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PSYCHOTHERAPY · ASSESSMENT · CONSULTATION

FORENSIC PSYCHOLOGICAL EVALUATION

CLIENT: Christa Gail Pike

DOB: 3/10/1976

DATE OF REPORT: July 29, 2023

I was asked to provide a psychological assessment of Christa Pike with the goal of determining if she suffers from any psychological disorder(s), and to assess her for exposure to trauma and/or neglect; furthermore, if I determined that Ms. Pike had a psychological disorder(s) and/or had experienced trauma or neglect, I was asked to opine whether either the disorder(s) and/or history of trauma or neglect contributed to her criminal behavior on January 12, 1995.

My Qualifications

I am a licensed clinical psychologist (Maryland license 3126) with expertise in the assessment, treatment, and research of trauma-related disorders. I am a Professor of Psychology at Towson University with over 30 years of clinical and research experience. As the Director of the Clinical Focus program at Towson University, I have taught courses about diagnosing and treating psychiatric disorders for 25 years. I earned my Ph.D. in clinical community psychology at the University of Maryland and completed training at Johns Hopkins Hospital, George Washington University Hospital, and the Trauma Disorders program at Sheppard Pratt Health System. I have received a variety of research, clinical, and teaching awards including the highest research award given within the state of Maryland's colleges, the Board of Regents Award. I am an Associate Editor for the *Journal of Trauma & Dissociation* and I am a reviewer for a number of professional journals. I have published over 100 peer-reviewed articles, book chapters, and other scientifically-based publications. I am a co-author of two books that describe the assessment and treatment of dissociation and other trauma-related symptoms published by Oxford University Press. I have written a book about the assessment of dissociation in press with the American Psychological Association (APA); I was invited to write this book due to my reputation as an international expert in dissociation. I have several research studies related to trauma underway, including one that clarifies how to distinguish genuine dissociative disorders from feigned dissociative disorders. I am a Fellow within professional organizations including the American Psychological Association. I have served as a co-author on several national and international task forces developing guidelines for the assessment and treatment of complex trauma. I provide psychotherapy to patients in my private practice, as well as conduct forensic assessments and consultations. I have served as a trauma expert for civil and criminal cases, including state, federal and capital cases, and a Supreme Court case in Australia. I have been qualified as a trauma expert in every case in which my testimony has been sought.

Sources of Information

This report reflects my professional opinion based on my clinical interviews, examination, and testing of Christa Pike on 1/5/2023 and 1/6/2023 for a total of approximately 12.5 hours. I have also reviewed collateral data and voluminous records provided to me. See Appendix A for a listing of this material.

Christa Pike's Life History Relevant to This Case

I refer to Ms. Pike as Christa throughout this report. Christa's life has been characterized by poverty, extreme and chronic sexual, physical, and emotional abuse as well as neglect in childhood. As a trauma expert, I routinely evaluate individuals who have endured severe childhood abuse and neglect. Compared to those I have encountered in over 30 years of practice, Christa's childhood abuse and neglect are truly extreme. The level of trauma she was subjected to as a preschooler though her 18th year, when she was arrested, is almost impossible to grasp because it is so severe. Exposure to such devastating trauma from caregivers as well as strangers is highly likely to create enduring psychological, emotional, and biologically based impairments that reverberate throughout a child's development, putting them at risk for psychological disorders, relationship difficulties, impulsive and high-risk behaviors, and substance abuse throughout their lives.

This report will recount Christa's development, history of neglect and trauma exposure, and psychiatric symptoms and disorders, and my professional opinion about the impact of these life experiences on her. I will conclude with my opinion about the likely impact of her psychological disorders and history of trauma and neglect on her criminal behavior.

Developmental and Trauma History

Christa Pike was born in Beckley, West Virginia into a family with a long history of extreme interpersonal violence, substance abuse, and child abuse, along with a great deal of chaos and frequent, highly disruptive moves from one home to another, often across state lines. Typically, the moves were prompted by her parents' and extended families' emotional chaos and turbulent relationships. Dr. Diana McCoy's social history and 2009 testimony described the following family history, which was corroborated by my interviews with Christa as well as other experts' reports.

Christa's maternal grandfather, Chris Fotos, was expelled from school in the eleventh grade after he and his brother beat up a teacher. After beating up his own father at age 16, he left home. He eventually started a meat butchering business. When Chris Fotos was 26, he married Zola Privett, who was 15 and had a 6th grade education. Zola's father, Henry Privett, was a violent alcoholic who reportedly sadistically physically abused all his eight children. The Ku Klux Klan reportedly tarred and feathered Zola's father due to his extreme abuse of his children and left him for dead. However, he survived. His children developed psychological problems, including Zola.

Zola was described by her daughter, Carrie Ross, Christa's maternal aunt, as a very troubled woman who was a pathological liar and sexually preoccupied. One of Zola's sisters, Dorothy, married a man, Bill Howell, who served time for raping a little girl. Bill Howell physically abused Dorothy so badly that she was hospitalized. Another sister, Christa's Aunt Norma, was physically violent and emotionally abusive when she babysat Christa's aunt Carrie, and Christa's mother, Carissa. Despite knowing that Norma was abusive to children, Carissa later had Norma babysit

Christa and her sister, Alicia; Norma abused them as well. As described below by Christa, Norma gave the girls Alka Seltzer to drink when they told her they were thirsty. Furthermore, she made Christa sit in a bathtub with cold water for hours at a time.

After having surgery, Chris Fotos became addicted to painkillers which he injected. He abused painkillers for over 20 years, according to his daughter Carrie (Penalty Trial Testimony). He was charged with income tax evasion and went to court with a concealed gun. After yelling at the judge, U.S. Marshalls restrained him. He was fined and put on probation. When Chris Fotos was interviewed by Christa's legal team at the time of trial, he said, "Any woman who screws around with a god damned nigger deserves to die". Further, he added that he would "throw the switch" to electrocute his own granddaughter.

As a preschooler, Christa went to her grandfather's slaughterhouse where she watched him slaughter animals. Christa's mother sent her there with her grandfather so he could babysit while her mother worked. Christa became attached to some of the animals, even putting a flower on one of the animal's heads, which was later brutally slaughtered and disemboweled in front of her, with the flower near the skull.

Christa's maternal grandmother Zola was an angry, mean alcoholic. She verbally abused Christa, telling her she would go to hell and that she was a liar. Zola's verbal abuse was confirmed by her daughter, Carrie (Penalty Trial Testimony). Christa and her older sister, Alicia, witnessed frequent physical violence between Zola, their Aunt Carrie, and their mother; this violence often occurred when Zola was drunk. Zola died at age fifty-five due to cirrhosis of the liver caused by alcoholism.

Carissa, Christa's mother, had a serious blood disorder (dyscrasia) that required many hospitalizations. Carissa failed the first grade due to being hospitalized so often. Nonetheless, Carissa graduated from high school and, at age 17, married James Ferguson. James was extremely physically abusive to Carissa. For example, he shot at Carissa when she was carrying their child, Alicia. They divorced in 1974 after being married for only a few years. Carissa later completed training as a nurse. Even though she was an alcoholic, Carissa managed to work as a nurse.

Carissa subsequently married Glenn Pike, who is Christa's father. Christa was born on March 10, 1976. She was born two months prematurely and was delivered by C-section. She weighed only five pounds, seven ounces. Although Carissa denies that she was smoking cigarettes or marijuana, or drinking alcohol during her pregnancy with Christa, her father, Glenn, reports that Carissa was drinking approximately once a week and getting high twice per month during her pregnancy.

Carissa went into labor after being assaulted by a patient at the psychiatric ward where she worked as a nurse. Christa was born with significant health problems. She was immediately moved from the local hospital where she was born to a hospital that offered more specialized care to sick newborns. This hospital was far from the family home, so Carissa was unable to visit or bond with the newborn, according to her Aunt Carrie (Penalty Trial Testimony). Christa was on a respirator for a week due to having serious respiratory problems. She was also born with a hyaline membrane and hip dysplasia. For the first year of her life, Carissa reported that Christa had to be put in three diapers so that her legs were forced apart and, over time, her leg bone pushed into her hip bone long enough to groove out a socket. Children who need extensive medical treatment, particularly

those who are hospitalized right after birth with serious health problems, are at greater risk for not developing attachment to their parents.

In addition to the lack of maternal bonding at the critical infant stage due to Christa's health condition, her mother was extremely fragile psychologically following the birth. Carissa suffered from untreated depression and attempted to kill herself after Christa's birth. Carissa's depression put Christa at genetic risk for developing a mood disorder.

Depressed mothers have difficulty developing attachment to their children. Healthy attachment is a critical, foundational requirement for children to develop emotionally healthy and flourish. Children who do not have secure attachment with their mothers, and who feel unloved and unprotected by them, are at considerable risk for being abused by others and for developing a wide range of psychological problems (Sroufe et al., 2005). Furthermore, depressed mothers often have impaired ability to show love in words or in behavior such as hugging their children; this often makes their children feel unloved, as was true for Christa (Goodman et al., 2011; Noll et al., 2009). Finally, Carissa was verbally abusive and critical of Christa, and did not protect her from abuse from many people. All of these variables contributed to Christa developing psychological problems and being at high risk for additional abuse by others.

Another factor seriously weakened the relationship between Carissa and Christa: Carissa was rarely at home due to working so much. Carissa returned to work three weeks after Christa was born. She worked two shifts each day; thus, she was gone from the home from 9 AM until midnight Monday through Friday working at a nursing home. Carissa also worked 12-hour shifts on the weekends. Carissa reported that during Christa's first year of life, she had only 12 days off work.

In contrast, Christa's father was typically not working at all. Carissa would come home from her exhausting shifts to find Glenn drinking beer and smoking. Glenn's mother moved in with the family and checked on Christa during the night, even during the first six months of her life when she slept in her parents' bedroom.

Christa's Aunt Carrie described coming to visit and finding Christa crawling around on the floor despite there being "piles of dog stool all over the house" (Penalty Trial Testimony). She described the home as always being filthy with dirty dishes piled everywhere. As Christa got older, Carrie would sometimes bring her and her older sister, Alicia, back to her home so that they could have a meal. She explained that Carissa was often neglectful of the girls, spending money on clothing for herself to go out partying, while the girls often did not have adequate clothing or food. When Christa was a toddler, Carrie and Carissa were at a bar one night while Zola babysat Christa. Christa began having a seizure. Zola called the bar to tell them Christa was having a seizure. Carissa wanted to stay at the bar, saying Christa would be fine. Carrie insisted that they go home and take Christa to the hospital (Penalty Trial Testimony).

Beginning at 8 months, Christa crawled out of her crib so she could sleep with her paternal grandmother, Delfa Pike. She continued to sleep with her grandmother during periods when they were in the same home until Delfa died when Christa was 12 years old. Carissa admitted that Grandmother Delfa was more of a mother to Christa than she was.

Grandmother Delfa was Christa's only reliable source of consistent love and kindness. Delfa cried when she witnessed Christa's parents "disciplining" Christa, but she could not or did not stop them from being verbally and physically abusive.

Delfa tried to make up for her son's deficits as a father by taking care of Christa. Unfortunately, Grandmother Delfa moved out of the family's home in 1978 when Christa was just two years old so that she could live with her boyfriend, Ernest Johnson. While Delfa lived with Ernest, traveling between Kentucky, West Virginia and Florida, Christa was sometimes able to visit Delfa. However, during the visits, Ernest sexually and emotionally abused Christa.

When Christa was not staying with Delfa and her abusive husband Ernest, her alcoholic Grandmother Zola babysat Christa while her mother worked. Christa's father refused to take care of her. Eventually Zola's drinking became so severe that Christa was put into daycare for six months prior to starting kindergarten.

Although Grandmother Delfa was Christa's most consistent loving family member, her son Glenn was an absentee father who could not hold a job or maintain a faithful relationship. Glenn Pike was born and raised in West Virginia and quit school in the 11th grade. Glenn's father, who was a coal miner, died of a heart attack when Glenn was 13. Glenn and his mother Delfa both worked jobs so they could keep making payments on the family farm. In 1966, Glenn was drafted and served in Vietnam. He contracted hepatitis and was shot in the neck. When he was discharged, he moved back home with his mother. After working odd jobs, he re-enlisted and was stationed at Fort Bragg, North Carolina until he was honorably discharged in 1976. He married a woman named Jo Anne Lilly in 1975 but they divorced within a few months. In that same year, he married Carissa.

Glenn was fired from a job at the post office because he would not get up early enough to get to work on time. He was fired from other jobs as well. Carissa worked two jobs to support the family which meant she was very rarely at home. Glenn reportedly did not want Alicia. Alicia was eventually sent away to her maternal grandparents to be raised by them and her Aunt Carrie.

A few years into the marriage, Carissa found Glenn in bed with another woman. Carissa divorced Glenn in 1977. Subsequently, he lost all his money gambling.

