

EXHIBIT 5

IN THE IOWA DISTRICT COURT FOR JOHNSON COUNTY

PLANNED PARENTHOOD OF THE
HEARTLAND, INC., and
DR. JILL MEADOWS, M.D.,

Petitioners,

v.

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

Respondents.

Case No.

AFFIDAVIT OF LENORE WALKER, Ed.D.

I, Lenore Walker, Ed.D., declare as follows:

1. I am a clinical psychologist licensed to practice psychology in Florida, New Jersey, and Colorado. I have a Doctorate in Psychology from Rutgers University and a Diplomate in Clinical Psychology and Family Psychology from the American Board of Professional Psychology. I have a national practice in clinical and forensic psychology, with particular expertise in violence against women, including rape and other forms of sexual violence, intimate partner violence, and family violence, including child abuse.

2. I am currently a Professor Emerita at Nova Southeastern University College of Psychology in Fort Lauderdale, Florida. In my role as a Professor Emerita, I train and supervise doctoral students in psychology programs in the College of Psychology, including overseeing students' provision of psychotherapy services to women, men, adolescents, children, and families. Although I am no longer seeing my own patients on a regular basis, over the course of my career, I have treated or counseled over 2,000 victims of battering, rape, and incest.

3. I am a fellow of the American Psychological Association (APA), and I serve on the APA Council of Representatives. I have previously served on the APA's Board of Directors and a number of APA committees and task forces. I currently serve as Chair of the APA Working Group that is preparing professional guidelines for when psychologists and other mental health clinicians treat survivors of post-traumatic stress and related disorders, and as Chair of the COVID-19 Working Group on interpersonal violence. I am also a Board Member of the National Association for Practicing Professional Psychologists, and I serve on the editorial board for a number of major psychological journals, some published by the APA and some published independently. I have published over twenty books and approximately sixty articles on violence against women, family violence, and related topics. A copy of my curriculum vitae, which summarizes my background, experience, publications, and research, is attached to this affidavit as Exhibit A.

4. In 1978, I was awarded funding from the National Institute of Mental Health (NIMH) to conduct a study of the psychology of four hundred abused women. The study was completed in 1981 and is one of the most comprehensive studies that has ever been conducted in this area (NIMH Grant no. R01MH30147, 1978-1981). The results of the study are discussed in my book, *The Battered Woman Syndrome* (Springer, New York, 1984), which was published in its fourth edition in 2017. My research on Battered Woman Syndrome continues at Nova Southeastern University College of Psychology.

5. I have been invited to testify before several committees of the United States Congress on national policy regarding violence against women and family violence, and I am frequently asked to give presentations and lectures on these and related topics throughout the United States and internationally. I have also provided expert testimony on these topics in civil and criminal cases throughout the United States. My research on domestic violence was cited by

the United States Supreme Court in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992). In Iowa specifically, I served as an expert in a case decided by the Iowa Supreme Court, *Planned Parenthood of the Heartland, Inc. v. Reynolds ex rel. State*, 915 N.W.2d 206 (Iowa 2018), which held unconstitutional a 2017 Iowa statute imposing a mandatory 72-hour delay and additional-trip requirement on individuals seeking abortion.

6. I submit this affidavit in support of blocking House File 594, to be codified at Iowa Code § 146A.1(1) (2020) (the “Act”). I understand that the Act requires patients seeking an abortion to obtain an ultrasound, receive certain state-mandated information, and wait at least 24 hours before returning for the procedure itself. This affidavit focuses on the Act’s impact on women who have experienced, or are at risk for, domestic abuse and/or sexual assault. My testimony is based on my training, education, and clinical experience, the research I have conducted, and my knowledge and review of the professional literature.

7. In my professional opinion, the Act’s requirement that women come to the health center for an ultrasound, be given state-mandated information, and then wait at least 24 hours before coming back for an abortion will impose severe burdens on abused women and sexual assault victims who seek abortions in Iowa. According to one large study, 13.8% of women seeking abortion in Iowa reported experiencing physical or sexual abuse within the previous year; 10.8% reported physical or sexual abuse by an intimate partner within that time.¹ By delaying battered women² or sexual assault victims in obtaining the care they need, subjecting them to additional

¹ Audrey F. Saftlas et al., *Prevalence of Intimate Partner Violence Among an Abortion Clinic Population*, 100 Am. J. Pub. Health 1412, 1413 (2010).

² For purposes of this affidavit, I use the terms “battered women” or “abused women” interchangeably to refer to women who are victims of domestic violence.

emotional and psychological trauma, and increasing the risk of disclosure of their pregnancy and/or abortion to others, the Act will endanger the health and lives of Iowa women.

8. In 2017, I submitted an affidavit in support of a temporary injunction blocking Iowa's 72-hour mandatory delay law. My prior affidavit is attached as Exhibit B. I have reviewed that testimony closely and reaffirm it in full.

9. Specifically, nothing has changed since 2017 that would alter my testimony: 1) that approximately one-third of all women in the United States and in Iowa have experienced rape, physical abuse, or stalking by a current or former intimate partner at some point in their lives; 2) that reproductive coercion or control is a form of domestic violence involving coercive behavior related to reproductive health; 3) that women are at increased risk of physical abuse during pregnancy, including an increased risk of homicide; 4) that being denied access to abortion may make it more difficult for abused women to leave an abusive relationship; and 5) that a mandatory delay and required second trip will make it extremely difficult, if not impossible, for Iowa women in abusive relationships to access abortion.

10. My testimony regarding the harm created by the 72-hour mandatory delay applies equally to this new 24-hour mandatory delay. As I explained in my 2017 affidavit, for battered women, the harm is caused primarily by the need to make two separate trips to the clinic, with the added expense, logistical complexity, and risk of discovery that an additional trip entails. Indeed, the additional expense and difficulty of the second trip will likely delay battered women more than 24 hours anyway. Accordingly, whether the second trip can *legally* occur 24 hours or 72 hours after the first makes little difference to how these requirements will affect women who have experienced intimate partner violence.

11. Violence against women can take the form of physical violence; stalking; sexual assault; economic abuse; and various forms of psychological abuse and maltreatment, all with the goal of asserting coercive control and dominance over the abused partner. Abusers may threaten to use physical violence against their partner, or to physically harm her children or other family members, as a means of intimidation and control. When the abuse is committed by a woman's current or former spouse, partner, or boyfriend, it is commonly referred to as "intimate partner violence" or "domestic violence."

12. Although it can be difficult to measure the true prevalence of these acts of violence because so many victims choose not to seek help from law enforcement, the Centers for Disease Control and Prevention (CDC) estimates that approximately one-third of all women in the United States have experienced rape, physical abuse, or stalking by a current or former intimate partner at some point in their lives.³ According to the CDC's NISVS Report, 31.3% of Iowa women—over 360,000 women total—have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime.⁴

13. Reproductive coercion or control is a specific form of domestic violence involving coercive behavior related to reproductive health. In this form of abuse, batterers forcibly impregnate their partners or employ some other form of reproductive coercion, such as refusing to wear a condom or destroying or manipulating their partner's contraception, in order to demonstrate the batterer's control and dominance. Indeed, compelling a woman to carry an unwanted pregnancy to term and give birth is a common form of abuse, and one that can keep the woman

³ Michele C. Black et al., Nat'l Ctr. for Injury Prevention and Control, CDC, *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report* 39 (2011), https://www.cdc.gov/violenceprevention/pdf/NISVS_Report2010-a.pdf (the "NISVS Report").

⁴ *Id.* at 74.

trapped in the abusive relationship. Having a child, or an additional child, with her abuser makes it even more difficult for a woman to escape.

14. Pregnancy itself increases a woman's risk of intimate partner violence. It is estimated that between 4% and 8% of all pregnant women have experienced physical abuse during pregnancy.⁵ Studies suggest that women are at increased risk of physical abuse during pregnancy, including an increased risk of homicide.⁶ A recent study compared the long-term health effects for women who received abortions at or near the gestational age limit with the health effects for women who were unable to obtain an abortion because they were beyond the gestational age limit, finding that physical violence decreased over time for the women who obtained an abortion, but not for women who were unable to obtain an abortion and subsequently gave birth.⁷ The researchers suggest that carrying an unwanted pregnancy to term may make it more difficult for abused women to leave the abusive relationship.⁸

15. The Act's 24-hour mandatory-delay and additional-visit requirements will have devastating consequences for abused women and survivors of sexual assault. As discussed, pregnancy is a time of extreme danger for abused women, and abusers may use forced pregnancy

⁵ Julie A. Gazmararian et al., *Violence and Reproductive Health: Current Knowledge and Future Research Directions*, 4 *Maternal & Child Health J.* 79 (2000). It is estimated that at least 324,000 pregnant women are abused each year in the United States. Neha Deshpande & Annie Lewis-O'Connor, *Screening for Intimate Partner Violence During Pregnancy*, 6 *Revs. Obstetrics & Gynecology* 141 (2013).

⁶ Jeani Chang et al., *Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991–1999*, 95 *Am. J. Pub. Health* 471 (2005); Beth A. Bailey, *Partner Violence During Pregnancy: Prevalence, Effects, Screening, and Management*, 2 *Int'l J. Women's Health* 183, 185 (2010) (reviewing literature and explaining that although prevalence rates vary between studies, large-scale population studies may not be designed to elicit disclosure, and smaller, more carefully tailored studies have suggested that up to 300,000 pregnant women in the United States experience intimate partner violence each year).

⁷ Sarah Roberts et al., *Risk of Violence From the Man Involved in the Pregnancy After Receiving or Being Denied an Abortion*, 12 *BMC Med.* 144 (2014).

⁸ *Id.*

as a way of keeping a partner under their control. Thus, it is often essential for abused women to keep their pregnancy and/or intent to end the pregnancy a secret. However, the Act will make it much harder for Iowa women to obtain an abortion without detection by an abusive partner.

16. In particular, it will be extremely difficult for some battered women to make an additional trip to the abortion clinic without detection. Battered and abused women are carefully monitored by their abusers; many women have told me that their partners regularly check the mileage on the car, and some abusers take more drastic measures, such as removing the distributor cap of the car or nailing doors and windows shut, in order to prevent their abused partner from leaving. An abuser may also call the abused partner multiple times daily at home and/or at work to ensure that he knows her whereabouts at all times. If an abusive partner suspects that a woman is leaving home or work during the day without his knowledge, he may become enraged and lash out with violence. Simply put, for some abused women, getting to an abortion provider for a *single* appointment may be extremely difficult. Finding a way to make an *additional* trip, especially within a short time period like 24 hours, may be impossible. Moreover, it is exceedingly unlikely that an abused woman would be able to stay away from home overnight without raising the abuser's suspicions, so battered patients who must travel a significant distance in order to reach an abortion provider may be prevented entirely by this logistical hurdle alone.

17. Abused women will also have great difficulty obtaining the financial resources needed to make the additional trip to an abortion provider. Abusers often maintain control and dominance by limiting their partner's access to money; if an abused woman is employed, she may be forced to turn over her paycheck to the abuser. And even if an abused woman's insurance plan would cover all or part of the cost of the procedure, she may not want to submit a claim out of fear that her abuser will discover it. Similarly, she may be unable to pay for the procedure with a credit

card. Further complicating matters, an abuser will often cut off or monitor a woman's communications with her family and friends in order to weaken her support system and increase the abuser's control, which means that an abused woman may not be able to turn to others for financial assistance. For all these reasons, many abused women already struggle to pay for an abortion without detection. The Act will make this even harder by doubling the cost of travel and related logistics like childcare. For those who manage to overcome this doubled financial hurdle, the process of saving more money is likely to delay the abortion procedure well beyond 24 hours.

18. In addition, women who are trying to conceal their pregnancy (not just their intent to seek an abortion) from their abusive partners must seek an abortion as soon as possible, before the pregnancy becomes visible. As discussed above, due to the logistical and financial challenges of complying with the additional visit requirement, the Act will delay women in obtaining an abortion, thereby increasing the chances that the abuser will discover the pregnancy. If a woman's abuser discovers her plans to have an abortion, he may very well prevent her from completing the procedure.

