



2016 NATIONAL CLINIC VIOLENCE SURVEY

Conducted by
FEMINIST MAJORITY FOUNDATION

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EXECUTIVE SUMMARY

The 2016 National Clinic Violence Survey is the 14th comprehensive nationwide survey of women's health clinics conducted since 1993 by the Feminist Majority Foundation. The Survey results provide new evidence that the misleading videos targeting Planned Parenthood, released by the anti-abortion group Center for Medical Progress (CMP) in the summer of 2015, have sparked a wave of violence and threats against abortion providers. The CMP videos have been thoroughly debunked; investigations in 13 states, and by three Congressional Committees, found no evidence of any wrongdoing on the part of Planned Parenthood. Tragically, on November 2015, Robert Lewis Dear, apparently influenced by the distortions in the videos, opened fire at a Planned Parenthood clinic in Colorado Springs, CO, killing 3 and wounding nine.

This incident and countless anecdotes of increasing levels of violence against providers across the country in the fall of 2015 led us to fear that anti-abortion extremists had been emboldened by the release of these videos. The results of the 2016 National Clinic Violence Survey, the first quantitative measure of nationwide violence recorded since the release of the CMP videos, corroborate these fears.

The Survey found that the percentage of clinics reporting the most severe types of anti-abortion violence and threats of violence has dramatically increased in the past two years, jumping to 34.2% of clinics in the first six months of 2016, up from 19.7% in the first six months of 2014. Some of the most frequent types of violence and threats were blocking access to and invasions of clinics, stalking, death threats, and bombing threats. One clinic reported that protestors repeatedly tell staff and doctors to "watch our backs" and "nobody cares when a murderer gets killed."

The 2016 survey also measured the concentration of violence and threats against clinics. The proportion of clinics reporting high levels of violence, threats, and harassment (three or more types) increased from 13.5% in 2014 to 16.0% in 2016. Clinics reporting moderate levels of violence, threats, and harassment (one to two types) have increased as well, up to 33.5% from 29.8% in 2014. Incredibly, nearly half of all abortion providers in the country (49.5%) experienced some form of severe violence, threats of violence and harassment in 2016, up from 43.3% in 2014.

Clinics were asked how often they experience anti-abortion activity, including protests and demonstrations. Nearly 25% of clinics report they experience anti-abortion activity at their facility on a daily basis. Another 38.4% report that such activity occurs weekly. Thus, some 63.2% of women's health clinics nationwide experience frequent and regular anti-abortion activity. An additional 27.9% of clinics report occasional activity. This means that the overwhelming majority of clinics (91.1%) report experiencing some type of anti-abortion activity in the first half of 2016, with 63.2% of providers experiencing activity at least once a week. By contrast, in 2014, 88% of clinics reported experiencing some type of anti-abortion activity.

Effective law enforcement response continues to be essential in preventing incidences of violence and harassment. Clinics that rated their experience with local law enforcement as “poor” or “fair” were significantly more likely to experience high levels of severe violence and harassment (47.0%) than those who rated local law enforcement as “good” or “excellent” (16%). Some clinics even responded that local law enforcement is a hindrance, rather than a help, to their clinics. One stated that, “They never arrest or do anything no matter what the [anti-abortion] protestors do.... the police department lets their officers’ religious beliefs interfere with doing their job as an officer of the law. It seems like they are officers of THEIR law.”

These survey results show a clear need for increased prosecution of anti-abortion extremists to counter the dramatic increase in levels of severe violence and threats. Furthermore, the incendiary rhetoric of the anti-abortion members of the House Select Committee in their final report, and the outcome of the 2016 election, is providing new fuel for already emboldened extremists. The potential for more violence remains high, especially in locations where lax or hostile law enforcement allows harassment and threats to go unchecked.

METHODOLOGY

The National Clinic Violence Survey, which measured the incidence of anti-abortion violence in the first half of 2016, was mailed to 740 clinics in July 2016. 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.