Carissa and Glenn remarried in 1979, just two years after their divorce. Apparently, this remarriage occurred because Glenn visited Carissa in the hospital after Carissa overdosed. She decided that him visiting her must mean he truly loved her. He was also working again and was engaged to another woman; this woman reportedly taunted Carissa about being engaged to Glenn. However, Glenn quit his job soon after he and Carissa were married again.

In 1982, Carissa found out that Glenn was having another affair. Glenn reportedly came into the house, and in front of guests, announced to Carissa that his girlfriend was pregnant with a son. The family dog had disappeared a couple of weeks earlier, which was heartbreaking for the girls. Carissa approached the trailer where she had been told Glenn was staying with his girlfriend. His truck was there, and Carissa could hear the family dog barking inside. No one answered the door when she knocked, so Carissa kicked a hole in the door. The woman came to the door and told her

Glenn was not there. Glenn finally came out and told Carissa to do what she needed to do. The next day Carissa filed for divorce. Glenn never returned to the family home. This time the divorce was final.

Eventually Glenn married Kathleen Allman in 1986. This was his fourth marriage. They had two children. He worked for the National Park Service until 1989, when he was laid off. He remained unemployed for the next 13 years. Kathleen divorced him and moved back to her home in Canada, taking the children with her.

In 1982, Carissa and Christa, who was five years old, moved in with Christa's maternal grandparents, where her sister Alicia and Aunt Carrie were also living. Carissa began dating. In 1983 or 1984 Carissa and Christa moved to North Carolina to live with Carissa's boyfriend Danny Thompson. Carissa left Alicia behind with Aunt Carrie and her mother. Christa was seven or eight when they moved. Christa's mother married her third husband, Mr. Thompson.

In 1984, Carissa, Christa, and Thompson moved back to West Virginia because Grandmother Zola was dying from cirrhosis. Zola died in 1985. Christa and her mother moved back to North Carolina in 1986. The constant moving was highly disruptive to Christa's academic learning and the development of a sense of stability. Eventually Thompson stole a farm tractor and riding lawn mower; both he and Carissa were indicted for this. Carissa was arrested but later released. The charges were dropped when Thompson got rid of the tractor and lawn mower.

Thompson had been married twice before marrying Carissa and had two daughters who came to live with them when they moved back to North Carolina. The girls complained to their mother about how strict Carissa was. Mr. Thompson made his daughters pack up immediately and he deposited them at their mother's doorstep. They never visited him again, nor did his two sons.

During this time, the family had been living in a trailer park that was infested with rats and snakes. Eventually Carissa broke up with Thompson and moved out of that trailer to her own trailer. Thompson later moved in and out at least once. The trailer was cold and mildewy. There was not enough food or money, although Christa noted that her mother always had enough money to buy herself alcohol. Christa recalls often being very hungry when she was living with her mother.

Thompson was physically violent and cruel to Christa. One time he refused to share two bags of fast food he brought home, even though the family was desperately hungry. This is described below in detail; it led to Carissa finally breaking up for good with Thompson.

In five years, Carissa and Thompson had broken up and gotten back together approximately 10 times. This level of food insecurity, constantly moving homes and changing schools, and chaos within the "family" home, was highly detrimental to young Christa. During these years, she was shuffled back and forth between her mother and Grandmother Delfa, (since her father would not care for her), and frequently changing school districts, often across state lines. This level of chaos prevented Christa from developing solid friendships with peers and prevented her from developing a sense of belonging at home, school, or in her neighborhoods. Chaos of this magnitude is highly damaging to children. Unfortunately, they learn the same unhealthy relationship patterns that they see their parents using with their ever- shifting partners. This had a strong, negative impact on

Christa's academic performance and her ability to have healthy relationships with peers and romantic partners.

Carissa started dating Steve Kyaw before her divorce from Thompson was finalized. Carissa moved herself and Christa to Hillsborough, North Carolina in 1989 to move in with Kyaw. Kyaw emotionally, physically and sexually abused Christa, as described below. One time after Kyaw abused Christa, the court got involved and mandated mediation. Carissa bailed Kyaw out of jail but they had to remain separated due to the court's stipulation. Carissa insisted that Kyaw had not abused Christa, despite Christa telling the juvenile court psychologist and several of her friends that he had abused her.

In 1991, Carissa moved herself and Christa into their own apartment and began dating another man, Gerard Hansen. Christa believes that her mother settled down considerably once she married Hansen. Christa feels close to Hansen, and refers to him as her step-father. Unfortunately, he came into the family too late to be of any help in getting Christa back on a healthy path. She had been neglected and abused for too long by too many people. Her troubles were pronounced and she was not receiving any treatment despite her parents having been told to get her treatment. Carissa moved into a small apartment with Hansen and they married a few months later in 1992; he was her fifth husband.

Christa was doing poorly in school, and often skipped school. She was often angry and refused to follow rules at home. Christa was sent to Swannanoa Youth Development Center, a training school, at about the time Hansen became involved with her mother.

When Christa returned from Swannanoa two years later, they all moved to a larger home outside Hillsborough. Carissa allowed Christa to have a live-in boyfriend, Brian, who slept in her bedroom with her when she was 17. Carissa allowed this unusual arrangement thinking that she might have more control and influence on Christa if she were living with them with her boyfriend. However, Carissa and Hansen disapproved of Brian because he was so lazy; they made him move out. Christa went with him, and for several months, she lived on the streets with Brian.

The police came to the house looking for Christa until she left to attend Job Corps in the fall of 1994. The police did not reveal why they were looking for Christa.

In general, Carissa's own troubles affected Christa negatively. Carissa had been arrested several times, for theft charges and for DUI. Christa reported her mother would come home from her various jobs and begin drinking. Carissa would drink right up until bedtime; Christa worried that her mother would die of cirrhosis just like her maternal grandmother. Carissa also smoked marijuana, including smoking it with Christa when she was only 17. Carissa also smoked marijuana with her daughter Alicia. Both girls and their maternal grandmother grew marijuana in the grandmother's greenhouse, although Zola herself did not smoke it. Rather, she gave away the plants.

Christa was exposed to marijuana and began smoking it at the remarkably young age of nine. She was regularly smoking it by age 12 or 13; her sister, Alicia, who was approximately 17 or 18,

would smoke marijuana in front of Christa. Alicia reported that she was frightened by how "wild" Christa became when she smoked marijuana, so she only smoked with Christa twice.

Christa acknowledges that she followed her mother's example of being too dependent on men for her sense of being loved and secure. Aunt Carrie, Carissa's younger sister, said that Carissa would go with any man who "pats her on the head". Thus, it seems the intergenerational pattern of not feeling sufficiently loved and protected due to a lack of attachment to one's parents resulted in both mother and daughter being *desperate* for acceptance and security from men.

After her relationship with Brian ended, Christa later became enamored with Tadaryl Shipp, her co-defendant, because he was the first boy who ever bought her flowers. Christa's equating flowers with love is reminiscent of her mother remarrying her father because he showed up at the hospital after she overdosed. It seems both women had very limited ability to accurately judge others' characters; they could not identify when a man was psychologically healthy and stable enough to be a good choice as a partner.

Christa has several half-siblings. As noted above, her half-sister, Alicia, is five years older. They share the same mother but different fathers. Although Christa reported they are close, they do not speak often. Alicia lives in Hawaii and is divorced with three adult children. Christa is the middle child. Christa has a younger half-sister, Lindsay, to whom she is not close. They share the same father but have different mothers. She had a half-brother named Max who died in 2015. They had the same father. Christa reported that Max owed someone money for drugs; the person gave him drugs allegedly laced with battery acid which killed him. Christa was close to Max and often spoke to him. She has a self-inked tattoo on her arm honoring Max; Christa still misses him. These are the individuals that Christa considers her siblings. She did not mention any of her step-siblings due to not feeling they are part of her family. Indeed, her step-siblings were rapidly in and then back out of Christa's life. Even their own fathers often had little to do with them, much like Christa's father had little contact and little involvement with raising her.

Glenn, Christa's father, acknowledges that he had little to do with raising Christa, especially after he and Carissa divorced for the second time, and Christa moved with her mother to North Carolina. He knew very little about Christa when her defense team interviewed him. For example, he did not know that Christa wet the bed until she was in the first grade. Bed wetting in an older child can be an indication of stress and/or abuse. He reported that he believes Christa's problems stem from him not having beat her enough, and from the way Carissa raised Christa.

Carissa stated that Glenn has been an alcoholic ever since she has known him. He never paid child support for Christa. Carissa reported Glenn would occasionally send Christa used clothing he bought at flea markets, although sometimes he would buy something such as a coat if Carissa insisted.

Christa lived with her father for a few weeks in sixth or seventh grade after the incident with Steve Kyaw (see below). She sometimes visited him, such as during summer breaks from school. School records show that Christa was often shuffled back and forth between West Virginia and North Carolina, requiring Christa to get accustomed to a new school, new routine, new teachers, and new peers.

Christa describes her father as "lazy" in contrast to her mother who worked all the time. Christa recalled that her father disciplined her one time for drawing on Alicia's doll's face. He told her to go get her favorite doll; when she brought it back, her father smashed the beloved doll to pieces in front of her. Even Alicia was crying over Glenn's harsh response and tried to help put the doll back together.

Alicia became pregnant at 14. Aunt Carrie had been raising her. Carissa moved back to West Virginia around the time Alicia discovered she was pregnant. The move was ostensibly planned because Carissa's mother was dying. Although Carrie thought Alicia was much too young to marry, Carissa gave Alicia permission to get married. Alicia married the baby's father, Brian Hammond, and eventually moved to North Carolina to live with Carissa and Christa for a short while when they moved back there.

Alicia credits the fact that she was raised by Carrie, rather than by her mother, with her doing so much better than Christa. Alicia made straight As in school and only once had a disciplinary problem at school, in contrast to Christa, who did very poorly and was frequently in serious trouble at school. Brian Hammond, Alicia's husband, was reportedly selling drugs and cheating on Alicia; she eventually divorced him. Just as her mother had relinquished care of Alicia to her family, Alicia relinquished her child, Keith, to his father who took Keith back to West Virginia after the couple divorced. Alicia began dating a man named Matt Wills before her divorce from Brian was finalized. She moved with Matt to Texas once they got married. Alicia eventually regained custody of Keith.

The Impact of Devastating Abuse and Loss on Christa

Additional information about the unrelenting abuse and neglect that Christa experienced is critical to understanding her development and eventual criminal behavior.

The first person to sexually abuse Christa was her paternal grandmother's boyfriend, Ernest Johnson. Ernest began sexually abusing Christa "before I could walk and talk until kindergarten". Sharing the story of this abuse was extremely distressing for Christa. She cried as she attempted to describe what he did to her. Christa reported that Ernest orally raped her when she was in preschool. Christa showed utter disgust on her face as she spoke of the smell of this man's genitals. Christa was still extremely revolted by him, despite more than 30 years having passed.

At one point while talking about Ernest's abuse of her, Christa stared off into space, disconnecting from the conversation for a few minutes. This appeared to be a manifestation of dissociation. Dissociation is a learned method of escaping when there is no possibility for escaping from the abuser. Dissociation entails disconnecting from one's surroundings, body, and/or emotions, in an attempt to decrease the emotional pain associated with trauma (Brand, 2023; Putnam, 1985).

Throughout her childhood, Christa was a victim of violent predators with no protection from her depressed mother and absent, uninvolved father. When children have no escape from such abuse, some use "dissociation"(Putnam, 1997). Dissociation is a biologically based survival mechanism that can partially blunt emotional and physical pain and allow the child to detach from ongoing trauma. Dissociation is "the escape when there is no escape" (Putnam, 1992). Dissociation is

particularly likely when a child has experienced betrayal by caregivers, when abuse starts very young, and when there is emotional abuse from and/or a lack of secure attachment to one's mother (Putnam, 1997). All three risk factors were present in Christa's life.

Children who are sexually abused do not understand that pedophiles are the ones to blame for the abuse, and in fact, they are committing felonies when they abuse children. Instead, victims of sexual abuse, including Christa, believe that the abuse happens because they are worthless and dirty. They believe that abuse is what they deserve. This self-blame increases their vulnerability to future victimization and depression (Briere et al., 2020; Classen et al., 2005). Consistent with the research about sexual abuse of girls, early childhood sexual abuse made Christa highly vulnerable to repeated sexual victimization (Briere et al., 2020).

Survivors of childhood sexual abuse typically feel utterly disgusted and revolted by the abuse, especially the associated smells. Preschoolers typically experience choking and difficulty breathing during oral rape(s). The smells, revulsion, and terror of not being able to breathe often haunts survivors of sexual abuse for the rest of their lives. Thus, Christa's difficulty talking about Ernest's horrific abuse supports the validity of her description of him orally raping her.

