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Creinin, Mitchell David

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Antiabortion violence in the United States☆

Jennefer A. Russo[a,*], Kristin L. Schumacher[b], Mitchell D. Creinin[c]

[a]Department of Obstetrics, Gynecology, and Reproductive Sciences, University of Pittsburgh Medical Center, Pittsburgh, PA 15213-3180, USA
[b]University of Colorado-Denver, School of Public Affairs, Denver, CO 80217, USA
[c]University of California, Davis, Department of Obstetrics and Gynecology, Sacramento, CA 95817, USA

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Abstract

Background: This study was conducted to determine if an association exists between the amount of harassment and violence directed against abortion providers and the restrictiveness of state laws relating to family planning.
Study Design: We used responses from a July 2010 survey of 357 abortion providers in 50 states to determine their experience of antiabortion harassment and violence. Their responses were grouped and analyzed in relation to a published grading of state laws in the United States (A, B, C, D and F) as they relate to restrictions on family planning services.
Results: Group by group comparison of respondents illustrates that the difference in the number of reported incidents of minor vandalism by group is statistically significant (A vs. C, p=.07; A vs. D, p=.017; A vs. F, p=.0002). Incidents of harassment follow a similar pattern. There were no differences noted overall for violence or major vandalism. Major violence, including eight murders, is a new occurrence in the last two decades.
Conclusions: Harassment of abortion providers in the United States has an association with the restrictiveness of state abortion laws. In the last two decades, murder of abortion providers has become an unfortunate part of the violence.

Keywords: Abortion; Harassment; Violence; Vandalism

1. Introduction

Abortion is a safe and legal procedure that one third of American women will undergo in their lifetimes. In 2008, there were 1.2 million abortions performed in the United States, making abortion an essential service that requires providers [1]. Without safe abortion care, these same women will resort to illegal services. However, since harassment of abortion providers is socially accepted as the norm in the United States, the choice to provide abortion care often means running the gauntlet of protesters and picketers. It can also mean physical violence and harm. This threat of harm acts as a deterrent that keeps physicians from entering the field and providing care. Indeed, there has been a consistent absence of abortion service for women living in 87% of counties in the United States [1].

In 1991, Grimes et al. [2] first outlined how antiabortion provider violence had become an "epidemic." Since that time, four providers and four staff members of abortion clinics in the United States have been killed by antiabortion extremists. Murder is the most extreme form of the violence and harassment, but lesser harassment and violence also continue to spread. Harassment was reported by 47% of providers in 1991 compared to 57% in 2008 [1,2]. In 2008, clinics provided 70% of abortion care in the United States [1]. Eighty-eight percent of abortion clinics in the United States experienced harassment in 2008 [1].

This report will present an updated review of antiabortion provider harassment, evaluating if there is an association between the incidence of clinic harassment according to restrictiveness of family-planning-related state laws.

2. Materials and methods

We used two existing datasets to evaluate our outcomes. The first dataset came from the Clinic Violence Survey

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* Corresponding author. Magee-Womens Hospital, Pittsburgh, PA 15213. Tel.: +1 412 641 3464; fax: +1 412 641 1133.
E-mail address: russo.jennefer@gmail.com (J.A. Russo).

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performed by the Feminist Majority Foundation (FMF) in July 2010 [3]. Of the 595 abortion providers contacted by mail and telephone, 357 (60%) responded and included clinics affiliated with the National Abortion Federation, Planned Parenthood Federation of America and the Abortion Care Network. Of the 357 responses, 342 respondents completed the majority of questions about violence and harassment. Providers were asked if they had experienced one or more incidents of the following types of harassment during the previous 6 months, which were further grouped into five categories according to standards established by Pridemore and Freilich [4] in the criminology literature:

- Major violence: bombings, arson, gunfire
- Minor violence: chemical attack, anthrax hoax letter, bomb threat, arson threat
- Major vandalism: facility invasion, robbery, break-in
- Minor vandalism: broken windows, garbage tampering, glue in locks, nails in driveway, oil in driveway, graffiti and other vandalism
- Harassment: clinic blockades, noise disturbances, videotaping or photographing patients, other threats, approaching or blocking cars, recording patients' license plates, frivolous lawsuits, harassment via the Internet (posting patient or staff information on the Internet), other harassment [3].