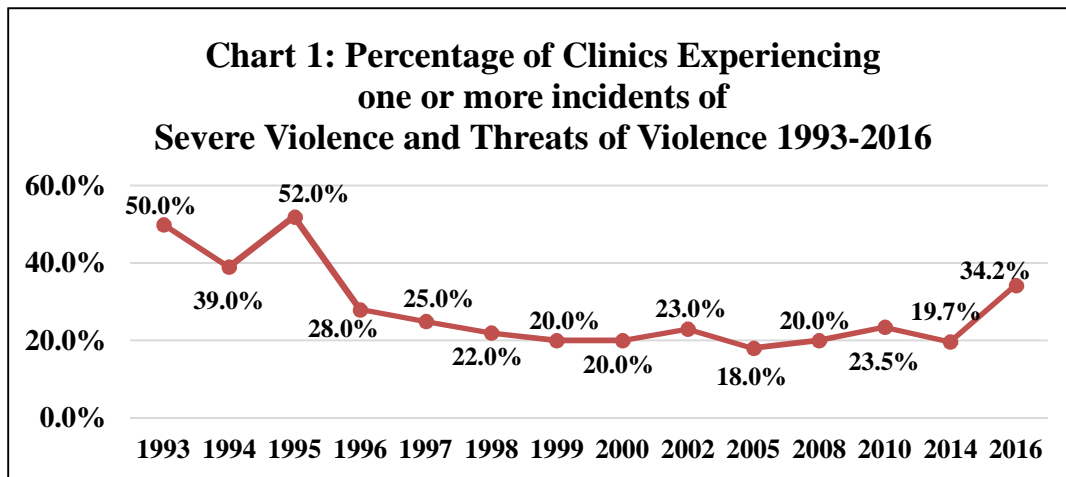
Providers were mailed the questionnaire in July and also given the option to respond online through an identical survey. A series of three follow-up calls to each clinic were made over the next month, to urge clinics to complete and return the survey. As a result of these efforts, a total of 319 providers responded to the survey, out of 740 clinics contacted. All respondents were assured that their individual responses would remain confidential.

KEY FINDINGS

Severe Violence and Threats of Violence

More than one-third of all abortion providers (34.2%) experienced one or more incidents of severe violence and threats of violence in 2016, up from 19.7% in 2014 (see Chart 1). Severe violence and threats of violence are defined to include eleven variables: blocking clinic access, invasions, bombings, arson, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, arson threats, as well as “other incidences of severe violence” and “other threats of severe violence”, as long as the described event matched our definition of severe violence and threats of violence.

The most commonly reported types of severe violence and threats of violence in 2016 included blocking clinic access, bomb threats, facility invasions, stalking, and death threats.

