

VIOLENCE AND THE ANTI-ABORTION MOVEMENT

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## Violence and the Anti-Abortion Movement

### Impact on Abortion Clinic Staff

#### Abstract

The purpose of this work is to examine the abortion debate in North America and the impact of the violence emerging from the anti abortion faction; how this violence has evolved; the impact the violence is having on abortion clinic staff in one clinic; and explanations of this violence offered by feminist theory. Little has been written about the impact the violence is having on abortion clinic staff. The purpose of this thesis is to examine this phenomena. This will be accomplished by presenting the results of interviews conducted with four abortion clinic staff from a stand alone clinic in a large urban center in North America. The results obtained provide valuable insights into the far reaching impact caused by this violence. On a political level, this information is useful for those lobbying for legal changes. On a personal level, this information may be helpful to social workers and others considering entering this field, as well as for those in areas of family counselling and psychiatric social work. This can lead to designing productive ways to counter potential damage, emotional and otherwise. In a global sense, this information could aid those looking for 'common ground' regarding this issue by illuminating the damage caused by the violence and the need to find some form of compromise between the pro-abortion and anti-abortion factions.

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# **VIOLENCE AND THE ANTI-ABORTION MOVEMENT**

## **Chapter One – Introduction**

The purpose of this work is to examine the abortion debate in North America and the impact of the violence emerging from the anti-abortion faction; how this violence has evolved; the impact the violence is having on abortion clinic staff in one clinic; and explanations of this violence offered by feminist theory. Abortion has been the subject of many pieces of research and other scholarly writings. Historically, the research generally focussed on three major areas: moral/philosophical arguments (Figueira-McDonough and Sarri, 1987, Luker, 1985); legal/constitutional arguments about the benefits or drawbacks about legalizing abortion (Graber, 1996, Morton, 1992); and medical arguments about the psychological/physical effects of abortion (Rodman, Sarvis and Bonar, 1997, McCain, 1994). Currently there is more research focussing on abortion clinic violence but the focus has been on documenting the violence not necessarily the impact on clinic staff. [National Abortion Federation (NAF), 1997; Canadian Abortion Rights Action League (CARAL); 1998, Feminist Majority Foundation, 1999]. NAF and CARAL have done a considerable amount of work in the area of documenting the violence occurring against abortion providers over the past ten years and offer some recommendations to combat and to reduce the violence. Little has been written about the impact the violence is having on abortion clinic staff. The purpose of this thesis is to examine this phenomena. This will be accomplished by presenting the results of interviews

conducted with four abortion clinic staff from a stand alone clinic in a large urban center in North America.

The legalizing of abortion in Canada in 1969 and in the United States in 1974, mobilized the anti-abortion movement and accelerated the controversy. As life becomes increasingly complex and stressful in today's society, people are increasingly distressed by what they view as the disintegration of society; family/marriage breakdown, indiscriminate violence and murderous rampages in the name of religious or political beliefs (Bower, 1996, Faludi, 1992).

Violent anti-abortion protest methods began in the early 1970's. 'Operation Rescue', one of the more well known radical anti-abortion groups formed in the mid 1980's and 'Missionaries of the Reborn' are an 'Operation Rescue' splinter group that has organized para-military training for its members. In the beginning, the bombings, arson, death threats, and other violent acts were randomized and unorganized but in recent years there is growing evidence produced by the Office of International Criminal Justice (University of Illinois, 1999) that the violent extremist groups are meeting and organizing together. Some of these 'fringe-cells' have developed relationships with right-wing militias. Recently the Klu Klux Klan, the 'white supremacist' group operating in the United States, has been making inroads into the anti-abortion movement. They are taking a stiff anti-abortion stance and are particularly opposed to federal intervention to

protect abortion clinics. It is disturbing to consider the structure and resources they could bring to the movement (Office of International Criminal Justice, 1999).

Headlines in the Vancouver Province newspaper illustrate the violence that clinic workers face, for example: **“Doctor Shot in his Vancouver Home”** (November 9, 1994, pg. 2). Dr. Garson Romalis, an abortion provider, was shot by a bullet fired through a window of his home. He was seriously injured but survived. Another is: **“Clinic Blast Kills Cop”** (January 30, 1998, pg. 36). A powerful bomb exploded at an Alabama clinic and killed an off duty police officer who was moonlighting as a security guard at the abortion clinic. A clinic nurse was also injured and partially blinded in the attack. Both had just arrived at the clinic when the bomb detonated at the front entrance. The headline, **“New York Doctor Murdered”** (October 25, 1998, pg. 1) refers to Dr. Barnett Slepian, an abortion provider who was killed by a shot fired through the kitchen window in his suburban home in Buffalo, New York. Finally, the header, **“Abortion Clinics on Shooter Alert”** (October 17, 1999, pg. A10) notes that a police task force investigating the shootings of five abortion doctors will warn health care providers across North America this week about the possibility of another attack as Remembrance Day approached. Remembrance Day has been chosen by some extremist anti abortion groups on which to ‘remember’ the unborn children of abortions by committing acts of violence against abortion providers.

The escalation of violent measures is now being documented but the impact on abortion providers has not been fully addressed or explained. Some doctors and other clinic workers are coming forward and offering statements to government committees looking at this issue (Armstrong, MD, 1995). Again, this is documenting what is occurring but not attempting to explain why or how it is impacting on these people's lives.

The position taken in this thesis is that the anti-abortion faction and the emerging violence is an expression of hatred and anger towards women, particularly 'feminists' and what it is perceived they represent.

Underlying this is the fear and anger at a loss of control over women, whether real or perceived (Faludi, 1992). Hatred and anger towards women surrounds us daily. We are inundated with images of violence towards women through all forms of communication; media, art, books. We are assailed by more than images, but real stories of women being beaten, raped and killed in increasing numbers (Crawford, 1992, Smart, 1989, Walker 1979).

Evidence from the research done for this thesis indicates that abortion clinic workers' lives are negatively impacted on a daily basis by the ever present threat of violence from the anti-abortion faction. This takes a tremendous toll on the quality of their lives.



Though there have always been those voicing disagreement with abortion, some more vehemently than others, the roots of the violence of the anti-abortion faction really began to emerge when legal challenges resulted in court decisions which allowed women the right to choose an abortion. Those at the forefront of the anti-abortion violent activism have been predominantly male. One study of abortion-related violence indicates that many males involved are operating out of a desire to control and even punish women, in contrast to female picketers who appear to be acting out of a concern for their right to picket and express disagreement about abortion (Prewitt & Blanchard, 1993).

A feminist analysis will be applied to assist in understanding the violence emerging from the anti-abortion faction as; "Abortion is intrinsically and intimately a women's issue given their exclusive capacity to become pregnant" (Figuerira-McDonough & Sarri, 1987, 42). Because of this, abortion and the right to choose is integral to the feminist movement. The key element here has always been about choice. The feminist stance has not been about promoting abortion, as some anti-abortion supporters would suggest, but it is about it being available as an option for those that want or need it. Feminist theory (Currie, 1991, Enns, 1997) is a logical choice to explore and explain this issue in that it is based on the concept that social problems are seen as arising from a patriarchal system based on male control of all aspects of society; economically, politically, socially and intellectually. The violence of the anti-abortion

faction can be seen as related to the larger issue of violence against women and misogynist attitudes in society.

This qualitative study examined the impact that anti-abortion violence has had on staff members from a stand alone abortion clinic in a large North American urban setting. The research utilizes a feminist standpoint perspective in interviewing the respondents. I recognize and have stated where I am located and how this influences how I experience the world. These considerations, in turn, influence how and why we support a particular position or stance, as in pro-choice or anti-abortion. This is important because no matter how 'objective' we as researchers need or want to be, a level of subjectivity is always present and needs to be acknowledged. "One's standpoint emerges from one's social position with regards to gender, culture, color ethnicity, class and sexual orientation and how these factors interact and effect one's everyday world" (Swigonski, 1993, 8).

I clearly locate myself as a woman who believes in reproductive choice, as were the clinic workers I interviewed. Because a feminist perspective considers both the female and male perspectives, from a feminist standpoint it is argued that one is able to see the viewpoints of both men and women and thus the understanding is more complete, deeper and more complicated (Nielsen, 1990). Research from a standpoint perspective "attempts to understand how the social structure contributes

to the problems found in everyday life and seeks emancipatory transformation of the social structure” (Swigonski, 1993,9).

