



3. My clinical practice, teaching, and research are focused on the assessment and treatment of complex adaptations in adults and children to trauma, particularly childhood exposure to maltreatment, including sexual abuse, neglect and domestic violence, and adult rape in both the civilian and military population.

4. I worked for the Department of Veteran Affairs Medical Center in Durham, North Carolina, for twelve years. In addition to my position as the lead psychologist in the Women's Comprehensive Health Center where I treated male and female veterans with histories of childhood trauma, military rape and combat-related Posttraumatic Stress Disorder ("PTSD"), I also developed and directed the Male Military Sexual Trauma Program. I continue to consult with the VA on various aspects of sexual victimization.

5. Prior to my appointment at the VA, I completed a post-doctoral fellowship at the Center for Child and Family Health-NC, a Duke University-affiliated community-based children's trauma center where I assessed and treated children with PTSD and other behavioral problems resulting from maltreatment, exposure to domestic violence and neglect. I subsequently joined the staff of the Center for Child and Family Health and created a trauma treatment program for the maltreating parents of the children who came to the clinic, many of whom had been exposed to such trauma in their childhoods.

6. Since 2012, I have provided full-time forensic consultation and expert assessment and testimony on the effects and impacts of childhood and adult trauma on development and behavior.

7. I have given invited lectures on the impacts of childhood maltreatment on development. I have also offered national teleconferences and consultation within the VA system on the sexual abuse and rape of males, and on rape perpetrator behavior.

8. I am an active member in good standing of the International Society for Traumatic Stress Studies, and have presented papers and chaired symposia on the effects of rape, male military rape, public education related to trauma and the traumatic experiences on children's development and subsequent adult behavior. I have extensive experience teaching and supervising post-doctoral fellows and psychology residents in the assessment and treatment of the various psychological impacts of traumatic life experiences.

### **REFERRAL REQUEST**

9. I was contacted by Craig M. Cooley, Judy Sprankle's pot-conviction attorney, in June of 2016 with a request to evaluate Judy. Specifically, Mr. Cooley requested me to evaluate the scope and impact of Judy's history of domestic violence in her marriage and post-marital relationship with Elmer Sprankle.

10. I conducted an assessment with Judy for 13.5 hours over the course of two days on October 7-8, 2016 at SCI-Cambridge Springs. My interviews with Judy were conducted face-to-face in a soundproof interview room in the prison's visitation area. Judy was not physically restrained during the assessment.

11. During the course of my assessment, I administered the following standardized psychological instruments:

-Clinician Administered PTSD Scale -5 (CAPS-5) (Weathers et. al, 2013)

-Abusive Behavior Checklist (ABOC) (Dutton, Mary Ann, 1992)

-Response to Violence Inventory: Strategies to Escape, Avoid and Survive Abuse (Dutton, Mary Ann, 1992).

12. In addition to my interviews with Judy, I reviewed the following documentation to guide my assessment and reach my findings and conclusions:

- a. Handwritten Chronology provided by Ms. Sprankle for Mr. her attorney, Mr. Craig Cooley, undated
- b. Phone interview with witness Mr. Jim Schutz, Ms. Sprankle's boyfriend, Oct 7, 2016
- c. Phone Interview with Ms. Kim Carulli, Ms. Sprankle's daughter, October 8, 2016
- d. Commonwealth of PA vs. Judy Lee Sprankle, Oral Plea Colloquy, September 20, 2012
- e. Letter from DA of Jefferson County PA to Toni Cherry, Esq.
- f. Commonwealth of PA vs. Judy Lee Sprankle, Application for Leave to Employ Psychiatrist, Tony M. Cherry, Esq.

- g. Psychiatric Report, Joseph S. Silverman, M. D. July 30, 2012
- h. C.V. of Dr. Joseph S. Silverman
- i. Affidavit of Probable Cause
- j. Pennsylvania State Police Incident Report, September 8, 2011
- k. Presentence Investigation Report, Kristine Lindemuth, September 12, 2012
- l. Witness statement form, Kim Carulli, PA State Police, Oct 22, 2011
- m. PSI Addendum, September 18, 2012
- n. Commonwealth of PA vs. Judy Lee Sprankle, Brief for Appellant
- o. Commonwealth of PA vs. Judy Lee Sprankle, Transcript of Sentencing Hearing, September 18, 2012
- p. Commonwealth of PA vs. Judy Lee Sprankle, Amended PCRA Petition, August 1, 2016
- q. Post-Sentencing motion filed by Toni Cherry, Esq. September 28, 2012
- r. Commonwealth of PA vs. Judy Lee Sprankle, Superior Court Opinion, filed July 2, 2014
- s. Commonwealth of PA vs. Judy Lee Sprankle, Opinion Hon. Judge John Henry Foradora, March 26, 2013

### **SUMMARY OF DOMESTIC VIOLENCE**

13. Elmer Sprankle exhibited lethal and psychologically destructive forms of domestic violence towards Judy Sprankle. Judy's behavior and Judy's responses to Elmer's behavior demonstrate a recognizable pattern of behavior widely recognized as Domestic Violence. In domestic violence relationships, the need for

one partner to have power and control over the other leads to various forms of violation and victimization that erode the battered partner's physical and psychological freedom and autonomy.

14. Elmer's acts of physical and psychological violence included:

- Holding a gun to Judy's head and pulling the trigger. She did not know it wasn't loaded.
- Pointing a loaded gun at Judy then pointing it at her children, while telling her that he would kill her kids first, then her, then himself.
- Repeatedly and violently raping Judy, vaginally, orally and anally.
- Choking her during these rapes.
- Hitting Judy in the face and jaw so forcefully that she lost her teeth on both sides of her mouth.
- Hitting Judy in the face hard enough to give her black eyes.
- Throwing Judy down stairs hard enough that she ruptured her appendix.
- Driving recklessly with Judy in the car, fast enough for the car to lose control and crash.
- Driving Judy off the road, causing her car to flip over.
- Driving Judy's daughter off the road.
- Repeatedly demeaning Judy's appearance, demoralizing her for the shape of her body, the color of her hair, the size of her breasts, the clothes she wore.

