

# CORE Brief

## Literature Review on Crisis Pregnancy Centers in the United States

Prepared by Emma Carpenter, November 1, 2018



### Public health and empirical studies

To compile the articles below, I searched “Crisis Pregnancy Center” and “Pregnancy Resource Center” in Science Direct and Pubmed and included articles between 2010 and 2018. I only included articles with Full text available and were in peer-reviewed journals. Of note, there were three abstracts from papers/posters presented at the North American Forum on Family Planning published in *Contraception*, but not a corresponding full text article. From this literature review, I organized the articles into three categories: Background information on CPCs, impact of CPCs on patient experience or pregnancy decisions, and accuracy of information provided at CPCs.

#### *Background information on CPCs*

Rosen JD. *The Public Health Risks of Crisis Pregnancy Centers. Perspectives on Sexual & Reproductive Health* 2012; 44: 201-205.

This article was published in the “Viewpoint” section of *Perspectives*. It outlines the history of CPCs and the rise of CPCs in the United States. The author then outlines the biggest public health risks of CPCs: Centers spreading misinformation about abortion, abortion risk, and contraception. The article ends with 3 solutions to crisis pregnancy centers: 1) Laws requiring CPCs to disclose that they are not medical providers. This may be difficult because of Free Speech protections (this turned out to be accurate, because all of the laws passed requiring this disclosure have been challenged, and eventually ruled unconstitutional). 2) State consumer protection agencies—using these agencies to enforce consumer protections against false or deceptive business practices. 3) Public education, such as a public awareness campaign.

#### *Impacts / experience visiting a CPC*

Kimport, K., Dockray, J. P., & Dodson, S. (2016). *What women seek from a pregnancy resource center. Contraception, 94(2), 168-172.*

Note: The pregnancy resource center in this study is described as a “a secular program... that offers nonjudgmental options counseling on pregnancy, abortion, and adoption” and appears to be a different type of organization than a typical CPC.

This study used intake forms from patients visiting a “pregnancy resource center” to understand what patients are seeking from pregnancy resource centers. Researchers looked at the intake forms for a 6-month period. The form included questions about demographic characteristics and the services patients were seeking. The intake forms were paired with a staff-prepared report about what services/ resources the patient received at their visit. Of the 273 first-time visitors, 97% participated in an initial “counseling” session which focused on a variety of subjects including what resources they want or need, what referrals they might need, and how they were feeling about the pregnancy. Most visitors sought diapers (87%) or baby clothes (44%), 11% sought a pregnancy test. Authors suggest that PRCs, especially those without a religious/antiabortion agenda, fill an important role. Users of PRCs are seeking material support and most are seeking support for parenting more than pregnancy.

*Kimport, K., Kriz, R., & Roberts, S. C. (2018). The prevalence and impacts of crisis pregnancy center visits among a population of pregnant women. Contraception.*

This study surveyed 114 abortion patients and 269 pre-natal patients in abortion and prenatal clinics in Louisiana about their experiences visiting a CPC. Researchers also conducted in-depth interviews with 12 prenatal patients. Of the abortion patients surveyed, only 7% had visited a CPC prior to seeking an abortion. Of the prenatal patients surveyed, only 5% (n=14) had visited a CPC. Of these 14, 11 had always intended to parent and 3 had considered having an abortion. Only one patient had intentionally searched for an abortion clinic and ended up at a CPC. Most participants realized the ideological or religious views of the CPC once they arrived at the centers. Most prenatal patients described their experiences at CPCs as positive. Three said they had originally intended to have an abortion, but decided not to after visiting the CPCs. Authors suggest that the impact of CPCs on decision making is minimal, but that CPCs provide important support for women intending to continue their pregnancies. However, women who visited the CPCs were given false information about abortion and did experience deceitful practices.

*Targeting Young People: A State-Wide Analysis Describing Location of Crisis Pregnancy Centers throughout Georgia and Around High Schools and Colleges/Universities Swartzendruber, Andrea et al. Journal of Adolescent Health , Volume 62 , Issue 2 , S67 – S68*

Using mapping tools, investigators mapped CPCs in Georgia and family planning clinics in Georgia in relationship to high schools and colleges. They found that CPCs were closely clustered around high schools and colleges and the mean distance from a school/college to a CPC was 1.4 miles, and 1.91 miles to a family planning clinic. This study suggests that for many young people in Georgia, their closest “provider” of reproductive health care and information will be a crisis pregnancy center.