Data gathering involved the use of semi-structured, open ended questions allowing for the respondents’ experiences to unfold in their own words in a manner comfortable to them. The respondents were four stand alone abortion clinic workers who all agreed to be interviewed for this research. A content analysis of the interviews is presented in this paper, followed by a discussion of the interviews , the limitations of the study and suggestions for further research in this area.

## **Chapter Two – Historical Overview**

Up until the early 19<sup>th</sup> century, abortion in America was common but unregulated. In 1821, America enacted its first statutory abortion regulation intended to protect women from the practices of untrained abortionists. In 1873, the Comstock Act in the United States banned access to information about abortion and birth control and laws were passed that made abortion a crime and, in some cases the women who procured one criminals. It has been estimated that more than one million illegal abortions a year were performed during what some call the ‘silent decades’, between 1821-1955 (The Reproductive Health and Rights Center, 1998).

In early Greek and Roman societies abortion was practiced quite widely. The advent of Christianity brought with it seeds of anti abortion sentiment and the beginning of the debate of when life begins. From here emerged a continuing debate and conflict among cultures throughout the world around the theory and practice of abortion. While many cultures at various times condemned abortion in theory, they condoned it in practice. History shows that throughout the world the chief abortion debaters were men. This is still prevalent today (ie. Morgentaler v Borowski, Canada's pro-choice and anti-abortion crusaders, respectively). As well, men appear to have been the dominant force in promoting the theoretical condemnation of abortion while the practice of abortion was accepted by women (Hurst, 1989).

Abortions are carried out in every country in the world today regardless of the law or anti-abortion violence. It is estimated that world wide, fifty million abortions occur every year (Kingston Women's Centre, 1995) Where abortion is prohibited or restricted, serious health problems are posed for women. Much of Muslim Asia, Latin America and Africa fall into this category. Some women take great risks to have an abortion. African women have twigs inserted into their cervix to induce contractions. Zambian women drink gasoline or detergent for the same purpose and Latin American women use catheters, knitting needles or coat hangers to accomplish this end. Many women die from such methods. It is estimated that between 100,000 to 200,000 women a year dies from illegal abortions (Kingston Women's Centre, 1995). Women in

Canada and the United States take similar risks to their lives when safe procedures are not accessible to them. Women will resort to incredibly dangerous procedures to end an unwanted pregnancy and have done so for centuries.

Historically there have been a variety of reasons for prohibiting abortion. In Nazi Germany abortion was strictly prohibited as 'Aryan' women were to reproduce the 'master race'. The penalty for obtaining an abortion was death. Women were encouraged not to work and financial incentives were used to encourage childbearing. Joseph Goebbels, propaganda minister for Hitler, made the following claim:

The mission of all women is to be beautiful and bring children into the world. This is not at all as rude and unmodern as it sounds. The female bird pretties herself for her mate and hatches eggs for him. In exchange, the male takes care of gathering the food and guards and wards off the enemy (Kingston Women's Centre, 1995, 10).

This may seem an extreme example, but sadly there are many today that subscribe to this as women's 'proper role'. In relation to the discussion here, this 'traditional' model of women's role is integral to many anti-abortionist platforms.

Race and class were also factors for anti-abortion laws in Canada in the 19<sup>th</sup> century. Abortion was increasingly used by white, middle and upper class women to control their family size (Kingston Women's Centre, 1995). Those who were 'native born' in Canada were concerned with what they saw as 'race suicide' of the Anglo Saxon population. This was in respect

to French Canadian and 'foreign' immigrants. 'Anglo Saxon' women who used contraceptives or abortion were seen as 'traitors to the race'. Thus contraception was made illegal. Another trend in the 19<sup>th</sup> century was restricting abortion because of demographic concerns of the state. There was a need for continued population growth to fill growing industries and new farmable territories (Kingston Women's Centre, 1995).

From 1960 – 1969 in North America, pressure for liberalization of abortion laws was building. Women, empowered by the re-emerging feminist movement, contended that it was a woman's right to exercise control over her own body. Many felt that the government had no business interfering in private decisions made by women and their families. In 1967, in the United States, Dr. Leon Belous was convicted of referring a woman to an illegal abortionist. He insisted his case be used to raise a constitutional challenge to California's anti abortion statute. In 1969 the California Supreme Court declared the state statute unconstitutional and found for the right to choose an abortion. Spurred by the success of the Belous case, other cases began to flow into state and lower courts in the United States. This led to the defining case of Roe vs Wade in 1973, where the United States Supreme Court handed down its decision announcing that the United States Constitution protects a woman's right to decide to end her pregnancy (The Reproductive Health and Rights Center, 1998).

In 1969 Canada, following the British example, amended its abortion law after a decade of agitation for reform. Before this, abortion was considered a crime in the Criminal Code (Section 251) unless performed to save the mother's life. The Canadian Criminal Code and its abortion provisions were adopted from British Criminal law in 1892 (Morton, 1994).

Abortion reform in Britain was well on its way in the 1960's, the primary impetus being the Wolfenden Report in 1957. This report recommended the decriminalization of homosexuality and prostitution, stating that "there must remain a realm of private morality and immorality....which is not the law's business" (Morton, 1994, 9). Though this report did not directly deal with abortion, this principle that the law has no place dictating and enforcing private morality was instrumental in the abortion reform that followed. A reform bill that allowed for abortion on demand was adopted in 1966. Canada followed suit in 1969, the debate which led then Justice Minister Pierre Trudeau to make the famous remark that "the state has no business in the bedrooms of the nation." The focus of the debate was the Omnibus Criminal Code Reform Bill that along with other things addressed changes to the abortion law. The reform did not decriminalize abortion, but did make them more readily available as the criteria changed from being dependent on the mother's life being at risk to the broader criteria of the health of the mother being at risk (Morton, 1994).

The feminist movement in Canada played a rather minor role in the initial stages of abortion reform. The major players were the Canadian Medical Association and the Canadian Bar Association. The motivation appears to have been to protect doctors. Doctors who were already performing abortions wanted legislative protection to legalize what they were already doing (Morton, 1994).

Abortion has always existed, legal or not, because it is necessary. David Mall speaks about the prevalence of abortion over the centuries as follows, "Anthropologists remind us that every known culture whether literate or preliterate, primitive or modern, has engaged in it" (Sheeran, 1987, 99). Abortion is such a volatile issue because it involves highly charged issues; sex, religion and politics. A central question for the study being undertaken here is why is abortion a social issue and how can feminist theory help explain it.

Nowhere is control a more central issue than around the issue of reproductive control: "Childbearing is at the same time very private and uniquely feminine and highly political and male controlled. It is this tension between private and public, between female and male control that binds us to the social and political aspects of reproduction and can make women highly sensitive to the socio-political context of reproduction" (McDaniel, 1998, 175).



Historically, women's perceived primary role has been reproduction. This is linked to the stated 'biological truth' that all women want and need children in order to be fulfilled and complete (Frieden, 1963, Moody-Adams, 1997). Tampering with this belief, as in abortion and the emerging reproductive technologies, has caused a furor if not panic in the 'conservative right'. This 'conservative right' also represents a large majority of the anti-abortion faction.

It can be argued that there is a hidden agenda in the anti-abortion movement that has nothing to do with concern for fetal rights. This is the fear that as women control their reproductive capacity (ie. freely choose and have access to abortions) this frees them to choose other paths as well, other than nurturers of the family and of males. This moves women away from the nuclear family model and a dependency on males. This is disguised by rhetoric about valuing women in the 'traditional' role and a backlash against feminism as destroyer of all that is 'positive' in society, past and present.

The founder of the United States based Operation Rescue, Randall Terry, is a dominant figure in the right wing Protestant anti-abortion faction. His counterpart in the Catholic right wing is Joseph Scheidler. The common theme of both factions is the rationale that their violent anti-abortion tactics are carrying out God's will; the need to assert control over secular society. These groups profess that "the world will not know how to live or which direction to go without the church's biblical influence on

its theories, laws, actions and institutions, including opposition to such social moral evils as abortion on demand, fornication, homosexuality, sexual entertainment, state usurpation of parental rights and God given liberties....” (Berlet, 1996, 5). In some of the extremist anti-abortion factions there is almost a sense of entitlement to the violence they perpetrate. The support of this entitlement is linked to these same Christian right wing groups.