19. An abused minor subject to the 24-hour mandatory delay and additional-trip requirement could face devastating consequences due to the increased risk that her abusive parent will discover her sexual activity, pregnancy, and decision to have an abortion. A minor's sexual activity or pregnancy can be a triggering event for a parent who is emotionally abusive, physically violent, or who may not previously have been physically violent or emotionally abusive. A minor's pregnancy might be seen as a threat to the control the abusive parent has over that minor. And disclosing an intention to have an abortion can also trigger abuse if the abusive parent disagrees with this decision.

20. I understand that in Iowa, unless an abused minor has reported the abuse to law enforcement (which most do not), she can only have an abortion after her parent or grandparent has been notified or she has obtained court authorization.⁹ It is already extremely difficult for minors in this situation to obtain court authorization and travel to their appointment without their families learning of their decision; the addition of an extra required trip to the clinic is likely to be prohibitive for some minors.

21. Finally, many victims of rape and incest are afraid of disclosing the abuse to friends or family. Some fear the associated stigma; others fear being judged as somehow responsible. Forcing these women to make arrangements to be away from work, school, and family obligations on at least two separate occasions to comply with Iowa's 24-hour mandatory delay will increase the risk of discovery, thereby jeopardizing their privacy and confidentiality and placing them at risk of further emotional harm.

22. A two-trip law like the Act is especially harmful against the backdrop of the current COVID-19 pandemic. Even outside the context of intimate partner violence, travel during the pandemic poses risks to women's health, and a second trip to the clinic doubles women's exposure to possible COVID-19 infection. COVID-19 has created additional logistical hurdles for abortion patients by limiting appointment availability.

23. For women in abusive relationships, the pandemic has been especially disruptive. Around the world and in the United States, reports of domestic violence have increased during the COVID-19 lockdown,¹⁰ with a three-fold increase in reports of domestic violence in one county

⁹ Iowa Code § 135L.3.

¹⁰ Caroline Bettinger-Lopez & Alexandra Bro, *A Double Pandemic: Domestic Violence in the Age of COVID-19*, Council on Foreign Relations (May 13, 2020), <https://www.cfr.org/in-brief/double-pandemic-domestic-violence-age-covid-19>; U.N. Women, *COVID-19 and Ending Violence Against Women and Girls*, <https://www.unwomen.org/-/media/headquarters/>

of Hubei province during the lockdown there in February.¹¹ In April, the United Nations' sexual and reproductive health agency estimated that for every three months the lockdown continues, an additional fifteen million cases of gender-based violence will occur worldwide; if COVID-related lockdowns continue for another six months and access to reproductive healthcare continues to be disrupted, seven million unintended pregnancies are expected worldwide.¹²

24. In the United States, the National Institute of Justice has found that intimate partner violence is more likely to occur when couples are under financial strain; that unstable employment increases the risk of intimate partner violence; and that financial strain may compel women to remain in abusive relationships.¹³ One study found that rapid increases in unemployment rates during the Great Recession were associated with increases in men's abusive behavior, even after controlling for individual- and household-level experiences of unemployment and material hardship. The researchers interpreted these findings as indicating that "economic uncertainty plays an important role in relationship dynamics, above and beyond its direct effects on job loss and material hardship."¹⁴ Given the comparable levels of economic instability now facing the United States, researchers project a corresponding increase in intimate partner violence.¹⁵

attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006 (last visited June 18, 2020).

¹¹ Emma Graham-Harrison et al., *Lockdowns Around the World Bring Rise in Domestic Violence*, *The Guardian* (Mar. 28, 2020), <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>.

¹² United Nations Population Fund, *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage* (Apr. 27, 2020), https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf.

¹³ Nat'l Inst. of Justice, *Economic Distress and Intimate Partner Violence* (Jan. 4, 2009), <https://nij.ojp.gov/topics/articles/economic-distress-and-intimate-partner-violence>.

¹⁴ Daniel Schneider et al., *Intimate Partner Violence in the Great Recession*, 53 *Demography* 471 (2016).

¹⁵ Jasmine Mithani, *What We Know About Crises and Domestic Violence — And What That Could Mean for COVID-19*, *FiveThirtyEight* (May 4, 2020), <https://fivethirtyeight.com/>

25. Gun sales in the United States have skyrocketed during the pandemic,¹⁶ and a higher rate of firearm ownership is associated with a higher rate of domestic violence homicide in the United States.¹⁷ Indeed, the District Attorney of Westchester County, New York recently issued a statement calling attention to two domestic violence-related murder-suicides in the span of two weeks and expressing concern about an increase in domestic violence as a result of the COVID-19 lockdown.¹⁸

26. Even as battered women face an increased risk of violence at home, the pandemic has created additional barriers to escape. Women are less able to turn to shelters for assistance because social distancing requirements mean that shelters can no longer house two or three women per room and instead must limit their residential capacity. And stay-at-home orders mean that abusers are home all day, making it much more difficult for battered women to leave the house without detection. Under these circumstances, a woman would have an extremely difficult time making it to *one* abortion appointment without her abusive partner finding out, let alone two separate appointments at least 24 hours apart.

27. In sum, for victims of abuse and sexual assault, the Act will cause serious harm. Abused women and victims of sexual assault who seek abortion, especially those who wish to keep their abortion private, must overcome enormous odds to obtain the care they need. It may be very

features/what-we-know-about-crises-and-domestic-violence-and-what-that-could-mean-for-covid-19/.

¹⁶ Keith Collins & David Yaffe-Bellany, *About 2 Million Guns Were Sold in the U.S. as Virus Fears Spread*, N.Y. Times (Apr. 2, 2020), <https://www.nytimes.com/interactive/2020/04/01/business/coronavirus-gun-sales.html>.

¹⁷ Aaron J. Kivisto et al., *Firearm Ownership and Domestic Versus Nondomestic Homicide in the U.S.*, 57 Am. J. Preventive Med. 311 (Sept. 1, 2019).

¹⁸ Statement from Westchester County District Attorney Anthony A. Scarpino, Jr. on Domestic Violence and Gun Violence During COVID-19 (Apr. 17, 2020), <https://www.westchesterda.net/april-2020/6521-statement-from-westchester-county-district-attorney-anthony-a-scarpino-jr-on-domestic-violence-and-gun-violence-during-covid-19>.

difficult for them to come to a clinic once and will be even more difficult for them to safely make multiple trips. In my opinion, if the Act is allowed to take effect, it will cause severe harm and have a devastating impact on abused women and sexual assault survivors. Especially for those living in poverty, the combined effects of the abuse and the lack of outside support or other resources may make it impossible to comply with Iowa's state-mandated delay and additional visit requirements.

28. I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.

Signed this 19 day of June, 2020.



Lenore E. A. Walker, Ed.D.

EXHIBIT A

RESUME

DR. LENORE E. A. WALKER

August 2019

Professor Emeritus

Nova Southeastern University

College of Psychology

Formerly

Professor of Psychology & Coordinator,

Ph.D. & PsyD. Clinical Forensic Psychology Concentration

Program Director, M.S. in Forensic Psychology

Nova Southeastern University

College of Psychology

(954) 262-5724 - school

(954) 533-4963 – office

(954) 224-9639 - cell

walkerle@nova.edu

lw@drlenoreewalker.com

Licensed Psychologist

FL (PY5102), NJ (1003), CO (419)

Diplomate in Clinical Psychology

Diplomate in Couples & Family Psychology

American Board of Professional Psychology

Fellow Academy of Clinical Psychology

Fellow, National Academies of Practice

M.S. in Clinical Psychopharmacology

Walker & Associates, LLC

3324 NE 34th Street #480699

Ft. Lauderdale, FL 33348

(954) 533-4963

FAX (954) 533-4965

Cell (954) 224-9639

Executive Director

DOMESTICVIOLENCE INSTITUTE

www.drlenoreewalker.com

Drlewalker@aol.com

Web Site: www.drlenoreewalker.com

CURRENT POSITIONS

President and C.E.O.

WALKER & ASSOCIATES, LLC

Clinical & Forensic Psychologist

Professor of Psychology

Coordinator of Forensic Psychology

Concentration

NOVA SOUTHEASTERN UNIV

Independent Practice of Psychology
Licensed in Colorado, Florida & New Jersey

College of Psychology
3301 College Avenue
Ft. Lauderdale, FL 33314
walkerle@nova.edu

President and C.E.O.
ENDOLOR Publishing, LLC.
3324 NE 34th Street #480699
Ft. Lauderdale, FL 33348
Ofs. (954) 533-4963
FAX (954) 533-4965
Cell (954) 224-9639

drlenoreewalker.com

Domestic Violence Institute.
Executive Director

Author

drlenoreewalker.com

CURRENT CERTIFICATION AND LICENSURE

Diplomate in Couples & Family Psychology American Board of Professional Psychology	2003
Florida License as a Practicing Psychologist (#5102)	1994
National Academy of Practice in Psychology Chair	1986 2011-2013
Fellow of the American Psychological Association	1983
American Board of Professional Psychology Diplomate in Clinical Psychology	1979
Colorado License as a Practicing Psychologist (#419)	1975
New Jersey License as a Practicing Psychologist (#1003)	1974
National Registry of Health Service Providers in Psychology	1974

EDUCATIONAL BACKGROUND

Nova Southeastern University M.S. 2004

Post Doctoral Master's Degree in Psychopharmacology
(M.S. in Clin. Psychopharm)

Rutgers - The State University of NJ
School Psychology Ed.D. 1972

City College of the City University of NY
Clinical School Psychology M.S. 1967

Hunter College of the City University of NY
Psychology Major A.B. 1962

TEACHING APPOINTMENTS

Nova Southeast University
College of Psychology
Ft. Lauderdale, FL Professor 8/1998-6/2018

Alliant University Adjunct Professor July 2006

University of Granada, Spain Visiting Professor May-June 2006

University of Salamanca, Spain
Pontifica Universidad Salamanca
Gender Violence MS Program Visiting Professor
November 2005
May 2007
May 2009
May 2010
May 2011

University of Denver
Graduate School of
Professional Psychology Adjunct Professor 1976-1994
Practicum Supervisor 1995-1998

European Educational Organization
School of Psychology, Athens, Greece Special Advisor 1990-1992

Caribbean Center
Puerto Rican Institute of
Psychology (Albizu University)
San Juan, Puerto Rico Consultant 1986-1990
2000

Colorado Women's College
Denver, Colorado Associate Professor 1977-1981
Chairperson 1977-1980
Tenured 1978
Assistant Professor 1975-1977

	of Psychology	
University of Pittsburgh Semester-at-Sea Institute for Shipboard Education	Visiting Professor S.S. Universe Around the World Program	Spring 1981
College of Medicine and Dentistry of New Jersey Rutgers Medical School Institute of Mental Health Sciences, Piscataway, NJ	Assistant Professor of Psychiatry	1972-1975
Rutgers University Ph.D. Program in Clinical Psychology New Brunswick, NJ	Assistant Professor of Psychology (Joint Appointment)	1973-1975
Rutgers University GSAPP	Assistant Professor (Joint Appointment)	1974-1976

CLINICAL PSYCHOLOGY EXPERIENCE

Independent Practice of Psychology		1972-Present
Expert Witness Testimony		1977-Present
Criminal, Civil, Family, Juvenile Cases		
Community Mental Health Center Rutgers Medical School	Coordinator Educational Outreach Services Director of School/ Community Psychology Internship Program	1972-1975
Middlesex County Medical Health Clinic New Brunswick, NJ	Staff Psychologist	1969-1972
Coney Island Hospital Maimonides Medical Center	Staff Psychologist Intern	1967 - 1969 1967
New York City Board of Education - District 21 Coney Island, Brooklyn, NY	Elementary Grade Teacher - Emotionally Disturbed Children	1962-1968

RESEARCH

PREA GRANT	Evaluation of Prison Rape Elimination Act Program	2016-2018
NSU – COP	Sex Trafficking	2014-present
NSU- COP	Women’s False Confessions	2013-present
NSU – COP	Analysis of family murder-suicides	2012- 2015
NSU – COP	Survivor Therapy Empowerment Evidence-Based Treatment Program (STEP)	2009-present
NSU Dental School	HRSA Training Grant for Teaching Dental Residents about Domestic Violence - Consultant	2008-2011
NSU-QOL Grant	BSO Mentally Ill Needs Survey	2006-2009
NSU Presidential Scholar	Battered Woman Syndrome Questionnaire	June 2003 - present
NIJ-BJA	South Florida Medical Corrections OPTIONS Program Co-Principal Investigator	1999-2001
NIMH GRANT #RO1 MH30147	The Battered Woman Syndrome Study Principal Investigator	1978-1981
DHHS GRANT - Office on Human Development	Services to Battered Women Project Consultant	1977-1978

SPECIAL TESTIMONY

Testified as invited speaker to Congressional Committee of Judiciary on legislation pertaining to admissibility of Battered Woman Syndrome testimony in criminal homicide and domestic and child abuse cases.