- Engaging in repeated affairs and telling Judy it was her fault for not being more attractive.
- Encouraging her to change these through extreme measures (starving herself, plastic surgery for breast enlargement, etc.).
- Holding her hostage in her house during beatings and threats to kill and harm her or the kids by locking the doors, taking the car keys.
- Stalking, pursuing and hunting Judy down wherever she went.
- Using tactics of psychological terrorism such as leaving repetitive signs that he was in the area, watching her, patrolling her activities (e.g., breaking into her house after the separation and rummaging through her purse, leaving balloons up on whatever route she took to and from her house, calling her house repeatedly, showing up at her workplace, etc.)

### **THE CYCLE OF ESCALATING VIOLENCE & COERCIVE CONTROL IN DOMESTIC VIOLENCE RELATIONSHIPS**

15. Domestic violence research recognizes that violence does not occur all the time in relationships between intimate partners, but rather happens in cycles. These cycles function as a powerful reinforcer for both the batterer and the victim to remain engaged in the relationship and explain what appear to be counter-intuitive behaviors on the victim's part particularly with respect to staying in the relationship.

16. Most domestic relationships begin with a powerful courtship phase that cements the love and attachment of the victim to the batterer so that subsequent early-phase expressions of jealousy and controlling or coercive behaviors may go undetected or interpreted as a sign of the batterer's concern and

devotion to his partner. Judy described Elmer as “very charming,” in the first two years of their marriage. Judy described that she fell in love with him, and had great sympathy for his status as being 1 of 12 children in a struggling family. There were signs of trouble in the first year of their marriage, such as Elmer’s arrest for being caught with a prostitute, but Judy was raised by parents who believed “until death do you part,” and that troubles in a marriage were to be tolerated.

17. When initial incidences of violation, violence, betrayal or verbal abuse occur, the victimized partner often believes, or is told by the batterer that it is their fault or occurred because of the partner’s lack of strong commitment or loyalty to the relationship. Often by using verbal and psychological abuse, they undermine their partner’s sense of confidence and instill feelings of self-doubt and shame. Thus, the victimized partner tends to emotionally invest more in the relationship rather than less, despite the fact that they have been severely hurt, betrayed and frightened by the batterer’s violence or betrayal.

18. In Judy’s case, Elmer’s first traumatic violation occurred in the second year of their marriage when he coerced her into participating in a sexual swap with a couple, “Debbie,” and “Ed,” whom Elmer knew. Judy described feeling shocked, betrayed, and shamed by Elmer’s insistence on doing this. Elmer had already begun his verbal abuse, calling her “beanpole,” and “flat chested,” and showing her sexual pictures of big-breasted women and saying how he wanted to put his penis



between big breasts, implying that Judy was not satisfying him sexually. He now compared Judy to Debbie, who had big breasts. At the same time Elmer started to make derogatory comments about her body, he started to control the way she dressed, telling her that her shorts were too tight, that she couldn't wear certain clothes, etc. Judy described feeling disillusioned and mortified by Elmer's pressure to participate in this swap, but she, like any new marital partner, wanted to please him and believed "if he loved me, he wouldn't have wanted Debbie." Judy also blamed herself and said, "I thought I was the one who was missing something [that Elmer needed]." So, despite her feelings of betrayal, Judy's love for Elmer and her hope that this would please and make Elmer happy convinced her to participate in the swap. Judy had to get drunk to participate in the swap. This was Judy's first time getting drunk, and the beginning of her use of alcohol to manage Elmer's sexual violations.

19. Over the next several years of their marriage, as a result of Elmer's insidious psychological abuse, and his denigration and control of her body continued, Judy stated, "I changed my shape for him." Judy got a breast enlargement, went on strict fluid diets to the point of illness, changed her hair color and made numerous other accommodations to appease Elmer's sexual and physical ideals. Meanwhile, Elmer continued to have sexual relations with Debbie and other women. Now that Judy has had a safe time away from Elmer and the

benefit of several years of sobriety, Judy had much more clarity on the first years of her marriage and said this about the first years, “Elmer was slowly controlling me. I just didn’t realize it. I just went along with it. I wanted to make him happy.”

20. Elmer not only began hitting Judy when he got angry at her, he began to rape her after beating her. Judy described how, if she cried while he was beating her, this seemed to elicit Elmer’s sexual violence. Judy said, “If I’d cry, he’d tell me to ‘quit whining. I’ll give you something to cry about.’ Then he’d have painful sex with me. He enjoyed that. He’d pull my hair, push me down onto his crotch and make me perform oral sex on him.”

21. Elmer began routinely raping Judy after her son was born. Judy reported that Elmer repeatedly told her that when he got home at 5 p.m. from work she had better be ready to have sex with him. Judy reported that Elmer stood by his threat because Elmer frequently came home from work and immediately forced Judy to have sex with him and that he was often violent during these acts. Based on Elmer’s threats and actions, Judy understood that Elmer was showing her that he controlled her. Judy dreaded these rapes and said “her stomach dropped” every time she heard Elmer come up the driveway. Judy said routinely hid alcohol in the downstairs bathroom to numb herself to get through the rapes. Judy attempted to avoid Elmer by working double shifts when he had a day off, but otherwise had to arrange her work hours so that she could be home with the kids

when Elmer was at work. If Judy resisted or refused to submit to Elmer's sexual demands Elmer became enraged, jealous, and accused her of cheating on him. Elmer routinely smelled Judy's clothes for semen. Elmer also routinely woke Judy in the middle of the night or badgered her all night until she submitted. Also, if Judy resisted, Elmer became more violent during the sexual acts, pulling her hair and repeatedly penetrating her, until she was bruised and sore. Judy said, "he'd have sex with me over and over and over again. It was like he was on an exercise machine. I was like someone was pounding me. It was very painful." Elmer also choked Judy on several occasions to get her to submit to sex. Elmer also anally raped Judy on several occasions.

