



NARAL  
Pro-Choice California Foundation

A close-up photograph of a person's face, specifically their eyes and nose, looking through white horizontal blinds. The person's eyes are green and looking directly at the camera. The blinds are slightly out of focus, creating a sense of being trapped or hidden.

# Unmasking Fake Clinics

The Truth About Crisis Pregnancy  
Centers in California

**Unmasking Fake Clinics: The Truth About Crisis Pregnancy Centers in California**

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# Letter from the State Director

Dear Friends,

Growing up in California, I remember seeing billboard signs along the highways and rural roads to my grandmother's house: "Pregnant? Scared? Need Help? Call us..." Luckily for me, when I did think I was pregnant and I did need help, I didn't have a cell phone to call the number on that billboard. Because I would have.

Young women today are not so lucky. They do have cell phones at the ready—and if they're scared, those billboards look awfully comforting. The organizations behind these misleading ad campaigns are so-called crisis pregnancy centers (CPCs)—the "clinic" arm of the anti-choice movement. Their intent is to stop women from considering abortion or birth control. They lure in unsuspecting women with free services, such as pregnancy tests, and then subject them to hour-long "counseling sessions" riddled with false information about abortion, birth control, and adoption. Online searches for abortion services or counseling turn up ad after ad for these kinds of often unregulated fake clinics.

Since my teenage years, the number of CPCs has exploded in California—there are more than 200 across the state. Consider these numbers: 41 percent of California counties do not have an abortion provider, while 91 percent of California counties have at least one CPC. Our daughters, granddaughters, nieces, and friends are at risk of unknowingly turning to one of these centers seeking honest and accurate information.

Misleading women, especially those struggling with difficult decisions, is unacceptable.

NARAL Pro-Choice California Foundation is proud to release our report on these deceptive centers, "Unmasking Fake Clinics." This report will be a starting point for exposing the tactics CPCs use to manipulate women. This report reveals that California, long considered the top state for respecting women's reproductive privacy, is not immune to the threats that other NARAL affiliates have documented in multiple states.

Please share this report with your clients, friends and family. I hope it leaves you feeling like I do: concerned, angry, motivated, and ready for action.

Thank you,

A handwritten signature in black ink that reads "Amy Everitt". The signature is written in a cursive, flowing style.

Amy Everitt  
State Director

# Executive Summary

## What are Crisis Pregnancy Centers?

Extensive national research indicates that Crisis Pregnancy Centers, or CPCs, are anti-choice organizations that pose as legitimate women's health clinics. They advertise an array of free reproductive health services, including pregnancy tests and options counseling.<sup>1</sup> What CPCs don't advertise is that they are almost entirely run by national pro-life umbrella organizations.<sup>2</sup> CPC staff are largely volunteers who have no medical training.<sup>3</sup> The mission of these organizations is to manipulate women into parenting or adoption through persuasive counseling and by providing what is often incomplete and medically inaccurate information.<sup>4</sup> This misinformation is especially damaging, as CPCs use their multi-million dollar advertising budgets to actively target women who are young, low-income, of color, and from rural locations—demographics which are underserved by our current healthcare system.

## NARAL Pro-Choice California Foundation Investigation of CPCs

After hearing an increasing number of anecdotal stories from women who have unwittingly found themselves victims of Crisis Pregnancy Centers, NARAL Pro-Choice California Foundation launched an investigation into CPCs in California, of which there are over 200. This investigation sought to examine what CPC staff were telling their clients and the manner in which they conducted counseling. In total, 14 clinics from four counties were visited.

## Investigation Findings

Analysis of the data collected by NARAL Pro-Choice California Foundation volunteers demonstrated a systematic pattern of exploitation. While the majority of the centers advertised that they provide options counseling and accurate information to women seeking guidance, they did neither. Instead, many of these centers practiced manipulative counseling and provided medically inaccurate information. The key findings of our study are as follows:

- Forty percent of CPCs in our study advised that hormonal birth control increases the risk of infertility and breast cancer;
- Sixty percent of CPCs in our study advised that condoms are ineffective in reducing pregnancy and the transmission of certain STDs;
- Seventy percent of CPCs in our study advised that abortion increases the risk of breast cancer;
- Eighty-five percent of CPCs in our study advised that abortion increases the risk of infertility and;
- Eighty-five percent of CPCs in our study advised that abortion leads to mental health problems.

In addition, NARAL Pro-Choice California Foundation volunteers found that CPCs systematically abuse options counseling by not presenting the full range of reproductive options, but rather imparting only anti-choice propaganda to women.

# “I was about a week late and was starting to get nervous that I could be pregnant.”

I had never done an at-home test before and wasn't sure how accurate they even are, so I decided to look into taking a test at a clinic like Planned Parenthood. When I went online to find the nearest location, the first place that popped up was a clinic advertising free pregnancy tests. They were conveniently located near my office so I called to make an appointment. When I called, a woman answered and said I should drop by for the test. I asked her how long it usually takes and she said, 'Between one and two hours.' I asked her why it was going to take that long and she said that the counselor would need to speak with me while I was waiting for the results. I was pretty confused at this point and told her that I didn't need counseling, just a pregnancy test. But she insisted that they talk to me and all patients about our "options." Since I didn't want to talk to anyone, I told her no thanks and hung up.