1992

Testified as invited speaker to Senate Committee on Labor & Human Resources, Subcommittee on Child & Human Resources on S1843/HR29771, Domestic Violence Treatment Prevention Act

February 6, 1990

Testified as invited speaker to Congressional Subcommittee on Children, Youth, and Families - Violence Against Women Hearings

September 1987

Testified as consultant to Attorney General's Task Force on Family Violence. 1983

Testified as invited speaker to President Reagan's Task Force on Victims of Crime and Violence, Denver, Colorado. 1982

Testified as invited speaker to the Congressional Committee on Science and Technology, DISPAC Subcommittee, on research and treat-treatment alternatives for battered women to assist the government's legislative support for funding. February 15, 1978

Testified as invited speaker at the United States Commission on Civil Right's Consultation on battered women in Washington, D.C. January 31, 1978

Testified in support of legislation pending the Congress to fund programs for domestic violence. March 1978

Testified as an expert witness in criminal and civil trials in state and federal courts where interpersonal violence is an issue across the United States. 1977-Present

FORENSIC TESTIMONY

Qualified as a clinical and forensic psychologist with expertise in interpersonal violence, family violence, violence against women and children, child abuse, child custody, civil damages, sexual harassment, and impact of trauma and testified as an expert witness in criminal and civil cases in approximately 36 states and most Federal Court jurisdictions and in Greece and Hong Kong, China.

SELECTED CONSULTING AND BOARD POSITIONS

Costa Rica	2018
Certification Board of Child Custody Evaluation Specialists (IVAT)	2013
Instituto de Mujer in Murcia Spain	2010
Ministry for Equality & Gender Violence in Spain	2009
Public Health Institute of Spain	2006 – 2010

Madrid Public Health Group on Domestic Violence	2006
Artemesia Group, Florence Italy	2006
Psychological Society of South Africa	2001
Judicial College Seminar on Family Violence Jerusalem, Israel	1998 (since 1993)
Israel State Attorneys Office Jerusalem, Israel	1998
Pan American Health Organization (PAHO) Consultant on Domestic Violence Policy to Central America	1996
Colorado Legislatures Battered Woman Syndrome Task Force, Chair Subcommittee on Battered Women in Prison	1994-1995
Broward County Public Defender's Office Ft. Lauderdale, Florida	1993- 2005
American Psychological Association (APA)	2013-2015 2005-2010
Elected to APA Council of Representatives	1984-1988 1994-1997
Board of Directors	1988-1989
Nominee for President	1989-1990
JurisMonitor, Inc., Boulder, Colorado	
Consultant	1990-1995
Director	1994-1995
Ministry of Justice, Costa Rica with United Nations ILANUD Project in Central America	1990-1994
Ministry for Equality of Women and Men Athens, Greece.	1988-1992
Women's Forum Foundation of Colorado Director and Treasurer	1985-1988

Women's Forum of Colorado Director and Secretary	1985-1987
U.S. Surgeon General Conference on Interpersonal Violence Leesburg, Virginia	September 1985
National Institute of Justice Office on Victims and Criminalization of Domestic Violence Programs	1984-1987
Coalition for Justice for Abused Women in Denver, Colorado (JAWS) And Project Safeguard	1982-1990

Consultant to numerous battered women shelters, programs, and task forces throughout the world. Keynote speaker and workshop leader at international, national, state and local conferences.

TASK FORCES, COMMITTEES AND ADVISORY POSITIONS

Chair, APA Working Group on Professional Practice Guidelines On PTSD & Trauma	2018-present
APA D35 & D42 TF on Research to Feminist Practice	2015-present
Safety Resource Network of the Miami/Dade Children's Trust Scientific Advisory Council at Jackson Memorial Hospital	2005-2006
Chair, APA President's Task Force on Violence and the Family	1994-1996
Chair, APA Board of Director's Task Force on Child Abuse Policy	1989-1991
Joint Council on Professional Education in Psychology Division 35 Representative	1989-1995
APA Liaison to the DSM-IV	1987-1994
APA Liaison to the DSM-III-R	1986-1987
Committee on Legal Issues	1989-1991
Public Information Committee	1986-1988
Committee on International Relations in Psychology Chair	1992-1995 1995
APA Council of Representatives	1984-1988

	1994-1997
	2005-2008
Chair of Women's Caucus	1985-1988
Community Responsibility Center, Women's Community Corrections Program, Advisory Board Member	1982-1984
Colorado Women Psychologists and Colorado Women's Bar Association Joint Committee on Sexual Abuse of Children	1982-1984
Colorado Association for Aid to Battered Women (CAABW) A Founder and Board Member	1977-1980
Elected Colorado Delegate to the National 1977 Women's Conference, Houston, Texas	November

PROFESSIONAL ASSOCIATIONS

American Psychological Association	Member 1974 Fellow 1983
Chair-Working Group on Professional Practice Guidelines on PTSD & Trauma	2019-
Board of Directors	1988-1989
Liaison to Board of Professional Affairs	
Liaison to Committee on Legal Issues	
Pubic Information Committee	
Committee on Legal Issues	1989-1992
Committee on International Relations in Psychology	1992-1995
Chair	1995
Council of Representatives	1984-1988
Division 35	1994-1997
Division 46	2005-2010
Division 42	2013-2018
Division 42 elected	2020-2023
President - Division 35(Women)	1989-1990
President – Division 12 Sec 4	1997-1998
President Division 46 (Media)	2001
President Division 42 (Independent Practice)	2002
Executive Committee Division 56 (Trauma)	2006
Chair - Women's Caucus of Council	1985-1988
Executive Board Member Division 43(Family)	1987-1988
Executive Board Member Division 46 (Media)	1993-1995
Treasurer	1996-1998
	1998-1990
Executive Board Member Division 51 (Men)	1996-1997

President - Division 12 Section 4 (Women)	1998
Treasurer - Division 52 (International Psychology)	1999-2000
	2001-2002
Executive Council D 56 (Trauma)	2006-2007
Chair – Nominations & Elections Committee	
Chair – Div 42 Ethics Committee	1999-2001
Chair - Committee on Women's Issues	
Division 41	1982-1988
Chair - Committee on Family Violence	
Division 43	1984-1988
Representative to Group on Restructuring	1987-1988
National Association for Practicing Professional Psychologists	
Board Member	2006 - present
American Board of Couples & Family Psychology	2008-2010
Elected Board Member	
National Academies of Practice in Psychology	
Treasurer	1998-2007
Co-Chair	2008-2010
Chair	2010-2013
International Council on Psychology - Treasurer	2001-2003
Feminist Therapy Institute	
Founding Member and First Chairperson	1982-1984
Steering Committee	1982-1988
Women's Coalition for Legislative Action	
Co-Founder & Board of Directors	1986 - Present
Co-Chair	1986-1992
Chair	2005
Colorado Psychological Association	Full Member
Colorado Women Psychologists	Full Member
Florida Psychological Association	1995
Association for Women in Psychology	
Member of Delegation to NGO Forum	Full Member
UN Decade for Women Conference	
Nairobi, Kenya	July, 1985
International Council on Psychology	2001-2003

Treasurer

International Women's Forum

1979 - present

JOURNAL EDITORIAL BOARDS

Practice Innovations	Editorial Board	2015-
Journal of Child Custody	Editorial Board	2003-present
Journal of Trauma Practice	Editorial Board	2002-2011
Journal of Traumatic Stress	Editorial Board	1987-1994
Professional Psychology	Editorial Board	1986-1989
Violence and Victims	Special Associate Editor	1986
RESPONSE and Violence Update	Editorial Board	1984-1995
Victimology	Editorial Board	1984
Journal of Child Sexual Abuse	Editorial Board	1992-1994
Journal of Emotional Abuse	Editorial Board	1994
Women and Therapy	Editorial Board	1992-1995
American Psychologist	Special Editor	
	International Psychology	1995-1998
Psychotherapy	Special Editor Issue on	
	Family Violence	1998
American Psychologist	Special Editor Issue on	
	International Domestic	
	Violence	January 1999

HONORS AND AWARDS (Partial List)

IVAT Lifetime Advocacy Award	2013
APA Division 35 Corann Okoranodudu International Award	2011
APA Division 56 Lifetime Trauma Award	2011
APA Division 46 Lifetime Achievement Award in Media	2010
APA Presidential Leadership Citation	2004
APA Division 43 Psychologist of the Year	2001
APA Division 29 Psychologist of the Year	2001
APA Presidential Leadership Citation	2000, 2003
FPA 'What A Woman' Award	2000
APA and National Women's Health Coalition	1994
Distinguished Contribution Award	
APA Committee on Women in Psychology	1992
Distinguished Woman Psychologist Leader Award	
APA Board of Professional Affairs	1987
Distinguished Professional Contributions to Psychology	
in the Public Interest	
World Victimology Leadership Award Italy	1987
Colorado Women's Hall of Fame	1987
Colorado Working Women's Award	1987

Hunter College Alumni Hall of Fame	1986
Women Who Care Award - Colorado	1984
Colorado Salute to Women Award	1980

TELEVISION APPEARANCES

Numerous Local TV and radio documentaries and news shows including

Ted Koppel - Nightline	Today Show
Good Morning America	Oprah Winfrey Show
CBS Morning News	Phil Donahue Show
CBS News with Dan Rather	Hour Magazine
48 Hours	Sally Jesse Raphael
CNN and TBS	Joan Rivers
Dateline with Maria Shriver	Geraldo & Rivera Live
The O'Reilly Factor	Discovery Channel Series on Women Killers

VIDEO

The Abused Woman: A Survivor Therapy Approach. Assessment and Treatment of Psychological Disorders Video Series. New York: Newbridge Communications. (1996)

Feminist Therapy. Series by Allyn & Bacon. New York. (1998)

PUBLICATIONS (Partial List)

Montanari Vergallo, G., Shapiro, D.L., **Walker, L.E.**, Mastronardi, W., Calderaro, M., Santonico Ferrer, C.I., Bracelenti, R., Marinell, I, Zaami, S. (2019). Health care providers ethical use of risk assessment to identify and prevent terrorism. *Journal of Ethics, Medicine, & Public Health*,

Kennedy, T.D., D.H. Millen, **L.E. Walker**, R. Black, D. Detullio (in preparation). Battered Woman Syndrome Questionnaire (BWSQ): Development, reliability, & validity.

Millen, D.H., T.P. Kennedy, R. Black, D. Detullio, & **L.E. Walker** (2019). Battered Woman Syndrome Questionnaire (BWSQ) Subscales: Development, reliability, & validity. *J Aggression, Maltreatment, & Trauma*. <https://doi.org/10.1080/10926771.2019.1627684>

Jungersen, T., **L.E. Walker**, T.P. Kennedy, R. Black, & C. Groth (2018). Trauma treatment for intimate partner violence in incarcerated populations. *Practice Innovations*. <http://doi.org/10.1037/pri0000083>

Walker, L.E.A., Gaviria, G., & Gopal, K. (Eds.) (2019). *Sex trafficking from a transnational feminist perspective*. NY: Springer

Shapiro, D.L. & **Walker, L.E.A.** (2019). *Forensic Practice for the Mental Health Clinician: Getting Started, Gaining Experience, & Avoiding Pitfalls.*. NY: The Practice Institute (TPI).

Walker, L.E.A. & Jungersen, T. (2018). Essential elements for an effective treatment model of domestic violence in a complex world. Chapter 12 in R. A. Javier and W.G. Herron (Eds.). *Understanding domestic violence: Theories, challenges and remedies*. Rowland & Littlefield Publishers, Inc.

Walker, L.E.A. & Conte, C. (2018). Domestic violence. Chapter in Van Hasselt, V. & Bourke, M. (Eds.). *Handbook of behavioral criminology: Contemporary strategies and issues*. NY: Springer.

Walker, L.E.A. (2017). *The Battered Woman Syndrome 4th Edition*. NYC: Springer.

Walker, L.E.A. (2017). Trauma practice: Historical Overview. Chapter in Gold et al (Eds.) *Handbook of Trauma Practice. Vol. 2. Trauma Practice*. Washington, D.C.: American Psychological Association.