22. Elmer's most violent and traumatic rape occurred when her son was 8 and her daughter was 5-years-old. Judy reported that this rape occurred unexpectedly. Elmer was sober, as was she, and the kids were home. The danger of the 5 o'clock rape had passed, so Judy gratefully assumed there would be no 5 o'clock rape. Elmer, however, started an argument with her and began hitting her. Judy stated, "I thought he'd just hit me and it would be over." Instead, Elmer dragged Judy into the bedroom by her hair, ripped off her shirt, then her pants without saying a word. Judy was terrified and shut her eyes, but Elmer yelled, "open your eyes, I want you to see me." Judy said Elmer was so enraged that his eyes seemed to change color. At that moment, Judy believed Elmer was going to

kill her. Judy heard her children outside the door and was overwhelmed with guilt and grief that she was going to die and her children would be left behind. Judy purposely did not scream or cry out because she didn't want to frighten her children. As Elmer's anger and violence escalated, Judy eventually dissociated from the traumatic and violent experience. Judy said, "I left. I don't know where I went. I could feel him on top of me but I don't know where I was. The next thing I knew, he was off me. He called me a slut and a fucking bitch and left the room."

23. After an acute violation, such as marital rape or an incident of physical or emotional battering, the batterer often expresses remorse and makes promises not to react this way again. The batterer often places some of the blame on the victim for provoking his violence and extracts a commitment from the victim to forgive him and to try harder not to provoke him. This forgiveness phase typically ushers in a renewed period of closeness or, at the very least, a significant decrease in tension and conflict, which reinforces the victim's love. The cycle unfolds again and again in this way where love and connection begets the batterer's jealousy and need for control, which precipitates an acute battering incident, followed by remorse and re-connection. For example, Judy reported that during the first decade of their marriage, Elmer was "very gentle" and "very remorseful" with her after his explosive and violent episodes.

24. Judy separated from Elmer after the sexual violation of the “swap” described above, but Elmer begged her to return, told her all the ways in which she pleased him, and they reunited peacefully for a period of time. After several incidences in which Elmer hit, struck, or punched Judy or threatened to kill her and the kids, Judy fled and attempted to hide at hotels or her parents’ house, but Elmer always pursued her, and if she refused to return, he always threatened to inflict more physical harm the longer she stayed away. Elmer repeatedly told Judy if he murdered her he would do it by choking her to death and that he would then hide her body.

25. Elmer, occasionally, also promised Judy he would change if she came back to him. Judy, predictably, returned to Elmer each time. Judy stated, “Outwardly, I tried to resist, but inwardly I felt helpless. I knew that Elmer would eventually always get what he wanted.”

26. The length of these cycles varies in each violent relationship, but the shorter the period between contrition and violence, the more acute and dangerous the violent incidences tend to become. Judy said Elmer was sometimes less abusive for a few weeks after a period of remorse, but Elmer inevitably returned to his violent and abusive patterns. This vicious cycle of physical, psychological, and emotional abuse continued throughout their marriage, even after their separation

in 2009, including September 8, 2011, when Elmer followed her to the magistrate's office.

27. While perpetrator tactics such as remorse, apologies, intermittent kindness and empathy for his victim have a powerful effect in keeping victims of domestic violence in the relationship, the overwhelming use of threat of life-threatening violence cannot be minimized in its power to dictate victim behavior, and its potential for lethality. Many times, the victim's survival depends on learning to accommodate, appease, and manage the perpetrator's overwhelming control, rather than escape it altogether.

28. Aside from the life-threatening violence Elmer perpetrated against Judy in the marriage, at least two of Elmer's attempts to intimidate and terrorize Judy occurred after they separated in 2009 and could have resulted in her death. As well, Elmer's tactics of psychological terrorism and his threats to harm Judy significantly increased in frequency and invasiveness after she separated from him in 2009 and began divorce proceedings.

29. It's well established in the domestic violence literature that victims who are killed by their batterers are most often killed when trying to leave the relationship, or after they have left. In other words, trying to escape or separate from the batterer is the most dangerous step a victim can take. The patterns of Elmer's violence, his attempts to run her off the road and his psychological abuse

and stalking follows a trajectory well-recognized in the domestic violence cycles and strongly suggests that Judy was at increasing risk for a lethal attempt on her life in the months and weeks preceding Sept 8, 2011.

30. In the sentencing phase, the trial judge opined that it thought the problem was “codependency” between Elmer and Judy, and stated, “I don’t think the two of you can live without one another and without you having him to shoot at, pick on.”

31. With due respect to the trial judge, such opinions used to explain the dynamics of violence gravely misconstrue the power of coercive violence and control, traumatic reactions, and survival under threat. The domestic violence literature and sexual perpetrator literature recognizes that behaviors such as those Elmer exhibited towards Judy are incredibly effective at producing accommodation and compliance in their partners. Such tactics explain, in large part, why Judy did not successfully leave the violent and tormented relationship she had with Elmer.

32. In fact, Judy separated from Elmer over 20 times during the course of their marriage, and many other attempts to separate were thwarted by Elmer’s psychological and physical abuse. Elmer often threatened to kill Judy, their children, or himself if she left. This was no idle threat. Elmer had demonstrated his willingness to do so several times throughout the course of the marriage by

putting a loaded gun to Judy's head and threatening their children with a loaded gun.

33. Instead, Judy learned that separation was a coping strategy to diffuse Elmer's violence for a period of time. When Judy did separate or flee, Elmer always attempted to find her and always convinced her to come back. Elmer did this in ways that are prototypical of men who batter: he showed remorse, cried, and promised not to be violent again. Elmer also appealed to Judy's sense of duty and obligation as his wife, which she took very seriously, particularly during the first two decades of their marriage.

