



2010 NATIONAL CLINIC VIOLENCE SURVEY

Conducted by
FEMINIST MAJORITY FOUNDATION

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EXECUTIVE SUMMARY

Almost immediately following the November 2008 elections, women’s health clinics began reporting increased incidents of hostile threats and activity. Then again, after the murder of Dr. George Tiller by an anti-abortion extremist in May 2009, reports of threats against abortion providers increased. The data in this nationwide survey of women’s health clinics – the first comprehensive survey since the summer of 2008 – bear out these observations.

Overall, the percentage of clinics experiencing severe violence¹ has increased to 23.5% of all abortion providers participating in the survey in 2010, compared to 20% in 2008 and 18.5% in 2005. Moreover, this marked the highest level of violence recorded since 1997 when 25.0% of all clinics experienced one or more incidents of severe violence.

Not only did the incidence of severe violence increase, but the violence became more highly concentrated. While a larger percentage of clinics reported “no violence” or only moderate violence, the percentage of clinics reporting three or more incidents of severe violence and harassment rose significantly in 2010 to 11.2% of all clinics compared to 9% in 2008—an increase of nearly one-third. Thus, while a majority of clinics reported no violence, a smaller number reported numerous acts of violence and harassment, with one clinic reporting a total of 11 incidents in 2010 alone.

Moreover, the types of violence shifted to more intensive targeting of doctors and clinic personnel and staff: the incidence of stalking reported by clinics grew from 4% in 2008 to 6.4% in 2010 and the percentage of clinics reporting pamphlets targeting staff increased from 16.1% in 2008 to 19% in 2010. Anti-abortion extremists clearly aim to create a climate of terror to intimidate and drive out abortion providers. Indeed, the data demonstrates a strong correlation between the incidence of violence and harassment and staff resignations: clinics with high violence are more than twice as likely to have a staff member resign.

For targeted clinics, effective law enforcement is essential in preventing incidents of violence. Clinics which rated their experience with local law enforcement as “poor” were twice as likely to experience high levels of violence in 2010 as clinics rating their experience as “good” or “excellent.” Disturbingly, however, although the percentage of clinics reporting FACE violations increased in 2010, the number of clinics reporting that investigations were opened into these FACE violations decreased dramatically.

¹ This longitudinal measure of severe violence includes eleven tactics: blockades, invasions, arson, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats.

METHODOLOGY

The twelfth National Clinic Violence Survey, which measured the incidence of anti-abortion violence in 2010, was mailed out in July 2010. This survey is the most comprehensive study of anti-abortion violence, harassment, and intimidation directed at clinics, patients, and health care workers. It includes information provided by abortion providers of various national organizational affiliations, such as the National Abortion Federation, Planned Parenthood Federation of America, and the Abortion Care Network, as well as independent, unaffiliated clinics.

A universe of 595 abortion providers was identified by the Feminist Majority Foundation's National Clinic Access Project, a decline from the 683 providers identified in 2008 and a further decline from the 739 providers identified in 2005. The smaller universe of abortion providers reflects the continuing decrease in the total number of abortion providers as the rate of abortion in the U.S. continues its long-term decline and medical abortions are increasingly available in doctors' office, outside the clinic setting.²

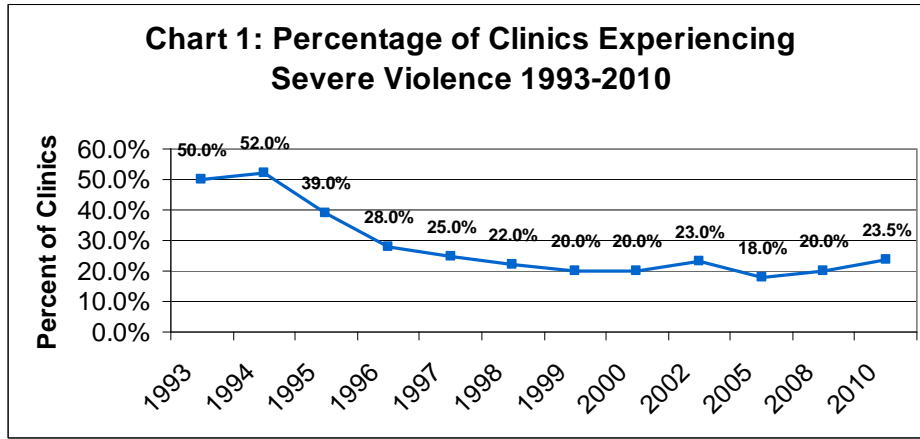
Providers were mailed the questionnaire in July and also given the option to respond online through an identical survey. A series of three follow-up phone calls were made over the next two months. As a result of these efforts, a total of 357 providers responded to the survey, a 60% response rate. All respondents were assured that their individual responses would remain confidential