Ernest did more than rape Christa. He also ensured Christa's silence about him victimizing her by threatening to hurt Christa's beloved pets, her grandmother, and Christa herself if she told anyone about his attacks. Furthermore, Ernest locked Christa in a dark chicken coop where spiders crawled on her and bit her. To this day, Christa remains utterly terrified of spiders. Decades later, Christa still suffers from Specific Phobia of spiders due to Ernest's torture. Early sadistic childhood abuse causes tremendous psychological problems for decades, often throughout adulthood.

Children who have been coerced, manipulated, and threatened into silence and compliance with sexual predators feel terrified that they will get into trouble for the abuse. They cannot comprehend that the pedophile is to blame for the abuse, not them. Children cannot cognitively grasp that sexual abuse is a crime and that they are victims, rather than being at fault. Thus, they rarely tell anyone about the abuse, especially in cases like Christa's where they have been manipulated into silence by threats, violence, and by being held captive in locked spaces. Abuse that starts this early and is this severe is much more likely to cause a child to frequently dissociate. With repeated exposure to such early, vile abuse, the child is at risk for developing a dissociative disorder, which, as will be illustrated below, Christa developed and continues to suffer from.

Eventually Christa made a child-like cry for help. Christa stated, "They figured out I was being abused because I was drawing pictures" at elementary school. The teacher asked the class to draw what they did at home. Christa drew a man with "a huge penis and demon face". The teacher jerked her up by the arm when she saw the drawing. Christa was terrified as the teacher took her out of the classroom and dragged her to the principal's office. Christa does not recall what happened next. This is likely due to dissociation, as such an event would normally be so significant that it would be remembered. CPS did not become involved, despite Christa's drawing being a red flag that she was being abused. Christa began crying as she expressed that she desperately wished that "someone, anyone would have cared enough about me" to investigate and stop Ernest's sadistic abuse.

The next person to abuse Christa was Norma, who was her mother's aunt. Carissa reported that Norma abused her as a child when she babysat. Her Aunt Carrie reported that Norma dragged her, Carrie, around by the hair when she babysat when Carrie was a child. Despite knowing that Norma was deeply disturbed and abusive, Carissa asked Norma to babysit her children. Not surprisingly, Norma was cruel to Christa and Alicia. Norma would forbid Christa to go to the restroom when she needed to, resulting in Christa defecating on herself, which was utterly humiliating. Norma forced Christa to sit in ice cold water in the bathtub for hours at a time. Norma stole Alicia's doll clothes and then put the clothing on her dog. When the girls were thirsty, Norma made them drink Alka-Seltzer. It's not clear if mental illness, sadism, or both prompted Norma's abusive and bizarre behavior. Although Christa and Alicia told their mother about Norma's cruelty, Carissa continued to use Norma as a babysitter until Norma stole a ring from Carissa.

Carissa's pattern was to deny Christa's reality: Carissa simply refused to believe Christa was being abused even when Christa gathered up the courage to tell her mother about the abuse, assaults, and rapes. It is unusual for children to have the nerve to tell their parents that they are being abused. Tragically, Carissa rarely believed Christa, which essentially permitted violent people including pedophiles to victimize Christa; Christa was an easy target due to her mother's lack of protection and her father's lack of involvement.

Christa described Danny Thompson, her mother's third husband, as one of her mother's most abusive husbands. He was extremely verbally and physically abusive to Christa. He made a special whip that had a wooden handle and a long leather strap. Mr. Thompson hung this whip on the wall as a threatening reminder to Christa; he often beat Christa with it to the point of causing cuts and bruises.

Christa described a particularly sadistic experience with Thompson who knew she could not swim. "He threw me in the pool and left me to drown. He said he'd teach me to swim by doing a 'soldier's dive'. He had me do that at the deep end of the pool. I was probably 7. I swam with floaties but didn't have them on. He **shows** me how to do the dive. He tipped me into the pool, and he told me, this is how you learn to swim. You sink or you swim." [Note that Christa changed verb tense from past tense ("He **threw** me in the pool") to present tense: "He **shows** me how to dive". Switching from past tense to present tense verbs when describing trauma can indicate that the person has temporarily lost full awareness that this awful experience is over and occurred in the past.[1] Christa described what happened next, "We had a St. Bernard who jumped into the pool. I was drinking pool water and choking. I held onto her and she pulled me out. I don't remember what Mom said. I think he was being evil. If I had drowned, I think he would have said I fell in and drowned."

[1] This is one of the reasons trauma can be so disruptive to a person's thinking and behavior years, even decades, later. Specifically, trauma can cause the brain to function in such a way that a past event can feel like it is still threatening, or that it is even currently happening (as in a flashback). This is one of ways that traumas can still cause tremendous emotional and physiological upheaval until trauma is discussed and resolved through psychotherapy. The enduring impact of trauma is highly relevant for traumatized people with PTSD. One of the U.S.'s most respected epidemiologists, Dr. Ronald Kessler at Harvard, showed that the average person with PTSD suffers from symptoms of PTSD for over two decades (Kessler, 2000).

Christa was forced to endure Thompson's abuse from approximately the ages of 7 to 11 or 12. Her mother was aware that Thompson was verbally and physically abusive because Christa told her mother, yet again her mother did nothing to stop him or to protect Christa. To the contrary, Christa recalls her mother blaming her for Thompson's beatings. Christa's mother finally recognized Thompson's mistreatment of children when he brought home two full bags of fast food. The children were very hungry and one of them began to eat a French fry and Thompson yelled at Christa's mother, "Get that kid out of my food". The marriage ended after this incident even though it was minor compared to Thompson's severe beatings and throwing Christa into the deep end of a swimming pool.

Next, Christa was raped by a predatory neighbor named Claude Davis when she was between the ages of 9 and 11. Davis was known in the community as a "pervert"; despite being a known pedophile, no one stopped Davis preying on young girls including raping Christa. Once again, when Christa told her Mom, as well as Alicia, about Claude Davis raping her, they did not believe her. Christa developed an infection from the rape that made her very ill. Although apparently her own mother did not believe Christa, a teacher at school noticed that something was terribly wrong with the young girl. Christa was crying and the teacher asked her what was wrong; Christa told her she had been raped. The school called her mother and Child Protective Services. Davis was arrested and pled no contest. According to Christa, he received a short sentence. She had to continue walking around in the neighborhood with him living just a short distance away. She had to see his trailer every day. This kind of constant reminder of trauma is terribly unsettling to rape survivors, even adults. Yet Christa was just a young girl, and she had no support from her family. It was utterly terrifying to live in the same vicinity of the man who raped her and given her a painful infection which made her visibly ill. Christa recalled that neither her sister or mother ever apologized for not believing her. Christa does not recall the family ever talking about it.

Christa described the impact of this rape:

> It was horrible. It devastated me that my Mother and sister didn't believe me. My sister said I was lying… It made me feel worthless. I was terrified. He lived right up the street. I could get to his house in less than a minute. He was known as the town pervert. I had to walk by his house to get to the bus stop. The trailer where I babysat two little girls was here, and here was his trailer (demonstrating it by drawing on paper). I could see his house from my house…. And no one believed me so I thought he'd get me again, so I was afraid and hyperaware. No one believed me. I was anxious, was tearful and crying constantly. People would walk up to me and I would be scared.

Christa suffered from nightmares, flashbacks, hypervigilance, and easily being startled after that rape. These are classic symptoms of PTSD. Christa's sense of being totally vulnerable to attack was partially due to PTSD, and it was exacerbated by her family's lack of belief and support. As a result, she felt incredibly vulnerable, and she lived in terror that Mr. Davis or other people could attack her again. Clearly, she was showing signs of PTSD but, unfortunately, Christa's parents did not take her to get psychological treatment for Davis's rape or Ernest's sexual attacks. As a young girl, she was truly on her own, without loving support, treatment, or protection.

Unfortunately, the most terrifying abuse was yet to come. Christa reported that the man who was the "worst" of the perpetrators was her mother's boyfriend, Steve Kyaw. Christa described Steve Kyaw: "He was disgusting. We (the family) moved in together. He had boxes and boxes of porn." Apparently, her mother and Kyaw had no concern about having so much pornography around children. When asked to describe what happened with him, Christa stated, "He tried to play wrestle with me and cop feels and twist my nipples. I said, 'How do you like this?' and I grabbed and twisted his balls. He ran and told my Mom. He punched me in the face in front of my neighbors." Kyaw also verbally abused Christa by calling her a slut and a whore.

In addition to Kyaw's direct physical abuse, Christa was exposed to graphic sexual information and behavior at a young age. Not only did Kyaw keep a stockpile of pornography, Christa overheard and sometimes saw her mother having sex with him. This lack of boundaries in the home led to Christa becoming interested in sexuality much too early, thereby exposing her to opportunities for being around potentially dangerous people and getting into trouble.

Due to living in a home with so much pornography, Christa found a picture of a pierced penis and took it to school. She got in trouble for having a pornographic picture. It seems there was no investigation into how Christa came to have such a graphic image as a young girl. This kind of photo was highly unusual back in the early 1980s before the internet made it easy to find sexual images. Questions should have been raised about where Christa was being exposed to pornography.

In addition to being exposed to adult sexual activity, Christa was constantly exposed to substance abuse by all of her caretakers. Namely, her mother's alcoholism and her father's drug use; but also a number of her mother's husbands and extended family members. Parents with drug and alcohol abuse problems provide damaging role models to children, and often fail to protect their children. For example, Christa began to drink alcohol at her mother's parties. Furthermore, children whose parents struggle with substance abuse inherit a genetic risk for addiction. With this risk of addiction, along with the lack of attention and protection that results when parents have untreated addictions, it is not surprising that Christa began drinking alcohol at a very young age. She told me, "I could drink grown men under the table at age 12." She told me that she drank alcohol with her mother and one of her partners; at 16 she reportedly "drank them under the table". Christa reported that at her most severe level of drinking, she would, "Drink until I puked and then drink more. I never had a blackout... I could drink the whole bottle of hard liquor or almost all of it." Despite drinking so much, Christa denied having hangovers or withdrawal symptoms. She did not develop legal problems directly related to drinking.

It is very common for youngsters who have been abused and assaulted to begin drinking alcohol, using drugs, and/or engaging in self-harm soon after having been abused to distract from their pain and to suppress the memories and emotions related to abuse. Indeed, Christa developed all three of these problems. She began cutting herself as well as drinking alcohol and smoking marijuana soon after Claude Davis raped her. Before I met with Christa, she had not recognized the connection between being raped followed by beginning to heavily use substances and cutting herself to help manage the overwhelming emotions and memories of the attack. She made that connection when I asked her if she began cutting or using substances following any of the early traumas.

Tragically, Claude Davis's attack was soon followed by one of the most devastating events that occurred during Christa's childhood. Her beloved Grandmother Delfa's long struggle with cancer ended and she died when Christa was approximately 12 years old. Grandmother Delfa was the only person who consistently took notice of, and showed love to, Christa. Christa adored her. Unfortunately, her grandmother had been very ill with cancer for a long time. Even though she was only a young girl, Christa did her best to take care of her grandmother during her chemotherapy treatment. Christa recalls her grandmother being extremely ill with frequent vomiting. This was exquisitely painful to witness. Christa was not able to do anything to ease her grandmother's pain or nausea. Her grandmother had to drink Ensure to get some nutrition and calories, but she often vomited the Ensure. Losing the one trustworthy, consistent, loving adult in her life caused Christa to plummet into depression. "I can't look at Ensure without having to vomit." This loss was profoundly distressing for Christa.

Christa grew so depressed that she "gave up" after losing her grandmother. Following this devastating loss, Christa became so depressed she attempted suicide for the first time. She stated, "I cared about nothing after that. I wanted to go with her. I didn't care about anything. That was the first time I tried to kill myself. I OD'd. It was my stupidity that did it (meaning kept her from dying) – I took too many pills." She vomited the pills she had taken. She told the adults that she had merely been trying to get high so that they would not put her in a psychiatric hospital. Her parents took her to a mental health professional, but this doctor did not hospitalize her. Christa did not receive follow up psychiatric treatment despite having overdosed.

Academics

With the non-stop chaos, trauma, frequent moves, and lack of parental support, it would have been impossible for any child to do well in school. Due to her parents' chaotic lives, Christa attended four elementary schools and three middle or junior high schools; some were in West Virginia and others in North Carolina. Christa was retained in 3rd and 7th grade due to her poor grades and poor attendance. She was ordered to attend Swannanoa training school when she was in the 9th grade. She stayed there for about two years. This was the last grade she completed. She eventually earned her GED.

Christa told me she "hated school because I didn't learn like everyone else did." She described difficulty sitting still and concentrating, particularly with subjects that did not include hands-on activities. Symptoms of untreated PTSD and bipolar disorder likely caused or at least contributed to her agitation and poor concentration. She did not understand the lessons so doing the homework was not possible. Instead of supporting her in a helpful way, she was beaten and threatened. Christa reported, "Dad forced me to do homework. He'd beat me if I didn't get the homework done in 20 minutes. He'd beat me and say now you have 20 minutes to finish it."