After looking more closely at their website, it seemed like this group had a hidden agenda, but it wasn't until I learned about CPCs that I realized I had been fooled into thinking it was a legitimate health clinic.”

—Sarah, \* 24, non-profit executive



\* all names have been changed for confidentiality purposes

# Introduction

Every year around three million American women find themselves facing an unplanned pregnancy.<sup>5</sup> If current rates continue, half of all American women will have an unplanned pregnancy in their lifetime.<sup>6</sup> While many women receive excellent care in comprehensive women's health clinics, some women, like Sarah, find themselves at so-called "crisis pregnancy centers." CPCs are fake clinics, set up by anti-choice individuals to stop women from exercising their right to choose abortion. They typically provide free pregnancy tests, accompanied by what they describe as "counseling." But in the CPC setting, "counseling" is a term that is elastic at best — and at its worst, downright misleading. In a proper medical setting, non-directive options counseling means a woman facing an unplanned pregnancy receives an objective, unbiased presentation of the options available: parenting, adoption, and abortion. However, at a CPC, a woman will likely not be provided full information, and may even be subjected to a litany of anti-abortion and even anti-contraception propaganda — all designed to influence, misinform and even intimidate her.

After hearing an increasing number of stories from women who unwittingly found themselves victims of crisis pregnancy centers, NARAL Pro-Choice California Foundation launched an investigation into CPCs. This investigation sought to examine what CPC staff tell their clients and the manner in which they conduct "counseling." The first section of this report discusses research done by nonprofits, think tanks, and lawmakers on how CPCs function on a national scale. In the second section, NARAL Pro-Choice California Foundation reveals the results of its investigative research. In total 16 percent of CPCs in California were investigated. Findings confirm that the CPCs investigated systematically manipulate and misinform women about their choices.

The mission of CPCs is to discourage women from choosing abortion through persuasive counseling and by providing what is often incomplete and medically inaccurate information.

It is the goal of NARAL Pro-Choice California Foundation that this report will:

- ensure that women are able to identify CPCs and understand that CPCs will not assist them in accessing birth control or abortion services;
- alert community-based organizations that work with women at risk of unplanned pregnancy to the deceptive practices of CPCs and;
- seek public policy options that protect women from being misled by these fake clinics.

Extensive national research indicates that CPCs are anti-choice facilities that pose as legitimate women's health clinics. They advertise an array of free reproductive-health services, including pregnancy tests, ultrasounds and options counseling.<sup>7</sup> What CPCs do not advertise is that they are almost entirely run by national pro-life umbrella organizations<sup>8</sup> and many are staffed by volunteers without medical training.<sup>9</sup> Of the clinics visited in our study only 21 percent of investigators reported being seen by a nurse or doctor. The mission of these organizations is to discourage women from choosing abortion through persuasive counseling and by providing what is often incomplete and medically inaccurate information.<sup>10</sup>

# What Are CPCs?

## Care Net, Heartbeat International, and National Institute of Family and Life Advocates

Roughly 90 percent of CPCs are operated by three anti-choice organizations.<sup>11</sup> The National Institute of Family and Life Advocates (NIFLA) has nearly 1200 CPC affiliates across the country.<sup>12</sup> Care Net has similar numbers, with 1100 CPC affiliates.<sup>13</sup> Heartbeat International's affiliates exceed 900 CPCs nationwide.<sup>14</sup> These organizations provide support for individual CPC affiliates, such as referrals, advertising, legal advice, and training materials.<sup>15</sup> According to research done by NARAL Pro-Choice California the majority of CPCs in California are affiliates of similar umbrella organizations (Birthright, Lifeline, and Ramah International).

## Unlicensed CPCs

The vast majority of CPCs operate free of independent regulation. A CPC can legally open its doors for business and counsel hundreds of women with no government oversight and no medical license.<sup>16</sup> By having clients read their own pregnancy tests (identical to those sold in drug stores) that the CPC has provided free of charge, the CPC is technically not providing medical services. For example, two investigators from NARAL Pro-Choice California Foundation were alarmed when a San Jose CPC counselor insisted that the potentially pregnant patient self-administer her urine test. Holding a Dixie cup of her own urine, our investigator was led

... there are still no regulations that ensure the information provided by CPCs is medically accurate.

to the back of the CPC where she used a dropper to transfer her sample to the pregnancy stick while the CPC counselor watched. Because the test never leaves the hands of the client, the CPC has exploited a loophole in which it is free to operate in an unregulated manner.<sup>17</sup>

