



2014 NATIONAL CLINIC VIOLENCE SURVEY

Conducted by
FEMINIST MAJORITY FOUNDATION

Eleanor Smeal
President

Katherine Spillar
Executive Director

duVergne Gaines
Director of the National Clinic Access Project

Prepared by
Susie Gilligan, Field Director
Sarah Rubinstein, Research Intern
Sarah Simon, Research Intern

Released January, 2015

Feminist Majority Foundation
West Coast Office
433 S. Beverly Drive
Beverly Hills, CA 90212
310-556-2500

East Coast Office
1600 Wilson Blvd., Suite 801
Arlington, VA 22209
703-522-2214

EXECUTIVE SUMMARY

The 2014 National Clinic Violence Survey is the first comprehensive nationwide survey of women's health clinics since the summer of 2010. The Survey found that the most severe types of anti-abortion violence¹ continue to impact 19.7% of clinics nationwide. Although this is down from the 23.5% of clinics nationwide that reported experiencing severe violence in 2010, that nearly 1 in 5 clinics experience severe violence is unacceptable.

Also alarming, clinics surveyed in 2014 are reporting significantly higher levels of threats and targeted intimidation of doctors and staff than in prior years. For example, reports of WANTED-style posters have increased from 1.7% of all clinics in 2010 to 7.7% in 2014. The distribution of pamphlets targeting doctors and clinic staff – like the KILLERS AMONG US leaflets featuring doctors' photographs and their home addresses and personal information – has increased from impacting 18.8% of clinics to 27.9% of all clinics. Clinics reporting that information and pictures of doctors are posted on the internet jumped from 9% to 17.8%. Data from the 2014 survey also shows that the stalking of physicians has increased, from 6.4% of clinics in 2010 to 8.7% in 2014.

Indeed, the overall percentage of clinics impacted by these types of threats and targeted intimidation tactics increased dramatically since 2010, from 26.6% of clinics to 51.9% of clinics. The steep increase in the targeted intimidation of doctors and staff is striking and of great concern, as these types of true threats have all too often in the past preceded the use of deadly violence. Beginning in the early 1990's, an undeniable pattern emerged between the use of WANTED posters and the murder of the doctors named on the posters. Drs. Gunn, Britton, Slepian, and Tiller were all murdered by anti-abortion extremists; all had been featured prior to their murder on WANTED posters with their home and clinic addresses and in some cases, their photographs.

Clinics were also asked how often they experience anti-abortion activity, including protests and demonstrations. One quarter of all clinics, 25%, report they experience anti-abortion activity at their facility on a daily basis. Another 42.8% report that such activity occurs weekly. Only 12% of clinics report they never experience anti-abortion activity. Thus, some 67.8% of women's health clinics nationwide experience frequent and regular anti-abortion activity.

Additionally, the 2014 survey included a new question about whether anti-abortion protesters were tracking doctors' and/or staff members' schedules; some 11.1% of clinics report having experienced tracking within the first six months of 2014.

For targeted clinics, effective law enforcement response continues to be essential in preventing incidents of violence and harassment. Clinics that rated their experience with local law enforcement as "poor" or "fair" were more likely to experience severe

¹ Severe violence includes blockades, clinic invasions, bombing, arson, chemical attacks, stalking, physical violence, gunfire, bomb threats, arson threats, and death threats.

anti-abortion violence and harassment² (59%) than those who rated local law enforcement “good” or “excellent,” (45%).

As in previous years, the survey documented that clinics in close proximity to a so-called Crisis Pregnancy Center, or CPC, experience significantly higher rates of severe violence and harassment: a clinic near a CPC is nearly twice as likely to experience higher rates of severe violence than a clinic not near a CPC. Similarly, clinics located near a CPC were more likely to experience more frequent incidents of violence and harassment.

The survey results show a clear need for continued prosecution of anti-abortion extremists to counter the ongoing unacceptably high levels of severe violence, and the trends of higher levels of targeted intimidation and threats of violence, which have proved in the past to be precursors to severe violence.

