



2008 NATIONAL CLINIC VIOLENCE SURVEY

Conducted by
FEMINIST MAJORITY FOUNDATION

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EXECUTIVE SUMMARY

Overall, the percentage of clinics experiencing violence has remained relatively unchanged since the last National Clinic Violence Survey in 2005. Severe violence¹ in 2008 impacted 20% of all abortion providers participating in the survey, compared to 18.4% of clinics in 2005. The actual number of clinics experiencing severe violence was essentially unchanged from 2005; however, as a result of the number of overall abortion providers continuing to decrease, in line with the long term trend of declining abortion rates², clinics that report violent attacks constitute a larger percentage of the total.

The eleventh National Clinic Violence Survey, which measured the incidence of anti-abortion violence in 2008, was mailed in September 2008. 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 and Planned Parenthood Federation of America, as well as independent unaffiliated clinics.

A universe of 683 abortion providers was identified by the Feminist Majority Foundation's National Clinic Access Project, a decline from the 739 providers surveyed in 2005. As noted above, the universe for 2008 is lower than previous years as the number of abortion providers continues to decrease.

Providers were mailed questionnaires at the end of September and also given the option to respond online through an identical survey. A series of five follow-up phone calls were made over the next two months. As a result of these efforts, a total of 274 providers responded to the survey via mail or online. The overall response rate was therefore 40.1%. All respondents were assured that their individual responses would remain confidential.

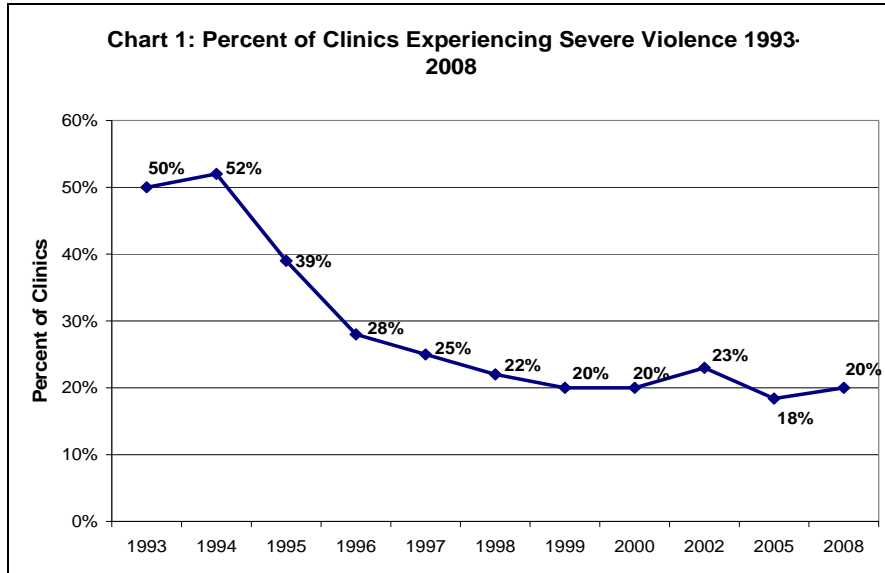
¹ This longitudinal measure of severe violence includes eleven tactics: blockades, invasions, bombings, arson, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats.

² Guttmacher Institute, "Abortion in the United States: Incidence and Access to Services, 2005", *Perspectives on Sexual and Reproductive Health* 40(2008):15.

