APPENDIX F

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September 14, 2021

RE: Ramiro Felix Gonzales

Dear Ms. Posel and Mr. Schonemann:

This letter addresses my conclusions from a psychological examination of Ramiro Felix Gonzales. You have asked me to:

1. **Examine Ramiro's psychosocial history and functioning and comment on the severity and impact of traumatic stress and adversity on him throughout childhood and adolescence.**

2. **Discuss the clinical conclusions from previous evaluations of Ramiro, in relation to the current evaluation.**

3. **Describe Ramiro's current functioning in relation to his history and relationships and insight about his past conduct.**

In this letter, I will first review recent scientific literature that links early adverse life events to poor outcomes in the life of a child. I will also review scientific findings that have demonstrated that these adverse life events—particularly childhood maltreatment and neglect—cause alterations in normal development and cognitive, behavioral, and emotional functioning. Next, I will discuss the factors and events in Ramiro's life history that have been shown to put children and adolescents at risk for behavioral and emotional difficulties, such as mental illness and academic problems. Finally, I will discuss Ramiro's current functioning and development since being incarcerated.

Qualifications

My qualifications are outlined in my curriculum vitae, attached. In sum, I am a clinical psychologist, licensed to practice in the State of New York. I received my Ph.D. in Clinical Psychology from the University of Michigan in 1998. My pre-doctoral and post-doctoral training included extensive training in the evaluation and diagnosis of mental disorders. Since 1998, I have worked as a psychologist at Bellevue Hospital and NYU School of Medicine at the Bellevue/NYU

Program for Survivors of Torture. I have evaluated, treated, and supervised the treatment of numerous children, adolescents, and adults who have experienced war trauma and torture. I have evaluated individuals and served as an expert for court proceedings in the Military Commissions in Guantanamo Bay; in the United States Federal Courts for the Southern and Eastern Districts of New York and the Western District of Missouri; in the Superior Court of Skagit County, Washington, and for immigration proceedings in numerous courts through the Executive Office of Immigration Review. I have trained hundreds of health professionals and attorneys on the evaluation and treatment of war trauma and torture and have lectured or conducted seminars on issues of torture and complex trauma sponsored by a wide variety of organizations, including human rights organizations, governmental entities, universities, and the International Criminal Court.

I have co-authored several publications pertaining to the assessment and treatment of trauma, including that suffered by survivors of torture, including as a contributor to the United Nations' *Istanbul Protocol: Manual on the effective investigation and documentation of torture and other cruel, inhuman, or degrading treatment or punishment*. I have also published on treatment of traumatic stress in children. These peer-reviewed articles have been published in textbooks and professional journals, including *The Journal of Nervous and Mental Disease*; *The Prevention Researcher*; *Psychiatry: Interpersonal and Biological Processes*; *OMEGA – Journal of Death and Dying*; and *Journal of the American Academy of Child & Adolescent Psychiatry*. I serve as an ad-hoc reviewer on several peer-reviewed journals and presses, including *Anxiety, Stress, and Coping: An International Journal, Cambridge University Press Medical Group, International Journal of Law and Psychiatry, Journal of Clinical Child and Adolescent Psychology,* and *Journal of Clinical Psychology.*

Methodology and Material Reviewed

An expert examination of the impact of trauma on a child's development requires that the expert have knowledge of the extensive body of research and clinical literature addressing the deleterious impact of childhood traumatic stress on the child. An expert with this knowledge is necessary not only for the proper analysis of the evaluation material, but also in order to competently conduct interviews that are trauma-focused and trauma-sensitive and thereby garner valid information. Thus, throughout this report, I include citations to scientific literature from the fields of traumatology and child development that are relevant to this evaluation. A thorough examination of an individual's childhood history of traumatic stress and risk and protective factors requires this methodology and expertise in order to draw valid conclusions.

In order to address the referral questions asked of me, I met with and evaluated Ramiro Gonzalez over the course of two days, for approximately 8 ½ hours. I administered the Traumatic Symptom Inventory, the Test of Memory Malingering, and Dissociative Disorders Interview Schedule measure.

I also interviewed Emma Smythe and Jessica (Keegan) Johns, maternal family members of Ramiro. I spoke with Ms. Johns on January 19, 2021, for approximately two hours and to Ms. Smythe on January 27, 2021 for approximately two hours.

In addition, I reviewed voluminous life history documents. The records I have reviewed are the types of materials and information routinely relied upon by mental health professionals in reaching reliable opinions and clinical conclusions. I reviewed the following documents:

- Transcript of 2006 capital murder trial
- Institutional records from TDCJ
- Bandera County Sheriff Department records regarding prior law enforcement contact and incarceration of Ramiro Gonzales
- Medina County Sheriff Department records regarding prior law enforcement contact and incarceration of Ramiro Gonzales
- Newspaper articles and local media coverage
- Sworn declaration of Frederick Lee Ozuna, dated August 25, 2019

Scientific findings relevant to Ramiro Gonzales' history

Before I review Ramiro's life events that are relevant to a discussion of the impact of trauma on him, I will briefly review the scientific literature that pertains to the impact of chronic childhood traumatic stress on the neurobiological development of children. There is a robust body of scientific research on the impact of adverse life events on child development.

A. Mental health problems: Links to toxic stress in childhood

The Centers for Disease Control collaborated with Kaiser Permanente to conduct the Adverse Childhood Experiences Study. This study of over 17,000 adults is one of the largest scientific investigations conducted into the links between childhood life events and adult outcomes. The data from this study confirmed the connection between various negative childhood experiences, such as being physically and emotionally abused, witnessing domestic violence, and having a mentally ill, substance-abusing or incarcerated family member, and a variety of negative psychological outcomes.

The ten adverse childhood event (ACE) risk factors analyzed were:

- (1) emotional, (2) physical, and (3) sexual abuse;
- (4) emotional and (5) physical neglect;
- (6) parental separation/divorce;
- (7) mother treated violently;
- (8) substance abuse in the home;
- (9) family member with mental illness;
- (10) incarcerated family member.

Essentially, the ACE study research found a "dose response" to toxic life events. That is, as the number of adverse childhood traumatic events increased, the poor mental health and physical

outcomes increased.[1] For example, individuals with four ACE events showed much greater likelihood of mental health difficulties, such as depression, anxiety, substance abuse, and difficulty controlling anger than those with fewer ACE events.[2] People with four or more ACE events also had a 4.4-fold increase in the likelihood of impaired memory functioning, and far greater chance of having learning and behavioral problems.

Notably, Ramiro experienced *all ten* of these ACE risk factors at chronic (ongoing throughout time) and, at times, severe (in intensity and frequency) levels throughout his childhood. This "dose," or amount of traumatic stress on a child, is so extreme that the original data set upon which the study is based (a sample of adults who had health insurance and were employed) does not even include individuals with this high number of risk factors. The impact of these hardships is best described as exponential, rather than independent. In other words, the presence of each additional risk factor, if not ameliorated, compounds and worsens the likelihood of further risk and adversity and decreases the likelihood of protective factors that could have a positive impact.