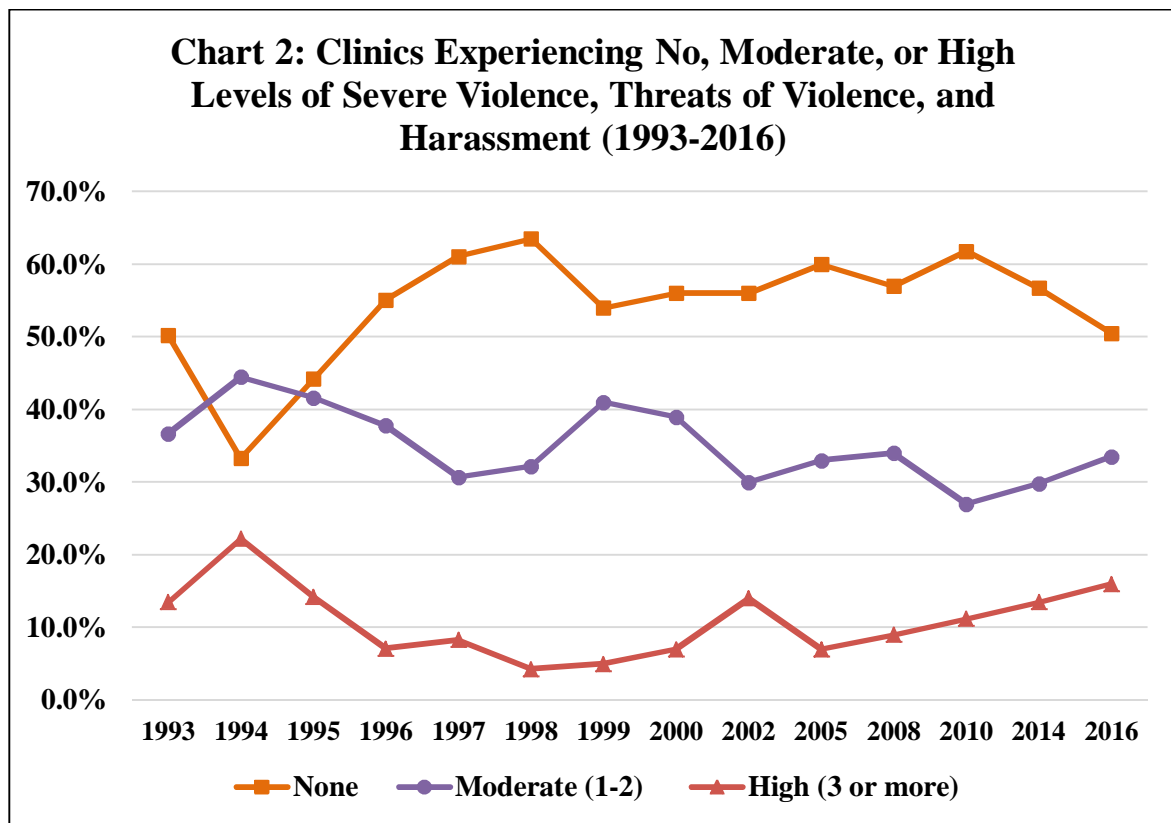


Levels of Severe Violence and Harassment

As in prior years, we also looked at the concentration of severe violence, threats of violence, and harassment. A combined composite measure of violence, threats, and harassment was defined to include twenty-five variables; eleven severe violence and threat variables (blocking clinic access, invasions, bombings, arson, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, arson threats), twelve severe harassment variables (home-picketing, break-ins, robberies, tampering with the garbage dumpster, glue in locks, nails in driveway/parking lot, motor oil in driveway/parking lot, broken windows, graffiti, tampering with phone lines/calls), and four “other” variables (other forms of severe violence, other threats of severe violence, other forms of harassment to staff/physicians, other types of vandalism at the facility), as long as the description of the “other” incident matched our definition of severe harassment, violence, or threats.

Chart 2 shows the concentration patterns of the most severe types of violence, threats and harassment. The percentage of clinics experiencing three or more types of violence, threats, and harassment (high levels) increased to 16.0% in 2016 from 13.5% in 2014. The percentage of clinics experiencing moderate levels (1-2 types) also increased to 33.5% in 2016 from 29.8% in 2014; and the percentage of clinics reporting no severe violence, threats, or harassment, decreased from 56.7% in 2014 to 50.5% in 2016.

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, threats, or harassment. For example, one clinic reported experiencing a total of sixteen different types of severe violence and harassment in the first half of 2016.



Targeted Threats and Intimidation Tactics

Chart 3 examines the percentage of clinics experiencing targeted intimidation of and threats against staff and physicians. Targeted intimidation and threats against staff and physicians is defined as including twelve variables: death threats, stalking, tracking of activities, vandalism of home or personal property, harassing phone calls, harassing emails, pamphlets/leaflets targeting staff/physicians, personal information/pictures posted online, “WANTED” or “UNWANTED” posters, frivolous lawsuits, threats to family

members of staff or physicians. Additionally, any clinic that responded that they experienced “other forms of harassment of staff or physicians” and then filled out the please describe field with a definition that matched our definition of intimidation and threats against doctors and staff, were included.

Chart 3: Percentage of Clinics Experiencing Targeted Intimidation of and Threats Against Doctors/Staff and Percentage of Clinics Experiencing Severe Violence 2010-2016