METHODOLOGY

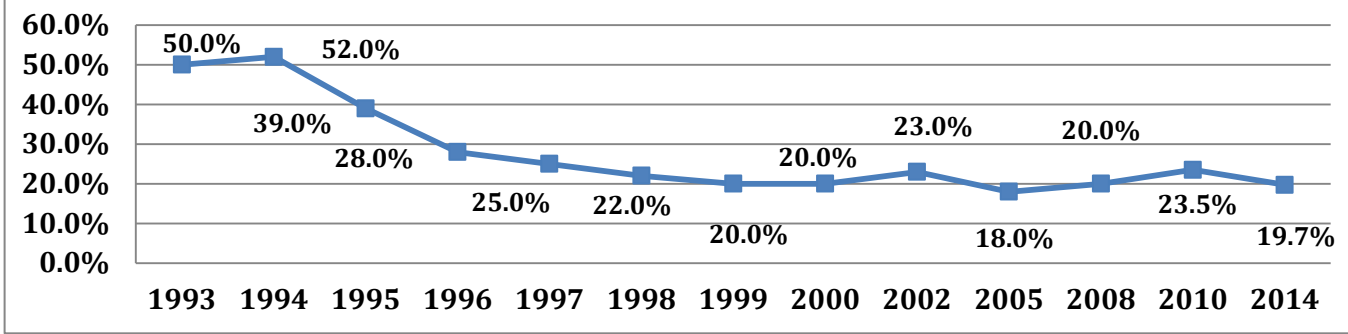
The thirteenth National Clinic Violence Survey, which measured the incidence of anti-abortion violence in the first half of 2014, was mailed out in July 2014. This survey is the most comprehensive study of anti-abortion violence, harassment, and intimidation directed at clinics, patients, and health 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.

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 month. As a result of these efforts, a total of 242 providers responded to the survey. All respondents were assured that their individual responses would remain confidential.

² Combined composite measure of violence and harassment defined to include severe violence variables, vandalism variables (including 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) and home picketing and break-ins.

KEY FINDINGS

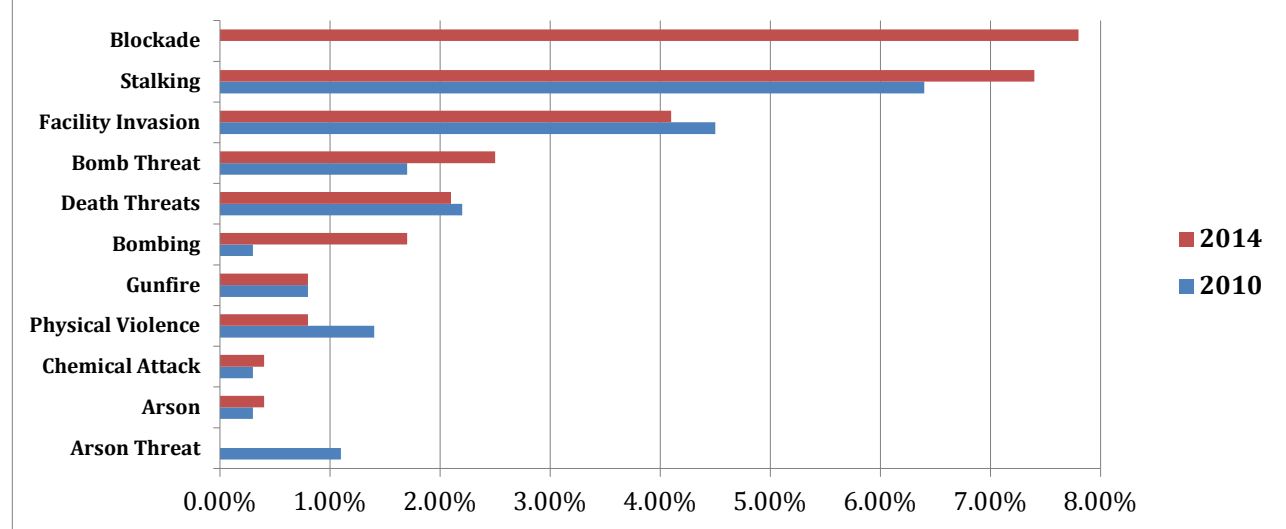
Chart 1: Percentage of Clinics Experiencing Severe Violence 1993-2014



Severe violence affected 19.7% of all clinics surveyed in 2014, down from 23.5% in 2010³ (see Chart 1). Severe violence includes eleven tactics: blockades, invasions, arson, bombings, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats.

Stalking, facility invasion and blockades were the most commonly reported types of severe violence in 2014 (See Chart 2).

