

## Young people's interactions with anti-abortion centers: Deception, inaccurate information, delayed care, and violated autonomy

Kate Coleman-Minahan, M. Antonia Biggs, Maricela Cervantes, Eleanor Grano, Lauren J. Ralph, Katherine Riley

### What are anti-abortion centers?

Anti-abortion centers (AACs), also known as crisis pregnancy centers or pregnancy resource centers, are religiously-affiliated organizations that present themselves as health care clinics and attempt to persuade people to continue their pregnancies.<sup>1-3</sup> Research has found AACs are deceptive about their services,<sup>2,4-6</sup> target people of low-income,<sup>4,7</sup> provide clinically inaccurate information,<sup>1,2,4,7,8</sup> attempt to change people's pregnancy decision and delay access to health care.<sup>2,4,8</sup> There are over 2,500 AACs in the United States.<sup>9</sup>

In this brief, we describe interactions with AACs among young people 15-22 years old, who considered or obtained abortion care, in California, Colorado, Illinois, and Texas.

### STUDY RESULTS

Twelve out of 93 participants reported an interaction with an AAC. Seven visited an AAC; four were approached by AAC van staff while walking into their abortion care visit; and four spoke with AAC staff by phone. Two participants interacted with an AAC in their home state and with an AAC in the state where they obtained abortion care. Five participants had public insurance, four had private insurance, and three were uninsured.

### AACs were deceptive about their services

- Supporting research suggesting that AACs target people of low-income,<sup>4,7</sup> some participants inadvertently went to AACs after searching for free pregnancy care. Stephanie, from Texas, recalled: *"Well, the first set of research that I did was I found a free OB clinic."* Sarah, from Colorado, said *"I think it's [AAC] just a starting point for a lot of people who don't have insurance. Like literally what I put into Google, they literally came up: So like what to do if you don't have a doctor."*
- Most participants initially believed the AAC was a health care clinic. Some eventually recognized the AAC as *"Christian"* or *"pro-life"* after AAC staff refused to provide the health care they expected. Sarah said *"I don't know if it was like healthcare, but I don't know what. I think it was just like a— I don't know, I don't know what it was to be honest. It was definitely a clinic though, it was definitely— like they had doctors' utensils and all the stuff."* She reported it did not say *"on the sign"* that the staff were going to pray with her.
- Several participants thought from the AAC website that they provided abortion care. Leia, a Coloradan, recalled trying to find an abortion provider: *"It was very frustrating because I was— I felt like I kept seeing all these things that was supposed to like help girls that were pregnant or girls go through abortion, and then when I called or reached out or whatever the case was, it wasn't really that. And I was just like, 'Oh, well this is really false advertising.'"*
- AAC vans deceptively parked near comprehensive health care centers to divert people from legitimate healthcare. When Sofia, a Texan seeking care in another state, was leaving her abortion visit, staff from an

### KEY FINDINGS

- Anti-abortion centers (AACs) misled young people by insinuating that they are health care providers who provide pregnancy and abortion services
- AACs gave clinically inaccurate information about abortion, such as falsely claiming abortion causes infertility
- AACs delayed young people's access to abortion care by making follow-up appointments with no rationale and refusing to provide information on how to obtain an abortion
- AACs violated young people's autonomy by pressuring them to continue the pregnancy, playing fetal heart tones without consent, coercing them into invasive procedures, and manipulating their feelings.

AAC van in the parking lot told her that her health care provider was "lying" and tried to get her to take an abortion reversal pill. Mary, from a state in the South who went to Illinois for care, recalled that AAC van staff "tried to stop" her when she drove in, "followed the car," and then "came up to the window." Lanie, from Illinois, said: "She [staff] had no badge on. She was wearing normal clothes like there was no work uniform, none of that. Like that's why it was, I got scammed- like these people made it look like they were normal like just getting me an ultrasound before I go into [actual health care clinic]."

### AAC staff gave young people clinically inaccurate information

- Although research has shown abortion care does not impact people's ability to become pregnant in the future,<sup>10</sup> Monica, from Texas, was told by an AAC "that 99% of the time that girls with abortions do have a lot of trouble trying to get pregnant when they do want to get pregnant." Similarly, scientific evidence does not support an association between depression or anxiety and having an abortion,<sup>10</sup> but Sarah learned about the "chemical reaction in your brain" with an abortion.
- Several participants reported that AAC staff gave them inaccurate information about their pregnancy duration, thereby limiting their options for in-state abortion care. (See Skyla's story)

### AACs delayed young people's access to comprehensive health care

- AAC staff made follow-up appointments with no explanation or to monitor the "baby." Sarah said, "The next appointment was like September... I don't know what the hell it was for it to be honest." Ayesha, from a state in the South, returned to the AAC two more times to "see if the baby was still alive" because staff told her: "If you're planning on having an abortion, the baby could have no heartbeat detected and if you go have an abortion, they still going to take your money."
- Almost all participants recalled that AAC staff did not provide information on where to get an abortion and some staff refused when asked. Monica, who sought abortion care after Texas banned abortion, recalled: "They [AAC staff] told me that they couldn't give me information about where to get an abortion."
- Interactions with AACs made the process of finding abortion care more complicated and stressful, particularly for participants who lived in a state with an abortion ban. Mary described coming across AACs while searching online for abortion care: "At the time I still didn't know the clinics here in [state in the South] didn't do abortions, but a lot of them say they do, which kind of threw me off."

