

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

PLANNED PARENTHOOD OF THE
HEARTLAND, INC.; EMMA GOLDMAN
CLINIC; and SARAH TRAXLER, M.D.,

Petitioners,

v.

KIM REYNOLDS, ex rel. STATE OF IOWA,
and IOWA BOARD OF MEDICINE,

Respondents.

Case No. _____

**AFFIDAVIT OF KELLYMARIE Z.
MEEK**

I, KellyMarie Z. Meek, declare and state as follows:

1. I am the Prevention and Public Health Initiatives Coordinator at the Iowa Coalition Against Sexual Assault (“IowaCASA”), a statewide organization comprised of twenty-two agencies that provided assistance to 10,928 survivors of sexual violence in Iowa during fiscal year 2022. IowaCASA exists to improve services available for survivors of sexual violence and to support communities to prevent violence before it occurs.
2. I submit this affidavit in support of Petitioner’s Emergency Motion for Temporary Injunctive Relief, based on my twenty-six years of personal and professional experience working directly with thousands of survivors of sexual and domestic violence, supporting hundreds of professionals engaged in this work, and based on my education, training, and familiarity with research in this area.
3. I understand that Senate File 579 / House File 732 (the “Act”) generally bans abortions as soon as a “fetal heartbeat” can be detected. I also understand that the Act excepts from this ban terminations of pregnancies that are the result of a rape or incest that has been reported “to a law enforcement agency or to a public or private health agency which may

include a family physician,” within forty-five days of the incident in the case of rape or within 140 days in the case of incest. SF 579/HF 732, § 1(3)(a).

4. My *curriculum vitae* is attached as Exhibit A.
5. I began working at IowaCASA in 2008, and I have served the agency in a variety of roles, including training and supporting professionals who work directly with survivors, expanding survivors’ access to Sexual Assault Nurse Examiners, and coordinating state and community sexual violence prevention efforts.
6. Prior to this position, I spent ten years, initially as a volunteer and later as a staff member, working at a local domestic violence and sexual assault program in eastern Iowa. I provided emergency and long-term advocacy, training on hospital and police response, sheltering services, hotline response, and legal advocacy for survivors of sexual assault, rape, incest, child abuse, and stalking. During my time with that program, I supported survivors who were pregnant as a result of the sexual and domestic violence that they experienced. Many of those survivors chose to parent, many chose adoption, and many chose abortion. As an advocate, I supported them in all of those decisions.
7. Based on my extensive experience, it is my opinion that the Act will be devastating to survivors who become pregnant as a result of abuse, despite its exceptions.

Access to Abortion Is Essential to Survivors of Assault Who May Become Pregnant

8. Each year, thousands of Iowans are victims of violence that may result in pregnancy.¹
Survivors desperately need accessible health care, including abortion.

¹ Jingzhen Yang et al., *Costs of Sexual Violence in Iowa (2009): Final Report to the Department of Public Health*, at 1 (2012), available at <https://iprc.public-health.uiowa.edu/wp-content/uploads/2016/03/Cost-Sexual-Violence-Iowa-FINAL-1.pdf> (“In 2009, an estimated 23,709 adults in Iowa were raped.”).

9. Survivors of abuse are at heightened risk of unwanted pregnancy, either because their abusers do not care about helping to prevent pregnancy or because they are actively trying to cause pregnancy to keep their victims connected to them so they can continue to harm.² Survivors' access to contraception is often blocked by fear and violence or threat of violence, as well as by factors such as age, disability, cost, and stigma.³
10. Because of the association between abuse and unintended pregnancy, a significant portion of individuals seeking an abortion are currently being abused or are at risk for abuse. In one large-scale study of patients seeking abortion services in Iowa, 13.8% reported having experienced physical or sexual abuse in the previous year, and 10.8% reported intimate partner violence (meaning abuse specifically perpetrated by a romantic partner) in the previous year.⁴ Notably, this study did not measure patients experiencing emotional abuse, though coercion and threats can and do lead to unwanted sexual contact and pregnancy. It also did not measure patients who were at increased risk of experiencing physical or sexual abuse, the experiences of adult survivors of child sexual abuse, or patients who had experienced violence longer than one year ago—all of which impact survivors' experiences of reproductive health care and pregnancy.
11. IowaCASA commonly sees situations in which an abusive partner uses pregnancy as a means of controlling a victim. For example, survivors of intimate partner violence or

