creation of religious people who oppose abortion. Major CPC networks are overtly Christian<sup>109</sup> and CPC volunteers are Christian and motivated by their Christian faith. Other networks, like Birthright, attempt to conceal their religious history or motivations behind a veneer of secularism.

In her study of the staff and volunteers of CPCs in the US (Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA)), L.S. Hussey found that “nearly all of them (97 percent) are female. Second, nearly all (93 percent) report attending religious services at least once per week. Third, respondents overwhelmingly identified as evangelical or born-again Christians (83 percent). Most of the remaining respondents (13 percent) were Catholics.”<sup>110</sup>

Religious content may serve to shame or stigmatize those considering abortion. Proselytizing could inappropriately judge those who might be considering an abortion and could put undue pressure on them.

## QUESTION 9

Are there any disclaimers to the effect that they are not a medical facility, or that clients should consult a doctor if they need medical services?

Our analysis found that 57.3% (82) of CPC websites carried disclaimers that they were not a medical facility or that clients should consult a physician if they needed medical services. (**Fig. 9**). In 2016, only 33.1% (55) of websites had these disclaimers, while 66.9% (111) failed to include one.

While it’s encouraging that more CPCs are stating on their websites that they are not medical facilities, almost half still do not. Many are continuing to masquerade as a clinic or adopt the trappings of a real clinic, including provision of medical services without any accountability (see Question 10). Failing to clearly identify themselves as not being a clinic, or presenting themselves as a clinic when they are not, are tactics designed to lend credibility to the CPC and attract unsuspecting clients. Such deception can be harmful to clients and their health.

## ANALYSIS OF QUESTIONS 10-13

Four new questions were added to the 2022 study to explore emerging trends in CPC rhetoric and tactics.

Question 10: Do they offer any medical services, such as ultrasounds or STI testing?

We found that 9.8% (14) of CPC websites indicated that they offered medical services, including 2.1% (3) offering ultrasound services, 4.2% (6) offering at least one medical service but *not* ultrasound, 2.1% (3) claiming they have medical staff and nurses without specifying any medical services, and 1.4% (2) that were looking to hire medical staff.

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109 See for example Care Net “Mission and vision,” cited by Hussey 2020:60.

110 Hussey 2020:33.

Offering medical services such as STI testing and ultrasounds can lend a CPC an air of being a legitimate medical clinic. These services can also help attract people to the CPC, particularly in countries or regions where free medical services are unavailable and in remote communities where these services may be far away and hard to access. These services can be used to emotionally manipulate those visiting CPCs.

Health Canada recommends that people have fetal ultrasound “only on referral from a licenced health care provider” and that “diagnostic fetal ultrasound should be done only when the expected medical benefits outweigh any foreseeable risk”.<sup>111</sup> This position is supported by numerous professional bodies, including the Society of Obstetricians and Gynaecologists of Canada and the Canadian Association of Radiologists, which “strongly oppose” the non-medical use of ultrasound.<sup>112</sup>

The trend towards the provision of medical services by CPCs in Canada reflects a similar move in the United States. In her book exploring CPCs in the US, Hussey documents the gradual medicalization and professionalization of CPCs, where they went from mostly providing free pregnancy tests, counselling, and baby things, to providing medical services.<sup>113</sup> One interview subject described this process as “going medical,” “a phrase within the movement that signaled the addition of an ultrasound machine, conversion to a licensed medical clinic...”<sup>114</sup> She quotes Thomas Glessner, the President of NIFLA and previously the President and Chief Executive Officer (CEO) of the Christian Action Council (Care Net), explaining how his organization helped train 2,700 nurses between 1998 and 2012 and helped CPCs with the “legal aspects of conversion to medical clinics.”<sup>115</sup>

#### Question 11: Do they mention, promote, or offer “abortion pill reversal”?

At the time of our 2016 study, the abortion pill mifepristone was not yet available in Canada.<sup>116</sup> A regimen that includes mifepristone and misoprostol blocks the hormones that are needed for a pregnancy to continue and leads to the termination of a pregnancy. It has been described as the “gold standard” for medication abortion.<sup>117</sup> It did not become available in Canada until January 2017.

This question analyzed whether the CPC website mentioned or promoted the so-called “abortion pill reversal.” We found that 1.4% (2) crisis pregnancy centres mentioned “abortion pill reversal” on their website. This refers to a process whereby a pregnant person takes in a large influx of progesterone within 24 hours of taking the first dose of a medical abortion, the mifepristone pill.

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111 Health Canada (2019 October 10). “Ultrasound.” Government of Canada. <https://tinyurl.com/ynf938kw>

112 ARCC (2017). “Crisis pregnancy centres and sonography: Their non-medical use of ultrasound requires regulation.” Position Paper #83. <https://tinyurl.com/2p9fnpm>; Society of Obstetricians and Gynaecologists of Canada (SOGC). (2023) “Non-medical ultrasound.” <https://tinyurl.com/ysxu2zps>; Salem S, Lim K, & Van den Hof MC (2014 February). “Joint SOGC/CAR policy statement on non-medical use of fetal ultrasound.” *Journal of Obstetrics and Gynecology Canada*, 36(2), 184–185. <https://tinyurl.com/2w6fxke8>

113 Hussey 2022: 101.

114 Ibid. 106.

115 Ibid.

116 Dunn S, & Brooks M (2018 June 4). “Mifepristone.” *CMAJ*, 190(22), E688. [www.cmaj.ca/content/190/22/E688](http://www.cmaj.ca/content/190/22/E688)

117 Action Canada for Sexual Health & Rights (2019 April 6). “FAQ: The abortion pill mifegymiso.” <https://tinyurl.com/63tmjekz>

The American College of Obstetricians and Gynecologists and the Society of Obstetricians and Gynecologists of Canada (SOGC) have spoken out against prescribing progesterone to stop a medical abortion, as these reversal treatments are not substantiated by any scientific evidence.<sup>118</sup>

**SOGC Statement on Abortion Medication Reversal:** “The SOGC does not support prescribing progesterone to stop a medical abortion. The claims regarding so-called abortion “reversal” treatments are not based on scientific evidence. Not only are the treatments unproven, they can also result in serious complications for the patient.”<sup>119</sup>

Question 12: Do they offer any programs or services not directly related to abortion, such as sexual assault counselling, prenatal and parenting classes, or other types of counselling, classes, workshops?

We found that 92.3% (132) of crisis pregnancy centres offered various non-abortion related services (**Fig. 12**). Furthermore, 69.9% (100) provided prenatal or parenting classes, 29.4% (42) offered youth programs, 10.5% (15) offered sexual assault counselling and 36.4% (52) offered other various services not related to abortion services (**Fig. 12.1**).

Offering a variety of services can cloud the true nature and intent of these centres, leaving potential patients or organizations further uninformed. These types of non-abortion related services can provide these centres with different avenues of funding that may not have been available to them if they promoted themselves solely as crisis pregnancy centres. It also allows the “professionalization” of these centres, which can benefit from this image via endorsements on government or community resources websites.

For example, In Penticton, BC, St. Ann’s Parish runs the Pregnancy Support Program through a community resources centre called Onesky.<sup>120</sup> Onesky’s most recent annual report for 2021 breaks down where they receive their funding from, and how much each sector of their services receives in the total funding. They list “MCFD” (Ministry of Children and Family Development) and “CLBC” (Community Living BC) as their top two contributors for funding, with Interior Health being third.<sup>121</sup> Each of these institutions are part of or receive funding from the provincial or federal government. The Youth & Family Support program under which the CPC falls received 32.5% of the total funding at Onesky.<sup>122</sup> This means that a substantial contribution of government funding from various sectors trails down to the Penticton CPC through the Onesky community resource centre. The success of this CPC being listed and supported by this community resource organization may be largely due to their wide variety of non-abortion related services.

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118 ACOG 2022; and see SOGC (2021 March 19). “SOGC statement on abortion medication reversal.” <https://tinyurl.com/r3xjnfbp>

119 SOGC 2021.

120 One Sky Community Resources (n.d.). “Home.” <https://oneskycommunity.com/>

121 Onesky Community Resources (2021). “2021 Annual Report.” <https://tinyurl.com/3b7dvtv8>

122 Ibid.

Question 13: Do they encourage or require clients to participate in programs in order to access support or donations? (for diapers, baby clothes, etc.)

We found that 16.8% (24) of CPCs centres encouraged or required participants to use these services (**Fig. 13**). We also recorded that 12.6% (18) had “Earn While You Learn” (EWYL) programs, 1.4% (2) had “Baby Bucks” and 2.8% (4) had similar services (**Fig. 13.1**).

For example, the Crossroads Pregnancy Centre in Nanaimo BC (#51) has an EWYL program. For every three “Brightcourse” lessons a client completes, credits are earned towards gift cards for baby supplies.<sup>123</sup> Their website claims that they will assign a “client advocate” to meet with the client personally to set up a lesson plan best suited to their situation.<sup>124</sup>

Donations should not be provided with strings attached because this can expose vulnerable individuals to potential indoctrination of beliefs around what deems them to be a “good” parent or their choice to continue the pregnancy. These types of programs became popular in the 1990s, when debates around welfare were happening in the US. There was a growing belief “that aid delivered with few strings attached bred dependency and other social ills.”<sup>125</sup> We can see this rhetoric replicated in EWYL literature and materials. Hussey notes how one EWYL training document stated that “giving things away for free only enables our clients and fosters the entitlement mentality,” while another described how it sought to give “a hand up, not a handout.”<sup>126</sup>

## EMERGING TRENDS BETWEEN THE STUDIES

The 2016 ARCC report highlighted many distinct elements that draw out whether a centre is anti-choice. This included disclaimers regarding referrals for abortion or contraceptives, medically inaccurate claims about abortion, promotion of sexual abstinence, overtly pushing adoption, and outright affiliation with religious or anti-choice groups. These elements have been reassessed in this report, allowing us to record any changes in findings since our last data collection. We are not claiming direct causation from the last report; however, the two data sets allow us to make correlative comparisons and conclusions.

### Increased vagueness and obfuscation

One salient change is that CPCs are becoming increasingly vague on their websites. The ability to discern whether they have religious or anti-choice sentiments has become more difficult and therefore more deceitful to potential clients.

When comparing data from the 2016 report, we found that indications of religious affiliation went from 95.8% to 74.1%. Additionally, misleading information on contraception rose from 4.8% to 11.2% while the number of CPCs that had no information on this topic rose from 59.6% to 89.5%. Another trend was that more CPCs became less vocal about their views on sexual activity. The 2016 report found that 78.3% of websites had vague or no information on being “sexually active,” which increased to 89.5% in 2022.

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123 Crossroads Pregnancy Centre. (2022). “Parenting support & education.” <https://tinyurl.com/vrsawwsk>

124 Ibid.

125 Hussey 2020:99.

126 Assure Pregnancy Clinic “Bridges,” cited by Hussey 2020:100.



We note that by providing less information on their websites and further hiding their agenda, CPCs can more effectively encourage potential clients to call or visit their centres instead.

### More careful approach

It can also be said that CPCs have become more careful regarding the messaging on their websites. We found that the percentage of CPCs that specifically mention post-abortion syndrome or distress has dropped from 19.9% to 3.5% since the last report. Even similar language that hints at negative psychological effects after abortion has dropped from 16.3% to 4.2% since 2016. Additionally, CPCs have increased medical disclaimers on their websites. The 2016 report found that only 33.2% of CPCs had a disclaimer. This rose to 57.3% in our 2022 report.

### Fears of losing charitable tax status

Since the last report, strides have been made to change CPCs' eligibility for charitable tax status. During their 2021 election campaign, the federal Liberal Party promised to "no longer" provide charitable tax status to anti-choice groups, specifically giving as an example CPCs that engage in "dishonest counselling."<sup>127</sup>

Many anti-choice groups have taken issue with this promise since it was announced – in particular PCC. This religious umbrella group boasts over 80 CPC affiliates across Canada. PCC provides their affiliates with access to training and other resources, and requires them to adhere to directives such as not referring clients for abortion or contraception. The directives used to be available on the PCC website but were hidden shortly after our 2016 study was published, and are now available only to affiliates. A recent version of the directives appears to be mostly identical to the previous versions.<sup>128</sup>

In response to the threat of regulatory or policy changes around charitable tax status, PCC and their affiliates have been actively adjusting their language and practices to appear less opposed to abortion.<sup>129</sup> This could make it more difficult to determine whether they are anti-choice in the future.

For example, PCC Executive Director Laura Lewis said: "...theoretically the 82 PCC member groups should be safe from the Liberal threat [to remove charitable tax status] because they do not provide 'dishonest counselling' and are always transparent on all options available to pregnant women, including abortion."<sup>130</sup> This rather bold claim, that their affiliates are *always* transparent on all options, is likely biased, keeping in mind that they may believe quite sincerely that the misinformation they provide on abortion is true.

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127 Liberal Party of Canada (2021). "Protecting your sexual and reproductive health and rights."

<https://tinyurl.com/4t8pmkus>

128 Minkow D (2022 July 21). "Abortion rights advocates raise concerns over new faith-based pregnancy centre in North Cowichan." *The Discourse*. <https://tinyurl.com/muuzx23b>

129 O'Neill T (2022 September 16). "Pregnancy centres ready to challenge Ottawa over tax status." *BC Catholic*. <https://tinyurl.com/y5h66xes>; Peters 2022; Pregnancy Care Canada (2022 November 1). "A note from Dr. Laura." <https://tinyurl.com/2p969vu9>

130 The BC Catholic (2022 September 16). "Pregnancy centres ready to challenge Ottawa over tax status." <https://tinyurl.com/y5h66xes>



Sixty-nine Canadian CPCs (48%) are affiliates of Heartbeat International, which wants “to make abortion unwanted today and unthinkable for future generations” and ensures that all their policies and materials are “consistent with Biblical principles and with orthodox Christian...ethical principles and teaching on the dignity of the human person and sanctity of human life.”<sup>131</sup> It is reasonable to suggest that centres who adhere to these views on abortion should not be “counselling” about it and should not have their charity status protected.

## DISCUSSION

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### DECEPTION AND MISINFORMATION ON CPC WEBSITES

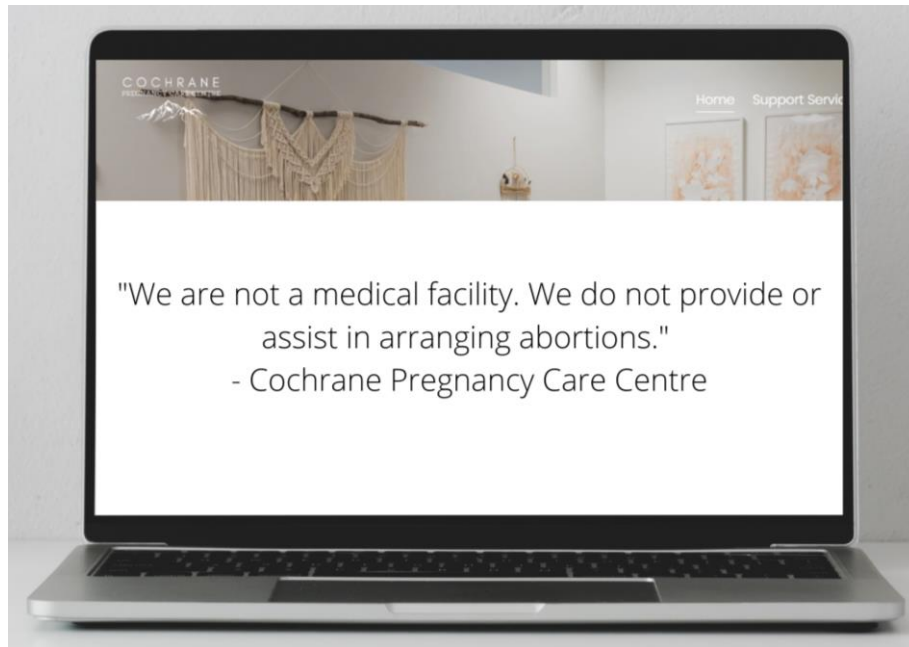
The deceptive tactics of CPCs have now been widely recognized by researchers, governments, and healthcare professionals (see citations under Literature Search above). Although this study has highlighted some shifts in the information currently being presented on CPC websites, we have nonetheless observed that many CPCs in Canada continue to spread misinformation.