In addition to the ACE study, which demonstrated the prevalence of mental health problems in adulthood following childhood abuse, other scientific research has shown that maltreated children—especially those from distressed families—demonstrate a host of emotional problems, including depression and anxiety during childhood, emotional dysregulation, interpersonal problems, and impulsivity.[3] Summarizing the vast research on childhood trauma, D'Andrea et al. state, "Research has shown that the number and complexity of symptoms and diagnoses that children and adolescents suffer increases as the number of types of traumatic stressors that they were exposed to in childhood increases."[4] Other researchers have echoed these findings, concluding that an accumulation of stressors across multiple domains places children at greater risk for depression and behavioral problems.[5]

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[1] Anda, R., Felitti, V., Bremner, J., Walker, J., Whitfield, C., Perry, B., Dube, S., and Giles, W. (2006) The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *Eur Arch Psychiatry and Clin*, 256: 174–186.

[2] Merrick, M., Ports, K., Ford, D., Afifi, T., Gershoff, E., & Grogan-Kaylor, A. (2017) Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse and Neglect,* 69: 10-19.

[3] Ford, J., Connor, D., Hawke, J. (2009) Complex trauma among psychiatrically impaired children: A cross-sectional, chart-review study. *Journal of Clinical Psychiatry*, 70(8): 1155-1163.

[4] D'Andrea, W., Ford, J.D., Stolbach, B., Spinazzola, J., & van der Kolk, B. (2012) Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82: 187–200. *See also*, Ford, J.D. & Delker, B.C. (2018) Polyvictimization in childhood and its adverse impacts across the lifespan: Introduction to the special issue. *Journal of Trauma & Dissociation*, 19(3): 275-288.

[5] Gerard, J., Buehler, C. (2004) Cumulative environmental risk and youth maladjustment: The role of youth attributes. *Child Development*, November/December, Volume 75, (6): 1832–1849.

B. Why childhood trauma results in poor outcomes: Brain alterations due to traumatic stress

Rather than simply positing a correlation between adverse life events in childhood and poor outcomes in adulthood, there exists scientific consensus, based upon studies from multiple disciplines, that early abuse and neglect *alter* brain development and functioning and *cause* these negative outcomes. The growing child's experiences and environment have a powerful influence on how his/her brain develops. An enormous amount of brain development, from the pruning of critical neurochemical synapses to the growth and development of brain structures, takes place throughout childhood and adolescence, and can be disrupted and permanently altered by the growing child's neurophysiological responses to trauma and extreme stress.[6] The Institute of Medicine and National Research Council, summarizing the most recent research on child abuse, notes that damage and alterations in the neurochemical and neuroendocrine systems, as well as the architecture of the brain are present in individuals with histories of childhood abuse, family violence, and neglect. These brain abnormalities are implicated in the numerous emotional, behavioral, and physical problems that individuals with histories of severe child abuse later manifest. As the ACE researchers note, overwhelming childhood stress *causes* brain alterations:

> Now, converging evidence from neurobiology and epidemiology suggests that early life stress such as abuse and related adverse experiences *cause enduring brain dysfunction* that, in turn, affects health and quality of life throughout the lifespan.[7]

The U.S. Department of Health and Human Services (DHHS) reported on the often-long-lasting effects of child maltreatment on the developing brain. DHHS found that since the majority of brain development occurs after birth, critical functions such as language acquisition, attachment, and abstract reasoning can be adversely affected by an environment of toxic stress. DHHS research shows that the neurochemical and neuroendocrine processes that are disrupted by childhood stress may be permanently destroyed or damaged, and parts of the brain can atrophy or shrink.[8]

Below, some of the major findings regarding neurobiological effects of adverse events are reviewed:

- Neurochemical— Numerous studies demonstrate dysregulation of neurochemical functioning in maltreated and traumatized animals and children. Neurochemicals are molecules that carry information through the brain across synapses, which are

[6] IOM (Institute of Medicine) and NRC (National Research Council) (2014) *New Directions in Child Abuse and Neglect Research*. Washington, DC: The National Academies Press.

[7] Anda, R., Felitti, V., Bremner, J., Walker, J., Whitfield, C., Perry, B., Dube, S., and Giles, W. (2006) The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *Eur Arch Psychiatry and Clin*, 256: 174–186.

[8] U.S. Department of Health and Human Services (2009) Understanding the Effects of Child Maltreatment on Brain Development. *Child Welfare Information Gateway,* Washington, D.C. (https://www.childwelfare.gov/survey/publications/index.cfm).

the pathways by which neurons communicate with each other. They are linked to numerous human behaviors and functions, including sleep, mood, appetite, and, of particular relevance here, stress response. Throughout childhood, the synapses are "pruned"—i.e., removed from the brain's functionality—if they are not used. Nelson et al. summarized how this process takes place, noting,

> The prefrontal cortex of the one-year-old child has many more synapses than the adult brain, but over the next one to two decades, these synapses are pruned back to adult numbers, *based largely on experience.*[9]

Maltreatment and traumatic stress disrupt this pruning process, thereby creating impairments in the normal connectivity that is essential to mood, sleep, and other basic human functions.[10] Monoamine neurotransmitters such as dopamine, noradrenaline, adrenaline, and serotonin play a critical role in arousal, emotion, and cognition. Dysfunction in this system has been linked to childhood stress and a range of psychiatric problems including aggression, attention deficits, and anxiety and depression.[11]

- Neuroendocrine— The hypothalamic-pituitary-adrenocortical (HPA) axis is the hormonal system that plays a major role in the human reaction to stress. It also contributes to multiple psychophysiological functions, including mood, immune response, and digestive processes. The HPA system produces hormones called glucocorticoids which are critical to the human stress-response system, directing energy to the body systems that are necessary when mounting a stress response. These glucocorticoids are also related to daily patterns of circadian rest and alertness. Research has shown that early stress alters the HPA system, affecting these glucocorticoid responses to stress. Maltreated and neglected children have been shown to have "flattened" patterns of glucocorticoid regulation, suggesting that earlier hyperactivation of the stress system (during stressful, frightening situations of abuse and neglect) alters the HPA systems, thereby altering major aspects of the child's regulation system.[12] Thus, chronically stressed children may

[9] Nelson, C.A., Bos, K., Gunnar, M.R. and E.J.S., Sonuga-Barke, V. (2011) The neurobiological toll of early human deprivation. *Monographs of the Society for Research in Child Development*, 76(4):127-146.

[10] Bremner, J. (2003) Long-term effects of childhood abuse on brain and neurobiology. *Child Adolescent Psychiatry Clinics North America*, 12: 271–292.

[11] De Bellis, M., Baum, A., Birmaher, B., Keshavan, M., Eccard, C., Boring, A., Jenkins, F., Ryan, N. (1999) AE Bennett Research Award. Developmental traumatology. Part I: Biological stress systems. *Biological Psychiatry*, 15(45): 1259–1270.