As a result of her difficulties attending and learning, Christa avoided studying and she infrequently did homework. She earned many D's and F's although she also earned As and Bs in classes such as health or science.

In addition to disliking the academic aspect of school, Christa disliked the social aspects. She was often singled out in classes due to talking so much. She described the impact of this: "I was the 'plague kid'. They ostracized me by pulling my desk to the back of the class." Unfortunately, this is the pattern that is often seen with abused and neglected children. The damaging impact of trauma compounded by family and mental health problems show up in the classroom and the playground. Rather than school being a safe haven, teachers rarely understand that the troubled children in their classrooms are expressing the difficulties that stem from trauma and their chaotic families.

Children who have learning difficulties feel "stupid" and their lack of self-confidence and lack of understanding of the lessons exacerbates their difficulties with schoolwork. Teachers and peers begin to view them as unintelligent and or "lazy", and the student begins to put in less effort on schoolwork. Children like Christa end up in a vicious cycle of poor academic performance, then they put in even less effort, and do even worse at school. These kids tend to be shunned by their peers, except for troubled peers who also often have troubled families; these peers often find each other and encourage each other to skip school and engage in other high-risk behaviors.

Christa's father inadvertently compounded Christa's fear and loathing of school by beating her when she could not do her homework. Being yelled at, belittled, and beaten compounded the impact of trauma and Christa's burgeoning bipolar disorder. It is unsurprising that Christa began skipping school as she became increasingly plagued by mental health symptoms. Her disinterest in school grew, particularly after her grandmother's extended, grueling fight with cancer.

Later Adolescence: The Role of Trauma in Contributing to Substance Abuse

Christa did better when she first came back from Swannanoa training school, but she got back involved with her old friends, who were troubled teenagers. She began to have trouble once again.

Christa turned to substances for comfort and relief of symptoms of PTSD and depression. She engaged in "huffing" air freshener aerosols, and later tried cocaine and LSD a few times, although the loss of control from LSD scared her. She tried methamphetamine and enjoyed being able to produce a great deal of artwork while high on it.

Christa was struggling with the impact of unrelenting, severe trauma without the benefit of psychiatric medication or psychotherapy, and without support of her family. Many traumatized youth (and adults) turn to using alcohol and drugs as a form of self-medication to numb the brutally painful memories of being abused. Additionally, drugs and alcohol are often used to the point of causing sedation, so the person cannot think about the humiliation and terror they have been subjected to. Drugs and alcohol can sometimes temporarily quiet the irritability, angry outbursts, terror, nightmares, and hyperarousal caused by untreated trauma and PTSD. As a result, chronic childhood trauma leaves survivors *extremely* vulnerable to drug and alcohol abuse, as these chemicals are a form of "self-medication" for trauma's myriad crippling symptoms (Back et al., 2000; Najavits & Walsh, 2012).

Unfortunately, the relief from substances quickly wore off, leaving Christa feeling once again agitated, irritable, and restless, and increasingly desperate for relief. Heavy reliance on marijuana followed; from the first time she smoked marijuana, this became Christa's preferred drug because

it calmed her down. She explained, “It was euphoric to me. It made all my problems disappear. It made me calm down and be good.” Although Christa’s drug use served as an escape from emotional pain, a way to cope with childhood abuse, and a method for calming herself, it also exposed her to youth and adults who were very troubled and who had a damaging influence on her.

Substance abuse and PTSD were only two of the mental health problems that Christa was developing at a very young age. The average age of onset of bipolar disorder is approximately 13 years of age (Kovacs & Pollock, 1995). Consistent with this, Christa began showing early signs of mania or hypomania due to bipolar disorder by early adolescence. She stated, “I could stay up partying for days and couldn’t understand why they (her friends) were all falling asleep.” Being able to stay up for days in a row is a sign of mania. Christa was already suffering from insomnia and excessive energy due to bipolar disorder. She found a way to finally induce sleep despite excessive energy and sleeplessness, “I didn’t know I had bipolar then. I would hitch hike to the beach. I would finally sleep on the beach and the ocean sounds put me to sleep.” She was trying to manage the insomnia associated with bipolar disorder without benefit of psychiatric medications. Hitchhiking and sleeping on the beach as a solo female were very high-risk ways of overcoming severe insomnia. High risk behaviors are classic symptoms of mania, as are excessive energy and insomnia (American Psychiatric Association, 2022).

Each of the types of childhood adversity that Christa experienced are associated with significantly greater risk for developing psychiatric disorders, as well as a wide range of other negative outcomes (discussed later in this report) (Anda et al., 2006). Christa experienced an inordinate number of childhood adversities including physical, emotional, and sexual abuse, childhood neglect, as well as parental divorce, mental illness, and substance abuse. Each of these adversities contributed to her psychological and behavioral problems. These adversities put her on a path that exposed her to increasing risk for dropping out of school and developing friendships with troubled youth and opportunistic, abusive adults.

It is not surprising that by late adolescence, Christa was frequently running away; she was sometimes homeless for periods of time. She recalled how she survived being away from home, “I hung out with carnies. They could have taken advantage of me but they didn’t.”

After making that statement, Christa then recounted a story about a carnie man in his 20s who pressured her to have sex when she was only 14. Her facial expression changed as it dawned on her that this was rape. The adult had taken advantage of her youth and naivete and pressured her to comply with his demands for “sex”, which she was too young to consent to; thus, this was rape. She looked distressed as she said,

> “I was so oversexualized. It’s kind of sad.” She elaborated, “Just from the incident that happened when I was so young (Ernest’s abuse) and being around so much porn when I was young. My Dad had it everywhere. Just everything. Steve’s big stack of porn when I was 12.”

Christa’s parents and the other adults in her life failed to protect her, and they failed to model healthy sexuality, healthy methods to manage emotions and stress, and healthy relationships. She

had no idea how to protect herself because she had never known or seen protection. She could not distinguish people who would use and manipulate her from people who would care about her.

When she was 16, Christa became pregnant. She vomited so frequently due to being pregnant that she had to get IV hydration several times at a hospital. The doctor, "Dr. Danford", worked in the same clinic where her mother was employed as a nurse. Her mother and Dr. Danford told Christa that the fetus was deformed and going to have "handicaps". Her mother told her that the baby would have expensive medical costs and that Christa would be selfish to bring such a child into the world. Christa reported her mother said her "deformed" child would get abused and picked on. Her mother pressured Christa to have an abortion. Christa had ceased smoking marijuana and drinking when she found out she was pregnant, which according to Glenn Pike, her own mother had not done when she was pregnant with Christa. With all the warnings about her "deformed" baby, Christa eventually capitulated and agreed to get an abortion. However, during her incarceration, Christa had the opportunity to review her medical records including those from when she was pregnant; she learned that all tests indicated she and the fetus were "normal". None of the tests indicated the baby was "deformed". Christa was livid that her mother had lied to her and pressured her into having an abortion, which Christa considers "killing my kid for no reason".

When Christa was approximately 17 years old, she was assaulted again while walking to the store. A man grabbed her and pulled her into the woods. She fought him with all her strength. Christa recalled, "I was fighting him so hard that he barely got started (raping her)." She hit his head with a rock, which allowed her to get away. (It is notable that she hit this man's head on a rock, which is like what she did to the victim in the incident crime. This brings up the possibility that Christa was unconsciously triggered during the incident with Colleen Slemmer, and lost control of her behavior, in part because she was triggered by the victim, who she experienced as possibly causing her boyfriend to abandon her.) Christa escaped and ran as fast as she could to a friend's house, who then took her to a hospital. The staff collected a rape kit but there was no semen; she had apparently stopped his attack before he had an orgasm. This man was never identified or caught.

This was the last sexual assault Christa experienced. When asked how she felt sharing so much difficult information with me, she said, "I don't have feelings about it. I feel tense like I've been holding my breath." I encouraged her to get up and move around to release the tension, and to work to resume normal breathing. Feeling a lack of emotion while discussing so much trauma is a strong indication of dissociation.

Medical History

Christa experienced serious health issues from her premature birth onward. She had seizures when she was 18 months and two years old. Christa reported having severe headaches, which she called migraines, since she was a small child. One was so extreme that her father took her to the hospital as a child. The migraines worsened during her adolescence. Headaches are very common among those who dissociate and those who have experienced child abuse and neglect; headache severity and frequency are associated with childhood abuse among migraine sufferers (Kucukgoncu et al., 2014).

Christa reported having a very poor memory all her life. She is not sure if her memory problems worsened after an extremely severe car accident when her mother's boyfriend Danny was distracted while driving. He ran into another car, causing Christa's head to go through the windshield of the car. Christa was so severely hurt that she had to have two surgeries to repair the damage to her face and skull. She showed me the serious scar on her head from this terrible accident.

In addition to the psychological and emotional scars that Christa bears from so many years of abuse, she has physical scars as well. Dr. Pincus found scars on Christa's legs and back from physical abuse which could have been caused by Danny or her father.

Symptoms of Bipolar Disorder

Christa presents with many classic symptoms of Bipolar Disorder. It is notable that in a 1991 psychological evaluation conducted by Dr. Rosemary Wilson, Christa, who was approximately 15 years old, showed the type of emotional reactivity that characterizes bipolar disorder as well as trauma-related difficulties (Evans et al., in press). Specifically, she responded in an overly emotional, unmodulated manner on a colorful Rorschach inkblot whereas other responses were more controlled. Her Rorschach indicates that she has difficulty thinking when she is highly emotional. When highly emotional, Christa becomes "quite confused and disorganized" (027403). Someone with this tendency is at risk for emotional outbursts that are uncontrolled. This is informative because it shows that years prior to the incident crimes, Christa was showing serious difficulty modulating her intense emotionality.

Even more critically, Christa displayed behaviors which are highly suggestive of being in a manic or at least a hypomanic state around the time of the crimes. Specifically, she was observed to be excited and laughing when she returned to the scene of the crimes the day after they took place. A police officer, Harold Underwood, testified that he saw Christa at the scene with friends from Job Corps, and that she was excited and laughing. Christa asked Mr. Underwood why the area had been marked off and whether there were any suspects. Christa's laughing and appearing excited is bizarre behavior; it is not what would be expected from someone who was thinking in a logical way. If she had been thinking logically, and was in control of her emotions, she would have understood it was critically important to not draw attention to herself or else she might become a suspect. She acknowledged her thinking was not rational in the interview with Detective Randy York; she said, "I wasn't really thinking right" (p. 36).

Christa described the mood symptoms she experiences:

> When I'm manic, I get hyper focused if I can listen to the radio. I get more art work done during those times, unless it gets too far gone. Then I can't do art work. (Describe what happens if it gets too far gone) My hair and skin hurt, I'm rocking, my skin is crawling. I want to claw my face off. I have clawed and clawed and clawed the skin on my legs to the point of bleeding. It feels like bugs are crawling under my skin. (How often does it get this bad?) Once every 8 months or so. It lasts until I get something to knock me out and put me to sleep. I can go to sleep for an

> hour, or maybe 3 hours. Once recently I had 7 hours in 8 days. My psychiatrist here prescribed Ativan for 3 days in a row so I could sleep.

It is notable that even now, while Christa is taking powerful psychiatric medications, she continues to experience severe symptoms of bipolar disorder that are highly disruptive to her sleep, mood, thinking, and behavior. Even medicated, these severe symptoms are so disruptive to her mental status that she must have additional medications (i.e., Ativan) to interrupt her severe insomnia so she can finally sleep. Sleep is urgently needed when someone is manic; sleep allows their agitated brain to "reset" and begin to get back to a more functional level. However, once someone has become severely manic, it can take days or weeks, and sometimes longer, for them to get back to a level of thinking, mood, energy, behavior, and sleep that is closer to "normal". Furthermore, getting little or poor sleep can trigger a manic or hypomanic episode.

Christa described what she was like without psychiatric medication:

> "I was a complete wreck. I don't know. I didn't know something was wrong with me. I stayed drunk or smoked weed constantly. I was self-medicating. The weed helped me a lot. I smoked copious amounts – from morning all day long until night like regular cigarettes." When asked about whether she was aggressive when she was irritable, she stated, "I was so irritable so I was more aggressive. I would get into fights before and at Job Corp. I was in two other fights.

When asked if her engagement in criminal behavior was impacted by her mental state at the time of the crimes, Christa replied, "I think PMS (Premenstrual Syndrome) and mania both played a part. I'm so emotional with PMS it's unreal. The day after I was incarcerated, I started my period. I mostly felt irritability, not more depressed, with PMS."

Although Christa was not aware of this, irritability is a symptom of PTSD as well as of bipolar disorder. Thus, at the time of the crimes, Christa was dealing with <u>three</u> contributing factors that increased her irritability, and therefore, aggression: PTSD, bipolar disorder with manic or hypomanic episode, and PMS.