Despite significant criticism about the ways that CPCs may misrepresent themselves as medical facilities,<sup>132</sup> we found that 42.7% of the CPC websites examined still failed to provide a disclaimer notifying potential clients that they are *not* medical facilities. Further, we found that 38.5% of CPC websites still fail to include a clear statement that their organization does not make referrals for abortion or contraception, which means there is significant potential for those who may seek help from these CPCs to be misled about the type of information and services they will be offered. As compared to our observations in 2016, it appears that more organizations are openly indicating their religious affiliations on their websites. However, as 11.2% of CPC websites with evidence of a religious affiliation still used only subtle indications, this lack of clarity can make it difficult for potential clients to discern the organization’s outlook or agenda.

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131 Heartbeat International 2022.

132 Swartzendruber 2017; Bryant & Swartz 2018.



133

While the absence of clear indications about a given CPC's biases, services, and standards is concerning in itself, many CPC websites also continue to offer outright misinformation. In several cases, these false claims were related to the supposed physical risks associated with abortion.

Four percent (4.2%) of the websites studied still included claims of a link between breast cancer and abortion, despite this theory being debunked by research and expert analysis.<sup>134</sup> Eighteen percent (18.2%) of websites also included claims about other types of medical complications and risks from abortion. These claims often exaggerate the risks of serious complications in abortion, which are very rare.<sup>135</sup> In fact, there is evidence to suggest that being denied an abortion can be associated with poorer health than receiving one.<sup>136</sup> Further, by failing to provide the same attention to the much more significant risks of pregnancy and childbirth,<sup>137</sup> these CPC websites fundamentally misrepresent the realities of the physical risks involved in different pregnancy options.

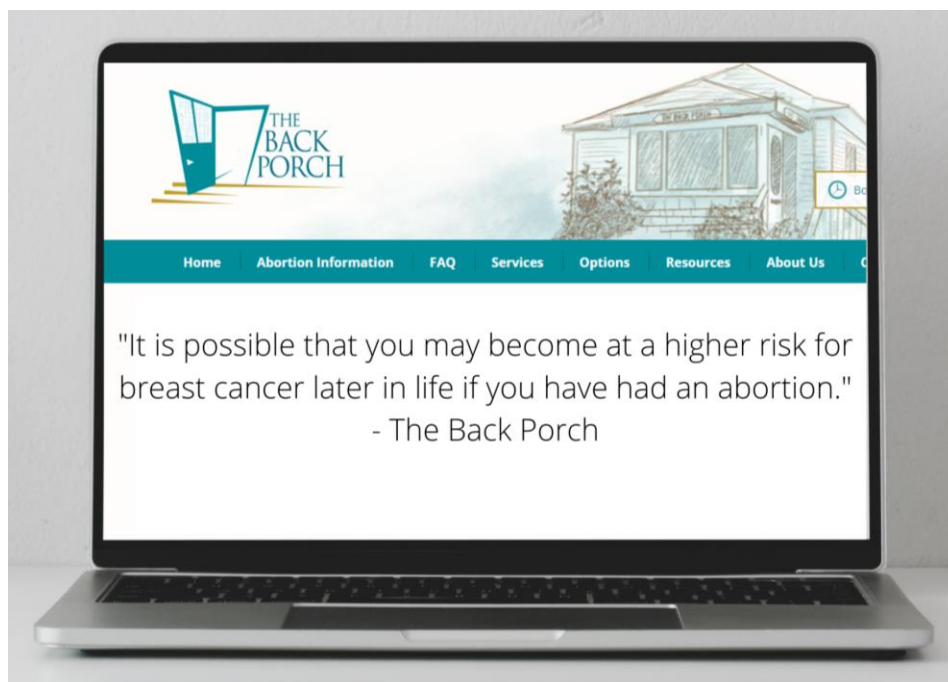
133 Cochrane Pregnancy Care Centre (n.d). "Home." <https://www.cochranepreg.com/>

134 ACOG 2009; American Cancer Society (2014 June 19). "Abortion and cancer risk." <https://tinyurl.com/8etwrjh6>

135 Upadhyay UD *et al.* (2015). "Incidence of emergency department visits and complications after abortion." *Obstetrics and gynecology*, 125(1), 175–183. <https://doi.org/10.1097/AOG.0000000000000603>

136 Ralph LJ, *et al.* (2019 August). "Self-reported physical health of women who did and did not terminate pregnancy after seeking abortion services: A cohort study." *Annals of Internal Medicine*, 171(4), 238–247. <https://pubmed.ncbi.nlm.nih.gov/31181576/>

137 Gerds C, *et al.* (2016 January–February). "Side effects, physical health consequences, and mortality associated with abortion and birth after an unwanted pregnancy." *Women's Health Issues*, 26(1), 55–59. <https://doi.org/10.1016/j.whi.2015.10.001>; US Department of Health and Human Services (2021 April 20). "Common complications of pregnancy." *Eunice Kennedy Shriver National Institute of Child Health and Human Development*. [www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/complications](http://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/complications)



138

An even greater proportion of CPC websites focus their attention on the purported mental and emotional toll of abortion, with 75.5% including claims that having an abortion results in negative psychological consequences such as depression, grief, guilt, and risk of suicide. Of these websites, 3.5% specifically point to “Post-Abortion Syndrome” or “Post-Abortion Distress,” a fictitious disorder with roots in the anti-abortion movement, and which has been widely discredited by experts including the American Psychological Association.<sup>139</sup>

The notion that abortion commonly results in psychological harm, including feelings of depression or suicidal thoughts, is simply false.<sup>140</sup> One of the most comprehensive studies on abortion outcomes in the world, the Turnaway Study, found that being *denied* access to an abortion was more likely to result in mental health consequences – like anxiety, low self-esteem, and low life-satisfaction – than receiving an abortion.<sup>141</sup> This study also found that the most common feeling after abortion is relief, with more than 97% of women reporting they felt relieved after their abortion.<sup>142</sup>

138 The Back Porch (2017). “FAQ - Abortion.” <https://www.thebackporch.info/faq/abortion-edmonton>

139 Abrams 2022:40.

140 Biggs MA, *et al.* (2018 May). “Five-year suicidal ideation trajectories among women receiving versus being denied an abortion.” *American Journal of Psychiatry*. <https://doi.org/10.1176/appi.ajp.2018.18010091>

141 Biggs MA, *et al.* (2017 February). “Women’s mental health and well-being five years after receiving or being denied an abortion: A prospective, longitudinal cohort study.” *JAMA Psychology*, 74(2), 169–178. <https://tinyurl.com/mr289aty>

142 Rocca CH, *et al.* (2020 January). “Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma.” *Social Science & Medicine*, 248, 112704. <https://pubmed.ncbi.nlm.nih.gov/31941577/>

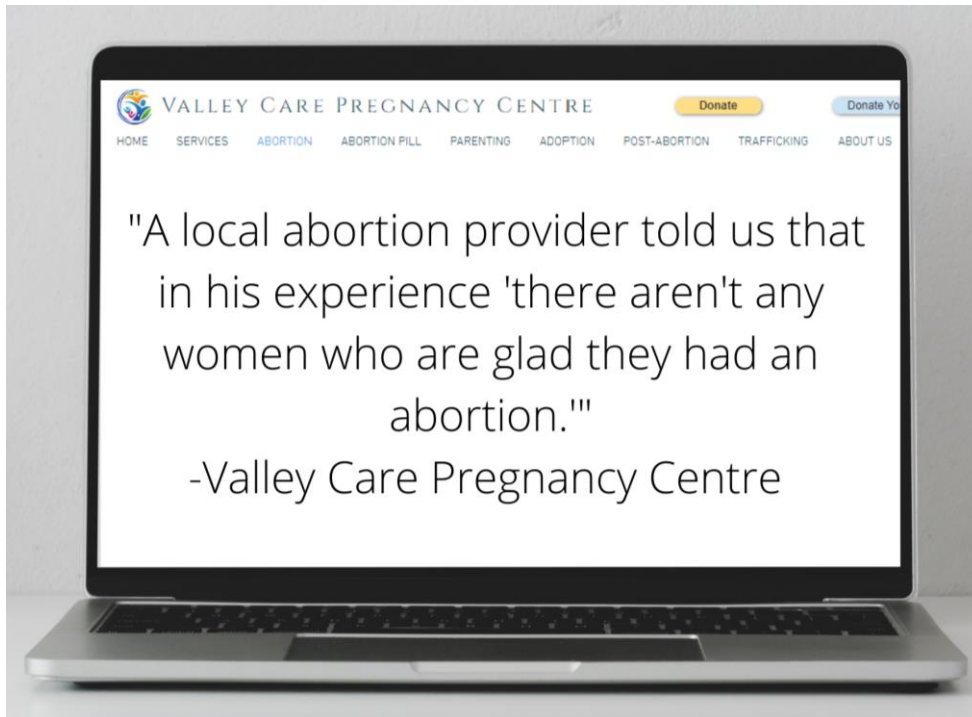


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Though the vast majority of people do not regret the decision to have an abortion, 67.1% of CPCs offer some form of post-abortion counselling according to their website. Of course, a person's reasons for deciding to have an abortion are deeply personal and often complex, and the emotions they may experience following an abortion can be equally complicated. Counselling services aimed at working through any difficult emotions someone might experience after their abortion could indeed be a valuable resource. However, given that CPCs often rely upon false and inflammatory ideas about abortion, it seems unlikely they would provide balanced and comprehensive support for those who have chosen abortion care.

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143 Second Chance Ministry (2019). "Home." <https://www.secondchanceministry.ca/>



144

Ironically, the language that some CPCs use regarding abortion seems itself designed to cause psychological harm to potential clients. The Goderich Life Centre (#60) features detailed, inaccurate descriptions of abortion methods and risks on its website,<sup>145</sup> and the page is filled with gruesome language and graphics designed to shock and horrify. Likewise, the Chilliwack Pro-Life Society runs a CPC called The Cherish Project (#42) and describes aspiration abortion as an act of bloody violence: *"This is a surgical abortion...where a suction catheter is inserted into the mother's womb to suction out the preborn baby, tearing its body into pieces. This is sometimes followed by sharp metal curette, which scrapes out any remains from the uterus."*<sup>146</sup>

Often, the language that CPC websites use to describe their counselling services (and people who have had abortions) appears to frame abortion itself as the cause of any negative emotions, rather than looking at the broader context of these decisions. In contrast, studies have indicated that mental health struggles following abortion can often be linked to *other* factors and traumatic experiences.<sup>147</sup> Further,

144 Valley Care Pregnancy Centre (2020). "Abortion". <https://www.asafeplaceforme.com/abortion>

145 The Goderich Life Centre n.d.

146 Chilliwack Pro-Life Society (n.d.). "Stages of baby development & abortion procedures." <https://tinyurl.com/3d3ttp6t>

147 Biggs MA, *et al.* (2016 February). "Does abortion increase women's risk for post-traumatic stress? Findings from a prospective longitudinal cohort study." *BMJ Open*, 6(2), e009698. <https://pubmed.ncbi.nlm.nih.gov/26832431/>; Wallin Lundell I, *et al.* (2013). "Posttraumatic stress among women after induced abortion: A Swedish multi-centre cohort study." *BMC Women's Health*, 13, 52. <https://doi.org/10.1186/1472-6874-13-52>

there is also evidence to indicate that feeling stigmatized for choosing to have an abortion can contribute to negative psychological outcomes both prior to the abortion, as well as years later.<sup>148</sup>

CPC websites that focus on the perceived risks of abortion not only ignore the evidence that being denied an abortion has been shown to significantly impact both a person's physical and mental health, but they also fail to acknowledge that having access to abortion can provide someone the opportunity to shape a more secure, healthier, and happier life for themselves, the children they may already have, and those they may have in the future.<sup>149</sup> As extensive data from the landmark Turnaway study shows, people "who receive a wanted abortion are more financially stable, set more ambitious goals, raise children under more stable conditions, and are more likely to have a wanted child later."<sup>150</sup>

To conclude, while some shifts have occurred over the last six years, we found that the information on many CPC websites largely still:

- Fails to accurately represent the organizations and their services
- Exaggerates or includes false claims about the risks associated with abortion
- Misrepresents the realities of outcomes following an abortion
- Fails to disclose risks of pregnancy and childbirth, and adoption
- Relies on common anti-abortion tropes

While fewer CPC websites seem to include direct misinformation than observed in our 2016 study, many provide very little clear information at all – particularly about abortion. Websites often function largely as a way for CPCs to encourage potential clients to contact them directly or visit them, suggesting that they can provide further information on pregnancy options through those conversations.<sup>151</sup> This lack of transparency is a major concern, as it can result in potential clients being misled about a CPC's intentions or biases, leaving individuals vulnerable to misinformation, manipulation, and delays when they do reach out to CPCs in-person or over the phone.<sup>152</sup>

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148 Biggs MA, *et al.* (2020 December 10). "Developing and validating the psychosocial burden among people seeking abortion scale (PB-SAS)." *PLoS One*, 15(12), e0242463. <https://tinyurl.com/5f4spt72>; and see Steinberg JR, *et al.* (2016 February). "Psychosocial factors and pre-abortion psychological health: The significance of stigma." *Social Sciences & Medicine*, 150, 67–75. <https://pubmed.ncbi.nlm.nih.gov/26735332/>

149 Biggs *et al.* 2017; Ralph *et al.* 2019.

150 Advancing New Standards in Reproductive Health (ANSIRH) (2020 April 16). "The harms of denying a woman a wanted abortion: Findings from the Turnaway Study." <https://tinyurl.com/5e3uvj65>

151 Swartzendruber 2017; Murdoch 2020.

152 Mitchell 2019; Murdoch 2020.



## SEX EDUCATION FOR SCHOOLS OR COMMUNITIES

The 2022 study showed that at least 39.9% of CPCs (57 of 143) were offering sexual education classes to schools as indicated on their website or in other sources we encountered. Public schools were often specifically mentioned. At least 8.4% (12) other CPCs offered some type of community or youth education but did not specify if it was for schools.

In our 2016 study, we found that at least 35% (59 of 166) of CPCs offered a sexual education program to schools, youth, or communities. Therefore, the new results represent a 13% increase in CPCs reaching schools or communities with sex-ed programs.

How CPCs manage to get into public schools is not well understood, but it seems likely that individual teachers invite them in some cases. Even if officially approved, a CPC can escape scrutiny by not stating their anti-choice or faith-based views, and appearing legitimate via their website or other promotional materials.

The federal 2019 *Canadian Guidelines for Sexual Health Education* are progressive and inclusive, but they are not mandatory, and provincial implementation is spotty.<sup>153</sup> Individual school districts may still favour abstinence-based sex education, for which CPCs fit the bill.