Walker, L.E.A. (2017). The Battered Woman Syndrome. Chapter in Wenzel, A.E. (Ed.) *Sage Encyclopedia of Abnormal and Clinical Psychology*. Thousand Oaks, CA: Sage.

Walker, L.E.A. and Conte, C. (2017). Vulnerabilities of survivors of domestic violence in the criminal justice system. Chapter in Datchi, C. & Anis, J. (Eds.) *Gender, psychology and justice: the mental health of women and girls in the legal system*. NY: NYU Press.

Walker, L.E.A., J. Pann, V.Vanhasselt, & D.L. Shapiro (2015). Best practices model For mentally ill involved with the criminal justice system. New York: Springer.

Mahler, C., Guskowski, K.N., Klinoff, V.A., Lundell, L., & **Walker, L.E.A.** (2015). At risk populations for homicide-suicide. Presentation at APA Annual Convention, Toronto, August.

Walker, L.E.A. (2015). Who is the real witch in the hunt for truth about child sexual abuse: Review of Cheit's, *The Witchhunt Narratives*. Review in *PsychCritiques*.

Walker, L.E.A. (2015). Looking back and looking forward: Psychological and legal interventions for domestic violence. *Ethics, Medicine & Public Health: A Multidisciplinary Journal*. Inaugural Issue. <http://dx.doi.org/10.1016/j.jemep.2015.02.002>.

Kleinman, T. G., & **Walker, L. E.** (2014). Protecting psychotherapy clients from the shadow of the law: A call for the revision of the Association of Family and Conciliation Courts (AFCC) guidelines for court-involved therapy. *Journal of Child Custody*, 11(4), 335-362. doi: 10.1080/15379418.2014.992563

Walker, L.E.A., Conte, C., & Grabner, S. (2014, November/December). Women uniquely vulnerable in the criminal justice system. *The National Psychologist*, 23, p. 12.

Walker, L.E.A., D. Cummings, & N. Cummings (2012). Our broken family court system. (2012). Ithaca, New York: Ithaca Press.

Walker, L.E.A. (2011). Jonas and his protective, delusional, or alienating mother: Advocacy, forensics, and boundaries with battered women. Chapter in W.B. Johnson & G.P. Koocher (Eds.) *Ethical conundrums, quandries, and predicaments in mental health practice*. A casebook from the files of experts. NY: Oxford.

Walker, L.E.A. (2010). Child Physical Abuse and Maltreatment. Chapter in Thomas, J.C. & Hersen, M. (Eds.). *Handbook of Clinical Competencies*. New York: Springer.

Walker, L.E.A. & Shapiro, D.L. (2010). Parental Alienation Disorder: Why label children with a mental disorder? *Journal of Child Custody*, 7 (4), 266-286.

Walker, L.E.A., M. Robinson, R.L. Duros, J. Henle, J. Caverly, S. Mignone, E.R. Zimmerman, & B, Apple. (2010). The myth of mental illness in the movies and its impact on forensic psychology. Chapter in M.G. Gregerson (Ed.) *The cinematic mirror for psychology and life coaching*. NYC: Springer.

Walker, L.E.A. (2009). *The Battered Woman Syndrome, Third Edition*. New York:Springer

Needle, Rachel & Walker, L.E.A. (2007). *Abortion Counseling*. New York: Springer.

Dorfman, W. & Walker, L.E.A. (2007). *A First Responders Guide to Abnormal Psychology*. NY: Springer.

Walker, L.E.A. (2007). Battered Woman Syndrome: Empirical findings. Chapter in Denmark, F. et al. (Eds.). *Violence and Exploitation Against Women and Girls*. New York *Academy of Sciences Annals*. N.Y.C.: Academy of Sciences.

Walker, L.E.A. (2006) Legal issues for battered women. Chapter in Jackson, N. *Encyclopedia of Domestic Violence*. New York: Taylor & Francis.

Walker, L.E.A. (2006). Battered Woman Syndrome. Chapter in Jackson, N. *Encyclopedia of Domestic Violence*. New York: Taylor & Francis

Walker, L.E.A. (2006). Survivor Therapy with families where there is domestic violence. *Academy of Family Psychology Newsletter*.

Walker, L.E.A. (2005) Is adjudication psychology a proficiency area? In Grossman, L.R. (Ed.). *Licensing Blues: Fact or Fiction?* APA Division 31 website.

Walker, L.E.A. (2004). Legal issues influencing girls and women's psychological health. Chapter in J.P. Worell & C. Goodheart (Eds.) *Handbook on girls and women's health*. NYC: Oxford University Press.

Walker, L.E.A. (2004). Reflections on the psychosocial theory of learned helplessness. Introduction to Chapter in Bergen, R., Edleson, J. & Renzetti, C. (Eds.) *Classic papers on violence against women*. Boston, MA: Allyn & Bacon.

Walker, L.E.A., Brantley, K. & Rigsbee, J. (2004). A Critique of Parental Alienation Syndrome. *Journal of Child Custody*, 2.

Drozd, L., Kuehnle, K. & Walker, L.E.A. (2004). Safety First: Understanding the impact of domestic violence on children. *Journal of Child Custody*, 2.

Walker, L.E.A. with 6 other psychologists (2004) *Finding your voice: A Woman's guide to self fulfillment*. NY: Wiley.

Walker, L.E.A. & Shapiro, D.L. (2004). *Introduction to Forensic Psychology. Clinical and Social Psychological Perspectives*. NY:Kluwer/Plenum.

Kuehnle, K. & Walker, L.E.A. (2003). *Custody Evaluations when there are Allegations of Domestic Violence. Continuing Education Home Study*. Sarasota, FL: Professional Resources Press.

Walker, L.E.A. (2002). Feminist Ethics, Boundary Crossings, Dual Relationships and Victims of Violence. In Zur, O. & Lazarus, A. (Eds.). *Dual Relationships*. NY: Springer.

Walker, L.E.A. (2001). Politics, Psychology and Battered Women. *Journal of Trauma Practice*. 1,

Walker, L.E.A. (2001). Battering in adult relationships. Chapter in *Encyclopedia of Gender*. NY:Academic Press

Prieto, J., Sabourin, M., Walker, L.E.A., Aragones, I., & Amerigo, M. (2000). Applied Social Psychology. Chapter 26 in K. Pawlik & M.R. Rosensweig (Eds.). *The International Handbook on Psychology*. London: Sage.

Walker, L.E.A. (2000). *The Battered Woman Syndrome, Second Edition*. NY:Springer

Sabourin, M. & Walker, L.E.A. (1999). Recherches contemporaines en psychologie legale. (Contemporary research in forensic psychology). Chapter in Brunet L. (Ed.). *L'Expertise psycholegale: Balises methodologiques et deontologiques*. (pp. 25-44). Presses de l'Universite du Quebec: Quebec, CN.

Walker, L.E.A. (1999). Terapia para sobrevivientes con mujeres golpeadas. (Survivor

therapy with battered women). *Revista Argentina de Clinica Psicologica*, 8(3), 201-210.

Walker, L.E.A. (1999). Psychology and domestic violence around the world. *American Psychologist*, 54, 21-29.

Walker, L.E.A. & Levant, R.F. (1998). Mental health issues in criminal court: Collaboration between Broward County, FL courts and Nova Southeastern University. In T. R. Chibucos & R. M. Lerner (Eds.), *Serving children and families through community-university partnerships: Success stories*.

Walker, L.E.A. & J. Reid Meloy (1998). Stalking and domestic violence. Chapter in Meloy, J.R. (Ed.) *The Psychology of Stalking*. (Pp. 139-161). Academic Press: New York.

Walker, L.E.A. (1996). Assessment of abusive spousal relationships. Chapter in Kaslow, F. (Ed.). *Handbook of Relational Diagnosis and Dysfunctional Family Patterns*. New York: Wiley.

Walker, L.E.A. (1995). Current Perspectives on Men Who Batter Women: Implications For Intervention and Treatment to Stop Violence Against Women: Comments on Gottman, Jacobson, Rushe, Wu Short, Babcock, La Taillade, Waltz. (1995) □ *The relationship between heart rate reactivity, emotionally aggressive behavior, and general violence in batterers* □, *Journal of Family Psychology*, 9.

Walker, L.E.A., Price, R.L., Wilk, D., Rogers, S. (1995). *Domestic Violence and the Courtroom: Understanding the Problem...Knowing The Victim*. American Judges Foundation, Inc., National Center for State Courts: Williamsburg, VA.

Walker, L.E.A. (1995). The Transmogrification of a feminist foremother. *Women and Therapy* New York: Haworth Press.

Walker, L.E.A. (1995). Understanding Battered Woman Syndrome. *Trial Magazine*, ATLA, February, 1995.

Walker, L.E.A. (1994). *Survivor Therapy*. A training video. New York: Newbridge Communications.

Walker, L.E.A. (1994). *Abused women and survivor therapy: A practical guide for the psychotherapist*. Washington, DC: American Psychological Association.

Walker, L.E.A. (1994) The importance of knowing what you know and don't know. In The Forum section. *Ethics and Behavior*. Vol.4, No.2:162-167.

Walker, L.E.A. & Levant, R. (1993). Intergender dialogue with psychologists. *The Independent Practitioner*, 13.

Walker, L.E.A. (1993) Are personality disorders gender biased? Yes! In S.A. Kirk and S.D. Einbinder (Eds.) Controversial Issues in Mental Health. (pp. 21-30). New York: Allyn and Bacon.

Walker, L.E.A. (1993) The battered woman syndrome is a psychological consequence. In R.J. Gelles & D.R. Loeske (Eds.) Current controversies on family violence. (pp. 133-152) Newbury Park: Sage.

Walker, L.E.A. (1993) Legal self-defense for battered women. In M. Hansen & M. Harway (Eds.), Battering and family therapy: A feminist perspective. (pp. 200-216). Newbury Park: Sage.

Walker, L.E.A. (1992) Battered women as defendants. Chapter in N. Zoe Hilton (Ed.) Legal Responses to Wife Assault: Current Trends and Evaluation. (pp. 233-257). Newbury Park: Sage.

Walker, L.E.A. (1992) Battered Women Syndrome and self-defense. Notre Dame Journal of Law, Ethics, and Public Policy, Vol 6, Issue #2, 1992:321-334.

Walker, L.E.A. (1992) Racism and violence against women. Chapter in J. Adleman & G. Enguidanos (Eds.) The significance of racism in the psychology of women: Building consciously anti-racist models of feminist therapy. New York: Haworth.

Walker, L.E.A. (1991) Post-traumatic stress disorder in women: Diagnosis and treatment of Battered Woman Syndrome. Psychotherapy, 28 (1), 21-29.

Walker, L.E.A. and Corriere, Sandra (1991) Domestic Violence: International perspectives on social change. In E. Viano (Ed.) Victim's rights and legal reforms: International perspectives. Proceedings of the Sixth International Institute on Victimology, (1990). Onati Proceedings, #9. (135-150). Onati, Spain: University of Onati Institute for Sociology & Law.

Walker, L.E.A. (1990) Psychological assessment of sexually abused children for legal evaluation and expert witness testimony. Professional Psychology : Research and Practice, 21 (5), 344-353.

Walker, L.E.A. (1990) Violence in the family. F. Kaslow (Ed.) Voices in family psychology. (pp. 139-158) Beverly Hills: Sage Publications.

Brown, L.S. & Walker, L.E.A. (1990) Feminist therapy perspectives on self disclosure. In G. Striker & M. Fisher (Eds.) Self disclosure in the therapeutic relationship. (pp. 135-154) New York: Plenum.

Walker, L.E.A. (1989) Terrifying Love: Why battered women kill and how society responds. New York: Harper/Collins.

Walker, L.E.A. (1989) When the battered woman becomes the defendant. In. E. Viano

(Ed.). Crime and its victims: International research and public policy. Proceeding of the Fourth International Institute on Victimology, NATO Advanced Research Workshop, Il Ciocco, Tuscany, Italy. (pp. 57-70). New York: Hemisphere Publishing.

Walker, L.E.A. (1989) Psychology and violence against women. American Psychologist, 44, 695-702.