² See Leah S. Sharman, et al., *Associations Between Unintended Pregnancy, Domestic Violence, and Sexual Assault in a Population of Queensland Women*, 26 *Psychiat., Psychol. and Law* 541 (Oct. 2018); Anthony Idowu Ajayi & Henrietta Chinelo Ezegebe, *Association Between Sexual Violence and Unintended Pregnancy Among Adolescent Girls and Young Women in South Africa*, 20 *BMC Public Health* 1370 (2020).

³ Lauren Maxwell et al., *Estimating the Effect of Intimate Partner Violence on Women's Use of Contraception: A Systematic Review and Meta-Analysis*, 10 *PLoS 1* (2015).

⁴ Audrey F. Saftlas et al., *Prevalence of Intimate Partner Violence Among an Abortion Clinic Population*, 100 *Am. J. Pub. Health* 1412, 1413 (2010).

sexual abuse often report that their partner denies them access to birth control (e.g., by denying them the money or insurance information they would need to obtain contraception) or sabotages their birth control (e.g., by throwing away pills or forcibly removing intrauterine devices (IUDs)). Some abusers do so because they know that pregnancy, childbearing, and parenting will be physically taxing and will create financial, emotional, and practical dependencies—as well as legal ties—that will make it harder or impossible for the victim to leave them. Research indicates that between 8% and 31% of women have experienced reproductive coercion.⁵

12. On the other hand, we see victims and survivors who are desperate to terminate their pregnancy so that they, and any children they already have, can escape and gain independence from their abuser. Indeed, research indicates that victims who manage to terminate their pregnancy are more likely to escape (and less likely to suffer continuing physical violence) than victims who seek to terminate their pregnancy but are unable to do so.⁶ I have seen this in my work as well. I have seen victims and survivors who were forced to stay with their abusers because they were raising small children and could not do so without the abuser's financial assistance, and I have seen survivors for whom ending their pregnancy allowed them (and their children) to escape and become independent from their abuser.
13. We also see victims who are desperate to terminate a pregnancy because of the traumatic circumstances, such as rape, in which that pregnancy is occurring or because they are still

⁵ Laura Tarzia & Kelsey Hegarty, *A Conceptual Re-evaluation of Reproductive Coercion: Centring Intent, Fear and Control*, 18 *Reprod. Health* 87 (2021).

⁶ Sarah C.M. Roberts, et al., *Risk of Violence From the Man Involved in the Pregnancy After Receiving or Being Denied an Abortion*, 12 *BMC Med* 1 (2014).

healing from past experiences of violence. The physical aspects of pregnancy, including the sense of losing control of one's body, can be particularly traumatic to survivors who are otherwise not in control of their bodies or lives. I have seen situations where such pregnancies trigger flashbacks, dissociative episodes, and other symptoms of re-traumatization, and survivors have described being forced to continue with a pregnancy as an additional assault. I have talked to survivors as recently as last week who are not currently pregnant but who are experiencing sexual assault trauma triggers from discussions about limiting access to abortion services, as it feels like yet another violation on their bodily autonomy and right to make their own decisions.

14. Many victims of abuse or sexual assault have health reasons for seeking an abortion.

There is a strong association between intimate partner violence, incest, and mental health challenges such as complex PTSD, and survivors may feel they are not healthy enough to survive pregnancy or parent a child.⁷ I have seen victims seek an abortion because they were taking psychiatric medications that would be dangerous to a pregnancy. The Act will place these victims at particular risk because it could force them to discontinue medications that are critical to their health, safety, and wellbeing.

