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Expert Witness Report

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This Expert Witness Report was prepared for Ronald L. Kuby, counsel for Gigi Jordan.

Expert Qualifications

I am a board-certified adult, adolescent and child psychiatrist. Currently, I am Professor of Pediatrics and Child Psychiatry at Cincinnati Children's Hospital Medical Center, University of Cincinnati College of Medicine. I direct the Center for Safe and Healthy Children (CSHC), a forensic evaluation, treatment, and research, hospital-based, Children's Advocacy Center that evaluates over 1200 children a year for allegations of abuse and neglect. I have directed this center for over a decade and will soon be assuming a position as Professor of Psychiatry at the University of North Carolina School of Medicine in Chapel Hill, NC.

I received my MD degree from Indiana University in 1975. Following an internship at Indiana University Medical Center in Indianapolis, I completed a residency in adult psychiatry at Yale University from 1976-1979 and then a 3-year clinical research fellowship at the National Institute of Mental Health Intramural Research Program in Bethesda, MD. After the fellowship I joined the NIMH staff and did a fellowship in child and adolescent psychiatry (1986-89) at Children's National Medical Center/George Washington University in Washington, DC. I continued my research at the NIMH on the effects of childhood maltreatment for 17 more years eventually becoming Chief of the Unit on Developmental Traumatology. Interested in applying what we had learned, I took a position at Cincinnati Children's Hospital where I have directed the CHSC since 1999.

I have conducted research on child maltreatment for about three decades and am a collaborator (with Drs. Trickett and Noll) on the longest-running, prospective, multi-generational research study of the effects of sexual abuse on child development (1). I have published over 170 scholarly articles and chapters and two books on topics related to child maltreatment. I am a recognized authority on child and adolescent dissociative disorders as well as on the effects of child maltreatment on biological, psychological and social development.

Documents Reviewed

Multiple documents were reviewed including: hospital records, medical laboratory results, admission notes, letters from referring physicians, school records, affidavits, therapists notes, photographs, a video, and emails.

Expert Opinions

1) It is my opinion that that Jude Mirra suffered extensive and sadistic physical, sexual, and emotional abuse that continued for several years.

There are multiple lines of evidence indicating that Jude Mirra suffered extensive physical, sexual and emotional abuse from an early age until he disclosed the abuse to his mother around age six and half years. Specific details about the abuse, which Jude disclosed over time, are documented by several therapists in their notes. There are also dozens of pages of texts or emails exchanged between Jude and his therapists and Jude and his mother that include graphic descriptions of his abuses and how they were related to his abnormal behaviors. An overview of Jude's complex and perplexing medical history as documented in his medical records, further supports Jude's descriptions of his abuses.

Jude's therapy records contain multiple independent references by the therapists and others to disclosures made by Jude through texting and verbal statements about recurrent, severe, sadistic, physical and sexual abuse reportedly perpetrated by his biological father, Emil Tzekov (aka "dad") and by others associated with Emil Tzekov. The emergence of additional details over time following the first revelation is characteristic of the way that many children gradually disclose long histories of abuse to trusted adults. The details indicate that the physical and sexual abuse was inflicted in deliberately sadistic ways that amount to systematic torture and pervasive intimidation.

Jude's medical and therapy history is long and complicated. However, it roughly divides into two parts, his medical workups and treatments for his behavioral symptoms from ages 3-5 years and his later psychotherapies for speech delay, extreme regression, dissociative and trauma-related symptoms starting around age 6 years till his death.

Jude was initially considered to have an autism spectrum disorder following his abrupt loss of language and behavioral regression which is dated as beginning somewhere between fourteen and eighteen months of age, depending on the records reviewed. The rapid and extreme fluctuations in his behavioral state, particularly his degree of regression, however, suggested an underlying process that was not compatible with classic autistism. Following a treatment with high dose steroids, Jude seemed to improve markedly. In a letter (2/5/2005), Dr. Maurine Packard, a pediatric neurologist, writes, "*There was a very clear and definite reversal of many of the behaviors associated with autism. ...This was a different child than I evaluated in October* [2004]."

