



Help for Unintended Pregnancy

Crisis Pregnancy Centres in British Columbia

A Respectful Rebuttal to a Disrespectful Report

An abortion rights group wrote a 65-page report titled
Exposing Crisis Pregnancy Centres in British Columbia.

This publication addresses the report's false allegations.

By Brian Norton, CAPSS Board Member

Prior to the publication of this document, two dozen medical ethicists, family physicians and professional counsellors across Canada conducted fact checks confirming the accuracy of the medically-related content. The comprehensive reviews and input by these practitioners were invaluable.

“I have reviewed *A Respectful Rebuttal to a Disrespectful Report*.
I find its content to be consistent with the medical literature.”

– Dr. Dan Reilly, MD, FRCSC, MHSc (Bioethics)

“I see women in my practice frequently who struggle with their
abortions of years ago. *A Respectful Rebuttal to a Disrespectful Report*
accurately depicts the ‘Emotional Risks’ these women face.”

– Dr. Joan M. Schultz, PhD, Registered Psychologist

“Women and their partners deserve accurate information when faced
with an unplanned pregnancy. This comprehensive rebuttal helps to ensure
inaccuracies previously reported in ‘Exposing Crisis Pregnancy Centres
in British Columbia’ are clarified and corrected.”

– Dr. Monica Langer, MD, FRCSC, Pediatric Surgeon

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EXECUTIVE SUMMARY

In 2009, abortion activist Joyce Arthur posted online a report titled, *Exposing Crisis Pregnancy Centres in British Columbia*. The report is replete with inaccuracies and false allegations.

Clients or agencies looking online for a crisis pregnancy centre (CPC) can easily come across the report and its claims. Readers are at risk of being misled when they need clear and accurate facts.

The false allegations include medical misinformation about abortion risks, deceptive advertising and unethical peer counselling tactics.

CPCs in British Columbia do not engage in the conduct as alleged in the report.

Pregnancy care centres affiliated with the Canadian Association of Pregnancy Support Services (CAPSS) provide compassionate, non-judgmental client care. CAPSS affiliates are committed to Best Practice. CAPSS affiliates will never knowingly misrepresent their services.

This rebuttal publication identifies the most disturbing allegations and demonstrates, conclusively, that each one of these claims is false.

We respectfully ask Joyce Arthur and her board of directors to remove the posting of the online report, *Exposing Crisis Pregnancy Centres in British Columbia*.

Sincerely,

The Canadian Association of Pregnancy Support Services

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INTRODUCTION

An abortion rights organization wrote and posted online a factually incorrect and misleading 65-page report titled, *Exposing Crisis Pregnancy Centres in British Columbia* (hereafter, the “report”). This rebuttal publication addresses the claims made by the author.

In revealing the inaccuracies of the report, as a matter of respect for all persons, we have carefully avoided derogatory personal comments about the author of the report.

To respond to the extensive number of allegations required a time-consuming, fully referenced rebuttal. To be (mercifully) concise, we have classified the false claims under identifiable headings. This way you, the reader, can easily choose as many or as few of the allegations to read as you wish. To reduce the body of the text we have made use of extensive footnotes for critical details, data and references.

Who’s Who and What’s What

Joyce Arthur is identified as the writer/editor of [Exposing Crisis Pregnancy Centres in British Columbia](#). Ms. Arthur describes herself on her [twitter](#) tag as a “writer, feminist, atheist, and an activist for abortion rights.”¹

Ms. Arthur is a founder (2005) and the executive director of the [Abortion Rights Coalition of Canada](#) (ARCC), self-identified as Canada’s national, political pro-choice coalition. Prior to and at the time of the report’s online publication (2009), Ms. Arthur was, concurrently, executive director of the Vancouver-based Pro-Choice Action Network (Pro-CAN) which was founded in 1987 originally as the BC Coalition for Abortion Clinics.

The report is currently hosted on the website of the now disbanded Pro-CAN (which still maintains its website) and a link is also provided on the ARCC website.

Brian Norton is the writer of this rebuttal publication. Brian is a pastoral counsellor, and a former child abuse protection social worker with the provincial government in British Columbia.

For this project Brian is wearing two hats. First, as a board member with the [Canadian Association of Pregnancy Support Services](#), a best practice association equipping pregnancy centres in Canada.² Second, as executive director of the [Christian Advocacy Society of Greater Vancouver](#) (CAS), a charity in British Columbia providing help to women in many crisis situations, including [sexual assault](#), [domestic violence](#), [unintended pregnancy](#) and [abortion grief](#) recovery.³

¹ Joyce Arthur, Twitter account, accessed February 3, 2014, <https://twitter.com/JoyceArthur>.

² CAPSS core values, leadership development and operational standards will be referenced to throughout this rebuttal.

³ By invitation, CAS has also assisted fledgling ministries abroad to help serve women and children at risk, including in the United Kingdom, France, Hong Kong, South Korea, Japan, Mongolia, Turkey, India, Bhutan, Vietnam and Cambodia.

Disclaimer by Brian Norton

I do not claim, nor could any one person claim, to be speaking on behalf of all the crisis pregnancy centres⁴ in British Columbia. I have written this rebuttal primarily with regard to CPCs in our province which are CAPSS affiliates.

Any centre director could have written this rebuttal, although, as this document shows, Ms. Arthur's two organizations seem to have a particular interest in the CAS charity where I work.⁵

Any inaccuracies are my own and not attributable to either the CAPSS or CAS board of directors or board of reference. Nor are they attributable to other crisis pregnancy centre organizations.

For stewardship of your time, some of you may wish to skip the remainder of this introductory section. To get to the specific false allegations in the report you can begin on page 8, under the heading "Fanciful Facts and Figures."

Crisis Pregnancy Centres

Currently, there are 117 crisis pregnancy centres in Canada. CPCs are not monolithic. Each centre is governed by its own local board of directors.

The majority of CPCs are affiliated with the [Canadian Association of Pregnancy Support Services](#) (CAPSS). This Best Practice association provides leadership development, operational standards, and staff training for 72 member centres (14 in British Columbia).⁶

The second major association in Canada is [Birthright International](#). Canadian in origin, Birthright has 33 drop-in chapters across Canada (5 in BC).⁷

There are perhaps 12 or so "independent" centres in Canada (3 in our province) which have no affiliation with either CAPSS or Birthright.⁸

⁴ For this rebuttal publication, I am using the generic name crisis pregnancy centre (CPC). Other popular centre names include pregnancy care centre, pregnancy options centre and pregnancy resource centre.

⁵ Our city location is referred to most often in the report. I am the only CPC staff person mentioned by name, and also quoted. Pro-CAN at one time chose to rent space in our same building. ARCC has tried to elicit negative opinions from our clients. Ms. Arthur sent an undercover plant to our charity posing as a volunteer for the purpose of "infiltration" (her word choice). Ms. Arthur and ARCC are now working on a city bylaw project in order to censor our advertising. For more details (and sources), see page 43, "Why did the CAPSS leadership team select you to provide the rebuttal?"

⁶ Susan Derksen (CAPSS Administrator), e-mail message to author, March 6, 2014.

⁷ Victoria Summerhill Fox (Birthright International representative), e-mail message to author, January 9, 2014.

⁸ For centres not affiliated with CAPSS (or Birthright), this does not mean they do not adhere to Best Practice. Some centres choose to be independent of a national association. Other centres may not meet membership criteria.

The crisis pregnancy centre is a safe, confidential place for women and their partners experiencing unintended or problem pregnancies. All services are free and confidential.

CPCs offer non-judgmental peer counselling and support. We provide accurate information on pregnancy, abortion procedures, and alternatives to abortion. We discuss all pregnancy options – adoption, parenting, and abortion – in a caring, respectful environment.

CPCs offer similar core services and may provide additional services unique to their home community and governing board. For example, the majority of centres offer free pregnancy tests, options information, nutrition and prenatal instruction, childbirth classes, parenting support, accommodation search, donated material support (maternity clothes/baby clothes/ other practical supplies) and community agency referrals.

Many CPCs are invited to give topical presentations in schools.⁹ A few centres now offer testing for sexually transmitted infections. Most centres provide help (or community referrals) for those experiencing grief after an abortion. This may include post abortion peer counselling, support groups and abortion recovery retreats.

CPCs do not perform or refer for abortions. Nor are our services intended as a substitute for professional counselling or therapy.

Clients Served

A day is never typical. Nor are the clients we serve.

Client demographics vary from region to region, city to city, centre to centre. Women come from a diversity of multicultural and religious and non-religious backgrounds.¹⁰ Some clients come in alone. Others are accompanied by their partners, friends or parents.

Women come to centres for a variety of reasons – pregnancy tests, options information, peer counselling, various support services, and for abortion grief recovery.

Clients inform us of difficult and distressing circumstances affecting their decision on whether to continue their pregnancy or to abort. Stressors can include an interruption of education or career, facing the prospect of single parenthood, financial hardship, and unavailable or

⁹ Presentation topics may include: social and peer pressures, building positive social relationships, respectful dating relationships, sexually transmitted infections, unplanned pregnancy, date rape, healthy sexuality and self-esteem.

¹⁰ For example, some time ago I inquired from our CAS charity's staff for the backgrounds of those helped by us during one random week. CPC clients seen that week: a Lebanese pregnant teen; a pregnant Caucasian college student; a Mexican pregnant woman abandoned by her partner; a Korean woman in crisis; a Chinese pregnant woman in distress; a refugee from Iraq needing material support; a Filipino woman seeking help for post abortion grief. Countries of origin for other clients during that same week: Somalia, Afghanistan, Sudan, Pakistan, Iran, Germany and Mainland China (in addition to Canada, of course).

unhealthy family support. Many of our clients tell us they are pressured or coerced to abort by their partner and others.¹¹

The duration of our support services will vary and is determined by the client. Some clients we will see for an hour or two, others for a period of days and weeks, and for many the duration of their pregnancy and beyond.

Whether we are “prochoice” or “prolife” or “undecided”, and notwithstanding our personal opinions on the ethics of abortion, we likely will agree that if a centre is able to offer a client accurate information – with realistic options and solutions to her unique barriers for continuing her pregnancy to term – she becomes more empowered to make an informed decision in accordance with what is most important to her.

¹¹ Pressure often takes the form of the boyfriend or partner threatening to leave the relationship. Coercion is more severe. Two recent examples at our CAS charity: (1) Not approving of the mixed race of the fetus, the parents threatened to cut off their adult daughter from her family forever; and sadly, they have now done so. (2) A husband threatening to cause a miscarriage by physical violence (he did so before) unless his wife agreed to an abortion. On the very day she decided to commit suicide she heard of our CPC services; and as a result of visiting our centre, two lives were saved. The majority of our post abortion clients tell us they had their abortion due to pressure, coercion or lack of support.

Coincidentally, while typing this paragraph a young woman contacted our office. She says she is being pressured by a family member to have an abortion against her will.

FANCIFUL FACTS AND FIGURES

The report reflects a clash of worldviews.

The ideology and stated goal of the report is to promote prochoice, feminist-based community services as opposed to prolife, faith-based community services.¹² (*Please see footnote.*) But one's worldview – on origins, or the value of fetuses, or on the ethics of abortion – is irrelevant here.

The purpose of this rebuttal is to address the false and misleading content in the report about crisis pregnancy centres in British Columbia.

So let us begin.

The report makes numerous claims that are not based in fact or reality. The following are some blatant examples (before we discuss the most serious allegations).

The report alleges the Birthright drop-in centre in Vernon, British Columbia, shows graphic videos to clients. “When women have gone to the local Birthright office, some have had to wait an hour and a half before being given a pregnancy test, during which time they were put into a room to watch anti-abortion videos like the ‘Silent Scream’” (p. 11).¹³ On doing a fact check with Birthright headquarters, I learned there is no Birthright in Vernon and there never has been.¹⁴

The report continues: “[In Powell River the Prolife Society] ... houses one of the fundamentalist Christian CPCs that uses high pressure techniques and is connected to the larger network of North American CPCs” (p. 11). There is in fact no CPC in Powell River and there never has been.¹⁵

The report makes statements about other non-existent centres in BC (pp. 45-46).¹⁶ One so-called

¹² Any perceived feminist versus people of faith rivalry only (and wrongfully) comes from the report. CPC board members, staff, volunteers and financial supporters include complementarians, egalitarians and feminists. (Also see “Wrong Political Leanings” on page 31 of this rebuttal.) A stated objective from the report: “Remove CPCs from referral lists used by the medical profession or social services” (p. 18). On seeking funds to finance the report: “We plan to use our network to encourage the establishment of feminist-based counselling services ... to reduce the need for and influence of the CPC’s [sic] ...” (Source: Joyce Arthur funding request to the Status of Woman Canada (SWC), from File#SWC2009-10/03, page 55). Secured via the *Access To Information Act* on September 15, 2009.

¹³ *The Silent Scream*, produced in 1984, is narrated by Dr. Bernard Nathanson, a former abortion provider and the co-founder of NARAL Pro-Choice America. This film depicts an actual abortion shown by means of ultrasound.

¹⁴ Victoria Summerhill Fox (Birthright International representative), e-mail message to author, January 9, 2014. CAPSS centres and Birthright centres do not show graphic images. Some right-to-life political agencies (which are not associated with crisis pregnancy centres) may incorporate graphic images in their activities and displays, such as the Canadian Centre for Bio-Ethical Reform. As a side note, in 2012 a CAPSS affiliated CPC opened its doors in Vernon.

¹⁵ Lola French (Executive Director, CAPSS), e-mail message to author, February 19, 2014; and Sharon Wright (President, Powell River Prolife Society), e-mail message to author, February 19, 2014.

¹⁶ The report says there are “about 30 CPCs” in BC (p. 3). At the time of the writing and posting of the report, there were 5 Birthright centres and 15 CPCs (13 CAPSS affiliates and 2 as independents).

CPC is a secular parenting support group. Another CPC is actually a Christian adoption agency. Another purported CPC is somebody's home. For two other listed CPCs the premises do not exist.¹⁷

The report not only refers to non-existent pregnancy centres in our province, but everywhere. There are 117 CPCs in Canada.¹⁸ The report nearly doubles this to “about 200 CPCs” (p. 3).