## Licensed CPCs

While there are clear benefits to being unlicensed, a growing number of CPCs are attempting to go mainstream by presenting themselves as “medical” organizations — complete, in some cases, with a physician on the board or a licensed nurse volunteer. CPCs seek to become licensed clinics in order to add legitimacy to their services and increase their clientele.<sup>18</sup> NIFLA is currently running *The Life Choice Project* which encourages clinics to become licensed.<sup>19</sup> A medical license also allows CPCs to provide additional services, the most common being ultrasounds. Many CPCs believe that this service is highly effective in convincing women not to consider abortion.<sup>20</sup> However, there are still no regulations that ensure the information provided by CPCs is medically accurate.<sup>21</sup>

## Who Works at CPCs?

Most CPCs are staffed almost entirely by volunteers with no prior medical training.<sup>22</sup> Visiting a center that has been licensed does not ensure that a woman will be seen by a medical professional. Unsurprisingly, given CPCs' missions, volunteers appear to be selected based on anti-choice beliefs.<sup>23</sup>

## How Are CPCs Funded?

While most CPCs operate as nonprofit organizations with a 501(c)3 tax exempt status, CPC funding sources vary widely. In some states, CPCs are funded through federal and state grants, including “abstinence-only” programs.<sup>24</sup> Nationally, it is estimated that \$60 million in federal abstinence and marriage-promotion funds have gone to CPCs.<sup>25</sup> Federal funding of “abstinence-only”



programs have been discontinued under the Obama administration.<sup>26</sup> Another source of funding available to CPCs in 11 states is a portion of the proceeds from state sales of license plates embossed with a “Choose Life” logo.<sup>27</sup>

California is the only state never to accept federal “abstinence-only” funds directed specifically to states.<sup>28</sup> Therefore, CPCs in California fundraise through private donors. However, in 2004, it was found that the First 5 LA Commission (a state-funded child-advocacy group) gave \$25,000 of state tobacco taxes to the Westside Pregnancy Resource Center, a Santa Monica CPC.<sup>29</sup> After heated public comment, the commission agreed to not grant state funds to any organization that does not provide complete health-care options. As a part of NARAL Pro-Choice California Foundation’s Donor Project,<sup>30</sup> a donor contacted 18 California CPCs by phone and confirmed that they currently receive no federal or state funds.

## Who Do CPCs Target?

CPCs increasingly target groups that are the most underserved by the current health-care system and therefore most vulnerable to the misinformation CPCs provide.<sup>31</sup> These groups include women of color, young women, women living in rural locations, and low-income women.<sup>32</sup> Through a variety of methods, such as offering free services, strategic placement, market-segmented advertising, and referrals, CPCs work to attract women from specific demographics.



## Free Services

CPCs are able to bring in the majority of their clients by advertising free services, such as pregnancy tests, ultrasounds, and prenatal classes.<sup>33</sup> Unfortunately, women who are most in need of free services are those who lack access to basic, comprehensive and medically accurate health care due to economic, geographic or situational disadvantages. Due to this lack of access, CPCs attract women who may have few options beyond these services.

## Location

The majority of CPCs in California are located in rural areas that are less likely to have comprehensive reproductive health-care services. In California, 59 percent of all counties have one or more abortion providers, while 93 percent of counties have one or more CPC.<sup>34</sup>

Currently, CPC networks also target inner-city women of color in an effort to expand their client base. Formerly called the Urban Initiative, Care Net has been conducting an “underserved outreach” initiative since 2003 that is carefully designed to target African-American and Latina women.<sup>35</sup> Care Net is trying to increase its number of African American and Latina clients by constructing new centers in their neighborhoods and creating partnerships with already established institutions, such as churches.<sup>36</sup>

CPCs sometimes locate themselves near comprehensive women’s health clinics to take advantage of women who may mistake the CPC for the legitimate clinic.<sup>37</sup> Of the CPCs examined by the NARAL Pro-Choice California Foundation, two centers were located within a hundred yards from a Planned Parenthood. When an investigator asked one CPC worker if the proximity to Planned Parenthood ever confused clients, the counselor replied: “All the time.”

## Advertising

Many CPCs make a concerted effort to conceal their anti-choice agenda.<sup>38</sup> CPCs adopt misleading names, such as “Pregnancy Options Clinic” or “Women’s Resource Center,” which are similar to those used by comprehensive women’s health clinics and imply that they discuss a full range of options. CPCs use equally vague advertising on their websites, billboards and brochures such as: “Pregnant? Need Help? You have options.”<sup>39</sup> Many of these ads are