Providers who reported one or more incidents were then coded as "1," and those who reported no incidents were recorded as "0." We received only nonpersonal coded information from the FMF to use as our data, so Institutional Review Board approval was not necessary.

The second dataset was the 2011 National Abortion and Reproductive Rights Action League (NARAL) Pro-choice America's state rankings which assign a letter grade of A, B, C, D or F to states based on 2010 state laws related to family planning, which includes abortion and contraception [5]. Higher grades (i.e., "A" or "B") are assigned to states with laws that are supportive of family planning services, including but not limited to abortion and contraception (Table 1). Specific factors included in the NARAL state rankings were:

- Abortion bans
- Biased counseling and mandatory delays
- Contraceptive equity (laws promoting insurance coverage of contraception)
- Counseling ban/gag rules
- Emergency contraception
- Freedom of Choice Act
- Guaranteed access to prescriptions
- Insurance prohibition for abortion
- Low income women's access to abortion
- Other antichoice or prochoice laws
- Postviability abortion restriction
- Protection against clinic violence
- Public facilities and public employees restrictions
- Refusal to provide medical services
- Restrictions on young women's access to abortion
- Spousal consent for abortion
- State constitutional protection
- Targeted Regulation of Abortion Provider laws

We compared the incidence of harassment reported by clinics in each state grouping. χ^2 testing was performed to

Table 1
NARAL state grades

A	B	C	D	F
Alaska	Illinois	Colorado	Arizona	Alabama
California	Massachusetts	Delaware	Florida	Arkansas
Connecticut	West Virginia	Iowa	Georgia	Idaho
District of Columbia		Minnesota	Kansas	Indiana
Hawaii		Wisconsin	North Carolina	Kentucky
Maine			Rhode Island	Louisiana
Maryland			Tennessee	Michigan
Montana			Wyoming	Mississippi
Nevada				Missouri
New Hampshire				Nebraska
New Jersey				North Dakota
New Mexico				Ohio
New York				Oklahoma
Oregon				Pennsylvania
Vermont				South Carolina
Washington				South Dakota
				Texas
				Utah
				Virginia

State rankings are graded A, B, C, D or F by NARAL Pro-Choice America: Who decides? The status of women's reproductive rights in the United States, 2011. http://www.naral.org/government-and-you/who-decides/who-decides-2011.pdf. Grade A: most favorable state laws relating to family planning. Grade F: least favorable state laws relating to family planning.

determine if the state-level legal framework is associated with the number of reported incidents of major or minor violence, major or minor vandalism, and harassment. χ^2s were first tabulated in five categories by incident type (major violence, minor violence, major vandalism, minor vandalism and harassment) across all NARAL state rankings. Two-by-two cross-tabulations were then generated by incident type and NARAL state cluster, performing a closer evaluation of the associations between the incident rates in "A" states versus "B" states, and so on. Finally, χ^2s were tabulated according to a number of disaggregated incidents (approaching cars, photographing or videotaping patients and staff, posting pictures on the Internet, graffiti and other harassment) in order to determine the origin of the statistically significant relationships. Yates correction was utilized if the expected frequencies within the cross-tabulations were less than one in any of the cells.

A Pearson product correlation was performed to generate a matrix to determine if a bivariate linear relationship existed between incident rates across the five categories of clinic violence.

3. Results

Raw numbers indicate that abortion providers in poorly graded states report more incidents of minor vandalism per provider than states with better grades (Table 2). Group by group comparison of respondents illustrates that the difference in the number of reported incidents of minor vandalism by group is statistically significant (A vs. C, p=.07; A vs. D, p=.017; A vs. F, p=.0002) (Table 3). A similar pattern is evident with harassment events (A vs. D states, p=.056; A vs. F, p=.03). There were no consistent differences noted between groups for major violence or major vandalism.