In the United States there are some 2,500 CPCs.¹⁹ According to an American CPC association, “Usually our opponents will use 3,000 locations which seems a purposeful overstatement.”²⁰ The report rounds this up to “4,000” (p. 3).

Regarding abortion clinics, *The New York Times* estimates there are some 1,800 US clinics.²¹ The report rounds this down to 800 (p. 3) sourcing the National Abortion Federation (p. 19). The NAF reference – footnoted in the report as “800 clinics” – actually says “2,000 clinics”.²²

Furthermore, the report is riddled with inaccurate ‘throwaway’ remarks.²³ (*See footnote.*)

¹⁷ Pertains (in respective order) to the BC communities of Abbotsford, Richmond, Kamloops, Surrey and Langley. I do not suggest the errors in this list of “CPCs” in BC are intentional. Perhaps the contact information in the report was from a very dated source, or perhaps the source listing used by the report was incorrect in of itself? But most certainly the fact checking homework in this regard was amiss or not done. During Ms. Arthur’s time of research, I tried several times to contact Ms. Arthur to answer any questions or to provide information, but I was ignored. For more details see footnote 129. To view a list of CAPSS member CPCs see “Find a Centre” at www.capss.com.

¹⁸ As of 2014: 72 CAPSS member centres, 33 Birthright chapters and approximately 12 independent centres.

¹⁹ Jor-El Godsey (Vice President, Heartbeat International), e-mail message to author, February 19, 2014. Annually, Heartbeat compiles a Worldwide Directory of pregnancy care centres and maternity housing. As of this date, the current centre count in the USA is 2,455.

²⁰ Ibid. A significant percentage of CPCs in the United States are dual affiliates, even triple affiliates (e.g. with Care Net, Heartbeat International, and National Institute of Family and Life Advocates). Prochoice political groups tend to count same centres two or three times. *The New York Times* accurately reports the figure of 2,500 CPCs (see Pam Belluck, “Pregnancy Centers Gain Influence in Anti-Abortion Arena,” *The New York Times*, January 4, 2013).

²¹ “Pregnancy centers, while not new, now number about 2,500, compared with about 1,800 abortion providers.” Pam Belluck, “Pregnancy Centers Gain Influence.”

²² “Today there are ... 2,000 clinics that provide abortion care for women.” National Abortion Federation, *Crisis Pregnancy Centers: An Affront to Choice* (Washington, DC: National Abortion Federation, 2006), 2.

²³ One example of such remarks is found on page 13 of the report: “Most CPCs have no medically trained or medically supervised personnel. Many are volunteer-staffed” As the report is about CPCs in BC, I conducted a fact check by sending an email (February 21, 2014) to all centres in the province to confirm how many are volunteer-staffed. The correct figure is none. Volunteers serve at the centres, but there are no CPCs in BC which are solely volunteer-staffed. Currently, centre staff in BC include personnel with degrees in human services, rehabilitation therapy, political science, environmental education, teacher education (plural), counselling (plural), ministerial ordination (plural), journalism (plural) and social work (plural). Eight have Master’s Degrees or are candidates.

THE SERIOUS ALLEGATIONS

In 2009, after a reported four years of research and drafting, abortion activist and report author Joyce Arthur released the 65-page report titled, *Exposing Crisis Pregnancy Centres in British Columbia*. The report is posted online on the Pro Choice Action Network website and with a link reference to it on the Abortion Rights Coalition of Canada website.

The purpose of the project according to the author:

“In 2005, we began a project to research anti-abortion counselling centres, or ‘fake clinics’ in British Columbia (BC)” (Introduction, p. 3).

“We wanted to find out what these centres were doing and saying to women in BC, and whether they were engaging in deceptive or harmful practices. If so, such practices need to be publicized in order to reduce the harms” (Introduction, p. 3).

Below are the eight most serious allegations made by the author in her attempt to satisfy her project’s goals. All quotations are taken directly from the report.

Some of the allegations are so offensive I am hesitant to repeat them – even for this purpose to demonstrate they are false.

1. Misuse of charitable tax status

“Many CPCs have charitable tax status (in Canada), but at least some appear to devote more than 10% of their resources to political activities rather than actual support services. This is against federal charity laws” (p. 16).

FALSE

In reality, each CAPSS affiliated centre in British Columbia is non-political and each centre adheres to all Canada Revenue Agency regulations.²⁴

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia are allegedly breaching federal charity laws.

²⁴ CAPSS membership policy: “The affiliate centre will not be involved in political or lobbying activities which do not comply with restrictions established by the Canada Revenue Agency” (Statement of Principles #13). Further, “We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner” (Commitment of Care and Competence #13). From CAPSS, *Core Documents* (Red Deer: Canadian Association of Pregnancy Support Services, 2014). These CAPSS policies were in place during and prior to the writing of the report.

2. Use graphic videos with clients

“CPCs use graphic videos and pictures to shock and horrify young women about abortion.” “This is practically a form of terrorism ...” (p. 14).

FALSE

This inflammatory claim is not grounded in fact or reality. No CAPSS affiliated centre uses graphic images or videos with clients. Any centre found doing so would have their CAPSS affiliation revoked.²⁵

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia are allegedly “horrifying” and “terrorizing” women with graphic videos and to provide evidence or witnesses that this has ever been done.

3. Hide we are faith-based

CPCs “won’t say upfront they are religious, and will lie about being religiously-affiliated to get a woman into the centre. Once she’s there, they will ... preach fundamentalist Christianity to her, regardless of her own expressed wishes and beliefs” (p. 15).

FALSE

First, not all centres are faith-based charities.²⁶ But for those centres which *are* faith-based (e.g. CAPSS affiliates) this is not something we hide.

For example, our CAS charity’s two CPCs note in the agency brochure and [website](#) that these centres are governed by the Christian Advocacy Society of Greater Vancouver.

The national CAPSS association notes the following mission statement on its [website](#): “We are a Christ-centered national ministry dedicated to providing support for life and sexual health by partnering with Pregnancy Centres across Canada.”

Furthermore, the beliefs of the faith-based centres are not imposed upon clients, as the report alleges.

CPCs are committed to integrity in all their dealings with clients.²⁷ Birthright centres have a policy of “no evangelizing.”²⁸ CAPSS centres (which have no restriction on faith conversations)

²⁵ CAPSS membership policy: “Centres will not present or display graphic images of aborted fetuses to clients or in centre-related public activities” (Statement of Principles #10, *CAPSS Core Documents*). Birthright has a similar policy: “Birthright will never ... show or discuss abortion pictures or videos”. See “Our Philosophy” at www.birthright.org.

²⁶ For example in BC, there are two non-religious, non-sectarian CPCs and five Birthright centres. Birthright centres include peer counsellors and volunteers of any religion or no religion. See “Get Involved” at www.birthright.org.

will never have peer counsellors converse on spiritual matters, or pray with a client, without the prior request or permission of a client.

In our Commitment of Care for clients, most if not all centres make available to clients an Exit Survey. This tool provides immediate feedback about the competency and sensitivity of staff and volunteers.²⁹ (See Appendix One for an example Exit Survey.)

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia allegedly “preach fundamentalist Christianity regardless of [a client’s] expressed wishes”.

4. Break confidentiality and harass

“CPCs abuse a woman’s trust and ... [are] breaking her confidentiality. For example, they may use elements of her story in spoken prayers, call her at home afterwards to apply pressure, inform her parents or her doctor about her intent to get an abortion, or harass her later if she has an abortion” (p. 15).

FALSE

Confidentiality is a sacred trust.

We do not breach a client’s confidence by disclosing identifiable information to doctors or parents or anyone else. Further, CPCs will not release client information verbally or in writing without a client’s signed permission.

The ugly claim of CPCs harassing clients who have had abortions is also false.

CAPSS affiliates adhere to a policy of Best Practice and to a strict Code of Counselling Ethics.³⁰

²⁷ Code of Counselling Ethics #7, *CAPSS Core Documents*: “The affiliate centre is committed to integrity in dealing with clients, earning their trust, and providing promised information and services. The affiliate centre denounces any form of deception in its corporate advertising or conversation with clients, agencies, or other individuals.”

²⁸ From Birthright International website see “Our Philosophy” at www.birtheright.org. Accessed June 19, 2014.

²⁹ In contrast to the report – to secure an objective review on how clients perceive our quality of care – this week I asked our CAS staff to reread our archived Exit Surveys from our last 125 clients (of some 16,000 former clients). I am humbled to report not one negative comment. Imperfect as we are, there are only positive comments. CAPSS member centres track all client referrals. The most frequent referral source? By a “friend and/or former client” who is familiar with our services. We cannot be more pleased. A good reputation is a coveted honour for any agency.

³⁰ CPC staff and peer counsellors adhere to a strict Code of Counselling Ethics (*CAPSS Core Document*), including: “I will preserve the client’s right to confidentiality, and will not release any identifying information verbally or in writing without the client’s signed permission (excepting the threat of suicide, homicide, suspected child abuse, or when required by law)” (#12). Further, “I will ensure that client files are secured in a locked file cabinet, that no files are taken home, that no files are left unattended on the premises where there may be public access, and that all private or confidential computer information is secured” (#14).

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia allegedly breach confidentiality or phone to “harass” women who have had an abortion.³¹ These false, seriously damaging allegations require justification with public disclosure of solid evidence, none of which has been provided.

5. Deceptive with women

“Deception: CPCs hide their true agenda and deceive women” (p. 13). “They entice a woman into their office under the pretence they will help [them] with an abortion ...” (p. 13).

FALSE

CPCs never suggest to potential clients that they will help them secure an abortion.

As a safeguard for any possible, unintentional misunderstanding – *before a client obtains services* – she or he reads, and signs, a Client Services disclaimer which states: “We do not perform or refer for abortions.” All CAPSS centres adhere to this forthright policy.³²

This should have been evident to Ms. Arthur as she revealed she had an undercover plant infiltrate a CPC (p. 3). This was our CAS charity’s CPC in Burnaby. Her plant was given a copy of this Client Services disclaimer form (and other forms, policies and procedures).

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia she alleges are informing clients they will help them secure an abortion.

6. Deceptive advertising

“[CPCs do] deceptive advertising ... [and give] false representation in the media” (p. 18).

FALSE

We do not misrepresent our services in our advertising.³³

³¹ CPCs offer compassionate, non-judgmental abortion recovery services. See Emotional Risks on page 23.

³² From the Code of Counselling Ethics, *CAPSS Core Documents*: “I will maintain the highest standard of honesty and integrity in fulfilling my responsibilities, and I will never knowingly misrepresent our services to a client, agency, or any other individual” (#4). Further: “I will ensure that clients review and sign a CAPSS approved Client Services and Disclaimer Form before commencing counselling or support services” (#5).

³³ “All of our advertising and communication are truthful and honest and accurately describe the services we offer.” From Commitment of Care and Competence #8, *CAPSS Core Documents*.

Nevertheless, this claim of deceptive advertising has led readers of the report falsely to believe this is the case.³⁴

The report includes as evidence five images of CPC ads (pp. 47-48). Three of the five images are not CPC ads. The other two ads are perfectly appropriate. (*See Appendix Two to view these ads.*)

The first ad example in the report is described as a billboard CPC ad. What the report actually displays is a sign (not a billboard) with a prolife quote from Mother Teresa, fastened to a chain-link fence belonging to a Catholic parish. It is not a CPC ad.

The second ad example is from a prolife education organization, as the billboard advertisement itself identifies. There is nothing inappropriate about the ad, but it is not a CPC ad. The third alleged ad is a leaflet from some unidentified person left in a phone booth.³⁵ Again not a CPC ad.

The other two (very dated) ads, shown in the report as examples of deceptive advertising, *are* CPC-related. Yet there is nothing misleading about either. One is a joint CPC ad in a Christian newspaper seeking volunteers, and the other is a Birthright ad.

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia are allegedly conducting deceptive advertising and to show actual evidence of that.

7. Guilt by association

“The following activities and strategies [deception, shock tactics, abuse of trust, misuse of charity status] are common to many or most CPCs throughout North America” (p. 13).

FALSE

After four years of “investigation” – and repeated attempts (acknowledged by Ms. Arthur) to try to find wrongdoing on the part of CPCs in BC³⁶ – the report came up empty. Ms. Arthur’s serious allegations, as we have seen so far, are entirely unfounded with respect to any CPC in British Columbia.

So in the writing of the report Ms. Arthur went fishing in another country. Under the heading “Misinformation and Deceptive Tactics from CPCs” (pp. 13-18), the report makes allegations

³⁴ For example, “in a 2009 report ... [Joyce Arthur] found that CPCs in BC engage in deceptive advertising.” From Nicholas C. Doyle, “SFU needs truth in advertising,” *The Peak*, Simon Fraser University, September 19, 2011, p. 11.

³⁵ The leaflet notes a website for a BC consortium, Focus on Life. I contacted their office. It is not their ad as well.

³⁶ According to the report, Ms. Arthur’s organization: telephoned centres (throughout the province) pretending to be a crisis pregnancy client; entered centres (throughout the province) as plants pretending to be a client or a parent of a pregnant teen; had an undercover plant to take CPC volunteer training (at our charity); distributed surveys to 115 community agencies; created posters seeking “a negative experience” at a CPC or Birthright centre; obtained CPC related literature; hired an abortion doctor to review CPC material; and evaluated CPC advertising (pp. 3-5, 53).

about American centres while choosing to strategically intersperse details regarding BC centres.³⁷ This is extraordinarily misleading.

Let me explain.

For the sake of argument, let us say that a claim made against a handful of the 2,500 centres in the USA is true.³⁸ What does this have to do with British Columbia?

The line of argument inferred by the report is that *if* unethical activities are alleged to be happening in the United States, then, by extension, such untoward activities are likely occurring in centres in BC. This is to impose guilt by association.

We do not expect the seven abortion clinics in British Columbia³⁹ to be responsible for the illegal activities (and some horrendous crimes) which United States courts have found some American abortion clinics guilty of committing.⁴⁰ Likewise, Planned Parenthood (Options for Sexual Health) chapters in BC are not responsible for the proven unethical and illegal actions of a number of American chapters.⁴¹

We must not insinuate complicity in similar wrongdoing because agencies (whether prolife or prochoice) offer the same or similar services. If there are some abortion clinics in BC engaged in criminal activities, let us show the courage and honesty to call them out by name. If some crisis pregnancy centres in BC are acting unethically, likewise, call them out by name.