Walker, L.E.A. & Dutton-Douglas, M.A. (1988). Future directions: Development, application and training of feminist therapists. In M.A. Dutton & L.E.A. Walker (Eds.), Feminist psychotherapies: Integration of therapeutic and feminist systems. (pp. 276-300). Norwood, N.J.:Ablex.

Douglas, M.A. and Walker, Lenore E. (Eds.) (1988) Feminist psychotherapies: Intergration of therapeutic and feminist systems. New York, Ablex Publishing Co.

Walker, L.E.A. (1988) The impact of forensic issues on women's rights. In Prentky R.A. & V.L. Quinsey (Eds.) Human sexual aggression: Current Perspectives. (pp. 361-372) New York: NY Academy of Sciences.

Walker, Lenore E.A. (Ed.) (1988) Handbook on sexual abuse of children: identification, treatment and legal issues. New York: Springer Publishing.

Sonkin, D.J. Martin, D. and Walker, Lenore E. (1985) The male batterer. New York: Springer.

Rosewater, L.B. and Walker, Lenore E. (Eds.). (1985) Handbook of feminist therapy: women's issues in psychotherapy. New York: Springer.

Walker, L.E. (1984) The battered woman syndrome. New York: Springer.

Walker, L.E. (Ed.)(1984) Women and mental health policy. Beverly Hills: Sage.

Walker, L.E. (1984) Battered women, psychology and public policy. American Psychologist, 39 (10):1178-1182.

Walker, L.E. (1979) The Battered Woman. New York: Harper & Row.

KEYNOTE SPEECHES AND PAPERS PRESENTED (Partial List)

Walker, L.E.A. (August 2019). Presentations at American Psychological Association Annual Conference, Chicago, Il.

Walker, L.E.A. (July 2019). Battered Woman Syndrome Assessment Internationally. Presentation at the International Academy of Law and Mental Health, Rome, Italy.

Walker, L.E.A. (July 2019). STEP Program Internationally. IALMH. Rome, Italy.

Walker, L.E.A. (August 2018). Presentations at American Psychological Association Annual Conference, San Francisco, CA.

Walker, L.E.A. (August 2017). Presentations at American Psychological Association Annual Conference. Washington, D.C.

Walker, L.E.A. (July 2017). Presentations at International Academy of Law & Mental Health Conference, Prague, the Czech Republic.

Walker, L.E.A. (April 26, 2017). Psychology's Role in Moving Towards Equality for Women. Catholic University Celebration of 100 years of Psychology, Lima Peru.

Walker, L.E.A. (October 2016). Sex Trafficking and Domestic Violence. SAFE Conference. Washington, DC.

Walker, L.E.A. (August 2016). Niche building with commercial sex trafficking survivors. Chair Symposium at the APA Annual Convention, August 5, 2016, Denver CO.

Walker, L.E.A. (August 2015). Influence of trauma and abuse histories in female false confession cases. Presented in symposium on Women and False Confessions, American Psychological Association Annual Convention. Toronto, CN.

Walker, L.E.A. (August 2015). Chair for symposium: At risk Populations for Homicide-Suicides. American Psychological Association Annual Meeting. Toronto, CN.

Walker, L.E.A. (August 2015) Discussant for symposium on Psychopharmacological training for psychologists. American Psychological Association Annual Meeting, Toronto, CN.

Walker, L.E.A., Gaviria, G. and Sidun, N. (August 2015). Psychotherapy issues with trauma survivors of sex trafficking Workgroup Co-Leaders. Summit on Transnational Feminism. Preconvention Workshops sponsored by APA Divisions 35 and 52 at the American Psychological Association Annual Meeting. Toronto, CN.

Walker, L.E.A. (July 2015). Battered Woman Syndrome Testimony in the Courts. Invited presentation to the Romanian Psychological Association, Forensic Psychology Institute, Bucharest, Romania.

Walker, L.E.A. (July 2015). Domestic violence and the psychological impact and treatment for victims in jails. Presentation in the symposium Mental Health, Trauma, and the Law (Walker, L.E.A, Chair) at the International Academy of Law and Mental Health (IALMH) Conference in Vienna Austria.

Walker, L.E.A. (July 2015). Can current family courts protect children from abuse? Presentation in the symposium Therapeutic Jurisprudence: Problem Solving Family Courts at the

IALMH conference. Vienna Austria.

Walker, L.E.A. (2014, October). Advances in Models for treatment of victims of trafficking: STEP works. SAFE Coalition on Human Rights Conference. Chicago, IL.

Walker, L.E.A. (2014, October). Identifying victims of trafficking in clinical settings. SAFE Coalition on Human Rights Conference. Chicago, IL.

Walker, L.E.A., Rosenblatt, K., Jackson, M., Sarachaga-Barato, N., Mahler, C., & Gaviria, G. (2014, October). Raising the bar: Taking trafficking victims to the next level of treatment. SAFE Coalition on Human Rights Conference. Chicago, IL.

Walker, L.E.A. (2014, August). Development of a project in U.S. Immigration Court. Presentation in Symposium with Walker, L.E.A., Shapiro, D.L., Simonds, M., O'Neill, C., Calderin, D., Crouch, A., Roque, S., Shook, J., Akl, S., Boltinghouse, J., Jackson, M. (2014, August). Psychologists Involvement in U.S. Immigration Court. Symposium presented at the 122nd APA Annual Convention, Washington, D.C.

Walker, L.E.A. (2014, August). Teaching medical ethics and benefits of the MS in Clinical Psychopharmacology for forensic psychologists. Presentation in Symposium, Burns, W.J. (Chair). Enhanced job and training opportunities for psychopharmacology graduates. 122nd APA Annual Convention, Washington, D.C.

Akl, S., Roque, S., & **Walker, L.E.A.** (2014, August). Virtual simulations and avatars in online psychology courses. Poster presented at the 122nd APA Annual Convention, Washington, D.C.

Milano, N., Crouch, A., Jourdain, M., & **Walker, L.E.A.** (2014, August). Sexual functioning in incarcerated women who experienced child abuse histories. Poster presented at the 122nd APA Annual Convention, Washington, D.C.

Grabner, S.S., Conte, C.B., Groth, C.M., Astor, J. H., Hylton, T., & **Walker, L.E.A.** (2014, August). False Confessions by Women with Histories of Trauma and Abuse. Poster presented at the 122nd APA Annual Convention, Washington, D.C.

Lopez, V.A., Lundell, L., Mahler, C., Guskowski, K., **Walker, L.E.A.**, & Van Hasselt, V.B. (2014). The victimization of women through murder-suicide: Florida case examples. Poster presented at the American Psychological Association Annual Meeting, Washington, DC.

Walker, L.E.A. (May 2014). What research tells us about best practices to protect moms and children when there is violence in the home. Invited Presentation: American Psychological Association & American Bar Association Conference on Violence and the Family. Washington, D.C.

Walker, L.E.A. (October 2013). Trauma Informed Care. Presentation at Fast Forward Conference sponsored by APA Division 42. Philadelphia, PA.

Walker, L.E.A. (October 2013). Our Broken Family Court System. NSU, Ft. Lauderdale, FL.

Walker, L.E.A. , D. Shapiro, GAH Benjamin, R. Geffner (September 2013). Advanced techniques & ethical issues in child custody evaluations. International Violence and Trauma at Alliant University (IVAT) & American Academy of Couples & Family Psychology. San Diego, CA.

Walker, L.E.A. (September 2013). Expert witness testimony in high publicity cases. IVAT. San Diego, CA.

Walker, L.E.A. (September 2013). Trauma Informed Practices. IVAT, San Diego, CA.

Walker, L.E.A. (September 2013). Forensic sexual abuse interviews. IVAT, San Diego, CA.

Walker, L.E.A. (August 2013). Empirically Based Trauma Interventions. Chair Symposium. American Psychological Association (APA) Annual Convention, Honolulu, HI.

Walker, L.E.A. (August 2013). Our Broken Family Courts: Lack of protection for trauma-exposed children. Chair Symposium. American Psychological Association (APA) Annual Convention, Honolulu, HI.

Walker, L.E.A. (July 2013). Creating a trauma-sensitive family court. Presentation at International Academy of Law & Mental Health (IALMH) conference. Amsterdam.

Walker, L.E.A. (July 2013). Gender violence issues. Presentation at International Academy of Law & Mental Health (IALMH) conference. Amsterdam.

Walker, L.E.A. (May 2013). Battered Woman Syndrome Testimony in the Courts. Invited Presentation at Conference on New Directions in Clinical and Forensic Assessment. APA Division 42, Miami Lakes, FL.

Walker, L.E.A., N. F. Russo, K. McNamara (October 2012). Creating a women's health agenda. Presentation at National Academies of Practice conference. Cleveland, OH.

Walker, L.E.A. (October 2012). Interprofessional Competencies: Psychology. Presentation at National Academies of Practice conference. Cleveland, OH.

Walker, L.E.A. (August 2012). STEP: Battered woman treatment for men and women. Chair Symposium. American Psychological Association Annual Convention, Orlando, FL.

Walker, L.E.A. (August 2012). Efficacy of the Felony Mental Health Court. Chair Symposium. American Psychological Association Annual Convention, Orlando, FL.

Walker, L.E.A. (August 2012). Violence and women's health: Connections, intersections, and coalitions. Discussant Symposium. American Psychological Association Annual Convention, Orlando, FL.

Walker, L.E.A. (March 2012). Seven deadly sins in family court. Presentation at Our Broken Family Court System Conference. Cummings Foundation: Phoenix, AZ.

Walker, L.E.A. & Benjamin, G.H.A. (2011, February). Protecting children in domestic violence families. Presentation at the American Academy of Couples & Family Psychologists, Ft. Lauderdale, FL.

Walker, L.E.A. (2010, June 2). BWS Theory and Research for Judges: Avoiding Pitfalls and Creating Solutions. Presentation to the American Family & Conciliation Courts (AFCC). Denver, CO.

Walker, L.E.A. (Chair), R. Resnick & R. Ax, W.J. Burns, J. Rey, A. Miles, & B. Rom-Rymer. (2011). Should APA support psychopharmacology programs to predoctoral students? Symposium at APA Annual Meeting. San Diego, CA. August 12th.

Walker, L.E.A. (Chair), S. Etkind, A. Jones, A. Mulcahy, F. Peric, & S. Lewis. (2010). Empirically supported group interventions with high publicity domestic violence victims. Presentation at APA Annual Meeting, San Diego, CA. August 12th.

Walker, L.E.A. (2009). Survivor Therapy Empowerment Program (STEP). Symposium at APA Annual Convention. Toronto, Canada.

Walker, L.E.A. (2008). Treating Trauma Victims & Survivors. Symposium at APA Annual Convention, Boston, MA.

Walker, L.E.A. (2006). Media, Myths, and Mental Illness. Chair. Symposium at APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2006). Ethics in high profile media cases. Invited symposium (D46) at APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2006). Battered Woman Syndrome: PTSD & Implications for Treatment Recommendations. Presentation in Symposium D42 Forensics for the Independent Practitioner. APA Annual Meeting, New Orleans, August.

Walker, L.E.A., Ardern, H., Walker, L., Brosch, R., Graham, M., Jenevsky, M., Scott, E., Tome, A., & Worth, C. (2006). In Their Own Words: Domestic Violence and Incarcerated Women. Poster Presentation. APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2006). Survivor Therapy with Trauma Victims. Invited presentation in Symposium for D56 (Trauma) at APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2005, November). Domestic Violence and Gender Issues. Invited Seminar at University of Salamanca, Spain. November 4 & 5, 2005.

Walker, L.E.A. (2005, September). Domestic Violence and Raising Healthy Children. Workshop in Conference on Raising Healthy Children, NSU Health Sciences Profession, Ft. Lauderdale, FL. September 17, 2005.

Walker, L.E.A. et al. (2005, August). Battered Woman Syndrome: Thirty Years. Symposium presented at the Annual Meeting of the American Psychological Association, Washington, D.C.

Walker, L.E.A. et al. (2005, August). Born to be Wild: Media Images of Juvenile Girls: Bad or Trauma Victims. Symposium presented at the Annual Meeting of the American Psychological Association, Washington, D.C.

Walker, L.E.A. et al (2005, August). Forensic Psychology in a Clinical Training Program. Symposium presented at the Annual Meeting of the American Psychological Association, Washington, D.C.

Walker, L.E.A., Shapiro, D.L., Seligson, M.R. (2005). Legal issues in health care: Mental health issues. *Chabad of Downtown, Fort Lauderdale*. C.E.U. for lawyers. April 12 & May 10, 2005.

