



2018 National Clinic Violence Survey

**Conducted by
FEMINIST MAJORITY FOUNDATION**

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**FEMINIST MAJORITY FOUNDATION
NATIONAL CLINIC VIOLENCE SURVEY 2018**

EXECUTIVE SUMMARY

The 2018 National Clinic Violence Survey is the 15th comprehensive nationwide survey of women's health clinics conducted since 1993 by the Feminist Majority Foundation. Our survey found that the percentage of clinics reporting the most severe types of anti-abortion violence and threats of severe violence remains dangerously high — almost a quarter of the clinics (23.8%) surveyed in 2018 experienced one or more incidents of severe violence or threats of severe violence. Some of the most common types of severe violence and threats of severe violence in 2018 included blockades of clinic entrances (9.1%), stalking (7.3%), facility invasions (6.8%), death threats (3.2%), and physical violence (3.2%).

One of the most disturbing findings of the survey was that 52% of clinics reported experiencing targeted threats and intimidation against doctors and staff. Stalking, harassing phone calls, harassing e-mails and social media posts, and tracking of activities were among the most common types of targeted threats and intimidation that staff experienced. Almost one-third of all clinics experienced the distribution of leaflets targeting their staff and physicians; almost 15% of staff and physicians experienced harassing e-mails and/or social media posts. One clinic reported that a doctor who worked for its facility was forced to move after extremists targeted them at their home address.

Our 2018 survey also measured the concentration of severe violence, threats of severe violence, and severe harassment against specific clinics. Thirty percent of the clinics reported moderate levels of severe violence, threats, and harassment (one to two types). An additional 15% of clinics reported high levels of severe violence, threats, and harassment (three or more types). These results reveal that nearly half of all abortion providers (45%) in the country experienced some form of severe violence, threats of severe violence, and/or severe harassment.

Effective law enforcement response continues to be essential in preventing severe clinic violence and harassment. Clinics rating their experience with local law enforcement as "poor" or "fair" were almost twice as likely to experience high levels of severe violence and harassment (28%) than clinics rating local law enforcement as "good" or "excellent" (15.1%).

Another critical finding in our 2018 Survey concerns fake reproductive health clinics, also known as Crisis Pregnancy Centers or CPCs. Fake clinics target college students and under resourced communities, and deceptively advertise under "abortion," "birth control," and "family planning" services. Fake clinics, however, do not offer abortions, contraception or referrals for these services, and most fake clinics are affiliated with anti-abortion groups. By contrast, real clinics offer the full range of comprehensive reproductive healthcare provided by qualified medical professionals.

According to the survey results, a real clinic that is located near a fake clinic was seven times more likely to experience high levels of severe violence and harassment than one that is not located near a fake clinic – a whopping 21% compared to only 2.9%. And a real clinic that is near a fake clinic was twice as likely to experience moderate levels of severe violence and harassment than one that is not located near a fake clinic – 35% compared to 17.6%. Anecdotal evidence suggests more and more fake clinics, especially mobile fake clinics, are collaborating with – or being directed by - anti-abortion extremists targeting abortion providers.

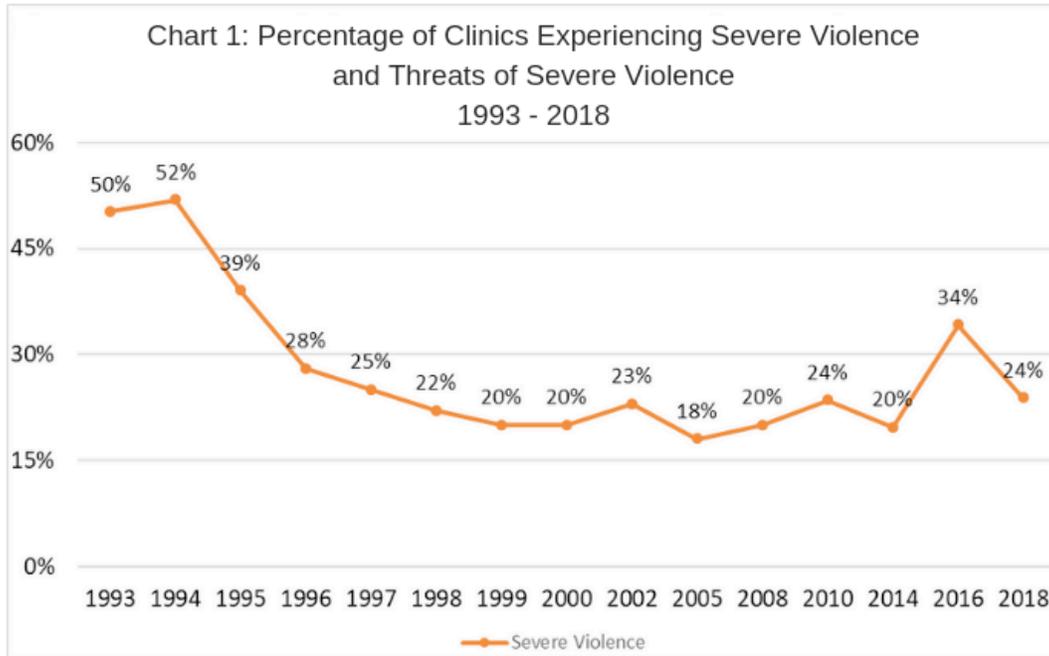
Clinics were also asked how often they experienced anti-abortion activity, including protests and demonstrations. This number remains unacceptably high — some 62% of women’s health clinics nationwide experience daily or weekly anti-abortion activity. Twenty-three percent of clinics reported experiencing anti-abortion activity at their facility on a daily basis; and an additional 39% reported that such activity occurs weekly.