34. As described above, Elmer exerted control over Judy's behavior by continuously attributing his violence to something she had done wrong. Judy described her belief that if she could just "please" Elmer, and fix his dissatisfaction with her, she could control or reduce his violence and abuse. Even though Judy was angry with Elmer for his abuse, she truly believed him when he blamed her, and therefore accommodated Elmer's increasing control over her movement, her body, and her behavior.

35. Judy's belief that she should keep the marriage together no matter Elmer's abuse was reinforced by her belief that she had to have done something wrong to cause Elmer's violence as well as her strict Catholic upbringing by her parents, and her parents' refusal to support her if she left the marriage.



36. While Judy repeatedly called the police regarding Elmer's abusive and violent behavior, police rarely arrested Elmer. Mr. Cooley, Judy's current attorney, has obtained one police report indicating Elmer was arrested on February 26, 1972 for hitting and punching Judy in the face, but it appears that this case was dismissed only two days later on February 28, 1972. The fact law enforcement rarely, if ever, arrested Elmer resulted in Judy's concerns being minimized or entirely dismissed. Paradoxically, these invalidating responses by law enforcement increased in proportion to Judy's calls and complaints. Judy reported that her calls to the police increased substantially after her separation in 2009, but that even Elmer attempts to kill her by running her and her daughter off the road did not result in any legal action against Elmer.

#### **POSTTRAUMATIC STRESS DISORDER (PTSD)**

37. I assessed Judy for Posttraumatic Stress Disorder (PTSD) using the Clinician Administered PTSD Scale (CAPS for DSM-5), a diagnostic instrument considered to be the most rigorous "gold standard" assessment for PTSD.

38. According to the CAPS, Judy meets criteria for PTSD related to the domestic violence and rapes she experienced in her marriage to Elmer. Furthermore, Judy demonstrates symptoms that characterize what is considered a "Dissociative subtype" of PTSD, indicating that she has a severe and complex form of PTSD.

39. Judy's PTSD symptoms began in the 1980's with at least two periods of the highest severity. These occurred during the 1980's when Elmer was actively raping her, and then again from 2009-2011 after she separated from Elmer and Elmer's death threats and psychological terrorism increased.

40. Dr. Silverman, the psychiatrist called by Judy's trial attorney to perform a psychological assessment of Judy, did not perform anything approaching a responsible or adequate assessment of either domestic violence or PTSD.

41. Dr. Silverman's C.V. indicates no experience or expertise in assessing domestic violence, or in diagnosing trauma-related disorders. Nevertheless, it's truly confounding how even a general-practice trained psychiatrist could fail to diagnose Judy's PTSD. Judy's PTSD symptoms were prototypical of the disorder, and so severe and pervasive throughout the course of her adult life, this diagnosis would have been difficult for any trained mental health professional to overlook.

42. A competent assessment of domestic violence would have offered the trial court an understanding of the complex dynamics of domestic violence relationship and battering. A thorough explanation of battering, domestic violence, trauma reactions, and PTSD would have explained many of the behaviors that so concerned the trial court about how Judy engaged in this relationship, and the events of September 8, 2011. This information would have been critical to informing not only the trial court, but also Judy's trial attorney as to whether Judy

possessed the requisite mental state for attempted murder and whether it was in Judy's best interest to plead guilty to attempted murder if she did not possess the requisite mental state for attempted murder.

43. The following describes the PTSD symptom clusters and gives examples from the impact of domestic violence and rape in Judy's life in each category of symptomatology.

**Criterion A: Traumatic Stressor: Exposure to actual or threatened death or serious injury directly or by witnessing.**

44. Judy experienced numerous incidents that threatened her life and her psychological integrity during the course of her marriage and after her separation from Elmer. Judy also witnessed the endangerment of her own children and grandchild. These are outlined in Part II above. Judy cited the worst traumatic incidents as: "The swap;" the marital rapes, the time when Elmer held the gun to her head; the time when he ran her daughter off the road, causing her car to flip over; the time when Elmer ran Judy off the road and flipped her car, and when Elmer attempted to abduct her grandson.

**Criterion B: Re-Experiencing Symptoms: These PTSD symptoms are characterized by the memories of trauma returning to an individual's mind, body and emotions when she does not want them to. Intrusive memories are typically vivid, and return with the emotional force of the original traumatic incidents, causing individuals to feel very distressed and to behave in ways that seem over-reactive and out of sync with their current-day environment.**

45. Judy described that by the time she separated from Elmer in 2009, she was plagued with intrusive memories of the above most traumatic incidences. By 2011, Judy stated, "the memories were always intruding." These memories popped into her mind unbidden or triggered by reminders or sensory stimuli in the environment. For example, Judy often recalled the rapes and how her children hid from Elmer while at work and that these thoughts flooded her mind even when she actively tried not to think about them. Judy reported that these traumatic memories continue to intrude her mind even while in prison. For example, whenever she attempts to garden, Judy hears Elmer's voice in her head, yelling and berating her, since this is what he used to do when she gardened while they were married. Other triggers to traumatic memories include seeing TV shows about children being abused, hearing the sound of car horns beeping, the sight of certain guards that look similar to Elmer, and some sexual situations Judy has encountered with her boyfriend.

46. These traumatic memories can be so vivid that Judy can lose and has in fact lost all sense of time and place. During these PTSD episodes, Judy becomes emotionally disengaged and flat, so much so that other people notice that Judy is “not there” and ask her, “What are you thinking about, where did you go?” Judy also reported acting fearful and irritable when a PTSD episode overtakes her mind.

47. Elmer’s abusive and violent treatment of Judy has also caused Judy to suffer from severe nightmares since the 1980’s. During many of these nightmares, Judy reported waking up in a cold sweat and gasping for air and being unable to fall back asleep. Judy reported seeing a psychiatrist who prescribed sleep medication, which helped somewhat, but did not prevent her nightmares altogether. Judy reported that the quantity and severity of her nightmares increased in 2010 after she left Elmer. Judy currently manages her nightmares and sleep disruption by avoiding sleep as long as possible and exhausting herself in the hopes that she will fall asleep and stay asleep.