As he was seen by more experts, there were numerous observations in the records that Jude's symptomatic presentation, clinical course, and his very positive response to high dose steroids was atypical for autism and indicated another reason for his problems, possibly an autoimmune process. Different medical specialists examining Jude repeatedly commented on the atypical nature of his "autistic" symptoms, particularly his ability to form positive relationships with others and his degree of social awareness. His cognitive and social skills are described in some reports as being higher than his extreme

behavioral regression would have indicated. However, further treatments directed at a hypothesized immunological cause for his symptoms were not nearly as successful and Jude appeared to quickly lose some of the developmental gains. Subsequently Jude showed transient positive responses to benzodiazepines and ECT, which is also not compatible with a diagnosis of autism.

In addition to intensive medical workups for the cause for his behavioral problems, Jude was seen at a number of emergency rooms or had medical evaluations for unusual medical symptoms (e.g., blood in the urine, massive dental abscesses, elevated catecholamines, bilateral toe nail infections, recurrent penile irritation, and swollen scrotum). Subsequent workups for the causes of these symptoms were negative. In retrospect, it is highly probable that some of Jude's unexplained and unusual medical problems were unrecognized injuries from physical and sexual abuse.

There are numerous examples of Jude's texting included in the records examined. There are a number of statements in therapists' records and sworn affidavits attesting to the witnessing of Jude's independent use of a texting device to communicate with others. Text statements made by Jude to his mother and to therapists describe abuses that could account for his medical problems.

For example, his massive dental abscesses in 2004, which occurred close in time to his loss of speech and extreme behavioral regression, could well have been the result of being made to eat feces, an abuse Jude that reported to several individuals when he was older. In his texts, Jude refers to being made to eat feces if he talked or if he ate certain foods. He also reports being orally and anally sodomized. It appears that Jude experienced sadistic oral abuses that may have contributed to his delayed spoken language and his food aversions. He also describes being stuck with needles under his nails, which could have produced the toenail infections that required visits to the emergency room on two occasions.

The kinds of sadistic abuses that Jude endured are more in the realm of torture than is common in most cases of child physical and/or sexual abuse. The abuses involved inflicted pain, revulsion and humiliation, and perverse sexual abuses, which were paired with threats of further abuse and/or death to Jude and his mother if he were to tell what was happening. In his texting, Jude repeatedly names Emil Tzekov (dad) as his primary perpetrator. He also names some other individuals associated with Emil.

I examined a photo of the "Valentino Brothers" taken from Emil's Facebook wall. In the photo, titled "Valentino brothers in Action:):) Coming soon on DVD:):)" Emil and his brother, Mario, are holding a young (pre-pubertal) girl by her legs with her arms over their shoulders. She is wearing short pink shorts and her legs are pulled widely apart, revealing her crotch area, which is perceptibly outlined by the tightness of her shorts. She has a frozen "false" (non-Duchene) smile on her face. The two brothers are shirtless and wearing tight shorts. In the background a lady wearing a bikini is standing next to a stripper pole.

A number of comments about her "adorable" appearance are posted in response to the picture. In reply to these comments, Mario Tzekov promises to post a picture of the child on the stripper pole. The following are quotes by Mario Tzekov: "12/22/2010 at 5:37 pm - Mario Tzekov "and you have to see her claiming [sic] on the pole :-)"; 12/22/2010 at 5:50 pm - Mario Tzekov "we will post the photo soon she is up almost close to the selling [sic], squeezing the pole with her legs and holding her self only with one arm haha, she is amazing"; 12/23/2010 at 5:12 pm - Mario Tzekov - "O yeas we will, you have to see this little puppy on the pole :-)"

I have directed a child abuse investigational center (Center for Safe and Healthy Children located at Cincinnati Children's Hospital) for over a decade. In that time I have participated in a number of Internet child pornography investigations conducted by the FBI out of my Center. I have also received multiple trainings in Internet child victimization conducted by the FBI in Washington, D.C. as part of their "Safe at Home" Initiative. In my opinion, this picture is similar to the types of pictures posted in public forums to covertly advertise the availability of child pornography. Although she is being exhibited in a highly suggestive pose, the child is sufficiently clothed that the picture can be posted on a public website. Additional pictures are being promised.