These survey results show a clear need for continued vigilance by abortion providers, effective law enforcement, and increased prosecution of anti-abortion extremists to reduce the unacceptably high levels of severe violence, threats of severe violence, and severe harassment. The potential for more deadly violence in the current climate remains dangerously high.

METHODOLOGY

The National Clinic Violence Survey, which measured the incidence of anti-abortion violence in the first half of 2018, was mailed to 729 clinics in July 2018. 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 (NAF), Planned Parenthood Federation of America (PPFA), and the Abortion Care Network (ACN), 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. An email containing a link to the survey was also distributed by our allies (NAF, PPFA and ACN) to their member clinics. As a result of these efforts, a total of 218 providers responded to the survey, out of 729 clinics contacted. All respondents were assured that their individual responses would remain confidential.



Nearly 24% of clinics surveyed in 2018 experienced one or more incidents or threats of severe violence. Severe violence and threats of severe violence included 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.

The most common types of severe violence in 2018 included blockading of clinic entrances (9.1%), stalking (7.3%), facility invasions (6.8%), death threats (3.2%), and physical violence (3.2%).

Chart 2: Clinics Experiencing Moderate or High Levels of Severe Violence, Threats of Severe Violence, and Severe Harassment 1993-2018

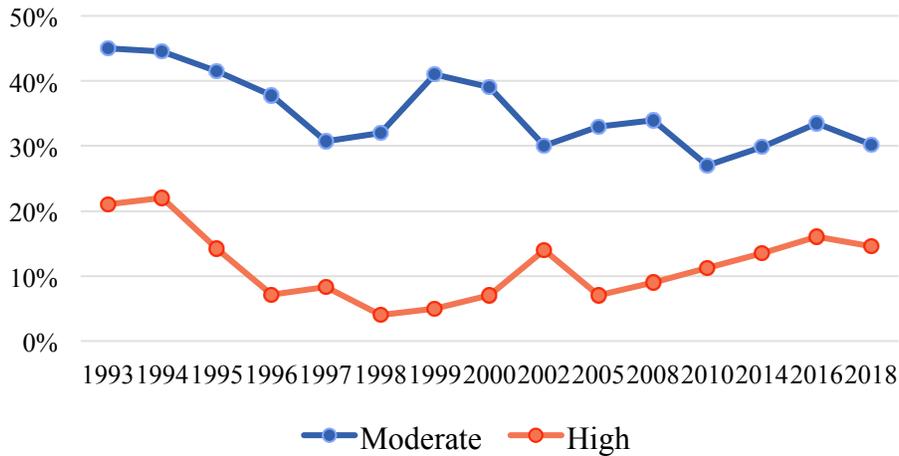


Chart 2 measures the levels of the most severe violence, threats of severe violence, and severe harassment that clinics experienced in 2018. Almost 15% of clinics experienced high levels (three or more incidences) of severe violence, threats of severe violence, or severe harassment. Thirty percent of clinics experienced moderate levels (1-2 incidences) of severe violence, threats of severe violence, or severe harassment, and 55% percent of clinics did not experience severe violence, threats of severe violence, or severe harassment.

Clinics described incidences of severe anti-abortion harassment, including protesters using racial slurs towards patients and staff, protesters standing near the clinic with a WiFi hotspot mimicking the clinic’s WiFi name to lure patients, and receiving fake mailing indicating the clinic’s bank accounts had been closed. Another common tactic is for anti-abortion protesters to dress as security guards, parking attendants, or clinic staff to confuse and harass patients.