Some less extremist anti-abortion groups are in opposition to taking life in any form, seeing abortion and capital punishment as a philosophically seamless issue. Others make an argument that you can support capital punishment but not abortion based on an interpretation of innocence and guilt; the unborn child is innocent and a murderer is not. This is philosophically consistent to them. We must respect innocent life (the unborn child against abortion) and protect society against murderous aggressors (capital punishment). The sense of entitlement is also connected to the belief in the stated constitutional right to bear arms; if they don't start taking back control in many arenas, not just abortion, the government will continue to infringe on their rights (The Branch Davidians in Waco, Texas and the Weaver family in Ruby Ridge, are both examples of what some see as over reaction and excessive force being used by the government resulting in the deaths of people exercising their constitutional rights to bear arms) (Berlet, 1996).

Religion has had a dramatic impact on the abortion issue. No major religion has a unified position on the subject of abortion except the Catholic Church, which is staunchly anti-abortion. It can be argued that it is anti-women as well, in that they deny women power within the church hierarchy and promote the patriarchal system outside the church. Interestingly, the church has not historically been so opposed to abortion as it is today. In its first six centuries, it took the position that abortion was not murder because a fetus did not have a soul. Augustine held that: "One cannot be said to be deprived of a soul if one has not yet received a soul. The law does not provide that the act pertains to homicide, for there cannot be said to be a live soul in a body that lacks sensation, if it is not yet formed in flesh and so not yet endowed with sense" (Hurst, 1989, 87).

The underlying reason for the Catholic Church opposing abortion was because it was and still is supposed to conceal the real 'sin' of adultery and fornication. The Catholic Church, though always opposed to abortion, vacillated in terms of extremes of its position for centuries. In the 1960's when the women's movement began agitating for reproductive rights, the Catholic church felt it was necessary to more firmly oppose abortion. In 1974, after Roe vs Wade, the Vatican issued a 'Declaration on Abortion' that removed any ambiguity about when life begins, stating that: "to abort a fetus was to risk committing murder, it named it a grave sin" (Hurst, 1989, 88).

An argument can be made that it is hypocrisy in its highest form to indict abortion but, in essence, support murder or killing in other forms. For example, in war, capital punishment, on religious grounds or anti-abortion violence. This is often the case with anti-abortion advocates and leads one to question what the motivation is for this stance. One answer is that the motivation is the repression of women (Hurst, 1989, 89).

When one looks at other positions the Catholic Church takes, it supports this claim of repression. It denies women control over their bodies by forbidding contraception and abortion and by teaching that women are subordinate in marriage. Anti-abortion factions have the support of the Catholic Church which is a powerful force in the world today and this is a major factor in their rising profile. Though the Catholic Church does not support abortion it does not in any way formally endorse the violence of the anti-abortion faction.

Another interesting element about the Catholic Church and abortion are the feminist, pro-choice Catholics. One pro-choice Catholic suggests that Canon Law that governs the Catholic Church is not infallible and has been interpreted differently by different church leaders. Canon Law 1398 specifically makes abortion an excommunicable offense (Stasek, 1999). It is important to note that Canon Law was not formulated by a legislature. It is law drawn up by the Church leaders whom are largely, if not solely, male. This pro-choice Catholic argues that there are always exceptions to laws and abortion can be an exception. One must follow one's conscience

on moral decisions; “well formed, educated, prayerful, thoughtful, moral decisions” (Stasek, 1999). Basing their beliefs on the traditions and teachings over the whole history of the church, she believes it is consistent with the church to be pro-choice.

Most Western democracies liberalized their abortion politics in the 1960's and 1970's. Politicians would generally like to see the abortion issue disappear entirely or at least from their arena. Politicians, often ruled by the perceived need to stay away from highly charged, polarized issues find abortion a difficult one. Three strategies have characterized political responses to abortion; abstinence, postponement and de-politicization. Abstinence is when governments refrain from taking a stand.

Postponement is a delaying tactic with the hope that pressure or reform groups will lose momentum and phase out. De-politicization is when abortion is re-defined as a technical issue and passed on to experts. The experts in this case are those in the field of medicine, science or law. This is no longer a viable solution as doctors and the courts are looking for clearer guidelines from the state (Lovenduski & Outshoorn, 1986).

Abortion in Canada was decriminalized on January 28, 1988, when the Supreme Court of Canada declared the old abortion section of the Criminal Code (Section 251) unconstitutional in the Morgentaler case. Bill C-43, the legislation to recriminalize abortion, passed the House of Commons on May 29, 1990, by a nine vote margin. The new law would have made abortion punishable by up to two years in jail unless a doctor

determined that continuing a pregnancy threatened a woman's physical, mental or psychological health. It was defeated by the Senate on January 31, 1991. Today, there is no federal abortion law (CARAL, 1998).

Before Bill C-43 was eventually defeated by the Senate, 60 to 100 doctors stopped performing abortions for fear of possible criminal prosecution which affected access to abortions in many regions in Canada. According to a 1990 cross Canada survey by the Society of Obstetricians and Gynecologists, a total of 275 doctors threatened to stop performing abortions if the bill were passed. For the Maritime and Prairie provinces, this would have meant that virtually all doctors there would have stopped performing abortions. Since Bill C43 was defeated, there has been no new attempt by the federal government to return abortion to the Criminal Code (CARAL, 1998).

People today concerned about disturbing trends of violence and alienation often target a particular group or issue on which to place blame. If you can identify the 'enemy' you can focus on eliminating or defusing it. There are many examples of this that have occurred throughout history; genocide of various ethnic groups or homosexuality being seen as the cause of the AIDS epidemic. In the case of the abortion issue, anti-abortion proponents 'blame' feminism for destroying the very fabric of society, upsetting the 'natural' order of things by changing women's role and promoting abortion (Faludi, 1992, Moody-Adams, 1997).

A most disturbing outcome of identifying pro-choice supporters as the enemy is the increasing violence being directed at them from the anti-abortion faction. It appears some have decided to take the law into their hands and eliminate or murder those providing abortions in order to stop, as they state, the 'murder' of unborn babies. The threat of harm to doctors and abortion clinic staff has had a significant impact, particularly in light of recent murders and attempted murder of doctors (Armstrong, 1995, Feminist Majority Foundation, 1999). It has not, though, stopped many of these committed people from continuing to offer this choice to women.

Threat of physical harm is a common form of social control. Methods of social control have been applied to women in various ways to keep them in a subordinate position. The methods are so entrenched that they are often invisible to many and reflect the gendered exercise of power in society. Women are punished for stepping outside the 'appropriate' prescribed feminine role as passive, polite, nurturing mothers/homemakers. If women are too forceful or aggressive, too successful or intelligent, please themselves before pleasing a man or seek fulfillment without a husband or family, they are ostracized as 'deviant' (Dubinsky, 1985, Faludi, 1992, Steinem, 1999). This can take the form of tolerating them as just 'odd' or eccentric, as unbalanced and in need of treatment, or dismissing them entirely as aberrant, strident, man hating feminists. There is not a lot of positive reinforcement for stepping outside the prescribed role.

The violence associated with the anti abortion faction has led to the necessity of drafting new laws to deal with it; thus the 'bubble zone' or buffer zone. In British Columbia in 1995, the Provincial Access to Abortion Services Act became law. It set up 50 metre bubble zones around abortion clinics, 10 metre zones for doctors' offices and 160 metre zones around the homes of abortion providers. Within those zones, no one can try to dissuade someone from getting an abortion, film or videotape for that purpose, or interfere with them physically. Under the legislation it is also illegal to watch repeatedly, to approach or to follow anyone who provides abortion services, with the intent of dissuading them from providing such services. Violators face a maximum fine of \$5,000.00 and 6 months in jail' (Canadian Abortion Rights Action League, 1998). This law has not proven to be particularly effective. In the short run it is seen as progress and some doctors and women seeking abortions feel somewhat safer but it has not stopped the protestors. They just changed tactics (ie. walk by praying inside the 'buffer' zone). The bottom line, of course, is that it does little for individuals' personal safety against someone 'fanatical' enough to use a gun.