#### Manipulated and delayed— Skyla's story.

Skyla, a 20-year-old college student, felt she wasn't ready and didn't have the financial or social support to parent. She tried find abortion care after Texas implemented SB 8, which banned abortion after detection of fetal cardiac activity. Skyla recalled: "I started calling around, looking for clinics, and then, [sighs] oh my God. So it was Texas- it was so bad. I would go to these appointments and they were, like, pro-life. They were just taking my money, the \$100 fee or whatever. And then they'd be like, 'Oh, we don't even do abortions here.' And then they'd be like, 'Yeah, we're not allowed to tell you where they allow them.' So then after \$300 down the drain, I found someone- I finally found a clinic, and then I ended up being too far along, but they sent me to [another state]." At each AAC visit, staff told her she was further in pregnancy than she was: "One lady kept telling me, 'You know that the baby's going to have a heart by tomorrow.'" Skyla also described: "[AAC staff] prayed, 'God please change her mind overnight' and I got up and walked out because that's not what I asked." After additional hurdles, Skyla flew to another state to get her abortion and said: "I feel like it was the best decision for me."

### Anti-abortion centers violated young people's right to bodily autonomy

- AAC staff used several different tactics to "persuade" young people to continue the pregnancy:
  - Staff prayed with them to "guide their decision" or "change their mind."

- Staff counseled or “preached” to them on parenting as the “right choice.” Lanie said: “[Staff] started just really trying to get in my head, giving me a bible, telling me, God, this Godly service. It was so crazy.”
- Staff used their current or previous pregnancies to reinforce parenting. Stephanie explained: “They were kind of trying to persuade me into keeping the baby, in a way. It was like the way that she [staff] was saying that she got pregnant at a young age and her daughter is the best thing that's ever happened to her.”
- AAC staff provided informational and material resources only on parenting, including parenting classes, applications for government assistance, and materials like prenatal vitamins and diapers. Skyla explained: “They just, you know, they're pro-life. So that was just, ‘if you want to keep it we can help you, um, financially with the baby.’ They were giving me diapers and stuff.”
- Staff did not listen to participants and tried to manipulate their feelings. Stephanie said staff gave her a video on abortion “after I expressed multiple times that terminating the pregnancy was what I wanted.” Skyla said: “It was just aggravating cause they kept trying to tell me, ‘You're just scared right now.’ Well I'm not scared... I didn't really need to talk to them about anything but we talked about... ‘Well, yes, you can do this, you can do this, you can do that.’ But I don't want that, that's not what I want to do.”
- Although all participants felt abortion was the best decision for them, some described how AAC staff shamed them. Kimberly, from Texas, recalled: “She [staff] told me, hopefully, whenever I come back, it's [fetus] a little bigger and at least I didn't tell her, like I'm going to end it. But they just made me feel a little bit sad...” Lanie said staff made her “feel really bad about [her] decision.”
- Staff showed the ultrasound and played fetal heart tones without consent. Sarah recalled: “So they like played the heartbeat at the end and I did not really wanna hear that. Like if it had a heartbeat, I wasn't down to hear it. But they kinda just played it.” Similarly, Ayesha said, “They just played it, I can't remember them asking me because I probably would've said no.” Lanie was manipulated into an invasive procedure. (See Lanie's story)

#### Deceived and violated— Lanie's story.

17-year-old Lanie from Illinois said she “didn't want to bring a child into the world knowing that [she] couldn't do what's best by them.” When she arrived at her abortion appointment she was “lured” into an AAC van parked nearby. She described: “There were two people standing outside in orange and they were trying to guide people the other way. Like they're standing at the gate where you enter [health care clinic] and they try to guide you to this free ultrasound truck instead of the building.” Once inside: “The lady's giving me this ultrasound, she's like, ‘If I can't see nothing on the outside can I do a vaginal?’ Well, the whole time I think she just wanted to do the vaginal. And it really made me uncomfortable because I thought she- I knew she was lying to me. If you're telling me that you can't see what I see on the ultrasound, but I know what I see and you're saying you're not seeing it, that's lying to me. And after I left there, I felt really violated.” Lanie thought about “making a report somehow” but felt she couldn't because she signed a consent form. She eventually obtained abortion care and feels she “made the right decision.”