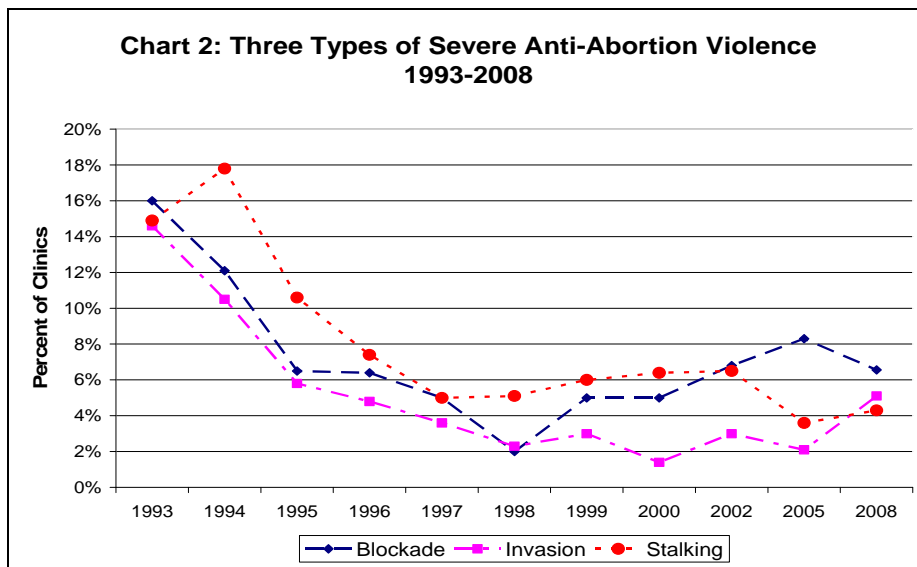
KEY FINDINGS

SEVERE VIOLENCE

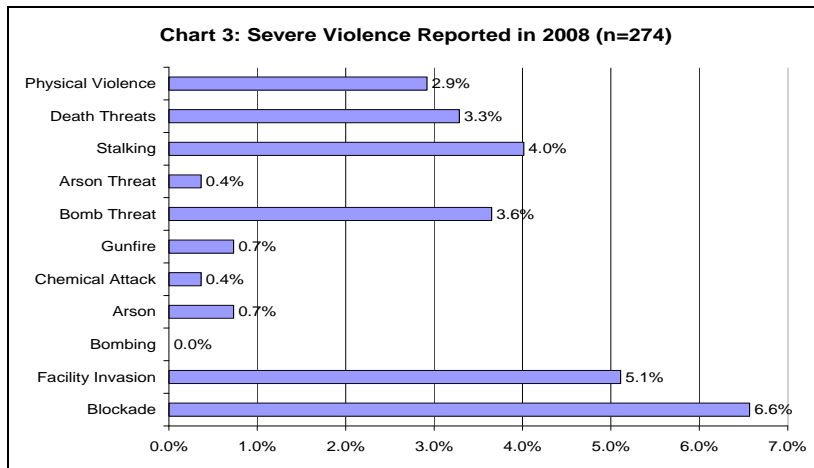
- **Severe violence in 2008 impacted 20% of all clinics, up from 18.4% in 2005.** Although the level of severe violence has increased slightly, the overall number of clinics impacted by severe violence has remained essentially unchanged.



- **Blockades, facility invasions, and stalking were the most commonly reported types of severe violence in 2008.** Among the responding clinics, 6.6% reported blockades, 5.1% reported facility invasions, and 4% reported stalking of physicians or clinic staff. Although invasions and stalking have increased since 2005, the number of blockades decreased from 8.3% to 6.6%.

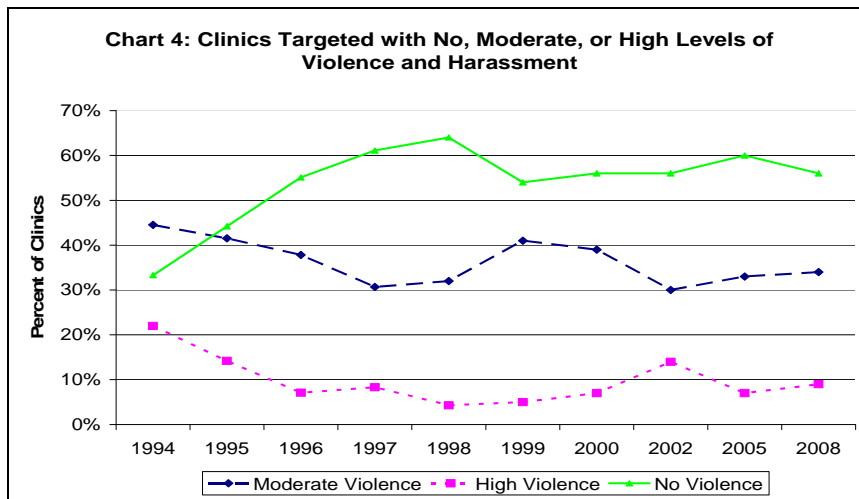


Dangerous but less common types of severe violence include death threats, assault, and bomb threats. The other types of violence affected less than 1% of the responding clinics. The percentage of clinics experiencing each of the eleven types of severe violence in 2008 is displayed in **Chart 3**.