In the United States in 1991, the Freedom of Access to Clinic Entrances Act (FACE) law passed making it a federal crime to block clinics and threaten staff. The penalties are up to a year in jail and \$10,000.00 fines. This apparently has not significantly diminished the threat of violence but did diminish, for a time, the incidents of clinic blockades (Bower, 1996).



A possible explanation for the escalating violence returns us to the control issue. Many men are frustrated with a perceived loss of control. As women's roles change so do men's. Men have to compete with women in all arenas, at least that is the perception, and this competition is not always well received (Crawford, 1992, Faludi, 1992, French, 1992, Steinem, 1999). This is new territory for many men and it is threatening. It challenges all that is comfortable and familiar for them. Marc Lepine's murder of 14 female engineering students in Montreal in 1989 is an extreme example of this. He stated he wanted to kill 'feminists' which he apparently saw as a threat (National Action Committee on Women, 1990). There are those who argue that this was an isolated incident; the work of a 'disturbed' individual. Undoubtedly he was disturbed but that does not allow us to dismiss the issue of the perceived threat of feminists. This is a pervasive influence in western society, one to which many do not own up. A large number of the anti abortion faction endorse this anti-feminist stance and endorse, as well, violent measures to accomplish political ends.

### **Chapter Three – Literature Review**

#### **Feminist Theory and the Law**

Feminist theory articulates various ways of seeing or asking questions about understanding women's lives and experiences, the nature of inequality between the sexes and the structuring of gender. Much of feminist theory is focussed on the connection between gender, privilege,

the concept of self, social class, culture and power and how these shape our lives. Feminist theory has been criticized by traditional theorists (Cain, 1986, Razack, 1988) basically because it is seen as not meeting male defined criteria for theory. Feminists, while not discounting the value of some 'traditional' theorists input, refuse to accept traditional (often translated to male defined) or even radical theorists explanations for social phenomena. This is because a major factor left out of the equation is the female perspective. As Carol Smart states: "...what has passed for science is in fact the world perceived from the perspective of men, what looks like objectivity is really sexism and that the kinds of questions social science has traditionally asked have systematically excluded women and the interests of women...a truly objective science would not be androcentric but would take account of both genders" (Smart, 1990,77).

A feminist model is not anti-male, as some believe, but is about embracing all that is feminine and masculine in all of us and working on the positive aspects of both. It is not solely about female issues or their view of the world. While it does include a female perspective, the key word is include, which means a balance of both the female and male view of the issue. This, it can be argued, has not occurred in most male constructed views of the world (Steinem, 1999, Smart, 1990, Faludi, 1992). So it is balance that is the goal; a more equitable but also more realistic view of the world. What is not acceptable is a male side and a male defined female side. What is acceptable is representative and

equally valued sides. Part of the backlash against feminism that marks some of the ant-abortion faction's mandate stems from this narrow view of feminism as anti-male.

Central to the issue of abortion is the law. We have been looking to the law to determine the legality of abortion, when and where they can be performed and who can perform them. Now, in the wake of anti-abortion violence, we are looking to the law for solutions. On the face of it, it seems a reasonable expectation that the law would set the standards by which to address this issue. But the law, from some feminist perspectives, cannot do the job because the power of law is misplaced. The law is built upon a patriarchal agenda defined and controlled by males and does not include a female perspective (Smart, 1989, Cain, 1986, Snider, 1990).

Carol Smart in "Feminism and the Power of Law" (Routledge, 1989) makes a convincing argument that there is simply no place for women's realities within the discourse of law. We must accept the law's terms of reference in order to be recognized and these terms of reference do not allow for women's experience to be heard or understood. She cites as one example the law's consistent failure to recognize women's experience of abuse and sexual assault as inevitable in a culture embedded in phallocentrism, "a concept that implies a culture which is structured to meet the needs of the male imperative" (Smart, 1989, 26).

Smart further argues that the law's inability to hear feminist concerns in a way invalidates them as concerns at all (Smart, 1989). This disqualifying of women's view and experience has characterized the foundations of most theoretical discourses, not just the law. She suggests that the law is only as powerful as the authority we accord it. If we stress the powerlessness of feminism in the face of legal method and law, we add to its power. Feminism must continue to challenge the power of law to define women in law's terms (Smart, 1989).

She also discusses what she states is the problem of rights. Though she acknowledges there have been benefits from the struggle for rights in improving women's rights in society, she points out the shortcomings. As the law now provides women with formal legal rights equal to men, the fight for rights in the year 2000 has become one for 'special rights', as in the right to choose an abortion. This idea of 'special rights' has been the source of hostility because it is seen by some as more than equal rights; they are specific to only women (Smart, 1989).

The appeal of rights is that they are seen as protection of the weak against the strong. In the case of abortion it may not play out that way. Here, the law may accord rights to abortion but if the state does not fund abortion clinics or protect them from violent protestors, it is an empty right (Smart, 1989). This is one reason Smart cautions against relying too heavily on the law. She suggests there is a need to find an alternative to the legal reality of the state, a separate feminist reality which

accurately reflects women's reality and is more able to meet women's needs.

The abortion issue has been debated 'ad infinitum'. There are those that state that there is nothing more to say about the issue. As Professor Stephen Carter of Yale Law School states, "As each new article or book comes out, one is left with the dreadful and yet unavoidable sense that everything has been said....not only that, but most of it was said ten years ago....as eyes glaze over, it often has seemed that during the past two decades that only the names of the authors who offer the arguments have changed" (Graber, 1996, 162).

What is this debate really about: the definition of abortion, the time human life begins, the time of animation or the morality of abortion? Is it about human rights, the role of government, changing roles of the family and women? It is about all of these things but seldom is this recognized. The two sides in this debate reduce the issues to two; when life begins and women's reproductive rights. The majority of the literature regarding the abortion issue has focussed on three major areas; moral/philosophical issues, legal/constitutional issues and medical arguments about the psychological/physical effects of abortion. In recent years there have been studies conducted on anti abortion violence.

### Moral/Philosophical Issues

Because abortion stands at the juncture of a number of value systems (sex, reproduction, gender, family, economics, law) that are loosely

integrated and jousting with each other for dominance, it is hard to predict the position on abortion from a single set of values (Figueira-McDonough & Sarri, 1997). Religions have historically functioned as mechanisms to integrate value systems and nowhere is this more evident than with the issue of abortion. The major religion that has a unified position on the subject of abortion is the Catholic Church, which is staunchly anti abortion; "The more dogmatic the religion, the more effective it is in producing an integrated value system. This is done by producing an apocalyptic framework which, since it is beyond rational analysis, validates moral absolutism" (Figueira-McDonough & Sarri, 1987, 55). This framework characterizes the Catholic Church which is a powerful force in the world today and a central figure in the abortion debate.

Kristin Luker in her historical review of the taboo of abortion in the United States noted that it was only in the 1960's when the women's movement re-emerged and began agitating for reproductive rights that arguments about abortion came to be formulated in terms of competing rights; the rights of the 'emancipated' woman and of the unborn child (Figueira-McDonough & Sarri, 1987). Petchesky examined arguments between anti-abortion and pro-choice groups, made up predominantly of women and concluded that the ethics of maternal responsibility (giving the unborn child the right to be born versus giving each child born the right to be loved and the means to develop to full potential) rather than women's liberation, is dominant among women on each side of the

argument (Figueira-McDonough & Sarri, 1987). In another study in the United States she found that resistance to change or fear of change characterizes a large portion of the anti-abortion 'right' who feel abortion and its perceived 'feminist' connection pose a threat to the safe boundaries of their traditional patriarchal system. "Abortion has been transformed into a symbol of sexual promiscuity, family disintegration, economic ruin and communism" (Figueira-McDonough & Sarri, 1987, 75).

Josephina Figueira conducted a study in the United States on opinions of abortion to test the following; 1.) that the taken stance on abortion will vary significantly by certain demographic characteristics such as urbanism, income and education and 2.) that conservative attitudes in relation to a variety of social issues will be associated with opposition to abortion. The findings indicate that male supporters of abortion can be described as non-religious, urban, educated and holding 'liberal' opinions. Those more favourable to the anti-abortion position tend to have the opposite characteristics. Women were at both extremes of the spectrum of the abortion issue who are religious and non religious, more or less educated and with humanitarian and traditional values. The most salient characteristic of the male antiabortion supporters is their church involvement. Her findings suggest that, in the U. S. at least, churches play an important role in perpetuating abortion as moral deviance and integrating this definition into a conservative ideology based on fear of change (Figueira-McDonough & Sarri, 1987).