[12] Bernard, K., Butzin-Dozier, Z., Rittenhouse, J., and Dozier, M. (2010) Cortisol production patterns in young children living with birth parents vs children placed in foster care following involvement of child protective services. *Archives of Pediatrics and Adolescent Medicine*, 164(5): 438-443; Bruce, J., Fisher,

have permanently and seriously altered stress-response systems, even if they are taken out of the traumatic situation.

- Neuroanatomical— Research has also demonstrated that chronic child abuse and stress-inducing trauma can permanently alter the physiology and structure of the developing brain. The dysregulated glucocorticoid response described above in the hormonal system has been connected to damage to the brain structures, particularly the hippocampus, amygdala, and corpus callosum.[13] The hippocampus is the brain structure responsible for the encoding and retrieving of memory and has been identified as one of the primary areas of potential damage from early and severe stress. It has been shown to atrophy when exposed to too much glucocorticoid.[14] Individuals with severe childhood stress have evidenced smaller hippocampi, and demonstrated attendant memory problems. Similarly, the amygdala, the brain structure responsible for learning and for the consolidation of emotional memories, has been shown to be reduced in size in those who suffered childhood traumatic stress.[15] These anatomical changes in the brain are linked to multiple behavioral and psychological problems, including memory disruption, anxiety, and intrusive re-experiencing of traumatic memories, all of which can lead to impaired functioning when the individual is under stress.[16]

  Another brain structure affected by childhood chronic stress is the corpus callosum. The corpus callosum is a band of neural tissue that connects the two cerebral hemispheres of the brain, allowing messages to be sent between them and to allow for integrated left/right function of the brain and body. There is a large body of research that has shown damage to the corpus callosum in children who have been neglected and maltreated.[17] Research shows that this impairment to the integrative

P.A., Pears, K.C., and Levine, S. (2009) Morning cortisol levels in pre-school aged foster children: Differential effects of maltreatment type. *Developmental Psychobiology*, 51(1): 14-23.

[13] Twardosz, S., and Lutzker, J.R. (2010) Child maltreatment and the developing brain: A review of neuroscience perspectives. *Aggression and Violent Behavior*, 15(1): 59-68.

[14] Bremner, J. (2003) Long-term effects of childhood abuse on brain and neurobiology. Child *Adolescent Psychiatry Clinics of North America*, 12: 271–292.

[15] Hanson, J., Nacewicz, B., Sutterer, M., Cayo, A., Schaefer, S., Rudolph, K., Shirtcliff, E., Pollak, S., & Davidson, R., (2015) Behavioral problems after early life stress: Contributions of the hippocampus and amygdala. *Biological Psychiatry,* 77: 314-323.

[16] Whittle, S., Dennison, M., Vijayakumar, N., Simmons, J., Yücel, M., Lubman, D., Pantelis, C., Allen, N. (2013) Childhood maltreatment and psychopathology affect brain development during adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52(9), 940-952.

[17] Teicher, M., Anderson, S., Polcari, A., Anderson, C., Navalta, C., & Kim, D. (2003) The Neurobiological consequences of early stress and child maltreatment. *Neuroscience and Biobehavioral Reviews*, (27): 33-44.; Teicher, M.H., Dumont, N.L., Ito, Y., Vaituzis, C., Giedd, J.N., and Andersen, S.L. (2004) Childhood neglect is associated with reduced corpus callosum area. *Biological Psychiatry*, 56(2): 80-85.

capacities of the brain is related to post traumatic symptoms, such as dissociation and memory.[18]

The above summary is presented as background to understand that the chronic traumatic stressors that Ramiro Gonzalez was exposed to as a child have been empirically linked to major impairments in the developing child. Below, I will discuss his life history, the multiple traumatic stressors that he suffered, and the likely effect these stressors had on his development and ultimately the crimes of which he has been convicted.

Ramiro Gonzales' life: A childhood replete with trauma

I evaluated Ramiro Gonzalez, reviewed voluminous materials regarding Ramiro's background and life experiences, and conducted interviews with his maternal aunt and a close cousin with whom he grew up. What is striking across all of this data is the prevalence of traumatic stress in Ramiro's life, dating back to early childhood.

Ramiro, born on November 5, 1982, was the only child of Julia Gonzales and Jacinto Sanchez (though Mr. Sanchez was not listed on the birth certificate). In addition to her pregnancy with Ramiro, Julia abandoned at least one other child, including one who she left at the hospital.[19] Ramiro was unplanned and unwanted by sixteen-year-old Julia, and during the pregnancy her parents sent her to live with older sister Emma in Hawaii. Emma did not initially know Julia was pregnant with Ramiro; she learned of the pregnancy when she had to pick Julia up from the hospital following an overdose which necessitated her stomach being pumped. Despite this, and Emma's observations of Julia "smoking dope and drinking" while pregnant, baby Ramiro survived and was eventually born in a hospital in Dilley, Texas.

Soon after his birth, Julia abandoned Ramiro, first by trying to have her sister take him and ultimately by leaving him with his grandparents, who also cared for his cousin, Georgina, whose mother (another of Julia's sisters) abandoned her. Julia never acted in any way as a caregiver or provider to him, though she kept and raised two of her other children. Ramiro's father was not involved in his life; Ramiro did not meet him for the first time until a single instance at age eleven and then not again until adulthood, when they were incarcerated in the same institution.

Both lifelong laborers with limited English proficiency, Ramiro's grandparents' lives were also marked by chronic stress and adversity, which then greatly impacted their ability to function well and provide for their own seven children and the multiple grandchildren they ultimately raised. They struggled with substance abuse, family violence, and poverty. In addition to decades of alcoholism, Ramiro's maternal grandfather, Ramiro Gonzales, Sr. ("Ramiro, Sr.") sexually abused many children in the family, including his own daughters. Several other relatives in the family also sexually abused children in the family, and Ramiro himself was severely abused by an older cousin for many years.

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[18] Putnam, F. (2003) Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(3): 269-278.

[19] Mother Leaves Hospital: Baby Put in Agency's Care. *The Kerrville* [TX] *Times*, Oct. 28, 1986, p.1.

Below, I will review several domains in which Ramiro experienced the type of life events that have been linked to enduring and pervasive problems in development and functioning across the lifespan. I have noted these ACE events by category.

Child abuse (physical, emotional, and sexual): 3 ACE factors

Ramiro's childhood was replete with some of the most toxically stressful experiences that children can suffer—that is, multiple forms of abuse at the hands of adult caregivers and other adults who were in his home and connected to his family. Abuse by adults who are supposed to be sources of protection and nurturance is often referred to as "betrayal" trauma. This kind of trauma causes a unique set of problems for abused children, as their experiences of interpersonal connection and trust become linked to feelings of fear, humiliation, and pain.