It is unacceptable to use aspersions – such as “the following activities are common to many or most [fill in the blank] throughout North America” – (as found in the report) to foster suspicion against local agencies whose services you may oppose.

8. Medical misinformation

“CPCs provide misinformation about abortion and its risks ... For example, breast cancer causes abortion [*sic*], abortion leads to infertility, abortion has serious physical and emo-

³⁷ Examples of blurred lines in these 6 pages of USA/North American allegations: Our Christian Advocacy Society charity is mentioned twice; my name is specifically noted; I am personally (extensively) quoted; other BC centres are named or alluded to a number of times; and CAPSS is mentioned five times (pp 13-18).

³⁸ I am not suggesting CPCs in the United States are guilty of Ms. Arthur’s claims. The purpose of this rebuttal is to exonerate the centres in British Columbia. I will leave the writing of an apologetic for American centres to their own respective best practice membership associations such as Care Net and Heartbeat International.

³⁹ “Abortions Clinics in BC” on Options for Sexual Health (Vancouver) website. Accessed April 4, 2014.

⁴⁰ Source: Live Action – This provocative, very political, media organization documents criminal convictions and abuses by Planned Parenthood and abortion clinics in the United States. For specific cases go to www.liveaction.org.

⁴¹ Ibid.

tional side-effects, such as higher suicide rates, uterine scarring, higher risk of subsequent miscarriage and premature birth” (p. 14). “All such claims are scientifically false” (p. 58).

FALSE

This allegation demands a detailed response.⁴²

For clarity and accuracy, abortion risks are addressed in two categories, **Physical Risks** and **Emotional Risks**. But before doing so, some foundational facts need to be emphasized:

- 1) CPC peer counsellors do not give clients medical advice.
- 2) We share an important proviso, that, in Canada, abortions are considered to be a safe medical procedure.⁴³
- 3) As with any medical procedure, there are risks. As part of informed consent, with a client’s permission, staff and peer counsellors briefly cover abortion risks.

And an additional *obiter dictum*:

A reflective question for CPC personnel. Have we ever had a volunteer over-emphasize the risks of abortion? With literally thousands of volunteers across Canada, over decades of community service, this has almost certainly happened. Where this mistake has occurred, the peer counsellor has obviously gone “off script”.⁴⁴ In good faith, we intend that this not happen.

A reflective question for prochoice advocates. Have you ever discounted or minimized the risks to abortion? (It is not an uncommon complaint from some women that the risks of abortion were not properly explained to them.)⁴⁵ In good faith, we trust you are sincerely committed to giving women the opportunity to make fully informed decisions.

⁴² The false claim of misinformation on risks is addressed fully in the following 12 pages. However, for some additional criticisms (found in Appendixes 1 and 2 of the report) I have responded to these in Appendix Three of this rebuttal, beginning on page 40.

⁴³ For example, in the client options brochure used by CAPSS member CPCs, under the heading Abortion Risks, the introductory sentence reads, “Thousands of abortions are performed every year in Canada, and are considered to be a safe medical procedure.” Then follows a bridge sentence on risks, “However, as with any medical procedure, there are potential risks that you need to consider before making a final decision.” From B. W. Norton, A. L. Pilkey-Mugwany, and M. K. Taylor-Lewis, *Abortion Adoption Parenting: An Informational Guide for Unplanned Pregnancy* (Red Deer, AB: Canadian Association of Pregnancy Support Services, 2014), 5. (To view this brochure online, [click here](#).)

⁴⁴ A CPC would respond promptly to ensure that this is not repeated. CAPSS’ mandate includes to investigate alleged departures from Best Practice and to train or, in extreme cases, de-certify a CPC if it fails to take corrective action.

⁴⁵ For some 24 years, this has been an observation with Post Abortion Community Services. In a new Canadian publication, abortive women are interviewed about their abortion-related experiences. See Chapter 21 “Women’s Voices: Narratives of the Abortion Experience” in I. Gentles, A. Lanfranchi, and E. Ring-Cassidy, *Complications: Abortion’s Impact on Women* (Toronto: The deVeber Institute for Bioethics and Social Research, 2013), 319-356.

8.1 Risks of Abortion: Physical

Due to the politics of abortion, sometimes it can be difficult to obtain unbiased information on abortion-related risks.⁴⁶ Prolife organizations accuse prochoice groups of concealing abortion complication risks. Prochoice organizations accuse prolife groups of overstating risks.

For the sake and safety of women's health, this discussion must not be ideological nor fall into the trap of epistemic closure.⁴⁷ We must go where the evidences leads.

Crisis pregnancy centres (to avoid any claim of source material bias) disproportionately refer to prochoice sources. This includes literature produced, used or accepted by abortion providers in Canada and prochoice affirmed epidemiological studies.⁴⁸

Further, our CAPSS produced client options brochure, *Abortion Adoption Parenting*,⁴⁹ has been reviewed by 45 specialized practitioners in Canada, including perinatal nurses, family physicians, obstetricians/gynaecologists, medical ethicists, psychologists and social workers.

The list of **Physical Risks** conveyed to clients considering their options are as follows:

- heavy bleeding
- infection
- increased risk of premature births in subsequent pregnancies
- damage to cervix or uterus, including a small risk of infection or scarring⁵⁰ that can be associated with infertility or miscarriage⁵¹
- possible link to breast cancer⁵²

⁴⁶ The reporting of complications by abortion clinics is voluntary. Accordingly, "there is inconsistent and inadequate reporting of prevalence and complication rates of abortions in Canada, and improved reporting is necessary for quality assurance and to ensure safety." M. A. Burnett and J. N. Sabourin, "A Review of Therapeutic Abortions and Related Areas of Concern in Canada," *Journal of Obstetrics and Gynaecology Canada* 34, no. 6 (2012): 539.

⁴⁷ Epistemic closure is a philosophical term describing someone so entrenched in their own ideology that they are completely immune to considering information that does not confirm their own bias or belief.

⁴⁸ Physical risks are posted on the websites of various abortion clinics and hospitals in Canada and in their respective abortion procedure consent forms. (Some years ago, the CPC in Winnipeg would have a practicing abortion physician teach the abortion procedures component for its volunteer training seminars.)

⁴⁹ B. W. Norton, A. L. Pilkey-Mugwany, and M. K. Taylor-Lewis, *Abortion Adoption Parenting: An Informational Guide for Unplanned Pregnancy* (Red Deer, AB: Canadian Association of Pregnancy Support Services, 2014).

⁵⁰ Asherman syndrome, or intrauterine adhesions/scarring or synechiae.

⁵¹ W. V. Norman, C. A. Montgomery, D. M. Money, and M. L. Rekart, "Antibiotic Prophylaxis at the Time of Induced Abortion," *British Columbia Medical Journal* 44, no. 7 (September 2002): 367. In another publication: "Women who undergo an induced abortion later suffer a higher rate of Pelvic Inflammatory Disease (PID) than the general population." Further: "The well-documented sequelae of PID include chronic pelvic pain, subfertility, infertility and ectopic pregnancy...." From I. Gentles, A. Lanfranchi, and E. Ring-Cassidy, *Complications*, 91 and 167: citing numerous studies, including L. Dayan, "Pelvic Inflammatory Disease," *Australian Family Physician* 35, no. 11 (2006): 861; P. B. Mead, W. D. Hager and S. Faro, editors, *Protocols for Infectious Diseases in Obstetrics and Gynecology*, 2nd edition (Malden, MA: Blackwell Science, 2000), 124; and C. Tharaux-Deneux, J. Bouyer, N. Job-Spira, J. Coste and A. Spira, "Risk of Ectopic Pregnancy and Previous Induced Abortion," *American Journal of Public Health* 88, no. 3 (1998): 401-5.

⁵² Highly controversial. See subject heading Breast Cancer on page 21 for a discussion on epidemiological studies.

Though there are other physical risk factors, by and large, most CPCs will make mention of 4 or 5 of the above risk categories. With the *noteworthy exception* of breast cancer (discussed on page 21), abortion clinics may inform clients about 3 or 4 of the above risk categories, and additional risks as well.

Regarding informed consent on complications, here is an edited summary of the physical risks from the abortion providers at the **Women’s Health Clinic in Winnipeg, Manitoba**:

“Abortion has become the safest surgical procedure when done by an experienced doctor in a well-equipped clinic like ours. We are required by law to inform you of the risks of abortion before you consent to having an abortion.”

Infection in the uterus (2-4 of every 100 abortions); *Retained tissue* (less than 1 of every 100 abortions) – could lead to increased bleeding, passing of clots, increased cramps, and infection; *Continued pregnancy/failed abortion* (1 of every 1000 abortions); *Blood in the uterus* (1 of every 1000 abortions) – uterus becomes enlarged and painful but not dangerous; *Excessive bleeding* (1 of every 1000 abortions). *Injury to uterus or other internal organs* such as bowel, bladder or blood vessels (less than 1 of every 1000 abortions); *Allergic reactions* and other reactions to medication, latex, and other materials; *Death* (the most rare complication ~ 10 deaths annually in North America).⁵³

Other abortion clinics and hospitals convey similar physical risks (edited for brevity):

Brampton Women’s Clinic, Brampton, Ontario: *Infection* (2-4%); *Incomplete abortion* (0.5-1%); *Injury to cervix*; *Undetected ectopic pregnancy*; *Very heavy bleeding* (1:1000); *Injury to uterus* (1:1000), *Blood clot in uterus* (1:1000).⁵⁴

Kensington Clinic Abortion Services, Calgary, Alberta: *Infection* (0.1-2%); *Retained tissue* (0.5-1%); *Post-abortion hematometra* (1 per 1000); *Failed abortion* (< 1 out of 1000); *Hemorrhage* (1 per 1000); *Injury to uterus or other internal organs* (1 out of 1000); *Death* (about 1 in 1,000,000).⁵⁵

Clinique Médicale Fémina, Montreal, Quebec: *Hemorrhage*; *Infection*; *Laceration of the cervix*; *Perforation of the uterus*; *Incomplete abortion* (“our rate is around 2%”).⁵⁶

⁵³ “Consent for Abortion Procedure” under “Services: Forms” on Women’s Health Clinic website. Accessed April 2, 2014.

⁵⁴ “How safe is abortion procedure” under “Frequently Asked Questions” on Brampton Women’s Clinic website. Accessed March 5, 2014.

⁵⁵ “Risks of Surgical Abortion” under “Abortion Procedures” on Kensington Clinic Abortion Services website. Accessed March 5, 2014.

⁵⁶ “Message to patients coming for a pregnancy termination” under “Surgical Abortion – More Information” on Clinique Médicale Fémina website. Accessed April 5, 2014.

Hamilton Health Sciences, Hamilton, Ontario: “Before you decide whether or not to have an abortion, it is important to know the risks and complications that may occur.” *Incomplete abortion, retained products* (< 1 out of 50); *Infection* (< 1 out of 100); *Excessive bleeding, hemorrhage* (< 1 out of 1000); *Hematometra, bleeding inside the uterus* (< 1 out of 1000); *Injury to the uterus* (< 1 out of 1000); *Failed abortion* (< 1 out of 1000).⁵⁷

Kootenay Boundary Regional Hospital, British Columbia: “Complications which most commonly occur are as follows: *Excessive bleeding, Infection, Laceration of the cervix, Perforation of the uterus and intestines, Continuation of pregnancy, Incomplete emptying of the uterus, Reaction to medications or anesthetic.* These complications could cause the need to repeat the procedure, hospitalization, further surgical procedures, hysterectomy, sterility or the need for blood transfusions.”⁵⁸

In addition to these risks, infection (if left untreated) can cause a number of other health problems. According to researcher and abortion provider Dr. Wendy V. Norman, “Postabortion infection after therapeutic abortion, although uncommon, may have devastating consequences including infertility, ectopic pregnancy, and pelvic pain syndrome.”⁵⁹

For the report to disparage crisis pregnancy centres by a claim that these physical abortion risks are scientifically false is itself scientifically false.

Where there have been disagreements, and controversy, this has concerned two risk factors. One is premature birth. The other is breast cancer. We will now discuss both of these risks.

Premature births

The report alleges CPCs misinform clients by including premature birth as a physical risk – a complication it claims is non-existent (p. 14). But medical research concludes otherwise.

Prior to and during Ms. Arthur’s research on the CPCs in British Columbia, 49 studies from 10 countries had already revealed the risk factor of premature births.⁶⁰

⁵⁷ Hamilton Health Sciences, (six hospitals) affiliated with McMaster University’s Faculty of Health Sciences re: health care document “Potential Risks and Complications of Abortion.” Accessed April 9, 2014.

⁵⁸ “Consent for Abortion by Dilation, Suction and Curettage,” Women’s Services Clinic, Interior Health Corporate Office, Kelowna. Copy of abortion consent form forwarded to our CAS office on December 14, 2012.

⁵⁹ W. V. Norman, C. A. Montgomery, D. M. Money, and M. L. Rekart, “Antibiotic Prophylaxis at the Time of Induced Abortion,” *British Columbia Medical Journal* 44, no. 7 (September 2002): 367. For more information and references on infection and possible subsequent complications (such as subfertility, infertility, ectopic pregnancy and neonatal sepsis), see Chapter 9 “Physical Complications: Infection and Infertility,” in I. Gentles, A. Lanfranchi, and E. Ring-Cassidy, *Complications: Abortion’s Impact on Women* (Toronto: The deVeber Institute for Bioethics and Social Research, 2013).

⁶⁰ E. Ring-Cassidy and I. Gentles, *Women’s Health after Abortion: The Medical and Psychological Evidence*, Second Edition (Toronto: The deVeber Institute for Bioethics and Research, 2003), 45. These cited studies are from Australia, Britain, Denmark, France, Germany, Greece, Hungary, Japan, Singapore and United States.