Experts in Bipolar disorder (Preskorn et al., 2022) warn that individuals with bipolar disorder are at risk for agitation turning into aggression if they are not treated:

> …episodes of agitation associated with bipolar disorder are common. Symptoms can range from mild (uneasiness, restlessness) to severe (aggression, violence) and escalation can occur quickly. Patients presenting with agitation require prompt medical attention to facilitate evaluation and to prevent escalation and injury to themselves and medical personnel. (Note: numerous citations have been removed to make reading easier.)

Assessment of Christa Pike

Behavioral Observations

I met with Christa at the Debra K. Johnson Rehabilitation Center where she has been on death row for years. We started by verbally discussing the nature of the assessment, and that the results would not be confidential because I would be conducting a forensic assessment. She gave her consent to proceed with the evaluation.

Christa appeared to have good hygiene. She was dressed in yellow inmate clothing. Her make up was neatly applied. She wore some jewelry and had several tattoos on her left arm, fingers of left hand and left ankle. Some of the tattoos were flowers, butterfly, and ice cream. Christa shared that she has learned to do tattoos while incarcerated, and that she designed and inked her own tattoos. Because she is right-handed, she creates tattoos on her left side. One of her tattoos honors her deceased brother. She was pleasant and solicitous of my well-being (e.g., asking if I needed a break). Christa was respectful and cooperative, despite the very difficult conversations we had to have. She worked to share stories and insights, even when they did not reflect well on her. She was thoughtful, articulate, and funny. At times, her affect was flat even when discussing something emotionally charged or painful. For example, some of the time she talked about experiences of horrific abuse, and she showed no emotion. Instead, she stared or had a blank look on her face. She was also moved to tears as she talked about painful topics. Her thoughts were logical and organized with no signs of psychosis or thought disorder. She completed the questionnaires slowly and carefully.

I did not see signs indicative of flashbacks or rapid mood cycling. However, on one occasion while filling out a questionnaire about trauma, Christa engaged in unusually prolonged staring accompanied by a flat affect. That behavior is indicative of dissociation. She dissociated another time while telling me about Ernest's abuse. At other times, she was able to remain engaged although she was "numb" after sharing her long history of abuse. Numbing is a type of dissociation.

During our meetings, Christa was able to gain insight into the origin of her symptoms and behaviors, such as her beginning to cut herself and use drugs and alcohol after being raped. This indicates that Christa has the capacity for insight and the ability to benefit from psychotherapy.

Psychological Testing Results

Tests and Interviews Administered

In my 12.5 hours of assessment interviews with Christa on two different days, I administered the following measures and interviews:

1. Semi-structured clinical history interview – I interviewed Christa about significant events in her life including her developmental, social, educational, and psychological history.
2. Miller Assessment of Forensic Symptoms Test (M-FAST) – This is a test designed to screen for possible exaggeration of psychological symptoms (i.e., malingering).
3. Life Events Checklist-5 (LEC-5) – This is a self-report measure of stressful or traumatic events that a person may have experienced. I followed up with questions about each event she endorsed.
4. Adverse Childhood Experiences (ACE) Questionnaire – This questionnaire assesses 10 ACEs that may have been experienced in their first 18 years.

5. Childhood Trauma Questionnaire (CTQ) – This is a validated screening questionnaire for child abuse and neglect.
6. Multiscale Dissociation Inventory (MDI) – This is a validated screening measure for dissociative symptoms.
7. Clinician Administered PTSD Scale for DSM-5 (CAPS-5) - This is a semi-structured interview to assess and diagnose possible PTSD.
8. Structured Interview for Dissociative Disorders-Revised (SCID-D-R) – This is a semi-structured interview used to diagnose possible dissociative disorders. It is also helpful in distinguishing dissociative disorders from malingering, psychotic disorders, and other psychiatric disorders.

Validity

There were no indications of unusual responding, symptom exaggeration, or malingering on the M-FAST or TSI-2. I consider this a valid assessment of Christa's psychological functioning.

Trauma Exposure

To provide information on Christa's history of trauma exposure using validated measures, I gave her the ACE Questionnaire, the CTQ, and the LEC.

Adverse Childhood Experiences (Ace) Questionnaire

Christa's childhood can be analyzed through the lens of the Adverse Childhood Experiences (ACE) model. The ACE study, which constitutes one of the most significant public health investigations on the impact of childhood adversity on adult health outcomes, uncovered a graded dose-response relationship between childhood adversities and the leading causes of death, disability, and psychiatric problems (Anda et al., 2006). That is, each childhood adversity significantly increased a person's risk for medical and mental disturbances decades later. Individuals with four ACES or more showed a notably higher risk for a range of medical and mental disorders.

According to my interview with Christa, her responses on the ACE Questionnaire, and my review of collateral sources, she experienced 9 out of 10 ACEs:

(1) Verbal/Emotional Abuse. Christa reported that two of her mother's boyfriends (Danny Thompson, Steve Kyaw) verbally abused her, as did her maternal grandmother and father.
(2) Physical Abuse. Christa reported that her mother sometimes physically abused her. However, her father often physically abused her, as well as did her maternal grandmother, her sister, Danny Thompson, and Steve Kyaw.
(3) Sexual Abuse. Christa reported that Steve sexually abused her. Additionally, she was exposed to numerous severe sexual assaults from individuals who did not live in the home. One of the men who raped her as a youth lived within sight of her home and she had to often walk past his trailer; the possibility that he would attack her again utterly terrified her.
(4) Emotional Neglect. Christa was often overlooked, unprotected, and disbelieved about having been sexually assaulted and mistreated by a babysitter and various partners of her mother.

(5) Physical Neglect. Christa reported that she often did not have enough to eat when she lived with her mother. She was often sent to school without breakfast or lunch money. She had to wear dirty clothes when at her mother's home. Furthermore, her mother was often too drunk to take care of her.
(6) Parental Separation or Divorce. Christa's parents married, then divorced, then remarried each other, and finally were divorced a second time.
(7) Household Member With Problem Drinking or Drug Use. Christa reported that her mother, father, and maternal grandmother drank heavily and/or used drugs.
(8) Household Member With Mental Health Problems. Christa's mother became so depressed after Christa's birth that she attempted suicide.
(9) Witnessing violence between her parents.

It is *highly* unusual for a child to experience nine ACEs: *Christa experienced more ACEs than 99.3% of the U.S. population* (Giano et al., 2020). Furthermore, as noted above, Christa did not experience a single perpetrator for each of the ACEs. Rather, *many* adults mistreated and abused her in a multitude of ways. I am unaware of any studies that investigated the severity of damage when a child is exposed to *multiple* adults in the household who expose the child to the ACEs; this lack of research about multiple perpetrators of ACEs is likely due to how rare this type of multi-perpetrator abuse is.

Rather than home being a place of safety, protection, and belonging for Christa, it was the source of chaos and being endangered when she was a little girl and through adolescence. This placed an extremely heavy burden of adversity on Christa as a child. High levels of ACEs are associated with a wide range of enduring and negative outcomes, including increasing the risk for difficulties in relationships, psychological disturbances, substance abuse, impulsive and high risk behaviors, and violent offending. For example, high ACE exposures are linked with memory difficulties for childhood (i.e., dissociation), depression, anxiety, panic, sleep disturbance, headaches, early sexual intercourse, many sexual partners, difficulty controlling anger, early smoking, heavy drinking, and drug use (Anda et al., 2006; Brown et al., 2007). *Christa suffers from every one of these outcomes.* This is strong evidence that Christa's psychological disorders, difficulty controlling her angry outbursts and behavior, and drug use stem from the tragic level of abuse and family chaos she was exposed to as a child.

Christa's CTQ scores are consistent with her ACE score. On the CTQ, Christa indicated that she experienced a "severe" level of childhood sexual abuse, physical abuse, emotional abuse and physical neglect within her family. The degree to which she suffered physical neglect was worse than the physical neglect experienced by 99% of the population. Christa indicated that it was "often true" that she did not have enough to eat. She "rarely" knew there was someone to take care of and protect her. Regarding physical abuse, she reported that it was "often true" that she was hit so hard by family members that she was left with bruises. Christa indicated that sometimes someone in the home threatened to "hurt me or tell lies about me unless I did something sexual with them". Christa reported emotional abuse within her family including feeling someone in her family hated her, and that people in her family called her names like "stupid, lazy, or ugly".

On the LEC, which assesses trauma exposure throughout the lifespan, Christa endorsed having a very high number of traumatic experiences. Furthermore, she gave compelling, detailed

descriptions of these traumas which made it clear she had experienced these damaging events. Consistent with the CTQ and ACE questionnaires, Christa acknowledged that she endured a truly horrendous level of frequent childhood sexual abuse by five different perpetrators (Ernest, Steve and rapists who attacked her at age 11, 14, and 17) as well as being physically assaulted by her mother's boyfriend (Danny), maternal grandmother, mother, and her father. In addition, she was exposed to severe human suffering when her beloved grandmother was dying from cancer and in chronic excruciating pain. Watching her grandmother's agony without being able to ease her pain or halt her vomiting left Christa feeling helpless and depressed. Her grandmother had been the only person who consistently loved and paid attention to Christa. Losing her grandmother was a devastating loss that altered the trajectory of her life.

On the LEC, Christa also indicated she was violently abused by her former boyfriend and co-defendant, Tadaryl Shipp. For example, he grabbed her by the throat and pinned her against the wall. She fought back in self-defense as best she could. There were other times he was physically aggressive as well as extremely threatening. One time after shoving Christa, he opened his mouth and showed her that he had a razor hidden in his mouth. He was demonstrating in a menacing way that he could do much worse to her if he decided to. He had a reputation for being extremely violent among their peers at Job Corps. He had threatened another teenager by holding the boy over a bridge, threatening to drop him. As a teenager coming from a home with a great deal of neglect and abuse, Christa felt that her boyfriend's aggressiveness meant that she was safe. This type of extremely illogical thinking can result when a child is raised in a chaotic, violent world. Rather than being afraid of violent people, she (falsely) believed that if she was the girlfriend of an aggressive male, she would be safe. She felt that Tadaryl would protect her. Unfortunately, it meant she was exposed to Tadaryl's violence. He also lied and cheated on her, including having a sexual relationship with the victim. This kind of incredibly troubled boyfriend increased the odds that she, too, would become involved in violence, which is exactly what happened. Ultimately Christa and Tadaryl become involved in the lethal attack on Colleen Slemmer, the girl with whom Tadaryl was having an affair.

In summary, this constant abuse, neglect, and chaos put Christa at very high risk for mental illness, substance abuse, and chaotic relationships, all of which heightened her risk for being aggressive (Anda et al., 2006).

Given the life-long, almost constant level of threat to her life, it is not surprising that Christa suffers from severe PTSD symptoms. On the gold-standard interview for PTSD, the CAPS-5, Christa meets the criteria for PTSD with severely disruptive symptoms. As noted above, many of these symptoms began in early childhood and adolescence and were problematic at the time of her crimes.

PTSD's symptoms are grouped into four categories. In the category of intrusive symptoms, Christa experiences:

1. Repeated disturbing memories of the traumatic experiences (especially being orally raped by Ernest as a preschooler).
2. Feeling very upset when something reminds her of the traumas.

3. Having strong physical reactions when something reminds her of the traumas (e.g., she gags a few times a month when brushing her teeth along with shuddering and having chills when she remembers being orally raped. One of the times Christa dissociated was while telling me how she gagged while attempting to engage in oral sex with Tadaryl; this shows that PTSD was active and disruptive at the time of the crimes).

In the category of avoidance of stimuli reminiscent of the traumas, Christa experiences:

1. Avoiding memories, thoughts, and feelings related to the traumas. Although Christa has some insight into avoiding traumatic reminders, she is fully aware of how often she avoids thinking about the many abuses she endured. It has become such an ingrained way of surviving that she is not even aware she is avoiding and minimizing being abused.

In the category of negative alterations in cognitions and mood associated with the traumas, Christa experiences:

1. Having difficulty remembering important parts of the abuse
2. Having strong negative beliefs about others ("No one can be trusted". Christa said that 80% of the time, she feels tremendous mistrust for others).
3. Blaming someone for the traumas ("I blame the ones who abused me 100%. My Mom didn't know how to be a Mom. My maternal grandmother hated me because I look like my Dad and she hated him.").
4. Having severe negative feelings ("I feel fear, guilt and shame." Christa is aware that shame and guilt underlie her fearfulness.)

In the category of marked alterations in arousal and reactivity related to the traumas, Christa experiences:

1. Being on hyper alert ("always").
2. Feeling jumpy, particularly in response to loud noises or someone walking by her.
3. Having difficulty concentrating to such an extent that reading, writing, and even participating in conversation can be difficult.
4. Having severe trouble falling as well as staying asleep. It can take as long as 3-4 hours to fall asleep at night, then she often repeatedly awakens at night; it can take an hour or more to fall back asleep each time.