In summary, there are at least three separate lines of evidence that Jude Mirra suffered extensive and sadistic physical, sexual, and emotional abuse. His therapists record his statements and descriptions of abuse in their notes, records of Jude's texting have multiple references and descriptions of his abuse and intimidations, and the medical record is compatible with Jude's reports of the kinds of abuses that he experienced.

2) It is my opinion that Jude Mirra's behavioral problems and developmental course are highly consistent with the progressive emergence of a pathological level dissociation over the course of his life.

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) defines the essential feature of dissociative disorders as "*...a disruption in the usually integrative functions of consciousness, memory, identity, or perception of the environment. The disturbance may be sudden or gradual, transient or chronic.*"
(American Psychiatric Association, 1994, p. 477)

In children, especially young children, detecting dissociative disruptions in the integrative functions of consciousness, memory, identity, and perception is best approached by documenting a set of unusual or perplexing behaviors characteristic of dissociative children. Several validated dissociative behavior checklists and clinical interviews are available for detecting and/or diagnosing pathological dissociation in children including the widely used Child Dissociative Checklist (CDC) that I co-developed (2). To the best of my knowledge, Jude Mirra was never assessed with a standard child dissociation measure, but it is possible to extract statements from the medical and therapy reports of professionals who worked with Jude that can be compared against the behaviors commonly included on child dissociation measures.

The emergence of pathological dissociation over the course of childhood often follows a characteristic developmental trajectory initially manifest by behavioral problems, frequent extreme tantrums and aggression towards self or others, developmental regressions, rapid shifts in behavior, and somatization. The periodic mutism, freezing and other catatonic behaviors, staring and trance-like spells, facial tics, eye rolls, intermittent problems with coordination and loss of motor skills, unusual mannerisms, sudden episodes of extreme age regression, inconsistent cognitive abilities, and erratic fluctuations in developmental capacities, all perplex caregivers and professionals. Often these fluctuations in behavior, emotion, aggression, and age-appropriate level functioning have abrupt onsets and offsets and can be linked to specific environmental or emotional triggers.

Between ages 3-5 years, Jude was seen by multiple medical specialists at major medical institutions for what was frequently described in the records as an atypical form of the autism spectrum of disorders. A number of alternative diagnoses were considered and ruled out, often after extensive medical work ups. Medical specialists who saw Jude describe: "*neurocognitive regression*", "*uncontrollable tantrums*", "*staring spells*", "*facial tics*", and "*nocturnal jerking*". Jude was noted to show sudden changes in behavior, emotion, and developmental capacities. In a letter (10/20/04), Dr. Michael R. Pranzatelli, MD, a pediatric neurologist, writes that during his examination, "*He* [Jude] *alternates between smiling and squealing, and crying. The transitions are rather abrupt and do seem to be related to transitioning.*"

Around age 6 and half years, Jude first discloses that he is being sexually abused following two episodes of bright red blood in his urine. Increasing details of the sexual, physical and emotional abuse emerge over the next several years in a series of additional disclosures to his mother and therapists treating him. Starting about the same time, the records indicate that Jude becomes more communicative primarily through 'texting' on a Blackberry or other keyboard device and short verbal sentences. There are a number of statements in therapists' records and affidavits attesting to the witnessing of Jude's independent use of a texting device to communicate with others.