### Legal/Constitutional

When abortion was legalized in Canada in 1969 and in the United States in 1973, it was considered by many as the turning point in the legal debate about abortion. It is believed, by some, to have jump started the feminist movement out of obscurity and put the abortion issue into the political forefront. The question continues to be; is abortion a fundamental human or constitutional issue? Though technically abortion is legal, abortion on the books differs from abortion law in action. Legal or not, access to abortions is not easily available to all women. All women seeking abortions are still at the mercy of various factors, though women of privilege always have an easier time of it. A leading work on abortion practices observes that throughout the 20<sup>th</sup> century; "depending on where a woman lives, on the attitudes and practices of the woman's physician and hospital, or on who she is and whom she knows, she may find it easy or difficult to obtain an abortion regardless of how restrictive or permissive the laws are" (Graber, 1996, 41).

The law has been looked at to answer questions that many argue cannot and should not be answered in the legal arena. The questions are; 1.) when is a fetus a person?, 2.) what circumstances justify an abortion? And 3.) who decides? Feminists argue that the legal field is a bastion of a male dominated, patriarchal system that has little or no understanding of the female experience and has no right interfering in a personal, individual decision.



Another significant fact is that statutory restrictions on abortion have, in the past, proven to be unenforceable. It only succeeds in forcing them 'underground' and forcing women, particularly less affluent women, to submit to unsafe practices. History has shown that you cannot, through legislation, prevent people from seeking what they want and need. Kristin Luker's study of abortion policies concluded that; "if a reasonably plausible medical indication for abortion could be presented to a sympathetic physician, neither the medical society nor any other statutory authority was likely to intervene" (Graber, 1996, 48). She went on to conclude from historical evidence, no matter what the particular statutory definition of a lawful abortion, physicians agreed that; "if the characteristics of the practitioner and the conditions of practice were 'reputable' then the abortion was justifiable" (Graber, 1996, 49).

#### Medical/Psychological Issues

As noted previously, the medical profession in many ways has supported access to abortion but only in cases 'they' deem justifiable. This relates again to the male dominated power structures that define or attempt to define and control all aspects of society. The medical profession, as the legal profession, wields tremendous power in our society, thus tremendous power over women and the issue of access to abortion. The wielding of this power is most evident in that doctors determine when abortions are medically safe and when they are psychologically safe or not.

There has been a fairly pervasive assumption in the medical profession that women seeking abortions were suffering from some emotional disturbance. This was based, in part, on the myth that most women's main purpose in life was to bear children. But, more importantly, it is believed that if they had to have an abortion they would then suffer some negative psychological after effects and/or depression. There is no conclusive evidence to support this. Simon and Senturia examined 27 books and articles representing research and clinical literature around the issue from 1935 –1964 and their conclusions were:

“It is sobering to observe the ease with which reports can be embedded in the literature, quoted, and re-quoted many times without consideration for the data in the original paper. Deeply held personal convictions frequently seem to outweigh the importance of the data, especially when conclusions are drawn. In the papers reviewed, the findings and conclusions range from the suggestions that psychiatric illness almost always is the outcome of therapeutic abortion to its virtual absence as a post abortion complication” (Hyman, Sarvis & Bonar, 1987, 9).

Though the literature quoted is dated, it reflects the power of the medical profession to shape beliefs, as well as the power of the published word. What is not considered here is the emotional effect of breaking the law. Prior to abortion being legalized in North America this would have been a significant factor. As well, current studies indicate that though having an abortion is not an easy decision for most women, not all women suffer psychologically or emotionally over abortion. Many have no regrets about

the abortion, more often they regret the circumstances that led to the decision having to be made (McCain, 1994).

Russia offers an interesting comparison in their approach to abortion. Prior to the Russian Revolution in 1917, abortions were strictly forbidden. In 1920 free abortions were available apparently reflecting the belief in female equality held by the revolutionaries. Stalin again made abortions illegal except if the woman's health was at risk. This was in response to the industrialization the country was experiencing and the need for workers. In 1955 after Stalin died the emphasis shifted back to female equality and abortion was again legal. The focus in Russia is on termination of pregnancy not prevention through contraception. A conservative estimate is that 55% of pregnancies are terminated by abortion. It is the highest rate of any country in the world. It is not uncommon for a Russian woman to have 4 or 5 abortions; some have as many as 20 (Kingston Women's Centre, 1995). Given this accepting attitude towards abortion undoubtedly allows for less psychological trauma over the decision to obtain one.

There have been some studies done regarding the impact of anti-abortion violence on women seeking abortions. One such study focussed on the effects of anti-abortion demonstrators on women's psychological responses to abortion. The results suggest that the negative social interactions with strangers (anti-abortion demonstrators) can generate distress and depression (Cozzarelli & Major, 1994).

### The Legacy of Violence

In recent years, the Feminist Majority Foundation has been studying the issue of the violence of the anti-abortion faction towards abortion clinics in the United States. One 1998 study measured the violence occurring and the implications this has for clinic operations. The survey is a comprehensive study of anti- abortion violence directed at clinics, patients and health care workers in the United States. The key findings indicate the following:

- a) almost one quarter of clinics faced severe violence in 1998 (severe violence being death threats, stalking, bomb threats, bombings...);
- b) anti-abortion attacks became more concentrated on a smaller number of clinics; the most intense violence is experienced by free standing clinics;
- c) bomb threats and vandalism remained the most common type of violence reported;
- d) the percentage of clinics reporting staff resignations as result of anti-abortion violence declined (though it does fluctuate year to year);
- e) one fourth of clinics were protected by buffer zones in 1998;
- f) fewer clinics reported violations of the Freedom of Access to Clinic Entrances Act (FACE) to federal law enforcement officers during the first seven months of 1998 than ever before;
- g) clinics are less likely to turn to the courts for help than in previous years;

h) local, state and federal law enforcement response to clinic violence improved in 1998 which helped keep violence levels down.

The violence of the anti-abortion faction is an expression of hatred and anger towards women; thus it is necessary to look at the larger issue of violence against women. The causes of violence are numerous, but one commonality amongst many cultures is the gendered nature of violence (French, 1992, Brownmiller, 1984, Faludi, 1991, Crawford, 1992).

Generally, the perpetrators of all types of violence are male. The traditional analysis of violence often starts from the assumption that it is aberrant, deviant behavior perpetrated by one individual against another (Kelly, 1996). Violence against women can take many forms, the most common being physical and sexual assault ( Canadian Criminal Code, 1998).

Violence, of course, is not a new phenomena. Feminist authors led the way in presenting the structures and consequences of violence (Brownmiller, 1984, Crawford, 1992, French, 1992, Stanko & Newburn, 1994). In relation to the abortion issue, parallels have been drawn to the violence perpetrated on religious grounds that have been with us for centuries. Comparisons can also be drawn to the violence perpetrated against women in many forms in North American society, in particular theories of rape and domestic violence. These are predominantly discussed in terms of power and control, of men over women (Brownmiller, 1984, Crawford, 1992, Stanko and Newburn, 1994, Walker, 1979). One million women in Canada are abused

physically by their husbands or intimate partners each year; 62% of women murdered in Canada die as a result of wife assault (Crawford, 1992, Light, 1992) . It can be argued that men beat their wives because they are permitted to do so by a system that does not stop them. It can also be argued that the anti-abortion extremists intimidate, threaten and murder because they are also, in essence, permitted to do so by a system that does not consistently enforce laws against such violence. Violence reminds us that we cannot control all aspects of our environment. It makes us feel vulnerable and ultimately insecure. Violence is a threat to us all and that is why it is generally defined as an offense against society.

There are various definitions of violence. A general definition of violence is '....an exertion of physical force so as to injur'...or '....intense, turbulent or furious and often destructive action or force' (Websters Dictionary, 1998). Another definition of violence is that of work place violence and is described as, '...the attempted, threatened or actual conduct of a person that causes or is likely to cause injury, and includes any threatening statement or behavior that gives a worker reasonable cause to believe that the worker is at the risk of injury' (Saskatchewan Health and Safety, 1998).