## CONCLUSIONS & IMPLICATIONS

Consistent with prior research,<sup>2,4,5,7,8</sup> study findings suggest that anti-abortion centers use deception and manipulation to try to coerce young people to continue their pregnancies. AACs harm young people by providing clinically inaccurate information, delaying access to comprehensive health care, and violating their autonomy. These harms compound barriers already faced by young people residing in states with abortion bans. AACs may ultimately create distrust in the health care system and prevent future utilization of health care. Many leading health professional organizations recommend regulating and prohibiting public funding of AACs.<sup>11,12</sup> Health care providers and youth advocates should provide evidence-based pregnancy options counseling and abortion referrals,<sup>13–16</sup> educate pregnant young people considering abortion on AAC tactics, and provide resources for recourse if a young person feels they were violated or scammed by an AAC.

## ABOUT THE RESEARCH STUDY

Between June 2020 and November 2023, we conducted semi-structured qualitative interviews with 93 young people 15-22 years old, who had or considered abortion in the last two years and resided in or sought abortion care in California, Colorado, Illinois, and Texas. The research team analyzed data, wrote summaries, identified and validated themes. Data are presented with pseudonyms. The Colorado Multiple Institutional Review Board approved the study. We received funding from the Society of Family Planning (SFPRF14-MA2) and the University of Colorado College of Nursing. Administrative support was provided by the University of Colorado Population Center, Eunice Kennedy Shriver National Institute of Child Health & Development (2P2CHD066613-06).



## References

1. Bryant AG, Levi EE. Abortion misinformation from crisis pregnancy centers in North Carolina. *Contraception*. 2012;86(6):752-756. doi:10.1016/j.contraception.2012.06.001
2. Kimport K. Pregnant Women's Experiences of Crisis Pregnancy Centers: When Abortion Stigmatization Succeeds and Fails: Pregnant Women's Experiences of Crisis Pregnancy Centers. *Symb Interact*. 2019;42(4):618-639. doi:10.1002/symb.418
3. American Public Health Association. *Regulating Disclosure of Services and Sponsorship of Crisis Pregnancy Centers*. American Public Health Association; 2011. Accessed April 17, 2020. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/22/08/33/regulating-disclosure-of-services-and-sponsorship-of-crisis-pregnancy-centers>
4. Hutchens K. "Gummy Bears" and "Teddy Grahams": Ultrasounds as religious biopower in Crisis Pregnancy Centers. *Soc Sci Med*. 2021;277:113925. doi:10.1016/j.socscimed.2021.113925
5. Swartz JJ, Rowe C, Truong T, Bryant AG, Morse JE, Stuart GS. Comparing Website Identification for Crisis Pregnancy Centers and Abortion Clinics. *Womens Health Issues*. 2021;31(5):432-439. doi:10.1016/j.whi.2021.06.001
6. Swartzendruber A, Newton-Levinson A, Feuchs AE, Phillips AL, Hickey J, Steiner RJ. Sexual and Reproductive Health Services and Related Health Information on Pregnancy Resource Center Websites: A Statewide Content Analysis. *Womens Health Issues*. 2018;28(1):14-20. doi:10.1016/j.whi.2017.10.007
7. Bryant AG, Swartz JJ. Why Crisis Pregnancy Centers Are Legal but Unethical. *AMA J Ethics*. 2018;20(3):269-277. doi:10.1001/journalofethics.2018.20.3.pfor1-1803
8. Kelly K. In the Name of the Mother: Renegotiating Conservative Women's Authority in the Crisis Pregnancy Center Movement. *Signs J Women Cult Soc*. 2012;38(1):203-230. doi:10.1086/665807
9. Swartzendruber A, Lambert D. Crisis Pregnancy Center Map. 2020. <https://crisispregnancycentermap.com/>
10. *The Safety and Quality of Abortion Care in the United States*. National Academies Press; 2018. doi:10.17226/24950
11. American Public Health Association. *Regulating Disclosure of Services and Sponsorship of Crisis Pregnancy Centers*. American Public Health Association; 2011. Accessed April 17, 2020. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/22/08/33/regulating-disclosure-of-services-and-sponsorship-of-crisis-pregnancy-centers>
12. ACOG Government Affairs. *Issue Brief: Crisis Pregnancy Centers*. American College of Obstetricians and Gynecologists; 2022. <https://www.acog.org/-/media/project/acog/acogorg/files/advocacy/cpc-issue-brief.pdf?la=en&hash=0E118FA8C462E25F8BE5DF9506941BBA>
13. American College of Nurse-Midwives. *Access to Comprehensive Sexual and Reproductive Health Care Services*; 2016:4.
14. American Public Health Association. *Restricted Access to Abortion Violates Human Rights, Precludes Reproductive Justice, and Demands Public Health Intervention*. American Public Health Association; 2015. Accessed April 17, 2020. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2016/01/04/11/24/restricted-access-to-abortion-violates-human-rights>
15. ACOG Committee on Ethics. *The Limits of Conscientious Refusal in Reproductive Medicine, Reaffirmed 2016*. American College of Obstetricians and Gynecologists; 2007:6.
16. Crisis Pregnancy Centers in the U.S.: Lack of Adherence to Medical and Ethical Practice Standards. *J Adolesc Health*. 2019;65(6):821-824. doi:10.1016/j.jadohealth.2019.08.008