The example of British Columbia is instructive. During the BCHA's research on CPCs in BC, they uncovered several centres that have been providing sex-ed programs to schools throughout the province. Five different programs are being sponsored by CPCs or umbrella organizations, and occur in both private religious schools and public schools across Metro Vancouver and the Fraser Valley. Many of these initiatives go under names that are distinct from the centres that administer them, and it can be difficult to find the links between them when viewing their respective websites. This could mislead teachers or school administrators because the religious or anti-choice agenda behind these initiatives is not apparent.

The five sex education programs are: SHIFT (Hope for Women) (see image below),<sup>154</sup> SHARE (Options Crisis Pregnancy Centre & Christian advocacy society),<sup>155</sup> I Stand (South Fraser Pregnancy Options),<sup>156</sup> Healthy Relationships (Pregnancy Concerns),<sup>157</sup> and True to You (Okanagan Pregnancy Care Centre).<sup>158</sup>

The structure of these sex-ed programs are rooted in virtue and abstinence-related language that supports religious attitudes on premarital sex. One key term they often use to refer to this is "sexual integrity," or sometimes "sexual risk avoidance." This term has been used increasingly to mask abstinence-based programs. Hussey explains how for "*Heartbeat International*, 'sexual integrity'

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153 Public Health Agency of Canada (2019). "Canadian guidelines for sexual health education." *Sex Information and Education Council of Canada* (SIECCAN). <http://sieccan.org/pdf/guidelines-eng.pdf>

154 Shift Sexual Health & Intimacy for Teens. (2019). "SHIFT (Sexual Health and Intimacy for Teens) Program Teacher Endorsements 2018/2019." [www.shiftbc.ca](http://www.shiftbc.ca) (accessed May 2021, website no longer available).

155 Optionscentre.ca (2022). "S.H.A.R.E. (Sexual health And Relationship Education)." <https://optionscentre.ca/share/>

156 iwillstand.org (2022). "Comprehensive sexual education." [www.iwillstand.org/home#about](http://www.iwillstand.org/home#about)

157 Healthyrelationships.org (2022). "The why + when of sex." <https://healthyrelationships.org/>

158 truetoyouokanagan.com (2022). <http://www.truetoyouokanagan.com/> (accessed 16 November 2022).

*represents an idea supposed to be more holistic that communicates a more positive view of sex than 'abstinence.' Where abstinence 'is limited to not doing something,' sexual integrity 'is a way of life, based on our identity as created by God, male and female, made in His image, and intended by Him to be joined together in love, cooperating with God in bringing His creation, the next generation, into the world.'"*<sup>159</sup>

Additionally, based on the materials gathered, there is a lack of 2SLGBTQ+ related content. This is troubling as it means exclusion of many students who identify within these groups. The materials also do not support BC's Ministry of Education standards reflected in SOGI 123.<sup>160</sup>

Because there is currently no regulation of CPCs or the community services they may provide anywhere in Canada, this may leave youth and children vulnerable to potentially harmful messages on such an important topic.

Figure 14 is a screen share captured in 2021 that features SHIFT endorsements from two public schools. (The website no longer exists.)

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159 Hartshorn 2011:104, cited by Hussey 2020:63.

160 Government of British Columbia (2019 March 11). "Sexual orientation and gender identity (SOGI)."  
[www2.gov.bc.ca/gov/content/erase/sogi](http://www2.gov.bc.ca/gov/content/erase/sogi)





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**SHIFT (Sexual Health and Intimacy for Teens) Program**  
Teacher Endorsements 2018/2019

"I had the *Hope for Women Pregnancy Services* come into my grade 9-12 Life Skills class to give a presentation and it was absolutely amazing. Not only was the content incredibly relevant to my students and important for all teenagers to understand, but the presenters did an outstanding job. They were very knowledgeable, confident, and certainly took into consideration who their audience was. They truly made the presentation worthwhile for the students by including a variety of topics and activities: this included videos, a fun quiz, and physical diagrams. Furthermore, they were both quite approachable and the students took an immediate liking to both of them. They shared appropriate personal stories about the topics being discussed which definitely drove home the overall message and ideas to the students. I would absolutely recommend this presentation to any educator who is wanting to cover sex education, healthy relationships, pregnancy, sexting, etc. with their students."

-Alex Allen, Teacher, Aldergrove Community Secondary School

"Hope for Women was informative and professional. The group presented with knowledge and experience on pregnancy and pregnancy options. Having Elisabeth share her personal story was very powerful and helped bring in a personal perspective into pregnancy options. The speakers were relaxed and approachable, which made the students feel comfortable to open up and ask the tough questions. I wish that we had more time so that we could have gone more in-depth, and I think it would have been beneficial to have heard facts on the consequences of adoption, abortion, or keeping a baby."

-Amanda Ridder, Teacher, Robert Bateman Secondary School

"Hope for Women's SHIFT presentation is an excellent choice for any course or unit on sexual health and maintaining good relationships. The presenters are dynamic, engaging, and are able to manage a full class of students with ease. They cover a variety of important topics, such as how pregnancy occurs, interesting facts about pregnancy, information on STIs and how they spread,

**Figure 14:** SHIFT program offered by Hope for Women in Abbotsford BC up to 2021

## CPC ADVERTISING PRACTICES

Crisis pregnancy centres employ a wide range of mediums to advertise their services. Historically, CPCs would predominantly advertise on billboards, public transportation, bus shelters, and in the Yellow Pages. Although the majority of CPC advertising today is done through online mediums, they still advertise their services on buses and bus shelters throughout Canada, such as in Ottawa, Guelph, Victoria, and Vancouver.<sup>161</sup>

Many of these advertisements spark public outrage from community members who feel the ads are attacking their rights or invading their family privacy. Many ads also violate Canadian advertising standards by virtue of being misleading or harmful (see next heading). Ottawa councillors Catherine McKenney and Jeff Leiper declared in a public statement that it is essential that women receive impartial medical advice, making the bus advertisements a public health issue.<sup>162</sup> Further, they push back on the claim that removing the ads would conflict with Canadians' freedom of expression rights by stating that "Charter rights to free speech are important, but it's never acceptable to interfere with the Constitutionally-protected right to access health care."<sup>163</sup>

### Ad Standards role in regulating anti-choice ads

Ad Standards is a private regulatory body for the advertising industry in Canada. It administers the voluntary *Canadian Code of Advertising Standards* to scrutinize ads. Since 2008, nineteen anti-choice advertisements have been declared by Ad Standards to violate its Code,<sup>164</sup> either on the basis that the ads were inaccurate/misleading, or demeaning to women. Perhaps as a result of their poor track record with Ad Standards, some anti-choice groups have taken to the courts in recent years to challenge cities' use of the Code. However, at least eight courts, including the Supreme Court of Canada in 2009,<sup>165</sup> have endorsed the use of the Code by cities, while holding that cities cannot rely *only* on the Code when deciding to refuse an advertisement.<sup>166</sup>

None of the 19 ads deemed to violate the Advertising Code were placed by CPCs, whose ads tend to be mild enough that they do not obviously violate the Advertising Code (see Figure 15). However, anti-choice advocacy groups often run a CPC as one of their programs. This is the case for Guelph & Area Right to Life, which runs the Sanctuary Outreach Pregnancy Support Program (not included in this study because it did not exist during our 2021 data collection).

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161 Crescenzi N (2019 July 4). "Pro-choice advocates angered by pro-life bus shelter ads in downtown Victoria." *Victoria News*. <https://tinyurl.com/297x456v>; Endemann E (2019 April 25). "Anti-abortion ad on Ottawa bus angers two councillors." *Ottawa Citizen*. <https://tinyurl.com/4mv7sfh9>; Armstrong K (2020 February 19). "Public complaint leads to removal of anti-abortion ad from Guelph Transit buses." *Guelph Today*. <https://tinyurl.com/2jkpevs7>; B.C. Catholic Staff (2021 July 21). "Pro-life messages are now taking the bus." *The B.C. Catholic*. <https://tinyurl.com/2p8tph9n>

162 McKenney C & Leiper J (2019 April 17). "Free expression or false advertising." *Kitchissippi Ward*. <https://tinyurl.com/mtp6byhf>

163 Ibid.

164 Ad Standards (2022). "Ad complaints reporting." <https://tinyurl.com/2s4j6uve>

165 *Greater Vancouver Transportation Authority v. Canadian Federation of Students*, Supreme Court of Canada (2009 SCC 31). <https://tinyurl.com/ycxukzyv>

166 ARCC (2022 April). "Courts have endorsed use of the advertising code." <https://tinyurl.com/2p88rpev>



**Figure 15:** Anti-choice ads from CPCs appeared on bus shelters in Victoria (left) and TransLink buses in Coquitlam

### Court cases over anti-abortion advertising

In 2020, the City of Guelph refused to run three anti-abortion bus advertisements created by Guelph and Area Right to Life. The city had consulted with Ad Standards, which said the ads were inaccurate and/or demeaning to women. But the anti-choice group claimed their *Charter* right to freedom of expression was violated.

In January 2022, the court ruled that the City's decision was unreasonable<sup>167</sup> because it failed to weigh the anti-choice group's freedom of expression rights under the Charter against the City's statutory objectives and competing Charter rights. The city relied only on the Advertising Code and Ad Standards decisions, which the court recognized as important and useful, but insufficient.

Notably, the court said the city did not have to run the ads (which have not subsequently appeared). Instead, the court remitted the decision back to the city for reconsideration, giving them a chance to again review (and reject) the ads using proper criteria. The city needed to also consider competing Charter rights such as gender equality rights that may be undermined by ads.

Several similar court cases have been launched by anti-choice advocacy groups across Canada, mostly resulting in losses for them (or remitting the decision back to the city as in the Guelph case), except for a case in Lethbridge that was decided in favour of the local anti-choice group on dubious grounds.<sup>168</sup>

### Online advertisements and social media

With social media and other online platforms being a likely first point of contact for a pregnant person, a growing number of CPCs have leveraged platforms such as Facebook, Instagram, Snapchat, and TikTok to target a new generation of vulnerable adolescents and young adults. In fact, recent studies have found that CPCs in North America reportedly spend hundreds of thousands of dollars on advertising on social

167 *Guelph and Area Right to Life v. City of Guelph* (2022). 2022 ONSC 43. <https://tinyurl.com/2arca7m8>; Vivian R (2022 January 27). "Court ruling says City 'unreasonable' to remove anti-abortion ads from buses." *GuelphToday*. <https://tinyurl.com/9c7w5hfd>

168 ARCC 2022 April).

media platforms.<sup>169</sup> Their advertising strategies vary from subtle to direct, similar to the variation in information disseminated on their websites. Some CPCs use words such as “options” or “choices” in their messaging to appear abortion-friendly, while other ads directly demonize abortions.

Numerous full-service marketing agencies now offer social media management and digital strategy consultations for pregnancy centres. Choose Life Marketing is one of these companies and they describe their mission as “to reach more abortion-minded women and impact a culture to choose life through communication strategies grounded in research and biblical values.”<sup>170</sup> In doing so, they emphasize that Facebook, Instagram, and Snapchat advertisements are the best platforms for reaching these “abortion-minded” clients. According to their website, they create Strategy Action Plans (SAPs) for CPCs to help them reach more young people on the relevant social media platforms and generate “engaging themes paired with imagery” specific to the targeted demographic.



171

### Men as a new target population

Another, perhaps surprising target demographic for CPCs, is men. A 2020 study conducted out of the University of Western Ontario analyzed the communication methods and target population of three CPC websites in different regions of Ontario.<sup>172</sup> The three websites analyzed included the Pregnancy Care

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169 Kloe A (2022 September 14). “Anti-abortion clinics are running misleading ads on social media.” *Teen Vogue*. <https://tinyurl.com/bdcwvxd7>

170 Choose Life Marketing (2022 May 5). “Social media strategy for pregnancy centers.” <https://tinyurl.com/2s482mb2>

171 Ibid.

172 Murdoch 2020.

Centre (#112 in our study) based out of Toronto,<sup>173</sup> Grey Bruce in Southwestern Ontario (#61 in our study),<sup>174</sup> and the London Pregnancy and Family Support Centre (#80 in our study) in London.<sup>175</sup>

The researcher found that the CPC websites mentioned abortion most often in relation to grief, shame, and negative mental health outcomes, and targeted a wide demographic population including students, men, and in some cases, newcomers to Canada. In fact, all three websites included a section for men. The information included advice on “what to do and how to speak to their partner when women find out they are pregnant and unsure of their decision.”<sup>176</sup>

Murdoch goes on to cite an article in *Celebrate Life Magazine* by Michael Leaser, who has been influential in encouraging CPCs to appeal to men by claiming that men have the ability to change their partner’s mind if they become pregnant.<sup>177</sup> As a justification for his claims, Leaser cites and misrepresents a study done out of the Guttmacher Institute that found that 75% of women obtained abortion due to a concern or responsibility to other people. Leaser’s interpretation of this statistic was that women often chose abortion because they were afraid of their partner’s reaction to finding out they were pregnant, and this forms the basis for his emphasis on using CPC advertisements to actively engage men in dissuading their pregnant partner from accessing abortion.<sup>178</sup> This is a gross misinterpretation of the Guttmacher Institute study as their main research finding was that people typically give multiple reasons for choosing abortion. The most commonly cited reasons were that having a child would interfere with their education, work, or ability to care for dependents (74%); that they could not currently afford the baby (73%); and that they did not want to be a single parent or were having relationship problems with their partner (48%).<sup>179</sup>

A post-abortion relief retreat, called Rachel’s Vineyard, offers additional support to men and other family members.<sup>180</sup> The retreat started in 1995 and has become a chain of post-abortion retreats offered in 70 countries across the world. Ten Rachel’s Vineyard retreats take place across Canada currently, three in BC, two in Ontario, and one each in Newfoundland, Saskatchewan, Quebec, Manitoba, and Northwest Territories.<sup>181</sup>

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173 Pregnancy Care Centre. (n.d.). “Unexpected pregnancy? You are not alone.” <https://iamnotalone.ca/>

174 Grey Bruce Pregnancy Centre (n.d.). “Home.” <https://gbpreg.ca/>

175 London Pregnancy and Family Support Centre (n.d.). “Home.” <https://lonpfsc.com/>

176 Murdoch 2020:43.

177 Leaser M (2006 August 1). “Fathers in crisis: Dads are key to preventing abortions.” *Celebrate Life Magazine*. <https://tinyurl.com/ysph2fmb>

178 Ibid.

179 Finer LB, et al. (2005). “Reasons U.S. women have abortions: quantitative and qualitative perspectives.” *Perspectives on Sexual and Reproductive Health*, 37(3), 110–118. <https://doi.org/10.1363/psrh.37.110.05>

180 Rachel’s Vineyard (2022). “Welcome Men.” [www.rachelsvineyard.org/men/index.aspx](http://www.rachelsvineyard.org/men/index.aspx)

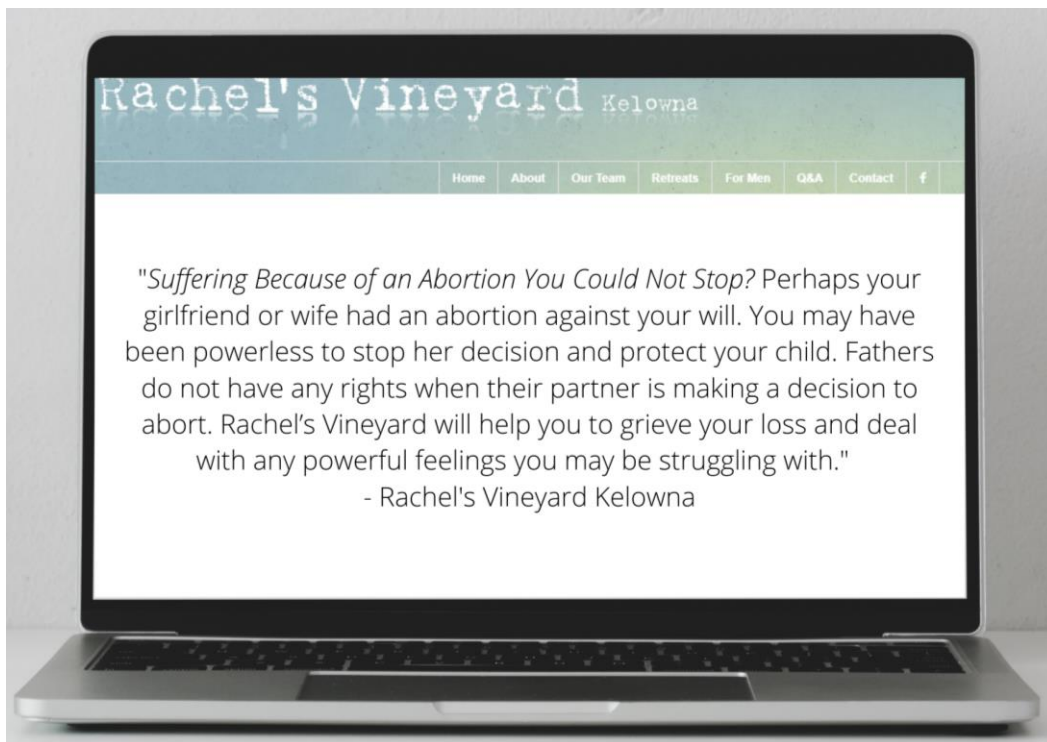
181 Ibid.