Sadly, sexual abuse of children was a multigenerational pattern in Ramiro's family that left serious psychological scars throughout the generations, a legacy that Ramiro did not escape. The secretive family culture and generational nature of the abuse prevented reporting in many cases. Ramiro's mother, Julia, and her four sisters were sexually abused by their father, Ramiro, Sr., and each of these daughters has suffered from some combination of rampant mental illness, drug addiction, and behavioral instability throughout their lives, continuing to the present day. Incredibly, every one of these five daughters has attempted suicide. One of Ramiro's aunts, Vicky, who was sexually abused by her father, became pregnant at age thirteen and was forced to have an abortion by her parents. Ramiro's cousin Jessica, the daughter of another of Ramiro, Sr.'s daughters, was sexually abused by multiple cousins and has struggled throughout her life with suicidality, alcohol abuse, and emotional problems. A maternal uncle, Juan Trevino, raped Ramiro's great grandmother—his own mother-in-law— and was prosecuted. Trevino was known to have abused multiple other family members, including his children. He also raped his own wife. He served time in jail for both the rape of his wife and his mother-in-law, but was never charged for the abuse of his children.

Gilbert and Lupe were two of Juan Trevino's children, and it is widely known in the family that they were sexually abused by him and then went on to abuse many other children in the extended family. Julia's older sister Emma, Ramiro's aunt, described Gilbert and his father as "horrible predators." Gilbert Trevino raped and sexually assaulted multiple cousins and was witnessed exposing himself and masturbating in the middle of Ramiro's grandparents' small home, where he lived for a period with numerous children and other relatives.

Another older cousin, Peter Luna, raped several younger cousins when they were children, including six-year-old cousin Joseph, twelve-year-old cousin Andrea, and another female cousin. Peter impregnated one of these children and gave another severe sexually-transmitted diseases as well as injuries from the sexual assaults. Ramiro's cousin Jessica remembers Peter tying her to a chair and sexually abusing her when she was a young girl. Peter Luna also choked her on one occasion, an attack that she recalled as extremely frightening. Jessica noted that she and Ramiro were frequently in the presence of adults who were impaired by drugs and alcohol and that this contributed to the sense that adults would constantly prey on them. Remarkably, this kind of

rampant, sadistic abuse went on for years against these children with no intervention from the authorities or law enforcement, further reinforcing the message that adults were not safe.

Ramiro suffered extensive, severe sexual abuse also: Gilbert Trevino, Juan's son who abused multiple young cousins, sexually abused Ramiro for much of his early childhood. According to family members, Ramiro was particularly vulnerable to sexual abuse because no one looked out for him. Ramiro's cousin, Jessica, remembers how all of the cousin's mothers would keep their children away from the drunk adults at family parties, knowing they would be vulnerable to being sexually abused. But young Ramiro had no such parent protecting him. Gilbert lived with Ramiro and his grandparents when Ramiro was a little boy and Ramiro was also taken to Gilbert's house frequently to be "babysat" when he lived in a different home nearby. Ramiro described the abuse he suffered at the hands of Gilbert. He recalled that it took place from when he was approximately 4 years old until he was 12. He said that, at first, Gilbert would engage in oral sex on him, but that when Ramiro was about 7 or 8 years old, Gilbert attempted to anally penetrate him. Ramiro remembers these assaults as incredibly painful and frightening. Ramiro recalled the last time that Gilbert sexually abused him, when he was 12 years old, an event he remembers vividly because it took place when they were at a golf course. Gilbert took Ramiro into the woods off the course and orally assaulted him; Ramiro, to this day, vividly recalls being near a pond when this happened.

Gilbert's sister, Lupe, abused Jessica and other cousins and also sexually abused Ramiro. Ramiro remembers that Lupe would touch him in his genitals and perform oral sex on him as a very young child. He recalled that this took place when he was approximately preschool age and that it stopped when he was 5 or 6 years old.

There is some variation in reports as to what age Ramiro was when sexually abused by Gilbert and Lupe. In an evaluation after his arrest, Ramiro noted that he was sexually molested by a cousin during his childhood.[20] The institutional records that include this information indicate that Ramiro noted he was sexually molested between the ages of 5 to 7 years old, as well as 8 to 10 years old. This could indicate abuse across both of these time periods, as well as confusion in his memory as to what age these events took place, an outcome of chronic, severe childhood trauma that is common in childhood sexual abuse survivors. Additionally, scientific studies of childhood autobiographical memory in maltreated children show that as the number of ACE events in a child's life increased, the likelihood of impairments in their memory significantly increased as well.[21]

Perhaps one of the most shocking sexual violations—indicative of the lack of protection of Ramiro as a child—was his sexual abuse that began when he was twelve years old by a nineteen-year-old young woman in their community. This sexual contact resulted in the young woman

[20] This appears to be the first time in which Ramiro revealed the abuse to an adult. Nondisclosure of childhood sexual victimization is quite common, particularly in males.

[21] Brown, D., Anda, F., Edwards, V., Felitti, V., Dube, S., & Giles, W. (2007). Adverse childhood experiences and childhood autobiographical memory disturbance. *Child Abuse & Neglect*, 31 (961-969). ; Teicher, M. (2000) Wounds that time won't heal: The neurobiology of child abuse. *Cerebrum: The Dana Forum on Brain Science*, 2(4).

becoming pregnant and having a child while Ramiro was still a child himself. These events were known to the adults in Ramiro's family and yet, no action of any kind was taken. The fact that this abuse transpired and that the adults responsible for Ramiro's care did nothing in response to the known statutory rape of Ramiro further illustrates the severe neglect and lack of protection provided to this boy. In this family in which children were routinely sexually abused, and patently raped by adults, Ramiro's sexual exploitation at age twelve was barely noticed.

Any one of these kinds of sexual assault would be damaging to a child, but the experience of suffering sexual abuse at the hands of many perpetrators, across many years, would be particularly damaging to a developing child. Ramiro remembers thinking, "Why isn't anybody doing anything?" about the abuse he suffered; he kept silent because he was afraid that it would cause conflict in the family. As he got older, he arrived at the conclusion—unsurprising, given the lack of protection he experienced within his family—that adults in his family "wouldn't care" if they found out. Ramiro also noted that he learned to have a profound distrust of adults, including teachers and other authorities, as a result of being abused and having nobody to protect him.

In addition to these numerous instances of sexual abuse, Ramiro suffered extensive physical and emotional abuse at the hands of adults. When Ramiro was an infant, his seventeen-year-old mother, Julia, left him with a friend without diapers or formula and essentially never came back for him. The friend saw bruises on Ramiro's backside and legs, but she did not report it to protective services. After being abandoned for several days. Ramiro's grandparents eventually came and retrieved him. Ramiro's grandfather could be very violent with Ramiro, who he raised. Jessica recalled watching Ramiro, Sr. beat young Ramiro with a belt when he was a small boy. By all accounts, Ramiro's maternal grandmother, Frances, who raised him, did not intervene to stop any violence done to him. Ramiro stated that his grandfather smacked him in the face and hit him with a switch.