KEY FINDINGS

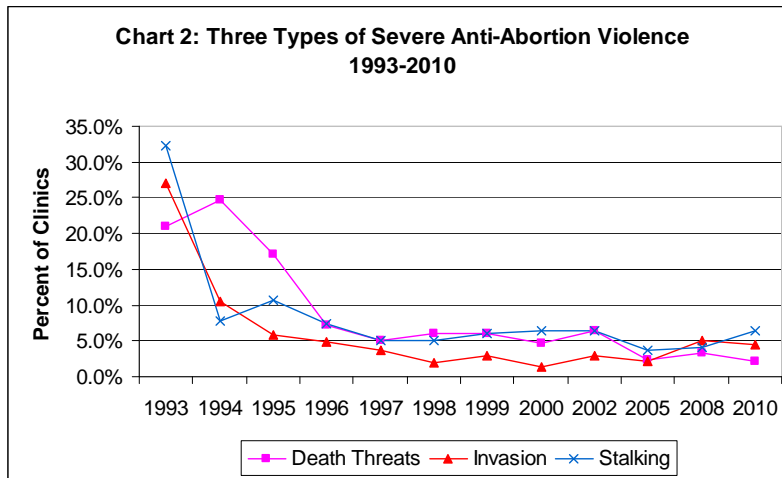
SEVERE VIOLENCE

Severe violence affected 23.5% of all clinics surveyed in 2010, up from 20% in 2008 and 18.4% in 2005. Although less than half the reported level of severe violence in the early 1990s, when more than 50% of all clinics were targeted, this is the highest level of severe violence recorded since 1997 when 25% of clinic reported one or more violent incidents. Severe violence includes eleven tactics: blockades, invasions, arson, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats.

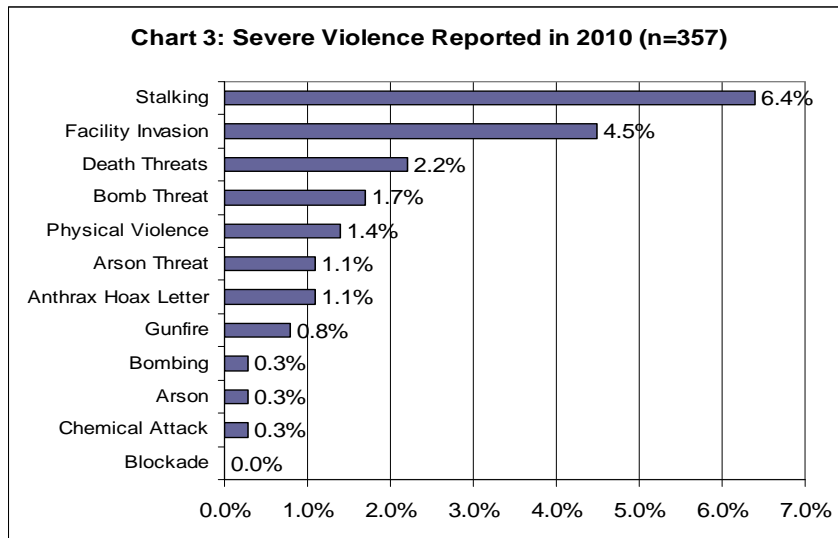
² Guttmacher Institute "U.S. Abortion Rate Continues Long-Term Decline, Falling to Lowest Level since 1974; More Effort Still Needed to Reduce Unintended Pregnancy" Jan. 17 2008