48. Judy also reported becoming physically and emotionally distressed when something in her environment triggered a memory or memories of one of her many prior traumatic and violent experiences with Elmer. During these PTSD episodes, Judy’s heart races, her breathing slows, her palms get sweaty, and she gets dizzy and sick to her stomach. Prior to her incarceration, Judy used alcohol to calm and numb these symptoms of physiological arousal.

**Criterion C: Avoidant Symptoms: These symptoms represent the efforts individuals make to block out memories and feelings, and to behaviorally avoid triggers and reminders of past traumatic experiences.**

49. Judy's avoidant symptoms were extreme throughout her marriage and have constricted her life for decades. Most notably, Judy attempted to block out and numb the emotional and physical pain of Elmer's relentless abuse with the use of alcohol. Judy reported that she did not start drinking until she got married and that she did not drink to get drunk until Elmer's sexual violations began. The alcohol helped Judy manage her anxiety and dread about the impending violence that would happen to her; it helped her sleep; and it reduced her terror and the cognitive intrusion of the memories of Elmer's abuses.

50. Judy described numerous other avoidant symptoms prototypical of an individual suffering from PTSD. Judy avoided telling anyone what Elmer was doing to her. Even when Judy was injured and required medical care, she did not tell the doctor how she broke her rib or that Elmer had pushed her down the stairs and ruptured her appendix. Such avoidance of talking about traumatic experiences cuts across traumatized populations with PTSD. War veterans, domestic violence victims, and adults abused as children, for example, are all extremely reluctant, and often unable to open up about these painful topics and speak about them without a great deal of support. Indeed, Judy's boyfriend reported that she shuts down all conversations with him about Elmer, and she

reported that when her attorney, Mr. Cooley, asked her to write a timeline of the abusive events in her marriage, she reported that she was flooded with traumatic memories, became very distressed, and had great difficulty getting herself to do write the timeline.

51. Other avoidant symptoms that Judy reported are also widely seen in individuals suffering from PTSD. For example, Judy reported that she worked as much as possible, sometimes taking double shifts not only because she could not sleep, and was terrified to be around Elmer, but because keeping herself constantly busy served to suppress painful intrusive memories of Elmer's abuse. Judy avoided contact with other people and preferred to work alone at her job. Judy avoided jobs at her plant that meant she had to work for male bosses and she currently avoids, as much as possible, jobs and details at SCI-Cambridge Springs that involve male correctional officers.

52. Judy is unable to wear certain kinds of clothing that touch her neck, such as turtlenecks, because they trigger memories and the physiological sensation of being choked. Prior to her incarceration as well as now, Judy has avoided and continues to avoid crowds. As a result, Judy actively avoids the dayroom at SCI-Cambridge Springs.

53. In terms of where she will live once she is released from prison, Judy intends to live as far away from Dubois, Pennsylvania as possible so she is

physically and geographically separated from Elmer. Judy believes this will minimize the number of PTSD episodes because, by not seeing Elmer, the memories of his violent abuse will not flood her mind at all hours of the day.

54. Currently, Judy's avoidant symptoms still reach the clinical level. Judy continues to avoid thoughts, feelings, and conversations about Elmer's physical, sexual, and psychological abuse. This has inhibited Judy's ability to process and alleviate some of the grief she feels about her past. Judy stated that she does not like to cry and sometimes cannot because of the terrible memories of Elmer's abuse towards her when she cried. Thus, when she does cry, she not only feels her current grief, but the intensity of the emotions associated with the traumatic violence and rape Elmer used to punish her for crying. It is no wonder, then, that Judy avoids crying, and that when she does, she believes she may never be able to stop.

**Criterion D. Alterations in Cognition and Mood: These symptoms reflect the dissociative processes that alter the storage and recall of trauma memories as well as the working belief systems that develop as a result of surviving extreme danger and threat. This cluster of PTSD symptoms also encompass dysregulations in emotions such as guilt, fear and shame as well as the numbing of positive feelings. Finally, this symptom cluster captures the feelings of disconnection from humanity that can result from experiencing severe trauma exposure.**

55. As described above, Judy has notable dissociative amnesia for several of Elmer's worst instances of rape and violence. This dissociative process of leaving her body and mind when under extreme or perceived threat also occurred



on September 8, 2011 at several points throughout the incident. In the case of the worst instance of rape, and this incident, Judy cannot recall the details of the lost time no matter how hard she tries or with the help and cues others may provide her.

56. Judy has marked alterations in her beliefs and expectancies about herself, others, and the world that are typical of trauma survivors. For example, Judy believes the world is an extremely dangerous place and she believes she is helpless to make anything good happen in her life or that she can change the outcome of events she dislikes. While Judy's marital relationship with Elmer was extremely dangerous, her fear of disaster and endangerment has generalized to situations that do not warrant such conclusions. These cognitive beliefs have affected Judy's sense of safety as well as her parenting. For example, Judy reported that she always warned her children not to listen to adults and warned them about being kidnapped not just by Elmer, but also by total strangers.

57. Judy has great difficulty trusting others. Her primary belief, not surprisingly, is that other people cannot be trusted. While this belief was true about Elmer, individuals with PTSD unintentionally generalize their expectancy to almost all relationships in their life. Though Judy does trust her daughter, has good social skills and is, by all reports, well liked by her co-workers and friends, Judy prefers to keep to herself. Judy did very well at her job, but worked best alone

and on shift where there were fewer people. Like many adults who have suffered interpersonal abuse, Judy cannot feel completely comfortable or safe in relationships, and her sense of mistrust and endangerment increases the more intimate the relationship becomes, having been taught in her abusive marriage to Elmer that the closer the expected emotional connection, the more severely one is hurt, abandoned, and betrayed.