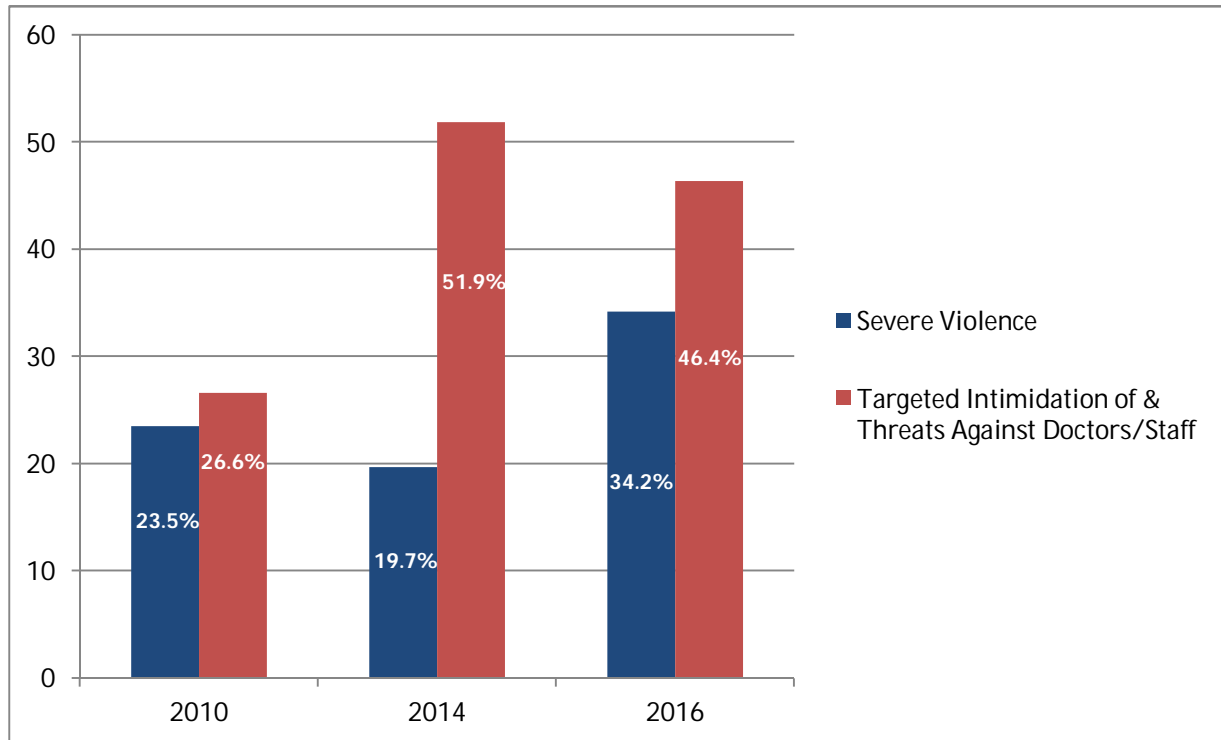


Chart 3 shows the dramatic escalation in threats and intimidation of staff and physicians since 2010. Some 46.4% of all clinics in 2016 reported the targeting of staff and physicians, down slightly from 51.9% in 2014, but significantly above the 26.6% of clinics in 2010. Chart 3 also shows how these acts of intimidation and harassment have been actualized into incidences of severe violence and threats of severe violence, which rose dramatically to 34.2% in 2016 from 19.7% in 2014 and 23.5% in 2010.

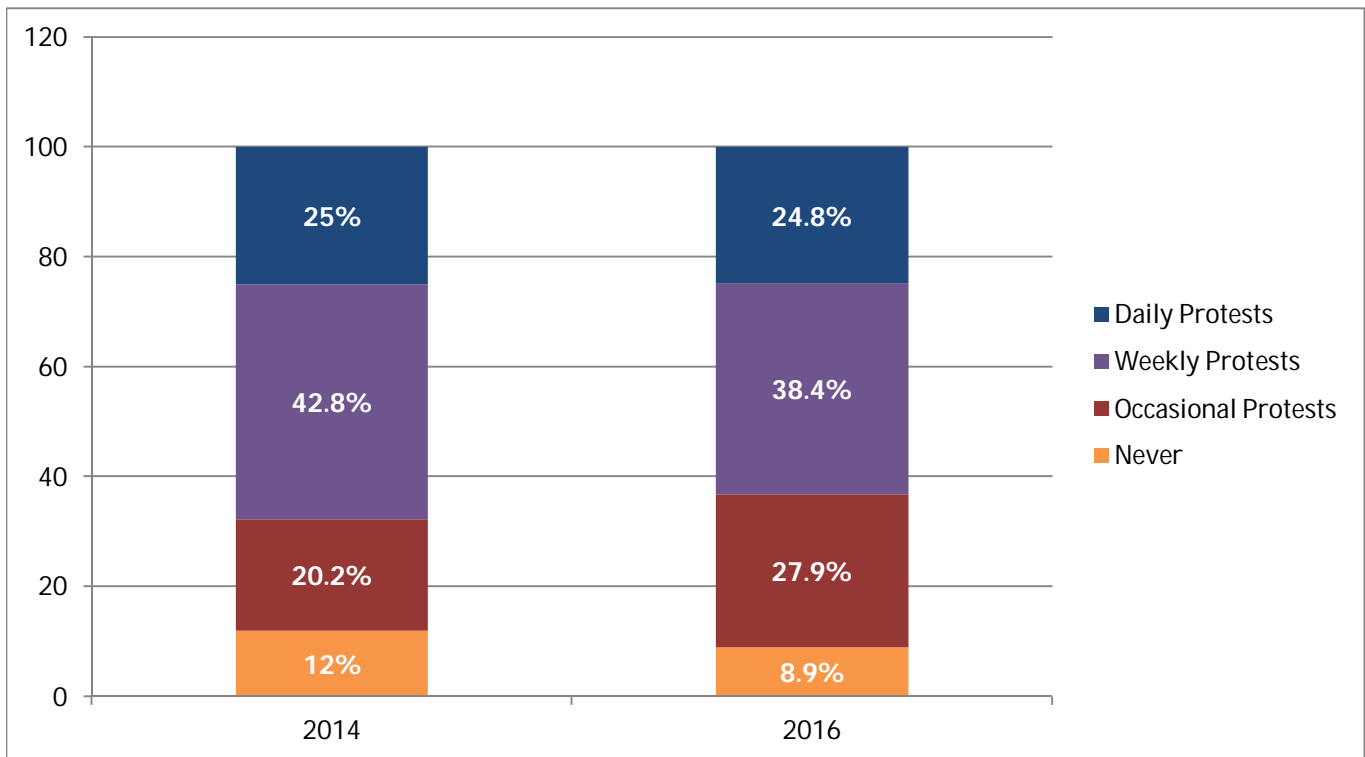
The most frequent types of targeted threats and intimidation included the distribution of pamphlets targeting doctors and clinic staff – like the KILLERS AMONG US leaflets featuring doctors’ photographs and their home addresses and personal information - now at 29.3% of all responding clinics. The percentage of clinics reporting that information and pictures of doctors are posted on the internet is now at 13.9%, and 10.6% of clinics reported the distribution of WANTED-style posters featuring their doctors.