When analyzing the disaggregated data, or the data for each individual type of incident, we noted a number of

Table 2
July 2010 FMF survey: incidents reported per state grade

	A (*n*=159)			B (*n*=12)			C (*n*=15)			D (*n*=60)			F (*n*=96)		
	None	One	More than one	None	One	More than one	None	One	More than one	None	One	More than one	None	One	More than one
Violence															
Blockade	158	0	0	12	0	0	15	0	0	59	0	0	95	0	0
Invasion	150	8	1	11	1	0	15	0	0	59	0	1	91	2	2
Bomb	158	0	1	12	0	0	15	0	0	60	0	0	94	0	0
Arson	159	0	0	12	0	0	15	0	0	59	0	1	95	0	0
Chemical	159	0	0	12	0	0	15	0	0	59	1	0	95	0	0
Gun	158	0	0	12	0	0	15	0	0	59	1	0	93	1	1
Other	150	3	8	11	0	1	15	0	0	50	3	5	83	1	12
Threats															
Bomb threat	154	0	3	12	0	0	15	0	0	60	0	0	91	3	0
Arson threat	155	0	1	12	0	0	15	0	0	60	0	0	92	3	0
Anthrax	155	1	0	12	0	0	15	0	0	60	0	0	91	0	3
Other	139	7	11	12	0	0	14	0	1	54	3	1	81	3	8
Harassment															
Noise	102	10	47	8	0	4	7	0	8	31	2	26	45	4	45
Approach cars	103	5	51	6	0	6	8	0	2	32	0	28	44	4	48
Photo/video of patients	118	8	31	7	0	5	11	0	4	39	8	12	53	2	39
Internet posting	150	1	2	10	2	0	15	0	0	58	0	0	84	0	9
Record license plates	142	2	11	7	1	4	11	0	3	50	0	8	62	3	29
Frivolous lawsuits	156	3	0	10	0	2	14	0	1	57	1	1	89	2	3
Other	120	6	32	9	0	2	7	1	7	44	3	13	57	3	34
Vandalism															
Break-in/robbery	154	4	0	11	0	1	14	1	0	55	3	2	90	6	0
Tampering with garbage	152	3	3	12	0	0	12	3	0	57	2	1	91	3	2
Glue in locks	156	1	1	12	0	0	15	0	0	59	1	0	96	0	0
Nails in driveway	152	2	4	12	0	0	15	0	1	58	1	1	93	1	2
Motor oil in driveway	157	1	0	11	0	0	15	0	0	60	0	0	95	0	0
Broken windows	155	2	1	10	0	1	14	1	0	57	3	0	93	2	1
Graffiti	143	1	2	11	1	0	14	1	4	52	4	4	79	12	5
Tampering with phone lines	146	3	8	10	0	2	13	0	3	56	1	3	93	1	2
Other vandalism	148	4	2	11	0	0	15	0	0	58	0	0	84	6	4

Totals differ between categories due to missing survey responses.

Table 3
Statistical significance of differences in violence and harassment rates when comparing ratings of states' family planning laws

Type of harassment or violence	A–B	A–C	A–D	A–F	B–C	B–D	B–F	C–D	C–F	D–F
Major violence	NS	NS	.11[a]	NS	**.002**	NS	NS	NS	NS	NS
Minor violence	NS	NS	NS	NS	**.002**	NS	NS	NS	NS	NS
Major vandalism	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Minor vandalism	NS	.07	**.017**	**.0002**	NS	NS	NS	NS	NS	NS
Harassment	NS	.12	**.056**	**.03**	NS	NS	NS	NS	NS	NS
Approach cars	NS	NS	NS	**.003**	NS	NS	NS	NS	NS	NS
Video/photos	NS	NS	NS	**.003**	NS	NS	NS	NS	NS	NS
Posting on Internet	**.047**	NS	NS	**.016**	NS	**.028**	NS	**<.001**	NS	**.037**
Other harassment	NS	**.031**	NS	**.01**	NS	NS	NS	.09	NS	NS
Graffiti	NS	NS	.003	**<.001**	NS	NS	NS	NS	NS	NS

State rankings are graded A, B, C, D, or F by NARAL Pro-Choice America: Who decides? The status of women's reproductive rights in the United States, 2011. http://www.naral.org/government-and-you/who-decides/who-decides-2011.pdf. NS=not significant. Bold numbers are statistically significant results.