58. Judy also demonstrates significant dysregulations in guilt and blame. Much of Judy's guilt focuses on learning that Elmer abused her children as well and that she was unable to protect them from Elmer's abuse. Judy has not been able to repair her relationship with her son as a result of this violent past. Judy reported that she blamed herself for Elmer's abuse for years and years, stating, "I believed it when he told me it was my fault." Currently, however, Judy feels a significant degree of self-blame for ever loving Elmer in the first place. Now that Judy is free of the Elmer's psychological control, she blames herself that she "allowed" herself to be abused by him. This hindsight biased is prototypical of victims who are emerging from abusive relationships. The distorted cognitions that support chronic guilt and self-blame are a high priority target of all evidence-based PTSD treatments.

59. In addition to traumatic guilt and self-blame, Judy struggles with intensely dysregulated feelings of anger, shame, and fear. The intensity of these emotions and their timing were directly related, at times, to Elmer's activities, and, at other times, to the intrusive memories (symptom cluster B) and hyperarousal (symptom cluster E, described *infra*) associated with the impact and memories of her traumatic abuse.

60. Judy described markedly diminished interest in activities she used to enjoy as the violence in her marriage escalated, and even after her separation from Elmer. Judy reported she used to enjoy going to bingo, playing card games, and other activities when she was younger, but that by the time of her separation in 2009, she no longer enjoyed anything. Elmer's suspiciousness of her activities, his jealous rages, and her own demoralization curtailed any pleasure she took in life. Judy reported that in the months prior to September 8, 2011, her life consisted of working and coming home and nothing more.

**Criterion E: Alterations in Arousal and Reactivity: These symptoms reflect dyregulations in attention, anger, expectancies of danger, sleep and self-preservation that often result after trauma exposure.**

61. Judy endorsed and demonstrated marked symptoms of hypervigilance during her marriage to Elmer and these symptoms continue to the present-day. While hypervigilance was necessary for her survival, as will be discussed below in

the neurobiology of PTSD, our bodies and brains are not capable of being “on alert” full-time without significant cost to our physiology and behavior.

62. Survivors of domestic violence as well as many other trauma survivors who experience the level of physical cruelty and loss of control that Judy experienced from Elmer tend to feel chronically high levels of fear and apprehension with regard to their own safety, while at the same time experiencing a belief in that they have very little control over events that will harm them.

63. In PTSD, fear over a loss of control generalizes beyond dangerous situations and pervades all situations. This often leads to irritability and angry outbursts, some of which were cited in Judy’s sentencing hearing. Judy reported “snapping” at people and engaging in “screaming matches” when she feels threatened. Very often when Judy loses her temper, the stimulus that triggers Judy’s angry outburst somehow triggered a traumatic memory that ultimately produced the angry outburst. In other words, Judy’s angry outburst is the byproduct of a traumatic event brought back to life in Judy’s mind. What is critical to understand, however, is that Judy is rarely aware of the nexus between the stimulus that triggered the angry outburst and the underlying traumatic memory.

64. Judy reported that her angry outbursts and irritability have calmed and subsided since being incarcerated and that she feels more in control over his anger.

65. Judy described other preparatory defensive tactics and behaviors related to her hyperarousal and fear. Judy, for example, believed that it was just a matter of time before Elmer killed her. As a result, Judy lived in constant terror because she never knew if today was the day Elmer was actually going to follow through with his repeated death threats and kill her. Aside from Elmer's own potentially lethal attempts to choke her, run her off the road, and push her down stairs and steps, Judy had known Elmer to set cars and buildings on fire at least three times to collect insurance money. Judy also recalled Elmer attacking a man from work with a pick-ax and badly "mess him up." Judy, as a result, felt her life was constantly endangered. And she, like many of my veterans at the VA hospital who had survived combat, described feeling safer being surrounded by various objects she could use as weapons to protect herself. Like my veterans, when at home, Judy described keeping a bat by her door, a knife under her pillow at night, and carrying a stick and a gun in the car. Judy described her gun as a deterrent. Judy did not report any intention to use the gun other than to protect herself from Elmer's attacks. Judy stated that she carried it because, "I assumed that if Elmer saw a gun, he would back off."

66. Judy described other alterations in arousal and reactivity that became heightened after she left Elmer. Judy kept a constant lookout for Elmer's car and had a terror response when she saw it. Judy was afraid to go anywhere alone and tended to go out only with her boyfriend. Judy had a marked startle response to noises such as car horns, doors slamming, and anyone approaching her from behind.

67. Judy had severely impaired sleep patterns, sleeping only a few hours a night by 2010. Judy was unable to sleep in a bed and therefore slept in chairs or on the couch with the TV on and night-lights "all over the place." Judy reported that she was terrified to sleep and was always on alert. Judy continues to experience sleep disturbance in prison. As mentioned *supra*, Judy attempts to exhaust herself so that she can get more hours of sleep, but she still sleeps lightly, wakes whenever the guards come around, and cannot sleep unless there is the noise of a fan or a radio on. Judy believes that living with her daughter who has alarms on all her doors and windows will help her to feel safe and sleep once she leaves prison.

68. Judy endorsed severe problems with concentration that affected her work performance, but which worsened significantly starting in 2011. Judy can no longer read books, whereas she used to be able to read a book in 2 days. Her mind wanders off when she tries to focus on reading or any one thing. Judy has to exert a lot of effort to finish tasks because her mind wanders.

69. Towards the end of her marriage and after separating from Elmer in 2009, Judy also endorsed reckless and self-destructive behavior that put her at even greater risk for harm. For example, Judy described drinking and driving, walking down the middle of the road drunk, and flirting with men in bars, even though she knew this would precipitate a beating from Elmer. These symptoms, while they may seem paradoxical to PTSD's other fear-based reactions, are part of the continuum of dysregulation in arousal that individuals with PTSD exhibit. Risk-taking behavior is often not experienced as risky due to the trauma survivor's threshold for danger having been broken by their traumas. Their capacity to dissociate and numb fear also makes risk-taking feel much less risky. Risky behaviors also often signal hopelessness and sometimes re-enact the literal fact that they have been through near-death experiences in their traumas.