Chart 2: Types of Severe Violence Reported 2010 vs. 2014



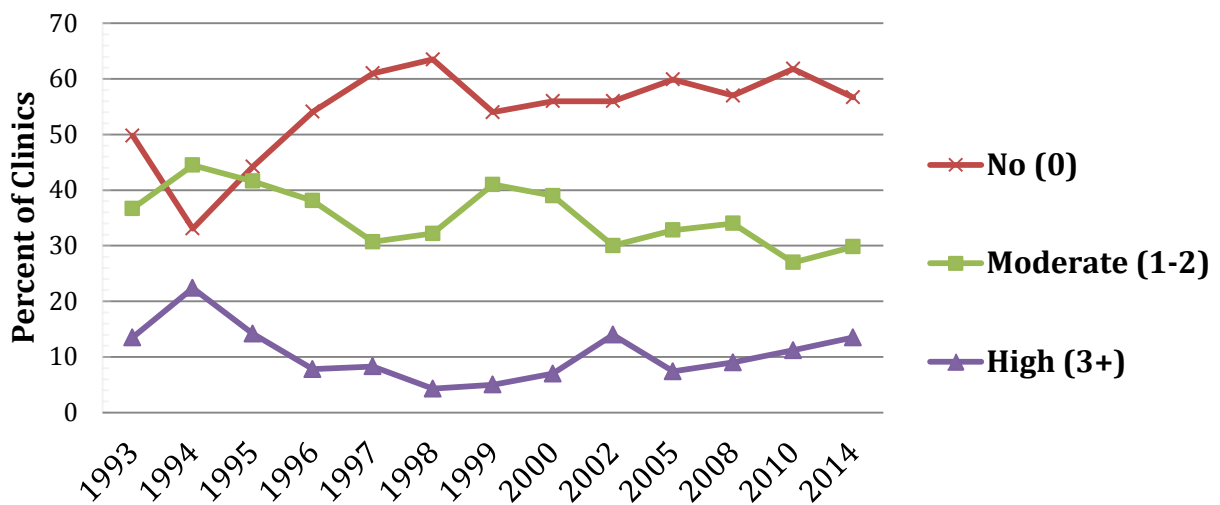
³ Severe violence includes eleven tactics: blockades, invasions, bombings, arson, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats.

As in prior years, we also looked at the concentration of severe violence and harassment; a combined composite measure of violence and harassment was defined to include severe violence variables, vandalism variables⁴ and home picketing and break-ins. Chart 3 shows the patterns of concentration of the most severe types of violence.

The percentage of clinics experiencing three or more types of severe violence, vandalism, break-ins and home picketing (high levels) increased to 13.5% in 2014 from 11.2% in 2010. The percentage of clinics experiencing moderate levels (1-2 types) also increased from 27% in 2010 to 29.8% of all clinics in 2014; and the percentage of clinics reporting no severe violence or vandalism, home picketing or break-ins decreased from 61.8% in 2010 to 56.7% in 2014.

In a war of attrition, anti-abortion extremists strategically target a vulnerable minority of clinics, aiming to force them to close their doors before moving on to the next set of targets. Thus a majority of clinics experience no violence, while a smaller number report numerous acts of violence or harassment. One clinic reported a total of 8 incidents of severe violence and harassment in the first half of 2014.

Chart 3: Clinics Experiencing No, Moderate, or High Levels of Severe Violence and Harassment (1993-2014)



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.

TARGETED THREATS & INTIMIDATION TACTICS

The most striking finding of the 2014 survey is the noticeably higher levels of threats and targeted intimidation of persons, including doctors and clinic staff, than in prior years. Chart 4 illustrates the percentage of clinics reporting different types of targeted intimidation and threats in 2010 and 2014.

The incidence of doctors and clinic staff featured on pamphlets increased from 19% in 2010 to 27.9% in 2014. These include the KILLERS AMONG US types of pamphlets that feature doctors and staff photos and information. Reports of WANTED posters also dramatically increased from 1.7% in 2010 to 7.7% of clinics in 2014. Finally, the internet proved to be a key tool in targeting clinics and their doctors, with the reported incidence of clinic staff's information and pictures being posted on the internet increasing from 8.9% in 2010 to 17.8% in 2014.