[a] The p values represent the significance when the harassment/violence rates for states with the first grade are compared to those with the second grade.

significant differences among groups (Table 3). The most common associations between grading and harassment and minor violence occurred between states with grades of "A" versus those with grades of "F." Between these state groupings, most notable are the significantly higher incidences of approaching of cars carrying women to an abortion clinic by protesters (p=.003), taking photo and video of patients and staff (p=.003), posting pictures of patients on the Internet (p=.016), other harassment and graffiti (p<.001).

4. Discussion

In 1991, Grimes et al. [2] first attempted to quantify and trend antiabortion violence in the United States. The authors pointed out that "…anti-abortion violence in the United States from 1977 to 1988…was the first time in our nation's history that health care providers have been singled out as targets of violence in pursuit of a social agenda" [2]. Unfortunately, we have found that the trend continues more than two decades later, increasing 21% from 1991 to today [1].

Not only does the trend continue, but the violence has become deadly. Dr. George Tiller was assassinated in his church on Sunday morning, May 31, 2009. Whereas no abortion providers or staff had been murdered when Dr. Grimes and colleagues wrote their original article in 1991, four physicians and four staff have been murdered over the past 20 years. Although not murdered, five additional providers have been severely injured since 1991, the first of which was in 1993 [6].

Our study finds an association between state laws and certain types of violence and harassment. We found that as state laws decreased in grade, there was a higher incidence of minor vandalism and harassment. The difference between groups in reported incidents was statistically significant. Although major violence and minor violence appear to be sporadic and not associated with state laws, bothersome harassment is of great concern. Staff members and physicians tire of facing protesters, resign from their positions or stop providing services. Even minor harassment implies the threat of murder, given the history of violence in the United States. Patients travel further to receive services in less harassed locations, sometimes delaying their procedures in order to avoid harassment [1,7,8].

We are aware of only one other study examining the link between state laws and violence. Although this study was similar to our study in that it compared FMF data to NARAL state gradings, it used FMF data from 2000 and only looked at groupings of state grades above and below a grade of C+ [4]. These data from 10 years ago did not demonstrate the association between harassment and vandalism that we found. We believe the difference in the findings is a result of the way the authors grouped the state ratings. Alternatively, our findings may illustrate a change in trends over time.

Indeed, according to the Guttmacher Institute, by the end of 2011, 135 restrictive reproductive health- and right-related laws had been implemented in 36 states [9]. "Fully 68% of these new provisions — 92 in 24 states — restrict access to abortion services, a striking increase from [2010], when 26% of new provisions restricted abortion [9]." Future research should continue to analyze the association between restrictive laws and harassment over time. This information is essential to providing care within a safe environment to patients across the USA.

Additionally, over the past two decades, there have been several laws passed at the federal level to enforce protection of abortion providers. In 1993, after the assassination of Dr. David Gunn, Congress enacted the Freedom of Access to Clinic Entrances Act [10]. Our analysis does not take into account federal laws protecting abortion clinics, nor does it consider local-level ordinances or enforcement by local police departments. This information could also affect the reported incidents of violence and harassment and is of utmost concern to the provision of services.

Our analysis was also limited in that the data were not collected from providers prospectively for the purpose of this type of analysis. Both datasets we used were collected during the same year, which does provide some internal consistency. However, the existing limitations could mean that the

association between reported incidents of violence and harassment and state law is spurious. Because data of this nature are difficult to gather, this analysis may be the best estimate of the relationships we explored. Furthermore, the numbers of violent incidents are sporadic enough that an association may be difficult to detect. Continuous reviews of this nature should be performed to analyze the changes over time in laws, violence and the association between the two.

In 1991, Grimes and colleagues stated, "Sex education, personal responsibility, and better contraceptive practices will reduce the need for abortions; Molotov cocktails will not. When this is understood, the epidemic of antiabortion violence may finally end" [2]. The lessons of 1991 hold true 20 years later; violence has continued and become deadly. Now, education and contraception may not be enough. We need to come together as a medical and public health community to address and end this epidemic of violence and to demand that our state and federal governments take action.

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