On the self-report measures of PTSD, i.e., the TSI-2 and PCL-5, Christa did not report all of her symptoms of PTSD. She did not endorse some symptoms she told me on the CAPS. In my experience, the detailed questions on the CAPS-5 help most trauma survivors recall more examples of symptoms. This contributes to why this interview is considered the gold standard for diagnosing PTSD. Christa's tendency to not endorse symptoms on the self-report questionnaires indicates she is not attempting to exaggerate her symptoms. Rather, she has adapted to having severe PTSD by avoiding thinking about trauma and her PTSD symptoms, and by minimizing her symptoms. It is typical for individuals to become more avoidant over the years when they have experienced so much trauma and neglect during childhood and adolescence. However, even with minimizing,

Christa reported that a couple of times each year, she begins to feel very distressed and "helpless like a kid" when she recalls having been abused. She also acknowledged that she has dissociative amnesia: "The order (of experiences of abuse) is hard to keep straight. I can feel pieces are missing and my age feels wrong."

On the TSI-2, Christa scored in the clinical range for the Suicide scale and the Suicidal Ideation subscale. This indicates she has frequent, concerning thoughts about wanting to die. She was careful to say that she has not acted on these thoughts nor does she want to act on them. (Note: I include some of the TSI-2's questions in quotes to illuminate some of Christa's endorsements.) She endorsed a number of items that would be consistent with a mood disorder including often "feeling mad or angry inside", "feeling hopeless", "having angry thoughts" although she was quick to note that she is now able to prevent herself from acting on those thoughts due to mood stabilizing medications and having received some trauma treatment while incarcerated. She endorsed being "depressed" as well as sometimes "wanting to hit someone or something" and "getting angry when you didn't want to".

Feelings of irritability and anger are classic symptoms of both PTSD and bipolar disorder, both of which Christa suffers from. Christa also endorsed a number of symptoms of PTSD including often "trying to forget about a bad time in your life" and sometimes having "trouble getting to sleep or staying asleep because you were feeling tense", "stopping yourself from thinking about the past", feeling jumpy, and "trying to block out certain memories". Christa also endorsed some symptoms of dissociation including sometimes "spacing out".

To further assess Christa for dissociative symptoms, I gave her a self-report questionnaire (MDI) and the SCID-D-R, which is widely considered to be the "gold standard" interview for reliably diagnosing dissociation and dissociative disorders. On the MDI, Christa scored in the "clinically significant" range for Disengagement. This subscale measures the extent to which an individual emotionally and/or cognitively disengages from the world around them. Importantly, Christa's score on this subscale matched the average score of people who needed psychiatric treatment due to having experienced interpersonal violence. Her score was higher than approximately 99% of the people in the norming sample who had experienced trauma (Briere, 2002). On this subscale, Christa indicated that she very often experiences being "absent minded and forgetful", and that often finds herself "not paying attention because you're in your own world", "spacing out", and "staring into space without thinking."

Consistent with Christa's report of dissociative symptoms, I observed her dissociating when we talked about some of the most emotionally painful experiences she has endured. It was while relating some of the most awful trauma stories that she tended to show no feeling and/or stare off into space; this is consistent with what is expected in someone with a dissociative disorder.

Christa's responses were severe enough that she meets criteria for "severe" levels for **Dissociative Amnesia** due to gaps in her memory more than once per month as well as for lack of recall for daily activities such as whether she has eaten or not. I observed her having difficulty recalling some of the traumas she has endured. She stated, "It hurts my brain. I try so hard to remember." Her poor memory has caused her to have trouble functioning. For example, as a child her memory was so bad that she could not memorize multiplication tables, no matter how many times she

worked on them and despite desperately wanting to memorize them so her father would not get angry and beat her. At the beginning of our interview, without any prompting from me about memory issues, Christa stated, "My memory is a disaster so I'm not sure when I started it", referring to not recalling when she began to take the anti-psychotic medication Abilify.

On the SCID-D-R, Christa reported that she experienced depersonalization during the sexual attack when she was 11 years old as well as during the incident that resulted in her being sentenced to death. During both events, she experienced herself outside her body, looking down at herself.

She gave the following compelling description of being in a manic or hypomanic state during days before the incident, which occurred after she stopped self-medication with marijuana (these symptoms are identified in italics). Christa described experiencing an out-of-body experience of depersonalization (this symptom is identified in bold) during the criminal incident:

> When I stopped marijuana, *I started staying up all the time*, and I was *irritated and angry* again. I could not be at Job Corps and smoke (marijuana). I had to stop. *I had been up for almost three days when I caught my charge*. It had been over 30 days since I stopped smoking. I passed my drug test so I was clean. I felt like my skin was hurting, like I had the flu. I could feel my hair. *I was angry, irritated*. I didn't want anyone around me. *I was pissed with everyone and everything*. (How was your appetite?) I don't know (What were you thinking?) Just remember being what I know now as manic. *Everything was like, everything quickly, I want a response, I need you to do it now*. (She imitated *pressured speech* and *agitation* and fast hand gestures). *Any little thing was such an irritant*. (Were you fighting more?) Not with my boyfriend. I don't remember with anyone else. (Were you taking any risks?) I don't remember. (How was your libido?) *It was over the top! I was having sex 3 or 4 times a day, as often as he would let me. He'd say, leave me alone.*

Christa spontaneously described dissociation during the first day of interviewing, without realizing that is what she was describing: "It's so hard for me to tell my own stories of abuse, neglect, and self-harm, and lay myself bare. So I *disconnect myself from these stories like it happened to someone else*." She began to cry, and then went on describing depersonalization, "This is someone else's. Like a movie I watched one time."

Notably, Christa did not endorse all the symptoms of dissociation on the TSI-2, MDI, or SCID-D-R. This gives greater credibility to the dissociative symptoms she endorsed. She denied symptoms of identity confusion and alteration as well as derealization.

Childhood Maltreatment, Bipolar disorder, and Risk for Aggression

Individuals with bipolar disorder report more frequent childhood abuse than do individuals who do not have bipolar disorder, as well higher levels of insecurity about attachment relationships, greater dissociation, and higher anxiety, depression and stress (Kefeli et al., 2018). Childhood trauma exposure increases the risk for bipolar disorder, with emotional abuse being particularly strongly linked to its development (Kefeli et al., 2018). Individuals who experienced emotional

abuse were more than four times more likely to have bipolar disorder than those who were not emotionally abused.

Childhood maltreatment predicts much more severe outcomes for individuals with bipolar disorder. A meta-analysis of research studies found that those who experienced physical abuse in childhood were more likely to have an early onset of bipolar disorder, rapid-cycling moods, psychotic symptoms, more suicide attempts, and more severe manic symptoms, as well as greater risk for PTSD and substance abuse (Daruy-Filho et al., 2011). Those who experienced sexual abuse were also at much higher risk for PTSD and substance abuse. Particularly important in Christa's case, studies have also found that *individuals with childhood abuse and bipolar disorder are at heightened risk for impulsivity and aggression* (Daruy-Filho et al., 2011).

In summary, based on her self-report, testing results, my observations of Christa, and my review of her records, Christa suffers from *eight serious psychological disorders:* **Bipolar I Disorder,** complex **Posttraumatic Stress Disorder**, **Dissociative Amnesia, Depersonalization/Derealization Disorder, Panic Disorder**, **Obsessive Compulsive Disorder**, **Hoarding Disorder** (hoarding food), and **Specific Phobia** (Spiders). In her youth, she likely also suffered from even more disorders, specifically Trichotillomania, Bulimia Nervosa, and Marijuana Use Disorder. Having *eight* co-occurring psychological disorders is extremely uncommon in the general population but it is not unusual among individuals who have been exposed to severe, chronic complex trauma that began in preschool like Christa endured. Many trauma experts refer to this type of broad and severe symptomatology that develops following complex trauma as "Complex PTSD". Christa was clearly disabled by the impact of these serious, untreated psychological disorders throughout her life, including at the time of her crimes.

I believe elements of reenacted trauma showed up in Christa's behavior in her late teens. Christa was exposed to the brutal slaughtering and disemboweling of animals when her grandfather babysat her at a slaughterhouse as a preschooler. This exposure to animals being killed and decapitated brings up the possibility that Christa was unconsciously reenacting the bloody scenes she had been exposed to as a little girl during two bloody episodes in her teens. Specifically, Christa lost control of her behavior during the incident that led her to being on death row, as well as when she, in her own estimation, went "too far" in beating up a man who raped her when she was 17. The victim in the instant crimes was beaten and badly bloodied. Christa used rocks to hit the head of the victim in the instant crimes as well as the man who attacked when she was 17 years old. This may have been an unconscious attempt to be in control in both situations where she was threatened. In the episode with the man, he surprised her and began raping her. Only after she hit him in the head did he stop raping her and run away. Christa reported to the police that she had tried to get the victim in the instant murder to stop talking to her. Christa was trying to get her to stop calling her the same names one of Christa's abusers had called her. Christa perceived the victim as a threat to Christa in that she had been harassing her, cutting up photos that were precious to Christa, coming into her room at night while she slept, and threatening to steal Christa's boyfriend from her. Christa reported telling the victim repeatedly to stop talking, but the girl refused to stop talking. Christa was triggered by this girl's use of the same slurs as one of her previous abusers, and by the possibility that this girl might cause Tadaryl to abandon her. All of these situations (slaughterhouse, rape at 17, and instant crime) were bloody scenes in which animals and people were severely injured or killed. When triggered and threatened, Christa

becomes disorganized in her thinking. Under serious stress, she is unable to reign in control of her behavior, emotions and thinking, as noted in Dr. Wilson's and Dr. Engum's testing. This had tragic consequences.

Prior Experts' Opinions

Dr. Rosemary Wilson's 1991 Evaluation

In Dr. Rosemary Wilson's psychological evaluation of Christa at age 15, Christa showed several signs that are indicative of her having been seriously traumatized. On the Thematic Apperception Test, Christa's stories were notable for a child being killed in a bus accident, a woman who killed herself, a woman who was killed by someone hitting her with a frying pan, a child who was preoccupied with worry because her parents did not pick her up from the babysitter's home, and a girl who "beats the butt" of another girl who was "with her boyfriend". The latter story is strikingly like the incident that resulted in Christa being on death row. The lethal bus accident is reminiscent of Christa being in a very severe car accident that required her to have two surgeries. The characters in her stories did not seek help for their problems by talking to others, nor did they show any other healthy methods of coping. Instead, violence, murder, and suicide were what Christa's characters relied on; this shows this is what Christa expected. These bleak, violence-filled stories suggest this is what Christa had experienced and learned. These stories show that as a young teenager she was familiar and preoccupied with neglectful parents, forgotten children, suicide, murder, and physical violence. Although it is typical for one, two, or even three stories such as these to occur in the testing of youth who have experienced neglect and abuse, it is rare to see so many stories of trauma and neglect in one individual's testing. This strongly suggests that Christa's life was filled with extraordinary amounts of violence and hostility with no sense that anyone could be relied upon for safety or protection.

Similarly, Christa's Rorschach responses from this evaluation also showed signs suggestive of trauma and abuse as well as the emotional lability characteristic of bipolar disorder. For example, she indicated seeing a "mouth with a busted lip". This sounds autobiographical in that Christa told me she had been punched in the mouth by one of her mother's boyfriends, sustaining a "busted lip". Her perceptions were often distorted and disorganized, suggesting a vulnerability to misperceiving situations and possibly being vulnerable to experiencing psychosis when highly stressed. There was an image of smaller creatures being pulled down and sucked up, ostensibly being destroyed by a bigger creature, suggesting themes of annihilation and vulnerability. Again, this sounds metaphorically like Christa's lifelong experience of being repeatedly pulled down and violated by "big creatures", that is, adult men. In Christa's childhood, small creatures were destroyed by larger creatures; children were brutalized by adults. Images depicting violence, aggression, and vulnerability are commonly found in the Rorschach protocols of youth and adults who have experienced interpersonal violence (Brand et al., 2006).

At the time when Dr. Wilson evaluated Christa, little was known about the impact of trauma on psychological testing. Research had not yet been conducted that demonstrated that the traumatic intrusions Christa showed throughout her testing are emblematic of chronic abuse and neglect. Thus, these myriad signs of trauma were not understood to be indicators of trauma. Rather, it seems that Christa was seen as hostile and enraged, rather than traumatized and understandably angry and with trauma- and bipolar-based irritability.

Christa told Dr. Wilson that Alicia, her older sister, locked Christa in her bedroom and told Christa that she was leaving her there while she, herself, left. Christa reported that being locked up and abandoned by Alicia "scared her to death." On another occasion, Alicia tricked Christa into putting her fingers in a door which Alicia then slammed on her hand.

