

The Truth Revealed

Maryland Crisis Pregnancy Center Investigations

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Introduction

Fifty percent of all pregnancies nationwide are unplanned.¹ In Maryland, 42 percent of pregnancies that end in birth are unintended² For women and their partners, an unintended pregnancy can cause feelings of fear, shock, shame, and regret. Many women are confused and discuss their options with a third party: family members, friends, and in some cases a trained counselor. A woman seeking professional help is likely to find herself in a Crisis Pregnancy Center that has offered to assist her by providing information on adoption, abortion and parenting. What these women may not know is that the vast majority of these centers are run by non-professionals and provide false and misleading information to deter women from considering an abortion.

Crisis Pregnancy Centers (CPCs) have expanded their presence throughout the United States, as well as in Maryland. Some states, including Texas and Pennsylvania, have adopted policies that allow these centers to receive state funding. After hearing accounts from numerous women about unfair and deceptive practices at CPCs, the NARAL Pro-Choice Maryland Fund initiated an investigation into Maryland CPCs. The purpose of the investigation was to determine whether Maryland CPCs were engaging in a systematic pattern and practice of deception and manipulation in an effort to dissuade pregnant women from exercising their right to choose.

Crisis Pregnancy Centers— A National Perspective

What are Crisis Pregnancy Centers?

CPCs began to appear in the U.S. in the 1960s as state legislatures started to repeal laws outlawing abortion. Currently, there are approximately 2,500–4,000 CPCs in the United States,³ the vast majority of which are anti-abortion organizations. The primary goal of these centers is to prevent women from choosing abortion. Most CPCs are part of national networks, such as CareNet and Heartbeat International,⁴ self-described pro-life, evangelical Christian organizations.^{5,6} Heartbeat International alone lists 56 associated CPCs in the state of Maryland.⁷

Misleading Information Regarding Women’s Health

Importantly, CPCs are not medical clinics and are staffed primarily by volunteers who have no medical training.⁸ Services advertised by these centers include pregnancy testing and counseling, adoption information, parenting classes, financial assistance for baby clothes and supplies, and occasionally, sonograms and sexually transmitted infection (STI) testing.

Reports by Congressional committee staff and the National Abortion Federation found that CPCs provide false or misleading health information in the hope of convincing women not to have abortions. Volunteer staff members at these centers provide deceptive antiabortion messages to women, including that abortion is painful and life-threatening, has long-lasting physical and mental health consequences, increases a woman’s risk of breast cancer, and can lead to sterility or death.⁹

For example:

- CPC staff routinely tell young women that abortions increase a woman’s risk of contracting breast cancer by as much as 80 percent. The medical community has firmly established that no link exists between abortion and the development of breast cancer.¹⁰ The National Cancer Institute confirmed these findings at a three-day conference in 2003 involving more than 100 abortion and breast cancer experts.¹¹
- Despite abundant scientific evidence to the contrary, many CPCs continue to cite problems with future fertility and potential multiple miscarriages as a common risk of abortion.
- Another consequence of abortion about which many CPCs warn is a psychological condition they call “Post Abortion Stress Syndrome.” This “syndrome” is not recognized by the American Medical Association, the American Psychological Association, or the American Psychiatric Association. Multiple studies in the United States and abroad have found that having an abortion does not affect the psychological well-being of women over time.¹² Yet many CPCs distribute pamphlets that state at least 19 percent of women who have chosen abortion demonstrate diagnosable

post-traumatic stress disorder after having an abortion.¹³ This harmful and false information is often repeated on CPC websites and in educational brochures distributed to women who visit these centers.

While providing false and misleading information about abortion, CPCs rarely supply information on contraception, and will not give referrals to clinics or physicians that offer comprehensive reproductive health care (which includes contraception and abortion). Family Planning clinics, of which there are 80 in Maryland, receive some of their funds through the US Department of Health and Human Services Office of Population Affairs.¹⁴ Programs that receive Title X funds are required to provide a full range of options counseling, including information on adoption, continuing a pregnancy, and terminating a pregnancy. Additionally, Title X grantees must meet professional standards of care and counseling, must protect patient privacy, and provide medically accurate information to patients.