Julia's partner, Mario Moreno, was particularly violent and cruel to Ramiro when he was a small boy. Multiple witnesses who saw the abuse happening have recounted these incidents, as has Ramiro himself. Jessica, Ramiro's cousin, described Mario treating Ramiro "like a dog" and "like he wasn't a human being." Jessica said that Mario seemed to target Ramiro and she described watching him tower over Ramiro, when Ramiro was four or five years old, pushing him down onto the floor and terrorizing him by screaming in his face. Jessica described Mario calling little Ramiro a "piece of shit" and telling him to "shut the fuck up," and recalled how no one would step in to defend Ramiro or stop this abuse. Emma also remembered watching Mario terrorize Ramiro when he was a small boy. She described Ramiro as "petrified" in Mario's presence and witnessed Mario attacking Ramiro verbally and "in God knows what other ways." During his trial, a family member testified that she saw Mario kick Ramiro with his boots on when Ramiro was only two years old. Ramiro himself remembers Mario grabbing him by the throat when he was a little boy and holding him up against a wall. He also remembers Mario calling him a "little pussy" and saying he would "beat his ass."

Family violence and parental separations (2 ACE factors)

Ramiro's family life was riddled with relational stress and domestic violence. His mother Julia and his father Jacinto were never together, and Ramiro essentially grew up with no parents.

When he did spend time with his mother, Julia, she was married to a man named Mario who severely abused both Julia and Ramiro. Family members describe Mario also beating Julia severely and, on one occasion, attempting to kill her by stabbing her. Jessica specifically remembered her and Ramiro witnessing Mario viciously beating Julia. Emma said that Mario would frequently beat Julia until she was "black and blue," and that the police came to the house on several occasions. By the end of their marriage, restraining orders were in place between Julia and Mario, and Julia violated them on several occasions. Julia herself could be violent, and she was variously described as attacking her siblings, beating one of her sons with a hose, and attacking her own parents; Mario once reported that she threatened to burn their house down. Ramiro, Sr., who raised Ramiro, drank excessively in his home and also became violent towards his family; family members describe him becoming a "bad person" when he was drunk. Additionally, Ramiro regularly experienced the adults around him fighting and being violent to each other and children—in bar fights, in the home, on the street—and he reports that only after arriving in prison did he realize that, as a child, he had learned that "wrong was right."

Seeing caregivers engage in violence towards one another has multiple damaging effects on children. Studies regarding the emotional development of children raised in homes with violence establish numerous negative short- and long-term effects of exposure to domestic violence on areas of cognitive, behavioral, and relational functioning. The development of emotional control, or self-regulation, in children, an essential part of a healthy maturational process, is profoundly altered when exposure to violence places children in a chronic state of terror, anxiety, and hyperarousal.[22] Witnessing abuse within the family has been linked to disturbed relational attachments, because children must make sense of their most essential caretakers as also being sources of fear and horror.[23] In addition to the horror of the violence itself, a child must also process the inherently conflicting emotions of loving a parent who is also the source of their terror, disgust, and anxiety. As these critically important caretakers become sources of such overwhelming and conflicting feelings and therefore *not* sources of comfort, children manage these emotions in whatever way they can. This can lead to a host of problems managing their feelings about themselves and about other people.

Neglect (Physical and emotional): 2 ACE factors

It is my clinical opinion that in Ramiro's life there is evidence of sustained and profound physical and emotional neglect due to his caregivers' impaired emotional functioning, dysfunctional dynamics towards child-rearing, and their general state of being overwhelmed, exacerbated by lack of supportive resources. Multiple family members report that Ramiro was simply never cared for or nurtured by any responsible adult.

Healthy child development and well-being occurs within a context of a nurturing environment in which the physical and emotional needs of the child are fulfilled by a predictable,

[22] Teicher, M. (2000) Wounds that time won't heal: The neurobiology of child abuse. *Cerebrum: The Dana Forum on Brain Science*, 2(4).

[23] Holt, S., Buckley, H., and Whelan, S. (2008) The Impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse and Neglect*, 32: 797-810.

reliable, nurturing caretaker. Neglect is defined as a pervasive pattern of harmful caregiver/child interactions that are characterized by failure to provide for basic, human needs (physical neglect), as well as failure to provide loving, emotionally responsive caretaking (emotional neglect).[24] Scientific research has demonstrated that the deleterious effects of neglect on children can be more severe than those of some maltreatment and abuse.[25] Also, it is widely clinically validated that the ill effects of neglect can be serious and long-lasting. Research has shown that without both emotional nurturance and provision of physical and environmental needs, children develop problems in many areas, including academic and learning capabilities, emotional regulation, social functioning, and impairments in sense of self.[26]

As described above, Ramiro's mother Julia was unwilling and unable to care for him, and essentially never regarded or treated him as her child. Julia experienced numerous miscarriages and unwanted pregnancies, several of which ended in abandonment of her children. When she was pregnant with Ramiro, Julia abused alcohol and drugs, specifically inhalants. Julia then tried to get her sister Emma to take baby Ramiro and, when Emma refused, she abandoned Ramiro to her own parents, even though her father had sexually abused her. A friend of Julia's, described above, reported that Julia left infant Ramiro, at the friend's house for several days with no infant formula or diapers, and with bruises on his body. Julia did not return to get Ramiro from her friend. The manager of the ranch on which the family worked—one of the more responsible adults in Ramiro's childhood—described shocking examples of Ramiro's lack of supervision, even as a toddler: the ranch manager described seeing Ramiro alone crawling outside in diapers and wandering down a road and drinking dirty water with a dog.

Ramiro's cousin Jessica remembers that Ramiro received no love, nurturance, or structure from his grandparents, and she described him as "desperate" to be loved and noticed. Jessica never once saw anyone hug or nurture Ramiro, and it seemed as if no one actually cared for him. Ramiro's aunt Emma also remembers him as a boy and then a teenager who yearned for people to care for him, pay attention to him, and take care of him, but who never received such care. Ramiro recalls thinking as a little boy, "Why doesn't anyone pay attention to me?" and he described playing by himself at the river as his only way to find solace.

In an evaluation after his arrest, Ramiro noted that there was only one person in his family "who was ever nice to me;" this aunt, who also used drugs with Ramiro, died in a car accident when Ramiro was 15.[27] In the current evaluation, Ramiro noted that Aunt Loretta's death was a

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[24] Glaser, D. (2002) Emotional abuse and neglect (Psychological maltreatment): A conceptual framework. *Child Abuse and Neglect*. 26, 697-714.

[25] Hildyard, K. & Wolfe, D. (2002). Child neglect: Developmental issues and outcomes. *Child Abuse and Neglect.* 26, 679-695.

[26] Hildyard, K. & Wolfe, D. (2002) Child neglect: Developmental issues and outcomes. *Child Abuse and Neglect.* 26, 679-695.

[27] Loretta Gonzales, who married Ramiro's uncle when Ramiro was a child, was killed in a head-on collision caused by James Patton, who was sentenced to seven years in prison for her death. *Patton v. State*, No. 03-99-00250-CR (Tex. App.—Austin, Aug. 10, 2001).

terrible loss for him and he attributes his increased drug and alcohol use at this time to his feelings of grief in the aftermath of her death.