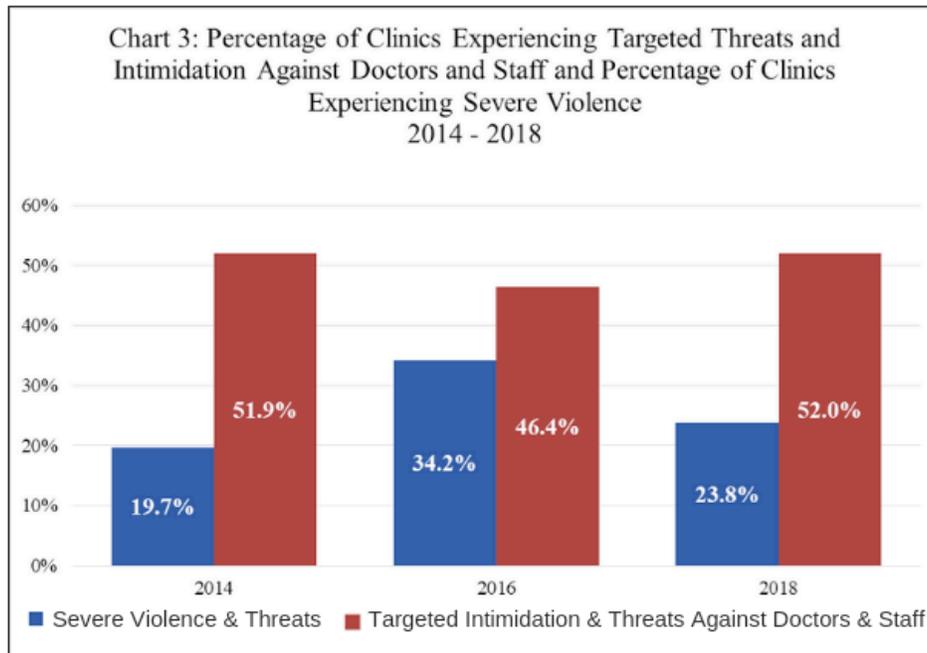
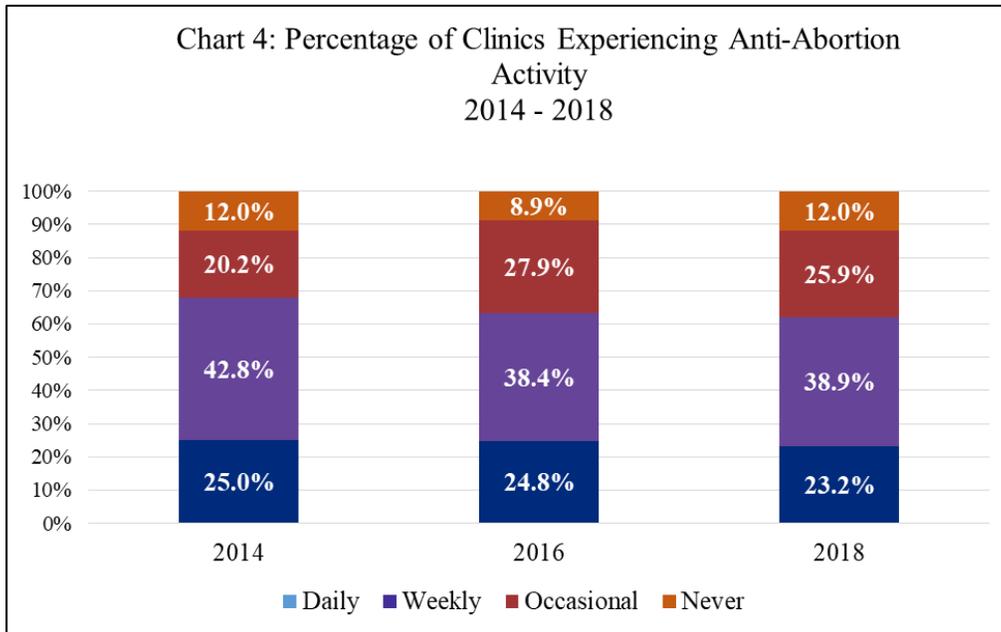


Chart 3 shows an increase in targeted intimidation and threats against doctors and staff in 2018. That doctors and staff at over half of the surveyed clinics experienced targeted intimidation and threats is clearly unacceptable. Targeted threats and intimidation is defined to include twelve variables: death threats, stalking, tracking of activities, vandalism of home or personal property, harassing phone calls, harassing emails/social media posts, pamphlets/leaflets targeting staff/physicians, personal information/pictures posted online, “WANTED” or “UNWANTED” posters, frivolous lawsuits, and threats to family members of staff or physicians.

