

# FORENSIC ASSESSMENT & TESTIMONY WITH JUSTICE INVOLVED ABUSED WOMEN

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Presentation to

**AAFP SAN ANTONIO**

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# WHO ARE JUSTICE INVOLVED WOMEN?

Most justice involved women have been abused

- Child abuse
- Domestic violence
- Sex trafficked
- Raped and sexually assaulted

Numbers of women being arrested is rising from 14%

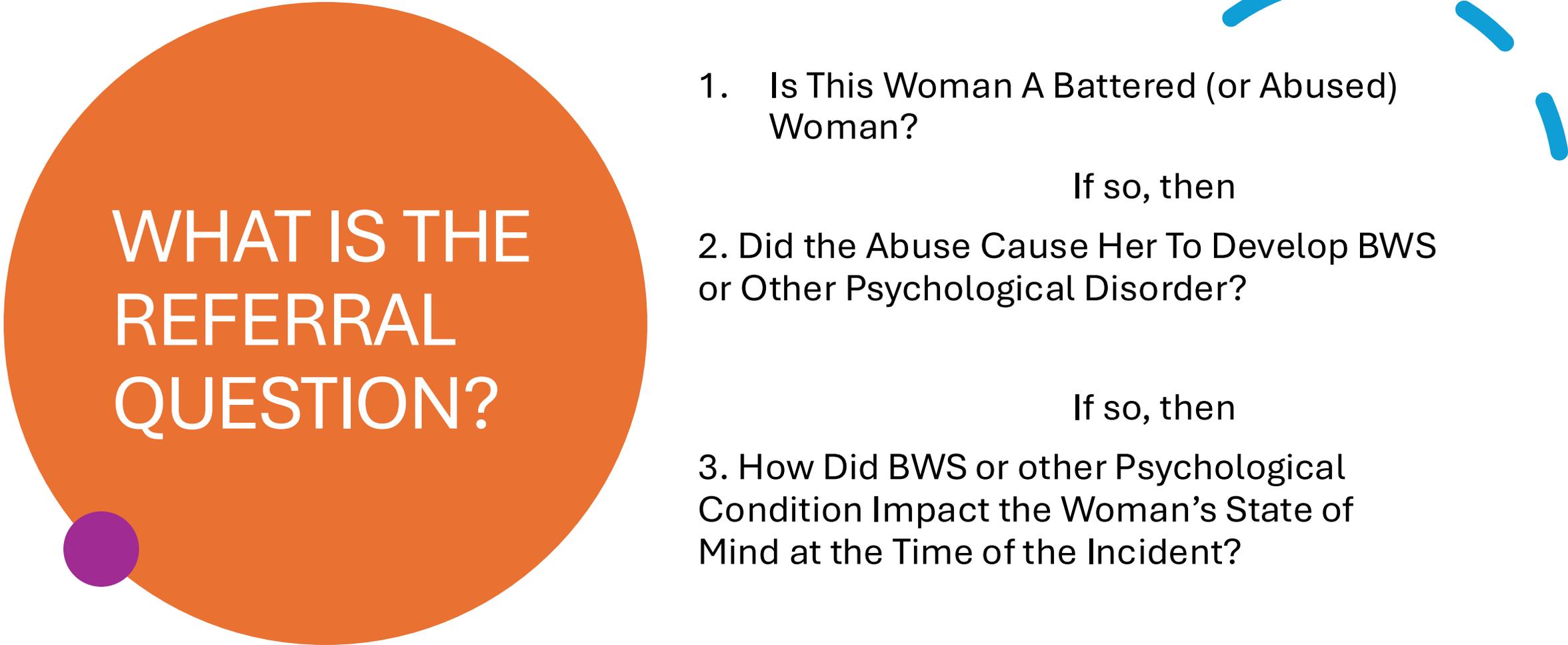
Many of their crimes involve abusive partners

Important to recognize role abuse plays in their behavior

# TYPICAL REFERRALS

- Women Who Kill Partners in Self-Defense
- Women Who Fail to Protect Children
  - Partner Harms or Kills Child
  - Custody Disputes with Child Abduction
- Women Who Engage in Fraud Under Duress
  - Credit Card & Bank Robberies (Federal Cases)
- Women Who Are Criminally Charged with Illegal Substances
- Women Who Falsely Confess
- Women Seeking Justice Behind Bars
- Other Appellate Cases





# WHAT IS THE REFERRAL QUESTION?

1. Is This Woman A Battered (or Abused) Woman?

If so, then

2. Did the Abuse Cause Her To Develop BWS or Other Psychological Disorder?

If so, then

3. How Did BWS or other Psychological Condition Impact the Woman's State of Mind at the Time of the Incident?



**RECOGNIZE  
DYNAMICS OF  
DOMESTIC VIOLENCE**

# Definitions

DV is a pattern of physical, sexual, and/or psychological abuse used by one partner against the other in order to control that partner.

Often occurs with other forms of gender violence.

In investigating DV cases, always look for the power and control. Some usual coercive control methods include:

- Isolation
- Negative commands, put downs, cursing, name-calling
- Harassment
- Surveillance and stalking
- Threats to self and others
- Intrusive behavior
- Financial control
- Obsessive demands
- Gaslighting
- Sleep interruption
- Interference with children
- Physical Abuse
- Sexual Abuse

