

Were You Deceived?

The Rights of Women and How You Can Help to Enforce Them

When you had an abortion, you probably weren't told all that you had a *right* to know.

According to the U.S. Supreme Court, you had a right to be fully informed about *all* the physical, psychological, and emotional reactions which are associated with abortion. You also had a right to know if you were at higher risk for experiencing any of these problems.

You had a right to know *everything* which a patient might consider relevant to her decision to undergo an abortion. It was also the doctor's duty to be sure you *understood* the information. Furthermore, you had a right to know if the abortion was likely to solve your problems or more likely to aggravate existing problems — or to create new ones.

When you went to the abortion clinic, it was their duty to provide you with full disclosure of all the information you needed to make a fully informed choice about abortion. Even if you felt certain that abortion was your best choice, it was *their* duty to ensure that your choice was not one being made out of confusion, ignorance or fear.

If your doctor failed to fulfill this duty, he violated your rights. In addition, it is likely that he is continuing to violate the rights of hundreds, perhaps thousands, of women like you every year. The well-being of thousands of women depends on holding abortionists fully accountable for respecting the right of patients to full disclosure.

What You Can Do

We can't turn back the clock to undo this violation of your rights. But with your help, we can put pressure on abortionists to better protect women's health. Remember, full disclosure is not an option; it is a right.

If you did not receive full disclosure of the relevant information, your consent was actually invalid. In such cases, an individual can bring a lawsuit against the doctor and clinic, but it is often difficult to find an attorney to take such a case unless you suffered a major, permanent physical injury. In the near future, we hope to make it easier for women with less severe injuries to be heard in court too.

To accomplish this, we are seeking to identify women who would be willing to file complaints about abortionist's deceptive trade practices with the state's attorney general. **This can be done confidentially.**

If you are asked to file a complaint, you will be asked to be as specific as possible with regard to any allegations of

“deception, fraud, false pretense, false promise, misrepresentation or the concealment, suppression, or omission of any material fact.”

The law which forbids deceptive trade practices also prohibits any conduct that **“creates a likelihood of confusion or of misunderstanding.”** This is the standard of the law which will be used to evaluate your complaint.

For example, an allegation of false pretense might arise if the clinic advertised or told you that it provided counseling services, when in fact their “counselors” were not actually licensed in any counseling profession. If the “counselor” was simply there to either sell you an abortion, or to act as a “support person” in this time of stress, you were not given the counseling you were promised.

If you were told that you would feel mostly relief after the abortion, and that very few women have trouble adjusting, this may constitute a false promise.

If you asked questions but were given brief, dismissive, or incomplete answers, this could be concealment or suppression of material fact. You have a right to *full* disclosure, not just what they *wanted* you to know.

On the other hand, if you did not ask questions but later found out that there was something you were not told, this would fall under the category of “omission of material fact.”

What We Hope to Achieve

Our goal is to gather complaints from women regarding the unfair and deceptive practices of abortion clinics in order to urge the attorney generals of each state to intervene on behalf of women under the consumer protection laws of their states.

At this stage, it is not necessary for you to file your complaint with the consumer fraud division of the attorney general's office. As a single complaint, it is likely to be ignored unless it is sent as one of a large number of complaints.

What you can do now is to help us in our initial effort to gather together a large number of complaints. When a sufficiently large number of instances of illegal or deceptive business practices have been documented, these materials will be formally presented to the attorney general of your state.

If you are interested in participating in this effort, please fill out the form on the other side of this brochure. It would also be helpful if you could include a few neatly written paragraphs describing how you were misled or otherwise injured.

If you provide us with your name and address, we will contact you with information about filing an official complaint with the attorney general's office as soon as we have collected a hundred or more complaints. (Your official complaint can be filed with a request for anonymity, if that is what you desire.)

Please send the completed survey, and any additional materials describing how you were misled or injured, to this address:

**EDAP Survey
c/o Elliot Institute
PO Box 7348
Springfield, IL 62791**

A Survey of Disclosure Practices in Abortion Clinics

>> PLEASE COPY AND DISTRIBUTE <<

Name of abortion clinic: (Please PRINT): _____

Name of doctor, if known: _____

City / state where abortion was performed: _____ Year: _____

Directions

1. First, place a **check** mark next to each topic which was mentioned prior to your abortion, then
2. Go back and **circle** the topics that you feel, based on your present knowledge, were *adequately* discussed. In other words, check *and* circle the items for which you feel you had full disclosure.

