

Crisis Pregnancy Centers Research

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Hello all! My name is Tessa, and I am new to the Reproductive Justice Internship program. I am a senior, a transfer student, and a psychology major. I am very interested in all things concerning human rights, which has led me to be passionate about reproductive justice and I hope to use my access and abilities to be an advocate. My previous activism work includes being a Sexual Assault Counselor for a Rape Crisis Center, where I acted as an advocate and as support for people and children at the hospital and on a hotline. In my future, I hope to become a Forensic Psychologist, where I want to work with victims of violent crime and help dismantle

the prison industrial complex.

In the last month and a half, I have been working with Dr. Clare Daniel on an interdisciplinary project concerning crisis pregnancy centers. Specifically, the team is interested in what public funding is going to CPCs, what legislation governs these centers, the quality of care provided, and the history of CPCs. As a research assistant, I help by finding existing literature concerning CPCs and writing a brief description of the text. After reading literature about CPCs from a variety of disciplines including (but not limited to): medicine, sociology, public health, history, and government documents, it is clear that CPCs pose a substantial threat to the reproductive rights of the public. I organized my research into seven subcategories: history, legislation, medical accuracy, public funding, gender, poverty, and race. Each of these subcategories is important to understand the full scope of impact CPCs have. Much of the existing research about CPCs is concerned with medical accuracy since these organizations often offer free pregnancy tests, ultrasounds and medical advice concerning pregnancy. Although they are not medical clinics and generally do not staff medical professionals, one study found that “seventeen of the 32 centers (53%) contacted provided one misleading or inaccurate piece of [medical] information” (Bryant et al. 2012). How much public funding goes to CPCs proved to be a more difficult task, as there is a lack of clarity, especially in Louisiana. This will need further research. The existing research shows that CPCs take advantage of vulnerable populations, such as those who do not have access to healthcare or information regarding reproduction and also target racial minorities (Kelly 2018). The individual-focused nature of CPCs may differ from other types of anti-choice activism; however, it proves to be a threat to reproductive justice and public health.