Stalking, facility invasion and death threats were the most commonly reported types of severe violence in 2010. Among the responding clinics, 6.4% reported stalking, 4.5% reported facility invasion and 2.2% reported death threats. Although facility invasion and death threats have decreased since 2008, **the incidence of stalking has increased significantly, up from 4% in 2008.** Blockades are no longer a common form of violence but attempts to intimidate patients from entering clinics (such as approaching cars and noise disturbances) continue.



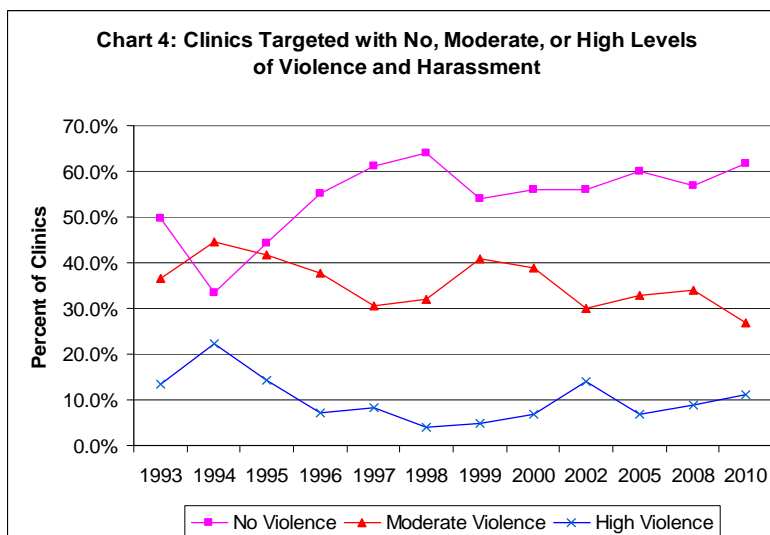
Dangerous but less common types of severe violence include physical violence, bomb threats, anthrax hoax letters and arson threats. Of these, physical violence was the most common at 1.4%. The percentage of clinics experiencing each of the eleven types of severe violence is illustrated by Chart 3 (see page 5).



VIOLENCE AND HARASSMENT

The percentage of clinics experiencing three or more types of violence and harassment increased from 9% in 2008 to 11.2% in 2010—an increase of nearly a third. The composite measure of violence and harassment includes the severe violence variables³, the vandalism variables⁴, home picketing, and break-ins.

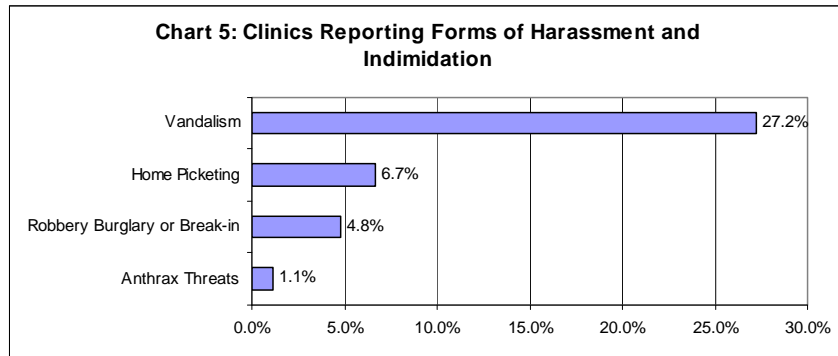
At the same time, the percentage of clinics reporting “no incidents” of violence also increased, rising from 57% in 2008 to 61.8% in 2010 (see Chart 4). And, the number of clinics reporting moderate violence decreased from 34% in 2008 to 27% in 2010. Overall, the data demonstrate an increase in the concentration of violence. In a war of attrition, anti-abortion extremists strategically target a vulnerable minority of clinics. Thus, a majority of clinics report no violence, while a smaller number report numerous acts of violence or harassment. One clinic reported a total of 11 acts of violence and harassment in 2010 alone.