Examples: / / infertility (Not mentioned at all -- not marked at all.)

/ / infertility (Mentioned, but *not adequately discussed*, so not circled.)

/ / infertility (Adequately discussed -- checked **and** circled.)

1. I was told that statistical evidence suggests a link between abortion and increased rates of:

- | | |
|--|--|
| / / ectopic pregnancy | / / desire for a "replacement" pregnancy |
| / / infertility problems | / / having subsequent abortions |
| / / miscarriage | / / bitterness |
| / / placenta previa | / / depression |
| / / endometriosis | / / crying fits |
| / / difficulties in labor | / / anniversary reactions |
| / / handicapped newborns | / / insomnia / difficulty sleeping |
| / / pelvic inflammatory disease (PID) | / / frequent nightmares |
| / / sexual frigidity / lowered sexual desire | / / eating disorders |
| / / pain during intercourse | / / flashbacks to the abortion |
| / / breast cancer | / / intrusive thoughts |
| / / lower general health | / / difficulty concentrating |
| / / alcohol abuse / addiction | / / irritability |
| / / drug abuse / addiction | / / self-hatred |
| / / increased smoking levels | / / feelings of shame |
| / / delayed emotional reactions | / / strong feelings of guilt |
| / / suicidal tendencies | / / feelings of spiritual crisis |
| / / suicide | / / fear of God |
| / / risk taking behavior | / / fear of harm to other children |
| / / self destructive tendencies | / / easily becoming angered |
| / / psychiatric hospitalization | / / becoming violent when angry |
| / / anxiety attacks | / / involvement in domestic violence |
| / / lower self-esteem | / / difficulty bonding with children |
| / / marital problems | / / child abuse |
| / / promiscuity | / / hatred of men |
| / / broken relationships | / / hatred of those involved in the abortion |

- / / withdrawal from others
- / / workaholic tendencies
- / / personality disorders

- / / loss of interest in previously enjoyed activities
- / / conflicts with authorities or the law

2. Prior to my abortion, I was told that I might be at a higher risk of experiencing one or more negative physical problems after the abortion if I:

- | | |
|---|--|
| / / was obese | / / had previously had an abortion |
| / / had high blood pressure | / / had a family history of breast cancer |
| / / had a venereal infection | / / was under 20 years of age |
| / / had a chlamydia infection | / / had other children or had recently given birth |
| / / had an abnormal uterus (double or tipped) | / / am a smoker |

3. Prior to my abortion, I was told that I might be at a higher risk of experiencing negative emotional problems after the abortion if I:

- | | |
|---|---|
| / / was in the second or third trimester | / / was married |
| / / was a teenager | / / already had children |
| / / had a prior history of psychological problems | / / was aborting because of a suspected fetal handicap |
| / / had a prior history of substance abuse | / / had a prior history of abortion |
| / / had planned or wanted the pregnancy | / / had moral beliefs against abortion |
| / / had a poor history of using birth control | / / was raised with religious or conservative values |
| / / had a strong maternal orientation | / / had strong feelings of shame about the abortion |
| / / was having fantasies about keeping child | / / made the decision too quickly |
| / / had a prior low self-image | / / made the decision based on inaccurate or inadequate information |
| / / had a prior unresolved trauma | / / was accompanied to the abortion by my male partner |
| / / was a victim of sexual abuse | / / had a poor or unstable relationship with my partner |
| / / had been abused as a child | / / made the decision alone, without the assistance of my partner |
| / / was having marital problems | / / did not have the support of my partner |
| / / had a history of psychological disorders | / / did not expect to cope well with the abortion |
| / / felt pressured into the abortion by others | |
| / / did not want to abort but felt I had "no choice." | |
| / / did not expect to cope well with the abortion | |

4. Overall, the information I received was: / / very good / / adequate / / very poor:

OPTIONAL: (Contact information is optional. But we cannot contact you when it is time to file the official complaint unless you provide this information.)

Name: _____ Present Age: _____ # of abortions: _____

Address: _____ Age(s) at time of abortion(s): _____

City, State, Zip: _____ Phone: (_____) _____

Would you be willing to talk to attorneys, legislators, or reporters about your experience?

- / / Yes, unconditionally / / Yes, if they agreed to keep my identity secret / / No

Please mail to: EDAP Survey, c/o Elliot Institute, PO Box 7348, Springfield, IL 62791