

Original research article

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.

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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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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.

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