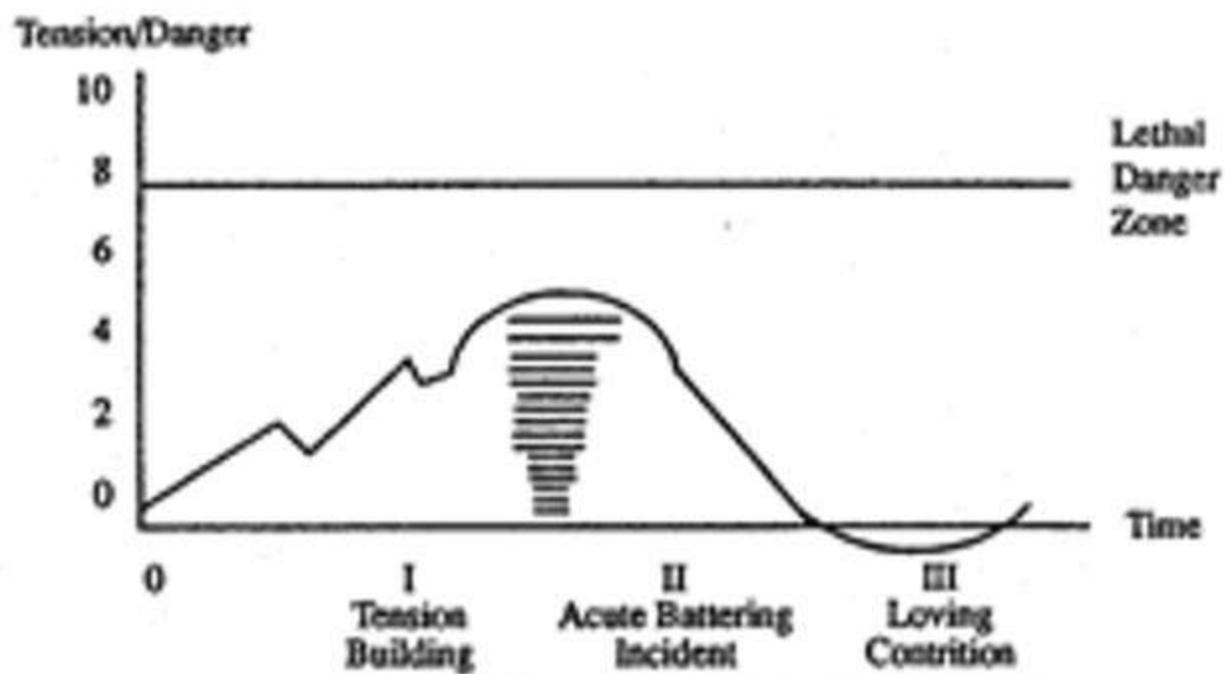


# CYCLE OF VIOLENCE

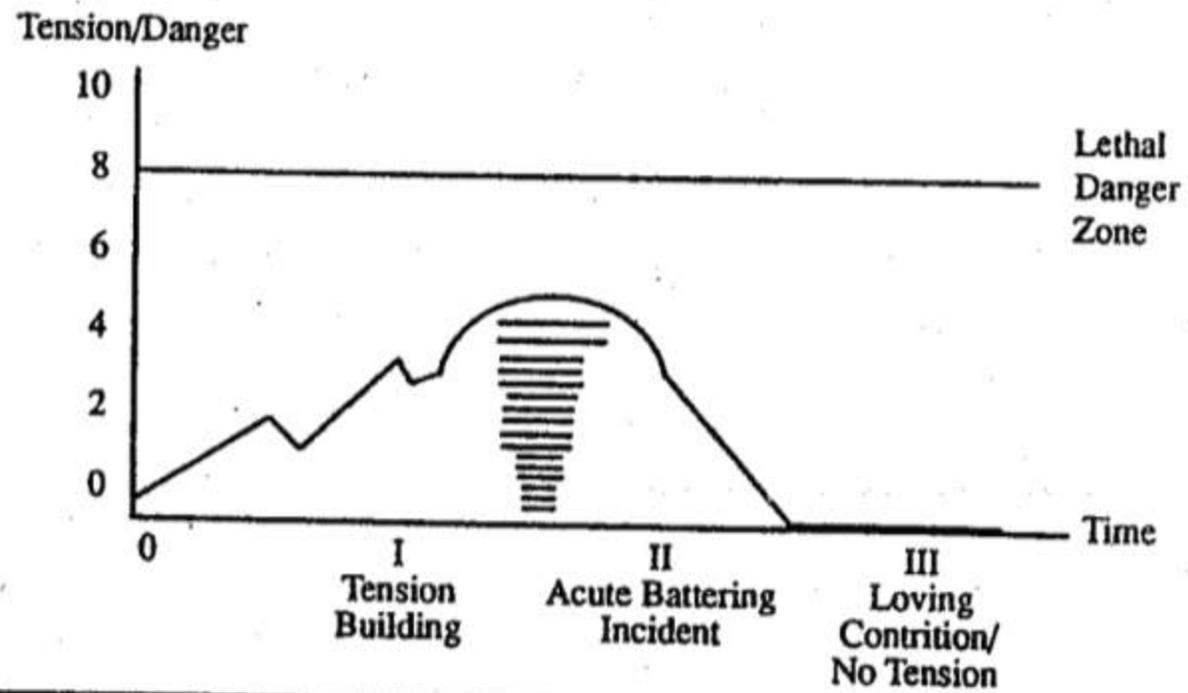
- Starts with a loving courtship period
  - Most do not perceive abuse but some do
  - Think it will stop once commitment is made
- Cycle of Violence begins with
  1. Tension-building/perception of danger period
  2. First acute battering incident
    - Shortest part
  3. Followed by loving-contrition
    - Reinforcement
    - Sometimes absence of tension/danger is reinforcement
- Cycle repeats itself usually escalating