Then in 2009 – shortly after the posting of the report – two major systematic reviews published the same conclusion: “Abortion and the Risk of Subsequent Preterm Birth” in the *Journal of Reproductive Medicine*, and “Induced Termination of Pregnancy and Low Birthweight and Preterm Birth” in the *British Journal of Obstetrics and Gynaecology*.⁶¹

These two meta-analyses settled the science on this link.⁶² Women who have had an abortion experience an increased chance of having a preterm, low weight baby compared to women who have not had an abortion.⁶³ Extreme premature birth is associated with child health concerns.⁶⁴

The low weight and preterm birth explanation given in both medical journals “is that in a surgical abortion the cervix is forced open, thereby weakening it. The more abortions a woman has, the weaker her cervix is likely to become.”⁶⁵

Most women who choose abortion wish to or get pregnant again.⁶⁶ The medical researchers emphasize: “These women should know the risks associated with I-TOP [induced termination of pregnancy] not only for their health but also for their future reproductive potential.”⁶⁷

Accordingly, abortion providers and agencies counselling women considering abortion – as mandated by informed consent – should provide an “explanation of these risks to women and ensuring their understanding.”⁶⁸

⁶¹ H. M. Swingle, T. T. Colaizy, M. B. Zimmerman, and F. H. Morris, “Abortion and the Risk of Subsequent Preterm Birth: A Systematic Review with Meta-Analyses,” *Journal of Reproductive Medicine* 54, no. 2 (2009): 95-108; and P. Shah and J. Zao, “Induced Termination of Pregnancy and Low Birthweight and Preterm Birth: A Systematic Review and Meta-analyses,” *British Journal of Obstetrics and Gynaecology* 116, no. 11 (2009): 1425-1442.

⁶² I. Gentles, A. Lanfranchi, and E. Ring-Cassidy, *Complications*, 236.

⁶³ “Shah and colleagues analyzed 37 sound studies, and determined that the adjusted estimate of increased risk of low birth weight births was 24 per cent after one abortion, and 47 per cent after more than one abortion. The adjusted risk of preterm birth – meaning under 37 weeks’ gestation – increased by 27 per cent after one abortion, and 62 per cent after two or more abortions. Swingle and colleagues reviewed 21 sound studies and concluded that one induced abortion increased the adjusted risk of a subsequent preterm birth by 25 per cent, while two or more abortions increased the risk by 51 per cent (Adjusted risk, means after other variables such as income, age and marital status have been taken account of). More important, they found that women with prior induced abortions have 64 per cent higher risk of a very preterm delivery (under 32 weeks’ gestation) compared to women with no prior induced abortions.” From Gentles, Lanfranchi and Ring-Cassidy, *Complications*, 236.

⁶⁴ Ibid., 238. Extreme premature birth is associated with child health concerns, including cerebral palsy and epilepsy. See D. Moster, R. T. Lie, and T. Markestad, “Long Term Medical and Social Consequences of Preterm Birth,” *New England Journal of Medicine* 359, no. 3 (2008): 262-273; and B. Jacobsson, B. Hagberg, L. Ladfors, A. Niklasson, and H. Hagberg, “Cerebral Palsy in Preterm Infants: A Population-based Case-control Study of Antenatal and Intrapartum Risk Factors,” *Acta Paediatrica* 91, no. 8 (2002): 946-951.

⁶⁵ I. Gentles, A. Lanfranchi, and E. Ring-Cassidy, *Complications*, 236.

⁶⁶ P. Shah and J. Zao, “Induced Termination of Pregnancy and Low Birthweight and Preterm Birth: A Systematic Review and Meta-analyses,” *British Journal of Obstetrics and Gynaecology* 116, no. 11 (2009): 1438.

⁶⁷ Ibid.

⁶⁸ Ibid.

“This [premature birth] link is common knowledge in the scientific world,” reports journalist Barbara Kay of the *National Post*. Based on medical science, Kay concludes, “Regarding informed consent: Who except a radical ideologue could object to women being informed of the medical facts about abortion ... before choosing to undergo the procedure?”⁶⁹

Breast cancer

Conundrum

noun: co-nun-drum

a confusing and difficult problem or question

e.g. “one of the most difficult conundrums for the experts”⁷⁰

There is a risk from abortion which is in dispute within the medical community – its possible link to breast cancer. Discussion on this highly controversial “link” is polarized, and most often between prolife and prochoice political camps.⁷¹ Each accuses the other of accepting bad science.

Breast cancer surgeon Dr. Angela Lanfranchi, when recently contacted regarding a Canadian news story on this medical issue, definitively wrote: “There is no *if*; abortion does increase breast cancer risk. I attach a list of all studies on the subject.”⁷²

On the other hand, a few years ago, a committee of the American College of Obstetricians and Gynecologists said: “More rigorous, recent studies demonstrate no causal relationship between induced abortion and a subsequent increase in breast cancer risk.”⁷³

Then this year, extensive research (from a meta-analysis of 36 studies in China) published in the peer-reviewed international cancer journal *Cancer Causes & Control*, concludes there is a link: “IA [induced abortion] is significantly associated with an increased risk of breast cancer among Chinese females, and the risk of breast cancer increases as the number of IA increases.”⁷⁴

⁶⁹ Barbara Kay, “Too controversial to question,” *National Post*, January 18, 2012.

⁷⁰ *Google Online Dictionary*, s.v. “conundrum.”

⁷¹ I trust my comments regarding this controversial “risk” will not be misinterpreted as suggesting that doctors who are prochoice necessarily dismiss the link, and that doctors who are prolife necessarily believe the link exists. We must follow where the evidence leads. More epidemiological studies are warranted.

⁷² Dr. Angela Lanfranchi, e-mail message to author, listing all worldwide studies for BC CTV News, January 12, 2012. Dr. Lanfranchi is a breast oncologist and co-director of the Steeplechase Cancer Center’s Breast Program, New Jersey.

⁷³ Committee on Gynecologic Practice, “Induced Abortion and Breast Cancer Risk,” *ACOG Committee Opinion No. 434* (Washington: American College of Obstetricians and Gynecologists, 2009).

⁷⁴ In Y. Huang, X. Zhang, W. Li, F. Song, H. Dai, J. Wang, Y. Gao et al, “A Meta-analysis of the Association Between Induced Abortion and Breast Cancer Risk among Chinese Females,” *Cancer Causes & Control* 25, no. 2 (2014): 227-236.

And from another recent publication is the following (puzzling) observation: “As for the epidemiological evidence, *most* scientists worldwide, *except* in the US, agree that induced abortion is a known risk for breast cancer.”⁷⁵ (emphasis added)

Such a critical health issue, if true, should not be lost in the noise between warring ideologies. The rhetoric can be ridiculous. And cherry picking only a few (self-serving) studies cannot be used to support, or to discredit, a causal link.

By the end of 2013, epidemiological literature revealed: “Out of 73 published worldwide studies done to date, 56 show a positive association, of which 35 are statistically significant, while a total of seventeen studies show no link.”⁷⁶ (*See footnote for a recent update to these statistics.*)

A majority of epidemiological studies and meta-analyses suggest an abortion-breast cancer link.⁷⁷ Further, there is evidence of a dose-response relationship.⁷⁸

Debates on this controversial risk most often concern whether methodologies of particular studies are flawed. But politically predetermined editorial biases are far worse and do much more harm.⁷⁹ Women deserve better.

⁷⁵ Gentles, Lanfranchi, and Ring-Cassidy, *Complications*, 90. This medical publication cites and discusses the various worldwide studies, such as: “in 2007 an actuary, Patrick Carroll, published ‘The Breast Cancer Epidemic: Modeling and Forecast Based on Abortion and Other Risk Factors’ in the *Journal of American Physicians and Surgeons*. He found that abortion was the greatest predictor of breast cancer incidence in nine European countries: England, Wales, Scotland, Northern Ireland, the Irish Republic, Sweden, the Czech Republic, Finland and Denmark” (ibid., 121).

⁷⁶ Ibid., 125. Following the 2013 release of *Complications*, two more studies and one assessment report have been published in peer reviewed journals in 2014. Sadly, all three of these publications reveal a link to breast cancer: (1) U. Takalkar et al, “Hormone Related Risk Factors and Breast Cancer: Hospital Based Case Control Study from India,” *Research in Endocrinology* 2014, (April, 2014) Article ID 872124, DOI: 10.5171/2014.872124; and (2) Y. Huang et al, “A Meta-analysis of the Association Between Induced Abortion and Breast Cancer Risk among Chinese Females,” *Cancer Causes & Control* 25, no. 2 (2014): 227-236; and (3) A. E. Lanfranchi and P. Fagan, “Breast Cancer and Induced Abortion: A Comprehensive Review of Breast Development and Pathophysiology, the Epidemiologic Literature, and Proposal for Creation of Databanks to Elucidate All Breast Cancer Risk Factors,” *Issues in Law and Medicine* 29, no. 1 (Spring 2014): 3-133.

⁷⁷ I. Gentles, A. Lanfranchi, and E. Ring-Cassidy, *Complications*, 109-142. Chapter 6 in *Complications* is devoted to a discussion on all worldwide studies and subsequent medical debates.

⁷⁸ Ibid., 115 and 121. Dose-response relationship: the more terminated pregnancies a woman has, the higher the risk.

⁷⁹ The deVeber Institute for Bioethics and Social Research writes the following provocative commentary: “If scientists worldwide did not know and agree that induced abortion is a known risk for breast cancer, they would not refer to it as commonly accepted in their studies and analyses. Induced abortion is specifically acknowledged as a known risk factor in the performance of such studies, as well as in the methodology and discussion sections of the published papers” (ibid., 116). “Yet in the face of all this multi-faceted evidence, the National Cancer Institute in the US continues to deny the abortion-breast cancer link, even though one of its own researchers has published a study demonstrating the link. As with this institute’s previous refusal to recognize the link between cigarette smoking and lung cancer, the explanation now appears to be mainly political” (ibid., 90).

Back to the report, *Exposing Crisis Pregnancy Centres in British Columbia*.

We have spent some time on discussing this abortion-breast cancer link in detail because CPCs are portrayed inaccurately in the report.⁸⁰ CAPSS member centres are *not* saying there is a breast cancer link. And conversely, centres are *not* saying there is no link.

After seeking direction from physicians and medical ethicists in Canada, what we do say, as is posted on our CAS charity's own CPC [website](#): "Possible link to breast cancer." This is followed by "Controversial; further epidemiological studies are warranted." Similar and more extensive language is used on the CAPSS client options brochure. (*To view this brochure online, [click here](#).*)

Who would disagree that this "risk" is controversial? Who would be opposed to further studies (and less rhetoric)? Where we and the report clearly disagree is on whether this information should be respectfully offered to clients or deliberately withheld.

Crisis pregnancy centres believe in informed consent and we believe that requires disclosing this possible link. On the one hand, with regard to this "link" we do not want to mistakenly alarm. On the other hand, we are committed to providing clients with accurate information. This truly presents as a conundrum. For now, we are choosing to err on the side of transparency.

We respectfully challenge Ms. Arthur to be truthful in her report on what CPCs in British Columbia convey to clients on this critically important, highly controversial "link".

We now move on to the emotional risks associated with abortion.

8.2 Risks to Abortion: Emotional

Many women say they feel relief after an abortion. Others say they experience negative emotions afterwards. Such negative reactions may be immediate or may occur years later.⁸¹

⁸⁰ Some CPCs are concerned that if they disclose this possible risk, then a client or referring agency may wrongly assume other indisputable risks to abortion are also suspect. (CPCs have been challenged, even vilified, by some prochoice adherents on this very account.) The centres which acknowledge this possible link do *not* want the politics of abortion trumping either informed consent or the health of women.

⁸¹ According to the deVeber Institute of Bioethics and Social Research, those who deny emotional health issues often do not investigate the research data beyond a few months following the abortion: "Such is the case with the Danish study by Munk-Olsen, and also the report by the American Psychological Association (APA)." In I. Gentles, A. Lanfranchi, and E. Ring-Cassidy, Cassidy, *Complications*, 254. Suggested flaws with the Munk-Olsen study include data exclusions without explanation. Also, overlooked were "women who may have experienced mental problems associated with their abortion later than 90 days (three months) after giving birth, as well as anyone who did not seek professional help." *Ibid.*, 277.

Regarding the APA statement (2009): "Few people realized that the APA cited only one study in defence of its conclusion and limited its search to studies done in the United States. In fact, the APA's wording is deliberately misleading. Their statement actually confirms consequences to abortion in younger women (as contrasted with 'adult women'), women who planned their pregnancies (as contrasted with 'unplanned pregnancy') and those having second and third trimester abortions (as contrasted with those having a 'first-trimester abortion')." From Andrea Mrozek, *Interconnected: How Abortion Impacts Mothers, Families and Society* (Ottawa, ON: Institute of Family and Marriage Canada, May 2014), 5-6.

Based on 22 published studies, a recent meta-analysis (2011) reveals an 81% increased risk for mental health problems in comparison to women in the general population, and a 55% increased risk compared to unintended pregnancy delivered

As is described in the CAPSS client options brochure, *Abortion Adoption Parenting*:⁸²

Responses vary. They depend on a woman's age, stage of pregnancy, religious or cultural beliefs, previous mental health, or whether she is being pressured by others into having an abortion.

Women who experience negative emotions after an abortion have reported the following reactions:

- Sadness
- Guilt or shame
- Emotional numbing
- Depression
- Nightmares or flashbacks of the abortion
- Alcohol and drug abuse
- Having thoughts of suicide

The report is highly critical of CPCs in British Columbia for using the designation “post abortion syndrome” with our clients. This is not, in fact, a term we use. For the emotional pain women describe, the common terms used by CAPSS affiliates are “post abortion stress” or “post abortion grief”.⁸³ (*See footnote for additional clarification.*)

An important detail: As with physical risks of abortion, when informing clients of emotional risks, our information is attested from prochoice sources.

women. See P. K. Coleman, “Abortion and Mental Health: Quantitative Synthesis and Analysis of Research Published from 1995-2009,” *British Journal of Psychiatry* 199 (2011): 180-186.