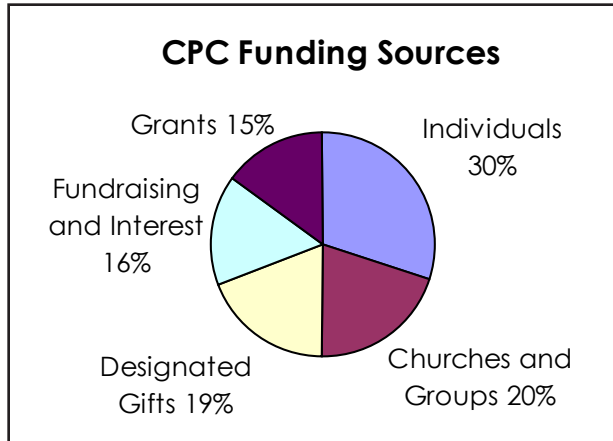
Maryland family planning clinics that receive federal and state funds through the Maryland Department of Health and Mental Hygiene provide comprehensive reproductive health services which include:

- Preconception health care
- Teen pregnancy prevention
- Reproductive health
- Birth control methods including emergency contraception
- Sexually transmitted infection (STI) screening and treatment
- HIV testing and referral to care
- Pregnancy testing
- Pap smears

How Crisis Pregnancy Centers are Funded

Crisis Pregnancy Centers receive funds from a variety of sources, depending on the state in which they operate. They are financed primarily by religious organizations, individual churches, and individual donors. According to a Maryland CPC annual report, 2005 revenue came from the following sources: 30 percent Individuals; 20 percent Churches and Groups; 19 percent Designated Gifts; 16 percent Fundraising and Interest; and 15 percent Grants.¹⁵ In many states,

including Maryland, CPCs also receive funds through “Choose Life” license plates.¹⁶



Who goes to Crisis Pregnancy Centers?

One of the most unsettling aspects of CPCs is their effective targeting of the most vulnerable: young, poor, and minority women. According to a 2006 CPC newsletter, 69 percent of their clients were under the age of 24.¹⁷ CPCs often advertise in high school and college newspapers. For example,

“They also often target minority populations and exploit specific vulnerabilities in order to dissuade women from choosing abortion”

our campus activist group at the University of Maryland, College Park reports that a nearby CPC advertises regularly in the school paper, *The Diamondback*. CPC advertisements can also be found in the school newspaper at Montgomery Blair High School in Montgomery County. CPCs appeal to low-income women by offering free services, some of which can be costly in the private sector, such as ultrasounds. They also often target minority populations and exploit specific vulnerabilities in order to dissuade women from choosing abortion. One investigator, who posed as a Latina immigrant, was told, falsely, that it would be “very, very difficult” for her to obtain an abortion if she was not a legal resident of the U.S.

Maryland Investigations

Process

Throughout 2007, the NARAL Pro-Choice Maryland Fund sent staff and trained volunteers into Crisis Pregnancy Centers to determine exactly what information and services Maryland CPCs were providing women. Our investigation included personal visits to CPCs in Montgomery,¹⁸ Prince George's,¹⁹ Harford,²⁰ and Baltimore counties,²¹ as well as Baltimore City.²² We visited eleven centers in total, and visited one center on two separate occasions. The investigators always visited the centers in pairs. After each appointment, the investigators completed a CPC Report Form to record a detailed written description of their visit and met with a NARAL Pro-Choice Maryland Fund staff member to share their experience verbally. In addition, NARAL Pro-Choice Maryland Fund staff analyzed the accuracy of CPC websites and of pamphlets provided to investigators by the CPCs.

Investigation Results

NARAL Pro-Choice Maryland Fund investigators found that *every* CPC visited provided misleading or, in some cases completely false, information. This misinformation was distributed in several ways, including verbally, in written materials, and on websites. Our analysis found that CPCs across Maryland use a common set of tactics to limit women's reproductive health options. These include false information about abortion risks, misleading data on birth control, and emotionally manipulative counseling. We also found that

although there is a growing trend for CPCs to offer more medical services, very few of the centers employ medical professionals or are required to adhere to medical regulations. Overall, the research shows a systematic pattern of deception intended to prevent women from making informed decisions about their reproductive health.