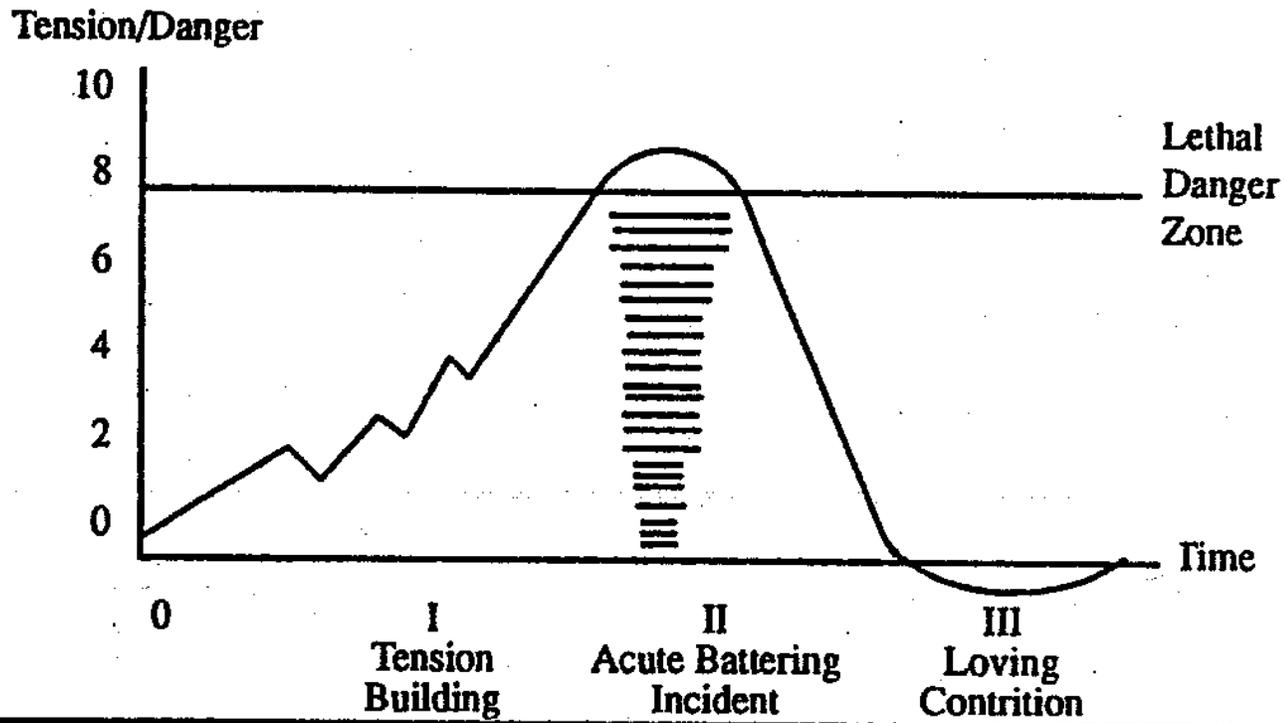
**Figure 1. Typical Cycle of Violence**



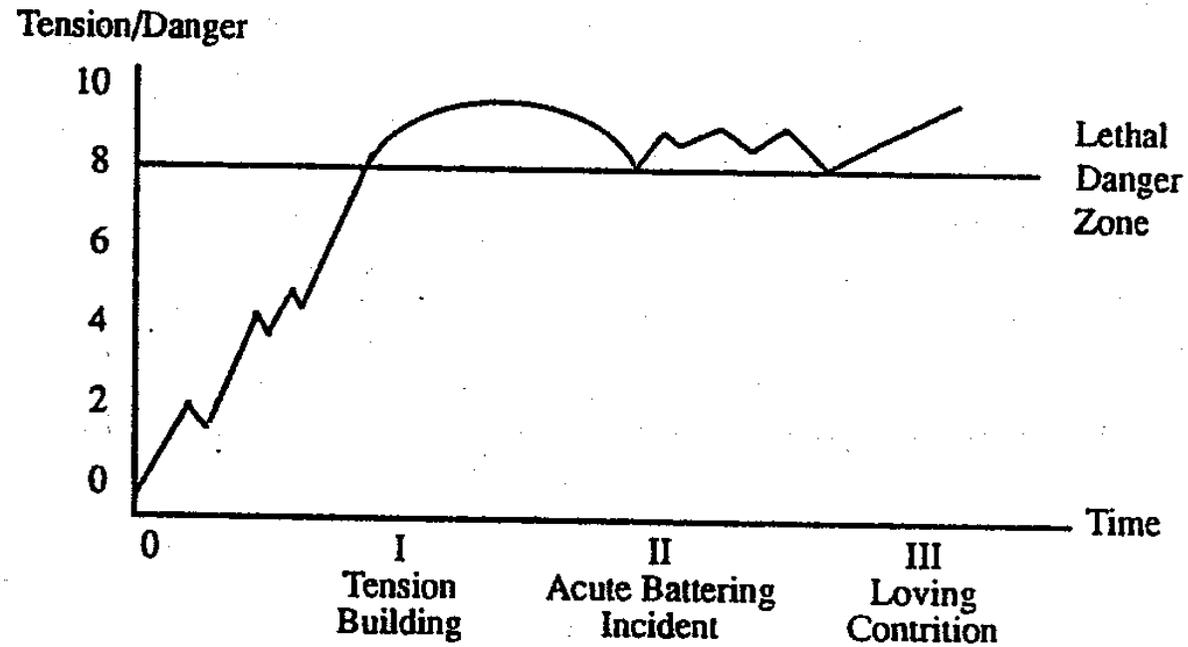
**Figure 2. Modified Cycle of Violence**



**Figure 3. Life-Threatening Cycle**



**Figure 4. Life-Threatening Cycle in Which the Woman Believes She Could Die at Any Time**

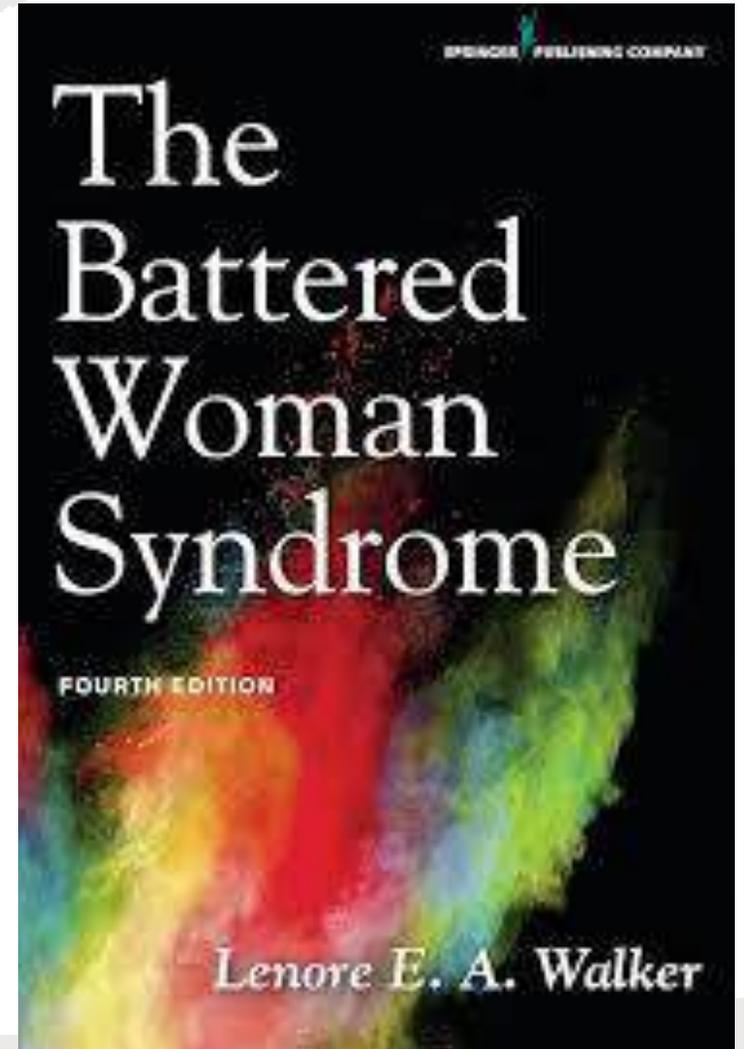


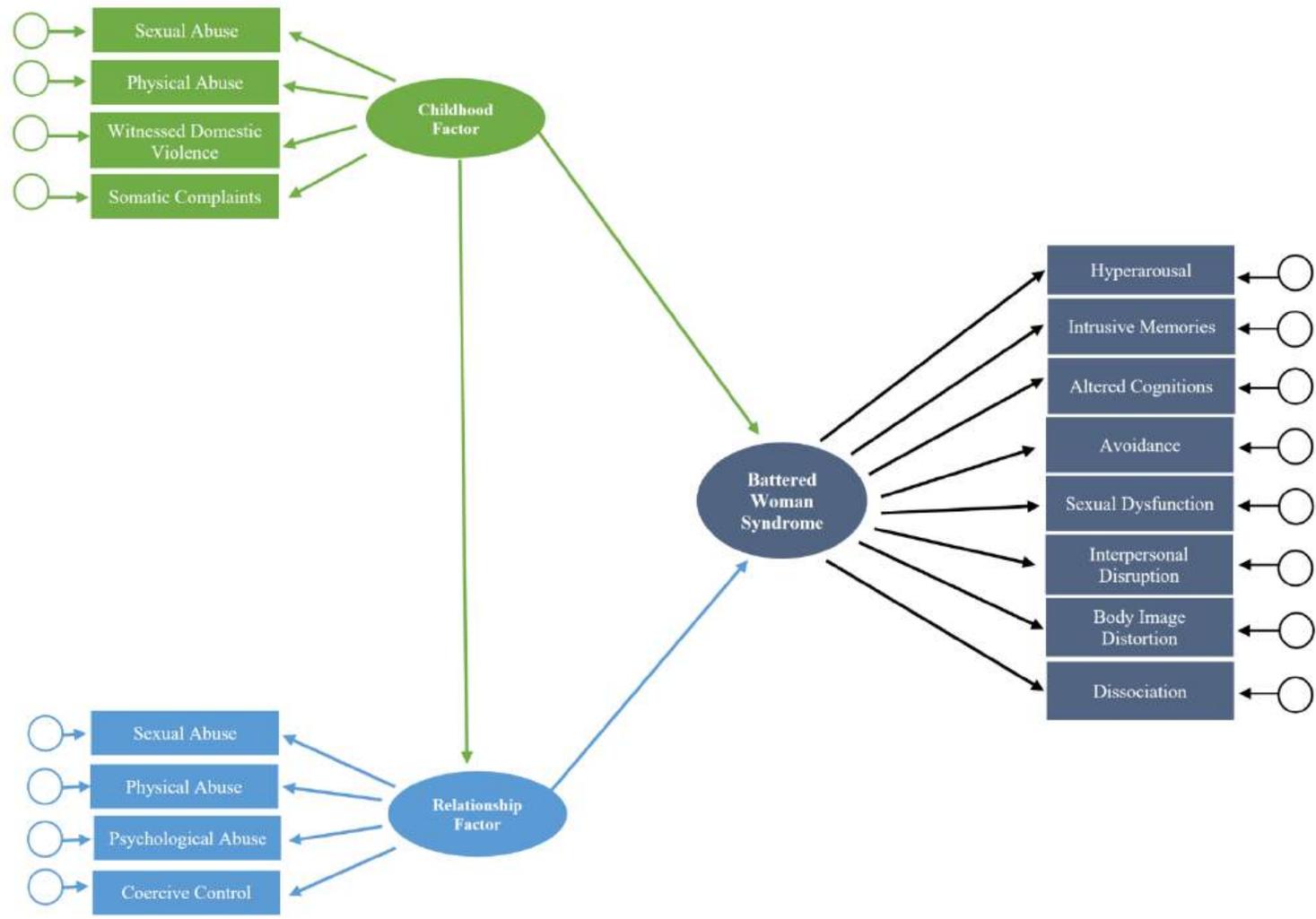
# BATTERED WOMAN SYNDROME in LEGAL CASES & in PSYCHOLOGY