Sadly, research on post abortion mental health is too often a casualty of politicization (including both the Munk-Olsen study and the Coleman meta-analysis). However, the “weight of evidence” does reveal, for some women, not only short term but long term distress: “The psychological impact of abortion includes much higher rates of depression, anxiety, substance abuse and suicide.” From I. Gentles, A. Lanfranchi, and E. Ring-Cassidy, *Complications*, 271.

⁸² B. W. Norton, A. L. Pilkey-Mugwany, and M. K. Taylor-Lewis, *Abortion Adoption Parenting*, 5.

⁸³ Years ago, various prolife professional counsellors and physicians in the USA used the term “post abortion syndrome” when describing the *very severe* cases of abortion grief. That was, and still is today in medical circles, a labeling misnomer. Post abortion syndrome – i.e. as a “post-traumatic stress disorder” – is not recognized in the Diagnostic and Statistical Manual of Mental Disorders. When describing the emotional pain of abortion, CAPSS centres in Canada use “post abortion stress” or “post abortion grief”. In fact, since the very inception of CAPSS in 1997, “post abortion syndrome” has never been used in any CAPSS publication – whether in membership documents, volunteer training manuals, or brochures. Having said that, there are excellent US produced publications on abortion grief and recovery which have used (and some still do use) this term. This is regrettable. The misnomer becomes fodder for unhelpful politicization (whether ‘prochoice’ or ‘prolife’), thus hijacking an important conversation on abortion grief and methodologies of care and healing.

After abortion some women may feel “sad” whereas others may feel “grief-stricken”.⁸⁴ CPCs would not necessarily disagree with the following observation by the national prochoice Canadian Federation for Sexual Health:

“Most women [unless pressured or coerced] feel that they have made the right decision after having an abortion. For some women, however, abortion can raise negative emotional responses such as grief, guilt, anger, shame and regret.”⁸⁵ (clarification added)

CPCs would also agree with this observation and recommendation from the prochoice Planned Parenthood of Toronto:

“Emotions After an Abortion: Some women have strong feelings after their abortion, some do not. You may feel a sense of relief, a sense of loss or guilt. It may help if you share these feelings and get support from a counsellor.”⁸⁶

The abortion rights organization Canadians for Choice contends that most women will not experience negative emotions following an abortion. However, they do acknowledge that some women may feel “guilt, shame, numb, worry, sadness, depression, anger.”⁸⁷

Some abortion clinics recommend to their clients the prochoice online *Pregnancy Options Workbook*. In this publication, it gives the following precaution:

“**Important:** If you are having strong feelings of regret or sadness that don’t get better, get help!! Warning signs include: crying all the time, problems with sleeping or eating or not being able to concentrate.”⁸⁸ (emphasis in original)

Our clients confirm these above symptoms as well.

⁸⁴ From “Loss, Sadness and Grief” under “Emotional Support” on the Edmonton abortion clinic Women’s Health Options website, accessed February 27, 2014: “A woman may have a sense of loss after an abortion and need to spend some time being sad, just as she would with any other loss in her life. One woman may feel a little bit sad, while another may feel grief stricken. Exploring exactly what you are feeling sad about and how strong that emotion is can be an important step in deciding how to cope with it. This can be done by talking with a supportive person in your life. It might be a family member or friend, a counselor or clergy person.” And from “Surgical Abortion” under “Birth control & pregnancy – Abortion” on prochoice Options for Sexual Health BC website, accessed February 24, 2014: “Women may have a variety of feelings after an abortion ranging from relief, to sadness, guilt and grieving.”

⁸⁵ From the “After Abortion” under “Your Sexual Health – Abortion” on Canadian Federation for Sexual Health (Planned Parenthood) website. Accessed February 3, 2014.

⁸⁶ *Abortion: What You Need To Know*, Pregnancy Options Series (Toronto: Planned Parenthood Toronto, 2012), 8.

⁸⁷ “About Abortion” under “Sexual and Reproductive Health Issues – Abortion” on Canadians for Choice website. Accessed March 14, 2014.

⁸⁸ From “Exercise 36: After your abortion,” *Pregnancy Options Workbook* (Binghamton: Pregnancy Options), as an external link on the Vancouver Island Women’s Clinic website. Accessed February 4, 2014.

Women secure abortion recovery counselling from psychologists, grief counsellors and pastoral counsellors. Many CAPSS affiliates also offer post abortion peer counselling (currently 47 of the 72 CPCs). Over the years, some 6,500 Canadian women experiencing abortion grief have sought direct help from these 47 centres alone.⁸⁹

Our CAS charity's [Post Abortion Community Services](#) has been providing peer counselling, support groups and recovery retreats for 24 years. Hundreds of women have come for help with feelings of regret, anxiety and depression.⁹⁰ These women also inform us of secondary symptoms: eating disorders, addictions, phobias, preoccupation with becoming pregnant again, and more. A majority of our clients at some point had held thoughts of suicide.

The following quotations are from four such clients who came to us for help.
(Shared with permission; names changed.)

“Following my abortion the immensity of the guilt seemed insurmountable.
I was paralyzed in fear for six years.”
- Cindy

“I would sit and cry and cry over my aborted babies. I could not get them off
my mind.”
- Stephanie

“I felt anger and overwhelming loss. I was slipping in and out of depression.”
- Chantal

“I hated myself. The abortion affected my whole life.”
- Jennifer

Post abortion clients often come as self-referrals. Some women are referred by agencies and churches. Some clients are referred by physicians, both prochoice and prolife. A few of our clients have even been (thoughtfully) referred to us by staff at abortion clinics.

For some women referrals for professional therapy is advised.⁹¹

⁸⁹ Susan Derksen (CAPSS Administrator), e-mail message to author, February 11, 2014.

⁹⁰ Our CAS charity has helped over 16,000 pregnancy clients with some 1,125 women specifically for abortion grief recovery. Feedback from six recent clients: “Great healing took place in unexpected ways.”; “The small group gave me the freedom to open up and share more deeply.”; “Very caring, loving. A safe place.”; “I felt very loved and accepted.”; “I found a peaceful, supportive and safe and loving environment.”; “I found it very powerful and I received a lot of healing.” From Post Abortion Community Services, Exit Surveys, Autumn 2013.

⁹¹ In some cases natural hormonal changes can be adversely affected, thus complicating or delaying the healing of negative emotions. “Natural hormonal changes that occur in your body during pregnancy are affected by an abortion. These hormonal changes can make you feel more emotional than usual. You may experience a spectrum of feelings, ranging from sadness, anger, and regret to guilt or relief. In fact, hormonal changes can cause depression symptoms, including sleeplessness (insomnia), sadness, tearfulness, anxiety, hopelessness, irritability, and poor concentration. Lasting symptoms require professional attention.” Medical review by ob/gyns Rebecca Allen, Kirtly Jones, Femi

Women can experience post abortion grief. If there is any debate on emotional risks, it is less about the symptoms and more about percentages attributed to *association* versus *causation*, and the overall number of women affected.⁹²

For example, researchers at the University of Manitoba published findings regarding the relationship between abortion and emotional health: “It was found that abortion was associated with mood disorders, anxiety disorders, substance abuse and suicide attempts. Depression and drug dependence followed abortion in about half of the women studied.”⁹³

With the above study *association* is conclusive, but *causation* is not. Perhaps these particular women who had abortions also had more pre-existing mental health issues than non-abortive women?

Researcher Dr. Jitender Sareen explains: “We found a higher likelihood of lifetime mood disorder in women who had experienced an abortion compared with those who had never had an abortion. A woman with a mood disorder might be more inclined to have an abortion, while conversely, an unplanned pregnancy and abortion could precipitate a mood disorder.”⁹⁴

Researcher Dr. David Fergusson, a self-described prochoice atheist, in his 30-year longitudinal study (the largest of its kind internationally) also showed negative outcomes from abortion. For this study – and controlled for pre-existing mental health – the negative emotional outcomes included an increase in depression, anxiety, substance abuse and suicide ideation.⁹⁵

Olatunbosun, “Abortion: Emotional Recovery” under “Health Topics” on Health Link BC website, Government of British Columbia. Accessed February 18, 2014.

⁹² See N. P. Mota, M. Burnett, and J. Sareen, “Associations Between Abortion, Mental Disorders, and Suicidal Behaviour in a Nationally Representative Sample,” *Canadian Journal of Psychiatry* 55, no. 4 (2010): 239-247. See T. Munk-Olsen, et al, “Induced First-trimester Abortion and Risk of Mental Disorder,” *New England Journal of Medicine* 364, no. 4 (2011): 332-339. This popular Munk-Olsen study is deemed not credible by some scientists as the researchers decided to confine their mental health data to only the first 90 days. See T. Ostbye, E. F. Wenghofer, C. A. Woodward, G. Gold, and J. Craighead, “Health Services Utilization After Induced Abortions in Ontario: A Comparison Between Community Clinics and Hospitals,” *American Journal of Medical Quality* 6, no. 3 (2001):99-106. See Table 3, p. 103, and p. 105. Also see P. K. Coleman, “Abortion and Mental Health: Qualitative Synthesis and Analysis of Research Published 1995-2009,” *British Journal of Psychiatry* 199, no. 3 (2011): 180-186. From 22 studies identified, Dr. Priscilla Coleman discovered an overall 81% increase for post abortion mental health concerns. Some prochoice academics are critical of the study’s outcome, while other prochoice academics are in agreement with the findings. For a detailed discussion on all these studies, see I. Gentles, A. Lanfranchi, and E. Ring-Cassidy, *Complications*, 254-255 and 273-280.

⁹³ University of Manitoba, Faculty of Medicine, “Abortion Linked to Mental Illness,” *News Release*, April 30, 2010.

⁹⁴ Ibid. Dr. Sareen is Professor of Psychiatry in the Departments of Psychiatry, Psychology and Community Health Sciences at the University of Manitoba.

⁹⁵ See D. M. Fergusson, J. L. Horwood, and J. M. Boden, “Abortion and Mental Health Disorders: Evidence from a 30-year Longitudinal Study,” *The British Journal of Psychiatry* 193 (2008): 444-451.

Noteworthy, the Abortion Supervisory Committee in New Zealand (Dr. Fergusson's home country) approached him to not publish the results. The prochoice physician refused to comply stating it would be "scientifically irresponsible" and that women's health is at stake.⁹⁶

In the recent meta-analysis by psychologist Priscilla Coleman – based on 22 published studies (with data on 163,831 post abortive women) – revealed an 81% increased risk for mental health problems in comparison to women in the general population, and a 55% increased risk compared to unintended pregnancy delivered women. Separate effects were calculated on the type of mental health outcome, including: increased risk for anxiety disorders 34%, depression 37%, alcohol use/abuse 110%, and suicide behaviours 155%.⁹⁷

As noted in the outcome data in each of the above studies from Canada, New Zealand and USA, research from Britain and Scandinavia also reveal a higher rate of suicidal ideation: "Those who would deny a link between abortion and later mental health disorders almost never refer to the rate of suicide and ideation (thinking about suicide) among women who have had abortions ... compared to women who have completed their pregnancies."⁹⁸

Evaluating worldwide peer reviewed studies on emotional risks of abortion (and cognizant of regrettable politicization), researchers with the deVeber Institute conclude: "In summary, the increase in the rate of depression, anxiety, substance abuse and suicide among women who have had abortions is drastic and incontrovertible."⁹⁹

We should appreciate the restrained opinion of executive director Andrea Mrozek with the Institute of Marriage and Family Canada: "It is not helpful to overstate negative ramifications of abortion. However, by far the bigger concern Canadians face today is the problem of pretending there are none."¹⁰⁰

⁹⁶ Dr. Fergusson interview with Ruth Hill, "Abortion Researcher Confounded by Study," *The New Zealand Herald*, January 5, 2006.

⁹⁷ See P. K. Coleman, "Abortion and Mental Health: Quantitative Synthesis and Analysis of Research Published from 1995-2009," *British Journal of Psychiatry* 199, no. 3 (2011): 180-186.

⁹⁸ I. Gentles, A. Lanfranchi, and E. Ring-Cassidy, *Complications*, 255. See also Ibid., 281-282 citing: C. L. Morgan, M. Evans, J. R. Peters, "Suicides after Pregnancy. Mental Health may Deteriorate as a Direct Effect of Induced Abortion," *British Medical Journal*, 314 (1997): 902-903; and M. Gissler, E. Hemminki, and J. Lonnqvist, "Suicides after Pregnancy in Finland, 1987-94: Register Linkage Study," *British Medical Journal* 313 (1996): 1431-1434, see n. 5; and P. K. Coleman, D. C. Reardon, and B. C. Calhoun, "Reproductive History Patterns and Long-Term Mortality Rates: A Danish, Population-Based Record Linkage Study," *European Journal of Public Health* 23, no. 4 (2013): 569-574; and D. C. Reardon and P. K. Coleman, "Short and Long-term Mortality Rates Associated with First Pregnancy Outcome: Population Register Based Study for Denmark 1980-2004," *Medical Science Monitor* 18, no. 9 (2012): PH71-76; and D. C. Reardon, P. G. Ney, F. J. Scheuren, J. R. Cougle, P. K. Coleman, "Suicide Deaths Associated with Pregnancy Outcome: A Record Linkage Study of 172,279 Low Income American Women," *Archives of Women's Mental Health* 3 (4 Suppl. 2) (2001): 104.

⁹⁹ I. Gentles, A. Lanfranchi, and E. Ring-Cassidy, *Complications*, 255.

¹⁰⁰ Andrea Mrozek, *Interconnected: How Abortion Impacts Mothers, Families and Society* (Ottawa, ON: Institute of Family and Marriage Canada, May 2014), 1. Mrozek discusses additional negative social and relational outcomes (not addressed by me in light of the specific purpose of this rebuttal). Such negative social outcomes include: post abortion

Behind the statistics are the women who come to crisis pregnancy centres hoping to be healed of abortion grief. We listen to their personal stories, provide confidential help, offer abortion recovery services, and referrals to physicians and professional counsellors.

We must not – for ideological reasons – discount, minimize or be judgmental concerning the emotional pain some women experience following their abortions. The content in the report does not square with their lived reality. Or with compassion.

women (in comparison to non-abortive women) are more likely to divorce or separate, never marry, consider risky sexual behaviour, and report a decrease in sexual desire. Ibid., 3-8.