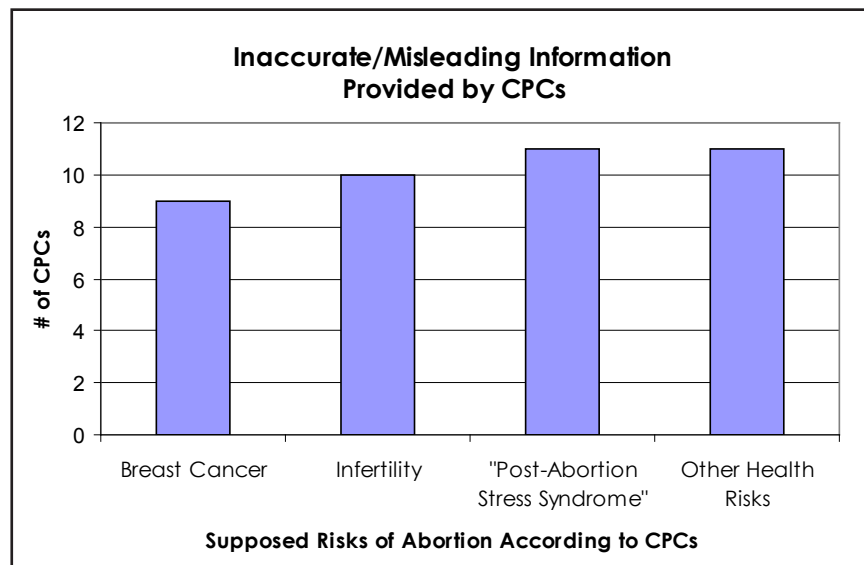
False and Misleading Information

Abortion Risks

Abortion is a very safe procedure. Less than one percent of women who have abortions experience a complication serious enough to require hospitalization.²³ Moreover, studies have repeatedly shown that abortion does not cause future infertility, an increased risk of breast cancer, or mental health problems.²⁴

In one form or another, every single center visited misrepresented the risks associated with abortion. Our analysis shows that 54 percent of the centers provided misinformation verbally, 63 percent of websites posted false or misleading risk factors, and 81 percent distributed pamphlets that contained inaccurate information about risks. Some of the most egregious statements include the following:

- An investigator reported that at one CPC, "the counselor said that I did not want to get an abortion and kill my baby. She stated that abortions were dangerous, had many side effects, and many women bled to death on the table. She later commented that many women commit suicide after having an abortion."



- Another counselor stated if “they” do not take out all the “body parts” an infection can occur. She also listed cancer and future infertility as risks.
- One brochure states that “if you have a family history of breast cancer and have an early abortion at a young age, your chances of getting breast cancer before the age 45 are increased by 800 percent!”²⁵
- One counselor stated that if a woman with breast cancer in her family has an abortion, then she will definitely get breast cancer, which will kill her. This counselor also said that abortion is very dangerous and causes infertility and emotional problems.
- In explaining so-called Post Abortion Stress Syndrome, one counselor stated “Now that abortion has been legal for so long, they are finding that 10–15 years later women are drinking and depressed because it is not natural. It can ruin your life.”

In addition to providing false information on abortion risks, CPCs often encourage women considering abortion to wait before making a decision. One counselor stated: “Don’t panic. Abortion is legal through all nine months of pregnancy, so you have plenty of time to make a decision.” However, Maryland does not have a single provider who will perform an abortion after viability.²⁶ Furthermore, the use of misleading information and other delay tactics (to be