15. It is already hard for victims of sexual assault or incest to access abortion care. In

particular, it can be difficult if not impossible for victims to escape their abuser's physical, emotional, and financial control long enough to access an abortion—often secretly. In cases where they have been physically isolated from the community, they

⁷ See Arielle A.J. Scoglio et al., *Intimate Partner Violence, Mental Health Symptoms, and Modifiable Health Factors in Women During the COVID-19 Pandemic in the US*, 6 JAMA Netw. Open 1 (2023); *Preventing Intimate Partner Violence Improves Mental Health*, World Health Org. (Oct. 6, 2022), <https://www.who.int/news/item/06-10-2022-preventing-intimate-partner-violence-improves-mental-health>.

may not be able to leave their homes to seek routine medical care in the hours or days directly following the assault, let alone have access to transportation and the financial means to access other follow-up services, including abortion. Survivors of abuse may also have to hide their situations from family or household members in order to preserve their own safety.

16. Even when survivors are able to access reproductive care, there are many reasons that care can be substantially delayed. For example, one of the survivors I worked with who was raped by her partner was unable to access emergency contraception during the time period when it would have been most effective because he worked only intermittently, and she had to wait for him to leave the house before she could travel to a hospital or pharmacy without his knowledge.

17. These are some of the reasons why access to abortion is critical for the many Iowans each year who face an unwanted pregnancy while also struggling with past abuse or assault or ongoing intimate partner violence.

The Act's Exceptions Will Not Protect Victims

18. As I noted at the outset, the Act excepts certain victims of rape or incest from its general prohibition on abortion. However, many of the survivors we work with would not fall under this narrow and burdensome exception.

19. The definition of "incest" in the Iowa Code only includes sex between blood relatives.⁸ Thus, it is unclear whether the Act's incest exceptions would protect adolescents who became pregnant from incest perpetrated by a stepparent or stepsibling, which is by far the most common form of incest seen in my work across the state.

⁸ Iowa Code § 726.2.

20. Similarly, the Act excepts situations involving a reported “rape,” but does not define that term. “Rape” is not a term defined under Iowa law. Although a survivor could report instances of various types and degrees of “sexual abuse” to law enforcement,⁹ they could not report an incident that would be classified as “rape” under criminal law because no such classification exists.

21. Moreover, individuals disagree about what constitutes rape or sexual abuse. For example, in situations involving intimate partner violence, an abusive partner might set expectations of sex after resolution of a violent episode or create a general level of fear in which the victim might be subjected to sex that they did not want but were not in a position to resist. Or a student who was intoxicated and cannot remember what happened to them the night before might not even realize that they were assaulted—or if they did, they may blame themselves for drinking instead of holding the person who committed the assault responsible. My colleagues and I would certainly consider such acts to be rape, but in my experience law enforcement officials and others could well disagree. I would anticipate similar disagreement over incidents in which an authority figure, such as a counselor, exploits that position to obtain sex from someone in a vulnerable state and/or position. Thus, the Act does not provide guidance to abortion providers as to when they can provide an abortion under the rape exception, nor does it clearly cover all situations where someone may face an unwanted pregnancy that is the result of unwanted or coerced sex.

22. Most victims of incest do not report the abuse for many different reasons: because they fear their abuser may harm them physically, because they feel guilty or ashamed about

⁹ Iowa Code § 709.1.

the abuse, because they fear they will not be believed, or because they are afraid to break up their family.¹⁰

23. Rape is also underreported for similar reasons, particularly in situations where the perpetrator is a spouse or partner.¹¹ In my experience, a victim may fear retaliation, may fear loss of that partner's love or support, or may fear repercussions for their family. They may feel partly responsible for the rape; that is a common dynamic in an abusive relationship. Or the victim may be so far under their partner's psychological control that they have not yet processed that a traumatic and/or violent event was rape.
24. For victims of rape or incest, another barrier to reporting is that reporting, and describing, abuse can itself be re-traumatizing because it takes them back mentally to the time of the abuse. Victims of abuse often actively avoid situations, such as reporting, that will have this effect because they know and fear how painful that experience will be. I have seen this again and again in my work. Many victims delay reporting or avoid it altogether to avoid re-traumatization. Under the Act, they will find themselves unable to access an abortion, however traumatic or disastrous it will be for them to continue their pregnancy. This is especially so given the very short and arbitrary restriction on the time—forty-five days—within which a rape must be reported to qualify for an exception under the Act.
25. Moreover, a victim often may not know whether a pregnancy is the result of rape or incest or a consensual relationship, as it is not uncommon for a survivor to have ongoing