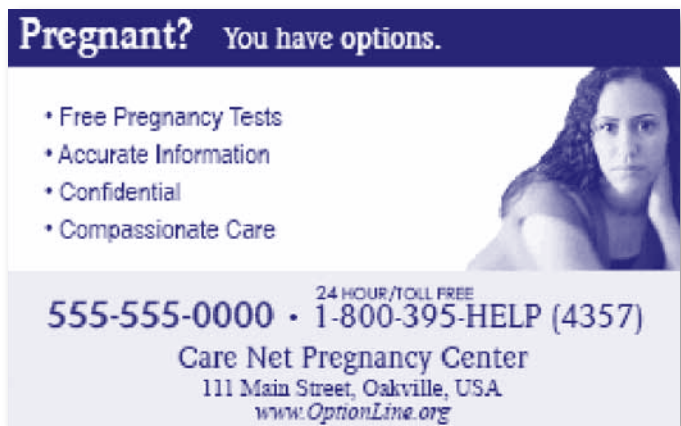


Figure 1: Telephone Directory Ad Example<sup>41</sup>

placed in telephone directories under such headings as “abortion,” “pregnancy options,” and “family planning.”<sup>40</sup>

Ambiguous ads like these are integrated into national campaigns designed by organizations such as Care Net and NIFLA. These campaigns are then targeted at women of a specific population segment (e.g. women of color, low-income, and young). For example, to appeal to youth, CPCs buy air time on MTV<sup>42</sup> and advertise in high-school and college newspapers.<sup>43</sup> They also send volunteer counselors to high schools to teach “abstinence-only” classes.<sup>44</sup> Many CPCs, such as Care Net, advertise in bus shelters believing that it will attract women who may be homeless or low-income.<sup>45</sup> Care Net has bought ad time on BET and puts out specific advertisements, targeting the African American community, that compare abortion to slavery.<sup>46</sup>

One new advertising strategy of many CPCs is the purchasing of “pay-per-click” advertisements on Internet search engines, such as Google or Yahoo. Pay-per-click advertising involves placing a bid of anywhere from \$.10 to \$3.00 on a desired key word, such as “pregnancy.”<sup>47</sup> When someone searches for “pregnancy,” the ad of the organization that placed the highest bid on the key word appears at the top of the page as the first result. Every time the ad is clicked, the organization pays the price of its bid. Care Net and Heartbeat International spend more than \$18,000 *per month* purchasing pay-per-click keywords that advertise their website and call center, Option Line. Option Line is an international call-in and email center that refers women to the nearest CPC<sup>48</sup> and utilizes misleading advertising taglines: “Pregnant?

Need help? You Have Options.”<sup>49</sup> As part of Option Line, Care Net and Heartbeat International have purchased more than 100 keywords, such as “abortion,” “morning-after pill,” and “women’s health clinics.”<sup>50</sup>

## Referrals

Some women are referred to CPCs by social workers and doctors. Many times this is done under the mistaken belief that, in order to be “balanced,” women should be given referrals to one anti-choice organization and one pro-choice organization.<sup>51</sup> However, providing this “balance” is not a valid public health objective, especially when a referral to a CPC will most likely be a free service, while a comprehensive medical clinic with a full range of options may not be. Doctors and social workers need to refer for comprehensive pregnancy-related services that are nondirective in their mission.

## CPCs and Adoption

A 2009 exposé by *The Nation* found that many CPCs pressure pregnant women into putting their children up for adoption with conservative religious adoption agencies.<sup>52</sup> In many cases they help connect these women with maternity homes where they are isolated and continually pressured to give their child up for adoption.<sup>53</sup>

## Summary of National Trends

In conclusion, research shows that CPCs nationwide are aggressively working to expand their clientele, message reach, and legitimacy. In order to do this, CPCs are:

- pursuing medical licensing to legitimize their practices and provide ultrasounds;
- becoming increasingly sophisticated with market-segmented advertising and Internet advertising and;
- actively seeking to expand into inner-city areas to target communities of color.

# CPCs in California

Over the last 12 months, NARAL Pro-Choice California Foundation volunteers investigated 16 percent of CPCs in California (for methodology see Addendum). An analysis of the data reveals extremely troubling activities. While most centers advertise that they provide options counseling and accurate information to women seeking guidance, in fact, they do neither. Instead, these centers practice manipulative “counseling” and provide medically inaccurate propaganda. Often, the medical risks associated with abortion are overstated, clients report a sense of being judged for considering abortion, and that, ultimately, they are dissuaded from considering abortion as an option.

When faced with the possibility of an unplanned pregnancy many women will want to know their full range of reproductive options. CPCs understand this very well, and exploit the opportunity. More than 54 percent of centers in our study specifically offer free “counseling” and 69 percent of CPCs advertise their

counseling as unbiased. Only 21 percent of centers clearly disclosed that they are anti-choice organizations.