For example, the three retreat locations in British Columbia are:

- Kelowna at the Seton House of Prayer operated by the Catholic Diocese of Nelson<sup>182</sup>
- Vancouver through Post Abortion Community Services and the Archdiocese of Vancouver<sup>183</sup>
- Kamloops through the Kamloops Diocese<sup>184</sup>

These are annual healing retreats held on weekends, not just for people who can get pregnant, but any family member who feels the need to share their “shame” around the abortion. Men who “could not stop” the abortion because it happened before their partnership, are encouraged to gift the retreat to their partner so they can heal from the grief it is causing their current relationship. In one testimony during a retreat, a man stated he was able to “spiritually adopt” his wife’s previously aborted child.<sup>185</sup>

The Rachel’s Vineyard retreat in Kelowna is included as a CPC in this study (#124) as their website carries much of the same misinformation about abortion as on many CPC websites. The Kelowna group’s website highlights an effort to include men in decision-making over pregnancy – which indicates a patriarchal controlling stance.



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182 Rachel’s Vineyard Kelowna (2023). <http://rachelsvineyardkelowna.com/>

183 Post Abortion Community Services (2023). “Rachel’s Vineyard weekend retreat.” <https://tinyurl.com/53wa36v2>

184 Rachel’s Vineyard Kamloops (2023). “Rachel's Vineyard Kamloops Diocese.” <https://tinyurl.com/yeykm2yt>

185 Ibid.

186 Rachel’s Vineyard Kelowna (2022). “Men attend Rachel’s Vineyard retreats.” <https://tinyurl.com/9edrcj6e>



## CPC FUNDING

One of the recommendations of our 2016 report was to investigate and stop government funding to CPCs.

In 2017, ARCC's research on federal funding of anti-choice groups sparked an influential media report by iPolitics about funding from the Canada Summer Jobs program.<sup>187</sup> About 65 anti-choice groups got funding between 2010 and 2016 to hire youth for the summer, including about 30 CPCs. ARCC's work resulted in the government altering the application criteria for the program, requiring applicants to confirm that their group does not work against human and *Charter* rights including reproductive rights, and would not use the money to discriminate. The number of anti-choice groups getting Canada Summer Jobs funding dropped to zero by the next year, and an anti-choice advocacy group that was subsequently denied funding launched a lawsuit and lost.<sup>188</sup>

In most cases however, it can be difficult to identify CPC funding sources, as this information is rarely made public. Much of it consists of private donations or church support – noting that the latter is ultimately tax-supported because churches are exempt.<sup>189</sup> Because most CPCs rely on a deceptive approach that hides their anti-choice agenda, they may be successful at getting funding from a variety of unsuspecting sources, including the public, granting foundations, municipal governments, provincial government ministries and programs (such as gaming grants), and the federal government.

For example, in August 2022, a CPC in Hamilton called the Atwell Centre (#7), was listed as a charity partner by the Hamilton Marathon Road2Hope. After community pushback, including a letter from ARCC, the partnership was quietly dropped.<sup>190</sup> The Norfolk Pregnancy Centre (#86, 87) received funding from the United Way of Haldimand and Norfolk in 2017.<sup>191</sup>

Our 2016 report listed four other examples of CPCs applying for, or receiving, funding under false pretenses. When such cases are exposed, funders or sponsors frequently end the relationship. However, these cases are likely happening on a larger scale than we are aware of.

An in-depth study of CPCs in BC by the BCHA found several examples of government funding:

- Two crisis pregnancy centres in British Columbia received provincial or federal aid in 2020. Vernon Live Well (#136) received \$24,088 and Kamloops Hopewell (#108) received \$1,330 in federal grants or wage subsidies.<sup>192</sup>

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187 Connolly A (2017 April 12). "Anti-abortion group got \$56K federal grant from Liberal MP." *iPolitics*. <https://tinyurl.com/nvc5bnpc>

188 Humphreys A (2021 October 25). "Program that stripped summer job funding for groups opposed to abortion upheld by Federal Court." *National Post*. <https://tinyurl.com/mrytykjk>

189 BCHA (2021 February 22). "A public good? Property tax exemptions for places of worship in British Columbia." [https://www.bchumanist.ca/a\\_public\\_good](https://www.bchumanist.ca/a_public_good)

190 Atwell Centre (2022). "What is the road 2 hope?" <https://atwellcentre.ca/events/road-2-hope/>

191 United Way of Haldimand and Norfolk (2017 August 21). Photo of Tweet: [https://twitter.com/ReproJustice\\_HN/status/971354282128650240/photo/1](https://twitter.com/ReproJustice_HN/status/971354282128650240/photo/1)

192 Charitydata.ca (2021). "Vernon Live Well Clinic for Sexual Health and Pregnancy Association." <https://tinyurl.com/fenkjaan>

- The Kamloops Hopewell CPC also received a total of \$351,742 between the years of 2014-2021 in provincial aid or grants.<sup>193</sup> It additionally received a \$57,000 provincial gaming grant in 2021<sup>194</sup> and a \$6,600 Social and Community Development grant from the City of Kamloops in Jan 2023.<sup>195</sup>
- St. Ann's Parish in Penticton BC runs a Pregnancy Support Program through a community resources centre called Onesky, which receives considerable public funding.<sup>196</sup> When reviewing their most recent annual report for 2021, Onesky breaks down where they receive their funding and how much each sector of their services receives in the total funding. They list "MCFD" and "CLBC" as their top two contributors with Interior Health being third.<sup>197</sup> Each of these institutions is part of or receives its funding from the provincial or federal government. The Youth & Family Support program that the CPC falls under received 32.5% of the total funding at Onesky. Thus, a substantial contribution of government funding from various entities is trickling down to this CPC via its affiliation with this community resource centre.

Many CPC charities claim government funding on their tax returns but sources are not itemized, except to indicate (inconsistently) if the funding was municipal, provincial, or federal. In 2016, ARCC reported 34 charities to the Canada Revenue Agency (CRA) for failing to report this government funding correctly, including many CPCs. As of December 2022, a total of 66 complaints have been made to the CRA by ARCC and allied groups, against 40 CPCs and 26 advocacy groups. None has had their charity status revoked due to the complaints. ARCC has also researched the wealthiest or most influential anti-choice groups in Canada and found that ten had an annual revenue of over \$750,000 in 2021, including seven CPCs or advocacy groups that run CPCs.<sup>198</sup>

When the pandemic arrived in 2020, the Liberal government launched the Canada Emergency Wage Subsidy program (CEWS) to give financial relief to employers so they could retain and pay their staff. A total of 53 anti-choice groups received CEWS funding, including 35 CPCs.<sup>199</sup> In fall 2020, ARCC submitted a petition with over 11,000 signatures asking the government to stop and rescind the funding,<sup>200</sup> and change the program's criteria to match the Canada Summer Jobs new criteria. The government was non-responsive to the petition and all requests. The CEWS program ended in August 2021.

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193 Charitydata.ca (2021). "Hopewell clinic and pregnancy centre society." <https://tinyurl.com/ydvswecc>

194 Government of British Columbia (2022, June 02). "Gaming grants paid to community organizations – final 2021/22 year-end report (by community) – April 1, 2021 to March 31, 2022." <https://tinyurl.com/25xf8un7>

195 Lorraine C (2023 January 23). "8 Kamloops organizations awarded the 2023 Social and Community Development Grants." *Kamloops Now*. <https://tinyurl.com/2sud4z9u>.

196 Onesky Community Resources (2023) "About us." <https://oneskycommunity.com/about-onesky/>

197 Onesky Community Resources 2021.

198 ARCC (2022 August 22). "Top 25 largest, wealthiest, or worst anti-choice groups in Canada." <https://tinyurl.com/yc3znka4>

199 ARCC (2021). "Revoke CEWS funding from anti-choice and hate groups." Change.org petition. <https://tinyurl.com/2p9yr6aj>

200 Ibid.



## CPC CHARITY STATUS AND TAX EXEMPTIONS

The majority of CPCs enjoy charitable tax status, which significantly increases their ability to fundraise.<sup>201</sup> Out of the 156 CPCs estimated to exist as of February 2023, 93.5% (146) have charitable tax status. A registered charity must devote its resources (funds, personnel, and property) to activities that advance its charitable purpose. Only four purposes are available: relief of poverty, advancement of education, advancement of religion, and “certain other purposes beneficial to the community in a way the law regards as charitable” – commonly known as the “public benefit” purpose. This purpose covers health and welfare among other things.

As of February 2023, a handful of CPCs are religious charities (11), but a majority claim relief of poverty (89) or public benefit (46) as their main charitable purpose, with the latter usually citing “health” as the main benefit.<sup>202</sup> But the views and missions of CPCs mean that their charitable purpose activities are shaped by the goal of dissuading people from exercising their rights, perhaps even advocating for the restriction of those rights. While CPCs are generally not politically active, they pose a threat to Canadians’ access to necessary healthcare by reinforcing abortion stigma in their private communications with individuals, and by fostering feelings of guilt, fear, anxiety, and confusion in clients considering abortion. In effect, CPCs harm their clients by opposing their right to abortion and to unbiased healthcare – even while they claim to do otherwise.

This means that CPCs do not meet the requirements for health-related charitable activities as defined by the Canada Revenue Agency, because they disseminate biased or inaccurate information, and rarely provide actual healthcare:

**CRA’s Health definition:** “The promotion of health means directly preventing or relieving a mental or physical health condition. To be charitable, a purpose that promotes health must, as a general rule, directly prevent or relieve a physical or mental health condition by providing effective health care services or products to the public in a manner that meets applicable quality and safety requirements.”<sup>203</sup>

CPCs cannot be serving a public benefit because they advance their message by spreading medical misinformation and ideological propaganda that is not based on sound research or evidence. This also fails the requirement that charities be “truthful, accurate, and not misleading.”<sup>204</sup> Contrary to the definition of “health” (above) the large majority of anti-choice CPCs do not provide any direct healthcare – just biased counselling by untrained peer counsellors. Instead of “preventing or relieving a mental or physical health condition” – i.e., unwanted pregnancy – they hope to dissuade clients from having an abortion or even from using contraception (which would be a valid means of prevention). While they

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201 Arthur J (2019 February). “Why anti-choice groups should not have charitable tax status.” Position paper #80, ARCC. <https://tinyurl.com/2p8u4t3e>

202 ARCC (2022 December 15). “List of anti-choice groups in Canada, charities only.” <https://tinyurl.com/bde545hh>

203 Canada Revenue Agency (CRA) (2013 August 26). “Promotion of health and charitable registration.” <https://tinyurl.com/4dndns9u>

204 CRA (2020 November 27). “Public policy dialogue and development activities by charities.” <https://tinyurl.com/2s4bxtvf>

may claim they are preventing “post-abortion distress” or other risks of abortion, science does not support their assertions.

Permissive tax exemptions that favour charities are allowed by local or municipal government/councils. The exemptions allow them to offer “Property owned or held by a charitable, philanthropic, and non-profit corporation and used for the purposes of the corporation” these special tax reliefs.<sup>205</sup> We found one example of a CPC receiving a permissive tax exemption. In Penticton BC, the Pregnancy Support Program is run by St. Ann’s Parish. The City of Penticton listed in their 2022 Public Notice that they had given this organization a \$1,732 exemption on their 200 Bennett Avenue residence.<sup>206</sup> However, this same residence was tied to Birthright of Penticton, part of an international anti-choice umbrella group for CPCs.<sup>207</sup> Note: In late 2022, this CPC changed its location and is now in a commercially-zoned building.

## CAN CPCs BE REGULATED?

Since access to abortion care is a fundamental right, arguably a *Charter* right,<sup>208</sup> the failure of provincial and municipal governments to regulate CPCs interferes with this right. A person’s freedom of choice and security of the person may be compromised if they are tricked into delaying an abortion, or guilted into not having an abortion when this was their intention.

Currently, no regulations exist to govern Canadian CPCs or how they operate. Despite promising to provide information on all pregnancy options, sometimes offering ultrasounds, and claiming that they have medical professionals on staff, CPCs are *not* medical facilities and therefore are not subject to any related laws or policies. Provincial ministries of health cannot currently regulate them because their services are free. Most CPCs are largely volunteer-run, and thus their “counsellors” are not held accountable to any professional standards of conduct or supervised by any regulatory body.

This evasion of accountability can make it difficult to regulate CPCs. Various potential strategies have been considered by advocates over the years, some more or less doable than others, including:

- Municipal bylaws to regulate CPC behaviour, as local governments can pass bylaws to protect the safety, health and welfare of residents.
- Disclosure requirements for CPCs to post prominent notices on their websites and physical premises, such as:
  - That they do not assist with abortion or contraception.
  - A list of services they do/don’t provide.
  - That their ultrasound services are for non-medical purposes and as such contravene policies of professional medical organizations.<sup>209</sup>
- Banning of ultrasound services and other medical services at non-licensed and unfunded facilities like CPCs.
- Licensing requirements for CPC “counsellors.”

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205 Government of BC (2022). “Local government permissive tax exemptions.” <https://tinyurl.com/3d38k5f7>

206 City of Penticton (2022 August 26). <https://tinyurl.com/t7th9jkr>

207 Opengovca.com (2016). <https://opengovca.com/charity/809961857RR0001>

208 ARCC. (June 2018). “Abortion is a Charter right.” Position Paper #65. <https://tinyurl.com/mwixbfwt>

209 Salem, Lim & Van den Hof 2014.

- Prohibitions on licensed healthcare professionals working or volunteering at CPCs, with commensurate discipline.
- Municipal zoning regulations to prevent CPCs from setting up near a real abortion clinic or sexual health centre, hospital, or close to a school.
- Trademark protections when the name or logo of a CPC is similar to that of an abortion clinic in their area.
- Criminal punishments for the spread of false medical information.