- Psychology
  - Pattern of symptoms - like PTSD categories
    - intrusive recollections, high arousal, avoidance, cognitive changes
    - Dysfunctional interpersonal relationships, body image, sexual issues.
- Law - Pattern of symptoms and
  - Dynamics of abuse in relationships
    - cycle of violence, characteristics, typical behaviors
  - Explanation for why woman doesn't leave
    - Fear from prior battering events
  - Explains duress & consent issues

# BATTERED WOMAN SYNDROME RESEARCH

- PTSD Criteria
  - **Intrusive Memories & Reexperienced** Fragments of Prior Battering Events
  - **High Arousal/Anxiety** (Fight Response)
    - Hypervigilance, nervousness
  - **High Avoidance & Numbing** (Flight Response)
    - Depression, Repression, Denial, Minimization
  - **Cognitive Confusion**
- Disrupted Interpersonal Relationships
- Difficulties with Body Image & Somatic Problems
- Sexual and Intimacy Problems
- Dissociation



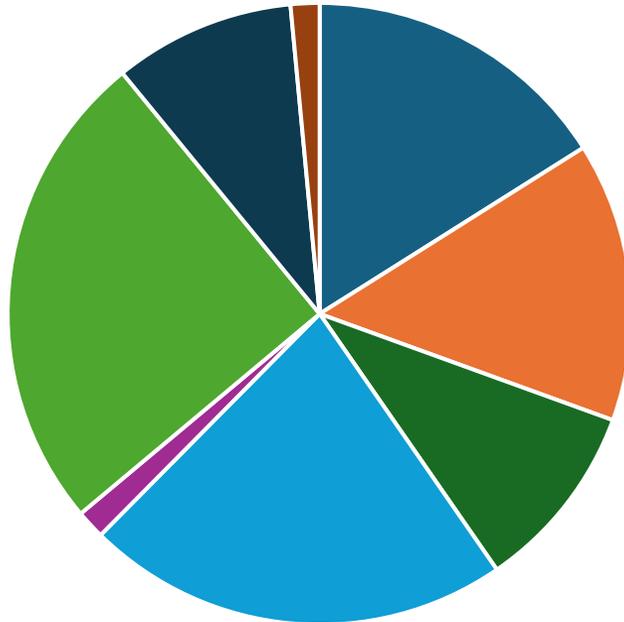




RELATIONSHIP OF DV & CRIMINAL JUSTICE SYSTEM

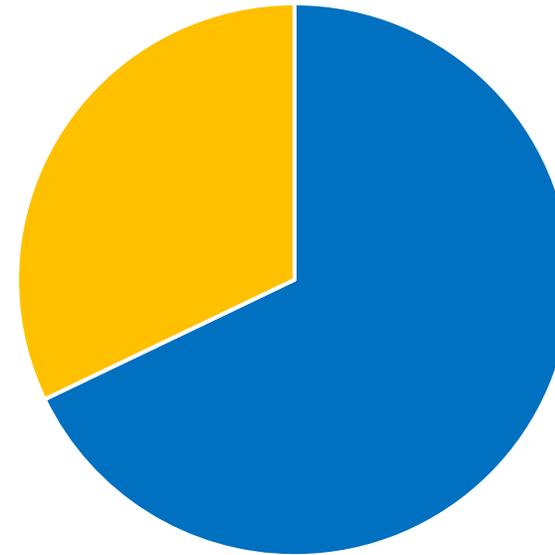
# Substance Use: Woman

History of Use



- Prescription Drugs
- Opioids
- GHB
- Hallucinogens/PCP
- Sedatives/Hypnotics/Anxiolytics
- Stimulants
- Marijuana
- Other

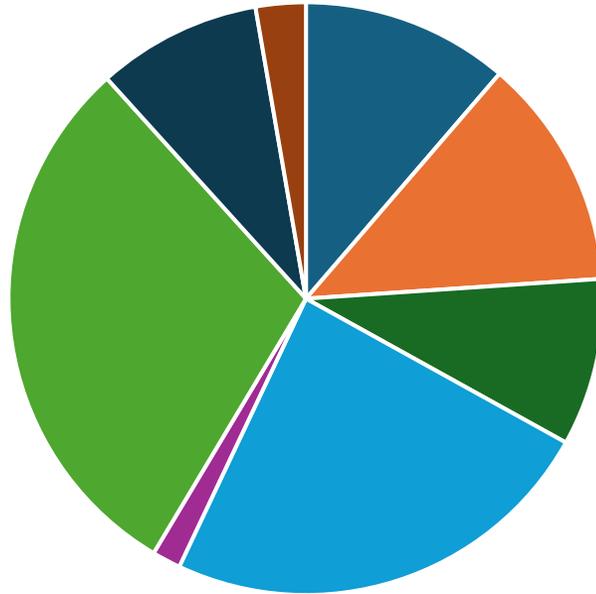
Alcohol Use



- Used
- Never Used

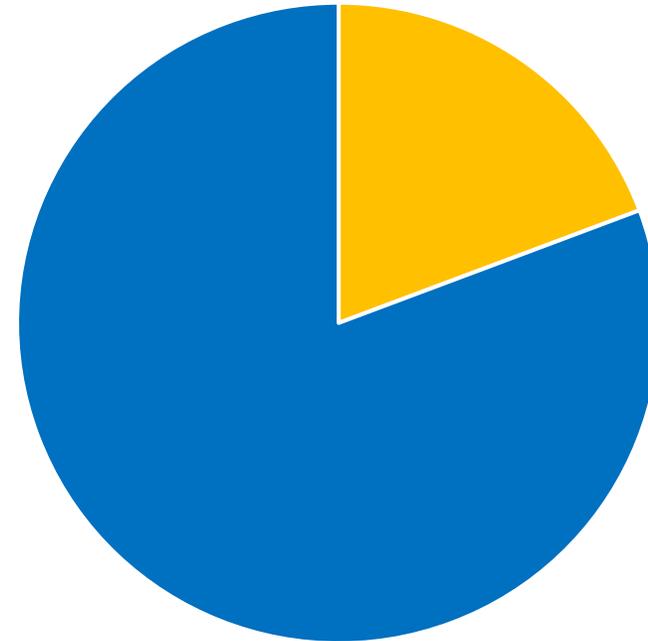
# Substance Use: Batterer

History of Use



- Prescription Drugs
- Opioids
- GHB
- Hallucinogens/PCP
- Sedatives/Hypnotics/Anxiolytics
- Stimulants
- Marijuana
- Other

Alcohol Use



- Never Used
- Used

# Self Injurious Behavior (SIB)

- Relieves negative emotions that increase prior to SIB
- Changes affective and physical state by:
  - Calming
  - Provides distraction from emotions
  - Provides rush or thrill seeking
  - End deadened state of depersonalization
  - Way of client relieving sense of shame by providing punishment
  - Antidote to helplessness
  - Anti-suicide
- Therapist must determine what client accomplishes with SIB and try substitution for calming and feeling real.
  - Empathize with overwhelming & dangerous feelings
  - Listening, witnessing feelings in session helps client to tolerate
  - Teach adaptive ways of dealing with feelings
  - Develop self-motivation & hope

# WOMEN WHO KILL

- Most women who kill do so in self defense
- Why doesn't he leave?
- Reasonable Perception of Imminent Danger
- Objective vs Subjective perception
  - Objective is usual interpretation of reasonable person = male
  - Subjective would include everything what the woman knows
- With BWS or PTSD fragments of memory of prior abuse is triggered by each new battering incident
- This increased perception of danger
- QUESTION: Objective vs Subjective