70. Finally, Judy's PTSD symptoms also include more severe dissociative symptoms than average. Judy's dissociative symptoms include persistent experiences of feeling detached from, or as if she is separated from herself and actually losing track of time, place and events without the ability to recall them. As described *supra*, these dissociative responses are often elicited in situations that were, in fact, traumatic, or which Judy perceived to be potentially traumatic.

71. Notably, Judy's behavior during the events of September 8, 2011 reflects the presence of almost all of these hyperarousal and dissociative symptoms. Seeing Elmer's car at the magistrate's office signaled extreme danger for Judy. The cascade of behaviors that followed were reflective of these alterations in arousal and reactivity.

**Criterion F: Functional Impairment, Duration, and Severity of PTSD**

72. Typically, PTSD is diagnosed after a trauma has terminated. However, in the case of combat veterans, war refugees, domestic violence victims, and torture victims, where the nature of the traumatic threat may last months or years and may occur intermittently within relationships over a long period of time, PTSD symptoms are still clearly evident, even if they may, at times, be adaptive to the ongoing danger. Because Elmer's physical, sexual, and psychological abuse continued right up until September 8, 2011, it is necessary to consider that many of Judy's PTSD symptoms might be considered adaptive to Elmer's ongoing threat. Judy's vigilance for his whereabouts, for example, and her terror response to his threats reflect not just over-reactions and maladaptive symptomology, but potentially helpful automatic survival responses.



73. Judy experienced PTSD symptoms starting in the second year of her marriage, after Elmer's rapes, emotional abuse, and physical violence became clearly-established. The PTSD symptoms became chronic and sometimes worsened after a particularly brutal rape or violent episode with Elmer.

74. So, it may be more accurate to say that Judy's PTSD symptoms co-occurred with the ongoing danger she was in as a result of Elmer's continual physical, sexual, and emotional violence. These symptoms no doubt had a needed survival function, but also significantly impaired Judy's ability to both leave the relationship and to fully function once she stopped living in the same house as Elmer.

75. Judy's PTSD symptoms persisted and some clusters of symptoms worsened after she left Elmer in 2009. Judy was able to maintain her employment, but her PTSD symptoms and alcoholism dominated every aspect of her life outside of work, including her relationship with her boyfriend, her daughter, and her limited social life. Judy reported that, although distressing, she had lived with these symptoms for decades and accepted her behaviors and reactions as her normal way of life. This is typical of many individuals who have undiagnosed PTSD.

## THE NEUROBIOLOGY OF POSTTRAUMATIC STRESS DISORDER & EFFECTS ON BEHAVIOR

### **A. Alterations in Threat Perception & Survival-Based Responses**

76. Chronic exposure to traumatic events can alter brain functioning and result in structural and neurochemical changes that can have profound functional and behavioral consequences.

77. Chronic exposure to trauma such as the trauma that occurs in childhood abuse, domestic violence, marital rape, and exposure to combat, repeatedly stimulates subcortical regions of the brain where the limbic system resides. The brain's limbic system is dedicated to organizing and regulating self-protective behavior. Limbic structures such as the amygdala are responsible for detecting threats, stimulating fear, and activating the appropriate physical responses to threats such as fleeing, fighting, or freezing.

78. Under life-threatening conditions, the brain reacts instantaneously to pass information about the threat directly to parts of the "lower" brain known as the amygdala and other parts of the limbic appraisal system. This instantaneous transfer of information through the lower parts of the brain bypasses the "higher" cortical areas of the brain responsible for processing, judging, and discriminating information, which allows the body to react with a fight, flight, or immobilizing response, all of which are considered survival responses. These higher cortical areas, which are bypassed under threat, include the frontal lobes, which process

information more slowly than the limbic structures, and thus impede the survival response. Therefore, these areas of the brain are passed over or de-activated under threat.

79. Typical brain functions integrate “high road” (frontal) and “low road” (limbic) pathways, but individuals with PTSD show differences in their use of these pathways. Their brains show an over-activation of the parts of the brain that detect threat, and which respond to that threat with “low road” limbic brain structures. At the same time, their brains show relative inactivity in their “high road” cortical pathways found in the frontal lobes.

80. This “low road” neurobiological response becomes chronic in individuals with PTSD. The brain pathways that magnify fear, perceptions of threat, and impulsive self-defense, and which alter sensory perceptions are over-activated, while the parts of the brain responsible for helping them to manage and minimize intense emotional and behavioral reactions is simultaneously shut down. Therefore, the brain function of individuals with PTSD is primed to detect and respond to threat. This is incredibly useful in surviving in such life-threatening conditions as a domestic violence relationship and combat.

81. However, the PTSD brain is less adept at discerning when a situation is less than life threatening. Because the parts of the brain that slow down survival responses are off-line at times when they would be helpful in guiding behavior,

individuals with PTSD sometimes appear to over-react in situations where such reactions may not be necessary. These over-reactions manifest in both the avoidant and the hyperarousal symptoms of PTSD. Individuals with PTSD may, at times, go to extraordinary efforts to avoid reminders of their trauma and people or situations that trigger memories of the trauma. However, no matter how successful they are at avoiding reminders of their trauma, they constantly feel the impending threat of their traumas occurring all over again. The threat of danger, in other words, is omnipresent for someone with PTSD. Hypervigilant symptoms can be seen in such behaviors as constantly being “on watch,” scanning the environment, expecting the worst to happen, sleeplessness, impaired concentration, irritability, and intense emotional reactivity. All of these symptoms reflect the above described “low-road” limbic reactions of the PTSD brain.

82. While the use of alcohol can alter PTSD symptoms, it cannot and does not erase PTSD symptoms. Rates of alcohol misuse and abuse in cohorts of individuals with PTSD have been shown to be as high as 85%. Co-morbidity of substance use disorder and PTSD is so high because alcohol can be particularly useful in helping temporarily numb fear, anxiety, and the painful emotions that come from the intrusive memories of their trauma. Alcohol also calms the hyperarousal symptoms, and is used most often to induce sleep. However, alcohol

abuse may also interact with other PTSD symptoms to further impair an individual's ability to accurately perceive situations and process information.