VIOLENCE AND HARASSMENT

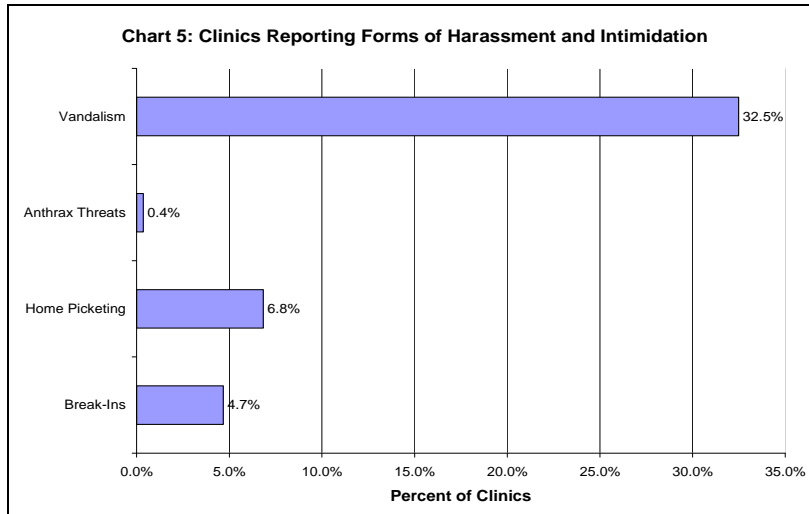
- The percentage of clinics experiencing three or more types of violence and harassment has slightly increased from 7% in 2005 to 9% in 2008.** However, the number of clinics has remained nearly the same, with 25 clinics experiencing three or more types of violence in 2008 compared to 26 clinics in 2005. The composite measure of violence³ and harassment includes the severe violence variables³, the vandalism variables⁴, home picketing, and break-ins. The percentage of clinics experiencing moderate violence remained essentially unchanged with 34% experiencing one or two types of violence in 2008, compared to 33% in 2005.



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

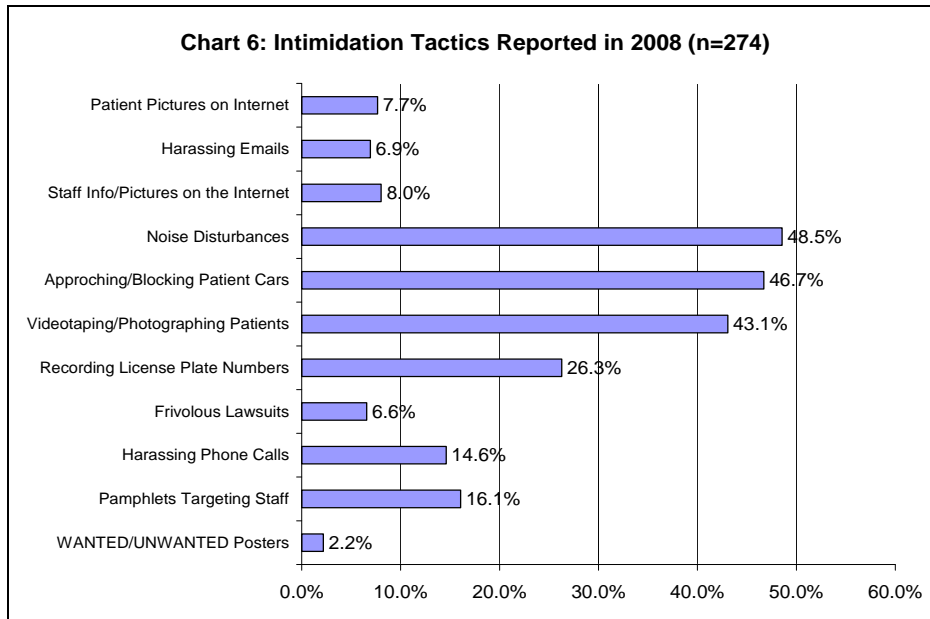
⁴ Vandalism includes eight variables: graffiti, broken windows, tampering with garbage dumpster, tampering with phone lines/calls, nails in driveway/parking lot, vandalism of staff homes or personal property, glue in locks, motor oil in driveway/parking lot.

Chart 5 illustrates the percentage of clinics reporting harassment in the forms of vandalism, anthrax threats, home picketing, and break-ins. In 2008, the 6.8% incidence of home picketing stayed comparable to previous years, as did the incidences of break-ins and anthrax threats. The number of clinics experiencing one or more of the eight vandalism variables remained essentially unchanged since 2005, although the percentage has increased due to a smaller universe of abortion providers.