# Domestic Violence & Sex Trafficking

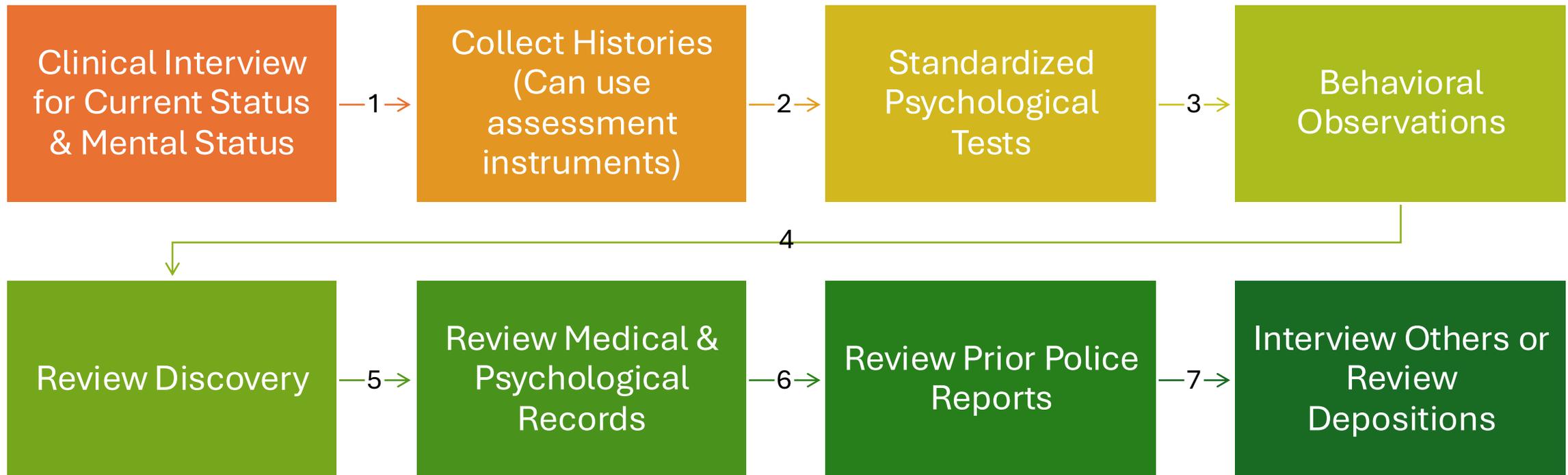
- Similarities between both groups
- DV often occurs in ST homes
- High risk for girls & boys in foster care system
- When screening for DV also ask about trafficking
- Girls most frequently approached in school
- LGBTQ kids high risk
- Intervention similar but differences



# FALSE CONFESSIONS BY WOMEN

- Women = 0.015 in the Innocence Project
- Women = 0.07 in National Registry of Exonerations
- Common Reasons
- Take blame for batterer – fear of further abuse, protect or coerced
- Threats to remove children
- Interrogation style – fear, threats, compliant pleaser
- Guilt & self-blame even if didn't commit act
- Difficulty in understanding interrogation questions or false info

# STEPS TO TAKE FOR EVALUATION PROTOCOL



# Clinical Interview

- Establish Rapport
- Choice to start with current or past information
- If past usually start with childhood. Look for abuse, relationship with parent (s), siblings, discipline, abuse, abandonment, illnesses. (Use ACES scale)
- School History – obtain records if possible
- Work History – may need records if significant
- Relationship History – check for coercive behavior as well as abuse
- History with Abuser – Can use BWSQ, SARA and Campbell Dangerous Assessment
- Legal History – Get records – compare with self-report
- Medical/Psychological History – get records

# FOUR SPECIFIC BATTERING INCIDENTS

1. FIRST ONE REMEMBERED

2. THE WORST OR ONE OF THE WORST

3. ONE OR MORE TYPICAL INCIDENT (S)

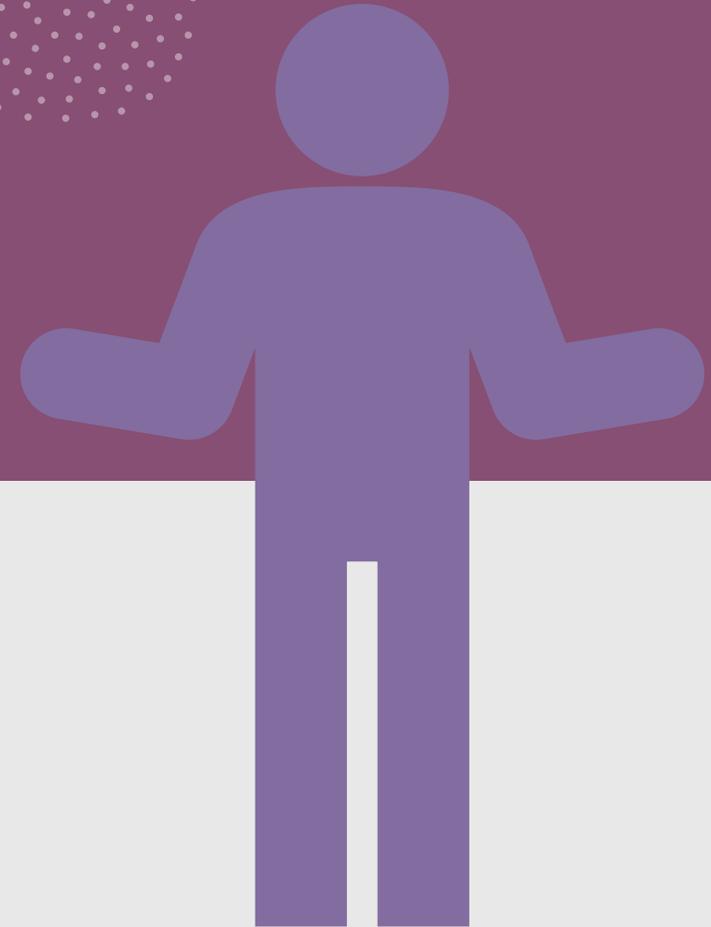
4. THE INCIDENT RESULTING IN THE HOMICIDE

- 5<sup>th</sup> Amendment Rights Not to Discuss
- Care in Writing up if Defendant Does Discuss
- Applying PTSD or BWS to Determine State of Mind

# Coercive Control

## Sample Questions:

1. How often does he know where you are when you are not together?
2. Are there places you would like to go but don't because you feel he wouldn't want you to?
3. Do you generally do what he asks you to?
4. When you and he disagree on major issues, who would win?
5. What most likely happened when you did leave him?



# STANDARDIZED TESTS

## COGNITIVE

- WAIS – Patterns of Decision-Making & Judgment
- NEUROPSYCHOLOGICAL SCREENING OR REFERRAL

## PERSONALITY

- PAI or other objective personality, Rorschach, TAT

## TRAUMA

- TSI, DAPS, Other

## ACTIVITIES OF DAILY LIVING – ABAS

# - JACQUELYN CAMPBELL'S DANGER ASSESSMENT

## DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N. Copyright, 2003; update 2019; www.dangerassessment.com

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage or choking\* (use a © in the date to indicate choking/strangulation/cut off your breathing- example 4©)
5. Use of weapon; wounds from weapon  
(If any of the descriptions for the higher number apply, use the higher number.)