In addition to a lack of emotional nurturance and caregiving, there was almost no appropriate supervision provided to Ramiro as a child. His cousin Jessica recalls being utterly unsupervised on the ranch, and remembers six-year-old Ramiro driving around in a truck with her and his nine-year-old cousin. He and his cousins spent a great deal of time alone, engaging in activities that were not safe, including early drug and alcohol use. Ramiro also used drugs openly with adult family members, and his aunt recalled that he would be sometimes missing for days as a teenager. And Ramiro's rape by a nineteen-year-old woman when he was twelve years old further exemplifies how little he was supervised.

Furthermore, Ramiro's educational history reflects that he had severe learning difficulties and little intervention from schools or his caregivers to address these problems. He began showing problems early in school, being retained twice in first grade and demonstrating severely delayed reading by third grade. This kind of severe delay would have required intensive academic and possible psychosocial intervention for a child of that age. Ramiro's numerous absences from school are notable and suggest poor supervision, as well as lack of systemic response to his absenteeism. His school records note that Ramiro was frequently ill and had poor hygiene. He stopped attending school in eighth grade after having been held back for kindergarten, sixth grade and part of seventh grade. He began to have disciplinary problems in middle school and was placed on juvenile probation for spray painting a school principal's car. But, at precisely the time he needed intervention the most, Ramiro dropped off the radar and, without supervision, quickly descended into drug abuse.

Substance abuse (1 ACE factor)

Substance abuse ran rampant in Ramiro's family and, from his earliest years, he was surrounded by adults who were abusing drugs and alcohol and acting severely impaired. Jessica, Ramiro's maternal cousin, described how all of the sisters in Julia's generation, except for Emma, became addicted to drugs and are essentially unable to function today. Ramiro's paternal uncles and his father are all reported to have used drugs heavily, and Ramiro's father's life was riddled with the effects of drug addiction: he dropped out of school, got involved with drugs and drug-related criminal activities, was incarcerated, and had multiple children with different women. Ramiro was incarcerated awaiting trial with both his father Jacinto and his paternal uncle Sammy. Ramiro's mother Julia began "huffing" spray paint as a young girl—a severely impairing and dangerous form of substance abuse that has been shown to lead to permanent brain damage. And Julia's husband, Mario, who was extremely abusive to Ramiro, was by all accounts a violent alcoholic who died in a car accident when he crossed the center line of a highway and struck an oncoming car head-on, killing himself and an occupant of the other vehicle.[28]

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[28] McCormack, Z. "Head-on collision in Bandera leaves two dead," *San Antonio Express-News* (May 9, 2014), https://www.mysanantonio.com/news/local/article/Head-on-collision-in-Bandera-County-leaves-two-5467039.php.

As children, Jessica and Ramiro would see many of the aunts and uncles abusing drugs and alcohol, and Jessica described how she and Ramiro began to try substances themselves from an early age, including using drugs and alcohol openly with the adults in the family. Jessica estimated that Ramiro used alcohol as early as age eight. He recalls that he began using marijuana at age 11 or 12 and went on to use drugs daily by his later adolescence, including crack, acid, methamphetamine, and inhalants. At age fourteen, Ramiro was arrested for public intoxication; police were called to intervene based on reports that he was standing on a bridge, as if he was going to jump off. Again, no mental health intervention appears to have followed this troubling event. Ramiro would go on to attempt suicide five more times in the next five years. Ramiro stated that, by adolescence, drugs had altered him and he was "totally screwed up."

As has been discussed above, Ramiro's grandfather chronically and severely abused alcohol and then would become angry and frightening. His chronic sexual abuse of his daughters is confirmed by multiple witnesses.

Children who live with alcoholic caregivers have been found to have poor outcomes across a number of domains, including mental health, behavioral problems, and substance abuse.[29] For Ramiro, the substance abuse problems in the adults around him, as severe as they were, were only one of many serious adverse factors in his life. Thus, the risk of his developing behavioral and emotional problems was exponentially heightened due to these multiple factors and their negative interactive effects.

Mental illness in the family (1 ACE factor)

There is extensive evidence of chronic, severe mental illness in Ramiro's family on both sides. Many family members struggled with depression, bipolar disorder, emotional instability, addiction, and suicidality, including Ramiro's mother Julia, his cousin Jessica, his aunts and uncles and multiple cousins on both sides of his family, and Ramiro himself. Two of Ramiro's maternal aunts were hospitalized for bipolar disorder. Ramiro's biological father Jacinto Sanchez is disabled with mental illness, specifically bipolar disorder and schizoaffective disorder, and Jacinto reports that his father, brother, and son all have struggled with mental illness. One of Ramiro's maternal cousins committed suicide in 2007.

Ramiro's mother Julia has had severe, lifelong difficulties suggesting that she suffers from untreated mental illness. Multiple family members describe Julia as unstable and unpredictable throughout her life. As a child, she suffered numerous head injuries, including falling out of a moving truck driven by her father, who was driving while drunk. She was knocked unconscious by this fall, according to her sister. Julia's sister Emma remembered Julia as "always in trouble," and described her chasing another sister with a knife, constantly being in trouble for using drugs, and numerous other behavioral problems. As an adult, Julia is completely unstable: her sister Emma described Julia beating one of her children with a hose and being addicted to methamphetamines and crack. Julia overdosed several times on various substances and was hospitalized for a suicide attempt at least once. Julia's experience of childhood abuse would likely have resulted in posttraumatic stress disorder that was never identified or treated. Her other

[29] Rossow, I., Felix, L., Keating, P., & McCambridge, J. (2016). Parental drinking and adverse outcomes in children: A scoping review of cohort studies. *Drug and Alcohol Review,* 35 (397-405).

problems—mood instability, aggression, addiction, and difficulty with basic daily functioning—suggest severe and untreated mental illness.

Ramiro's own mental health was clearly impaired, as evidenced by early problems in learning, controlling his behavior, and using substances. His sexual abuse history, including early sexual abuse by relatives and being raped by a nineteen-year-old when he was twelve, would have necessitated treatment, but none was provided. In fact, despite the fact that Ramiro's problems were evident from early childhood, none of his caretakers sought mental health treatment for him. Predictably, these early problems worsened into serious substance abuse, behavioral problems, and suicidality by the time he was a teenager.

Family members' incarceration/arrests (1 ACE factor)

Family members' incarceration has been shown to place children at higher risk for behavioral and emotional problems.[30] As discussed, several of Ramiro's family members were incarcerated during his life. Probably the most important of these is his father, Jacinto, who abandoned Ramiro and showed no interest in him. Jacinto was in and out of jail throughout Ramiro's childhood, and has been arrested more than ten times dating back to before Ramiro was born. Ramiro himself began to act out and have legal trouble at age fourteen, resulting in juvenile charges.

For Ramiro, male family members were either brutal abusers who abused drugs and alcohol and then turned on the women and children in the family, or absent figures, living lives riddled with substance abuse, criminality, and imprisonment. Other family members who were incarcerated included his stepfather, Mario, a cousin, a half-sibling, and his uncle. Ramiro's uncle Juan Trevino was arrested for attempted murder, and Juan's son Gilbert was arrested multiple times for alcohol-related charges. Juan and Gilbert sexually abused many of the children in the family, though there were no legal consequence for these assaults.