## False and Misleading Information

CPCs tell women, incorrectly, that abortion leads to serious immediate and long-term complications including mental disorders, breast cancer, and future infertility. All of these claims are medically inaccurate and designed to scaring women into carrying a pregnancy to term. One CPC distributed a brochure stating that while, “no doubt an unwanted pregnancy can cause intense stress and hardship in a variety of ways...the medical information is clear — the physical and psychological consequences of abortion can be far worse. Nine short months of pregnancy is a relatively small cost to pay in light of a lifetime of potential physical and mental health problems.” The brochure goes on to detail the “medical evidence” that abortion causes breast cancer, infertility, and mental illness.<sup>54</sup>

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“My experience at the CPC was fairly benign and the staffer was kind to me. However, before I left, the CPC staff person gave me a video to watch at home. The video featured interviews with women who regretted their decision to choose abortion. Many of these women were being interviewed from prison. They graphically described their procedures.... Some of the women talked about how their abortions had made them infertile, or that they now had breast cancer or cervical cancer because of their abortions. But what they focused on the most were emotional side effects. They said you will regret the abortion for the rest of your life. One of the women described her suicide attempt. Many of the women claimed that their abortions caused them to become alcoholics, drugs addicts, and even criminals. One woman said, ‘Having had that abortion turned me into a crack head whore and no one told me this would happen.’<sup>55</sup> I had been told that the video would describe my options. Really it just told me to not have an abortion.”

—Jessica, 25, volunteer



## Propaganda about the Safety of Abortion

Abortion care, when legal and properly regulated, is an extremely safe procedure.<sup>56</sup> However, 85 percent of CPCs in our study misled women to believe that abortion is both traumatizing and dangerous. One CPC claimed that it refused to give abortion referrals because the procedure is allegedly too dangerous. Another distributed flyers claiming that “10 percent of women undergoing elective abortion will suffer immediate complications, of which one-fifth are considered life-threatening.”<sup>57</sup> In fact, well over half of the CPCs investigated in our study highlighted mortality as a claimed complication from abortion. What no CPCs mentioned was that when performed during the first trimester, the risk of a serious complication during this minimally invasive procedure is less than 0.5 percent.<sup>58</sup> Up until the 21st week, abortion is safer than childbirth.<sup>59</sup>

## Allegations that Abortion Causes Mental Illness

The CPCs in our study repeatedly told investigators that abortion causes an increased risk of mental-health problems. Eighty-five percent of the centers that were visited in our study claimed that abortion can cause various mental illnesses, ranging from depression to suicidal tendencies. One pamphlet falsely asserts, “mental health providers are treating an increasing number of women who are suffering mental and emotional difficulties as a result of induced abortions. The best available evidence indicates that on average there is an eight-year period of denial during which women that were traumatized by their abortions will repress their feelings.”<sup>60</sup>

Many of the CPCs in our study discuss these mental-health problems as being symptoms of “Post Abortion Stress Disorder” (PASD). More than 50 percent of CPCs in our study claimed to offer “post-abortion counseling,” implying that a woman who chooses to terminate her pregnancy will suffer mental distress. However, no credible medical or public-health organization that has studied this issue recognizes such a syndrome as “post-abortion” trauma. In fact, the American Psychological Association’s studies show that abortion poses no risk to women’s mental health.<sup>61</sup>



“The staff person told me horror stories about abortion. She told me about one woman who was left alone with instruments inside her at the abortion clinic. She told me that women who have abortions have strong reactions when they hear vacuums because they use vacuums to remove the fetus.”

—Grace, 24, Volunteer

## Disproven Claims of a Link between Abortion and Breast Cancer

Another common falsehood propagated by CPCs to dissuade women from considering abortion is that termination of a pregnancy raises the risk of breast cancer. Investigators from 70 percent of centers in our study reported being told that if they had an abortion their risk of breast cancer would significantly increase. One clinic in our study gave out information claiming an abortion would raise a woman’s risk of breast cancer by more than 50 percent.<sup>62</sup> The link between abortion and breast cancer has been exhaustively investigated and it is the well established conclusion of the National Cancer Institute that abortion has no effect on a woman’s risk of developing breast cancer.<sup>63</sup>



“The counselor told me that if I have an abortion the pregnancy hormones will stay in my body, especially my breasts...These leftover hormones can disrupt the normal functions and cause cancer. And since the hormones are all over the body, the whole body can be affected.”

—Sandia, 22, volunteer

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## Claims of a Link between Abortion and Infertility

Almost 70 percent of the centers investigated in our study told women that abortion can cause future infertility. Two centers said that pregnant women who had previously had an abortion had a 200 percent increased risk of infertility and ectopic pregnancy. In fact, abortion does not raise the risk of infertility or birth defects.<sup>64</sup>

## Opposition to Birth Control

In a legitimate medical clinic, a woman who believes that she may be pregnant will be asked about her use of contraception. If she is not using birth control and wishes to avoid pregnancy, the counselor will discuss various contraceptive options. If her method failed, the counselor will discuss options to avoid potential unintended pregnancies in the future. CPCs do not provide this support. To the contrary, many actively try to

persuade women not to use birth control — a position that seems especially counterintuitive in light of CPCs’ strong anti-abortion views. Forty percent of CPCs in our study informed women that using modern birth control methods can lead to increased risk of breast cancer and infertility. Both of these claims are incorrect.<sup>65</sup> Sixty percent of CPCs in our study told clients, “condoms will not keep you safe.” One pamphlet claimed, “there is no clinical proof that condoms are effective in reducing the risk of infections from any STD.”<sup>66</sup> However, the most disturbing claims came from two unrelated CPCs who told clients that condoms have holes that cannot be seen. All of these statements about condoms are false. While sex carries a risk of pregnancy and/or infection,



“The counselor told me that, ‘condoms are like a bag of balloons. You know when you get a bag of balloons and they have a lot of holes in them? Well, condoms are like that, but you can’t see the holes.’”