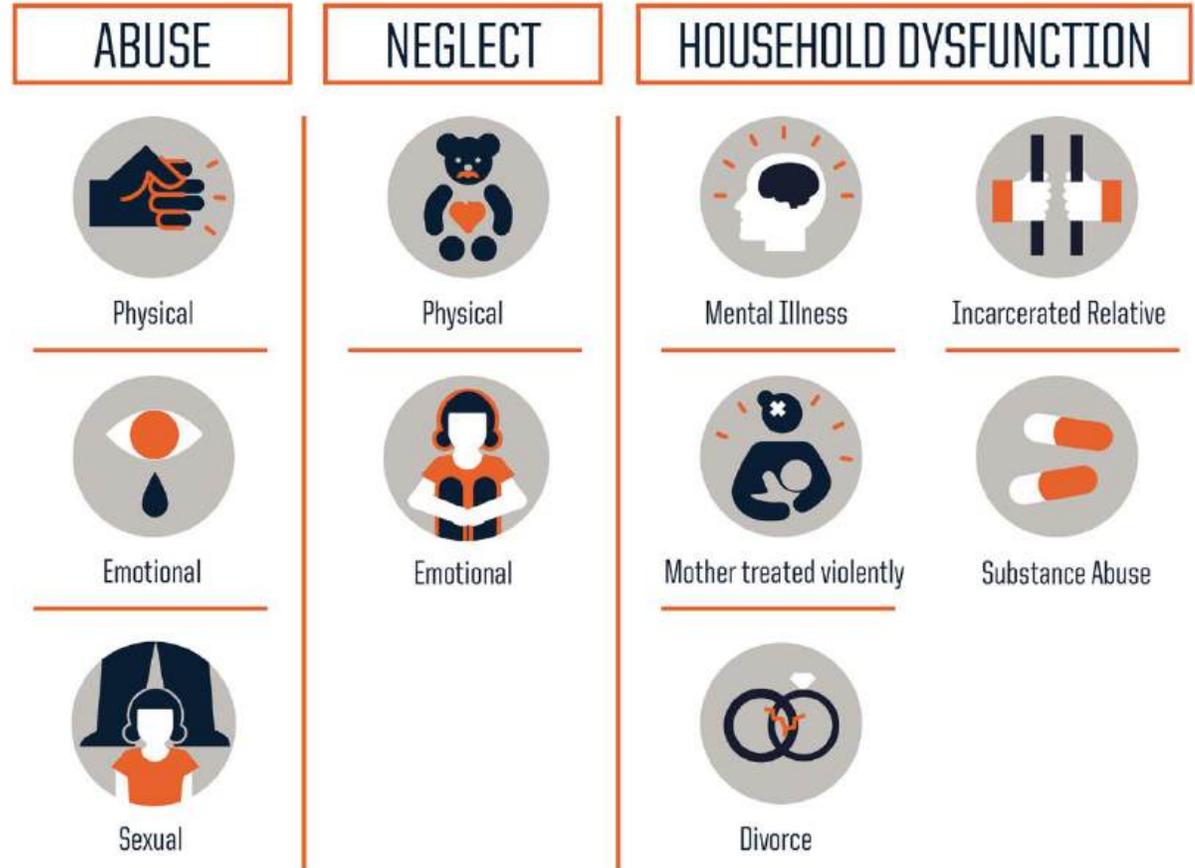
Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

1. Has the physical violence increased in severity or frequency over the past year?  
\_\_\_\_\_
  2. Does he own a gun?  
\_\_\_\_\_
  3. Have you left him after living together during the past year?  
\_\_\_\_\_ 3a. (If you have *never* lived with him, check here: \_\_\_)
  4. Is he unemployed?  
\_\_\_\_\_
  5. Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? check here: \_\_\_)  
\_\_\_\_\_
  6. Does he threaten to kill you?  
\_\_\_\_\_
  7. Has he avoided being arrested for domestic violence?  
\_\_\_\_\_
  8. Do you have a child that is not his?  
\_\_\_\_\_
  9. Has he ever forced you to have sex when you did not wish to do so?  
\_\_\_\_\_
  10. Does he ever try to choke/strangle you or cut off your breathing?  
\_\_\_\_\_ 10a. (If yes, has he done it more than once, or did it make you pass out or black out or make you dizzy? check here: \_\_\_)
  11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.  
\_\_\_\_\_
  12. Is he an alcoholic or problem drinker?  
\_\_\_\_\_
  13. Does he control most or all of your daily activities? For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: \_\_\_)  
\_\_\_\_\_
  14. Is he violently and constantly jealous of you? (For instance, does he say: "If I can't have you, no one can.")  
\_\_\_\_\_
  15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: \_\_\_)  
\_\_\_\_\_
  16. Has he ever threatened or tried to commit suicide?  
\_\_\_\_\_
  17. Does he threaten to harm your children?  
\_\_\_\_\_
  18. Do you believe he is capable of killing you?  
\_\_\_\_\_
  19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?  
\_\_\_\_\_
  20. Have you ever threatened or tried to commit suicide?  
\_\_\_\_\_
- \_\_\_\_\_ Total "Yes" Answers

**Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in your situation.**

# ADVERSE CHILDHOOD EXPERINCES (ACEs)

## Three Types of ACEs



Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

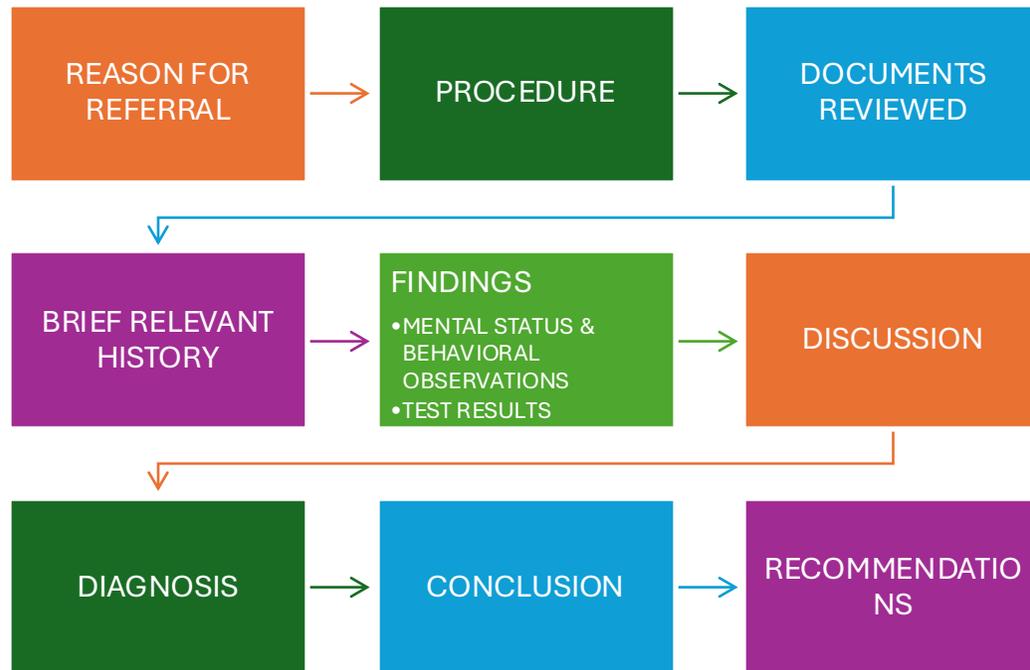
# Assessment & Diagnosis

- BWS and PTSD
- Major Depressive Disorders
- Anxiety Disorders including Panic
- Neurological Disorders
- Personality Disorders & Complex PTSD
- Psychotic Disorders

# INTERPRETING DATA COLLECTED

- Why need BWS?
- REASONABLE PERCEPTION OF IMMINENT DANGER
- How to measure BWS?
- How to organize data
- Communicate Impressions to Attorney
- When to put findings into writing?
- Trial Preparation (cycle chart, learned helplessness factors, PTSD diagnosis)

