



Center for Bio-Ethical Reform
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Choice Blues Usage in Crisis Pregnancy Counseling and Medical Office Settings

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Choice Blues can be used effectively in crisis pregnancy counseling and medical office settings to help save baby's lives. All of the best counseling methods fall short of conveying to a pregnant woman the horror of an abortion decision. A caregiver who is truly concerned about the well-being of mother and baby can and should be trained to lovingly show a woman the full truth about abortion. This can be termed "tough love" or revealing the "hard truth."

Many people who immediately dismiss the suitability of graphic educational videos in crisis pregnancy counseling have never been trained to use them and are only responding at a gut level. They likely feel compassion toward women and may have concerns specifically for those dealing with post abortion grief. Yet these caregivers must ask:

- Is it more traumatic for a woman *to see* an abortion or *to have* an abortion and live with its aftermath?
- Am I the one who is most uncomfortable with graphic visual aids, or are my clients/patients?
- Is my concern over this woman's potential emotional response more important than the life of this baby in her womb?
- Do I fear a lawsuit more than I fear a baby will die a brutal death that I could perhaps prevent? (This is also a key question for Boards of Directors.)

Graphic visual aids are not only appropriate, but also very effective with many abortion-vulnerable clients. We should not aid pro-abortion forces by participating in the concealment of the full truth and horror of abortion. It is misguided to "protect" the woman's present "feelings" and not think of her long-term emotional, physical and spiritual well-being.

Even for the woman who has had a previous abortion, you may spare her the tragedy of another abortion. A 1994-95 national survey reported in *Family Planning Perspectives* July/August 1996, found that 45% of abortion patients surveyed had had previous abortions. It is imperative that we reach these women before they add to their grief. A well-established crisis pregnancy center will usually have post-abortion counseling available for women who need to work through post abortion grief, and you can offer the client/patient this service at the proper time.

It is naïve at best and arrogant at worst to think that our words alone can reach every woman facing a crisis pregnancy. Many women go into a state of shock at the news of a positive pregnancy test. Your words may be lost, but the pictures will stay in a person's mind. Visual images bring back to a woman's remembrance the reality that abortion violently ends a baby's life.

It is tragic that the pendulum has swung away from CPC's use of graphic visual aids. It has been charged that in the past some CPC's did not wisely use graphic visual aids, setting themselves up for a potential lawsuit and clients for potential unexpected distress. Watching an abortion video will always be painful for a conscientious human being, but adequate preparation and obtaining consent are the keys to an ultimate positive outcome.

There is no down side to sensitively offering *Choice Blues* in an appropriate case. We are not aware of any woman who has ever decided to abort because she was offered *Choice Blues*, but many are almost certainly deciding to abort because they have not been given an opportunity to see what abortion is and does. We know experientially that women who see abortion are far less likely to choose abortion.

For crisis pregnancy staff to make a decision in advance that their clients cannot handle graphic visual aids is both demeaning to women and defeating to our cause. Ironically, this point was made by someone from the other side. Naomi Wolf, in her much discussed October 16, 1995 *The New Republic* article "Our Bodies, Our Souls" asks:

How can we charge that it is vile and repulsive for pro-lifers to brandish vile and repulsive images if the images are real? To insist that the truth is in poor taste is the very height of hypocrisy. Besides, if these images *are* often the facts of the matter, and if we then claim that it is offensive for pro-choice women to be confronted by them, then we are making the judgment that women are too inherently weak to face a truth about which they have to make a grave decision. This view of women is unworthy of feminism. Free women must be strong women, too; and strong women, presumably, do not seek to cloak their most important decisions in euphemism.

The following are recommended procedures:

1. The CPC/medical center should have a written policy regarding the usage of graphic visual aids. The policy should instruct a staff member to remain in the room with a client/patient who is viewing a graphic video. This will give the pregnant woman the opportunity to ask questions, as well as avoid false claims about what occurred during its viewing.
2. A simple consent form should be used with any client/patient who agrees to see a video. Each video listed should include a brief description of its contents, and those which are graphic should be so noted. The consent form should state that the chosen video(s) may prove helpful in the woman's decision-making process and that she is free to turn the video off at any time. It is good to actually place the

- remote control device in her hand and instruct her where the on and off buttons are located; then it is she who controls the duration of the tape.
3. Staff members need to be adept at discerning which video to recommend to a particular client/patient and always must disclose the video's contents
 4. These videos should be respectfully offered, and an individual who declines must be still treated with deference and compassion. We have found through experience that women (and men) are quite reliable in assessing their capacity to handle graphic videos. It is just as wrong to say that no woman *may* see a video like *Choice Blues* as it is to say that all women *must* see it. We should not take away the choice to watch it or decline to do so. To do either would be presumption and would ultimately betray a lack of respect for the client's autonomy.
 5. Choose strong, spiritually mature, and adequately trained people to counsel women contemplating abortion. If a person is too tender-hearted or emotionally sensitive to offer graphic videos in appropriate cases, we respectfully submit that she is not called to be in the counselor role. There are numerous other important areas in which such a person can serve in the crisis pregnancy outreach setting.
 6. If is helpful to include significant others present in the showing of *Choice Blues*. These friends or family members may be pressuring her to abort and they too need to be educated.

It is amazing how many clients/patients who are offered an educational abortion video will elect to view it. Many of these women are abortion vulnerable and will change their minds after viewing *CHOICE BLUES*.

In the metropolitan Los Angeles area, I directed the Pregnancy Help Clinic of Glendale for nearly eight years. We began offering graphic abortion videos in 1991. There was never an instance where a client became angry while viewing *Choice Blues*. A small number asked that the video be turned off, a request with which the staff member immediately complied. The only incident involving someone angrily leaving the room was when a boyfriend who was pressuring his girlfriend to abort stormed out of the counseling room. Obviously, he was angered by the truth of the video foiling his plan to have their child killed. The girlfriend remained in the counseling room and apologized for her boyfriend's behavior. He later had a change of heart and was deeply saddened when her pregnancy ended in miscarriage.

If the above recommendations represent a major shift in your crisis pregnancy center's approach to videos, we strongly urge you to make this a matter of serious prayer. We also encourage you to contact us at the Center for Bio-Ethical Reform (949)206-0600. You may also contact the director of Gateway Pregnancy Centers in New Jersey at (973) 399-8378 or Dean@Gateway.org. This is one of the centers that has successfully used CBR's videos with clients for years. Actual client stories are available from CBR upon request.

Consent Form:

A consent form should be used with any client who agrees to see the DVD. The form should specifically mention the name of the graphic video and fully disclose its contents.

Sample Consent Form:

Client Consent Form for the Video, "Choice Blues"

I have been fully advised by the staff at [*CPC name*] that the video, "Choice Blues" contains graphic images of aborted human fetuses from all three trimesters of pregnancy. I understand that this footage may be disturbing. Moreover, I have not in any way been coerced into watching this video and may stop the presentation at any time

Name _____ Date _____