A recent trend that has been observed with some CPCs is a move towards professionalization and medicalization. Measures should be taken to prevent CPCs from moving into the provision of medical care. Medicalization can give them undue credibility with the unsuspecting public and is a strategy to draw in more clients or grant money.

Such medical services are also being delivered without any accountability in terms of best medical practices because CPCs are unregulated. But Health Canada recommends that ultrasound be used prudently and only by qualified health professionals for medical purposes. This position is supported by numerous professional bodies, including the Society of Obstetricians and Gynaecologists of Canada and the Canadian Association of Radiologists, which “strongly oppose” the non-medical use of ultrasound.<sup>210</sup>

CPCs use advertising to attract clients, which means that the use and content of those advertisements can be regulated according to the *Canadian Code of Advertising Standards* and monitored by Ad Standards. However, Ad Standards is a private watchdog group for the advertising industry and has little to no enforcement power. And as noted previously, CPC advertisements in particular (such as on buses) can often be subtle enough to evade sanction for being inaccurate or demeaning under the Code.

But regulating CPCs is essential to ensure that every person’s right to abortion care is preserved. Lessons can be learned from other jurisdictions, including the United States and other western countries. Existing health-related laws and regulations in Canada also reveal the types of restrictions that could be explored when considering options for CPC regulation in Canada. Below we discuss examples from Canadian jurisdictions that have regulated health issues. We also explore what other western countries have done, with much of the summarized from an ARCC-commissioned report by a law student.<sup>211</sup>

### Nova Scotia’s fetal alcohol syndrome regulation

Nova Scotia’s *Public Education about Fetal Alcohol Syndrome Regulations*, made under the *Liquor Control Act*, compels every government store in Nova Scotia that sells liquor to display a sign warning those who are pregnant that consuming alcohol during pregnancy may lead to fetal alcohol syndrome. There are also requirements for the sign itself, such as the size and language(s) it can be displayed in.<sup>212</sup>

210 ARCC (2017). “Crisis pregnancy centres and sonography: Their non-medical use of ultrasound requires regulation.” Position Paper #83. <https://tinyurl.com/2p9fnpmc>; and see *Ibid*.

211 Upshaw 2022.

212 Government of Nova Scotia. (2005). *Public Education About Fetal Alcohol Syndrome Regulations*. Section 96A of Liquor Control Act, N.S. Reg. 181/2005. [www.novascotia.ca/Just/Regulations/regs/lcpeafas.htm](http://www.novascotia.ca/Just/Regulations/regs/lcpeafas.htm)

A sign displayed in a CPC in Canada warning about limited services or a refusal to help with, or refer for, abortion care could have a similar objective: to protect people's autonomy and ability to access information relating to their health.

## Municipal conversion therapy bans in Canada

In 2018, the City of Vancouver BC passed a bylaw that banned religious businesses from providing conversion therapy for 2SLGBTQ+ individuals within the city.<sup>213</sup> This was made possible under the *Local Government Act* and the *Business Prohibition By-law* of Vancouver.<sup>214</sup> These provisions give municipalities the power to create new bylaws that are essential to the needs of their communities. Municipalities are also permitted to enforce bylaws with fines if violations occur. Vancouver charges \$500 to \$10,000 for the initial violation and \$250 to \$10,000 for every day the violation continues.

Along with Vancouver, several municipalities in Alberta have passed bylaws banning conversion therapy under *Prohibited Businesses Bylaws*, which act similarly to Vancouver's bylaw. The City of Calgary's bylaw states:

"All levels of government have a role to play in protecting Calgarians from the harms associated with [conversion therapy]. Calgary City Council may pass bylaws for municipal purposes respecting the safety, health and welfare of people. The City of Calgary has the authority to pass bylaws concerning businesses, ensuring citizens' expectations for safe and ethical business practices are met."<sup>215</sup>

These examples in regards to conversion therapy demonstrate how municipalities can regulate businesses who put their communities at risk. This could also apply to CPCs, ensuring that individuals who can get pregnant have a right to unbiased reproductive care. In particular, strong parallels exist between conversion therapy and the post-abortion counselling offered by many CPCs, as both are unvalidated interventions driven by religious beliefs and bias.<sup>216</sup>

## Federal approaches

### *Bill C-4 against conversion therapy*

Looking at the same case of conversion therapy legislation and reform, we can also recommend a broader federal approach to regulating CPCs in Canada. A federal Bill, C-4, was passed in 2022, which amended the criminal code to ban conversion therapy and created new criminal offences to reflect protections against it.<sup>217</sup> These new additions are as follows:

- Causing another person to undergo conversion therapy
- Removing a minor from Canada to subject them to conversion therapy abroad

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213 City of Vancouver (2018 June 19). "Business Prohibition By-Law No. 5156." <https://tinyurl.com/mwmeev9h>

214 Government of BC (2015). *Local Government Act*, SBC 2015. c 1, ss 1. <https://tinyurl.com/muw965tw>

215 City of Calgary. (2020 May 25). "Prohibited Businesses Bylaw." <https://tinyurl.com/54v5wtx3>

216 Panozzo D. (2016 January 22). "Lessons From Reparative Therapy Applied to Post-Abortion Grief Counseling." *Journal of Homosexuality*, 63:6, 764-782, DOI: 10.1080/00918369.2015.1112194

217 Library of Congress (2022 January 7). "Canada: Bill C-4 banning conversion therapy comes into force." <https://tinyurl.com/46tnsecx>

- Profiting from providing conversion therapy
- Advertising or promoting conversion therapy<sup>218</sup>

Amending the Criminal Code on this matter opens the possibility for future bills and additions on other harmful practices. The type of abuse that the government sought to end through passing legislation banning conversion therapy has numerous parallels to the practices carried out by CPCs – whether it is the dissemination of harmful and incorrect information, or psychological and emotional manipulations and abuse, or physical harm.

#### *Pharmaceutical Code of Advertising Acceptance*

Pharmaceutical companies must meet certain standards for advertising, as set out in the Pharmaceutical Advertising Advisory Board's (PAAB) *Code of Advertising Acceptance*.<sup>219</sup> While this is a private code, the PAAB liaises with Health Canada on its regulation about advertising healthcare products. One example from the Code is that all advertising must be correct, complete, and clear to promote trust and credibility between companies and consumers. Further, the PAAB Code has some content-based requirements, such as the advertiser being required to present the product in a way that fairly discloses the risks and benefits, as well as to provide a representative analysis of a product's research findings.

The model of a Code promoting the dissemination of accurate health product information in an ethical way could potentially be applied to CPCs. For example, a similar bylaw could be created requiring CPCs to disclose relevant, accurate, and scientifically-backed information on their websites, social media, and literature, including a fair balance of risks and benefits that pregnant people will need to make decisions concerning their health. This would help ensure that people seeking abortions or information about their options can do so without encountering misinformation or barriers.

#### *Examples of tobacco and food regulations*

Two other federal laws, the *Tobacco and Vaping Products Act* and the *Food and Drugs Act*, involve restrictions on information that can be disclosed to the public. The *Tobacco and Vaping Products Act* prohibits the promotion of tobacco in a false or misleading way with regard to any potential health effects or risks.<sup>220</sup> Likewise, the *Food and Drugs Act* prohibits the depiction of any food, drug, cosmetic or device as being a treatment or cure for certain diseases or disorders set out in the legislation, such as acute alcoholism or cancer.<sup>221</sup>

Similar legislation for CPCs could parallel these laws. For example, legislation could require CPCs to provide a fair analysis of health benefits and risks on their websites for any outcome that patients ask about, including pregnancy and childbirth. Further, the legislation could prohibit CPCs from publicly disclosing information that is false or misleading.

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218 Department of Justice Canada. (2021 November 29). "Government introduces legislation to ban conversion therapy practices in Canada." Government of Canada. <https://tinyurl.com/3wyv9p9j>

219 Pharmaceutical Advertising Advisory Board (2018 January). "The PAAB Code of Advertising Acceptance." [https://code.paab.ca/pdfs/paab\\_code\\_PDF\\_official.pdf](https://code.paab.ca/pdfs/paab_code_PDF_official.pdf)

220 Government of Canada (1997). *Tobacco and Vaping Products Act* (S.C. 1997, c. 13). S. 20(1). <https://laws-lois.justice.gc.ca/eng/acts/t-11.5/>

221 Government of Canada (1985). *Food and Drugs Act* (RSC 1985, c F-27). S. 3(1). <https://tinyurl.com/2p8338t7>

## Ultrasound regulations

Another element that should be considered for regulation is the unlawful use of professional medical equipment and procedures such as sonograms (ultrasounds). As mentioned earlier, Health Canada recommends that ultrasound be used only by qualified health professionals for medical purposes.

In BC, the *Health Professions Act* notes that only those who are “licensed and registered with the College (registrants) are authorized to practise medicine in BC,” and therefore authorized to provide these services (ultrasounds).<sup>222</sup> Although this is specific to BC, most provinces hold similar standards that mirror this legislation and its guidelines.

As the official credentialing body, Sonography Canada has expressed in their professional practice guidelines that they do not endorse the use of sonograms for non-diagnostic purposes. They define a diagnostic medical ultrasound as:

“...a medical diagnostic investigation procedure that uses high frequency sound waves (ultrasound) to interrogate organs, tissues or blood flow inside the body and produce dynamic visual images. The interrogation and interpretation of the images are used to formulate a diagnosis. Diagnostic medical ultrasound is a procedure that is requested by a physician, performed by a sonographer and interpreted and reported by a physician with expertise in the field.”<sup>223</sup>

They then define anything that falls outside of this non-diagnostic or for entertainment purposes:

“When no measurements are taken, no morphological assessment performed and no dictated diagnostic report of findings for the exam provided; the examination is deemed to be exclusively for entertainment purposes. Therefore, these entertainment ultrasound facilities and personnel operate outside of medical guidelines and without any patient safety controls, which may result in a lack of technical safeguards, operator expertise or governance of technical competency.”<sup>224</sup>

This means if any CPCs use certified ultrasound technicians, they would be breaching the code of conduct by providing these services if they are not diagnostic by their definition. Sonography Canada notes that those who are found not in accordance with their policies may be subject to expulsion of membership. This could also extend to nurses or doctors who choose to work or volunteer at facilities that do not offer unbiased medical information.

## Signage requirements

Canadians have the right to their own beliefs and the freedom to share those beliefs, however, they do not have the right to present themselves as something they are not in order to coerce an outcome that aligns with their beliefs. This report has shown repeatedly that CPCs engage in deception as a deliberate or default tactic in how they present themselves.

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222 College of Physicians and Surgeons of British Columbia (2022). “Unlicensed practice.” <https://tinyurl.com/3ek939h2>

223 Sonography Canada (2018). “Professional practice guidelines and membership policies.” <https://tinyurl.com/2aak7rcz>

224 Ibid.

In response to this, several cities and states in the US have passed regulations that require CPCs to post signage in their facilities denoting that they are not a medical facility, or that there are no doctors on site, or that they do not refer for abortion. Three types of ordinances have required disclosures: “status disclosures”, “government message disclosures”, and “services disclosures”:

“A ‘status disclosure’ requires CPCs to disclose whether or not they are licensed medical facilities with a licensed medical provider on staff. A ‘government message disclosure’ enforces CPCs to disclose if the government of that municipality has a recommendation for where pregnant women should seek care, such as a licensed medical provider. Finally, a ‘services disclosure’ mandates CPCs to disclose whether they provide, or give referrals, for certain services, such as abortions or contraceptives.”<sup>225</sup>

Some of these ordinances have been struck down by courts as interfering with freedom of speech under the US First Amendment, while others have been upheld (see below).

### International regulation of CPCs

Below we summarize research from an ARCC-commissioned report by a law student that looked at CPC regulation in five western countries.<sup>226</sup>

In the United Kingdom, some non-governmental organisations, like the Committee of Advertising Practice (CAP), have produced responsible advertisement codes to regulate organizational ads. In 2012, Rule 12.24 of the CAP code was updated to include a clause that states: “marketing communications for services offering advice on unplanned pregnancy must make clear if the service does not refer women directly for a termination.”<sup>227</sup> When a website for a CPC, Central London Women’s Centre, used language that gave readers the impression that it was an abortion clinic, the CAP ruled that the CPC’s website had to be immediately updated to reflect language that was not misleading to those seeking abortion care.<sup>228</sup>

In Ireland, no regulations currently govern CPCs. A bill was introduced about five years ago that attempted to regulate CPCs but did not make it beyond the initial stages. In 2021, the Abortion Rights Campaign called on the government to regulate CPCs, recognizing how they abuse the gap in accessing abortion care.<sup>229</sup> However, the government and Department of Health failed to act, and thus changes are needed to protect those vulnerable to being misled by CPCs.

CPCs do not have a large presence in New Zealand. Abortion care is free under the New Zealand health system, so people do not need to access CPCs for services such as pregnancy tests. However, like the

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225 Holtzman B (2017 Spring). “Have crisis pregnancy centers finally met their match: California’s Reproductive FACT Act.” *Northwestern Journal of Law and Social Policy*, 12(3), 78–110, p.88. <https://tinyurl.com/yt5aec83>

226 Upshaw 2022. DISCLAIMER: This report was created by a Pro Bono Students Canada student volunteer from the UNB Law Chapter and approved by a lawyer supervisor. The student’s work embodies objective legal information and is not legal advice tailored to ARCC’s advocacy initiatives. ARCC received permission from the student to use this work to support ARCC’s advocacy initiatives.

227 The Committee of Advertising Practice (2014). “The CAP code: The UK code of non-broadcast advertising and direct & promotional marketing.” 12th Ed., 12.24, p.61. <https://tinyurl.com/2p8c549y>

228 Advertising Standards Authority & The Committee of Advertising Practice (2013 September 18). “ASA adjudication on Central London Women’s Centre.” <https://tinyurl.com/2zjhxtfp>

229 Abortion Rights Campaign (ARC) (2021 September 24). “Press release: Police rogue crisis pregnancy agencies – not pregnant people’s choices.” <https://tinyurl.com/4ehdp cum>



other jurisdictions reviewed, New Zealand has no regulations for CPCs. Terry Bellamak, President of ALRANZ Abortion Rights Aotearoa, commented that New Zealand law does not protect against defrauding people unless it is done for pecuniary gain.<sup>230</sup> Thus, the law does not recognize the gains that a fraudster can obtain that are intangible, as may be seen with CPCs.

In Australia, abortion is legal in all states and CPCs are not regulated, although this could be due to the limited CPC presence, if any. Australia has generally good access to free abortion care. However, in some locations, people often have to pay out of pocket, especially those in more rural or remote areas or those without access to Medicare. When comparing the topic of abortion in Australia with other jurisdictions such as the United States or Canada, abortion care is not as frequently and openly debated in Australia. The cultural differences between these jurisdictions may be a reason why CPCs have much less presence in Australia, as CPCs are often run with the goal of wanting to prevent people from accessing abortion care.

With the overturning of *Roe v Wade* in 2022, the current state of abortion access in the United States has deteriorated significantly. Conversely, CPCs across the country continue to thrive, despite numerous attempts at legislation to impose regulations in various states. CPCs by far outnumber abortion providers,<sup>231</sup> and have even received direct government funding. At least 14 states provide funding to CPCs through programs that promote alternatives to abortion and from the sale of “Choose Life” licence plates.<sup>232</sup> According to one news story, CPCs received at least \$1.3 million in federal government grants in 2017, through funds earmarked for abstinence-only sex education programs.<sup>233</sup>

Efforts to regulate CPCs in the US began as early as 2009, and continue today, with mixed outcomes. The success or failure of many cases hinged on a decision about whether requiring a CPC to openly disclose certain information to their clients – such as if they provided abortions or if medical professionals were on staff – violated the CPCs’ right to free speech (namely, whether these regulations would “compel speech” by forcing such statements).