# REPORT OUTLINE



# CASE EXAMPLES

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BWS with Woman Who Killed Abusive Partner in Self-Defense

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CA, SA & BWS with Woman Charged with Murder of Child

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Woman Who Committed Credit Card Fraud

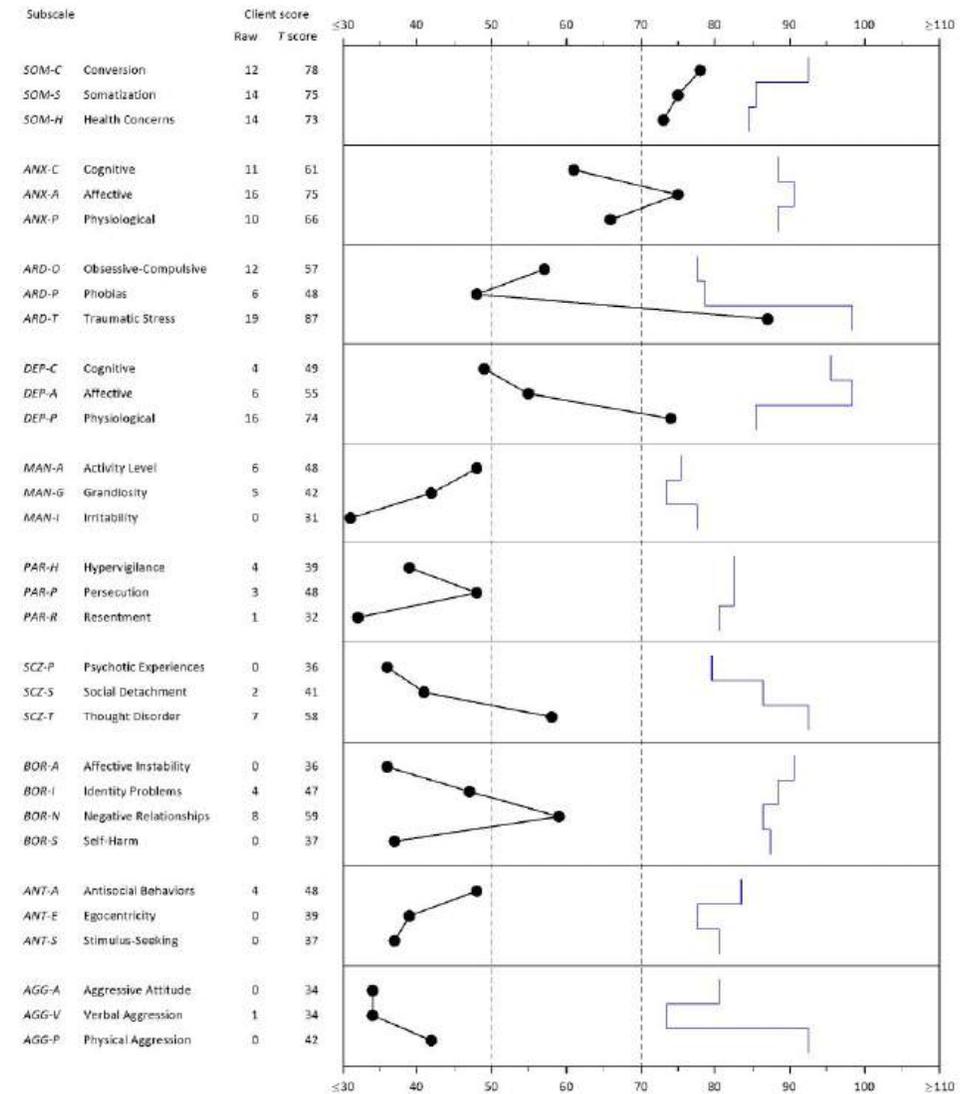
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BWS with Woman Who Falsely Confessed to Killing Partner