Eric Engum, Ph.D., J.D.'s 1995 Evaluation

Dr. Engum conducted neuropsychological testing with Christa when she was 19. His report does not include any review whatsoever of her psychosocial history or chronic exposure to profound abuse and neglect. It appears Dr. Engum conducted the testing and interpreted it without any information about Christa's background including her history of head trauma, premature birth, repeated seizures, and other risks for brain injury. He based his conclusions solely on the tests he administered. This lack of information about developmental history was unusual even back in 1995. Dr. Pincus testified that it was absurd for Dr. Engum to conclude, as he did in his report, that Christa had no brain damage based solely on his testing.

In my review of Dr. Engum's report and testing data, in addition to being surprised by the omission of Christa's psychosocial development, I was struck by Dr. Engum's failure to mention that Christa elevated on both MMPI-2's PTSD scales. These are notable findings, yet he completely missed them. The DSM included PTSD as a disorder beginning in 1980 so the symptoms of this disorder were well-known when Dr. Engum assessed Christa. Nonetheless, Dr. Engum did not include any tests that specifically focused on assessing trauma history or trauma-related symptoms; for example, there was no assessment for or mention of dissociation. (Another unusual aspect of Dr. Engum's report is that he copied whole sections of his report from the computerized reports generated by the companies that publish the psychological tests he used. This is generally not acceptable among psychologists.)

Dr. Engum's lack of consideration of trauma negatively impacted his understanding of Christa. For example, on the Wechsler Adult Intelligence Scale, he noted the considerable scatter and variability of Christa's responses. She did exceptionally well on some subtests and poorly on others, and she also missed easy items yet did well on much harder items on some subtests. He did not have an explanation for this. One possibility he failed to consider is the interference from trauma-related triggers. This has been noted to cause variability and scatter in the testing of traumatized, dissociative individuals (Brand et al., 2006). For example, Christa did very well on Comprehension; however, her first failed item was related to why we need child labor laws. She answered that children could get mistreated and physically abused (000056); she did not recognize that they also need to go to school and develop socially. This response is an example of how Christa's traumatic experiences sometimes were triggered, and intruded on and disrupted her thinking, making it difficult for her to fully understand situations due to the disorganizing influence of traumatic intrusions and triggers. Indeed, this tendency for Christa to get triggered by traumatic intrusions likely played a role in her losing control in the instant offense (see below).

Dr. Engum noted that Christa was elevated on many scales on the MMPI-2 including anxiety, paranoia, angry mistrust, and schizophrenia. He did not note that it is characteristic for chronically abused individuals to show elevations on numerous MMPI-2, MCMI, and Personality Assessment Inventory (PAI) scales including the ones Christa elevated on; this pattern of elevations is

particularly likely in those who have experienced childhood sexual abuse (Brand & Brown, in press; Brand et al., 2016). Relatively little was known about the impact of trauma at the time Dr. Engum conducted his testing, so it is not surprising that he was unaware of the devastating impact of trauma and the patterns with which this devastation shows up in psychological testing. However, that does not explain why he failed to consider PTSD given her elevation on both PTSD scales.

Furthermore, Dr. Engum's report indicated Christa suffered from insomnia and nightmares; these were well-known symptoms of PTSD at the time of his evaluation, yet he did not mention the possibility of Christa having PTSD. Christa endorsed all four items on the PAI that are considered possible evidence of trauma exposure, yet he failed to mention that. It is even more baffling that Dr. Engum did not consider trauma's role given that the computerized interpretation of the PAI suggested that trauma was likely: "The respondent has likely experienced a disturbing traumatic event in the past – an event which continues to distress her and produce recurrent episodes of anxiety" (000038).

Dr. Engum noted Christa suffered from racing thoughts and intense labile mood swings, yet he did not mention these are classic symptoms of bipolar disorder, nor did he mention considering that diagnosis in his report. These symptoms, especially when combined with insomnia, signal that bipolar disorder should have been seriously considered. Christa also endorsed items suggestive of depression including worthlessness, guilt, and low self-esteem; depressive symptoms can occur in bipolar disorder or major depressive disorder. The testing also revealed that Christa was prone to "unusual perceptual or sensory events and/or unusual ideas that may involve delusional beliefs" (000039). Thus, the testing indicates Christa is prone to psychotic level problems with thinking and perception.

Dr. Engum noted that Christa was somewhat elevated on the Negative Impression Management (NIM) scale of the PAI. One interpretation of elevation on the NIM scale is that the individual may be attempting to present themselves in a particularly negative light; that is how Dr. Engum interpreted this elevation. However, research shows that this scale includes items (e.g., having few positive memories for childhood) that are so commonly endorsed by traumatized individuals with dissociative symptoms that this scale has questionable validity in people with complex trauma histories, particularly those with dissociative symptoms (Stadnik et al., 2013).

Dr. Engum diagnosed Christa with depressive disorder not otherwise specified, cannibus (sic) dependence, and borderline personality disorder. Trauma experts have convincingly shown that the symptoms of borderline personality disorder are, in fact, more accurately understood as stemming from the damaging impact of trauma, particularly when it occurs in childhood (J.L. Herman, 1992; J. L. Herman, 1992; Herman et al., 1989). When treated for trauma, these individuals often no longer appear as labile, and may no longer meet criteria for borderline personality disorder. Dr. Engum was either not aware of, or failed to consider, the lifelong impact of trauma on Christa, including in making diagnostic conclusions about her.

<u>Stuart Grassian, M.D.'s 2001 Affidavit</u>

Dr. Grassian was involved in assessing whether Christa was able to rationally withdraw her post-conviction appeals, particularly considering her having been in solitary confinement for over five years, starting at the vulnerable age of 19. Dr. Grassian described Christa having "grown up with

a profound experience of childhood abandonment" He warned that Christa could become disorganized and terrified by threats of abandonment. (As noted below, I agree with his assessment and believe the threat of abandonment played a role in Christa losing control of herself in this incident.) He wrote that Christa's "feelings can become blinding, screaming all-consuming" (p. 3) when she feels she could be abandoned. Further, he opined that, "When individuals such as Ms. Pike are placed under great stress, their capacity for voluntary choice is of course not totally extinguished, but it is inevitably severely compromised" (p. 3). Dr. Grassian wrote that in response to the damaging impact of solitary confinement, individuals can begin to have psychotic, dissociative, and obsessive-compulsive symptoms.

Dr. Grassian mentioned understanding that Christa likely suffers from bipolar disorder. He raised serious questions about Christa's ability to rationally decide to withdraw her appeals.

George Woods, M.D.'s 2001 Evaluation

Dr. George Woods reviewed records from previous evaluations of Christa, and concluded that Christa showed signs of mania or hypomania. His report notes that Christa had a history of staying awake for two or three days, a pattern that he acknowledged met criteria for both bipolar I and bipolar II. He noted she was easily distracted and clearly showed an increase in goal-directed activity and psychomotor agitation. Further, he referenced Christa having a history of excessive involvement in pleasurable activities that have a high potential for painful consequences. He mentions her sexual behaviors as one example of this type of manic or hypomanic behavior. He refers to Dr. Engum's finding that Christa suffers from racing thoughts, noting that they are "a cardinal symptom of mania, as is insomnia" (p. 3). He diagnosed Christa with bipolar II disorder and PTSD.

Dr. Woods' report notes that children who have been subjected to overwhelming trauma often have themes of violence show up in their play. I agree with Dr. Woods; furthermore, trauma survivors often unconsciously reenact aspects of their trauma history even in adulthood. For example, some survivors of sexual abuse end up acting out their sexual abuse by having a great number of sexual partners; this is seen as an attempt to undo the helplessness they experienced in childhood, by being in control and triumphing over partner after partner in adulthood. This is likely true for Christa who reported having as many as 50 sexual partners prior to her arrest at 18. It is also likely that she engaged in excessive sexual activity during episodes of mania or hypomania. I think another form of reenactment took place during the crimes (see below).

Jonathan Pincus, M.D.'s 2001 Evaluation and Subsequent Testimony

Dr. Pincus noted throughout his report the devastating impact of the extreme, chronic level of trauma that Christa had endured. He stated, "She is the product of an almost unbearably abusive background." In addition to the many traumatic experiences recounted above, Dr. Pincus' report included a story about her sister Alicia purposefully burning her with a curling iron, resulting in a scar that was still visible to Dr. Pincus. He noted that Christa witnessed violence between her parents. He described Christa surviving her horrific childhood by retreating into dissociation; specifically, she escaped into a vivid fantasy world in her mind that was so real that she could speak with her deceased paternal grandmother (Grandmother Delfa). He commented that on the Millon Clinical Multiaxial Inventory, she showed an elevation on avoidance which is consistent with PTSD and trauma.

Dr. Pincus's neurological examination found evidence that Christa had abnormal neurological problems that he felt were probably related to her premature birth and neonatal events. She had an Apgar score that was very concerning (i.e., 3) and she had seizures at 18 months and again at two years. He described that Christa was "vaulted through the windshield of a car" when her mother's boyfriend was playing the radio too loud and distracted by drumming along with the music. Christa lost consciousness for several minutes. Dr. Pincus indicated all of these events put Christa at risk for brain damage.

Dr. Pincus insightfully recognized that Christa was triggered by the "code words" of "slut" and "whore" that Colleen Slemmer hurled at her during the incident that led to Christa being on death row. These were the precise humiliating words her mother's boyfriend Steve Kyaw used in his abuse of her. Being called those names by Slemmer triggered the intense shame, worthlessness, and rage that Christa had felt when she was degraded by the same words by Kyaw. Dr. Pincus indicated that Slemmer calling Christa these "code words" triggered such an overwhelming surge of rage that Christa utterly lost control of her behavior. I agree with Dr. Pincus and elaborate on this below.

Dr. Pincus concluded that Christa had "dissociative states". He diagnosed Christa with a severe dissociative disorder, PTSD, obsessive compulsive disorder, depression, and intermittent explosive disorder. It is crucial to note that he linked Christa's multiple neurological impairments, head trauma, and likely brain damage with her developing intermittent explosive disorder.

Dr. Pincus's report did not mention the many symptoms of mania that Christa experienced including irritability, agitation, and severe insomnia. It appears he was not aware of these symptoms. However, in his testimony at Christa's post-conviction trial, he noted that Christa had been diagnosed with bipolar disorder and that her symptoms of that disorder had drastically improved after she had been treated with Lithium, which is a first line medication for bipolar disorder. Thus, Dr. Pincus acknowledged that Christa had bipolar disorder when he testified on this later date.

<u>William Kenner, M.D.'s 2002 Evaluation</u>

Dr. Kenner evaluated Christa regarding her competency to make rational choices, specifically to waive her post-conviction appeals. Dr. Kenner acknowledged and considered Christa's exposure to sadistic adults, sexual and physical abuse, and neglect throughout her childhood. He also noted that she had been exposed to pornography beginning as early as four years old. His report notes that Christa has a "bad memory" which she attributed to smoking marijuana; however, trauma and dissociative amnesia can also contribute to poor memory for one's life experiences (Brown et al., 2007).

Dr. Kenner's report is the most thorough of any prior expert's in terms of reviewing records of Christa's symptoms and behavior while she was placed in a home for troubled adolescents in 1991. Notably, those records include the following observations of Christa: she was "a bundle of energy", repeatedly excessively talking, and repeated mentions of her being "hyper", "total change of attitude", "too restless", and "Christa has an amazing amount of energy, even when sick". Staff also noted that she had difficulty focusing on tasks and that she showed a highly variable mood.

These behaviors are strongly suggestive of symptoms of bipolar disorder. Dr. Kenner noted that Dr. Grassian and Dr. Woods had a conversation about Christa having bipolar disorder. He also noted that Dr. Engum's report mentioned insomnia and racing thoughts.

Dr. Kenner documented Christa's mental status "changed drastically" between his numerous visits which included observing her after she had not slept for up to 72 hours and after she had been treated with Lithium. She was suffering from visual hallucinations on March 13, 2002, which he attributed to her having an adverse reaction to the mood stabilizer Depakote. He noted that Christa's "mental status had changed dramatically for the better" following beginning treatment with Lithium. Prior to being treated with Lithium, Christa had presented at times with loud, pressured speech; "intense rage and irritability"; aggressive thoughts; and racing thoughts when she was not getting sleep. Critically important, Christa reported that she had been sleeping only one or two hours per night before the murder.

Christa reported a history of these types of manic symptoms, as well as not being able to speak her thoughts as rapidly as they were coming to her and engaging in high-risk behaviors when she had been awake for days. Christa reported having these classic symptoms of bipolar disorder, along with periods of depression, extending back into her early adolescence. Further evidence of mania included her report of having had as many as 50 sexual partners.

Christa expressed feeling much better, having control of her behavior, and sleeping well when treated with Lithium. She said that her moods made sense when they shifted when she was medicated, whereas prior to being treated for bipolar disorder, her mood changed erratically for no reason.