Walker, L.E.A., Antonopoulou, C., Rotlevy, S. (2005). Legal rights for children. *Presentation to Hellenic-American Union*. Athens, Greece. May 13th.

Walker, L.E.A. & Antonopoulou, C. (2005). Forensic Psychology. *Presentation to New York College*. May 17, 2005.

Walker, L.E.A. & Baca, J. (2005). *Psychopharmacology for children*. Workshop presented at Florida Psychological Association meeting, RitzCarlton Hotel, W.Palm Beach, FL. July 15th.

Walker, L.E.A. (2004). Psychopharmacological Update, Spousal Abuse, Legal/Ethical Responsibilities. American Academy of Clinical Psychology, ABPP, Los Angeles, CA. (May).

Walker, L.E.A. (2003). Prosecuting when Women are Victims: Battered Women and Sexual Assault Cases. Keynote invited address to annual meeting of Prosecutors. San Juan, Puerto Rico.
(October)

Walker, L.E.A. (2003). International Perspectives on Battered Women. Invited address to annual meeting of the Interamerican Society of Psychologists, Lima, Peru (July).

Walker, L.E.A. (2003). Psychological Screening in Magistrates Court. Symposium with students at the annual meeting of the Interamerican Society of Psychologists, Lima, Peru (July).

Walker, L.E.A. (2003). Survivor Therapy with Battered Women: Assessment and Treatment Issues. Invited Workshop to the Michigan Women Psychologists, May 16th.

Walker, L.E.A. (2003). Child Custody and Exposure to Domestic Violence. Invited Presentation to the Interdisciplinary Group on Child Custody. Bonita Springs, FL., April 25th

Walker, L.E.A. (2003). Is there a Future in Psychology? Invited keynote lecture to Psi Chi Honor Society Undergraduates, Regional Chapter, FIU, April 17th.

Walker, L.E.A. (2002). Tribute to Al Ellis on his 90th Birthday. American Psychological Association Annual Convention, Chicago, IL., August.

Walker, L.E.A. (2002). Mental Health Issues as Mitigation in the Death Penalty. Discussant. American Psychological Association Annual Convention, Chicago, IL., August.

Walker, L.E.A. (2001). Psychological Issues for Battered Women. Invited presentation to PROMUDEH International Conference on Violence Against Women. Lima Peru, November 28th.

Walker, L.E.A. (2001). Violence Risk Assessment with Domestic Violence Perpetrators in Custody Disputes. Workshop for Hawaii Psychological Association, Honolulu, HI, November 16th.

Walker, L.E.A. (2001). Domestic Violence and Substance Abuse. Invited presentation to Straub Foundation Annual Meeting, November 15th & November 17th, Honolulu, HI.

Walker, L.E.A. (2001). Families Torn Apart by Domestic Violence. Invited presentation in Injury and Violence Prevention and the Family, Ileana Arias (Chair). Psychology Builds a Healthy World: New Markets, New Research, 2001 Miniconvention Program. APA Annual Meeting, San Francisco, August 24th.

Walker, L.E.A. (2001). Forensic/Law Psychology POD Chair & the Role of Treating and Forensic Psychologists in Cases Where there has been Violence Against Women. Invited Presentation in Miniconvention on Pioneering and Reinventing: Innovative Practices for the 21st Century from a Diversity of Perspectives and Backgrounds. APA Annual Meeting, San Francisco, August 25th.

Walker, L.E.A. (2001). Legal and Ethical Issues in Expert Testimony on Psychological Syndromes. Invited Symposium by APA Committee on Legal Issues. APA Annual Meeting, San Francisco, August 24th.

Walker, L.E.A. & Shapiro, D.L. (2001). Ethics Code and Independent Practitioners:

Response of Division 42. Symposium on Ethics Code, Courts, and Axis II Pathology: A Menacing Synergy. APA Annual Meeting, San Francisco, August 26th.

Walker, L.E.A. (2001). Practicing Psychology in the New Mental Health Court. Chair. APA Annual Meeting, San Francisco, August 26th.

Walker, L.E.A. (2001). Media Psychology and Hot News: Presidential Address for Division 46. APA Annual Meeting, San Francisco, August 27th.

Walker, L.E.A. (2001). Beyond the Psychological Impact of Trauma: New Assessment, Treatment, and Forensic Interventions when Women Experience Violence. Invited Address to the Canadian Psychological Association, Quebec City, CN, June 23rd.

Walker, L.E.A. (2001). The How To-s in Family Law Cases When Domestic Violence is at Issue. Workshop with L. Drozd & T.G. Kleinman at Association of Family and Conciliatory Courts, Chicago, IL. (May 10, 2001).

Walker, L.E.A. (2001). Psychology and Domestic Violence. Keynote Address to the New York State Psychological Association Annual Meeting, Albany, NY, (May 5, 2001).

Walker, L.E.A. (2001). Forensic Issues in Domestic Violence Cases. Presentation at Women In Distress Conference, Ft. Lauderdale, FL. (March)

Walker, L.E.A. (2001). Broward County Mental Health Court as a Model for Independent Practitioners. Presentation with R. Levant, D. Shapiro, M.R. Seligson, & M. Jalazzo to APA Division 42 Midwinter Board Meeting, Miami Beach, FL (March 2, 2001).

Walker, L.E.A., D. Shapiro & C. Antonopoulos (2000). Psychologists as Expert Witness. Presentation to New York College Athens, Greece. (December).

Walker, L.E.A. (2000). Domestic Violence and Psychotherapy. Presentation to Geneva Conference on Battered Women with WHO. Geneva, Switzerland (December 2000).

Walker, L.E.A. (2000). Ethical Issues in Child Custody Evaluations When Domestic Violence Is Claimed. Presentation to American Psychological Association Annual Meeting, Washington, DC, August, 2000.

Walker, L.E.A. (2000). Forensic Psychology Training. Invited Symposium, Sabourin, M. (Chair). International Congress on Psychology, Stockholm, Sweden, July, 2000.

Walker, L.E.A. (2000). Domestic Violence Around the World. Broward Mental Health Court and OPTIONS program. Invited Symposium, L. Walker (Chair). International Congress on Psychology, Stockholm, Sweden, July, 2000.

Walker, L.E.A. (1998). Domestic Violence Around the World. Invited Address to the International Association of Applied Psychology, San Francisco, CA. August.

Walker, L.E.A. (1998). Domestic Violence Around the World: Problems and Solutions. Symposium Chair. International Association of Applied Psychology, San Francisco, August.

Walker, L.E.A. (1998). Forensic Psychology: Criminal Cases. Chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Forensic Psychology: Gender Issues. Chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Forensic Psychology: Child Custody Evaluations. Chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Forensic Psychology: Marketing Strategies. Co-chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. & Albert Ellis (1998). Dialogue on violence. Invited presentation by Division 1 at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Not Ready for Standup Comedy. Invited presentation by Division 1 at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Feminist forensic training models. Presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). From Times to Tabloids: High Profile Media Cases and Psychology. Seminar presentation at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Wilderness psychology and women: Discussant. Seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Children Exposed to Domestic Violence. Workshop for Florida Psychological Association, Key West, FL. June.

Walker, L.E.A. (1998). Feminist Therapy. Workshop for Florida Psychological Association, Key West, FL. June.

Walker, L.E.A. (1997). Advanced Issues in Domestic Violence. Workshop for Florida Psychological Association, Ft. Lauderdale, FL. Dec. 1997.

Walker, L.E.A. (1997). Expert Witness Testimony in Criminal Cases. Workshop for Florida Psychological Association, Ft. Lauderdale, FL. Dec. 1997.

Walker, L.E.A. (1997). Domestic Violence and Survivor Therapy. Workshop for Broward County Mental Health Association. Ft. Lauderdale, FL, November.

Walker, L.E.A. (1997). Assessment and Treatment of Abused Women. Workshop and Invited lecture at International Association of Applied Psychology Regional Conference. Mexico City, July.

Walker, L.E.A. (1997). Battered Women as Survivors. Workshop for Psychological Association of Alberta. Calgary, CN. May.

Walker, L.E.A. (1997). Domestic Violence: Perpetrators and Victims. Workshops for Advocates and Professionals. Santa Rosa, CA, May.

Walker, L.E.A. (1997). Psychology and Violence and the Family. Workshop for Maine Psychological Association. April.

Walker, L.E.A. (1997). Survivor Therapy Techniques with Abused Women. Workshop for APA Midwinter Psychology Conference. St. Petersburg, FL., March.

Walker, L.E.A. (1997). Domestic Violence Issues for Advocates, Judges, and Psychotherapists. Workshops for Orange Country Psychological Association, Battered Woman Shelter, and Judges' meeting. January.

Walker, L.E.A. (1996). Survivor Therapy. Workshop at Milton Erikson Foundation Short Term Therapy Conference, San Francisco, CA. December 1996.

Walker, L.E.A. (1995). Women as Survivors: Feminist Therapy Techniques. State of the Art Workshop at Milton Erikson Foundation Evolution of Psychotherapy Conference. Las Vegas, NV. December, 1995.

Walker, L.E.A. (1995). The Patient/Therapist Relationship. Panel with Miriam Polster, Arnold Lazarus, & James Bugental. Milton Erikson Foundation, Evolution of Psychotherapy Conference. Las Vegas, NV. December, 1995.

Walker, L.E.A. (1995). PTSD and Abuse. Panel with Donald Meichenbaum, Cloe Madanes, & Francine Shapiro. Milton Erikson Foundation Evolution of Psychotherapy Conference. Las Vegas, NV. December, 1995.

Walker, L.E.A. (1995). The Media and the O.J. Simpson Trial. Broward County Public Defenders Office, Ft. Lauderdale, FL., November 17, 1995.

Walker, L.E.A. (1995). Workshop on Psychology of Domestic Violence. Old Dominion University, Norfolk, VA., November 19, 1995.

Walker, L.E.A. (1995). Psychological Impact of Domestic Violence and Rape. Invited presentation at Judicial Training Institute, Neve Ilan, Jerusalem, Israel, October, 1995.

Walker, L.E.A. (1995). Understanding Domestic Violence, Random Assaults, and Homicides: Clinical, Forensic and Legal Strategies for Trial. Keynote Speaker. Alternatives to Sexual Abuse, Portland, OR., October 20, 1995.

Walker, L.E.A. (1995). Dynamics of Domestic Violence and Efficacy of Psychological Treatment. Training workshop at the American Judges Association Annual Meeting, New Orleans, LA, October, 10, 1995.

Walker, L.E.A. (1995). Domestic Violence. Keynote Speaker. Lawyers Against Domestic Violence, Albuquerque, NM, September 8, 1995.

Walker, L.E.A. (1995). Gender Issues in the Victimization of Women. XXV Congreso Interamericano de Psicología, San Juan, Puerto Rico, July, 1995..

Walker, L.E.A. (1995). Intimate Violence: International Trends, Current Solutions. Panel with Emilio Viano and Margherita Repetto Alaia. Instituto Italiano di Cultura- Law, Justice & Society Series, Washington, DC, June 23, 1995.

Walker, L.E.A. (1995). Battered Women Syndrome: Identifying and Treating Survivors. Keynote Lecture, Arkansas Medical Society, Hot Springs, AK, May 5, 1995.

Walker, L.E.A. (1995). Survivor Therapy Workshop at Ohio Psychological Association, Columbus, OH, April, 1995.

Walker, L.E.A. (1995). Psychology of Domestic Violence. Two Day Workshop, Tokyo Institute of Psychiatry, Tokyo, Japan, April

Walker, L.E.A. (1994). Domestic Violence Courts in the United States. Invited presentation at Judicial Training Institute, Jerusalem, Israel. October, 1994.

Walker, L.E.A. (1994). Psychotherapy with Women and Battered Woman Syndrome. Invited presentation at International Conference on Domestic Violence, Amsterdam, The Netherlands., October, 1994.

Walker, L.E.A. (1994). Analyzing the Bobbitt Case. Presentation to the Federal Public Defenders Association. Atlanta, GA., October 5, 1994.

Walker, L.E.A. (1994). Keeping Kids Off Death Row. Presentation to Florida Public Defenders Life Over Death conference. Ft. Lauderdale, FL., September, 1994.