—Lindsay, 24, volunteer



condoms are highly effective at preventing pregnancy and disease. To suggest otherwise is both factually inaccurate and extremely irresponsible.<sup>67</sup>

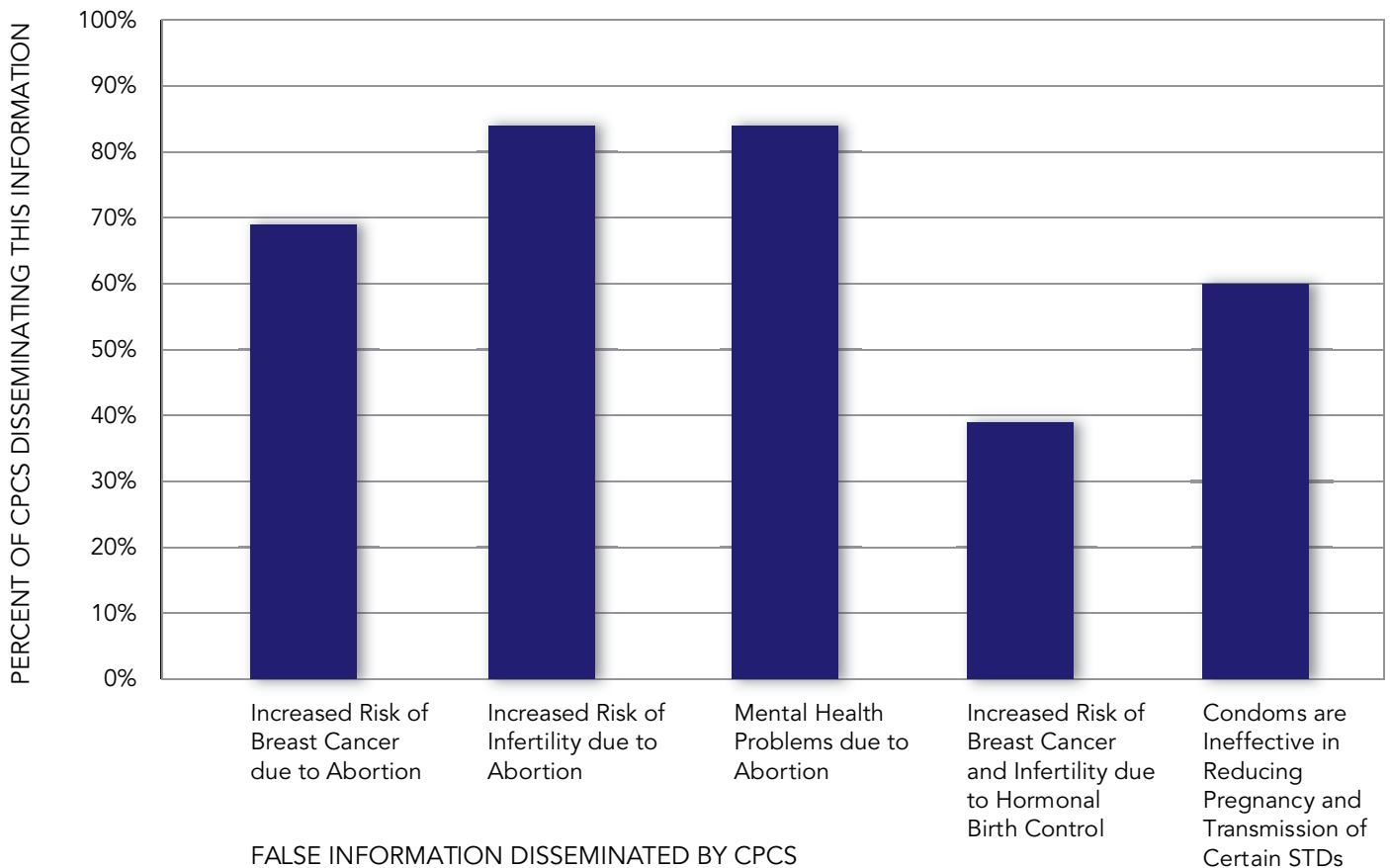
Emily, who is 21 years old and sexually active, asked her CPC counselor for advice about contraception and unplanned pregnancy. The counselor had no advice on these matters but instead discussed her own decision to be abstinent. Even though she knew Emily was sexually active, she took most of their hour-long session to talk about her personal belief that abstinence until marriage is the best choice.



“He asked me if I wanted to be branded a loose woman...to have my name written on bathroom walls.”