The origins of violence against women in North America are embedded in cultural teachings that promote men to dominate. To maintain a male dominant system you have to teach men to dominate. This, in turn, leads men to believe that to dominate, one has to control, which makes control a

part of masculinity and thus the cycle begins. On the other side, women are encouraged to be passive; passivity is rewarded as feminine. Thus the cycle continues (Steinem, 1999). As violence against women has become more visible it has become less acceptable. This has not necessarily diminished the violence but it has begun to change attitudes, which is progress of a kind.

Women who step outside of the prescribed role and try to take control of their lives, their bodies, their reproductive system face opposition. Women who try to be autonomous and self determining face many battles; they may lose their job or custody of their child. If they are beaten they are often said to have incited it and if they are raped they are often said to have invited it.

If you have two groups of people and you say one is inferior to the other, and this is a lie, then one way to maintain the lie is through violence or threat of violence. This occurs with respect to gender, sexual preference, race and religion. Where men and women come together most intimately, in sexuality, can become infused with violence. We have to disentangle sexuality, intimacy and violence (Steinem, 1999, Crawford, 1992).

#### **Chapter Four – Methodology**

This qualitative study examined the impact of anti-abortion violence or the threat of violence on abortion clinic staff. Qualitative research strives to

ensure that theories developed have a basis in peoples' lived experiences. The focus of this approach is to obtain a description of how a problem or situation is experienced by the people who live it. Often this includes a search for underlying themes or patterns which emerge during the research process. Qualitative methodologies are concerned with the involvement of participants and strive to place researchers and those providing information and data on an equal plane (Centre for Research on Violence Against Women and Children, 1998). This method fits well with the feminist approach used in this study.

The data for this study was collected at a stand alone clinic in a large North American urban setting where approximately 2,500 abortions are provided each year. A stand alone clinic was chosen because it is more easily identified in the community than multi-service clinics in hospitals or large clinics in office buildings, thus it is more often the target of protestors.

A request for volunteers to participate was posted at the clinic and four clinic workers volunteered to be interviewed. The interviews were conducted at the clinic; three of them approximately 45 minutes in duration and one 20 minutes. Two participants were client administrators, aged 38 and 29, handling administrative aspects of the clinic, one was a communications administrator, aged 32, handling intake and medical information regarding clients and one was a counsellor, aged 49, providing counselling for those



seeking an abortion. All were employed full time at the clinic and had been employed there from one year to three and one half years.

A semi structured approach was chosen over other interview methods for the following reasons.

- a) This method incorporates the feminist principles which guided this research. "The use of semi structured interviews has become the principle means by which feminists have sought to achieve the active involvement of their respondents in the construction of data about their lives" (Reinharz, 1992).
- b) This method allowed a more free interaction with the interviewee so an equal exchange could occur. In keeping with the feminist approach, this open ended, free interaction is particularly suited to female researchers; "asking people what they think and feel is an activity females are socialized to perform, particularly in Western society" (Reinharz, 1992). It also allows those interviewed more latitude to express and explain which provides richer, more complete data, or at least it has the potential to do so.
- c) It reflects an approach that is respectful of the interviewees' experience and how she needs to convey this experience. It also shares the control of the interview between researcher and interviewee and how the story is expressed.
- d) This was a potentially sensitive issue to explore in that it was touching on very personal fears and issues as well as highly charged political and

social issues. It was important to be able to discuss it in a manner that was the least threatening to the interviewees, which this method allowed.

The question asked of each participant was: "Tell me about your experience working at the clinic and how the violence of the anti-abortion faction towards abortions clinics and providers has impacted on you?" Two additional questions or prompts were utilized: "What do you see in the future for abortions clinics?" and "Do you have any recommendations regarding this violence?"

In keeping with the feminist approach, it was emphasized to each participant that I wanted them to 'tell their story' and that the interview should unfold like a conversation between us. For the most part this did occur.

A narrative analysis was used to examine the data. A narrative can be described as a "story of a sequence of events that has significance for the narrator and her audience" (Denzin, 1989, 34). I looked for themes as to how and why participants told their stories. This can provide insight into how it is impacting on their lives.

Each interview transcript was reviewed and themes that emerged were noted. Themes from each interview were aligned in columns on one page and organized according to similarities and frequency of stated themes. For

example, in each interview, statements of fear were repeatedly expressed by each participant. These expressions took the form of being followed to and from work, fear for their own safety and that of their families' and fear of a violent incident occurring. Repeated themes expressed by all participants were noted as significant to address. This is not to suggest that frequency necessarily equals significance, but it appears logical to address these as impacting on the participants' lives.

## **Chapter Five – Research Findings and Implications**

The major themes that emerged from this study were fear, anger and feelings of powerlessness and lack of control; the predominant element being fear, the constant fear of violence. The anger is a direct result of the sense of being powerless to stop the violence and the resulting fear that infuses their lives. The clinic workers fear for their own physical safety, that of their families, their colleagues and the people they serve. The fear and anger are closely linked to the lack of support of the criminal justice system (police and courts) that all four women expressed. Given the legacy of violence from the anti-abortion faction and in light of recent shootings and murder of abortion providers, this fear and anger is justified. This is also supported by statistics kept by the National Abortion Federation, an American organization that tracks incidents perpetrated against abortion providers in the U.S. and Canada, which indicate an increase in violent acts against abortion providers by anti-abortion extremists in recent years

(National Abortion Federation, 1998). Another equally important factor that emerged was the overriding commitment of these women to continue to provide this service, in spite of the ever present threat.

As women, all four participants were familiar with oppression in some form and of the need to be ever vigilant about the potential of male violence in general. But these workers carry an added weight, the toll of which is unknown, as yet. They are open targets for anti-abortion extremists. The fear and vigilance is not restricted to when they are at work at the clinic. The threat permeates every aspect of their lives, 24 hours a day. They may be stalked, may have their car license numbers used to trace them to their homes (which is why they now register their cars to the clinic), or be potential targets through the internet:

The Nuremberg files....which is a web site for people to list abortion providers and clinic workers whose names, identities, family's names, spouses, children, everything would be posted on the internet and it's a hit list. It's very clearly an invitation for violence. These are people that advocate murder of abortion providers' (Interviewee #1).

The oppressive nature of the threat of violence is a destructive force. "But there are times when I have extreme anxiety attacks...in the middle of the night....after things like Dr. Romalis being shot..." (Interviewee #2). It can be compared to psychological trauma often associated with post traumatic stress disorder. A traumatic event generally involves threats to life or a close encounter with violence or death. The common denominator of psychological trauma is a feeling of "intense fear, helplessness, loss of control and threat of annihilation" (Herman, 1992, 3).

Judith Herman in her book, Trauma and Recovery (1992, Basic Books) makes the comparison between the trauma suffered by veterans of war and victims of domestic violence, and finds that victims of domestic violence suffer more. This is essentially because of a lack of support which results in worse trauma which is long lasting. The trauma experienced by clinic workers is at least comparable as it is ever present and there is no end in sight. One of the workers interviewed equated the environment as like working in a 'war zone' and another stated: "It's like a mini holocaust...indoors and out ...that's what I usually feel, and I'm sure that it's penetrated my spirituality, it's penetrated my heart" (Interviewee #4).

The respondents all spoke of the fear that is part of their lives now because of where they work;

It's not like another job where....you can leave and forget about it...because you're always aware of the fact that you might be stalked, someone might be following you and they might know where you live" (Interviewee #2); or,

I was the last one to leave the clinic...he was waiting outside and he got on the bus with me and I was terrified...the bus was empty...he didn't take his eyes off me (Interviewee #2).

This fear also inhibits what they do and where they go:

He used to always get on the bus at First Street and then eventually I'd see him at Second Street and it stayed that way for awhile. Then he was on the train, then he was at the Main station, then he was at the Third station, then he was at the Fourth station...it occurred to me that he was following me backwards...then one day I thought, things are different today, maybe there's something going on that I don't know about and got so frightened that I actually got off the bus ...(Interviewee #2); and,

"I'm taking half an hour, even longer, to get to work because I have to avoid and always be vigilant. I'm on the lookout, I'm on the train like, is he there?...is he over there? Getting off the bus, is there someone behind me? (Interviewee #4).

