Anti-abortion “Counseling” Agencies

Beware of “Crisis Pregnancy Centres”

Many agencies that counsel pregnant women and transgender people are actually anti-abortion Christian ministries that hide their true agenda, which is to stop people from having abortions. Most of these centres are not medical facilities, and most of their “counsellors” are volunteers who are not medical professionals and have no recognized training in counselling.

Some of these centres are called “crisis pregnancy centres” or “pregnancy care centres” – although many of them have different names that make them sound secular and non-biased. This paper refers to all of them as CPCs.

Studies have shown that most CPCs misinform and try to intimidate women out of having abortions. Clients describe being harassed, bullied, and given blatantly false information. Their confidentiality has been violated, and mistreatment by CPCs has threatened their health. Further, CPCs are not capable of providing accurate information or prenatal care to women with wanted pregnancies.

Listed below are common tactics that centres in North America have been known to use. Please note that not every centre uses all of these tactics, and U.S-based centres may be worse overall than Canadian ones.

How do CPCs Mislead Women?

CPCs have a long history of deception. They may:

- Give the impression they are medical clinics or professional counselling centres.
- Gives themselves names that sound pro-choice and secular, or imply they are abortion centres.
- Tell women they will provide information on all options, but then refuse to refer for abortion care or birth control.
- Do not say upfront that they are anti-abortion or religiously affiliated.
- Locate themselves near abortion clinics to attract clients looking for abortion services.
• Make exaggerated promises of help, such as financial assistance, medical treatment, and prenatal and postpartum care. In reality, those services are often very limited.

How do CPCs Mistreat Pregnant People?

CPCs often provide misinformation or withhold information, or even mistreat clients. They may:

• Provide misinformation about abortion and exaggerate its risks. Abortions may be described as painful and life-threatening, causing long-term emotional, physical and psychological damage. Women are often told that abortion increases the risk of breast cancer, future miscarriage, post-traumatic stress disorder, infertility, and other serious medical conditions. (All such claims are scientifically false).

• Counsel against contraception, and refuse to provide information, except for misinformation about its efficacy (such as saying that condoms don’t help to prevent sexually transmitted infections).

• State that birth control methods, such as emergency contraception, IUDs, and the birth control pill are actually abortifacients.

• Use methods and language that are designed to scare, horrify, and confuse women considering abortion, which can induce guilt, anxiety, and emotional trauma.

• Persuade clients against abortion even in the most desperate or compelling circumstances, such as a lethal defect in the fetus, in cases of rape, or where the woman’s health is at risk.

• Delay the pregnancy test results and use the time to expose clients to anti-choice or religious propaganda, such as showing graphic videos and pictures about abortion.

• Present the pregnancy results in ways that are ambiguous or even false, in order to delay or prevent an abortion.

• If the woman turns out not to be pregnant, detain her at the CPC to give her an abstinence lecture, and present premarital sex as wrong and dangerous.

• Promote abstinence except within marriage, regardless of the woman’s situation of moral values. For example. CPCs may counsel women to withhold sex from their boyfriends.

• Give moral judgments and inaccurate propaganda regarding different sexual orientations and identities.

• Disrespect clients’ own spiritual values by trying to impose fundamentalist Christian and patriarchal values.

• Abuse trust by breaking confidentiality, such as by making unwanted phone calls at home urging clients not to abort, or calling their parents or other family members.

• Provide limited services. For example, CPCs provide no pregnancy prevention services, except sometimes Natural Family Planning for married women.

• Perform an ultrasound to dissuade women from abortions, even though non-clinical use should be avoided.

• Conduct unprofessional post-abortion counselling, using a religiously-based model of guilt, forgiveness and redemption.
Where can you get accurate information and referrals?

You can call the Options Hotline run by a national pro-choice group in Ottawa, Action Canada for Sexual Health and Rights. Call toll-free anywhere in Canada, 24 hours a day, 7 days a week – 1-888-642-2725 for unbiased information about abortion services or counselling centres.

The National Abortion Federation (NAF) also has a toll-free hotline. Call 1-877-257-0012 for information and referrals to NAF abortion providers in Canada.

How can you counter CPCs?

If you’ve had a problematic first-hand experience with CPCs, we encourage you to report and document your encounter. You can remain anonymous, but stories of actual encounters help tell the truth about CPCs and can be effective in education the media and policy makers. Please send your story to info@arcc-adac.ca.

You can check Google, www.yellowpages.ca/, or other advertising venues to see if CPCs in your area are using false or deceptive advertising, such as listing themselves under “abortion services” or “abortion”, presenting themselves as pro-choice or offering “accurate” or “unbiased” information on “all options”. If so, contact the advertiser to request they change or stop the ad.

You can also help educate the public by submitting opinion pieces or letters to the editor, distributing brochures, or speaking to others informally or formally.

References


2 For an in-depth study on the misinformation on CPC websites in Canada, see ARCC’s 2016 study: http://www.arcc-cdac.ca/CPC-study/cpc.html. This study also cites previous research on CPCs.