Walker, L.E.A. (1993, March) Psychology & Law: Violence Against Women Guest speaker at symposium to Pepperdine Law School, Malibu, CA.

Walker, L.E.A. (1992, October) Dynamics of Battering Relationships: Legal & Psychological Responses, plus panel discussion and mock trial for The American Judges Assn. Miami, FL.

Walker, L.E.A. (1992, October) Keynote and guest speaker for P.E.A.C.E. Initiative & other groups. San Antonio, TX.

EXHIBIT B

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

PLANNED PARENTHOOD OF THE
HEARTLAND, INC., and
JILL MEADOWS, M.D.,

Petitioners,

v.

TERRY BRANSTAD ex rel. STATE OF
IOWA and IOWA BOARD OF MEDICINE,

Respondents.

Equity Case No. _____

AFFIDAVIT OF LENORE WALKER, Ed.D.

1. I am a clinical psychologist licensed to practice psychology in Florida, New Jersey, and Colorado. I am currently a Professor at Nova Southeastern University College of Psychology in Fort Lauderdale, Florida, where I also serve as Coordinator of the Clinical Forensic Psychology Concentration. In my role as a Professor, I train and supervise doctoral students in psychology programs in the College of Psychology, including overseeing students' provision of psychotherapy services to women, men, adolescents, children, and families. Although I am no longer seeing my own patients on a regular basis, over the course of my career, I have treated or counseled over 2,000 victims of battering, rape, and incest.

2. I have a Doctorate in Psychology from Rutgers University and a Diplomate in Clinical Psychology and Family Psychology from the American Board of Professional Psychology. I have a national practice in clinical and forensic psychology, with particular expertise in violence against women,

including rape and other forms of sexual violence, intimate partner violence, and family violence, including child abuse. I have provided expert testimony on these topics in civil and criminal cases throughout the United States. I have also been invited to testify before several committees of the United States Congress on national policy regarding violence against women and family violence, and am frequently asked to give presentations and lectures on these and related topics throughout the United States and internationally. My research on domestic violence was cited by the United States Supreme Court in Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833 (1992).

3. In 1978, I was funded by the National Institute of Mental Health to conduct a research study of 400 abused women. The study, which was completed in 1981 and is one of the most comprehensive studies that has ever been conducted of abused women, examined the psychology of abused women. (NIMH Grant no. R01MH30147, 1978-1981.) I collected information from the women interviewed about abuse patterns and communications patterns in dysfunctional families and the children in their families. The results of the study are discussed in my book, *The Battered Woman Syndrome* (Springer, New York, 1984), which has now been published in its fourth edition. My research on Battered Woman Syndrome continues at Nova Southeastern University. Some of my findings on victims of physical and sexual abuse are summarized below and I have drawn upon them in offering opinions and conclusions about how the Act will affect Iowa women.

4. Currently, I am a fellow of the American Psychological Association (APA), and serve on the APA Council of Representatives. I have previously served on the APA's Board of Directors and a number of APA committees and task forces. I am also a Board Member of the National Association for Practicing Professional Psychologists, and I serve on the editorial board for a number of major psychological journals, some published by the APA and some published independently. I have published 20 books and approximately 60 articles on violence against women, family violence, and related topics. A copy of my curriculum vitae, which summarizes my background, experience, publications, and research, is attached to this affidavit as Exhibit A.

5. I submit this affidavit in support of Petitioners' Motion for Temporary Injunctive Relief against enforcement of Section 1 of Iowa Senate File 471 (the "Act"). I understand that the Act requires Iowa women to make an additional trip to a health center to be given certain state-mandated information at least seventy-two hours before they can obtain an abortion. There are no exceptions from the Act's requirements for women who are the victims of abuse or sexual assault. This affidavit focuses on the Act's impact on women who have experienced domestic abuse and sexual assault. My opinions are based on my training, education, and clinical experience, the research I have conducted, and my knowledge and review of the professional literature.

6. In my professional opinion, and discussed in more detail below, the Act's requirement that women come to the health center, be given state-mandated information, and then wait at least seventy-two hours before coming

back for an abortion will impose severe burdens on abused women and sexual assault victims who seek abortions in Iowa. By delaying battered women¹ or sexual assault victims in obtaining the care they need, subjecting them to additional emotional and psychological trauma, and increasing the risk of disclosure of their abortion to others, the Act will endanger the health and lives of Iowa women.

Background Information on Violence Against Women

7. Violence against women can take the form of physical violence with or without injury; stalking; sexual assault (including exploitation, trafficking, or stranger, partner, or acquaintance rape); and various forms of psychological abuse and maltreatment, with the goal of power and control of the woman by the partner. When the abuse is committed by a woman's current or former spouse, partner, or boyfriend, it is commonly referred to as intimate partner violence or domestic violence. There is significant overlap among these forms of abuse, as sexual assault can often include physical injury, and stalking can occur simultaneously with psychological abuse, to provide but two examples. In my research of 400 battered women, approximately one-half of the women interviewed said they had also experienced sexual abuse, mostly within their families.

8. One of the challenges of working in this field is the fact that there are no standardized definitions for these acts and behaviors. Another significant challenge stems from the fact that so many victims do not wish to reveal their

¹ For purposes of this affidavit, I may use the terms "battered women" or "abused women" interchangeably to refer to women who are victims of domestic violence.

own experiences, or will make intense efforts to conceal them, making it difficult to assess the prevalence of domestic violence and sexual assault. Terms such as “rape,” “incest,” “abuse,” and “violence” carry certain social and cultural stigmas, and the use of these labels can prevent women from disclosing their experiences. For example, many battered women I have interviewed and counseled are uncomfortable labeling an unwanted or coerced sexual encounter with their partner as “rape.” The same is often true for women who are sexually assaulted by an acquaintance or someone they are dating.

9. Although it can be difficult to measure the true prevalence of these acts of violence, because so many victims choose not to seek help from law enforcement or the justice system, the Center for Disease Control and Prevention (“CDC”) estimates that approximately one-third of all women in the United States have experienced rape, physical abuse, or stalking by a current or former intimate partner at some point in their lives.²

10. Recent statistics estimate that nearly one-fifth of all women in the United States have been raped at some point in their lives.³ Over 80% of rapes are committed by someone known to the victim (i.e. an intimate partner, family member, or acquaintance), and the perpetrator is a current or former intimate

² Michele C. Black, et al., Nat’l Ctr. for Injury Prevention and Control, Ctrs. for Disease Control & Prevention (CDC), The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report 39 (2011) (the “NISVS Report”).

³ Id. at 18.

partner in nearly two-thirds of rapes.⁴ While women can be victims of violence regardless of age, ethnicity, or class, women who experience domestic violence, rape, and sexual assault are disproportionately low-income.⁵

11. According to the CDC's NISVS Report, 31.3% of Iowa women have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime, which amounts to over 360,000 women.⁶ Estimates of the number of women who become pregnant as a result of rape vary, with rates ranging from approximately 1.7% to approximately 5% of all rapes resulting in an unwanted pregnancy.⁷

12. Incest is a form of sexual assault committed by a family member or relative, other than a spouse, that involves multiple acts of sexual violation and exploitation over a period of time, ranging from several months to several years. Incest often begins when the victim is still a young child, and may go on for many years without the victim ever disclosing the abuse. Based on my work in this field, there is a strong correlation between acts of domestic violence

⁴ Patricia Tjaden & Nancy Thoennes, Nat'l Inst. for Justice, CDC, Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women 43 (2000).

⁵ Jacquelyn Campbell, Health Consequences of Intimate Partner Violence, 359 *Lancet* 1331 (2002); Michael Planty, U.S. Dep't of Justice, Bureau of Justice Statistics, Female Victims of Sexual Violence, 1994-2010 4 (2013).

⁶ NISVS Report, Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner by State of Residence—U.S. Women, Table 7.4, CDC (2014) http://www.cdc.gov/violenceprevention/nisvs/state_tables_74.html.

⁷ Matthew J. Breiding, et al., Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization — National Intimate Partner and Sexual Violence Survey, United States, 2011, 63 *Morbidity & Mortality Weekly Report* 1 (2014); Holmes, et al. Rape-related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women, 175 *Am. J. Obstet. Gynecol.* 320 (1996).

committed by an abuser and acts of child abuse, including both physical abuse and incest.⁸ Incest is vastly underreported in the United States; most victims of incest do not report the abuse because they fear their abuser may harm them physically, because they feel guilty about the abuse, and/or because they are afraid to disrupt the family unit.⁹

13. Similar to other victims of gender violence, sex trafficking victims suffer extreme exploitation through the use of physical abuse, threats, coercion, and other control tactics. Although it is quite difficult to estimate the prevalence of trafficking in the United States, the U.S. Department of State estimates between 14,500 and 17,500 individuals are trafficked in the United States each year.¹⁰ Experiences with victims of trafficking has shown how reluctant they are to utilize established institutions and agencies in the community, including police. Sex trafficking, which is widespread in Iowa and not limited to the state's biggest cities, has received significant news coverage in the state in recent years.¹¹ A report was released last year by the Iowa Department of Human Rights, which recognized that improvements should be made in the state with respect to

⁸ Lenore Walker, The Battered Woman 157, 159 (1979).

⁹ Maria Sauzier, Disclosure of Child Sexual Abuse: For Better or For Worse, 12 Psychol. Clinics of N. Am. 455, 460–61 (1989); Goodman-Brown, et al., Why Children Tell: A Model of Children's Disclosure of Sexual Abuse, 27 Child Abuse & Neglect 525, 535–37 (2003).

¹⁰ Clawson, H. et al., U.S. Dep't of Health & Human Servs., Human Trafficking Into and Within the United States: a Review of the Literature (2009). <http://aspe.hhs.gov/hsp/07/humantrafficking/litrev/index.pdf>.

¹¹ See, e.g., Erin Murphy, Sex Trafficking in Iowa Widespread, Experts Say, The Gazette, Aug. 26, 2016 <http://www.thegazette.com/subject/news/government/sex-trafficking-in-iowa-widespread-experts-say-20160826>; Lee Rood, Des Moines Identified as Top 100 Human Trafficking Site, The Des Moines Register, Nov. 16, 2016 <http://www.desmoinesregister.com/story/news/2016/11/16/des-moines-identified-top-100-human-trafficking-site/93952890/>.

collecting accurate data on the incidence of sex trafficking in Iowa, successfully prosecuting offenders under Iowa law, and helping victims.¹²

14. Perpetrators of domestic violence subject their partners to various forms of violence—including physical, psychological, economic, and sexual abuse—in order to assert their control and dominance. Physical violence includes a range of behaviors from slapping, pushing, or shoving, to more severe acts such as beating, choking/strangulation, and use of a gun or knife. In addition, it is common for an abuser to threaten to use physical violence against the woman, or to physically harm her children or other family members, as a means of intimidation and control. Stalking by an intimate partner entails repeated acts of harassment, intimidation, and/or threats that cause the victim to fear for her safety. Psychological or emotional abuse includes verbal abuse intended to shame, insult, and humiliate the abused woman, as well as a range of coercive and manipulative behaviors, such as interfering with the battered woman's relationships with family and friends, and limiting her access to money. Sexual abuse by an intimate partner can include rape as well as other unwanted sexual

¹² Sarah Johnson, Iowa Dep't of Human Rights, An Analysis of Human Trafficking in Iowa (2016) https://humanrights.iowa.gov/sites/default/files/media/CJJP_January_2016_Task_Force_Report_%20Human%20Trafficking.pdf. Additionally, the Iowa Office of the Attorney General issued a Request for Proposal (“RFP”) for programs raising awareness of trafficking and/or providing services to victims. Human Trafficking Prevention/Awareness Project Proposal RFP, Iowa Dep't of Just. Off. of the Att'y Gen., <https://www.iowaattorneygeneral.gov/for-crime-victims/fighting-human-trafficking/human-trafficking-preventionawareness-project-rfp/>.

contact. Based on my own research, I would estimate that nearly one in three battered women has been raped one or more times by her abuser.¹³

15. Many abusive relationships display a cycle of violence that can be broken down into three phases. The first phase is a period of tension building, during which the woman has some control over the frequency and severity of abusive incidents. She can slow them down by trying to give the man what he wants or speed them up by refusing to meet his demands. Eventually, attempts at control no longer succeed and the second phase, an acute battering incident, occurs. This is the shortest of the three phases but causes the most physical harm. Often, following this second phase is a period of contrition during which the abuser acts very loving toward the woman, frequently giving her gifts, apologizing, and promising to change. In some cases, the tension lessens or stops during this phase, which reinforces the woman's belief that the man will stop his violent behavior. This cycle contributes to the difficulty abused women face in trying to leave the abusive relationship.¹⁴

16. Reproductive coercion or control is a form of domestic violence involving coercive behavior related to reproductive health. For example, many batterers will forcibly impregnate women, or employ some other form of reproductive coercion, such as refusing to wear a condom or destroying or manipulating women's contraception, in order to further demonstrate the batterers' control and dominance. Indeed, compelling a woman to carry an unwanted pregnancy to term and give birth is a common form of abuse, and one

¹³ Lenore E.A. Walker, The Battered Woman Syndrome 60 (2nd ed. 2001).