The sustained levels of 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.

Frequency of anti-abortion activity including protests and demonstrations

Overall anti-abortion activity at clinics appears to be somewhat more widespread. Clinics were asked how often they experience anti-abortion activity, including protests and demonstrations. Some 24.8% of clinics report they experience anti-abortion activity at their facility on a daily basis. Another 38.4% report that such activity occurs weekly. Thus, some 63.2% of women's health clinics nationwide experience frequent and regular anti-abortion activity. An additional 27.9% of clinics report occasional activity, and only 8.9% of clinics report they never experience anti-abortion activity. By contrast, in 2014, 25% of clinics reported experiencing daily activity, 42.8% reporting weekly activity, 20.2% report occasional activity, and 12% of clinics reported they never experience anti-abortion activity.

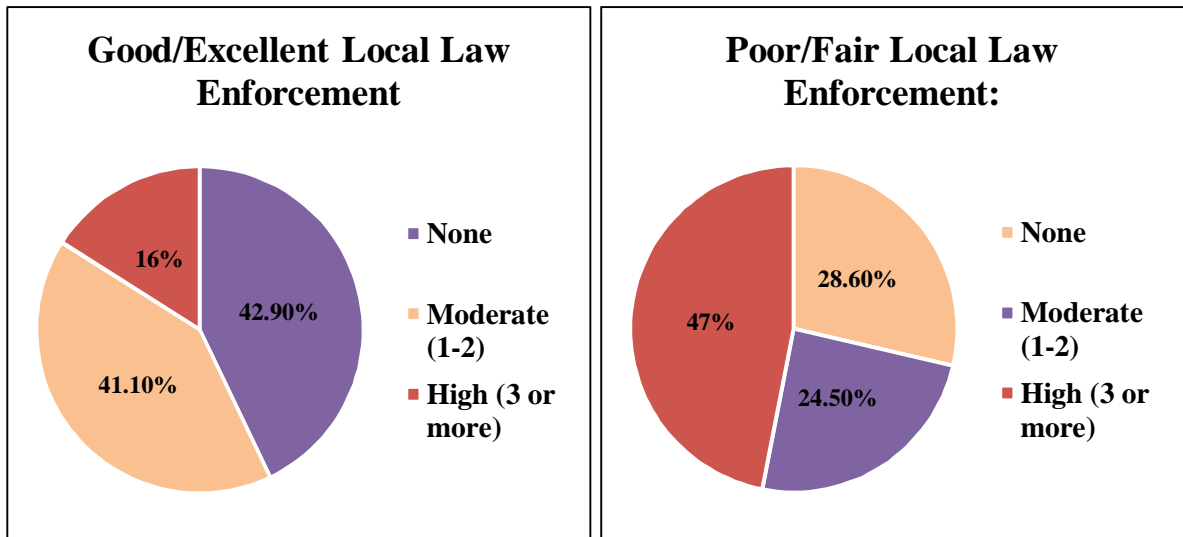
Chart 4: Percentage of Clinics Experiencing Anti-Abortion Activity 2014-2016