¹⁰ Maria Sauzier, *Disclosure of Child Sexual Abuse: For Better or For Worse*, 12 *Psychiatr. Clinics of N. Am.* 455, 460-61 (1989); Tina B. Goodman-Brown et al., *Why Children Tell: A Model of Children's Disclosure of Sexual Abuse*, 27 *Child Abuse & Neglect* 525, 535-37 (2003).

¹¹ Alexandra Thompson & Susannah N. Tapp, U.S. Dep't of Just., *Criminal Victimization, 2021*, at 5 (Sept. 2022), available at <https://bjs.ojp.gov/content/pub/pdf/cv21.pdf> (finding that approximately 78% of rape and sexual assault cases were not reported to the police in 2021).

consensual sexual activity with a partner and be raped in the same time period. This means that they are unsure whether a pregnancy is the result of consensual sex or rape until genetic testing could be done, at which point it would be too late to obtain an abortion. If the patient does not know, it appears to me that the physician cannot apply the Act's exception.

26. I also anticipate that the Act's exceptions will be particularly hard for undocumented immigrants and their families to access. These individuals reasonably fear that if they contact any law enforcement officials, they or their families might be placed in detention and removal proceedings. Many of them are unaware of programs such as the U visa, which provide protection to some survivors in some cases. Even if they are aware, the years-long processing time¹² for U visas may deter or overwhelm survivors. I know from my work that fear of detention or removal proceedings is widespread in Iowa, and it is a huge barrier to victims' reporting abuse.

27. For all of these reasons, I believe that the Act will cause great harm to Iowans.

¹² U.S. Dep't of Homeland Sec., U.S. Citizenship & Immigr. Servs., *Humanitarian Petitions: U Visa Processing Times* (2021), available at <https://www.uscis.gov/sites/default/files/document/reports/USCIS-Humanitarian-Petitions.pdf>.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11th day of July, 2023

Signer(s): KellyMarie Zea, produced: Iowa Driver License, as identification along with multi-factor KBA authentication, and audio/video recording to be notarized online in the County of Rockwall, State of Texas, USA.



KellyMarie Z. Meek

NOTARY PUBLIC


State of Texas

County of Rockwall

The foregoing instrument was acknowledged before me this 07/11/2023(date) by

Jurat for Oath:

State of Texas, County of Rockwall: This is a remote online notarization.
Sworn to or affirmed and subscribed before me on this 11th day of July, 2023.
By Signer: KellyMarie Zea.

Sonia Platz, Notary Public, State of Texas . Seal:

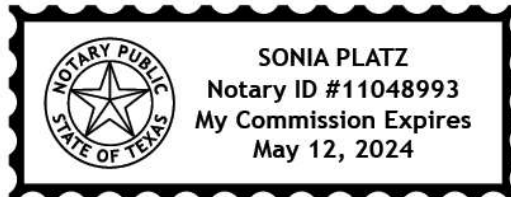


Exhibit A

KellyMarie Z. Meek

PROFESSIONAL EXPERIENCE

Iowa Coalition Against Sexual Assault

November 2015 to Present

Prevention and Public Health Initiatives Coordinator

- Provide training, technical assistance, and monitoring of all state and federally funded sexual violence prevention programs, including but not limited to: subcontracted staff training and support; RFP development; evaluation; data collection; and grant reporting
- Educate member program staff and allied professionals about sexual violence prevention, supporting survivors, and other public health topics at certification trainings, continued education opportunities, conference workshops and tabling events
- Create or assist with communications related to supporting survivors and preventing harm, including social media, press releases, interviews with various media outlets, and managing the Safe Youth Collaborative site
- Build and maintain collaborative relationships with state and local agencies and organizations working on sexual violence shared risk and protective factors and supporting survivors
- Lead grant writing and reporting for three grant funds through the Iowa Department of Public Health/Iowa HHS, and provide support as needed for other grant writing and reporting tasks