Dr. Kenner documented that Christa's symptoms changed when she was treated with mood stabilizers, according to testing completed by Dr. Pamela Auble. When untreated, she had referred to having racing thoughts on Incomplete Sentences and having a "defective" mind. Prior to treatment, she was highly elevated on scales measuring anxiety and depression, but after receiving treatment, both scales had dropped significantly, such that both anxiety and depression were in the normal range. Prior to treatment, mania scales were elevated on the PAI and MMPI-2, but after treatment with mood stabilizers, her mania scale on the PAI was in the average range and on the MMPI-2 it was still high but much closer to normal.

Christa reported to Dr. Kenner that she was afraid of how out of control she can become when she is agitated and manic. She did not want to hurt anyone.

Dr. Kenner's report documents that Christa was permitted to drink with her mother and her boyfriend when she was 16; she reported that she "drank both of them under the table".

Dr. Kenner assessed for dissociation. Christa told him about experiencing severe depersonalization, that is, seeing herself leaning over and holding her dead grandmother's body at her funeral. She also indicated that she had a similar experience of severe depersonalization during the incident that resulted her being on death row. "When the incident happened, I was looking down on myself and watching it", Christa reported.

Dr. Kenner diagnosed Christa with bipolar II disorder which he stated she had suffered from since her early teenage years. Although he did not specifically diagnose PTSD or a dissociative disorder, he clearly indicated throughout his report that Christa suffered damage from years of abuse and neglect and that she had symptoms consistent with PTSD including dissociation.

My Review of Other Experts' Reports and Testimony

No expert at the time of trial testified about the full impact of the extraordinary level of trauma Christa was exposed to, nor did the experts link her chronic trauma history to the development of her numerous psychiatric disorders and subsequent criminal behavior. Without evidence of Christa's history of complex trauma history and multiple mental health disorders that directly affect her ability to process and respond to stressful situations, and her inability to regulate her emotional lability due to the impact of trauma and her psychiatric disorders, the jury was left without the essential information it needed to understand Christa's actions.

I reviewed the psychological testing reports of the assessments performed by previous experts who presented some of Christa's psychosocial history. Unfortunately, none of these professionals used any research-based tests or interviews to assess the presence and/or severity of dissociation, PTSD, and childhood trauma. Furthermore, none of the prior mental health professionals fully assessed Christa's trauma history and the crucial link between complex, chronic trauma, emotional dyscontrol, bipolar disorder, and risk for aggression. Without understanding these aspects of Christa's personality and neurobiology, and her inability to regulate her emotions due to bipolar disorder and the impact of incessant trauma, it was not possible for her defense team to fully understand or explain Christa's actions in her trial.

Had a trauma expert conducted the full assessment I conducted, they could have provided a clinical explanation for Christa's extreme aggression towards the victim. In my professional opinion, Christa's rage and subsequent aggression occurred for several reasons:

1. Christa was experiencing untreated intense bipolar emotional reactivity. It is very likely she was at least hypomanic if not manic at the time of the crimes. Research clearly documents that individuals with bipolar disorder are at risk for irritability and aggression when untreated.
2. Christa was suffering from untreated trauma and PTSD. Irritability and hyper-reactivity to perceived threats are symptoms of PTSD.
3. Christa was deeply threatened by the fear of losing her boyfriend to the victim. While individuals without a history of trauma, PTSD, and bipolar disorder may not have been so threatened by the possibility of losing a boyfriend, Christa was saddled with all three of these psychological vulnerabilities. As noted by several experts, when Christa perceived she was possibly going to be abandoned, her thinking could become disorganized and illogical. As Dr. Grassian described it, "feelings (when abandonment was possible) can become blinding, screaming all-consuming" (p. 3).
4. Christa was just 18 years old, with a brain that was not yet fully developed. The human brain is not fully developed until the mid-20s. Prior to that, youth do not have the ability to think through impulses, fully consider the consequences of their actions, nor "put the brakes on" their intense behavioral impulses.

5. The victim, Colleen Slemmer, called Christa the exact derogatory sexual terms used by one of the sexual predators who abused Christa. Traumatized individuals respond to being triggered with an intense flood of emotion that impairs their ability to think logically and control their behavior, and to recognize consequences until it is too late. There was a tragic synergistic impact of these factors: Christa, who was already in a hypomanic or manic state, was severely triggered by these slurs. She was so stressed by her emotions and the possibility of losing Tadaryl, her boyfriend, that she dissociated, seeing herself high above the scene. This perceptual distortion is an indicator that Christa was extraordinarily overwhelmed by stress and emotion. She spontaneously dissociated to escape, at least perceptually, up into the tree above what was actually happening during the incident. Her tendency to dissociate had become a conditioned response to threat and danger due to her extremely abusive childhood. It is tragically predictable that in such an emotionally charged, high-stress situation, a youth with untreated bipolar I disorder and other untreated disorders would not be able to slow down and regulate their emotions and develop a more reasonable, mature, and non-violent way to deal with a peer's threats and verbal badgering.

I believe that it is likely that Christa's heavy abuse of, followed by attempting to quit using marijuana on her own without treatment, combined with bipolar disorder and the impact of trauma, likely impacted her brain functioning and behavior. I recommend that a medical doctor with expertise in these areas examine and opine whether Christa's judgement, behavior, and self-control were likely impacted by these factors.

The Cumulative Impact of Trauma

As the number and type of childhood traumas increase, so does the severity and breadth of difficulties a traumatized person struggles with, often for the rest of their lives, unless they get trauma treatment (Anda et al., 2006; Cloitre et al., 2009). When maltreatment is this severe, it can cause enduring and complex changes in the person's brain structure and functioning; stress response system; beliefs about themselves and others; relationship skills; ability to regulate emotions and behavior; ability to attend, remember, learn from experience, and ability to think through and solve problems adaptively rather than impulsively or immaturely. Children exposed to extreme childhood maltreatment are at very high risk for developing chronic psychological, academic, behavioral, social, and neurocognitive (including poor attention) difficulties (Cicchetti, 2016; Cowell et al., 2015; Flynn et al., 2014; International Society for the Study of Dissociation et al., 2011; Macfie et al., 2001; Teicher et al., 2003). They do not develop a sense of themselves as a good person, others being trustworthy, authorities being protective and ethical, or that the world is safe and can be enjoyed so that the child can relax and let down her guard (e.g., (Courtois & Ford, 2009)).

Traumatized girls often exhibit difficulty focusing their attention as well as difficulties with other types of executive functioning, such that their concentration is poor. Poor attention interferes with academic success and their ability to remember and learn. This in turn contributes to them feeling "stupid" and inferior to others, which further erodes their sense of self which is already damaged due to trauma. This may have contributed to Christa's lack of enjoyment of school, and her dropping out of school after the 9th grade.

Depressed and damaged, people like Christa, tend to either not see warning signs that others are potentially dangerous or untrustworthy, or if they do notice some warning signs, they tend to ignore them or simply endure the ongoing mistreatment because being mistreated is all they know. They do not expect to be treated fairly and respectfully. The degree to which they expect others to be violent sets the stage for traumatized individuals being extremely vulnerable to being continually abused and manipulated by others outside the home throughout their youth and into adulthood, exactly as occurred with Christa. A child raised amongst violent, abusive people has not been taught to resolve conflict in healthy ways, or how to set self-protective boundaries in relationships, or that they should end relationships that are exploitive, violent, and/or sexually abusive. They have not been taught how to manage their emotions, and they tend to feel either too much (e.g., rather than feel happy, they skyrocket into mania or hypomania) or too little (e.g. feeling numb due to dissociation). They have no healthy ways to manage all the symptoms caused by trauma, such as how to manage depression and shame. They are prone to using self-destructive methods like drug and alcohol use to disconnect from their overwhelming painful feelings, horrible memories of abuse, and out-of-control psychiatric symptoms. These difficulties contribute to many traumatized, dissociative children struggling and failing in school, in social relationships in childhood and adolescence (DePrince et al., 2009; International Society for the Study of Dissociation et al., 2011; Teicher et al., 2003; Teicher et al., 2010).

Several of the previous evaluators note in their reports that Christa is highly dependent on others for support and vulnerable to feeling terrified if she feels she may be abandoned. The early experiences of being locked up and left behind, combined with continual neglect and abuse by her parents coupled with abuse by many adult men, created a tremendous fear of being abandoned. Christa's mother prioritized her relationships with men, purchasing clothing for herself, and buying alcohol above her daughters, as evidenced by her sending Alicia away to be raised by her sister and by her years of neglect of Christa. Christa's father also refused to take proper care of her, and relied on beating her to assert control, rather than actually teaching and parenting her. These experiences contributed to Christa being desperate for what she perceived as love in later relationships, including the one with Tadaryl Shipp.

Current Psychiatric Treatment

Christa did not receive psychiatric medication before she was incarcerated. Christa's psychiatric medications as of June 13, 2023 were Bupropion (Wellbutrin) 200mg at noon and bedtime; Aripiprazole (Abilify) 10mg at noon; and Propranolol 20mg at noon and bedtime. Buproprion and Aripiprazole are medications that treat depression and psychosis and bipolar disorder, respectively. Propranolol was added to manage the side effect of hand tremors that Christa developed after taking Aripiprazole.

Christa has found medications to be remarkably helpful in decreasing her moods swings and reducing her profound depression, as well as being somewhat helpful with calming her life-long anxiety. She reported having tried other anti-depressants and Depakote in the past that were not helpful or caused intolerable side effects. Since starting her current medications, Christa feels she can function more normally despite the incredible stress of living on death row in a unit that is often highly chaotic.

While incarcerated, Christa has worked to heal the impact of childhood abuse and neglect. In addition to the mood stabilizing medications that she is cooperatively taking, Christa reports having been helped a great deal by a therapist, Dr. Ali Winters, who provided her with treatment. Dr. Winters no longer lives near the prison, so can no longer treat Christa, although she still visits Christa regularly. It has been powerful for Christa to gradually feel less like an unworthy, unlovable "plague kid". She has learned much from talking to Dr. Pincus and Dr. Winters about her trauma history, and learning how it has impacted her behavior, thinking, feelings, and relationships, as well as her criminal behavior. She now expresses regret and sorrow about her actions in this case, recognizing that all of the youth involved were "troubled kids." Christa is afraid of losing control of her behavior but feels this is unlikely now that she is being medicated for bipolar disorder. As noted by Dr. Kenner, Christa has clearly benefited tremendously by receiving medication for bipolar disorder and psychotherapy for her traumatic upbringing.

Conclusion

Christa Pike's life demonstrates the tragic and life-long consequences of growing up with constant abuse, violence, and abandonment, with no protection. Decades of being brutally raped, molested, beaten, humiliated, emotionally abused, ostracized and screamed at profoundly damaged her, leaving her with a multitude of untreated psychological disorders. Without protection from the adults who were supposed to have protected her, and without treatment for bipolar disorder and her other psychological disorders, Christa managed her volatile emotions and trauma-related problems as she had learned from her parents: through self-medication with marijuana and drinking. At 18 years old, her immature, traumatized brain made her exceptionally vulnerable to impulses and extremely poor decisions. Unmedicated and untreated, she was not able to put the "brakes on" her bipolar- and trauma-triggered emotions. Tragically, she was unable to manage the upsurge of extreme rage and fear she felt when triggered by taunts and threats to the source of love she believed she had found with her boyfriend. The impact of trauma and untreated psychiatric disorders had tragic consequences.

However, after years of psychotherapy and medications to treat her mental illness, Christa is thoughtful, even-tempered, bright, funny, and hopeful. She exhibits deep remorse for her actions that resulted in Colleen Slemmer's death. However, Christa has matured and learned to process her trauma, and she is truly a different person than she was at the time of the murder. Christa will always carry that history of trauma with her, but she now has the tools to control her emotions and deal with life's stressors.

Please do not hesitate to contact me if you have any questions.

Sincerely,

Bethany Brand, Ph.D.
Licensed Psychologist and Professor

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APPENDIX A
REVIEWED MATERIALS

01. Social History by Dr. Diana McCoy, Ph.D
02. Christa Pike's Family Genogram
03. Testimony of Dr. Eric S. Engum
04. Psychiatric Affidavit by Dr. Stuart Grassian, M.D.
05. Psychiatric Evaluation by Dr. William Kenner, M.D.
06. Addendum to Psychiatric Report by Dr. William Kenner, M.D.
07. Testimony by Dr. William Kenner, M.D. (Doc. 10-4 and 10-5)
08. Report by Dr. Jonathan Pincus, M.D.
09. Testimony by Dr. Jonathan Pincus, M.D. (Doc. 9-8 and 9-9)
10. Report by Dr. George Woods, M.D.
11. Transcript of the Penalty Phase (Part 1 and 2)
12. List of Christa Pike's Medications and Diagnosis as of 11/18/2020