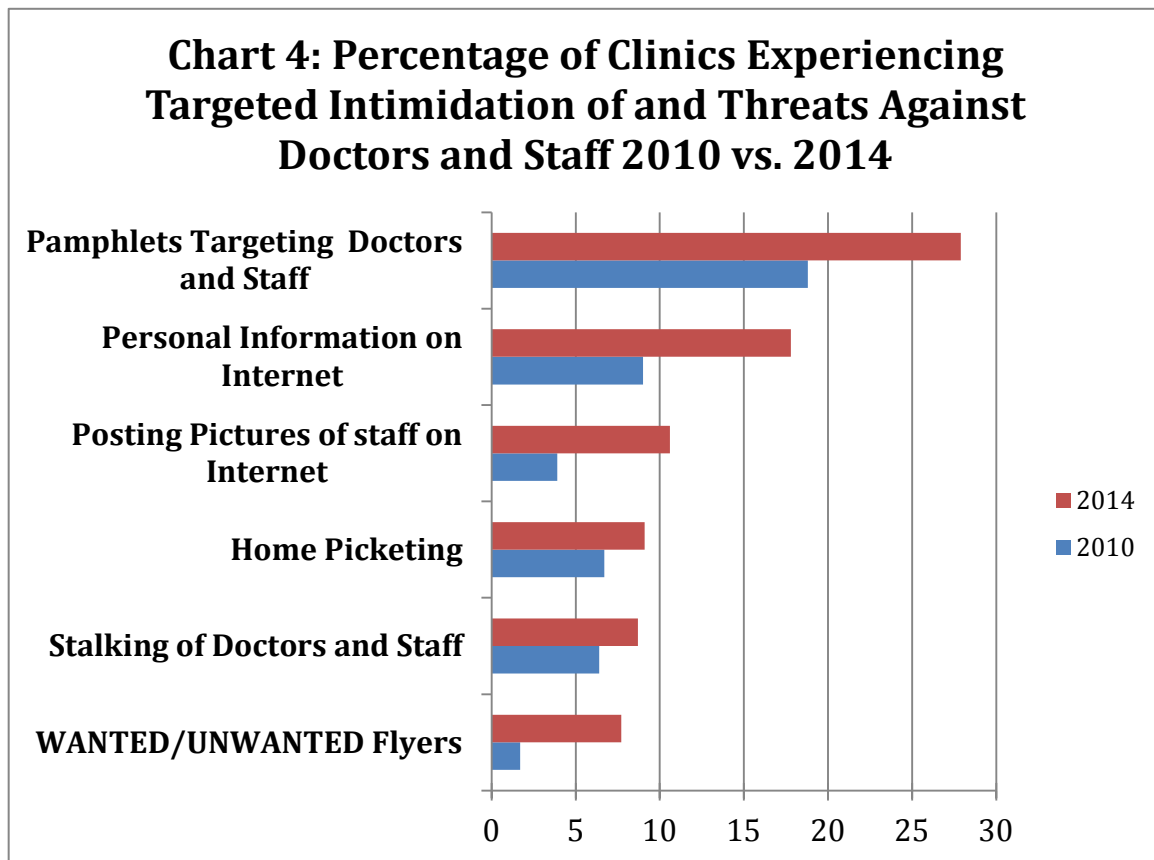