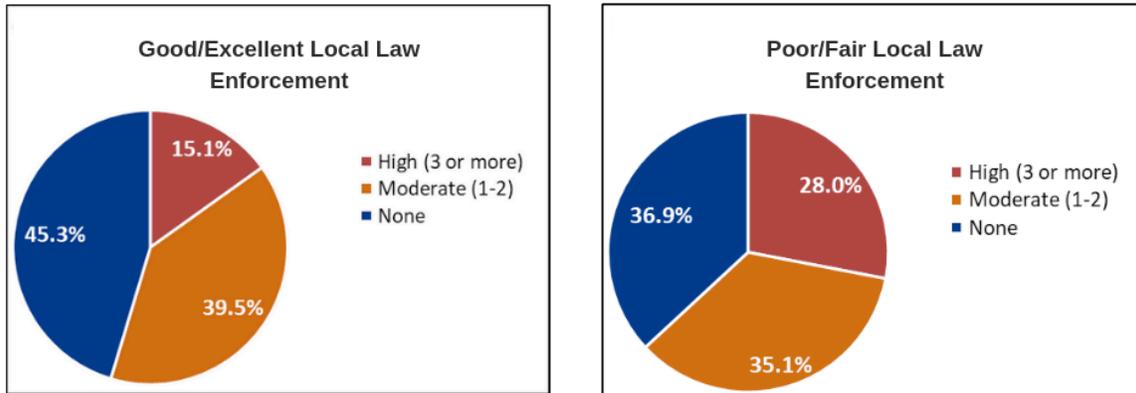
The most common types of targeted threat and intimidation were pamphlets and leaflets targeting staff/physicians, harassing phone calls, harassing e-mails and social media posts, tracking of activities, and stalking. In one instance, a clinic reported one of their physicians was forced to move after extremists targeted them at their home address.

Almost one-third of all clinics experienced the distribution of leaflets targeting their staff and physicians. And almost 15% of all clinics reported experiencing harassing emails/social media posts.



Our survey asked clinics to describe how often they experienced protests and demonstrations at their clinics. Chart 4 demonstrates that, in 2018, the frequency of anti-abortion activity experienced by clinics has remained relatively consistent with the past couple of years. Chart 4 shows that the percentage of clinics that experienced weekly anti-abortion activity has remained consistent since 2016, with daily protests nearly sustained as well. A staggering 62% (almost 2/3) of all abortion clinics and the communities they serve experience disruptive daily or weekly protests.

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



We asked clinics to rate the quality of their local law enforcement and found that 39% of clinics responding to the question rated their relationship with law enforcement as “poor” or “fair.” Sixty-one percent rated their local law enforcement as “excellent” or “good.”

Notably, clinics who rated their law enforcement “poor” or “fair” were nearly twice as likely to experience high levels of severe violence and harassment than clinics that rated their law enforcement as “good” or “excellent” – 28% compared to 15%, respectively.

Chart 6: Violence and Harassment in Relation to CPC Proximity

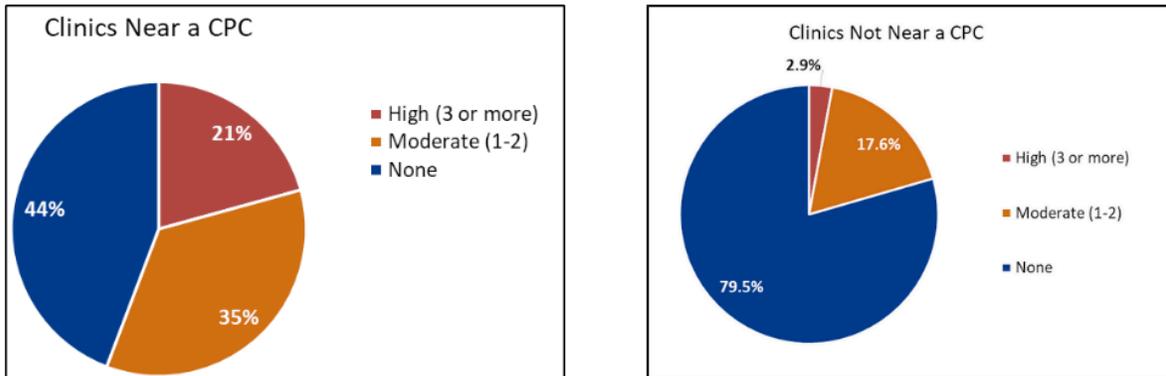


Chart 6 shows a striking distinction between clinics that responded that they are located near a crisis pregnancy center (CPC), and clinics that are not near a CPC. Sixty-five percent of clinics that answered the question responded that they are located near a CPC, and 15.7% responded that they are not near a CPC (19.4% responded “I don’t know”).

Clinics located near a CPC are significantly more likely to experience high levels of severe violence and harassment than clinics that are not near a CPC – 21% compared to only 2.9%. They were also much more likely to experience moderate levels of severe violence and harassment, 35% compared to 17.6%, and much less likely to report that they experienced no incidences of violence and harassment, 44% compared to 79.5%. These gaps have widened since 2016 – when 21.7% of clinics near a CPC reported high levels of violence, compared to 6.8% of clinics not near a CPC.