### *Evaluations of accuracy of CPC information*

*Bryant, A. G., & Levi, E. E. (2012). Abortion misinformation from crisis pregnancy centers in North Carolina. Contraception, 86(6), 752-756.*

In this study, research assistants from a reproductive rights non-profit contacted 32 CPCs by telephone and visited 19 CPCs in-person. Using “secret shopper” tactics (posing as a young woman concerned she was pregnant) the researchers assessed the information they were given by CPC staff. Just over half (53%) of clinics visited by a researcher provided at least one piece of medically inaccurate information about abortion. Information obtained through phone calls were limited, as most staff encouraged the caller to make an appointment rather than answer questions on the phone. Researchers also conducted a content analysis of the CPC websites in North Carolina. The overwhelming majority (86%) of websites contained medically inaccurate information. About three quarters (72%) of these websites said abortion leads to “post abortion stress syndrome.”

*Hussey, L. S. (2013). Crisis Pregnancy Centers, Poverty, and the Expanding Frontiers of American Abortion Politics. Politics & Policy, 41(6), 985-1011. doi:10.1111/polp.12054*

This article outlines a content analysis and qualitative study concerning poverty and CPCs. The author did a content analysis of Maryland-based CPCs’ websites, looking specifically for information about poverty or poverty prevention. She also conducted 22 interviews with CPC staff and other “pro-life community leaders involved in referring pregnant women.” She also conducted an online survey of 734 CPCs (Response Rate=37.4%). Author provided a significant amount of information about the CPC movement, CPC mission statements from her interview and content analysis. However, for the purposes of this lit review, I did not summarize those findings.

Main findings related to CPC services, resources, or information:

The majority of CPCs surveyed (80%) provided some sort of material or financial resources. These included diapers, baby clothes, gift cards, or emergency cash funds. Many referred for additional resources, such as tuition assistance (~45% of centers surveyed), legal aid(~75% of centers surveyed), or housing(~80% of centers surveyed). The majority of CPCs (64.2%) also attached conditions to the aid they provide, either by contributing some of their wages or by attending parenting, budgeting, and life skill classes. Roughly 90% of the CPCs surveyed referred clients to human services organizations and encouraged clients to sign up for health insurance, SNAP, WIC, or other programs to assist them and most have a reciprocal relationship with human services orgs (referrals go both ways).

It should be noted that this article is the most pro-CPC article the reviewer encountered. It does not mention that CPCs engage in misleading practices nor address any of the concerns that pro-choice activists have.

*Bryant, A. G., Narasimhan, S., Bryant-Comstock, K., & Levi, E. E. (2014). Crisis pregnancy center websites: Information, misinformation and disinformation. Contraception, 90(6), 601-605.*

This study compiled a list of CPCs in twelve states with “Women’s Right to Know” laws (mandatory counseling laws that mandate providers to provide counseling prior to abortion, undergo and ultrasound, or give patients information about fetal development). Researchers examined the “pregnancy resource guides” on each of the 12 states’ departments of health services (or equivalent agency) and included CPCs in this list. Researchers identified 348 Crisis Pregnancy Centers. The majority (58%) had explicit ties to a Christian organization. Approximately 30% offered free-ultrasounds, 17% had medical providers on staff, and 13% explicitly stated that they were not a medical facility. The overwhelming majority (80%) of the websites included false information. Most of this information falsely linked abortion and breast cancer, future infertility, mental illness, or “Post-Abortion Stress Syndrome” (48% of centers mentioned this).

*Bryant-Comstock, K., Bryant, A. G., Narasimhan, S., & Levi, E. E. (2016). Information about sexual health on crisis pregnancy center web sites: Accurate for adolescents?. Journal of Pediatric and Adolescent Gynecology, 29(1), 22-25.*

This article outlines a study using the data of the Bryant et. al study summarized above. Using the same compiled CPC websites, this study aimed to specifically examine sexual health information listed on CPC websites. They found that 63% of websites discouraged condom use or claimed they were not effective protection against STIs. Almost half (49.4%) of websites encouraged abstinence, 44% of websites claimed that marriage was a protective factor against STIs, and only 35% of websites had accurate information about STIs. Authors suggest that adolescents may be particularly vulnerable to believing false information and CPCs may be especially harmful to adolescents.

*Swartzendruber, Andrea et al. Contraceptive information on pregnancy resource center websites: a statewide content analysis. Contraception, Volume 98, Issue 2 , 158 – 162*

Investigators did a systematic review of the websites of CPCs located in Georgia. They systematically classified the information provided about contraception.