**B. Impact of PTSD on Judy's Behavior on September 8, 2011**

83. While Judy described having alcohol in her system on the morning of September 8, 2011, in my opinion, it is abundantly evident that her PTSD symptoms, more than her alcohol intake, dictated her behavior. Judy arrived at the magistrate's office having been triggered to past memories of Elmer's abuse by seeing Elmer's car following her to the magistrate's office. There was no reason for him to be there on that day because the matters for which she was appearing were related to her neighbor, not Elmer.

84. Judy reported feeling particularly vulnerable that morning because her boyfriend had not come with her. Judy, as mentioned, had buffered her terror of encountering Elmer in public by always going places with her boyfriend. At first, Judy attempted to avoid Elmer by driving around the town, hoping he would stop following her. When Judy arrived in the magistrate's office, she again attempted to avoid Elmer by running up the steps of the office. Judy thought that if she could just get inside, she would see her attorney and feel safe from the implied threat of Elmer's presence. However, just before she entered the building, Elmer shouted something to the effect, "I'm going to get it all and JP as well." JP is Judy's grandchild.

85. This threat, particularly the threat to JP, triggered Judy's traumatic memories both of Elmer's past attempts to take her grandchild as well as the time Elmer placed a gun to her head and pulled the trigger. The terror and loss of control associated with these memories overwhelmed Judy. At this point, Judy's behavior represented survival responses perceived as self-defense against Elmer's threats. The intensity of Judy's defense was informed not only by the current day threatening situation, but also by the full emotional intensity of her past traumatic memories and memories of overwhelming helplessness to protect herself. As well, Judy's experiential knowledge that she had no protection from the police and/or legal recourse for protection only served to increase her perceived need for self-defense.

86. Judy described alterations in her sensory perception, and stated that when Elmer stopped the car, she perceived that the red lights on the car meant that he was backing up and was going to run her over. Judy described how time slowed down like a "slow motion picture." Such a description is prototypical of the perceptual system when someone's life is under threat. Judy recalled thinking that firing the gun would deter Elmer from coming after her, and might make him flee to scene. When Judy fired the gun, she said she did not hear the gun going off. Judy then described losing all memory for what happened next. This symptom, also known as peri-traumatic dissociation, is a cognitive process that may be

elicited under traumatic conditions. Judy cannot recall what happened in the intervening minutes or seconds, only that she next heard someone telling her to drop the gun. Judy recalled being jumped on by a lot of police and shoved up against a wall.

87. Judy's statements after the shooting that she wanted to kill Elmer reflect her certainty that it was only a matter of time before Elmer killed her. Unfortunately, Elmer's past attempts on Judy's life and the statistics on domestic homicides bear out her fears. Approximately 75% of women who kill their batterers are killed when they attempt to leave or have left their abusive spouses.

88. Currently, Judy continues to fear that Elmer would have murdered her by choking her to death and hiding her body. This is a threat Elmer made many times throughout their marriage. However, upon release from prison, Judy plans to immediately move to Alabama to live with her daughter and son-in-law. Judy has does not know whether Elmer will pursue her to Alabama, but she believes that moving far away will offer her the benefit of distance, her daughter's in-home security systems, and treatment for PTSD to mitigate her fear and increase her skills in keeping herself safe without the use of force. Judy has also been sober since 2011 and is committed to her continued sobriety.

## CONCLUSIONS

89. Judy Sprankle's description of her marital relationship to Elmer Sprankle, his acts of violence towards her, and her reactions including accommodation, appeasement, and numerous failed attempts to leave and terminate the marriage, describe the cycle of violence and psychological control prototypical of domestic violence relationships. Further, Judy was repeatedly and sometimes brutally raped as part of Elmer's abusive violence and control.

90. Though Judy and Elmer had been separated since 2009, Judy was not free from Elmer's ongoing attempts to intimidate and control her and to threaten her life. Therefore, Judy's reactions and behavior on September 8, 2011 cannot be isolated from the larger context of Elmer's decades of domestic battering, as well as the present and ongoing threat he represented to Judy.

91. It is well established that the most dangerous time for victims of domestic violence occurs after the battered partner attempts to leave the relationship. Elmer's continued psychological abuse after 2009, his attempts to run Judy and her daughter off the road, and his stalking follows an escalating trajectory well-recognized in the cycles of domestic violence and strongly suggests that Judy was at increasing risk for a lethal attempt on her life in the months and weeks preceding September 8, 2011.



92. Judy meets the criteria for Posttraumatic Stress Disorder, dissociative subtype, as a result of Elmer's extreme acts of physical and psychological abuse listed above.

93. Judy's PTSD symptoms began after the second year of her marriage to Elmer as a result of the acts of violence, psychological control, and rape described throughout this report. Judy's PTSD symptoms followed a chronic course and were assessed to be severe at the time of the incident on September 8, 2011.

94. Both the potential life threat that Elmer's presence represented in the moment, and Judy's PTSD symptoms on September 8, 2011 offer a coherent explanation of Judy's behavior. In my opinion, Judy's perceptions, thoughts, and behaviors on that day must be understood within a thorough understanding of how batterers exert control and terrorize their victims, the impact this has on victim's behavior, and how the neurobiology of PTSD affects perceptions and behavior.

95. My opinions with regard to the domestic violence perpetrated by Elmer and its impact on Judy reflect my conclusions from information contained in the above-mentioned documents, my direct assessment with Judy and other witnesses, as well reference to my clinical expertise and the scientific research and literature in the field of trauma and domestic violence. I therefore offer these

conclusions with a reasonable degree of psychological certainty. These opinions may be subject to modification in light of new information obtained.

96. The scientific research buttressing my findings and conclusion was available in 2011 and 2012. Had trial counsel contacted me in 2011 or 2012, therefore, I would have been available to provide these findings and conclusions to trial counsel and Ms. Sprankle.

*Victoria Reynolds*

Victoria Reynolds, Ph.D.

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