One of the most significant examples of attempts to regulate US CPCs was *National Institute of Family and Life Advocates v Becerra* in 2018,<sup>234</sup> which was ultimately brought before the Supreme Court. The case addressed a California law called The FACT Act that imposed “mandatory disclosure regulations on all crisis pregnancy centers (CPCs) throughout California.”<sup>235</sup> The law required CPCs to disclose to patients that they were not licensed to provide medical services, as well as to post notices with information about free or low-cost reproductive services in the state. The court found that this law

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230 Upshaw 2022.

231 See for example Hussey 2020:133.

232 Guttmacher Institute (2022 November 1). “‘Choose life’ licence plates.” <https://tinyurl.com/vv2banpf>

233 Wilson T (2017 September 7). “Trump gives away millions to anti-choice fake clinics.” *Rewire News Group*. <https://tinyurl.com/39hr2xhf>

234 National Institute of Family and Life Advocates v. Becerra (2018). 585 US, No. 16–1140. <https://tinyurl.com/2p9h4tcx>

235 Holtzman 2017.



violated the CPCs' rights by regulating their speech – effectively ensuring that they can continue to operate with a lack of transparency that can be used to mislead clients.<sup>236</sup>

However, in a 2020 case, the *National Institute of Family and Life Advocates v Schneider*, an Illinois law was upheld that required health care providers – including CPCs – to discuss all legal treatment options with patients, and their risks and benefits, and transfer any patient seeking a service they may refuse to offer to a provider they believe will. This ruling was founded on the determination that the law in this case primarily regulated professional conduct, rather than speech.<sup>237</sup>

Other cases, like *First Resort, Inc. v Herrera*,<sup>238</sup> have also upheld ordinances that sought to regulate CPC advertising, finding that commercial speech is not protected and therefore CPCs can be prohibited from making false or misleading claims.

## CONCLUSION AND RECOMMENDATIONS

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This study supports the need for more transparency and professionalism by CPCs in Canada, because they purport to help and advise pregnant people on healthcare, yet often provide dangerous medical misinformation while deceptively presenting themselves as unbiased centres that assist clients with all options. This may require regulation to address, as most CPCs are unlikely to voluntarily reform themselves due to their religious anti-abortion ideology.

In Canada, constitutional protections for freedom of speech/expression differ from those in the US – section 1 of the *Canadian Charter of Rights and Freedoms* notes that “reasonable limits” may be placed on such freedoms. This could provide avenues to regulate CPCs in ways that have not been successful in the US up to this point. Despite the contrasts between US and Canadian legal contexts, it may be worthwhile to examine how bylaws that have been upheld in the US to prevent CPCs from misrepresenting their services or making false claims in their advertisements could inform any future work to enact or uphold similar legislation in Canada.

It may also be useful to explore how current health-related bylaws and policies in Canada could potentially be applied to CPCs. Some examples such as provincial requirements for disclosure of health-related information via clear public signage, or federal conditions governing the advertisement of healthcare products, may offer opportunities to bring CPCs under similar regulations that would compel them to clearly provide full, accurate, and scientifically-evidenced information to their clients.

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236 Blum B (2018 March 26). “Loss in California abortion case could actually be a boon for reproductive rights.” *The Progressive Magazine*. <https://tinyurl.com/4zmjnxbe>; and see Totenberg N & McCammon S (2018 June 26). “Supreme Court sides with California anti-abortion pregnancy centers.” *NPR*. <https://tinyurl.com/2p8rhhwy>

237 *National Institute of Family and Life Advocates v Schneider*, 484 F Supp (3d) 596 (Ill Dist Ct 2020). <https://tinyurl.com/4ef65ph8>

238 Justia US Law (2017 June 27). *First Resort, Inc. v. Herrera*, No. 15-15434 (9th Cir. 2017). <https://tinyurl.com/yhhmd2p8>

The findings of our study lead us to the following recommendations:

- Establish disclosure laws at the municipal or provincial level – for example, requiring CPCs to post clear, prominent notices at their premises and websites that they are not medical facilities, will not assist with abortion, and are Christian ministries opposed to abortion.
- Stop CPCs from providing unregulated medical services such as ultrasounds, and explore regulation of CPCs by drawing on examples of regulation of other health-related information or services.
- Ensure that CPCs are not publicly funded at federal, provincial, and municipal levels, either directly or indirectly - including stopping CPCs from receiving municipal tax exemptions related to zoning.
- Remove CPCs from referral lists at doctor's offices, clinics, hospitals, and social service agencies.
- Revoke charitable tax status from CPCs that have it, based on the biased misinformation they provide to clients.
- Ensure that CPCs are not allowed to teach sex education in public schools – for example, by gathering evidence of their presence and harms, and requesting school boards, school districts, and provincial education ministries to disallow them.
- Stop misleading public advertising by CPCs – for example, by submitting complaints to Ad Standards Canada, complaining to advertisers and cities that host such advertising, and urging advertisers to reject ads that may contravene the *Canadian Code of Advertising Standards*.

# APPENDIX 1: ACRONYM LIST

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2S/LGBTQ+	Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, additional sexual orientations and gender identities
ACOG	American College of Obstetricians and Gynecologists
AIDS	Acquired Immunodeficiency Syndrome
AMA	American Medical Association
ANSIRH	Advancing New Standards in Reproductive Health
APA	American Psychological Association
ARC	Abortion Rights Campaign
ARCC	Abortion Rights Coalition of Canada
ASA	Advertising Standards Authority
ASHFAM	A Safe Haven for Adolescent Mothers
BC	British Columbia
BCHA	British Columbia Humanist Association
CAP	Committee of Advertising Practice
CEO	Chief executive officer
CEWS	Canada Emergency Wage Subsidy
CLBC	Community Living BC
CPC	Crisis pregnancy centre
CRA	Canada Revenue Agency
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
EWYL	Earn While You Learn
FAQ	Frequently asked questions
FQPN	Fédération du Québec pour le planning des naissances
HepB	Hepatitis B
HIV	Human immunodeficiency virus
MCFD	Ministry of Children and Family Development (BC)
NAF	National Abortion Federation
NFP	Natural family planning
NIFLA	National Institute of Family and Life Advocates
NPPC	North Peace Pregnancy Care
PAAB	Pharmaceutical Advertising Advisory Board
PAS	Post-abortion syndrome
PCC	Pregnancy Care Canada
PEI	Prince Edward Island
S.H.A.R.E.	Sexual Health and Relationship Education
SAPs	Strategy action plans
SHIFT	Sexual Health and Intimacy for Teens
SIECCAN	Sex Information and Education Council of Canada
SOGC	Society of Obstetricians and Gynecologists of Canada
SOGI 123	Sexual Orientations and Gender Identities
STI / STD	Sexually transmitted infection / Sexually transmitted disease
UQÀM	Université du Québec à Montréal
US	United States
WHO	World Health Organization

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## APPENDIX 3: LIST OF “CRISIS PREGNANCY CENTRES” ACROSS CANADA

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*Compiled by Abortion Rights Coalition of Canada*

The following are not included on the list unless their website specifically says they provide pregnancy options counselling:

- Homes for pregnant people
- Adoption agencies
- Agencies dedicated primarily to post-abortion counselling (e.g., Project Rachel)
- Anti-choice and right-to-life groups (advocacy, political)
- Crisis pregnancy centre hotlines

The table lists all **143** CPCs in Canada with websites at the time of our study. The table is sorted alphabetically by Province, then City. (Note: As of February 2023, an additional 12 CPCs have been added to ARCC’s list of anti-choice groups,<sup>239</sup> mostly new ones but also one or two that were missed in 2021.)

**Data collection and verification:** All data was collected in the summer and fall of 2021. The CPCs were verified to exist via Internet searches and some phone calls. Some re-verifications with updates and corrections were made between December 2021 and February 2023. If a CPC changed its name since 2021, the following list shows the updated name as well as the previous name.

Table Explanation:

- Some CPCs are branches or satellites of another. Each is listed as a separate CPC, including all Birthrights. In most cases, the satellites/chapters share the same webpage.
- Charity: The CPC is a registered charity in good standing as of December 2022 with Canada Revenue Agency.
- PCC: The CPC is a member of Pregnancy Care Canada, an umbrella group formerly known as the Canadian Association of Pregnancy Support Services.
- Heartbeat International and Care Net are US-based umbrella groups.

Note: Additional information on CPCs can be found on ARCC’s list of anti-choice groups, including:

- Charity number and type
- Other names they’re known by, or groups they run
- Social media pages with links
- Sex education programs

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<sup>239</sup> ARCC (2023 January 6). “List of anti-choice groups in Canada – crisis pregnancy centres (CPCs) only.” <https://tinyurl.com/crc5bajf>

#	Name	City	Prov	Charity	Affiliation	Website
1	Accueil Grossesse Beauce-Apalaches	St. Georges de Beauce	QC	Y		<a href="http://www.accueलगrossesse.com/index.html">www.accueलगrossesse.com/index.html</a>
2	Accueil Grossesse Birthright Drummondville	Drummondville	QC	Y	Birthright / Alliance Ressources Grossesse	<a href="http://www.birthright.org">www.birthright.org</a>
3	Aid to Women Crisis Pregnancy Centre	Toronto	ON	Y		<a href="http://aidtowomen.ca/">http://aidtowomen.ca/</a>
4	Alliance Ressources Grossesse	Montréal	QC	N		<a href="https://femmesenceintes.weebly.com">https://femmesenceintes.weebly.com</a>
5	Anchor of Hope Pregnancy and Family Care Centre	Madoc	ON	Y	PCC / Care Net	<a href="http://www.anchorofhope.ca">www.anchorofhope.ca</a>
6	ASHFAM – A Safe Haven for Adolescent Mothers	Fort McMurray	AB	Y		<a href="http://www.ashfam.org/adoptions-options/">www.ashfam.org/adoptions-options/</a>
7	Atwell Centre	Hamilton	ON	Y	PCC / Care Net	<a href="https://atwellcentre.com/">https://atwellcentre.com/</a>
8	Back Porch (The)	Edmonton	AB	Y	Alberta Life Issues Education Society	<a href="http://www.thebackporch.info/">www.thebackporch.info/</a>
9	Bancroft Pregnancy Care Centre	Bancroft	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.bancroftpregcare.com">www.bancroftpregcare.com</a>
10	Belleville Pregnancy and Family Care Centre	Belleville	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.bpfcc.ca/">www.bpfcc.ca/</a>
11	Birthright Belleville	Belleville	ON	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
12	Birthright Brampton	Brampton	ON	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
13	Birthright Brantford	Brantford	ON	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
14	Birthright Charlottetown	Charlottetown	PE	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
15	Birthright Fredericton	Fredericton	NB	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
16	Birthright Halifax-Dartmouth	Halifax	NS	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
17	Birthright Hamilton	Hamilton	ON	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
18	Birthright International	Toronto	ON	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
19	Birthright Kingston	Kingston	ON	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
20	Birthright London	London	ON	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
21	Birthright Moncton	Moncton	NB	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
22	Birthright Orangeville	Orangeville	ON	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>

#	Name	City	Prov	Charity	Affiliation	Website
23	Birthright Ottawa	Ottawa	ON	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
24	Birthright Regina	Regina	SK	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
25	Birthright Sudbury	Sudbury	ON	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
26	Birthright Vancouver	Vancouver	BC	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
27	Birthright Vaughan	Concord/ Vaughan	ON	N	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
28	Birthright Victoria	Victoria	BC	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
29	Birthright Windsor	Windsor	ON	Y	Birthright	<a href="http://www.birthright.org">www.birthright.org</a>
30	Hope Pregnancy & Family Support Centre (was Brantford/Brant County Crisis Pregnancy Centre)	Brantford	ON	Y	PCC / Heartbeat Int'l	<a href="http://www.bpcentre.org">www.bpcentre.org</a>
31	Calgary Pregnancy Care Centre Association	Airdrie	AB	Y		<a href="http://www.pregcare.com">www.pregcare.com</a>
32	Calgary Pregnancy Care Centre Association	Calgary	AB	Y		<a href="http://www.pregcare.com">www.pregcare.com</a>
33	Calgary Pregnancy Care Centre Association	Strathmore	AB	Y		<a href="http://www.pregcare.com">www.pregcare.com</a>
34	Central Alberta Pregnancy Care Centre	Drumheller	AB	Y	PCC	<a href="http://www.pregnancycare.ca">www.pregnancycare.ca</a>
35	Central Alberta Pregnancy Care Centre	Olds	AB	Y	PCC	<a href="http://www.pregnancycare.ca">www.pregnancycare.ca</a>
36	Central Alberta Pregnancy Care Centre	Red Deer	AB	Y	PCC	<a href="http://www.pregnancycare.ca">www.pregnancycare.ca</a>
37	Central Alberta Pregnancy Care Centre	Rocky Mountain House	AB	Y	PCC	<a href="http://www.pregnancycare.ca">www.pregnancycare.ca</a>
38	Central Alberta Pregnancy Care Centre	Stettler	AB	Y	PCC	<a href="http://www.pregnancycare.ca">www.pregnancycare.ca</a>
39	Centre Conseils Grossesse / Pregnancy Counselling Centre/	Montréal	QC	Y		<a href="http://www.ccgrossesse.org/">www.ccgrossesse.org/</a>
40	Centre d'aide en crise de grossesse / Options Pregnancy Crisis Centre /	Chateauguay	QC	Y	PCC / Alliance Ressources Grossesse / Care Net	<a href="http://www.centreoptions.org/action">www.centreoptions.org/action</a>
41	Centre Option Grossesse (Lennoxville)	Sherbrooke	QC	Y	PCC / Alliance Ressources Grossesse / Care Net	<a href="http://www.optionslennox.com/">www.optionslennox.com/</a>

#	Name	City	Prov	Charity	Affiliation	Website
42	The Cherish Project (was the Chilliwack Crisis Pregnancy Centre)	Chilliwack	BC	Y	Chilliwack Pro-Life Society	<a href="http://www.chilliwackprolife.com/crisis-pregnancy-centre">www.chilliwackprolife.com/crisis-pregnancy-centre</a>
43	Christine's Place Pregnancy Support Centre	Huntsville	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.christinesplace.org">www.christinesplace.org</a>
44	Cochrane Pregnancy Care Centre	Cochrane	AB	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.cochranepreg.com">www.cochranepreg.com</a>
45	Comox Valley Pregnancy Care Centre	Courtenay (Comox)	BC	Y	PCC	<a href="http://www.cvpregcare.ca">www.cvpregcare.ca</a>
46	Compassion Place Pregnancy and Family Care Centre	Midland	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.huroniapregnancyresourcecentre.com">www.huroniapregnancyresourcecentre.com</a>
47	Crisis Pregnancy Centre of Burnaby & New Westminster	Burnaby	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.optionscentre.ca">www.optionscentre.ca</a>
48	Crisis Pregnancy Centre of Vancouver & Richmond	Vancouver	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.optionscentre.ca">www.optionscentre.ca</a>
49	Crisis Pregnancy Centre of Winnipeg	Winnipeg	MB	Y	Care Net	<a href="http://pregnancy.ca/">http://pregnancy.ca/</a>
50	Crossroads Clinic Association	Brooks	AB	Y	PCC / Heartbeat Int'l	<a href="http://www.crossroadsclinic.ca">www.crossroadsclinic.ca</a>
51	Crossroads Crisis Pregnancy Centre of Nanaimo	Nanaimo	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.cpcnanaimo.com/">www.cpcnanaimo.com/</a>
52	Dawn Centre	Cambridge	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.pregcentre.com">www.pregcentre.com</a>
53	Clarity Pregnancy Options (was the Elisha House Pregnancy & Family Support Centre)	Welland	ON	Y	Heartbeat Int'l	<a href="http://www.elishahouse.on.ca">www.elishahouse.on.ca</a>
54	Enceinte et inquiète ?	(Online)	QC	N	Campagne Québec-Vie / Quebec Life Coalition	<a href="http://www.enceinteinquiète.org/">www.enceinteinquiète.org/</a>
55	Envisage Pregnancy Services	Barrie	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="https://envisagepregnancy.ca">https://envisagepregnancy.ca</a>
56	Envisage Pregnancy Services	Collingwood	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="https://envisagepregnancy.ca">https://envisagepregnancy.ca</a>
57	First Place Maternal Health Options Inc	Kanata	ON	Y		<a href="http://www.firstplaceoptions.ca/">www.firstplaceoptions.ca/</a>