The implications for the restrictions on one's life go further:

I don't have a phone in my name. Nothing is in my name and when I'm out socially I can't talk about where I work.....My whole day, daily existence, is a vigilance about not disclosing more than I should about myself (Interviewee #3).

Being unable to have a phone or the hydro in your name and many of the ordinary things many of us take for granted is more than inconvenient; it can be problematic for things like applying for credit or a passport.

The threat of violence or harm occurring is psychologically damaging and fuels the fear. These workers have to consider that even the simplest or most normal of tasks is potentially sinister or dangerous:

I open up the clinic in the morning...you get out of your car, you make sure that you've locked everything, you park in a different place every day...you park away from the clinic and as you approach the clinic you check outside...you see if there's anybody hanging around, you see if there's anything different. We've recently started getting the paper delivered in the morning and I have to sort of nudge it to make sure there's not an incendiary device under it (Interviewee #1); and,

You're going to work, you can't read a book, instead on the bus you're looking to see who's there, if you recognize someone who isn't normally on the bus...walking into the clinic with that car parked across the street...what's that man doing in the car, what's he look like...(Interviewee #4)

The reality is that there could be a bomb under the paper or a man with a gun in the car; the threat to their personal safety is very real.

The stress has far reaching effects;

We need to see a balance between human or civil rights and this protection of women because .....the threatening , it has enormous impact...women have quit their jobs over the perceived threat” (Interviewee #4).

There is also the potential for stress related problems to spill over into ones’ personal life causing marital and other family problems.

The workers never know what protestors may do and what someone they cannot see may do:

Operation Rescue was parked outside. They’ve got this car covered in anti-choice propaganda, really extreme stuff. This guy’s out there with his anti-choice shirt on and he’s taking pictures...pictures of clients leaving their cars ...of their license plates (Interviewee #2); or,

All the smokers outside feel vulnerable...a curtain would move in the house across the street and I’d feel there was a gun pointed at me (Interviewee #4); and,

You walk through the mall wondering if anyone recognizes you...anytime you’re alone at night, like in a parking garage you think, well, this would be a good time to be hit (Interviewee #1).

Again, this speaks to the restrictive and fearful existence that many clinic workers face. As a woman, one must be ever conscious of potential danger but most do not live with this ever present fear for one’s life.

The anger that workers feel stems from feeling helpless in the face of the violence or threat of violence occurring and the lack of control they have over it

The really terrifying thing is because you're not dealing with reasonable people, you're not dealing with anybody you can have a conversation with..." (Interviewee #3); and,

I used to have nightmares about it...I don't know if you can get used to it but maybe you can just disengage from it because I found myself doing that....when I'd see them outside the clinic. I still get knots in my stomach. I still feel absolute rage that they're there..(Interviewee #1).

The problems associated with living with the stress and anger as these people do can cause physical and psychological problems which can result in increased sick time and interpersonal difficulties.

One worker spoke of 'normalizing' the fear and danger:

Sometimes we forget, we kind of normalize, forget that this is reality because nothing happens for a period of time...and things remind me that ...someone could come in here with weapons...I just kind of isolate it and don't think about it because I don't think I could come to work if I really dwelt on it (Interviewee #3).

Attempting to 'normalize' the abnormal, though an understandably practical solution to a distressing situation, can pose problems. When carried too far it can begin to color or warp how one sees the world. As some police officers and child protection social workers know, frequently dealing with critical situations can begin to distort how you see the world and the people in it.

The impact extends to other aspects of their lives and adds to their feelings of vulnerability and loss of control:

I'll stay at the clinic working late....maybe I'll be half an hour late and didn't call....He's (her partner) calling me and he's terrified ....and I really underestimated the impact it has on him (Interviewee #2); or,

I worry now for my partner....if something happened to my husband I



don't know how I would live with that...I can imagine how doctors with kids feel....and staff with kids...people have been harassed at home and it's frightening (Interviewee #1).

Again, one can see the potential for marital and family problems to arise as a result of the fear, anger and stress.

All of the issues raised by these women are linked to the lack of support of the law. Incidents of stalking behavior by anti-abortion protestors were mentioned by two of the respondents and they did not feel these incidents were treated seriously by police, if responded to at all:

Several of our staff have been stalked by an older man....we call the 'holy water man'....we went to the police several times...they could have done something but they didn't...we don't feel that we have as much police protection as we should have or as much police intervention (Interviewee #1); and,

...the 'holy water man'...he was following me home ...one day I got so frightened I got off the bus...(another day)...he followed me up to the clinic...and we called the police and they made a record of it but they said that this didn't constitute any sort of following or stalking behavior...they didn't take it seriously at all...(Interviewee #2).

There have been incidents of workers being physically accosted or assaulted which were also not treated seriously by the police:

There was a clinic worker that had a camera slammed into her face outside the clinic. She had to record a violation of the injunction because the police refused to and they told her that the clinic should collect its own evidence (Interviewee #2).

Another severe assault incident against a clinic worker involved a man who had an injunction against him to stay away from the clinic:

I had borne witness to a co-worker being kicked...screamed at, spit on...I stepped between them...I got pushed...and he had an 18 month

sentence where he could not be any where near the clinic. I think he spent two nights in jail...(Interviewee #4).

The relative ineffectiveness of the law is a source of frustration to the clinic workers:

I just wish we had better police protection and better laws around it and that the laws were enforceable and clearly understood because we have the 'bubble zone' now and it's almost unenforceable...I mean the police never or rarely arrest so they still walk through it all the time so it's kind of useless...(Interviewee #3).

One worker expressed a desire to see more severe penalties and consistent enforcement of laws:

I think society and the police have to take a real hard line with these people and make it really clear that absolutely no violations will be tolerated...there will be a heavy consequence for ...interfering with a legal/medical service and it's not okay in any form....and that anything in the form of watching, taking pictures, following is absolutely punishable (Interviewee #2).

There was also frustration with having to 'educate' police officers when they respond to incidents at the clinic:

...because every time a new police officer comes you have to re-explain the whole situation to them, explain why...people are scared. Lots of times they don't understand...explain why having protestors walk outside the clinic is threatening to women. You have to re-teach it every time and that's really frustrating and that's why you don't feel safe...and they're usually always men, the police officers...(Interviewee #3).

There was a feeling expressed that some police officers let their personal beliefs influence their actions as officers and this influences how they respond to incidents at the clinic:

They seem to come in here and want to debate whether ...abortion is good or bad...it's sort of us or them...they always seem to forget

that in fact it's legal...they're not talking about whether or not 'pot' is good or bad...they enforce that law (Interviewee #1).

Underlying all of this is the overriding sense that these women do not feel protected by a system that professes to do so, and that police officers do not understand nor take seriously the threat of violence they are experiencing:

Another part of the whole thing that's really frustrating is dealing with the police. Because we don't feel very protected by them at all ...like once we had this Sergeant...we had protestors outside, we called the police and he came and...talked to us and he was like, I don't understand...you guys should just get along..and he started talking about how he knew one of the anti-choicers and he was such a great guy...he was like...you should all get along, you're all nice people.. it's like, you're supposed to be our protection? (Interviewee 3).

The clinic workers also feel that the minimizing of the threat by the police is connected to the sense that they as women are minimized and marginalized, specifically with respect to protestors taking pictures of women entering the clinic and taking pictures of the license numbers on their cars:

And when we call the police they say how do you know he had film in his camera? What's the message being sent there...it's totally encouraging them and that's got to stop (Interviewee #2); and,

The problem to me, is that...it's argued (by police and the Crown) that these men have not violated any laws...but threatening women is a violation...it has enormous impact..(Interviewee #3).

One clinic worker summed it up well:

If people just saw it as a little bit more about the power of a woman's life...just people to take it more seriously...like judges, lawyers, like the police, government...so that when people do protest they get arrested, they actually stay in jail...they're not back here the next day...like it's taken seriously and it's a threat to women and its not right to let these people just wander around (Interviewee #3).