³ Severe violence includes eleven tactics: blockades, invasions, bombings, arson, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats.

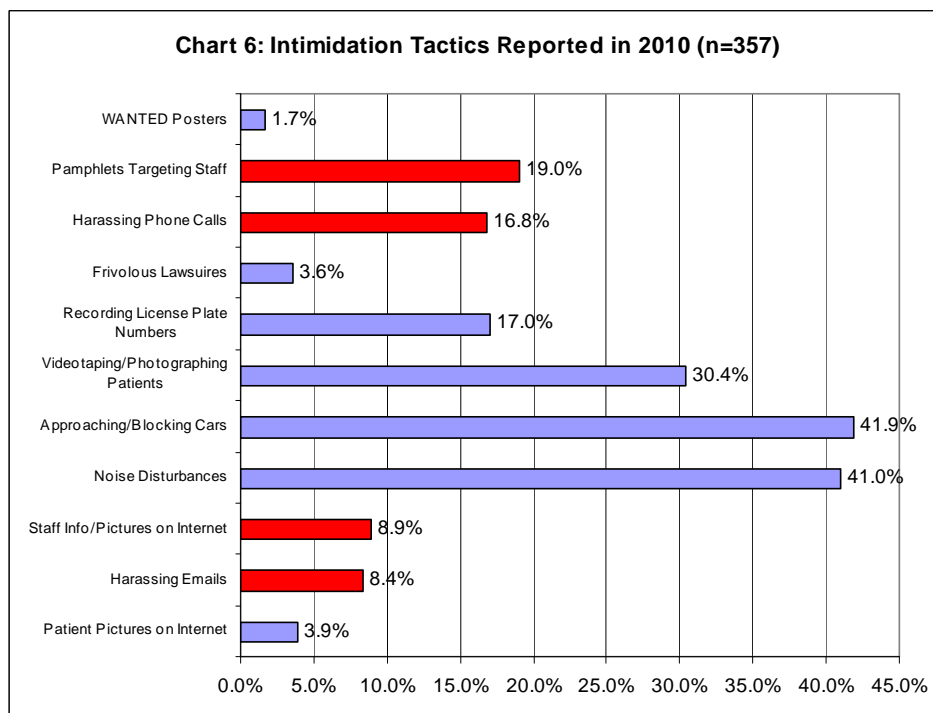
⁴ Vandalism includes eight variables: graffiti, broken windows, tampering with garbage dumpster, tampering with phone lines/calls, nails in driveway/parking lot, vandalism of staff homes or personal property, glue in locks, motor oil in driveway/parking lot.

Chart 5 illustrates the percentage of clinics reporting harassment in the forms of vandalism, anthrax threats, home picketing, and break-ins. In 2010, the incidence of vandalism declined slightly from 32.5% in 2008 to 27.2%, whereas the incidence of home picketing and break-ins remained essentially the same. Hoax anthrax threats increased since 2008, but impact less than 2% of clinics.