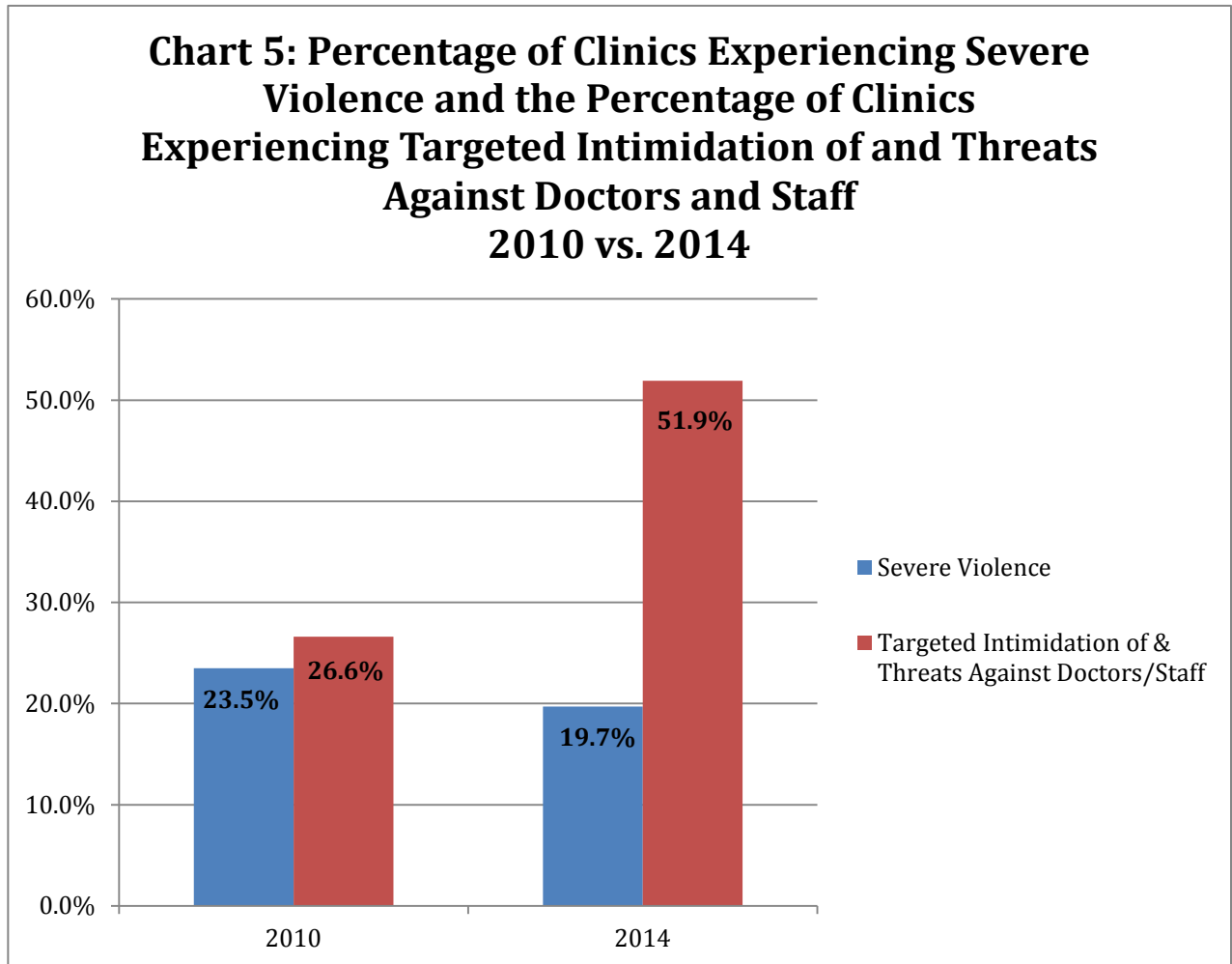