THE SILLY ALLEGATIONS

As we have seen, each one of the very serious allegations in the report is, conclusively, not true. However, the report makes other disturbing allegations. Here are twelve additional claims.

1. Falsify pregnancy test results

“Present the pregnancy results in ways that are ambiguous or even false ...” (p. 58).

FALSE

The allegation is abhorrent.

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia are allegedly falsifying test results and to provide any evidence of the same.

2. What CPCs may say

“If a woman is intent on abortion, the CPC counsellor may say things like ‘You’ll always be the mother of a dead baby’” (14).

FALSE

The report makes offensive conjectures (“the counsellor *may* say”). Why not convey what CPC peer counsellors do say? Enough ad hominem arguments. Enough straw man fallacies.

We respectfully challenge Ms. Arthur to give *evidence* of centres in British Columbia where the staff or peer counsellors allegedly say such a thing to clients.

3. Trained to terrify

“The volunteer counsellor is trained to amplify the crisis ... [and] to terrify her with inflammatory language and misinformation” (p. 41).

FALSE

The report is supplying the inflammatory language in its false accusations.

As stipulated in our Commitment of Care and Competence, “Clients are treated with kindness, compassion and in a caring manner. Clients always receive honest and open answers.”¹⁰¹

¹⁰¹ Commitment of Care and Competence #2 and #3, *CAPSS Core Documents*. Other CAPSS policies: “I will respect the intrinsic worth of all persons whom we have the opportunity to serve” (Code of Counselling Ethics #3). “The

Further, as previously discussed, Exit Surveys are made available to clients to provide us with immediate feedback about the competency and sensitivity of staff and volunteers.

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia are allegedly guilty of having volunteer counsellors “trained to terrify” clients.

4. Abortion in Canada is illegal

The report quotes from an unidentified Vancouver youth clinic which suggests CPCs tell clients “abortion is illegal” (p. 7).

FALSE

No centre in British Columbia (or anywhere in Canada) would believe abortion is illegal in Canada. Or tell clients the procedure is illegal.

Canada is the only country in the western world with no abortion law at any gestational stage.¹⁰²

We respectfully challenge Ms. Arthur to publically disclose *which* centres in British Columbia are alleged to be telling clients that abortion is illegal in Canada.

5. Wrong political leanings

“CPCs actively hide their religious affiliations and use deception [and their] right-wing fundamentalist war on abortion is also a war on feminism, and its narrative of women’s rights as implicit in any discussion of human rights” (pp. 37-38).

FALSE

CPCs are non-political. We are neither left wing nor right wing. Nor are centres engaged in gender politics.¹⁰³

Pregnancy centres offer accurate information on abortion, alternatives to abortion, and a host of community support services. Discussing pregnancy options or offering alternatives to abortion with clients is not a war on feminism.

affiliate centre is committed to integrity in dealing with clients, earning their trust, and providing promised information and services” (Statement of Principle #8a).

¹⁰² Dr. Margaret Somerville, Centre for Medicine, Ethics and Law, McGill University, in “Focusing on the fetus changes the debate,” *National Post*, January 24, 2012.

¹⁰³ CPC board members, staff, volunteers and financial supporters include complementarians, egalitarians and feminists.

6. Exaggerated promises

“Make exaggerated promises of help, such as financial assistance, medical treatment, and prenatal and postpartum care. In reality, those services are often very limited” (p. 58).

FALSE

CPCs make no exaggerated claims.¹⁰⁴ All centres provide the precise services which they advertise they provide. Ask the hundreds of thousands of women in Canada who have benefited and been encouraged.¹⁰⁵

CPC client services are available free of charge. Centres provide similar core services and may also offer additional programs unique to their home community and governing charity: pregnancy tests, options information, nutrition and prenatal instruction, childbirth classes, parenting support, accommodation search, donated material support and agency referrals. Many centres provide help for women and men experiencing abortion related grief.

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia are allegedly not providing the services they advertise, and to provide concrete examples of this alleged failure.

7. Preventing prenatal care

“CPCs may inadvertently prevent women from obtaining real pre-natal care, because they lead women to believe the centre is giving them such care ...” (page 16).

FALSE

CPCs offer physician referrals for clients without a family doctor. CPCs provide contact numbers for prenatal community services, including ‘earlybird’ and ‘childbirth’ classes. For women without partners, many centres can make available a volunteer, staff person or a doula to attend with them. Some CPCs offer their own childbirth classes if community classes are not available.

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia are allegedly preventing pregnant women from obtaining prenatal care.

¹⁰⁴ Code of Counselling Ethics #4, *CAPSS Core Documents*: “I will maintain the highest standard of honesty and integrity in fulfilling my responsibilities, and I will never knowingly misrepresent our services to a client, agency, or any other individual.” Statement of Principle #8b, *CAPSS Core Documents*: “The affiliate centre denounces any form of deception in its corporate advertising or conversation with clients, agencies, or other individuals.”

¹⁰⁵ Susan Derksen (CAPSS Administrator), e-mail message to author, April 17, 2014. CAPSS has client statistics only for 16 years (beginning with its inception in 1997), and only from member centres. To December 2013, there have been some 341,283 on-site client visits. This figure does not include tens of thousands of telephone crisis calls, or 549,990 teenagers who have participated in CPC presentations in high schools. (Birthright client statistics were not available.)

8. The great pretenders

“They gain the trust of public, government, funders, and women by pretending to be medical clinics, or professional counselling centres” (page 13).

FALSE

We are not pretending to be professional counselling agencies or medical clinics. As is noted on our CAS charity’s CPC website: (Other centres use similar language.)

The Crisis Pregnancy Centre is not a medical facility. We do not perform or refer for abortions. We provide non-judgmental, compassionate support and information on all pregnancy options. Our services are not intended as a substitute for professional counselling or therapy.¹⁰⁶

Though centre staff have a wide variety of professional training (e.g. social workers, counsellors, nurses, educators and pastors), CPCs are primarily peer counselling agencies.¹⁰⁷ The CAPSS centres which do offer medical services, like STD/STI testing or ultrasounds, have staff with appropriate certification and will advertise themselves accordingly.¹⁰⁸

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia are alleged to be pretending to be medical clinics or professional counselling centres.

9. God’s okay with lying

“The CPCs maintain a belief in the authority of their standpoint as being God-ordained, and use this belief to justify misrepresenting who they are when advertising free pregnancy tests and counselling about the choices available to women” (p. 38).

FALSE

Honesty is a deeply held core value for our charities.¹⁰⁹

¹⁰⁶ On the home page of our CAS charity’s CPC website: <http://www.optionscentre.ca>. Further, CAPSS policies in *Core Documents*: “The affiliate centre denounces any form of deception in its corporate advertising or conversation with clients, agencies, or other individuals” (Statement of Principle #6b). And: “All of our advertising and communication are truthful and honest and accurately describe the services we offer” (Commitment of Care and Competence #8).

¹⁰⁷ See footnote 23 for the educational backgrounds of CPC staff in British Columbia.

¹⁰⁸ CAPSS policy: “Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.” (Commitment of Care and Competence #14, *CAPSS Core Documents*).

¹⁰⁹ CAPSS policy: “The affiliate centre is committed to integrity in dealing with clients, earning their trust, and providing promised information and services. The affiliate centre denounces any form of deception in its corporate advertising or conversation with clients, agencies, or other individuals” (Statement of Principles #8, *CAPSS Core Documents*).

10. Lack of volunteer training

“[CPC] volunteer counsellor training is limited to a few hours or days, or two or three weeks at most” (p. 13).

FALSE

To repeat, Joyce Arthur assigned an undercover plant who participated in our CAS charity’s CPC training (p. 3). Ms. Arthur may not like or agree with our training. But a false accusation about a lack of training hours is, once again, dishonest to the readers of her report.

Our charity begins with 21 hours of seminars provided by skilled practitioners in their field of expertise. As examples: a physician on abortion procedures, a registered nurse or doctor on fetal development, a psychologist on counselling, an adoption social worker on adoptions, and so on.

Following these introductory seminars, in-service training happens under the tutelage and supervision of our CPC program directors. (For Ms. Arthur’s plant, her mentor was a registered nurse.) After completing reading assignments, and participating in dyad and triad role plays, volunteers then observe (with client permission) peer counselling sessions.

Volunteers are observed in sessions before assisting clients on their own. Finally, Exit Surveys (which are reviewed by the CPC program directors) are made available to clients for evaluating the effectiveness and sensitivity of their volunteer helper.

All CAPSS affiliated centres in Canada adhere to Best Practice training guidelines.¹¹⁰

We respectfully challenge Ms. Arthur to publicly disclose *which* centres in British Columbia are allegedly providing training sessions of only a “few hours” or “two to three weeks at most”.

11. Fundamentalist agencies

CPCs are “fundamentalist” and volunteers are “required to join a fundamentalist Christian church” (p. 3).

FALSE

The inaccuracy of the report’s claim of a required joining of a fundamentalist church may be a combination of ignorance and semantics.

¹¹⁰ Some centres may incorporate CAPSS approved training DVDs instead of, or in addition to, training professionals. The following is a cut and paste from the CAPSS Volunteer Training Guidelines in CAPSS *Core Documents*: “Training for Centre staff and volunteer counsellors must be a minimum of 21 hours, followed by appropriate in-centre training and orientation. The following training essentials must be covered, as a minimum, for volunteers: ‘Biblical Basis to Sanctity of Human Life’; ‘Understanding Crisis’; ‘Understanding the Client’; ‘Communication Skills’; ‘Confidentiality’; ‘Abstinence & Sexual Integrity Counselling’; ‘Options Counselling’; ‘Abortion Techniques, Risks, and Consequences’; ‘Alternatives to Abortion: Adoption and Parenting’; ‘Understanding the Post Abortive Client’”.

Ignorance

First, CPCs which are not faith-based obviously have no requirement of religious affiliation.¹¹¹

Second, Birthright centres include staff and volunteers of any religion, or no religion.¹¹²

Third, for the CAPSS faith-based CPCs, non-Christian volunteers can serve in a number of capacities at the discretion of the centre director.¹¹³

Semantics

People serving in faith-based centres richly reflect Protestant, Catholic and Orthodox traditions. Our local CAS charity alone has board members, staff and volunteers from more than 65 different churches and denominations. Multiply this sample representation with all of the CPCs in Canada. The diversity is extensive and beautiful.

There is a dismissive designation in the use of the word fundamentalist throughout the report.¹¹⁴ Suffice it to say, where the report uses the word (even in a wrong or distorted context) to mean adherence to a Biblical worldview – whereby Scripture is authoritative in matters of faith and conduct – then, by this definition, we are guilty as charged. (That is, for the faith-based centres.)

Where the term is meant as a pejorative (i.e. narrow-minded or intolerant) such a portrayal about us is false and impudent. This is a “label as religious and dismiss on that basis” strategy.

We respectfully challenge Ms. Arthur, when labeling people whose views she disagrees with, to consider being more generous and tolerant, and less fundamentalist.

12. Uncharitable

“As a result of these findings [in the report] ... Ask Canada Revenue Agency to revoke the charity status of CPCs that have it” (p. 18).

FALSE ... (*and TRUE*)

¹¹¹ For example in British Columbia there are two independent non-sectarian CPCs and five Birthright centres.

¹¹² “Birthright welcomes volunteers of any age, race, gender, or religion who believe firmly in the Birthright philosophy and have a sincere desire to help pregnant women.” From “Get Involved” on Birthright website. Accessed April 9, 2014.

¹¹³ For CAPSS affiliated centres it is a requirement for board members, staff and peer counsellors to be Christian. However, “Non-Christian volunteers may serve at the Centre in non-client contact roles only, at the discretion of the Director” (Statement of Principle #4, *CAPSS Core Documents*).

¹¹⁴ Some examples in the report: “Fundamentalist-run CPC” (p. 11), “impose fundamentalist Christianity” (p. 15), “preach fundamentalist Christianity” (p. 15), “use fundamentalist Christianity to pit women against their own rights” (p. 16), “proselytize fundamentalist beliefs” (p. 37), and the “right-wing fundamentalist war on abortion” (pp. 37-38).

What is false?

The so-called “findings” – the serious and the silly.

We respectfully challenge Ms. Arthur to publicly disclose *which* of her findings lead to the conclusion that CRA must revoke the charitable status from CPCs in British Columbia.

What is true?

Ms. Arthur filing complaints and asking CRA to revoke the charitable status of various centres.¹¹⁵

All of these erroneous submissions by Ms. Arthur have been unsuccessful.¹¹⁶ Where investigations may have occurred due to Ms. Arthur’s false complaints, CRA has always found such CPCs to be in compliance with CRA regulations.

¹¹⁵ In reply to the blog entry, “CPCs Are Stealing Your Tax Dollars,” on the USA prochoice group AbortionGang.org, Joyce Arthur comments: “I tried this in Canada, as many CPCs have charitable tax status but don’t meet the required standards because of their bias, narrow viewpoint, deception, and misinformation. I made detailed complaints on several of them years ago, including one that regularly engages in political activity and sometimes breaks the law. ... But the CPCs still all have their charitable status.” Comment posted February 26, 2011.

¹¹⁶ CAPSS affiliated centres adhere to all CRA regulations. CAPSS membership policy: “The affiliate centre will not be involved in political or lobbying activities which do not comply with restrictions established by the Canada Revenue Agency” (Statement of Principles #13). Further, “We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner” (Commitment of Care and Competency #13). From CAPSS, *Core Documents* (Red Deer: Canadian Association of Pregnancy Support Services, 2014).

CONCLUSION

Exposing Crisis Pregnancy Centres in British Columbia is replete with inaccuracies and false allegations. CPCs in British Columbia do not engage in the conduct as alleged in the report.

CAPSS affiliated centres provide compassionate, non-judgmental client care. Member centres are committed to Best Practice. Our member centres will never knowingly misrepresent their services or give false information to clients.

The report is a deluge of false allegations. There are even claims lodged against non-existent centres. Moreover, as this rebuttal publication has demonstrated conclusively, each one of the 20 most disturbing allegations (the serious and the silly) is unfounded with respect to CPCs in British Columbia.

CPCs are wrongly accused. Everyone, including prochoice groups, has been misled.