¹⁴ Walker, The Battered Woman Syndrome at 126–135.

that can keep the woman trapped in the abusive relationship. Having a child, or an additional child, with her abuser makes it even more difficult for a woman to escape.

17. It is estimated that between 4% and 8% of all pregnant women report that they have experienced physical abuse during pregnancy.¹⁵ Studies suggest that women are at increased risk of physical abuse during pregnancy, including an increased risk of homicide.¹⁶ A recent study comparing the long-term health effects of women who received abortions at or near the gestational age limit with women who were unable to obtain an abortion because they were beyond the gestational age limit found that physical violence decreased over time for the women who obtained an abortion, but not for women who were turned away and subsequently gave birth.¹⁷ The researchers suggest that carrying an unwanted pregnancy to term may make it more difficult for abused women to leave the abusive relationship.¹⁸ Women, especially low-income women, are afraid of leaving the relationship because of their inability to support themselves

¹⁵J. Gazmarian, et al., Violence and Reproductive Health: Current Knowledge and Future Research Directions, 4 *Matern. Child Health* 79 (2000). It is estimated that at least 324,000 pregnant women are abused each year in the United States. Neha Deshpande & Annie Lewis-O'Connor, Screening for IPV during Pregnancy, 6 *Rev. Obstet. Gynecol.* 141 (2013).

¹⁶ Jeani Chang et al., Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991–1999, 95 *Am. J. of Pub. Health* 471 (2005); Beth A. Bailey, Partner Violence During Pregnancy: Prevalence, Effects, Screening, and Management, 2 *Int'l J. of Women's Health* 183, 185 (2010) (reviewing literature and explaining that although prevalence rates vary between studies, large-scale population studies may not be designed to elicit disclosure, and smaller, more carefully tailored studies have suggested that up to 300,000 pregnant women in the United States experience IPV each year).

¹⁷ Sarah Roberts, et al., Risk of Violence from the Man Involved in the Pregnancy after Receiving or Being Denied an Abortion, 12 *BMC Med.* 144 (2014).

¹⁸ Id.

and their children, and to pay for basic necessities like food, housing, medical care, and clothing. The termination of the relationship can be an especially dangerous time for an abused woman.¹⁹ And even if a woman separates from her abuser, he can use the children as a means of maintaining his power and control over the woman. Forced co-parenting, based on a court award of joint custody, can keep the woman in the same neighborhood and in continued danger from her abuser.

The Act's Impact on Victims of Violence and Sexual Assault

18. The Act's 72 hour mandatory delay and additional visit requirements will have devastating consequences for abused women and survivors of sexual assault. First, the Act's requirements will make it extremely difficult, if not impossible, for women in abusive relationships to have an abortion. Those women who are able to obtain an abortion may have to delay the second visit for longer than the mandatory 72 hours, as explained further below. These additional hurdles are amplified for women who are poor and lack the resources to make all of the necessary arrangements while avoiding detection by their abuser. Second, by forcing women in these horrific circumstances to wait at least an additional 72 hours before they can obtain an abortion, the Act subjects these women to additional emotional trauma, to the detriment of their health and well-being.

¹⁹ Jacquelyn C. Campbell et al., Risk Factors for Femicide in Abusive Relationships: Results From a Multisite Case Control Study, 93 Am. J. of Pub. Health, 1089, 1095–96 (2003).

19. As I explain above, pregnancy is a time of extreme danger, and even lethality, for abused women, and abusers may use forced pregnancy as a way of keeping a partner under their control. Thus, it is often essential for many abused women to keep their pregnancy and/or intent to end the pregnancy a secret until after the abortion is obtained, and perhaps beyond that time as well. However, the Act will make it much harder for a woman to obtain an abortion without detection by an abusive partner. The Act can operate as a requirement that women notify their spouses of their decision to have an abortion, which would have devastating consequences for abused women and could also trigger violence from partners who were previously not violent.

20. It will be extremely difficult for some battered women to make an additional trip to the abortion clinic without detection. Battered and abused women are carefully monitored by their abusers, such that going to a doctor's office or clinic in secret, even for a single visit, may require significant planning. Abusers have many ways of closely monitoring every move of the women they abuse; for example, many women have told me that their partners regularly check the mileage on the car, and some abusers take more drastic measures such as removing the distributor cap of the car, or nailing doors and windows shut, in order to prevent battered women from leaving. An abuser may also call the woman multiple times at home and/or at work to ensure that he knows her whereabouts at all times. In addition, an abuser might show up unexpectedly at a woman's place of work to check up on her. In fact, battering at the worksite is not an uncommon event for victims of abuse. Abused women are expected to explain

any absence from home or work. If an abusive partner suspects that a woman is leaving home or work during the day without his knowledge, he may become enraged and lash out with violence. Simply put, for some abused women, finding a way to get to an abortion provider for several hours for a single appointment may be extremely difficult. Finding a way to make an *additional* trip, especially within a close time period, may be impossible.

21. Abused women will have great difficulty obtaining the resources necessary to make the additional trip to an abortion provider. Abusive partners often maintain control and dominance by limiting women's access to money; even if an abused woman is employed, she may be forced to turn over her paycheck to the abuser. And even if an abused woman's insurance plan would cover all or part of the costs of the procedure, she may not want to submit a claim to insurance out of fear that her abuser will notice the claim. For the same reason, she may be unable to pay for the procedure with a credit card that can be traced back to her. Further complicating matters, a perpetrator of abuse will often cut off or monitor a woman's communications with her family and friends in order to weaken her support system, which means that an abused woman may not have others to turn to for financial assistance. For all these reasons, many abused women already struggle to pay for an abortion without detection. The Act will make this even harder, by increasing travel and childcare costs, and also potentially increasing clinic-related costs which must be passed down to the patient. And for those who manage to overcome this additional challenge, the process of saving more money is likely to further delay the abortion procedure.

22. In addition, women who are trying to conceal their pregnancy (not just their intent to seek an abortion) from their abusive partners must seek an abortion as soon as possible, before the pregnancy becomes visible. Indeed, one study of women presenting at an abortion clinic reported that 8% of women seeking an abortion had not disclosed their intentions to their partner because they feared physical harm if the abortion was discovered.²⁰ Due to the logistical and financial challenges of complying with the additional visit requirement, the Act will delay women in obtaining an abortion, thereby increasing the chances that the abuser will discover the pregnancy. If a woman's abuser discovers her plans to have an abortion, he may very well prevent her from doing so. Moreover, as I explained above, once a woman's pregnancy status is apparent, physical abuse by the batterer escalates; thus, the longer a woman is pregnant, the greater the threat to her health, and possibly even her life, from the abuse.

23. Even if an abused woman is able to make all of the arrangements for the additional required visit, in most cases she will not be able to travel twice within the span of 72 hours, both because of logistical difficulties and because of the intense monitoring and scrutiny that goes on in an abusive relationship. Thus, a woman will likely be delayed many days, or possibly even weeks beyond her initial appointment, due to the difficulties of coming up with the funds to make the required additional visit and making all of the necessary arrangements, all without alerting the abuser. Moreover, for a woman who must travel a significant distance in order to reach an abortion provider, it is exceedingly unlikely that she

²⁰ Junda Woo, et al., Abortion Disclosure and the Association with Domestic Violence, 105 *Obstet. Gynecol.* 1329, 1331 (2005).

would be able to stay away from home overnight, for multiple nights, without raising the abuser's suspicions. Even if a woman manages to find a way to stay away for multiple nights, her partner may suspect that she had left him, which would greatly increase her risk of suffering physical violence.

24. Due to the nature of the abusive relationship, as described in paragraph 15 above, abused women may also be delayed depending on the point at which the pregnancy occurs in the course of the battering cycle. Abused women typically seek help when they are feeling strong; they generally avoid contact with others during crisis periods and try to hide their bruises after periods of acute violence. Thus, if an abused woman were to come for an appointment during a period of relative calm and then have to return another day, during the intervening period an acute battering episode might occur, keeping the woman from returning to the clinic for several days or possibly a week or more.

25. An abused minor seeking an abortion, who is subject to the 72 hour mandatory delay and additional trip requirement can also face devastating consequences, due to the resulting increased risk that her abusive parents will discover her sexual activity, pregnancy, and decision to have an abortion. A minor's sexual activity or pregnancy, which to an abusive parent may represent a child's independence from parental control, can be a triggering event for a parent who is emotionally abusive, physically violent, or who may not previously have been physically violent or emotionally abusive. A pregnancy that is the result of sexual abuse by the parent can be a significant threat to a family secret being exposed and a threat to the control a parent has over that minor. A minor's

pregnancy by someone else may be a direct defiance of an abusive parents orders which can also be viewed as an attack on the control of the abusive parent. And disclosing an intention to have an abortion can also trigger abuse, if the abusive parent disagrees with this decision.

26. In addition to the physical harm caused by the Act, the mandatory delay and additional trip requirement will also inflict psychological harm on women who have already endured psychological trauma. Many rape and incest survivors are extremely distraught and may be suffering from post-traumatic stress disorder, anxiety, and/or depression. An unwanted pregnancy can be even more traumatizing for these women, as the pregnancy is a constant physical reminder of the sexual assault. It is extremely important for women in these situations to be able to begin to resume their normal lives and move on from the tragic situation. Thus, for a rape or incest survivor who wishes to terminate the resulting pregnancy, having the abortion is an important step in this recovery. For these women, the mandatory delay and additional trip requirements will prolong their psychological suffering.

27. Furthermore, the Act's requirements will make it more difficult for victims of sexual assault to obtain an abortion. The planning necessary to arrange an appointment, make the necessary travel arrangements, and come up with the funds to pay for the abortion may be difficult for women who are suffering from post-traumatic stress disorder or other psychological effects. Even though a rape or incest survivor may feel very strongly that she wishes to terminate the

pregnancy, the obstacles to complying with the mandatory delay and the additional trip requirement, and raising the funds necessary to make the additional visit, may prove to be insurmountable. At the very least, the Act will likely delay sexual assault victims' ability to obtain an abortion for far more than 72 hours.

28. In addition, many victims of rape and incest are afraid of disclosing the incident to friends or family. Some fear the associated stigma; others fear being judged as somehow responsible. Forcing these women to make arrangements to be away from work, school, and family obligations on at least two separate occasions will increase the risk of discovery, and thereby jeopardize their privacy and confidentiality, and place them at risk of further emotional harm.

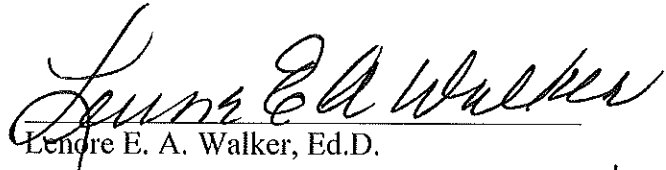
29. In sum, for victims of abuse and sexual assault, the Act will cause serious harms. For battered women, especially those living in poverty, the combined effects of the abuse and the lack of outside support or other resources may make it impossible to comply with state-mandated delay and additional visit requirements.

Conclusion

30. Abused women and victims of sexual assault who seek abortions, especially those who wish to keep their abortions private, must overcome enormous odds to obtain the care they need. It may be very difficult for them to come to a clinic once, and even more so for them to safely make multiple trips. In

my opinion, if the Act is allowed to take effect, it will cause severe harm and have a devastating impact on abused women and sexual assault survivors, including victims of rape, incest, and sex trafficking.

Signed this 3 day of May, 2017.


Lenore E. A. Walker, Ed.D.

Lenore Walker signed this document in front of me on this 3rd day of May, 2017