Chart 5 compares the percentage of clinics experiencing severe violence and the percentage of clinics experiencing targeted intimidation of, and threats against, individuals in both 2010 and 2014. Although the incidence of severe violence decreased between 2010 and 2014, the percentage of clinics impacted by targeted threats and intimidation increased from 26.6% of all clinics in 2010 to more than half of all clinics in 2014, or 51.9%.

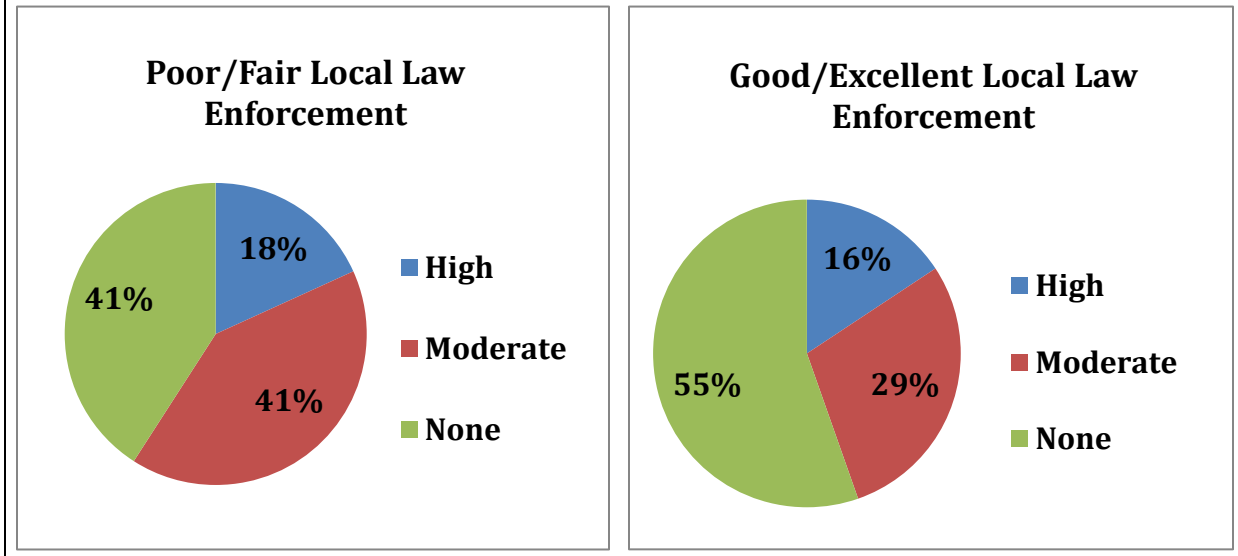


These two measures, taken together, offer a more complete picture of the level of violence and terror impacting clinics nationwide, since targeted intimidation of and threats against persons have preceded more violent attacks on abortion providers in the past. Beginning in the early 1990's, an undeniable pattern emerged between the use of WANTED posters and the murder of the doctors named on the posters. Drs. Gunn, Britton, Slepian, Patterson and Tiller were all murdered by anti-abortion extremists; all had been featured prior to their murder on WANTED posters with their home and clinic addresses and in some cases, their photographs.

LAW ENFORCEMENT RESPONSE

A strong, positive relationship with law enforcement continues to be crucial for abortion clinics threatened by violence and harassment. Clinics rating their local law enforcement as “good” or “excellent” totaled 40.9%, with 21.7% rating their local law enforcement as “fair” or “poor.” Clinics that rated their experience with local law enforcement as “poor” or “fair” were significantly more likely to experience anti-abortion violence and harassment than those who rated local law enforcement “good” or “excellent,” 59% and 45%, respectively.

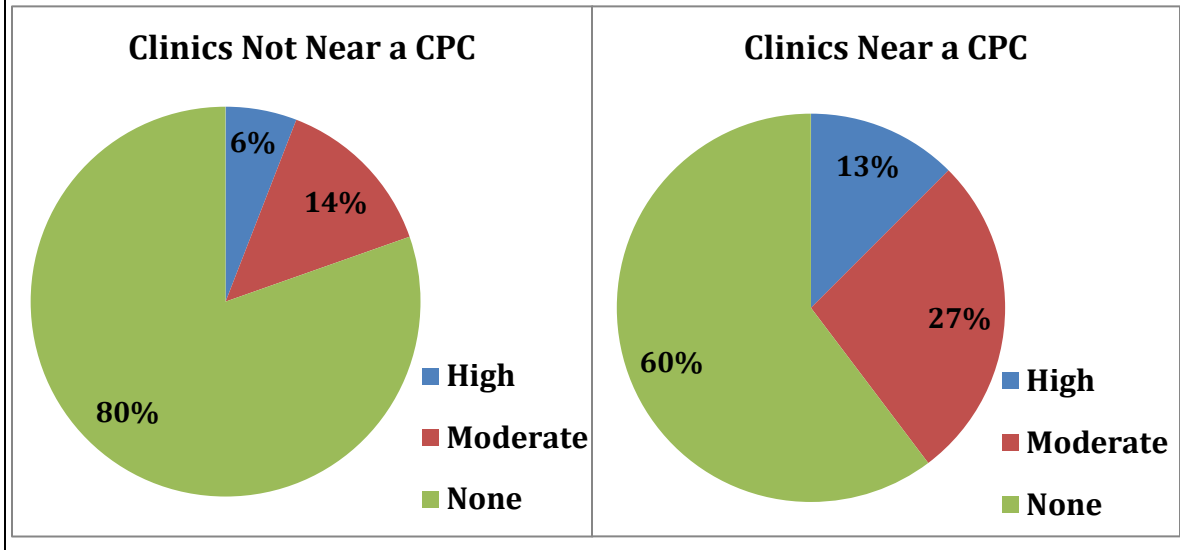
Chart 6: Law Enforcement and Chance of Violence & Harassment



When clinics were asked to compare law enforcement response this year to the previous year, more clinics reported improved local law enforcement response than reported a worsening response, though most reported no change in their relationships with law enforcement. The vast majority of clinics reported that statutory and court ordered buffer zones were either weakly enforced or not enforced at all.

CRISIS PREGNANCY CENTERS

**Chart 7: Violence and Harassment
in Relation to CPC Proximity**



As in previous years, clinics in close proximity to a so-called Crisis Pregnancy Center, or CPC, experience significantly higher rates of violence and harassment: 40% compared to only 19.6% of clinics not near a CPC. In other words, a clinic near a CPC is twice as likely to experience higher rates of severe violence than a clinic not near a CPC. Similarly, clinics located near a CPC were more likely to experience more frequent incidents of violence and harassment: 13% of these clinics recorded three or more incidents whereas only 5.9% of clinics not near a CPC experienced higher rates of violence.