Examples of Jude's texting included in the records show significant variations in skill, grammar, and content within a single session. There is evidence of intrusive breaks in the continuity of Jude's texting that disrupt the flow of his discourse with long strings of letters, e.g., "OoooOooooOooooooOooooooooooooo" "GggOoootvgggg gggggggggOtgggGdssssss ggggggggggg". These often occur when Jude is texting details about his abuse or his fears. These intrusive breaks are evidence of a disruption in his mental state, likely triggered by the emotional content of what he is texting about. Similar profound fluctuations in motor skills, cognitive, and communicative ability triggered by emotional reactions are commonly seen in children with a dissociative disorder.

Around age 8 years, Jude begins to describe to his therapists the experience of having separate parts of himself that are named and have distinctive roles. Although the therapists spell the names of these parts differently, the descriptions of their roles,

functions and personality attributes are essentially the same across the therapists. The mental dynamics of these alter parts of Jude, e.g., they disagree with each other, some hold traumatic memories not available to other parts, some are responsible for specific behaviors (e.g., behaving like an infant), are similar to those described in cases of childhood dissociative identity disorder (3). Jude also complained of a number of classic Post Traumatic Stress symptoms, e.g., intrusive memories of his physical and sexual abuse, which triggered the emergence of these other parts of himself. He was catatonic at times. PTSD symptoms and periodic catatonia are common trauma-related symptoms often seen with dissociative disorders.

Jude's developmental course is highly consistent with the progressive emergence of pathological dissociation. Using the records reviewed, it is possible to identify at least 10 behavioral items on the Child Dissociative Checklist (CDC) Version 3.0 that Jude exhibited as reported by one or more professionals working with him at various times. Based on the records, his CDC score can be estimated to be between 15-20, which exceeds the CDC score of 12 empirically determined to be a conservative threshold for identifying pathological dissociation (4). Because I have not examined Jude personally, I cannot make a formal DSM-IV diagnosis of dissociative identity disorder (DID), but the existence of developmentally distinctive, named, alter parts of his identity, together with his many other dissociative symptoms, make it likely that Jude was well-along in the process of developing DID.

The linkage between experiences of severe trauma and the development of pathological dissociation including DID is well established in the scientific literature (5). The relationship of significant dissociative responses to trauma has been scientifically documented for a number of types of trauma including: manmade and natural disasters, childhood physical and sexual abuse, combat, rape, and automobile accidents. Using statistical methodology known as a "meta-analysis" that quantifies the robustness of such relationships by weighing results from independent studies to average out spurious effects, van IJenzdoorn and Schuengel (5) found highly significant associations between PTSD (Cohen's **d** = 0.75, p=2.89e-21) and dissociation and between sexual and physical abuse (Cohen's **d**=0.58, p=2.12e-12) and dissociation (5). The exponentiated "p values" indicate that a relationship between some type of trauma and dissociation was found so frequently across the different studies analyzed that the probability that it would have repeatedly occurred by chance is about two in a trillion.

From a psychological perspective, dissociation is understood to be a coping response to extreme trauma. As one patient put it, "It is the way out when there is no way out". When helpless in the face of overwhelming trauma some individuals dissociate as a way of "not being there". Rape victims, for example, will sometimes describe, "going away inside my mind" or similar strategies that help to mentally remove them from the experience. The development of Dissociative Identity Disorder occurs in the context of severe, repetitive, early childhood trauma that causes the young child to repeatedly dissociate, mentally creating alternate selves to hold the experience of the abuse. This creation of alter selves is thought to be related to the ability of some young children to create imaginary playmates or infuse dolls, toys, or other meaningful objects with distinct

'personalities'. If these alternate selves continue over a sufficient period during early development, the child can develop Dissociative Identity Disorder.

In summary, Jude's behavioral symptoms and clinical course as documented in the medical and psychological records and his own texted descriptions of his alternate parts are indicative of pathological dissociation. The types, duration, and especially, the sadistic and controlling quality of the physical, sexual and emotional abuses and threats to self and significant others that Jude experienced over most of his life were sufficient to cause pathological levels of dissociation which, over time, could produce DID.

Respectfully submitted,

Frank W. Putnam, MD

Frank W. Putnam, MD

6/2/2011

Date Signed

References Cited

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