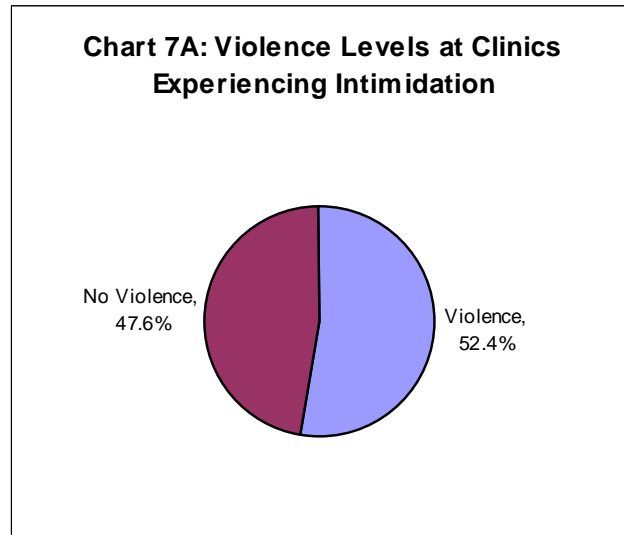
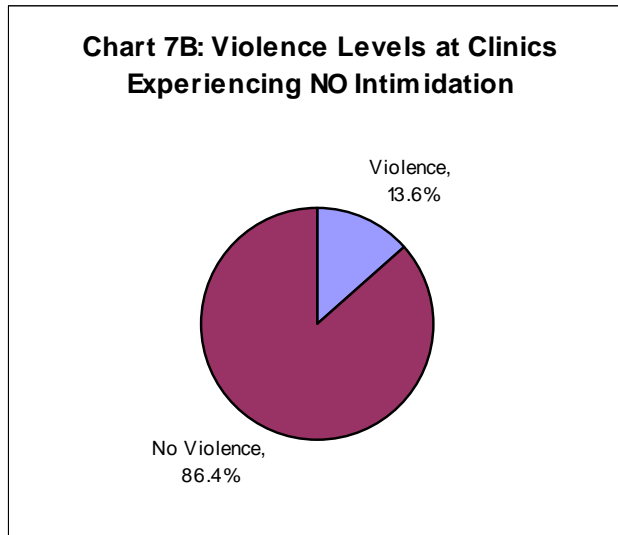


INTIMIDATION TACTICS

In 2010, 62.8% of clinics experienced intimidation tactics, a decrease from 2008. Most tactics, including noise disturbances, WANTED posters, and the recording of patient license plate numbers, affected a smaller percentage of responding clinics. However, an increased percentage of clinics reported harassing phone calls, harassing emails, the posting of staff information/pictures on the internet and pamphlets targeting staff. Noise disturbances and the blocking of cars continue to be the most common forms of intimidation.

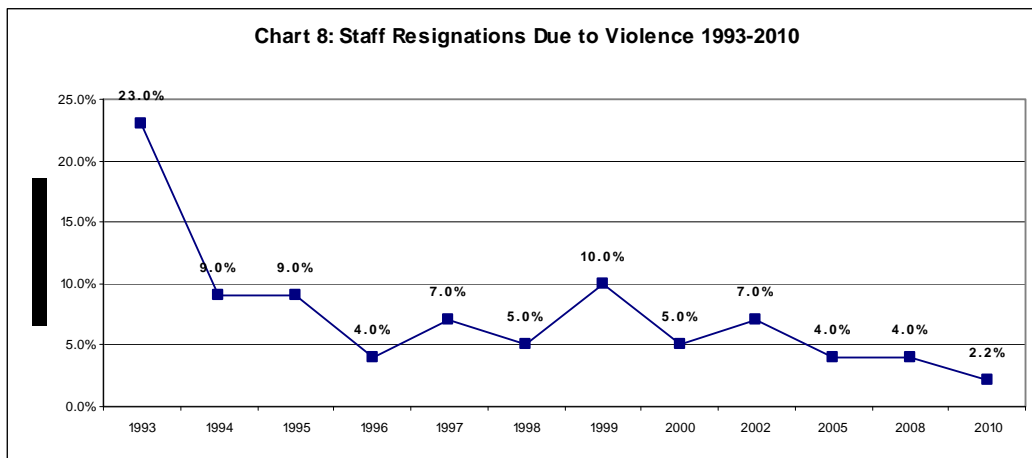


The strong correlation between intimidation tactics and violence is demonstrated in the two charts directly below. As shown, of the 225 clinics experiencing at least one form of intimidation, 52.4% also experienced violence. In contrast, of the 133 clinics which did not experience intimidation, only 13.6% experienced violence. **In other words, clinics experiencing intimidation are almost four times more likely to experience violence than those not experiencing intimidation tactics.**