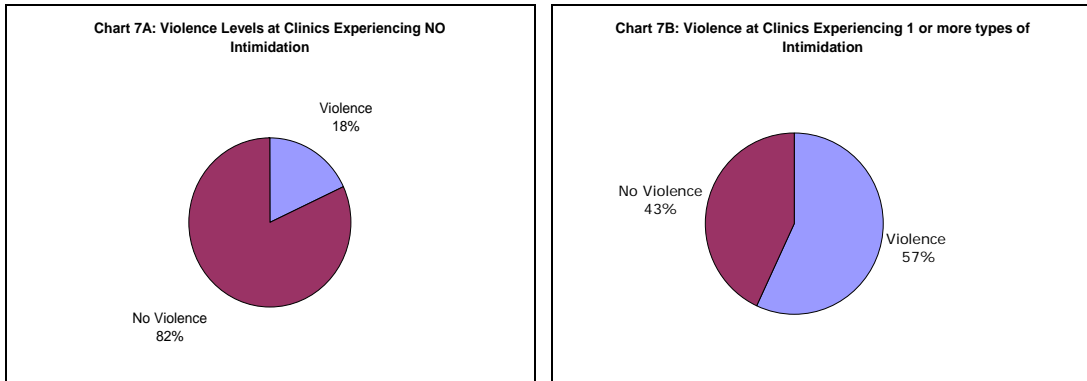


INTIMIDATION TACTICS

- **The number of clinics experiencing anti-abortion intimidation tactics such as noise disturbances, approaching and blocking cars and photo/video of patients and recording of license plates has decreased in 2008.** Approaching/blocking cars steadily continues to be used as an intimidation tactic affecting approximately 47% of clinics.

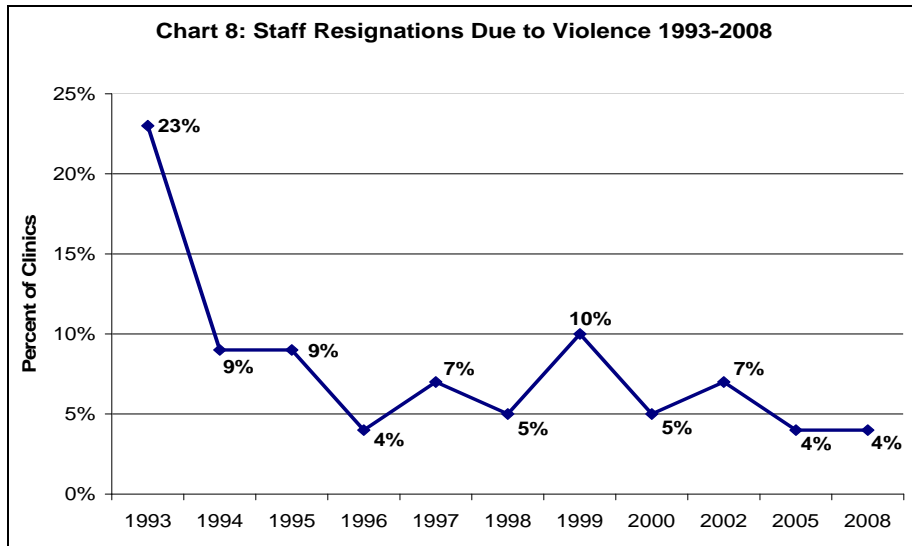


The link between intimidation tactics and violence is graphically displayed in **Chart 7**. The chart shows that of the 198 clinics that experienced at least one form of intimidation, 57% also indicated that they had been targeted with one of the many forms of violence and harassment. In contrast, of the 76 clinics that did not report experiencing any such intimidation, only 18% were targeted, leaving 82% of clinics free from violence and harassment. In other words, when intimidation occurs at a clinic, the reported rate of violence triples.



STAFF RESIGNATIONS

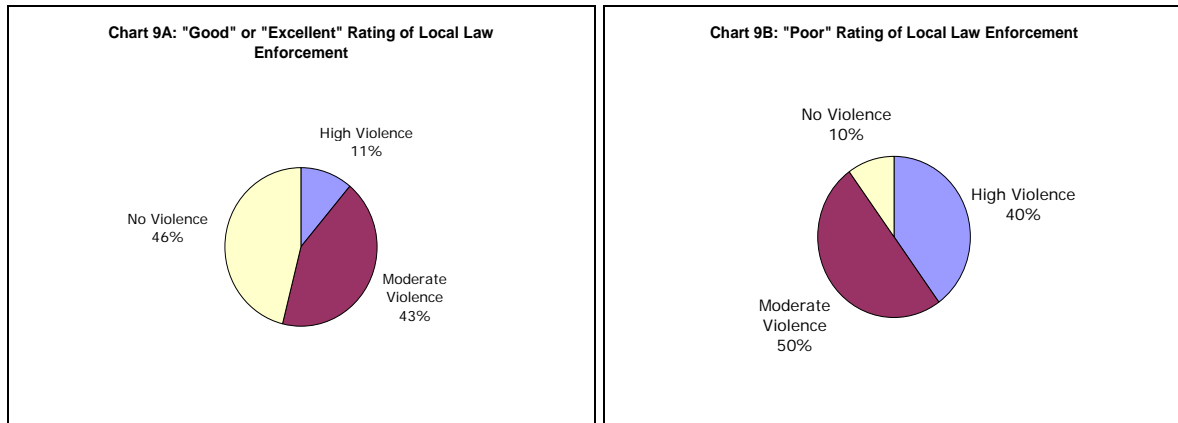
- **The percentage of staff resignations as a result of anti-abortion violence, harassment or intimidation in 2008 remained at 4%.** Not surprisingly, clinics experiencing high levels of violence, harassment, and intimidation had a substantially larger percentage of staff resign. In 2008, 32% of clinics experiencing high levels of violence (three or more types) lost physicians or staff members.