These clinic workers experience serve to illustrate that women are still looking to the law to do what we are conditioned to believe the legal system is there to do; to see that we are all protected equally. But these expectations cannot be met within a biased system; a system that is not constructed to equally value women's needs. It is systemically flawed and we fall into the trap of believing equal rights means equality on every level. It is still necessary to challenge the law and how it is responding to violence against women and specifically the violence of the anti-abortion movement. The four women interviewed were distinct individuals, different in appearance, age, background and experience but one commonality was their commitment to the services provided by the clinic. It is a testimony to the level of commitment of these women that they continue to work in such an environment of imminent danger. They all expressed that the sense of empowerment and providing needed and appreciated service keeps them committed:

..because I love working here. This is the best place I've ever worked. I love the women...I feel like I'm doing something really useful. I am very proud of what I do but, at the same time, it's like you're not allowed to go and brag about that stuff...that you work in an abortion clinic. So, it's a really strange double standard to have to work under (Interviewee #1); and,

Women, when they leave...they're so grateful...not just because they've been able to have an abortion...but being able to have an abortion in the fashion they have. It's a very empowering experience here...and the people I work with...I work with strong women...that's why I'm here. The violence...it doesn't make me more committed, it makes me more afraid to stay committed but it doesn't change that commitment (Interviewee #2).

The workers interviewed expressed concern that because of security issues the drop-in service is difficult to maintain. They provide drop in pregnancy testing and abortion counselling. They feel strongly that this service is necessary in order to provide easily accessible service to those that need it. The cost of installing security systems and repairing damage done to clinic premises by protestors can be significant. To this must be added that in these times of fiscal restraint, less dollars are available to provide services for which the clinics are mandated to provide. In spite of intimidation tactics used by anti-abortion protestors, the demand for abortions continues.

Violence poses serious concerns for society in general and in particular for those performing or seeking abortions. Some of the potential implications are:

1. diminished access to legally sanctioned service of abortion as doctors and clinic workers refuse to work in this area because of the risk to their lives and the lives of their families;
2. the damage, psychological and physical, experienced by clinic workers as a result of the violence and/or threat of violence;
3. the potential for diminished access to abortions to force women to resort to unsafe, dangerous methods;
4. continuing escalation of the violence and murders and;
5. increasing polarization of this debate inhibiting the work towards finding 'common ground'.

Given the ever increasing violence associated with this issue, policy makers and politicians need to address the lack of enforcement of laws around clinic violence. The violence has taken this issue outside the realm of the personal and landed it in the political arena. The choice to have an abortion should remain personal but the violence is a larger societal responsibility.

### **Chapter Six – Summary and Conclusions**

This study was based on interviews with four people and, therefore, there are obvious limits to generalizing the observations made by these individuals. However, the results do indicate that the violence of the anti-abortion movement has a detrimental impact on clinic workers and provides details as to the nature of these impacts. This does suggest the need for further research with a larger population.

The information obtained from further research would prove useful on a political level for those lobbying for consistent enforcement of laws regarding extremist protest tactics. It would also prove useful to social workers and others entering this field so they have an informed awareness of the reality of working in this type of environment, as well as for developing tools for provision of counselling/support services for staff in abortion clinics. In a global sense, this would aid those looking for 'common ground' regarding

this issue by illuminating the damage caused by the violence and the need to find some form of compromise.

There is growing concern that the future of free standing abortion clinics is in jeopardy because of the violence being perpetrated against the clinics.

Loss of autonomy is another concern if these clinics are required to amalgamate with hospitals or multi service clinics. The clinic at which these interviews were held operates from a feminist perspective and the staff want to have a voice in deciding how service is offered and the setting and environment in which it is done. This could be compromised by amalgamation.

It appears that the violence of the anti-abortion extremists is escalating. It is a serious, ongoing problem that poses grave dangers to the lives, safety and peace of mind of the health care professionals who provide abortion services and the women who seek abortions.

The clinic in which the study under discussion was conducted, submitted a report to the 'Commission of Inquiry; Policing in British Columbia' addressing the lack of intervention and enforcement of laws regarding violence targeted at the clinic by anti-abortion protestors. A strong case was made for the position that the police force's attitude and behavior towards the clinic violence is representative of a patriarchal, misogynist society that continues to marginalize and disenfranchise women. This is a system that

through lack of intervention and enforcement against violence is, in essence, condoning it.

The violence of the anti-abortion faction has a far reaching impact on clinic workers' lives. They know that every incident that occurs on a national or international level could have occurred to them, or that it may be them or one close to them next. They feel somewhat powerless in the face of the violence. They have little control over it and do not feel supported by police forces and political systems that do not treat the threat of violence seriously enough. There have been no arrests in the recent shootings of Dr. Romalis, the doctor shot and critically injured in Vancouver, B. C. and Dr. Slepian, the doctor murdered in New York, though anti-abortion activists are strongly suspected of being responsible.

A connection can be made to these feelings of powerlessness and a lack of control, to women's subordinate position in society and the male need to dominate. Clinic workers feel powerless to stop the stalking, the threats, the pickets, or the shootings. They never know where or when an extremist may strike. It is difficult in that one knows that admitting the fear and the intimidation plays into the anti-abortion faction's hands, in a way, because it makes them feel they have succeeded. The fact that clinics continue to operate, and statements from these workers, indicate that they have not succeeded. These committed people continue the fight.



What must always be in the forefront is the damage being done to clinic workers and women seeking abortions. This is a service legally mandated to be provided, and more serious consideration needs to be given to holding accountable those who blatantly try to obstruct the provision of such services and the violent and deadly methods they employ.

We can learn from understanding what these people experience; the negative repercussions of working in such an environment and climate of fear; how they cope and some of the positive outcomes of facing and overcoming the fear. Social workers working in hospital and psychiatric settings would benefit from understanding the dynamics operating here in order to offer meaningful assistance to clinic workers and others impacted by the threat of violence. The more we understand an issue improves our ability to offer productive assistance. Family therapists could gain insights into ways to approach the marital and family difficulties, and the accompanying fear and stress that arise for those associated with the clinics. There are also those seeking abortions that are impacted and seek counselling. As well, there is a need for social work research to focus on the structures of violence in society and provide constructive ways to address reducing this violence.

This clinic, legally mandated to provide a service, is forced to operate as if in a constant state of siege, in a 'war zone'. In order to operate, the clinic is responsible for its own safety measures. The law, in the form of the police

and the courts, cannot and does not protect them. To the women interviewed, this lack of protection is a source of frustration and anger. This is not to suggest that there is a conspiracy on the part of the police and the courts to not protect these women. It is a reflection of the abortion issue being seen as a women's issue, therefore not to be taken seriously. This is an example of how the law does not recognize or address women's needs or experience.

In the late 19<sup>th</sup> century and early 20<sup>th</sup> century in North America, women obtaining abortions were seen as victims. One major rationale for legalizing abortions was to reduce the perils facing women from unsafe, illegal abortions and the stigma of illegitimate births or one parent families. Today, women obtaining abortions are often viewed in less benevolent manner. Rather than seen as victims by those opposing abortion, they are seen as callous, careless women using abortion for their own selfish reasons (Smart, 1989). This attitude adds another layer of hostility to an already acrimonious debate.

As we enter the 21<sup>st</sup> century, we as a society need to re-assess our responsibility towards violence and the significance that gendered roles play in how violence is played out. In North America, we currently live in a society that encourages men to find their source of power and strength through violence; through guns, through actions and not through any sort of spiritual sense of strength. Women continue to be expected to be the

nurturers and caretakers of the 'gentler, kinder' way and males of the 'aggressive, violent way. These gendered roles shape how females and males behave and how they view each other, and ultimately encourages violence as a means to achieve an end. Thus, we have the violence displayed by the anti-abortion faction and the sense of entitlement to use such measures.

We need to look at preventing further polarization around the abortion issue. We need to develop community infrastructures that support parents; where it is economically feasible to have and raise children. Most importantly, as a first step, we need an early intervention focus on gender role development. A feminist focus offers balanced role development where the positive aspects of male and female strengths shape how females and males behave and view the world.

It is unlikely that there will ever be consensus about the abortion issue, but we can work on reducing the violence connected to the issue; particularly the violence of the anti-abortion movement. As discussed in this thesis, timely police response to clinic violence reduces violent attacks.

Enforcement of the laws in this way is a first, though minor, step. To not address the violence around this issue offers only escalating violence.

There are no simple solutions to this issue. There are many factors involved. Changing religious convictions, political convictions or attitudes regarding gendered roles in society today are large tasks, at times seemingly

insurmountable tasks. But as women and many disenfranchised groups know change, though often frustratingly slow, is possible.

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