#	Name	City	Prov	Charity	Affiliation	Website
58	First Step Options Pregnancy Care Centre	Pembroke	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.firststepoptions.com">www.firststepoptions.com</a>
59	Gianna Centre	Edmonton	AB	N	Catholic Church	<a href="http://www.facebook.com/Giannayeg/">www.facebook.com/Giannayeg/</a>
60	Goderich Life Centre	Goderich	ON	N	Alliance for Life	<a href="http://goderichlifecentre.com/">http://goderichlifecentre.com/</a>
61	Grey Bruce Pregnancy Centre	Owen Sound	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.owensoundcrisispregnancycentre.ca">www.owensoundcrisispregnancycentre.ca</a>
62	Grimsby Life Centre Ministries	Grimsby	ON	Y		<a href="http://www.grimsbylife.org/">www.grimsbylife.org/</a>
63	Haldimand Pregnancy Care Centre	Caledonia	ON	Y		<a href="http://haldimandpcfc.org/">http://haldimandpcfc.org/</a>
64	Haldimand Pregnancy Care Centre	Dunnville	ON	Y		<a href="http://haldimandpcfc.org/">http://haldimandpcfc.org/</a>
65	Hanover Pregnancy Centre	Hanover	ON	N		<a href="http://www.facebook.com/Hanover-Pregnancy-Centre-577848416030386/">www.facebook.com/Hanover-Pregnancy-Centre-577848416030386/</a>
66	Hope for Women	Abbotsford	BC	Y	LifeCanada	<a href="http://www.hopeforwomen.ca">www.hopeforwomen.ca</a>
67	Hope for Women	Langley	BC	Y	LifeCanada	<a href="http://www.hopeforwomen.ca">www.hopeforwomen.ca</a>
68	Hope for Women	Prince George	BC	Y	LifeCanada	<a href="http://www.hopeforwomen.ca">www.hopeforwomen.ca</a>
69	Hope Pregnancy Support Centre	Parry Sound	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="https://parrysoundhope.com/">https://parrysoundhope.com/</a>
70	Informed Choices Pregnancy Center Moose Jaw Inc.	Moose Jaw	SK	Y	Heartbeat Int'l / Care Net	<a href="http://www.icpcmosejaw.ca">www.icpcmosejaw.ca</a>
71	Island Pregnancy Care & Support Services Inc.	Charlottetown	PE	Y	PCC / Care Net	<a href="http://www.islandpregnancycentre.com">www.islandpregnancycentre.com</a>
72	Island Pregnancy Care & Support Services Inc.	Summerside	PE	Y	PCC / Care Net	<a href="http://www.islandpregnancycentre.com">www.islandpregnancycentre.com</a>
73	JFJ Hope Centre	Mississauga	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.jfjhopecentre.ca">www.jfjhopecentre.ca</a>
74	Kawartha Lakes Pregnancy Centre	Lindsay	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.klpcentre.ca">www.klpcentre.ca</a>
75	Kingston Pregnancy Care Centre	Kingston	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.kingstonpcc.com">www.kingstonpcc.com</a>
76	Kingston Pregnancy Care Centre	Napanee	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.kingstonpcc.com">www.kingstonpcc.com</a>
77	Lambton Crisis Pregnancy Centre	Sarnia	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.pregnancycentre.org">www.pregnancycentre.org</a>



#	Name	City	Prov	Charity	Affiliation	Website
78	Lethbridge Pregnancy Care Centre	Lethbridge	AB	Y	PCC	<a href="http://www.lethbridgepregcentre.com">www.lethbridgepregcentre.com</a>
79	Life Centre (The)	Newmarket	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.tlcthelifecentre.ca">www.tlcthelifecentre.ca</a>
80	London Pregnancy and Family Support Centre	London	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.notalone.ca">www.notalone.ca</a>
81	Markham/Stouffville Crisis Pregnancy Centre	Markham	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="https://mscpc.org/">https://mscpc.org/</a>
82	Melo Clinic and Pregnancy Centre	Leamington	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://pregnancycentre.net">http://pregnancycentre.net</a>
83	Melo Clinic and Pregnancy Centre	Windsor	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://pregnancycentre.net">http://pregnancycentre.net</a>
84	Miriam Centre / Centre Miriam	Orléans (Ottawa)	ON	Y		<a href="https://miriamcentre.ca/">https://miriamcentre.ca/</a>
85	Niagara Life Centre	St. Catharines	ON	Y		<a href="http://niagaralifecentre.ca/">http://niagaralifecentre.ca/</a>
86	Norfolk Pregnancy Centre	Delhi	ON	Y	PCC / Heartbeat Int'l	<a href="http://www.norfolkpc.org">www.norfolkpc.org</a>
87	Norfolk Pregnancy Centre	Simcoe	ON	Y	PCC / Heartbeat Int'l	<a href="http://www.norfolkpc.org">www.norfolkpc.org</a>
88	North Bay Pregnancy Help and Resource Centre	North Bay	ON	Y	Pro-Cathedral of the Assumption	<a href="https://www.facebook.com/pages/category/Charity-Organization/North-Bay-Pregnancy-Help-and-Resource-Centre-NBPHRC-102473048203500/">www.facebook.com/pages/category/Charity-Organization/North-Bay-Pregnancy-Help-and-Resource-Centre-NBPHRC-102473048203500/</a>
89	North Peace Pregnancy Care Centre Society	Fort St. John	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.northpeacepregnancycare.ca">www.northpeacepregnancycare.ca</a>
90	Nurture Pregnancy Centre	Medicine Hat	AB	Y		<a href="http://nurturepregnancycentre.ca">http://nurturepregnancycentre.ca</a>
91	Okanagan Valley Pregnancy Care Centre	Kelowna	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.ovpcc.com">www.ovpcc.com</a>
92	OnlineCare.ca	(Online)	NAT	Y		<a href="http://www.onlinecare.ca">www.onlinecare.ca</a>
93	Open Door Women's Care Centre	Halifax	NS	Y		<a href="http://www.opendoorcentre.com">www.opendoorcentre.com</a>
94	Options grossesse	Québec City	QC	Y	Heartbeat Int'l	<a href="http://www.optionsgrossesse.com/">www.optionsgrossesse.com/</a>
95	Options Pregnancy Center, Resources and Lifestyle Coaching Inc.	Regina	SK	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.reginapregnancy.com">www.reginapregnancy.com</a>
96	Orillia Pregnancy Resource Centre	Orillia	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.prcorillia.ca">www.prcorillia.ca</a>

#	Name	City	Prov	Charity	Affiliation	Website
97	Outreach for Life Association of Edmonton	Edmonton	AB	Y	PCC / Care Net	<a href="http://www.pregnancycarecentre.ca">www.pregnancycarecentre.ca</a>
98	Peace Pregnancy Support Society	Dawson Creek	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.peacepregnancysupport.com/">www.peacepregnancysupport.com/</a>
99	Pembina Valley Pregnancy Care Centre	Morden	MB	Y	PCC / Heartbeat Int'l	<a href="http://www.pvpcc.com">www.pvpcc.com</a>
100	Pembina Valley Pregnancy Care Centre	Winkler	MB	Y	PCC / Heartbeat Int'l	<a href="http://www.pvpcc.com">www.pvpcc.com</a>
101	Peterborough Pregnancy Support Services	Peterborough	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.mypregnancycentre.org">www.mypregnancycentre.org</a>
102	Post-Abortion Community Services	Burnaby	BC	Y	PCC / Heartbeat Int'l	<a href="http://www.pacscanada.org/">www.pacscanada.org/</a>
103	Prairie Pregnancy Support Centre	Portage La Prairie	MB	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.prairiepregnancy.com">www.prairiepregnancy.com</a>
104	Pregnancy & Family Care of Quinte West	Trenton	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.pfcqw.ca">www.pfcqw.ca</a>
105	Pregnancy Support Program (Beginnings)	Penticton	BC	N	Catholic Church	<a href="http://www.catholicpenticton.org/living-our-faith/ministries-in-our-community/pregnancy-support-program/">www.catholicpenticton.org/living-our-faith/ministries-in-our-community/pregnancy-support-program/</a>
106	Pregnancy Care & Family Support Centre	Haliburton	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.haliburtonpregnancycentre.ca">www.haliburtonpregnancycentre.ca</a>
107	Pregnancy Care Centre	Barrhead	AB	Y	PCC / Care Net	<a href="http://www.pregnancycarecentre.ca">www.pregnancycarecentre.ca</a>
108	Hopewell Clinic & Pregnancy Centre (was Pregnancy Care Centre)	Kamloops	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.hopewellkamloops.ca/">www.hopewellkamloops.ca/</a>
109	Pregnancy Care Centre	North York	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.iamnotalone.ca">www.iamnotalone.ca</a>
110	Pregnancy Care Centre	Richmond Hill	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.iamnotalone.ca">www.iamnotalone.ca</a>
111	Pregnancy Care Centre	Scarborough	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.iamnotalone.ca">www.iamnotalone.ca</a>
112	Pregnancy Care Centre	Toronto (downtown)	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.iamnotalone.ca">www.iamnotalone.ca</a>

#	Name	City	Prov	Charity	Affiliation	Website
113	Pregnancy Care Centre and Infant Food Bank	Sudbury	ON	Y		<a href="http://www.pccifb.ca/">www.pccifb.ca/</a>
114	Pregnancy Care Centre Grande Prairie & Area	Grande Prairie	AB	Y	PCC / Heartbeat Int'l / Care Net	<a href="https://pccgp.ca">https://pccgp.ca</a>
115	<i>[Deleted during study]</i>					
116	Pregnancy Centre (The)	Sault Ste. Marie	ON	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://algomapregnancy.com">http://algomapregnancy.com</a>
117	Pregnancy Concerns	Coquitlam	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.pregnancyconcerns.org">www.pregnancyconcerns.org</a>
118	Pregnancy Help Centre of Durham	Durham / Ajax	ON	Y		<a href="http://www.pregnancyhelp.ca/">www.pregnancyhelp.ca/</a>
119	Pregnancy Help Centre of Durham	Oshawa	ON	Y		<a href="http://www.pregnancyhelp.ca/">www.pregnancyhelp.ca/</a>
120	Pregnancy & Wellness Centre of Moncton Inc.	Moncton	NB	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.monctonwellness.ca">www.monctonwellness.ca</a>
121	Pregnancy Resource Centre of Saint John	Saint John	NB	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.saintjohnpregnancyresources.com">www.saintjohnpregnancyresources.com</a>
122	Pregnancy Support Centre of Westman	Brandon	MB	Y	PCC / Care Net	<a href="http://www.pregnancysupportcentre.ca/">www.pregnancysupportcentre.ca/</a> <a href="http://www.cpcbrandon.ca">www.cpcbrandon.ca</a>
123	Project Rachel	Halifax	NS	Y	Catholic Church	<a href="http://www.projectrachel.ca">www.projectrachel.ca</a>
124	Rachel's Vineyard Kelowna	Kelowna	BC	N	Diocesan Pastoral Council (Catholic)	<a href="http://rachelsvineyardkelowna.com/">http://rachelsvineyardkelowna.com/</a>
125	Room2Grow Pregnancy Centre	Clinton	ON	Y		<a href="http://www.room2grow.info/">www.room2grow.info/</a>
126	Saskatoon Pregnancy Options Centre	Saskatoon	SK	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.saskatoonpregnancy.com">www.saskatoonpregnancy.com</a>
127	Second Chance Ministry	Scarborough	ON	N	Catholic Church	<a href="http://www.secondchanceministry.ca/">www.secondchanceministry.ca/</a>
128	South Fraser Pregnancy Options Centre	Surrey	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.pregnancyoptionscentre.com">www.pregnancyoptionscentre.com</a>
129	South Niagara Life Ministries	Fort Erie	ON	Y		<a href="http://snlmcounsel.ca">http://snlmcounsel.ca</a>
130	South Niagara Life Ministries	Port Colborne	ON	Y		<a href="http://snlmcounsel.ca">http://snlmcounsel.ca</a>
131	Sunrise Pregnancy and Family Support Services	Uxbridge	ON	Y		<a href="http://www.sunriseuxbridge.com/">www.sunriseuxbridge.com/</a>

#	Name	City	Prov	Charity	Affiliation	Website
132	Support Familial Flocons d'Espoir Inc. <sup>240</sup>	Québec City	QC	N	Alliance Ressources Grossesse	<a href="https://floconsdespoir.org/">https://floconsdespoir.org/</a>
133	Sussex And Area Crisis Pregnancy Centre Inc.	Sussex	NB	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.sussexpregnancycare.com">www.sussexpregnancycare.com</a>
134	Tri-County Pregnancy Care Centre Association	Yarmouth	NS	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.tricountypregnancycarecentre.ca">www.tricountypregnancycarecentre.ca</a>
135	Valley Care Pregnancy Centre, A Christian Outreach Ministry (The)	Kentville	NS	Y	Heartbeat Int'l / Care Net	<a href="http://asafeplaceforme.com">http://asafeplaceforme.com</a>
136	Vernon Live Well Clinic for Sexual Health and Pregnancy Association	Vernon	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.vernonpregnancy.com">www.vernonpregnancy.com</a>
137	Victoria Pregnancy Centre	Victoria	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.victoriapregnancy.org/">www.victoriapregnancy.org/</a>
138	Visitation Centre Pregnancy Support	Toronto	ON	Y	Heartbeat Int'l	<a href="http://www.visitationcentrecanada.org/">www.visitationcentrecanada.org/</a>
139	Wellington Pregnancy Care Centre	Fergus	ON	Y		<a href="https://www.facebook.com/Wellington-Pregnancy-Care-Centre-106468068335366">www.facebook.com/Wellington-Pregnancy-Care-Centre-106468068335366</a>
140	West Yellowhead Pregnancy Care Centre	Edson	AB	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.wypcc.ca/">www.wypcc.ca/</a>
141	West Yellowhead Pregnancy Care Centre	Hinton	AB	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.wypcc.ca/">www.wypcc.ca/</a>
142	West Yellowhead Pregnancy Care Centre	Whitecourt	AB	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.wypcc.ca/">www.wypcc.ca/</a>
143	WomanCare Pregnancy Centre	Maple Ridge	BC	Y	PCC / Heartbeat Int'l / Care Net	<a href="http://www.womancarepc.ca">www.womancarepc.ca</a>
144	Women's Care Centre / Centre de soins pour femmes	Fredericton	NB	Y	Heartbeat Int'l	<a href="http://womenscarecenter.ca">http://womenscarecenter.ca</a>

<sup>240</sup> This centre is no longer identified as an anti-choice organization by ARCC as of January 2023 because it does not provide pregnancy options counselling. While it was too late to remove the centre from our data analysis or report, our prior review of its website found no red flags other than religious affiliations, which means there are no negative implications for this centre in our study.