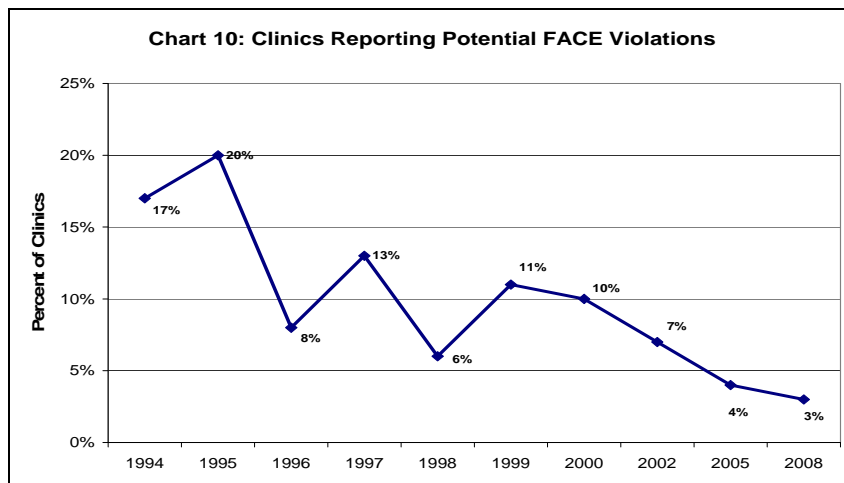
LAW ENFORCEMENT

A strong, positive relationship with law enforcement continues to be a protective factor for abortion providers threatened by clinic violence. Clinics that rated their experience with local law enforcement as “poor” were four times more likely to experience high levels of violence than clinics rating their experience as “good” or “excellent”.

- **Clinics that rated their local law enforcement response as “good” or “excellent” were less likely to experience anti-abortion violence or harassment.** In 2008, of those clinics that had contact with local law enforcement, 70% provided “good” or “excellent” ratings. Of the clinics that had contact with state law enforcement, 51% rated their experiences as “good” or “excellent” ratings. Of the clinics that had contact with federal law enforcement, 87% rated their response as “good” or “excellent”.



- **In 2008, fewer clinics reported potential FACE violations to federal law enforcement authorities.** In 2008, only three percent of clinics reported that they contacted attorneys or federal law enforcement officials regarding potential violations of FACE, the lowest level ever reported. However, of the 9 clinics that reported potential violations, 56% of the contacts resulted in an investigation being opened, and 44% led to an interview with the involved parties. This is up from 15% and 8% in 2005, a dramatic improvement.



CONCLUSION

The universe of 683 abortion providers used for the 2008 survey is lower than previous years as a long term decline in abortion rates has led to a decline in abortion providers.⁵ As a result, although the number of clinics that reported violence remained the same, these clinics constituted a larger percentage of the total. Nevertheless, the data clearly shows that concentrated levels of violence and harassment continue to target a limited number of clinics. In 2008, one in five clinics experienced severe violence. The most common severe forms of violence reported in 2008 include blockades (6.6%), facility invasions (5.1%), and stalking (4%).

The number of clinics facing intimidation tactics, such as “WANTED” posters and internet intimidation decreased. Not surprisingly, clinics experiencing one or more types of intimidation were three times more likely to be targeted with one of the many forms of violence and harassment.

A positive relationship with local law enforcement continues to be a protective factor for clinics threatened by violence and harassment. Clinics that rated their local law enforcement response as “good” or “excellent” were four times less likely to experience violence than clinics that rated their experience with law enforcement as “poor”. A similar trend continued with clinics rating their contact with state and federal law enforcement as “good” or “excellent”.

⁵ Guttmacher Institute, 15.