—Lindsay, 24, volunteer

### Percent of CPCs Disseminating False Information



# Coercive Counseling Practices

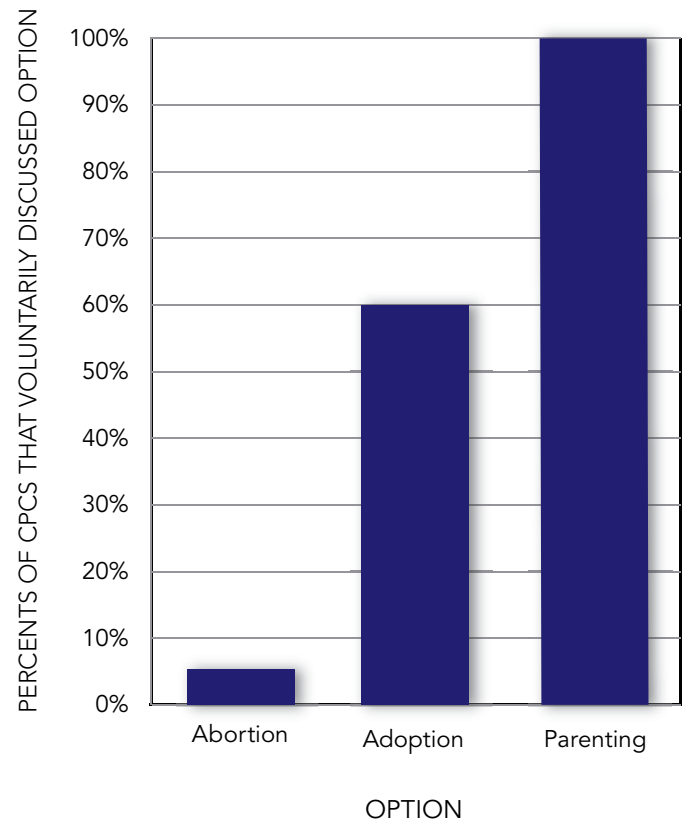
In a comprehensive women's health clinic, options counseling involves presenting a woman with all of her possible courses of action and their potential pros and cons. CPCs, on the other hand, tell women that, regardless of the situation, abortion is an unacceptable option. Our study revealed that CPCs systematically abuse requests for counseling to further an ideological, anti-choice agenda. This is accomplished either by not discussing the abortion option at all or by presenting such incorrect, medically inaccurate misinformation about abortion that women are dissuaded from considering the option at all.

## Inadequate Information

As discussed above, counseling for a woman facing an unplanned pregnancy should include three options: childbirth, adoption, and abortion. However, of the centers that were visited in our study, only one CPC voluntarily mentioned abortion as an option. In contrast, nearly 60 percent of CPCs discussed adoption at length, with no prompting by the investigator. Parenting was discussed 100 percent of the time and many CPC staff and volunteers claimed that while adoption was preferable to abortion, a child would have a better life if it were raised by its biological mother. And of course, no CPC in our study offered an abortion referral.

By presenting only the options that are consistent with their anti-choice agenda, CPCs work to ensure that the women they counsel do not consider ending their pregnancies. Take Lilly, a woman in her 30s with four children, a happy marriage, and a satisfying career. In the current economic situation, she feels bringing another child into the world would be too financially challenging. Telling the CPC counselor this had no effect on the counseling Lilly received; the counselor did not respond to her questions or demonstrate compassion for her situation. Abortion was not discussed until Lilly mentioned it. The CPC counselor told her stories about women who died after having chosen to terminate a pregnancy, and told her she would regret it for the rest of her life.

## Options Discussed by CPCs during "Options Counseling"



## Biased Counseling

It is the right of an independent organization to give counsel as it sees fit. However, as previously mentioned, nearly 70 percent of CPCs advertised that they provide nonbiased counseling. Based upon the behaviors of the CPCs in our study, this advertising is false. Seventy percent of investigators described being pressured by CPC staff toward parenting or adoption. In nearly 60 percent of cases, women who firmly expressed the intention to terminate their pregnancies found that CPC staff openly discouraged them, and/or treated them in a hostile manner. One woman was told by an angry CPC volunteer: "Abortion is wrong, abortion kills the child. If you have faith you won't get one."

# Conclusion

Our investigators sought counseling at 14 CPCs in California. During their visits, they received information that is medically inaccurate and were pressured by counselors not to consider abortion. For women in California who are low-income, young, or live in a rural area, visiting a CPC may be the sole option available to them. The information that they are given during their CPC visit could be the only information on which they base a decision that may affect the rest of their lives. Women deserve to understand fully whether the “counseling” they receive is medical or ideological.

## What’s Next?

Similar investigative reports from Maryland, Virginia and Texas have helped to unveil the strategically manipulative practices of CPCs. The information brought to light has sparked a national dialogue alerting women and their families to the deceptive nature of CPCs. In Baltimore, a similar investigative report into the practices of local CPCs helped create the Limited-Service Pregnancy Centers Disclaimers Bill. The Bill would require that CPCs post clearly in English and Spanish that they do not provide or make referrals for abortion services or birth control.<sup>68</sup>

In 2011, NARAL Pro-Choice California Foundation will work with local elected officials to enact a disclaimer bill similar to that in Baltimore. The health of California women and their families depends on it.