## APPENDIX 4: REVIEW WORKSHEET FOR WEBSITES OF “CRISIS PREGNANCY CENTRES”

<b>CPC name:</b>	<b>City:</b>	<b>Province:</b>
<b>Website URL:</b>	<b>Reviewed by:</b>	<b>Date reviewed:</b>

Review Questions – What to look for on the site	Yes	No
1. Are there any statements to the effect that the CPC will not provide or refer for abortion or contraception (besides Natural Family Planning)?		
Further comments, if any: (For example, if the answer is No, does the site state that the CPC will help with all options, or leave the impression that a woman wanting an abortion will be helped to access one?)		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
2. Is there any mention of a possible increased risk of breast cancer caused by abortion?		
Further comments, if any:		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
3. Is there any mention of other medical complications and risks of abortion? (e.g., infection, hemorrhage, perforations/lacerations, infertility, future miscarriage, etc.)		
Further comments, if any: (For example, are these risks presented with a lack of context as to rarity or severity?)		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
4. Do they offer “post-abortion counselling”, or mention increased risks of negative psychological effects after abortion? (e.g., “post-abortion syndrome,” grief, guilt, depression, nightmares, increased use of alcohol/drugs to cope, risk of suicide, etc.)		
Further comments, if any:		

Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
5. Does the site say that contraception (or any specific type) is not reliable, or has an unacceptable failure rate, or may not protect adequately against sexually-transmitted infections?		
Further comments, if any: (For example, does the information leave the impression that contraception is too risky to use, not worth using, or morally wrong to use?)		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
6. Does the site advocate “abstinence only”, or does it discourage sex outside of marriage?		
Further comments, if any: (For example, is there any moralizing or scare-mongering about premarital sex, or other sexual expression outside heterosexual marriage?)		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
7. Does the site mention or emphasize adoption, or present it as the best or better option?		
Further comments, if any: (For example, does the site have mostly positive things to say about adoption, and little or nothing about potential challenges?)		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
8. Are there any indications of a religious outlook or agenda? (e.g., are there religious graphics or links; words like God, Christian, Bible, church, prayer; etc.)		
Further comments, if any:		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
9. Are there any disclaimers to the effect that they are not a medical facility, or that clients should consult a doctor if they need medical services?		

Further comments, if any: (For example, does the site describe facility staff, and if so, are they described as medical professionals?)		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
10. Do they offer any medical services, such as ultrasounds, STI testing, etc.?		
Further comments, if any:		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
11. Do they mention, promote, or offer “abortion pill reversal?”		
Further comments, if any:		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
12. Do they offer any programs or services not directly related to abortion, such as sexual assault counselling, prenatal and parenting classes, or other types of counselling, classes, workshops, etc?		
Further comments, if any:		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		
13. Do they encourage or require clients to participate in programs in order to access support or donations (for diapers, baby clothes, etc.)?		
Further comments, if any:		
Copy and paste the relevant lines or paragraphs. (Include the page title or link if not on the homepage.)		

## APPENDIX 5: ANSWER KEY FOR WEBSITE REVIEW

Review Worksheet questions, and what the “honest” answer should be.	
14. Are there any statements to the effect that the CPC will not provide or refer for abortion or contraception (besides NFP)?	The answer should be <b>Yes</b> , if they were being upfront and honest. However, some sites may bury the disclaimer in small print or on a less-viewed page.
15. Is there any mention of a possible increased risk of breast cancer caused by abortion?	The answer should be <b>No</b> . The best scientific evidence says there is no link between breast cancer and abortion.
16. Is there any mention of other medical complications and risks of abortion (e.g., infection, hemorrhage, perforations/lacerations, infertility, future miscarriage, etc.)?	The answer should be <b>No</b> . If it is Yes, most sites cite disproven or inconclusive risks, or exaggerate actual risks.
17. Is there any mention of increased risks of negative psychological effects after abortion (e.g., “post-abortion syndrome,” grief, guilt, depression, nightmares, increased use of alcohol/drugs to cope, risk of suicide, etc.)?	The answer should be <b>No</b> . If it is Yes, most sites cite disproven or inconclusive risks, or exaggerate actual risks.
18. Does the site say that contraception (or any specific type) is not reliable, or has an unacceptable failure rate, or may not protect adequately against sexually-transmitted infections?	The answer should be <b>No</b> . If it is Yes, most sites cite disproven or inconclusive risks, or exaggerate actual risks.
19. Does the site advocate “abstinence only”, or does it discourage sex outside of marriage?	The answer should be <b>No</b> . The best scientific evidence says that abstinence-only programs do not work. Further, discouraging sex outside marriage is inappropriate moralizing.
20. Does the site mention or emphasize adoption, or present it as the best or better option?	The answer should be <b>No</b> (beyond a brief mention). The vast majority of people with unwanted pregnancies will not give up their babies for adoption, and evidence shows serious long-lasting negative psychological effects for most who do. If the answer is Yes, sites that emphasize adoption will likely fail to inform clients of risks or will minimize them.
21. Are there any indications of a religious outlook or agenda (e.g., are there religious graphics or links; words like God, Christian, Bible, church, prayer; etc.)?	This one comes with some caveats. The answer should generally be <b>Yes</b> since most CPCs are Christian religious ministries. However, many are not upfront about it and take pains to appear secular. Only a small minority are not religious.



<p>A Yes answer does not necessarily mean they're being upfront because there may be only 1 or 2 subtle, half-hidden references to their religious outlook. Further, a Yes answer could be a problem if the CPC is obtaining any external funding, partnerships, or endorsements from government or secular entities, where a relationship with a religious organization might not be appropriate.</p>
<p>22. Are there any disclaimers to the effect that they are not a medical facility, or that clients should consult a doctor if they need medical services?</p> <p>The answer should be <b>Yes</b>. CPCs are not medical clinics or professional counselors; however, many give the appearance of professionalism and or imply they offer medical advice or professional counselling, in order to help draw in clients.</p>
<p>23. Do they offer any medical services, such as ultrasounds, STI testing, etc.?</p> <p>The answer should be <b>No</b>. CPCs should not move into provision of medical care because it can give them undue credibility with the unsuspecting public and is a strategy to draw in more clients or grant money. The SOGC recommends against ultrasounds for non-medical purposes.</p>
<p>24. Do they mention, promote, or offer "abortion pill reversal"?</p> <p>The answer should be <b>No</b>. Any mention of this dangerous and experimental regimen would indicate a lack of respect for scientific evidence as well as their clients' health and safety. The 'treatment' is also based on anti-choice propaganda that women usually regret their abortion.</p>
<p>25. Do they offer any programs or services not directly related to abortion, such as sexual assault counselling, prenatal and parenting classes, or other types of counselling, classes, workshops, etc.?</p> <p>The answer should be <b>No</b>. These activities may be leveraged to obtain project grants from funders or endorsement from secular partners, who may be in the dark about the CPC's true mandate and activities. They are also a strategy to draw in more clients. Even if such activities are not explicitly anti-choice, they may promote "traditional values" and exclude LGBTQ2I+ people and perspectives.</p>
<p>26. Do they encourage or require clients to participate in programs in order to access support or donations? (for diapers, baby clothes, etc.).</p> <p>The answer should be <b>No</b>. CPCs should be providing donations with no strings attached. Otherwise, they may use these programs to provide misinformation, engage in religious proselytization, or try to convert people to anti-choice perspectives.</p>

## APPENDIX 6: EXPLANATION OF “GROUPS”

A Group refers to a category of information for which we were able to quantify additional data. Our questions 1-13 each had a Y/N answer, but the reviews also captured additional available data related to the question. The researchers looked for emerging patterns when they reviewed the data for each question, and created Group criteria according to these patterns. CPCs that met the criteria for one or more Groups were assigned to that Group. Depending on the criteria, a few CPCs were assigned to more than one Group in a question. Other CPCs did not meet any of the Group criteria, so keep in mind that those assigned to Groups represent a subset of all CPCs with websites.

Red font in the following table explains differences with Groups compared to 2016.

	Group 1	Group 2	Group 3	Group 4
<b>Question 1:</b> Are there any statements to the effect that the CPC will not provide or refer for abortion or contraception? (besides NFP)	Uses indirect language to make it unclear whether they will refer for or talk about abortion with a client	Buries disclaimers regarding anti-choice philosophy or lack of abortion counseling in privacy policy links or in small print at the bottom of site, etc.		
<b>Question 2:</b> Is there any mention of a possible increased risk of breast cancer caused by abortion?  Group 2 is basically the same. Group 3 is a bit different	No statements on site, but links to sites that claim connection	Uses hedging language to indicate risk (eg, may, might, possibly, some evidence, more research needed, etc.)  2016: Tentative language: “possible link,” “medical experts are still debating” “controversial”	Uses more definitive language to indicate risk (eg, studies show, most studies, good evidence, experts say, etc.) or provides risk numbers.  2016: Statements that pregnancy reduces risk of breast cancer and abortion prevents that reduction from happening	
<b>Question 3:</b> Is there any mention of other medical complications and risks of abortion? (e.g., infection, hemorrhage, perforations/ lacerations, infertility, future miscarriage, etc.)	(No groups)			

	Group 1	Group 2	Group 3	Group 4
<b>Question 4:</b> Is there any mention of increased risks of negative psychological effects after abortion (e.g., "post-abortion syndrome," grief, guilt, depression, nightmares, increased use of alcohol/drugs to cope, risk of suicide, etc.)?	Mentions or discusses post-abortion stress/post-abortion syndrome	Describes post-abortion grief/symptoms similar to PASS but not named as such	Has a post-abortion counselling/recovery program/support group	
<b>Question 5:</b> Does the site say that contraception (or any specific type) is not reliable, or has an unacceptable failure rate, or may not protect adequately against sexually-transmitted infections?	No information/mention about contraceptives and pregnancy prevention at all	Information or mention of prevention of STIs or pregnancy only insofar as it pertains to marriage or monogamy	Directly misleading information on contraception or STIs	
<b>Question 6:</b> Does the site advocate "abstinence only," or does it discourage sex outside of marriage?	Uses religiously-based fear tactics to encourage "abstinence only"	Uses fear-based tactics (STI risk, painting sex as a "high-risk activity") to encourage "abstinence only"	No information present/vague views on being "sexually active"	
<b>Question 7:</b> Does the site mention or emphasize adoption, or present it as the best or better option?  Group 1: Major change – all sites that just mention adoption are included in 2022 Group. Group 2: A combination of 2016 Group 1 and 2 Group 3: Basically the same	Brief mention of adoption or adoption services; no details  2016: Talks about adoption but doesn't appear to promote it over other options, some negatives/downsides mentioned.	Discusses adoption but doesn't promote it over other options, may mention potential negatives/downsides of adoption  2016: Talks about adoption but does not include mention of any negatives/downsides	Discusses and favours/promotes adoption over other options; virtually no negatives/downsides mentioned  2016: Talks about adoption and favours/promotes it at expense of other options, no/few negatives/downsides mentioned	

	Group 1	Group 2	Group 3	Group 4
<b>Question 8:</b> Are there any indications of a religious outlook or agenda (e.g., are there religious graphics or links; words like God, Christian, Bible, church, prayer; etc.)?  Group 2 the same, just more concise	Openly religious	Subtle indications of religious references, but not stated openly (eg., links to religious sites, religious words on donation page)  2016: Subtle indications of religious references, but hidden or not stated openly, causing lack of transparency or implying hidden agenda		
<b>Question 9:</b> Are there any disclaimers to the effect that they are not a medical facility, or that clients should consult a doctor if they need medical services?	(No groups)			
<b>Question 10:</b> Do they offer any medical services, such as ultrasounds, STI testing, etc.?	Not yet but plan to / looking to hire medical staff	Says they have medical staff or volunteer nurses etc, but doesn't specify any medical services	Offers at least one medical service (eg, STI testing) but <b>not</b> ultrasound	Offers at least ultrasound services
<b>Question 11:</b> Do they mention, promote, or offer "abortion pill reversal"?	(No groups)			
<b>Question 12:</b> Do they offer any programs or services not directly related to abortion, such as sexual assault counselling, prenatal and parenting classes, or other types of counselling, classes, workshops, etc.?	They offer prenatal and/or parenting classes.	They offer a program(s) targeted to youth.	They offer sexual assault counselling	They offer 5 or more different types of classes, workshops, or counselling (non-abortion related)
<b>Question 13:</b> Do they encourage or require clients to participate in programs in order to access support or donations? (for diapers, baby clothes, etc.).	Has "Earn while you Learn" program	Has "Baby Bucks" program	Has another type of program(s)	

## APPENDIX 7: DATA COMPARISONS BETWEEN 2022 AND 2016

Question	2022(n=143) Y/N answers	2016 (n=166) Y/N answers	Group 1	Group 2	Group 3	Group 4
1 – anti-choice disclosure (Group 1 had broader interpretation in 2016. Also some CPCs have become more transparent.)	Y - 61.5% N – 38.5%	Y - 40% N – 60%	2022 - 0.7% (n=1) 2016 – 45%	2022 – 5% (n=7) 2016 – 7%		
2 – breast cancer	Y - 4% N – 96%	Y - 5% N – 95%	2022 – 0.7% (n=1) 2016 – 1.2%	2022 – 2.1% (n=3) 2016 – 4.2%	2022 – 1.4% (n=2) 2016 – 1.8%	
3 – medical complications	Y - 19% N - 81%	Y – 9% N – 91%	(No groups)			
4 – psychological effects	Y – 75% N – 25%	Y – 48% N – 52%	2022 – 3.5% (n=5) 2016 – 20%	2022 – 4.2% (n=6) 2016 – 16%	2022 – 67% (n=96) 2016 – 51%	
5 – contraception	Y – 11% N – 89%	Y – 7% N -93%	2022 – 89% (n=128) 2016 – 60%	2022 – 0% 2016 –5%	2022 – 11% (n=16) 2016 –5%	
6 – abstinence	Y – 14% N – 86%	Y – 24% N – 76%	2022 – 5% (n=7) 2016 – 3.6%	2022 – 6% (n=9) 2016 – 16%	2022 – 89% (n=127) 2016 –78%	
7 – adoption (2022 Groups 1 and 2 less comparable with 2016.)	Y – 82% N – 18%	Y – 28% N – 72%	2022 – 26% (n=38) 2016 – 11%	2022 – 6% (n=9) 2016 – 3.6%	2022 – 49% (n=71) 2016 – 14%	
8 – religion	Y – 74% N – 26%	Y – 96% N – 4%	2022 – 63% (n=90) 2016 – 24%	2022 – 11% (n=16) 2016 – 72%	2022 – 0% 2016 – 50%	
9 – disclaimer not medical	Y – 57% N – 43%	Y – 33% N – 67%	(No groups)			
10 – medical services	Y – 10% N – 90%		2022 –1.4% (n=2)	2022 – 2.1% (n=3)	2022 – 4.2% (n=6)	2022 – 2.1% (n=3)
11 – abortion pill reversal	Y – 1% N – 99%		(No groups)			
12 – other programs	Y – 92% N – 8%		2022 – 69% (n=100)	2022 – 30% (n=42)	2022 – 10% (n=15)	2022 – 36% (n=52)
13 – baby bucks	Y – 17% N – 83%		2022 – 13% (n=18)	2022 – 1.4% (n=2)	2022 – 2.8% (n=4)	