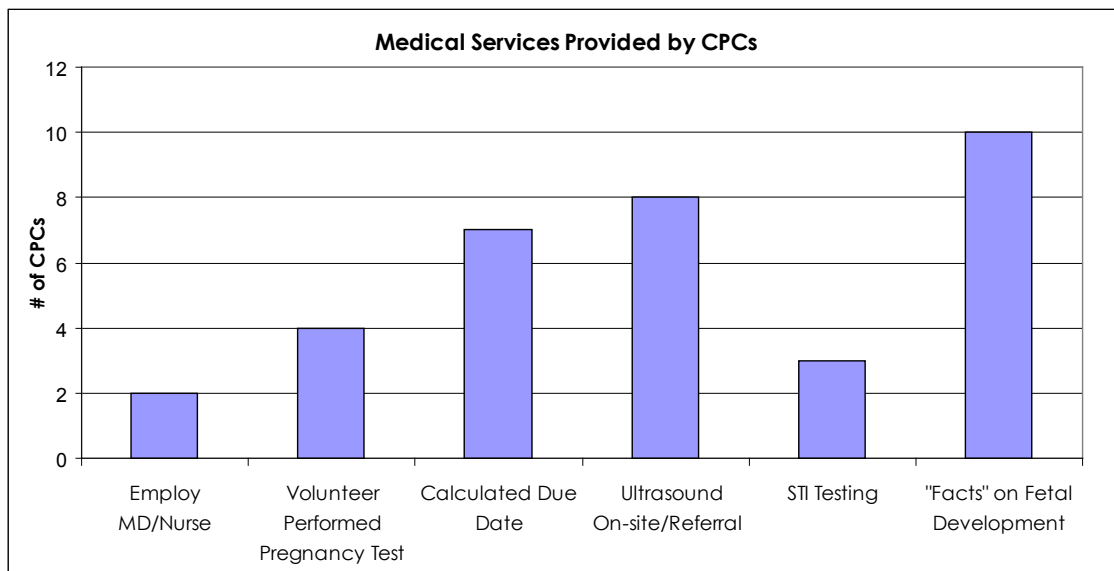
discussed in more detail later in the document) threaten the health of women who decide to have an abortion. Numerous studies have shown that it is safest to have an abortion within the first trimester.²⁷

Contraception and STIs

In addition to providing false information, many CPCs also failed to furnish basic and important reproductive health information to a woman potentially facing an unintended pregnancy. For example, despite the fact that access to contraception has been proven to be the most effective way to decrease the need for abortion, nine out of 11 CPCs visited did not discuss birth control, and not a single center provided a referral for birth control.²⁸ The two centers that did mention birth control provided false information, stating that condoms have a 35 percent failure rate²⁹ and that birth control pills will cause infertility and cancer. When one investigator specifically requested a referral for birth control, the CPC volunteer stated she could not help because birth control is “next to aborting your baby.” Furthermore, 81 percent of the CPCs failed to discuss sexually transmitted infections. Ninety percent of the centers promoted abstinence only and/or “natural family planning,” rather than a comprehensive approach to birth control.

Aura of Medical Authority

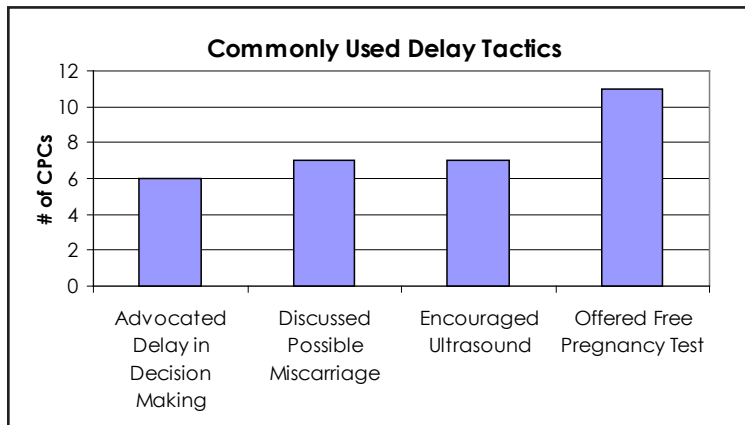
The provision of certain medical procedures at CPCs aggravates the harm caused by the misinformation they distribute by giving largely amateur-run centers an aura of medical authority.



While 45 percent of the centers offered on-site sonograms, only 18 percent of them actually employed medical staff. Administering medical procedures lends increased credence to the CPC volunteers' discussion of medical facts such as abortion risks and fetal development.

Delay Tactics Through the Use of Medical Services

In addition to pregnancy tests and counseling, a growing number of CPCs in Maryland are offering more medical services, such as sonograms and STI testing. While providing such services may appear helpful at first glance, they prove to be another dangerous tactic used to delay women from making a decision about an unintended pregnancy.