We respectfully ask Ms. Joyce Arthur and her board of directors to remove the posting of the online report, *Exposing Crisis Pregnancy Centres in British Columbia*.

On behalf of the Canadian Association of Pregnancy Support Services,

A handwritten signature in dark ink, appearing to read "Brian", with a stylized flourish above the name.

Brian Norton
CAPSS Board Member | CAS Executive Director

APPENDIX ONE: Client Exit Survey

“Helping Us Get Better” is the client feedback survey form for CPC Burnaby and CPC Vancouver. We have been offering an Exit Survey to clients for 24 years, since the beginning of our charity.

Other CAPSS member centres have similar feedback surveys for their clients.

• • • HELPING US GET BETTER • • •									
<p>We want to be as helpful as possible to women in our community. Since you have just been assisted, you know better than anyone else how we are doing. Please take a moment to respond to each question below. Your comments are important to us.</p>									
1. How do you think the peer counsellor responded to you and your needs? <input type="checkbox"/> Very helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Not especially helpful <input type="checkbox"/> Inconsiderate	5. How willing would you be to recommend this centre to a friend or family member? <input type="checkbox"/> Very willing <input type="checkbox"/> Somewhat willing <input type="checkbox"/> Not especially willing <input type="checkbox"/> Unwilling								
2. Was your peer counsellor sensitive and respectful of your beliefs? <input type="checkbox"/> Very sensitive <input type="checkbox"/> Somewhat sensitive <input type="checkbox"/> Not especially sensitive <input type="checkbox"/> Insensitive	6. On a scale of 1 to 4 how satisfied were you with the assistance you received today? <table><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>Dissatisfied</td><td>Fairly Satisfied</td><td>Satisfied</td><td>Very satisfied</td></tr></table>	1	2	3	4	Dissatisfied	Fairly Satisfied	Satisfied	Very satisfied
1	2	3	4						
Dissatisfied	Fairly Satisfied	Satisfied	Very satisfied						
3. How comfortable did you feel sharing your concerns with the peer counsellor? <input type="checkbox"/> Very comfortable <input type="checkbox"/> Somewhat comfortable <input type="checkbox"/> Not very comfortable <input type="checkbox"/> Uncomfortable	Additional comments: _____ _____ _____ _____ _____								
4. Was the information the peer counsellor provided helpful in informing you about your options? <input type="checkbox"/> Very helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Not very helpful <input type="checkbox"/> Unhelpful	First name (optional): _____ Peer counsellor's name: _____ Date: _____								

APPENDIX TWO: “Examples of CPC advertisements.” Not.

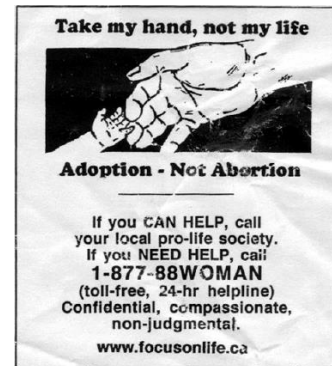
To make a case for deceptive CPC advertising, the report includes as its evidence the below five ads (pp. 47-48). However, three of the five advertisements are not CPC ads. And for the two ads which are CPC-related, there is nothing deceptive as is alleged.



A sign at a Catholic parish. Not a CPC billboard ad as claimed.



A self-identified prolife education agency billboard. Not a CPC ad as claimed.



Leaflet by an unidentified person left in a phone booth. Not a CPC ad as claimed.

CRISIS PREGNANCY CENTRE

All services are free and confidential

- Pregnancy Tests • Crisis Counselling • Maternity and Baby Clothes • Accommodation Help
- Prenatal Instruction • Post Abortion Trauma Counselling
- Referrals • Friendship

By means of the resources of the local church and the community, the Crisis Pregnancy Centre purposes to provide alternatives to abortion for pregnant women who find themselves in distress.

You share the commitment. Can you share in the work?

Each Centre needs:

- **Volunteers** (Counsellors, Receptionists, Admin/Support staff)
- **Financial Supporters**

Please call your local CPC for more information.

Vancouver 731-1122 330 - 1675 W 8th Ave. Vancouver, BC V6L 1V2	Burnaby 525-0999 Suite F - 7487 Edmonds Street Burnaby, BC V3N 1B3	Surrey 596-3611 7234 King George Hwy. Surrey, BC V3W 5A5
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CPC ad in a faith-based newspaper seeking support.

BIRTHRIGHT
EMERGENCY PREGNANCY SERVICE

Love and support for women and their families facing an untimely pregnancy.

Free and confidential pregnancy tests
Discussion of options
Maternity and baby clothes
Referral to relevant agencies

Vancouver	687-7223
N. Vancouver	987-7313
Surrey - Delta	584-7311
Burnaby	291-9818
Mission	826-3904
Abbotsford	859-1551
Squamish	892-9329
Powell River	485-2832

Toll Free: 1-800-328-5683
808 - 207 West Hastings Street, Vancouver, B.C. V6B 1H7

Birthright ad in a faith-based newspaper.

APPENDIX THREE: CAPSS Volunteer Training Manual

The report includes two appendixes taking to task a dated (2002 edition) Volunteer Training Manual produced by the Canadian Association of Pregnancy Support Services. This in-house manual was co-written by 21 contributors, primarily from the fields of nursing, social work and professional counselling.

From the report: “Appendix 1: Correcting Medical Misinformation”

Appendix 1 in the report (pages 21-34) pertains to the manual’s information on pregnancy, fetal development, abortion procedures and abortion risks. For this section Ms. Arthur enlisted the assistance of an abortion provider (p. 21).¹¹⁷

To be current (and relevant), we wish the report would have critiqued the 2009 edition – which CAPSS would have freely given to Ms. Arthur and her organization.¹¹⁸ But nevertheless ...

The abortion provider begins with this preamble: “The Volunteer Training Manual ... has factually correct information in many places, but it’s presented in a slanted way or written with value judgments” (page 21).

First, regarding presuppositions, I agree with the abortion provider that for those of us who believe unborn children have intrinsic worth, this is a value judgment. But alternatively, for those who argue that fetuses are devoid of intrinsic worth, theirs is also a value judgment.

In the report, where the abortion provider disagrees with the CAPSS manual, these are noted in a column titled “Physician’s Rebuttal”. There are both major and minor complaints. Not that the minors are unimportant, but space precludes adequately addressing all of these. Many seem to be hair splitting.

*Two examples of minor criticism: **Morning After Pill** and **Menstrual Extraction***

The CAPSS manual noted that the emergency contraceptive pill may less likely prevent conception and more likely prevent implantation. The correction on this detail given by the abortion provider: “a contraceptive, not an abortion method, works primarily by preventing or delaying ovulation; little evidence that it interferes with implantation” (p. 23).

Yet, the manufacturer of the pill conveys that their product can and does prevent implantation.¹¹⁹

¹¹⁷ Dr. Konia Trouton, Vancouver Island Women’s Clinic.

¹¹⁸ Statistics change and medical research is fluid. CAPSS updates the manual to keep its content current and accurate.

¹¹⁹ “How It Works,” *Plan B: The Morning After Pill*, on the Paladin Labs website. Accessed April 28, 2014.

The CAPSS manual stated that the menstrual extraction procedure can be done in abortion clinics in “several minutes”. The correction given by the abortion provider is that the procedure is “done in 2-3 minutes (not several)” (p. 23).

*Three examples of major criticism: **Fetal Pain, Preterm Birth and Emotional Risks***

The report says the CAPSS manual information is “exaggerated and false” with regard to brain activity and fetal pain. “It is not possible to record fetal brain activity before 20-24 weeks, and that fetuses cannot feel pain until at least the third trimester [28 weeks]” (p. 22).

In contrast, other physicians confirm pain sensation in the second trimester. “Until the 1980's, it was assumed that the fetus could not sense pain. Leading researchers now agree the fetus perceives pain at 20 weeks gestation or even earlier. There is anatomical, physiological and behavioural evidence of fetal pain.”¹²⁰

On this question, for an empirical fact check, I decided to contact critical care perinatal nurses from three hospitals in Canada who work to save the lives of fetuses born premature. All three nurses also disagree with the abortion provider on this detail. Each nurse informed me that the premie fetuses/babies that they personally care for (between 23 and 27 weeks) do respond to stimuli, discomfort and pain.¹²¹

“Actually they put some babies that have intensive things happening on continuous infusions of pain meds if they need it,” said one nurse. She continues: “We have seen incredible difference in neonates since sucrose and sucking are used in combination for pain relief.”¹²² And from another nurse: “The practice of sedating and paralyzing our littlest ones for intubation and other procedures is becoming the norm.”¹²³

The CAPSS manual is criticized for suggesting that abortion can be a risk factor for future childbearing. “There is no documented evidence to suggest there is any impact on a woman’s ability to conceive and carry a pregnancy to term based on her therapeutic abortion” (p. 27). But as we have seen, there is documented evidence. See “Premature Birth” on page 19 of this rebuttal publication.

¹²⁰ Online summation on the deVeber Institute of Bioethics and Social Research website (accessed May 12, 2014) of a public lecture (University of Toronto, October 1, 2009) by Dr. Paul Ranalli, neurologist and clinical instructor in neurology with the University of Toronto’s Faculty of Medicine. Also see V. Glover and N. M. Fisk, “Fetal Pain: Implications for Research and Practice,” *British Journal of Obstetrics and Gynaecology* 106, (1999): 881–86; and I. Kostovic and M. Judas, “Correlation Between the Sequential Ingrowth of Afferents and Transient Patterns of Cortical Lamination in Preterm Infants,” *Anatomical Record* 267, (2002): 1–6; and X. Giannakouloupoulos et al, “Fetal Plasma Cortisol and Beta-endorphin Response to Intrauterine Needling,” *The Lancet* 344, no. 8915 (1994): 77–81.

¹²¹ Perinatal nurses Michele Dawson, Abbotsford, BC, Laura Phillips, New Westminster, BC, and Gisela Steckel, Kitchener, ON, separate e-mail messages to author, April 27, 2014.

¹²² Gisela Steckel (perinatal nurse, Kitchener, ON), e-mail message to author, April 27, 2014.

¹²³ Michele Dawson (perinatal nurse, Abbotsford, BC), e-mail message to author, April 27, 2014.

The CAPSS manual is criticized for suggesting possible emotional risks to abortion. “There is no evidence to suggest that women who have abortions experience any more or less sadness and regret than women who complete an unwanted pregnancy” (p. 30). But as we have seen, there is documented evidence. See “Risks to Abortion: Emotional” beginning on page 23 of this rebuttal.

For the additional minor criticisms in the dated 2002 CAPSS manual concerning abortion, the proverbial devil is in the details.

For the additional major criticisms – primarily about risks to abortion – we have addressed all of these in the body of this rebuttal publication from pages 15 through 29.

From the report: “Appendix 2: Counselling Abuses in Volunteer Training Manual”

Appendix 2 in the report (pp. 35-44) pertains to the peer counselling chapters written for the CAPSS manual by professional counsellors, social workers, registered nurses and a psychiatric nurse. To critique these writers and their contributions, Joyce Arthur hired the services of a person with a BA in psychology and women’s studies (p. 35).¹²⁴

One of many opinions from this critiquer: “The CPC manual goes on to encourage volunteers to view clients as God views them, removing the volunteer counsellors from the rules and values of a secular system, and sanctioning their fundamentalist Christian narrative and its ‘built-in’ hierarchical system of moral and value judgments” (p. 35).

Another extreme opinion: “[It] is inappropriate in our multicultural and varied society to give [charities which hold to a high view of scripture] ... charitable tax status to carry out services such as pregnancy counselling, post abortion counselling, rape victims support network [sic], or abused women safe houses” (p. 39).

Many of the critiquer’s opinions seem to be political statements (or restatements of the unfounded allegations in the report) more than evaluating the CAPSS manual or CAPSS Code of Counselling Ethics.

We are accused of “infantilizing” women (p. 35), engaging in “authoritarian manipulation” (p. 38), using “manipulative and abusive tactics” (p. 37) such as “anxiety-producing lecture[s] on abortion” and showing “shocking” videos (p. 41), and engaging in “scare tactics” (p. 43). The language used reveals the false preconceptions which the critiquer holds of CPCs.

Spending time critiquing the critiquer would be unhelpful. These untrue, hyperbolic allegations have already been rebutted previously in the body of this document from pages 8 through 36.

¹²⁴ For Appendix 2 the report gives credit to Lynn Hudson with editing by Joyce Arthur.

APPENDIX FOUR: Questions and Answers

Why is this rebuttal necessary?

Over the many years we have simply come to expect (and ignore) the accusations and disturbing hyperbole by Joyce Arthur's two organizations in community papers, newsletters, online articles and blogs. "CPCs are a hard concept to condemn," says the Abortion Rights Coalition of Canada, "not least of all because they are not all alike in degrees of evil."¹²⁵

We, in pregnancy care ministry, much prefer to spend our time and resources helping women in crisis rather than responding to disrespectful, ideologically-driven rhetoric. Sadly however, this particular online polemic, *Exposing Crisis Pregnancy Centres in British Columbia*, has taken on a vicious and destructive life of its own.

The report has begun appearing on the first page of Google results for search terms such as "crisis pregnancy centre". Clients or agencies looking online for CPCs can easily come across the report and its false allegations. Also, various publications online began footnoting the report as substantiating the erroneous allegations made against centres in British Columbia.¹²⁶

Why did the CAPSS leadership team select you to provide the rebuttal?

As the report is about the CPCs in British Columbia, it was appropriate for the rebuttal to come from a centre in our province.¹²⁷ Our CAS charity runs two centres – 2 of only 4 centres which were open full-time at the writing of the report. Coincidentally, I also serve on the CAPSS board of directors.

Furthermore, as mentioned previously, Ms. Arthur's two organizations seem to have a particular interest in our CAS charity. Our city location is referred to most often in the report. I am the only staff mentioned by name, and also quoted. Pro-CAN at one time chose to rent space in our same building. The ARCC has tried to elicit negative opinions from our clients. Ms. Arthur sent an undercover plant to our charity for the purpose of "infiltration" (her word choice). Ms. Arthur and the ARCC are now working on a city bylaw project to censor our CPC advertising.¹²⁸

¹²⁵ Peggy Cooke, "Forcing Crisis Pregnancy Centres to be Honest," *The Activist*, ARCC Newsletter (Vancouver: Abortion Rights Coalition of Canada, Spring 2010), 2.