Thus, involvement in criminal activity and violence was rampant in Ramiro's family members and he saw a numbing array of arrests and incarcerations of his family.

Clinical findings

I met with Ramiro over two days at the TDCJ Polunsky Unit for approximately 8 hours. Ramiro was pleasant and cooperative throughout the evaluation and demonstrated an appropriate and full range of emotions, depending on what was being discussed. For example, he was pleasant and enthusiastic when speaking about the positive relationships in his present life and his gratitude for these people, as well as for his faith. When talking about his life and his actions, including the

[30] Murray, J., Farrington, D., & Sekol, I. (2012). Children's antisocial behavior, mental health, drug use, and educational performance after parental incarceration: A systematic review and meta-analysis. *Psychological Bulletin, 138* (2), 175-210; Baglivio, M., Epps, N., Swartz, K., Huq, M., Sheer, A., & Hardt, N. (2014). The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice,* 3 (2), 1-17.

crime which led to his capital sentence, he was tearful and appropriately somber. Ramiro's speech and language were clear and he spoke in a goal-directed, cogent manner. He demonstrated good attention over the course of several hours of conversation. He showed no evidence of thought disorder, including delusions (strange beliefs) or perceptual disturbances (hallucinations).

Measures administered

a. *Dissociative disorders interview schedule*: On this interview Ramiro was found to meet criteria for: Major Depressive Disorder, past (age 16, after death of his aunt.) He did not endorse dissociative symptoms or meet criteria for dissociative disorders.

b. *Test of Memory Malingering (TOMM):* Ramiro was administered a test that examines malingering behavior, regarding memory functioning. This was administered to assess the possibility that Ramiro was exaggerating or feigning memory problems. His score on this test indicated excellent effort and that he was not attempting to present himself as impaired in terms of his memory. This strengthens the argument that Ramiro's difficulty with certain autobiographical facts, such as age when he was abused, is not likely to be feigned.

c. *Trauma Symptom Inventory-2*: Ramiro was administered the Trauma Symptom Inventory-2 (TSI-2), a standardized test of trauma-related symptoms and behaviors.[31] His responses were indicative of a valid profile. This measure is widely used and has been validated across numerous settings and populations to assess a wide range of trauma-related symptoms emanating from various types of traumas. There are 12 clinical scales and 12 subscales on the TSI-2 that tap different domains of symptoms and a score is obtained for each scale, resulting in a four broad-band factors: Self-disturbance, Posttraumatic Stress, Externalization, and Somatization. Ramiro scored in the problematic range (T= 60-64) on one factor score: Posttraumatic Stress. He demonstrated clinically elevated scores—that is, scores that are identified as warranting significant clinical concern and that indicate impairment in the individual's functioning on two scales:

-Defensive Avoidance subscale (T score – 70, clinically elevated)
- Intrusive Experiences subscale (T = 65, clinically elevated)

Ramiro's results indicate that he experiences intrusive memories from traumatic events and that he often attempts to suppress or put these memories out of awareness. His responses indicated that he suffers from symptoms common to those with posttraumatic stress problems.

Impairments in emotional regulation, interpersonal relationships and sense of self:

Emotional regulation is the term for the ability to recognize, identify and manage one's feelings. Gaining an ability to regulate one's emotions is a cornerstone of healthy human development. Ramiro's history of victimization and trauma contributed to multiple impairments

[31] Briere, J. (1995). *Trauma Symptom Inventory professional manual*. Psychological Assessment Resources.

in his functioning across the course of his life, as evidenced by his particular behaviors and struggles. As is often the case with people who are abused as children, he noted that his emotions were very difficult for him to handle throughout his life. For abused children, emotional states of terror, shame and disgust emanating from abuse enacted by those to whom they are attached and love lead to profound confusion and inability to manage these feelings. Ramiro described just this experience, noting, "I didn't understand my emotions. I don't know if [my family] even knew how to talk about emotions." He recalled feeling full of shame and "like I was to blame" for the sexual abuse, and retreating into isolation in order to hide from others. Interpersonal relationships are also inexorably altered when there is abuse by adults who are supposed to be trusted caregivers. Ramiro struggled throughout his life with a profound belief that people were sources of pain and humiliation and remembers thinking, "Get away from me," when teachers or other adults in the community would talk with him, even when they were nice. He reflected on how this distrust caused him to fail in many contexts because it prevented him from seeking help or learning from adults in his environment. Ramiro said, "I had no constructive life."

A person's sense of self is also highly affected by suffering abuse and neglect at the hands of family members. Ramiro noted that he struggled throughout his life with feeling that he was not valuable or capable of succeeding. Because of the sexual abuse by Gilbert, "I felt like I was just an instrument for other people, a plaything." Ramiro said, "I knew I was not capable of succeeding…I felt like a failure." This cycle of crippling shame, mistrust of others, and self-loathing became a self-fulfilling prophecy for Ramiro in which he was unable to function well in most environments and then fell deeper into despair and hopelessness.

Ramiro's difficulties led him to feel suicidal and he attempted to harm or kill himself on several occasions, as well as made serious suicidal gestures. At age 16, he jumped off a roof, but remarkably was not seriously injured. When he was 17, he attempted to overdose on methamphetamines. On another occasion, he held a gun to his head. These self-destructive behaviors were indicators of Ramiro's serious mental illness, including likely posttraumatic stress, and he received no therapeutic treatment.

Ramiro noted that he struggled severely in his early incarceration, and he only began to find healthy ways of coping when he started to engage in prison ministry and learn from other inmates. His behavior since incarceration has improved notably since he was held in Medina County Jail before his 2006 trial, and he has had few infractions in the past decade in prison. Ramiro described how Bible study and communal faith activities helped him learn to love himself, something that he said was "crushingly" difficult. He states that this process of learning about loving himself through his faith in God opened up other feelings for him that he had never experienced.

Referral questions

I have been asked to provide opinions on two areas and will do so below.

1. **Examine Ramiro's psychosocial history and functioning and comment on the severity and impact of traumatic stress and adversity on him throughout childhood and adolescence.**

Ramiro Gonzales' life history is characterized by catastrophic exposure to adversity and trauma. Ramiro's exposure to toxic stress began even before he was born, when his drug-addicted, traumatized mother abandoned him to her own abusive parents after using substances heavily while pregnant. Ramiro's family life was riddled with substance abuse problems, mental illness, poverty, and domestic violence that spanned and scarred his generation and the generations before his. His mother and her sisters were subjected to sexual abuse by their own father, as well as an array of sexual predators in the family. Adult males in Ramiro's life were violent, abandoning and corrupted by substance abuse and criminality, many of them ending up incarcerated. There were essentially no adults who nurtured, protected, or even provided a modicum of care for Ramiro.