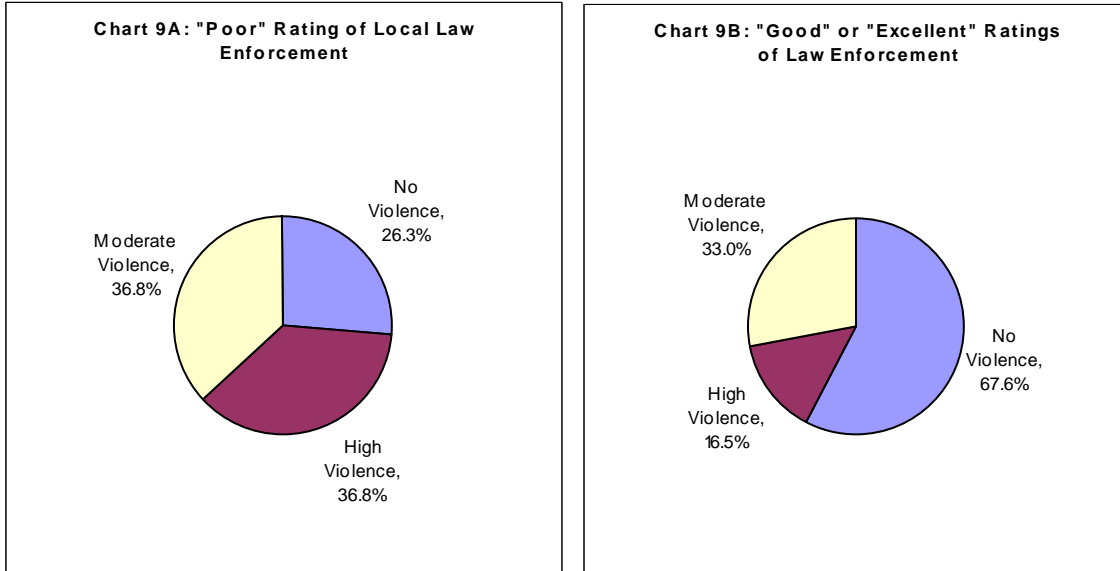
STAFF RESIGNATIONS

The percentage of staff resignations as a result of anti-abortion violence, harassment or intimidation decreased from 4% in 2008 to 2.2% in 2010. However, of clinics with high violence, 10% experienced staff resignation, nearly five times the overall percentage. This difference indicates a strong correlation between the incidence of violence and harassment and staff resignation.



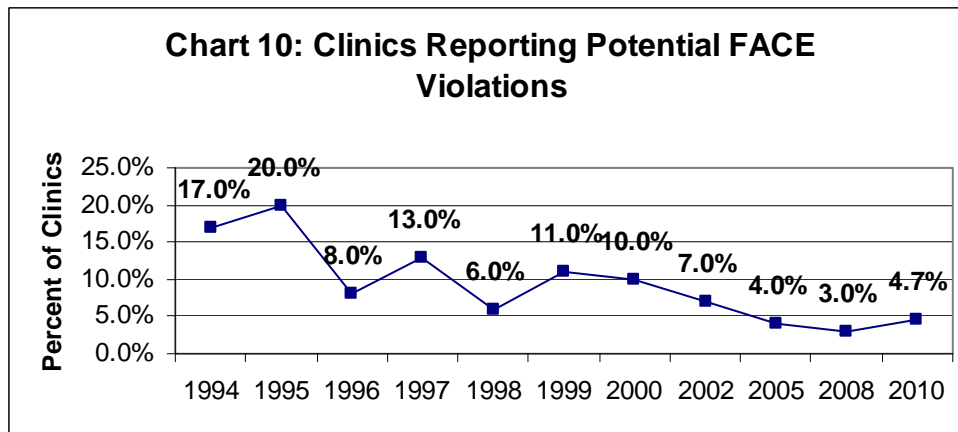
LAW ENFORCEMENT

A strong, positive relationship with law enforcement continues to be crucial for abortion clinics threatened by violence and harassment. **Clinics which rated their experience with local law enforcement as “poor” were twice as likely to experience high levels of violence in 2010 as clinics rating their experience as “good” or “excellent.”** This strong correlation is demonstrated in Chart 9.