Law Enforcement Response to Violence and Harassment of Abortion Providers

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 175 clinics, while clinics who rated their local law enforcement as “poor” or “fair” totaled 49 clinics. Clinics that rated their experience with local law enforcement as “poor” or “fair” were significantly more likely to experience high levels of anti-abortion violence and harassment (47%) than those that rated their local law enforcement as “good” or “excellent” (16%). Clinics that rated their local law enforcement as “poor” or “fair” were much less likely to report experiencing no violence (24.5%), than those who rated their local law enforcement as “good” or “excellent” (42.9%).

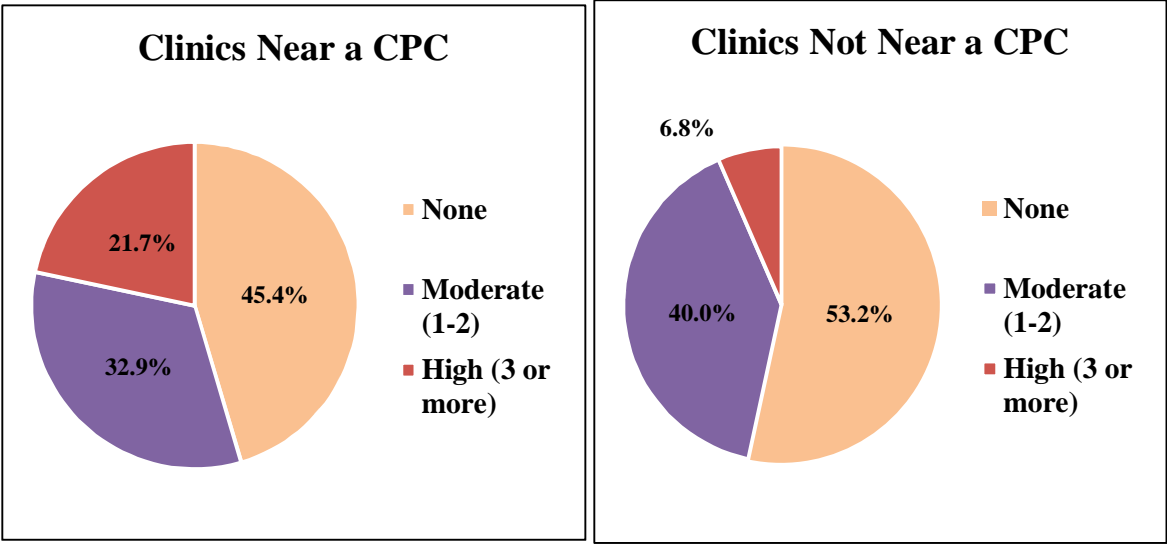
Chart 5: Law Enforcement and Levels of Severe Violence and Harassment



Crisis Pregnancy Centers

As in previous years, clinics in close proximity to a so-called Crisis Pregnancy Center, or CPC, experience higher rates of violence and harassment compared to those not close to a CPC. In 2016, clinics located near a CPC were more significantly more likely to experience high levels of violence, threats, and harassment (21.7%) than clinics not near a CPC (6.8%). Many CPCs located near clinics provide a staging ground for individuals engaging in anti-abortion violence, threats, and harassment. For example, anti-abortion extremist Scott Roeder conducted surveillance of Dr. George Tiller while ‘volunteering’ for the CPC next door to Tiller’s clinic in Wichita, Kansas before shooting and killing him in 2009.

Chart 6: Violence and Harassment in Relation to CPC Proximity



ADDENDUM

Staff Resignations Due to Violence and Harassment

In 2016, 5.66% of clinics reported at least one of their staff members quit as a result of anti-abortion harassment or violence, up from 5.5% in 2014.¹ Moreover, out of the clinics reporting high levels of severe violence and harassment, 17.6% experienced staff resignations as a result of this anti-abortion activity in 2016.

All of these rates are significantly higher than they were in both 2008 and 2010, when 4% and 2.2% of clinics reported staff resignations after experiencing anti-abortion violence and harassment, respectively.

In 2016, 318 clinics surveyed responded to this question. In 2014, 202 clinics surveyed responded to this question.

¹ In 2015 a total of 6.9% clinics reported at least one staff member quit as a result of anti-abortion violence or harassment directly following the release of the Center for Medical Progress videos.