Pregnancy Testing

Our investigators found that medical services were often used to lure women into the centers or to delay abortion services. All 11 centers visited offered free pregnancy testing. This is a principal strategy used to entice women into the centers. Unfortunately, CPCs used this seemingly benign service as an opportunity to dissuade women from abortion. When contacted for an abortion referral, seven out of eleven centers encouraged callers to come in for a pregnancy test and stated that they could provide information on abortion. When pressed for an actual referral, all seven centers refused while continuing to encourage the caller to come into the center for counseling. By persuading women to visit the center, CPCs effectively push their anti-abortion agenda while delaying access to abortion services. By delaying access to abortion services these centers make abortion more costly, dangerous, and difficult or impossible to obtain.

STI Testing

Our investigators found that several CPCs in Maryland have recently added free STI testing to their list of services. One investigator contacted a CPC for an STI test and was informed that she would have to take a pregnancy test before the STI test could be performed. The caller was told that if she was pregnant, the STI test would not be performed because it would require a “swab sample from the inside of the vagina and the doctor would not perform the test on a pregnant woman.” There is no medical basis for this statement. In fact, the Centers for Disease Control and Prevention (CDC) recommends that pregnant women be screened for STIs on their first prenatal visit in order to protect a woman and her fetus’s health.

Sonograms

Sonograms are an effective method used by CPCs to provide deceptive information and delay abortion services. CPCs often manipulate women into having sonograms by using misleading statistics to exaggerate the risk of miscarriage in early pregnancy.³⁰ In order to ensure that seeing the fetus will have the desired effect, many CPCs purposefully schedule sonogram appointments two–three weeks after the initial appointment to ensure that there will be a heartbeat and that the pregnancy is larger than a grain of rice. This tactic

was summed up by one CPC volunteer who said to an investigator: “Thirty percent of women naturally miscarry, so there was no point in rushing to get an abortion. ... and you need to come meet your baby before deciding what to do.”

Inadequate Counseling

CPCs often cite counseling as one of their most used and valuable services. Advertisements for the centers often claim to provide information on all pregnancy options that will allow women to make an informed decision. However, our investigators found the counseling services to be inadequate, biased, and in some cases, unethical.

Our research shows that problems with CPC volunteers range from ignorance of fundamental reproductive health information and poor communications skills to overt manipulation through scare tactics and emotional exploitation.

In some cases, it appeared that the volunteers wanted to help women but were insufficiently trained on how to interact with an emotionally distressed individual. For example, at one center, every time the investigator asked a question the volunteer simply responded by stating, “We have a pamphlet for that.” At a different center, one CPC volunteer became flustered when she felt she could not communicate adequately with a Spanish-speaking investigator and her translator. The woman began calling multiple CPCs in search of a Spanish-speaking volunteer. Throughout this effort, the volunteer repeatedly broke previously assured confidentiality by disclosing the investigator’s first and last name and that she was pregnant and considering abortion.

In addition, most centers failed to maintain the professional neutrality that is a commonly accepted tenet of counseling. Every center that investigators visited used some type of emotionally manipulative tactic, such as offering congratulations for a positive pregnancy test, referring to the pregnancy as a baby, and giving the investigator hand-knitted baby booties. One volunteer disclosed that she had adopted two children herself and strongly

The operator yelled at her for making a “terrible decision” for herself and her baby by opting to follow her parents’ advice and see her own doctor instead of returning to the CPC.

encouraged adoption. At two separate centers, the counselors disclosed that they themselves were pregnant. Another CPC provided an investigator with a model of a 12-week-old fetus (even though they had estimated her gestation to be six weeks), and was told to “show this to your boyfriend when discussing options.”

While most of the CPCs used a friendly approach to communicate their anti-abortion message, four of the eleven CPCs were hostile, domineering, and unethical. In one case, the initial attitude of the staff was relatively positive, but it quickly changed when the investigator called to cancel an ultrasound appointment. The phone operator

became very aggressive when the caller stated that she was still undecided about the pregnancy. The operator yelled at her for making a “terrible decision” for herself and her baby by opting to follow her parents’ advice and see her own doctor instead of returning to the CPC. At another center, the male counselor locked the door once the investigators entered the room. Although there was a female counselor present, the male dominated the session in a very controlling and intimidating manner. The man separated the investigators by insisting that the “pregnant” investigator sit directly across from him and proceeded to state that abortion was dangerous and caused breast cancer and infertility.