Iowa Coalition Against Sexual Assault

October 2008 to November 2015

Education/Prevention Specialist

- Developed curriculum for basic and advanced sexual assault certification (2009) and revamped curriculum (2013) to meet changing needs and funding of victim service programs
- Provided training, technical assistance, and monitoring of all state and federally funded sexual violence prevention programs, including but not limited to: subcontracted staff training and support; RFP development; evaluation; data collection; and grant reporting
- Organized and facilitate a minimum of 3 certification trainings, 2 statewide prevention trainings, and 6 continued education trainings each year
- Provided support, training and technical assistance for allied professionals around issues such as: responding to disclosures, neurobiology of trauma, public health approaches to primary prevention, and consent and healthy sexuality across the lifespan

Iowa Coalition Against Domestic Violence

December 2006 to December 2008

Housing and Economic Justice Coordinator

- Provided training and technical assistance to domestic violence advocates across Iowa on housing and economic issues facing domestic violence survivors
- Conducted focus groups with survivors and advocates to determine effectiveness of services
- Monitored pertinent legislation and disseminate action alerts to members
- Partnered with Legal Aid, financial institutions, and other area businesses to work on grants and other projects to help improve the quality of services to survivors

Family Resources, Inc.

October 2000 to December 2006

Illinois Domestic Violence Legal Advocate

May 2005 to December 2006
and June 2001 to May 2003

- Guided clients through legal system for obtaining orders of protection, including paperwork and court
- Counseled, supported, and empowered clients during court proceedings and after, as appropriate

- Partnered with the State's Attorney's Office to provide support and advocacy for domestic violence survivors involved in the criminal process
- Educated judges, police officers, lawyers, other court personnel, volunteers, staff, and community members about DV laws and statutes, including orders of protection
- Acted as on-call advocate to survivors of domestic violence and sexual assault in hospital settings as scheduled, approximately three times per month

Assistant Supervisor, Domestic Violence Shelter May 2003 to May 2005

- Managed day-to day operations of the shelter, including scheduling, shift coverage, staffing crisis line for domestic violence and sexual assault survivors, and serving as a resource for staff and clients
- Ensured compliance with various grants and funding sources, including appropriate documentation and grant reporting
- Assisted with staff and volunteer training and community presentations
- Maintained a rotating 24 hour availability as a supervisory support system for shelter staff
- Partnered with various community, state, and national agencies to develop a cohesive strategy for combating family violence

EDUCATION

Augustana College

1995-2000

Rock Island, Illinois

Bachelor of Arts, English

RELEVANT VOLUNTEER EXPERIENCE

American Model United Nations International September 1996 to November 2019

Chicago, Illinois

Secretariat member of international collegiate conference to debate world politics and simulate the work of the United Nations for educational purposes.

- Write and deliver training curriculum for various departments (Committee Chairs, Rapporteurs, and Home Government) to prepare staff departments of 8-25 to provide support for a conference that draws over 1500 college students each year
- Act as a resource to trainers, helping troubleshoot in-person trainings, develop on-line trainings, energizers, and activities to keep volunteers engaged

CERTIFICATIONS

Certified Sexual Assault Advocate

Licensed Foster Parent

Certified Foster Parent trainer – PSMAPP and NTDC (contracted through Four Oaks)

Certified Trainer for the following programs/curricula:

- Care for Kids/Nurturing Healthy Sexual Development
- Understanding and Responding to the Sexual Behaviors of Children and Adolescents
- Mentors in Violence Prevention
- Addressing Intimate Partner Violence, Reproductive and Sexual Coercion in Health Care Settings