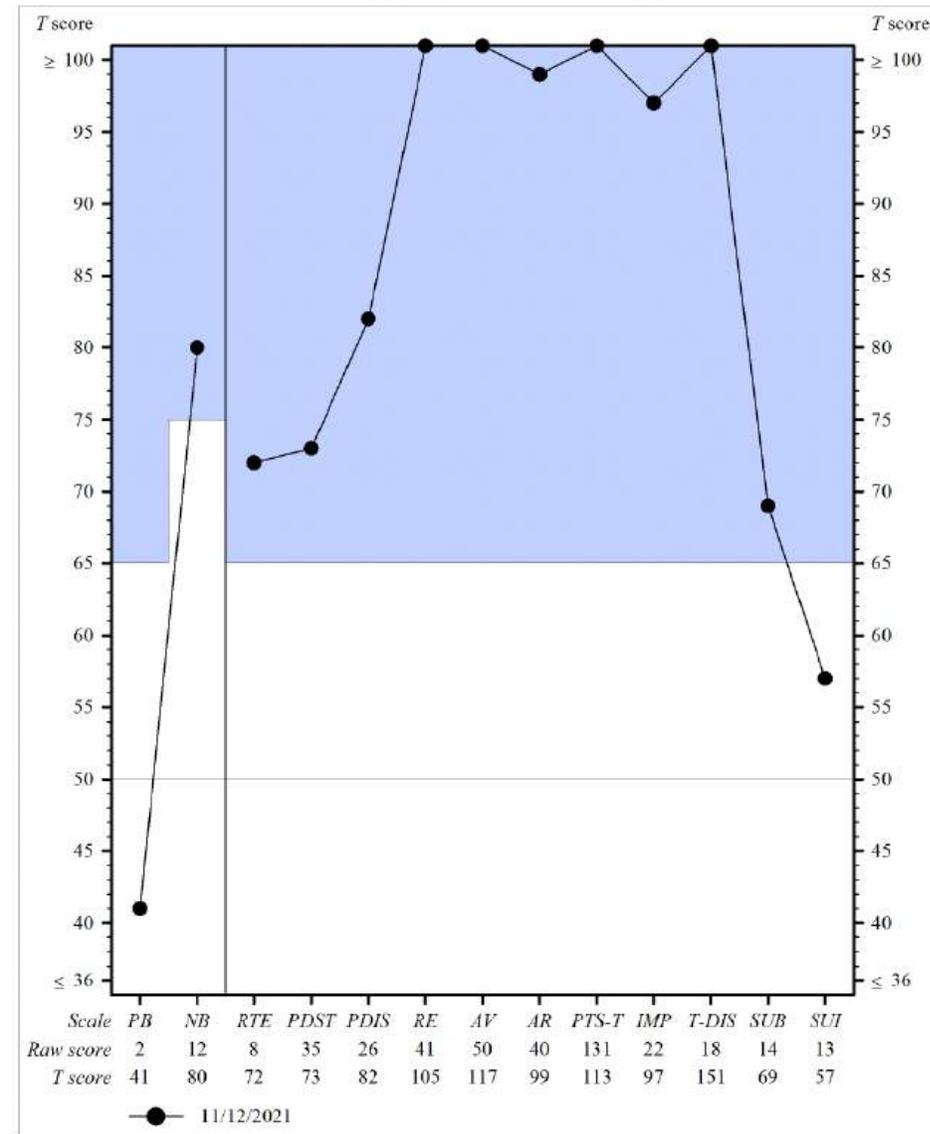
# PAI- SUBSCALE PROFILE MC

## PAI Subscale Profile



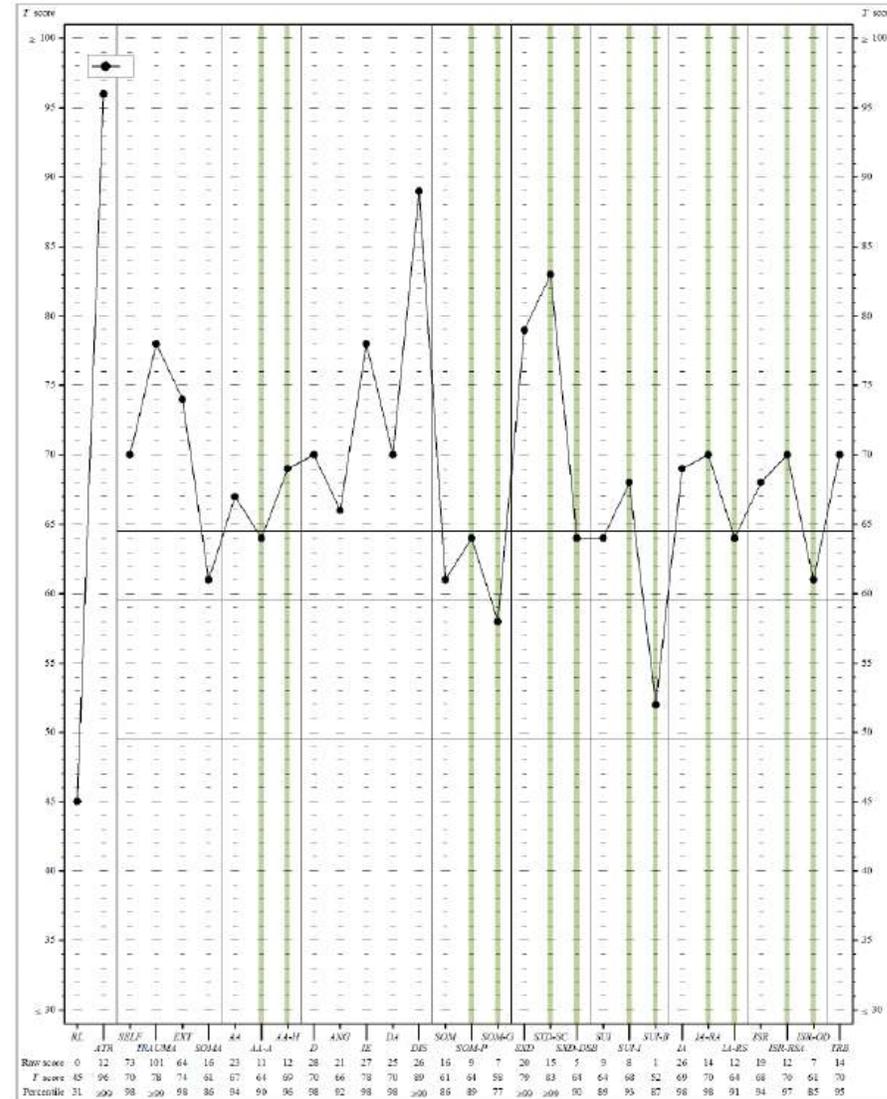
# DAPS PROFILE PB

Profile of DAPS T Scores



# TSI-2 PROFILE PB

TSI-2 Profile





RESULTS OF  
POSITRON  
EMISSION  
TOMOGRAPHY  
(PET) AB

Results of Positron Emission Tomography (PET)

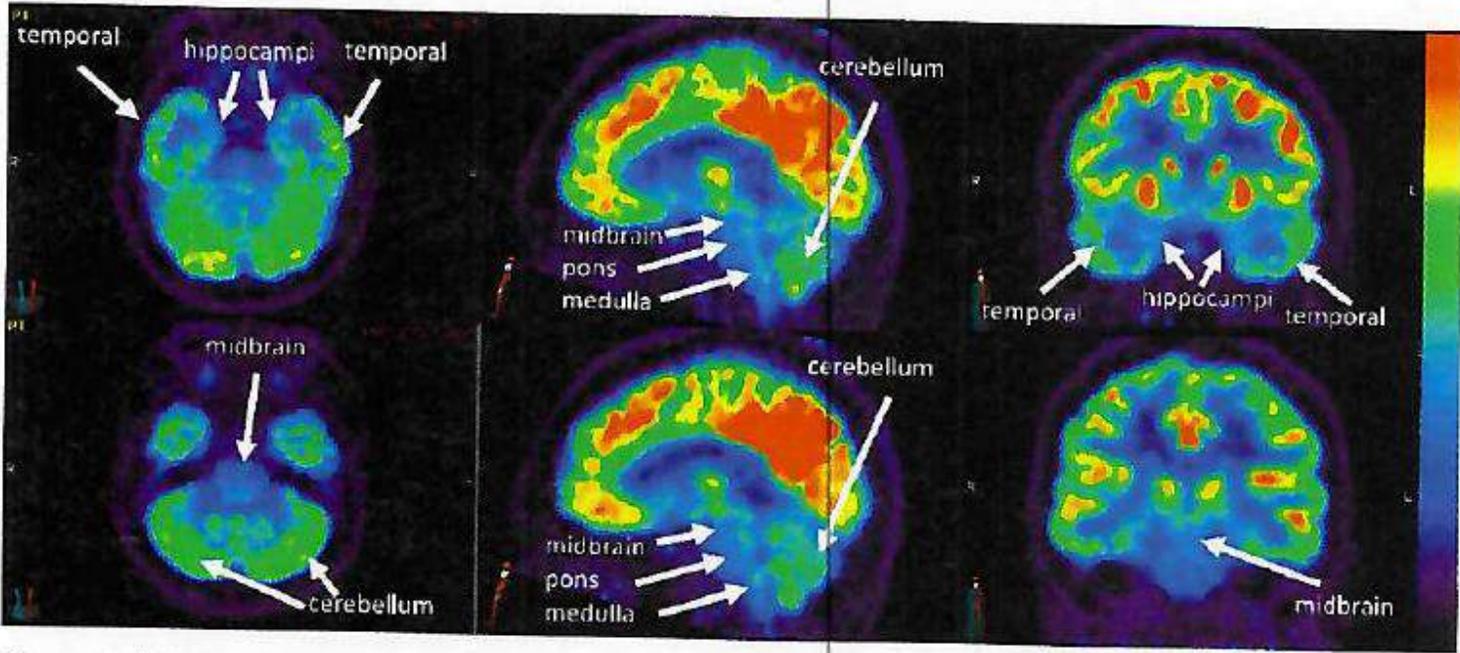


Figure 2. "Shows regions of decreased glucose metabolism. PET brain images are shown in the transaxial (column 1), sagittal (column 2), and coronal planes (column 3). Arrows identify labeled regions including the temporal lobes including their medial portion encompassing the hippocampi, the cerebellum, midbrain, pons, and medulla. Scale bar on the right depicts relative metabolism." (Dr. Jacob Dubroff, 09/10/2023)

Q & A

**FORENSIC PRACTICE**  
FOR THE  
**MENTAL HEALTH**  
**CLINICIAN**

GETTING STARTED,  
GAINING EXPERIENCE,  
AND AVOIDING PITFALLS

DAVID L. SHAPIRO, PhD  
LENORE E.A. WALKER, EdD

EXPERT WISDOM FROM DECADES OF PRACTICE AND TEACHING

# Selected References

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- Walker, L.E., Temares, A.E., Diaz, B.N., Gaviria, G., Moon, K.K., & Bass, C. (2023). Psychological Evaluation of Battered Women Who Kill in Self-Defense: A Review of 33 Cases. *Journal of Assessment, Maltreatment & Trauma Special Edition on Women Who Kill*
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- Walker, L.E., Shapiro, D.S., & Akl, S. (2020) *Introduction to Forensic Psychology: Clinical & Social Perspectives, 2<sup>nd</sup> Ed.* New York: Springer
- Shapiro, D.S. & Walker, L.E. (2019). *Forensic Practice for the Mental Health Clinician.* New York: TPI