## **Reports from Advocacy Organizations**

Several chapters of the National Abortion Rights Action League (NARAL) a national pro-choice advocacy group, as well as similar reproductive rights organizations, compiled reports about CPCs in specific geographic locations.

["Will the deception ever end? An investigative report of anti-choice crisis pregnancy centers in Maryland"](#). NARAL Pro-Choice Maryland Fund. (2018)

For this investigative report, NARAL volunteers posed as young pregnant women and presented at clinics. They used urine samples from pregnant volunteers to assure a positive pregnancy test. Investigators went to the CPCs, tested positive for pregnancy, and then collected the materials they were given as well as participated in a counseling session. Investigators documented 16 visits in total. They found that most centers did not have medical professionals conduct the counseling sessions, that the information presented in the counseling sessions was biased and “strongly anti-abortion” and often included information based in Christian teachings. The report concludes: “The findings presented in this 2018 report lead the NARAL Pro-Choice Maryland Fund to conclude that antichoice crisis pregnancy centers represent a threat to pregnant individuals seeking timely prenatal or abortion care.”

["Calling out fake health centers"](#). Wisconsin Alliance on Women's Health (2018)

Wisconsin Alliance for Women's Health interns analyzed the text of 20 websites of CPCs located in Wisconsin. It is unclear how they identified the websites. They found that the websites were providing false or misleading information in the following areas: service availability, mental health information, miscarriage, and breast cancer. CPCs often listed “options counseling” as a service, but did not offer information about abortion. The websites also claimed that women who had abortions were highly likely to suffer from depression or “post abortion stress syndrome”, are 160% increased risk of miscarriage, and 50% increased risk of breast cancer. These statistics come from articles that are not peer reviewed or published in scholarly journals.

## **Legal and Policy Information**

*Supreme Court Case: NIFLA Vs. Becerra*

[Link to full text](#)

[Link to analysis of the case](#)

California passed a law—the FACT Act (Freedom, Accountability, Comprehensive Care, and Transparency) in 2015. This law required centers with licenses to notify patients that California provides low and no cost health care services, including abortion, and to provide the phone number of such services. Centers that do not have medical licenses must post, in 13 different languages, that they are not a medical facility and they cannot provide medical help. In June 2018, Supreme Court ruled that this Act was a violation of the centers' free speech (5-4 decision).

In the Majority opinion, the Court stated that the law “alters the content” of the speech and is forcing centers to undermine their mission by including language that may encourage patients to seek abortion. In a concurring opinion, Justice Anthony Kennedy writes that this law was forcing “individuals to be an instrument for fostering public adherence to an ideological point of view they find unacceptable.” In the dissenting opinion, Justice Stephen Breyer argues that because there are laws requiring abortion providers to notify patients of adoption services, and these laws do not violate free speech, that the reverse should also be true.

*Bryant, Amy. ["Why CPCs are legal but not Ethical."](#) AMA Journal of Medical Ethics (2018).*

This article argues that while CPCs are (mostly) operating legally, they are not operating ethically. Bryant argues that they “violate standards of patient centered care” and use “deceptive practices”, which makes them unethical.

Bryant also discusses why they are so difficult to regulate. Because they are not medical clinics, they are exempt from Federal and State laws regulating medical facilities. They also are exempt from Federal Trade Commission and state-based regulations of commercial enterprises, because they do not charge for their services. Most CPCs appear

to be religious-based 501(c)3s, which makes them extremely difficult to regulate and most of their activity is protected under free speech. One county and four states have passed laws aimed at regulating CPCs, including requiring them to disclose that they aren't medical facilities, or requiring them to provide certain information to patients, but all of these have been ruled unconstitutional.

Bryant argues that there is a way to allow these centers to operate and operate more ethically:

“As nonprofit organizations, CPCs have the right to exist. Indeed, they could provide a valuable resource for some women, particularly those seeking material support for a pregnancy they plan to continue [33]. However, as we have seen, they also employ dubious communication strategies— withholding information about abortion referral, not being transparent about clinically and ethically relevant details, or using inflammatory language to scare women and dissuade them from having abortions [3, 8, 9].

Honest information about the perspective from which they dispense advice and support, in addition to forthright acknowledgement of their limitations, is essential for these centers to provide an ethical service to women.”

Bryant concludes the article by arguing that providers who see pregnant patients should be aware of CPCs so they can be sure that they are not referring women to these centers for options counseling.