# Addendum

## Methodology

To investigate California CPCs, NARAL Pro-Choice California Foundation trained unpaid volunteers to visit CPCs accompanied by a second volunteer and to listen to what CPC staff offered as free counseling. They went as potentially pregnant women who may be facing an unplanned pregnancy and needed both a pregnancy test and further knowledge of their options. They were instructed to remain open-minded and ask unbiased questions. The volunteers were of varying ages and backgrounds. In total, volunteers visited 14 CPCs in-person and contacted 18 CPCs by phone. No audio or visual recordings were made during any visits or phone calls. After visiting a CPC, volunteers separately filled out a standard debriefing form that described all aspects of their visit: what they were told by staff, what they saw at the CPC, etc. Additional research examining the information on websites of each the 14 CPCs was also conducted.





# Endnotes

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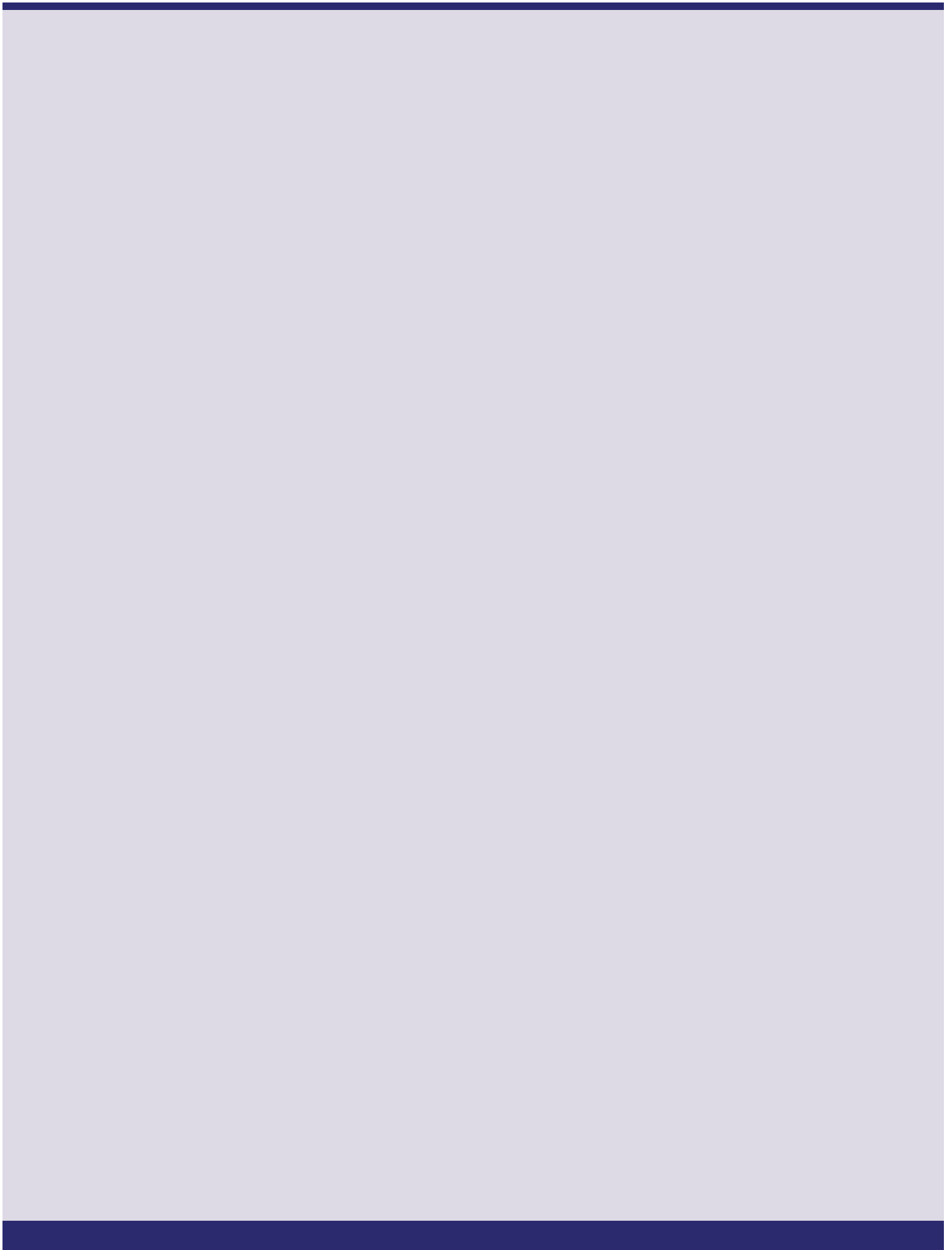
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