Our investigators found that while many CPC volunteers emphasized the purported long-term effects of abortion, very few discussed the practicalities of adoption or parenting. All of the centers mentioned adoption as an option and two counselors even shared personal stories of positive adoption experiences, but none of the centers provided concrete information on the adoption process or explored the different types of adoption. Only one center offered a referral to an adoption agency.

All eleven CPCs offered assistance to women who decided to parent, but the assistance was typically limited to six months to one year after the child was born. In addition, many volunteers failed to acknowledge realistic considerations like childcare, employment, housing or education. In one case, an investigator expressed concern about being able to pursue her education if she continued the pregnancy. The volunteer told the investigator that she was early enough in the pregnancy to finish out the semester and that later the investigator’s mother could provide childcare. The investigator stated that her mother was not an option for childcare because she worked full time. The volunteer offered no other solutions for childcare or information on programs that assist young parents in college, stating instead: “Even so, having a baby isn’t that hard. I’m sure you can handle it.”

Conclusion

What We Found

Our investigation of 11 Crisis Pregnancy Centers in Maryland found consistent use of false and

misleading information, biased and manipulative counseling, and delay tactics to deter and prevent women from exercising their right to choose. The centers we investigated also consistently refused to provide information or referrals for affordable birth control services, despite targeting their services to sexually active low-income and young women. Maryland Crisis Pregnancy Centers attract clients with their advertisements offering

They are given wildly inaccurate information about the physical and mental health risks associated with abortion, and informed only about the joys of parenting and adoption.

free pregnancy tests and “pregnancy options counseling.” This is a very appealing offer for women in a vulnerable time in their lives. After providing free urine pregnancy tests (the kind available at any drug store), women are counseled with only negative information about the option of abortion. They are given wildly inaccurate information about the physical and mental health risks associated with abortion, and informed only about the joys of parenting and adoption. If a client continues to consider abortion, she is given false information about abortion service availability and encouraged to delay her decision. CPCs that offer ultrasounds and STI testing are able to delay clients further through appointment wait times, while also gaining a sense of authority and credibility in their client’s eyes as a medical service provider. However, CPCs are not medical centers. They are operated by volunteers who are, in general, poorly trained in women’s reproductive health issues and well trained in anti-choice propaganda.

What Can Be Done?

NARAL Pro-Choice Maryland Fund believes that women facing unplanned pregnancies are entitled to accurate, unbiased, and comprehensive medical information about their full range of options. Right now, this is not the case in Maryland. The problems uncovered by NARAL Pro-Choice Maryland Fund investigators are not isolated to one center or one provider entity. They were

systematic and reflect trends documented across the country. Women in Maryland need protection from the unfair and deceptive practices perpetrated by the numerous CPCs throughout the state.

Positive Remedies:

- The government should support only legitimate family planning clinics and full-service pregnancy aid centers that provide unbiased counseling, birth control information and referrals for abortion services. The government should not fund the proposed Pregnant Women Support Act (also called the Real Alternatives Program), which would allocate state funding for the Crisis Pregnancy Centers we investigated.
- Church groups and individuals who support services for pregnant women should look closely at the programs and materials they are funding. They should insure that the organizations they support provide volunteers and clients with scientifically accurate and honest information about reproductive options. If they do not, the donors should redirect their donations to a legitimate pregnancy options counseling center or other services for mothers.
- Local Health Departments and school systems should not provide referrals to Crisis Pregnancy Centers. They should not allow CPCs to provide sexuality education curriculum content or support them with federally funded abstinence-only grants.
- High school and university newspapers should refuse to print misleading ads for CPCs. If an advertisement offers “pregnancy options counseling” and does not clearly state a position on abortion and birth control students should call to investigate. If the advertisers refuse to provide a referral for abortion services, they are likely a CPC using misleading advertising. Students should ask the newspaper to demand honesty from its advertisers.

By taking these steps, Marylanders can begin to mitigate the harm caused by CPCs’ systemic pattern of unfair and deceptive practices and ensure pregnant women receive honest, comprehensive support when considering their full range of options.

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