Of those clinics in contact with state law enforcement, 54.7% rated the experience “good” or “excellent” and 55.9% of clinics with federal law enforcement contact rated the experience as “good” or “excellent.”

In 2010, for the first time since 1999, the percentage of clinics reporting potential FACE violations to federal law enforcement authorities increased. Some 4.7% of clinics reported a potential violation in 2010. However, of the reported violations, only 35.3% resulted in the opening of an investigation, a decrease from 56% in 2008.



CRISIS PREGNANCY CENTERS

The percentage of clinics that reported proximity to a Crisis Pregnancy Center, or CPC, increased from 42.3% in 2008 to 57% in 2010. The increase is particularly significant, since **clinics near a CPC experience significantly higher rates of severe violence: 32% compared to only 11.3% of clinics not near a CPC.**⁵ In other words, a clinic near a CPC is almost three times more likely to experience severe violence than a clinic not near a CPC. Similarly, clinics located near a CPC were more likely to experience more frequent incidents of severe violence and harassment: 16.4% of these clinics recorded three or more incidents whereas only 6.2% of clinics not near a CPC experienced high rates of violence.⁶

Chart 11 A: Experience of Severe Violence at Clinics Near a CPC

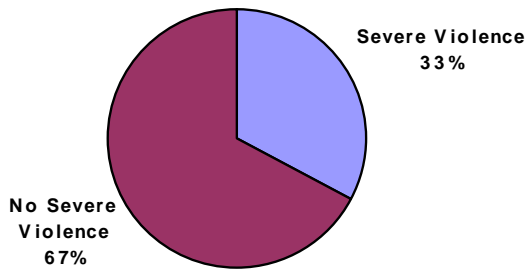
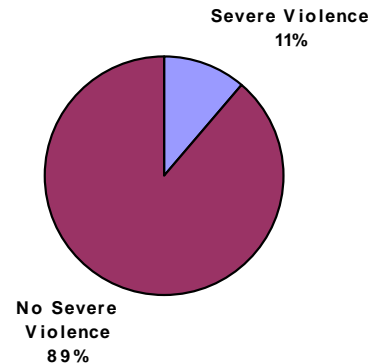


Chart 11B: Experience of Severe Violence at Clinics NOT Near a CPC



⁵ Severe violence includes eleven tactics: blockades, invasions, bombings, arson, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats.

⁶ High violence is defined as 3 or more incidents of violence or harassment the composite measure of which includes the severe violence variables, the vandalism variables, home picketing and break-ins.

CONCLUSION

The level of violence and harassment against abortion providers has increased from 2008, with some 23.5% of clinics surveyed reporting one or more incidents of severe violence in 2010, up from 20% in 2008. The strategy of anti-abortion extremists targeting specific clinics with repeated attacks also appears to have increased, with 11.2% of clinics surveyed reporting three or more types of violence or harassment, up from 9% in 2008. One clinic experienced a total of 11 acts of violence and harassment in 2010. At the same time, the percentage of clinics reporting moderate violence was lower and the percentage of clinics reporting “no violence” increased.

Moreover, the extremists’ tactics appear to have shifted toward the targeting of individuals, including the stalking of both doctors and clinic staff, in a clear effort to intimidate and create a climate of terror. Additionally, the significance and increased presence of Crisis Pregnancy Centers (CPCs) was evident in the 2010 survey. Of the clinics surveyed, those located near a CPC were almost three times more likely to experience severe violence than those not near a CPC.

The survey results show clearly the need for increased federal, state and local prosecution of anti-abortion extremists to counter this trend toward higher levels and greater concentration of violence. Effective law enforcement continues to be a critical factor for reducing violence against clinics: Clinics which rated their interaction with local law enforcement as “poor” were twice as likely to experience high levels of violence in 2010 as those which rated their experience as “good” or “excellent.” However, although the number of FACE complaints filed by clinics is up, the number of FACE investigations decreased.