¹²⁶ Such examples include Options for Sexual Health BC (Planned Parenthood), *The Peak* (Simon Fraser University), Canadian Women's Health Network, Wikipedia, British Pregnancy Advisory Service, and various other website posts.

¹²⁷ The purpose of the report as stated in its Introduction (p. 3): "We wanted to find out what these centres were doing and saying to women in BC, and whether they were engaging in deceptive or harmful practices. If so, such practices need to be publicized in order to reduce the harms."

¹²⁸ (1) The Prochoice Action Network opened an office on the floor below us at a previous CPC Vancouver address at 1675 West 8th Avenue, Vancouver. (2) My personal name, title and an extensive quotation is in the report (pp. 3, 14, 15, 17). (3) Facebook posting, Abortion Rights Coalition of Canada, December 7, 2011, facebook.com/AbortionRights: "Have you ever gone to a 'crisis pregnancy centre' in BC for support, not realizing they were anti-abortion? If so, are you

Did you ever ask Ms. Arthur to consider corrections?

During the time of “research” for the report we respectfully asked if we could be permitted to respond to any perceived inaccuracies.¹²⁹ We did not receive a response.

Prior to commencing our local CAS charity’s defamation lawsuit regarding the report, our lawyer also sent Ms. Arthur a letter pointing out many specific inaccuracies and asking for them to be corrected or removed. Ms. Arthur’s lawyer wrote back communicating her refusal to do so.

You initiated court action to require Ms. Arthur to validate her allegations?

Our defamation lawsuit was [dismissed](#).

For Ms. Arthur this was “a victory for the pro-choice movement.”¹³⁰ For us the decision was some good news and a lot of bad news.

We are pleased BC Supreme Court Madam Justice Russell agrees that the serious allegations in the report do not apply to our CAS charity’s CPCs in Vancouver and Burnaby: “I conclude the alleged defamatory statements are not of and concerning the plaintiffs.”¹³¹

This is the end of the good news.

Regretfully, the Judge does not require any of the allegations be removed, corrected or proven by Ms. Arthur. Attributions were not specific enough against us or the other centres in British Columbia because the “deceptive tactics” are described “in broad generalizations.”¹³²

willing to tell your story to a Vancouver TV station? Email info@arcc-cdac.ca by Friday the 9th, thanks! (Also please share this or let your friends know.)” (4) See page 3 in the report: “Infiltration: We found a university student who wanted to research CPC tactics and operations.” (5) ARCC Newsletter, *The Activist*, Spring 2012, p. 7: “CPC bylaw: ARCC is drafting a municipal bylaw (for Vancouver) to compel CPCs to disclose that they don’t refer for abortion or birth control. We are researching similar bylaws and their outcomes in the U.S., collecting stories from BC women who’ve been to CPCs, and preparing a package of information for Vancouver City Council”.

¹²⁹ Contact attempts were made by telephone voicemail, by letter and email. For example: “Attention: Joyce Arthur. Hello Joyce, My name is Brian Norton, and I serve as the executive director of a modest crisis counselling ministry, governed by the Christian Advocacy Society of Greater Vancouver. I understand that you will be publishing a report titled, ‘Exposing Crisis Pregnancy Centres.’ As one of our four outreaches is a Crisis Pregnancy Centre, located here in Burnaby, I would appreciate if I could read a draft copy of the report before you go to press. Although we may hold to differing worldviews, we both believe in journalistic integrity. By giving us reasonable time to review the report, this will give our charity opportunity to respond to legitimate criticism, and to permit us to reply to any perceived inaccuracies. Thank you for considering my request. God bless you. Brian Norton” (email to info@prochoiceactionnetwork-canada.org on March 26, 2007, 3:39 pm).

¹³⁰ Joyce Arthur, “A Victory for the Pro-choice Movement,” *The Activist*, ARCC Newsletter (Vancouver: Abortion Rights Coalition of Canada, Autumn 2013), 1.

¹³¹ Madam Justice Russell, *Reasons for Judgment*, 2013 BCSC 1542, Supreme Court of British Columbia, August 26, 2013, paragraph 98.

Why did you not file an appeal?

Due to the “unspecific” attribution of Arthur’s allegations, and the very large legal costs for our modest charity, we instead decided to respond with this detailed and fully referenced rebuttal.

Do you still believe the report – directly and indirectly – tarnishes the good reputation of your charity and other centres in British Columbia?

Yes.

Why?

This requires a more extensive answer.

In the opinion of Justice Russell, “I find these factors, taken together, do not support the conclusion that an ordinary person, reading the Report as a whole, would believe the impugned statements brought discredit to the plaintiffs’ reputation.”¹³³

In the words of Joyce Arthur, “Central to the case were the report’s qualifying words ‘many or most CPCs,’ which the judge agreed meant that readers would understand that CPCs vary in their tactics and not all CPCs engage in each activity described.”¹³⁴

We are bewildered. Ordinary (and not so ordinary) people who read the report do think it pertains to us.

Space permits only three (one local, one provincial, one international) of many such examples. These are not uneducated people or unsophisticated agencies.

Simon Fraser University, *The Peak*: “[A] 2009 report ... [by Joyce Arthur] found that CPCs in B.C. engage in deceptive advertising” and “provide distorted and inaccurate medical information.”¹³⁵

Options for Sexual Health (self-advertised as Canada’s largest non-profit provider of sexual health services): “The research report ... [by Joyce Arthur] reveals some startling facts about fake pregnancy counselling and referrals in BC.”¹³⁶

¹³² Madam Justice Russell: “As it is never made clear in the Report what ‘many or most’ entails with regard to CPCs across North America, it is difficult to say the ‘deceptive’ tactics reflect personally on the plaintiffs. The impugned statements do not have any specificity; the Report describes the tactics in broad generalizations” (ibid., paragraph 92).

¹³³ Madam Justice Russell, *Reasons for Judgment*, 2013 BCSC 1542, Supreme Court of British Columbia, August 26, 2013, paragraph 97.

¹³⁴ Joyce Arthur, “Anti-choice centres lose lawsuit: What does it all mean?” Columnists, *rabble.ca*, September 6, 2013.

¹³⁵ Nicholas C. Doyle, “SFU needs truth in advertising,” *The Peak*, Simon Fraser University, September 19, 2011.

Dr. Sam Rowlands (renowned UK abortion rights advocate) at a conference for London's Royal Society of Medicine: "Rowlands referred to a 2009 study by Joyce Arthur of such centres in a province of Canada [British Columbia] as an example of how biased or false information [is] given directly to women by so called 'Crisis Pregnancy Centres'."¹³⁷

Why do you think these and other readers are led to believe the report is less about CPCs across North America, and more about CPCs in BC, including your CAS charity?

1. By the title, "*Exposing Crisis Pregnancy Centres in British Columbia*".
2. By the above title as headings on every page of the 65-page report.
3. By the table of contents.¹³⁸
4. By the introduction.¹³⁹
5. By the project's stated purpose.¹⁴⁰
6. By the contents of the report.¹⁴¹
7. By the project's 115 surveys.¹⁴²
8. By the project's "infiltration" of a centre.¹⁴³
9. By the posing as pregnant women.¹⁴⁴

¹³⁶ "Exposing Crisis Pregnancy Centres in BC," Options for Sexual Health BC, website article, February 23, 2009.

¹³⁷ From a conference report by Jennie Bristow, "Event: Developments and Obstacles in Abortion Services," *Abortion Review*, British Pregnancy Advisory Service, April 25, 2011. Accessed April 9, 2014.

¹³⁸ The report's first heading in the Table of Contents (p.2): "The Project: Exposing Crisis Pregnancy Centres in BC".

¹³⁹ Joyce Arthur: "In 2005, we began a project to research antiabortion counselling centres, or 'fake clinics' in British Columbia" (p. 3).

¹⁴⁰ Joyce Arthur: "We wanted to find out what these centres were doing and saying to women in BC, and whether they were engaging in deceptive or harmful practices. If so, such practices need to be publicized in order to reduce the harms" (p. 3).

¹⁴¹ All 65 pages of the "report" pertain to British Columbia. For only 6 pages (pp. 13-18) does the report include claims about "many or most CPCs in North America" – yet even in these pages, it intersperses BC centre content throughout. For example: Our Christian Advocacy Society charity is mentioned twice, my name is specifically noted, I am personally quoted, other BC centres are named or alluded to a number of times, CAPSS is mentioned five times, and so on. We must not insinuate common misconduct because agencies provide like-minded services. See "Guilty by Association" on page 14 of this rebuttal publication.

¹⁴² Joyce Arthur: "We mailed 115 surveys to women's centres and service agencies that helped women in any way across British Columbia.... On each survey (before mailing), we filled in by hand the name of a CPC in their community, and directed the respondents to consider that CPC when answering applicable questions.... Responses came from 15 separate communities, with every area of the province represented (six responses came from Vancouver)" (p. 5).

¹⁴³ Joyce Arthur: "We found a university student who wanted to research CPC tactics and operations. She signed up to train as a volunteer counsellor at a [Burnaby] CPC that was under the umbrella of the Canadian Association for Pregnancy Support Services (CAPSS)" (p. 3).

10. By the community campaign.¹⁴⁵
11. By the project's related agency networking.¹⁴⁶
12. By the phoning of 300 doctor's offices and hospitals.¹⁴⁷
13. By the British Columbia road trips.¹⁴⁸
14. By the appendixes.¹⁴⁹
15. By the related articles written by Ms. Arthur.¹⁵⁰
16. By the approved funding from the Status of Women of Canada.¹⁵¹

See also Appendix Five

¹⁴⁴ Joyce Arthur: "We conducted various other activities to find out more about CPCs and their influence in communities across BC.... We called and visited a number of CPCs posing as pregnant women or mothers of pregnant women" (p. 4).

¹⁴⁵ Joyce Arthur: "We created a poster and distributed it to abortion clinics and women's centres, to invite women to share their experiences with CPCs [in British Columbia] (see Appendix 7)" (p. 5).

¹⁴⁶ Joyce Arthur: "Through our extensive networking (calls, visits, letters etc), we raised awareness about ... the dangers of CPCs ... in communities across BC" (p. 5).

¹⁴⁷ Joyce Arthur: "We phoned almost 300 walk-in medical clinics, doctor's offices, and hospitals throughout BC, posing as a pregnant woman who wants an abortion, to test if they referred appropriately to an abortion clinic or a pro-choice family planning service. The majority did not, and a few even referred our caller to a CPC" (p. 5).

¹⁴⁸ Joyce Arthur: "We visited most areas of the province in 2006 – Lower Mainland, Fraser Valley, Vancouver Island, and the Interior – to meet with staff at feminist Women's Centres and family planning clinics and with public health nurses We also visited several CPCs and anti-choice groups to gather literature and information on their tactics – our volunteer posed as a mother who was worried about her pregnant daughter" (p. 9).

¹⁴⁹ Joyce Arthur: "We researched CPC presence in BC by compiling a list (Appendix 3), researching charity status, obtaining CPC literature, collecting examples of CPC advertising (Appendix 4), and creating digital maps of BC (Appendix 10) highlighting locations of CPCs [in British Columbia]" (p. 4).

¹⁵⁰ Joyce Arthur: "[A]... project to research anti-abortion counseling centres, or "fake clinics" in British Columbia." "We wanted to find out what these centres were doing and saying to women in BC, and whether they were engaging in deceptive or harmful practices." "We're now in the last stage of finishing a research report on our findings" (Joyce Arthur, *Pro-Choice BC* newsletter, February 2007, p. 2). This became the erroneous 2009 online "report".

¹⁵¹ The report was financed by the Status of Women Canada to conduct research on CPCs "in British Columbia". See Appendix Five for details and references.

APPENDIX FIVE: Project Initiative and Funding

In the submission for the funding of the report from the Status of Women Canada (SWC), the project proposal was presented by Ms. Joyce Arthur with the understanding the project was not about CPCs in general throughout North America, but specific to British Columbia.¹⁵²

Under heading Initiative Budget

- Projected project expenses: **\$30,900**
- Requested dollars from SWC: **\$27,400**

The remaining \$3,500 via ‘contributions-in-kind’ from BC abortion clinics and Pro-CAN. (SWC pp. 4-5)

Under heading Need for the Initiative

Joyce Arthur: “There are CPC’s [sic] in almost every city in BC.... It is critical to research and evaluate the extent and impact of CPCs’ reach and influence in BC.” (SWC p. 11)

Under heading Goals and Objectives

Joyce Arthur: “Research the current situation in BC – for example, numbers, locations, sizes, and resources of CPC’s [sic] and similar agencies” – [and] “evaluate their relative success at supplanting feminist-based resources in local communities in BC, and look at ways to counter this.” (SWC p. 12)

Under heading Financial and Non-Financial Partners

Joyce Arthur: “For this project, we would work closely with local abortion clinics. We would also liaise with women’s centres across BC, family planning clinics (e.g. Options for Sexual Health ...).” (SWC p. 15)

Under heading Outcomes of Initiative

Joyce Arthur: “Through our extensive networking (calls, visits, letters etc), we raised awareness about the overall significance of abortion rights and care to women, and the dangers of CPC’s [sic], thereby leading to a more unified consensus and approach in communities across BC.” (SWC p. 54)

Under heading Implications for Future Work

Joyce Arthur: “We plan to use our network to encourage the establishment of feminist-based counseling services in other parts of BC, so we can continue to reduce the need for and influence of the CPC’s [sic] in those communities.” (SWC p. 55)

Under heading Conclusion

Joyce Arthur: “The research report will be widely distributed (to the media, all of our networking contacts, and healthcare workers/organizations) and will also be available online ... to ultimately ensure that fewer women will be referred to them” (SWC p. 56)

¹⁵² Source: From 63 pages of project initiative documentation between Joyce Arthur and Status of Women Canada representatives re: File #SWC2009-10/03. Secured via the *Access To Information Act* on September 15, 2009.

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