Research on children who grow up with risk factors across multiple contexts—essentially an unmanageably high "dose" of stress and trauma—has documented the extensive problems they go on to manifest in emotional, cognitive, and behavioral domains. Scientists who have examined the trajectory of traumatized children's lives have identified neurochemical, neuroendocrine, and neuroanatomical damage that maltreatment, neglect, and high doses of stress can inflict on the developing brain. These neurological adaptations to stress, while necessary to the abused child, become maladaptive when that child must function in the normal systems of his environment, such as school and community. Ramiro demonstrated most of these types of dysregulatory problems throughout his childhood and adolescence, resulting in him failing school, being emotionally out of control, having disturbed relationships with others, abusing substances, and becoming involved in criminal behavior.

Child sexual abuse has been specifically linked to multiple psychological problems in children. Evidence shows that adults who were sexually abused as children manifest higher rates of numerous psychiatric syndromes and symptoms, even than individuals who suffered other types of child abuse. Abuse that is characterized as "contact abuse," meaning that it involves genital contact between the child and the perpetrator has been shown to be a particularly toxic influence on children's mental health and development.[32] Ramiro's repeated sexual victimizations—by his cousin Gilbert Trevino, his other cousin Lupe Trevino, and by an older woman in the community who became pregnant after assaulting him—all constitute such "contact abuse." Summarizing the range of problems faced by child sexual abuse survivors, Putnam, citing DeBellis et al., said:

> As a group, individuals with histories of childhood sexual abuse (CSA), irrespective of their psychiatric diagnosis, manifest significant problems with affect regulation, impulse control, somatization, sense of self, cognitive distortions, and

[32] Putnam, F. (2003). Ten year research update review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry,* 42 (3): 269-278.

> problems with socialization. Many of these processes are believed to have developmentally sensitive neuronal and behavioral periods related to brain maturation and early caretaker interactions.[33]

Understanding, then, the impact of the extensive and chronic abuse that Ramiro suffered from multiple perpetrators is critical to understanding his psychological functioning. Ramiro's childhood and adolescence were replete with chronic, unrelenting traumatic stress from multiple sources and almost no relationships or experiences of nurturance, protection, or appropriate guidance. The impact of this trauma was pervasive and severe in Ramiro's functioning. He demonstrated impairments in emotional regulation, sense of self, interpersonal relationships, learning, and behavioral control. He suffered from depression and substance abuse, and attempted suicide multiple times by adolescence. Remarkably, across the course of his childhood and adolescence he received no therapeutic services or other intervention beyond criminal prosecution. The crimes that he committed are tragically and inextricably linked to the trauma he suffered and the lack of care provided to him.

2. Discuss the clinical conclusions from previous evaluations of Ramiro, in relation to the current evaluation.

An examination of an individual's life history for purposes of a psycho-legal or forensic context usually requires three areas of inquiry: (1) clinical interview of the subject, (2) testing and use of standardized measures depending on the questions being answered and (3) third-party information, such as records, collateral information and further interviews of relevant parties.[34] Thus, to be able to assess the impact of the heavy dose of traumatic stress in Ramiro's life requires in-person interviews of him and evaluation of his psychological functioning by an expert on the impact of traumatic stress across the lifespan.

An evaluation of this nature requires that the expert be able to recognize signs and symptoms that are indicative of impairments that exist in highly traumatized individuals. For example, evaluating traumatic dissociation or avoidance/numbing requires experience with recognizing these symptoms in terms of their clinical manifestation and historic presentation in the person's past. An evaluating expert must be able to factor the individual's reactions, as well as what the individual reports, into their assessment in order to capture traumatic stress reactions that are difficult for individuals to recognize in themselves. Also, standardized measures of dissociation may be utilized that are reliable and that prevent inaccurate diagnosis due to malingering or

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[33] Putnam, F. (2003). Ten year research update review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry,* 42 (3): 269-278.; De Bellis, MD., Keshavan, M., Clark, D., Casey, BJ., Giedd, J., Boring, A., Frustaci, K., Ryan, N. (1999b). Developmental traumatology Part II: Brain development, AE Bennett Research Award. *Biological Psychiatry* 15(45):1271-1284.

[34] Heilbrun, K., Burke, S., NeMoyer, A., Durham, K., & Desai, A. (2020). A principles-based analysis of change in forensic mental health assessment during a global pandemic. *J. Am. Acad. Psych Law,* 48 (3) 1-9.

feigning of symptoms.[35] Finally, interviews with family members and other witnesses, as well as review of collateral records, provide critical information that contribute to the expert's analysis.

Earlier expert opinions

An expert opinion must be formed only after an examination of a variety of data and information about the referral questions that are being asked. Thus, multiple sources of information are important, as is, of course, the reliability of that information. Experts who are not provided with accurate information or who are provided with partial information risk drawing incomplete conclusions.

This is relevant to the need for an evaluation of Ramiro Gonzales because earlier experts who examined him were not provided with extensive information regarding his childhood and also had incorrect information about his alleged behavior around the events of the crime.

While defense expert Dr. Daneen Milam told the jury that Ramiro had reactive attachment disorder, rooted in abuse and neglect, she was not fully informed as to the pervasive, severe and chronic trauma in the environment in which Ramiro was raised. Thus, she did not have the opportunity to provide the jury with information about the serious clinical impact of this type of poly-victimization that Ramiro suffered as a child. Though Dr. Milam did testify that Ramiro reported being abused as a young boy, she was missing critical information, specifically the virulent, rampant intergenerational sexual abuse in Ramiro's family as well as the degree and frequency of victimization in his own childhood. Similarly, his mother Julia's abandonment of Ramiro into a home in which she and her four sisters were sexually abused and her mother also victimized was not explained as a compounding source of trauma for Ramiro. No information was provided to Dr. Milam about the degree of substance abuse to which Ramiro and his cousins were exposed. And while Dr. Milam mentioned in passing that almost every one of the Gonzales siblings in the parental generation was "into drugs," there was no exploration of why these women, who were so severely traumatized by incest, might have turned to drugs and had such compromised functioning as a result. Finally, she was unable to provide a full picture of the neglect suffered by Ramiro, due again to not being provided with adequate information about this. Dr. Milam's testimony did not, then, convey clinical conclusions about serious and toxic traumatic stressors suffered by Ramiro—severe maltreatment, neglect, and pervasive family dysfunction.

Perhaps most notably, Dr. Milam described the statutory rape of Ramiro when he was twelve years old as "somewhere around the age twelve area [Ramiro] became involved with a woman who was either nineteen or twenty." Dr. Milam's unfortunate mislabeling and minimization of this sexual crime against Ramiro in late childhood/early adolescence likely contributed to her underestimating the extent of sexual trauma Ramiro suffered in his childhood and the cascading impact of these instances of victimization on his development. Dr. Milam misattributed, perhaps due to Ramiro's gender, his sexual exploitation at the hands of an adult as an "involvement," suggesting the presence of consent and mutuality, neither of which would have been present in this circumstance. Scholars who study male victimization have identified how

[35] Brand, B., Armstrong, J., & Loewenstein, R. (2006). Psychological assessment of patients with dissociative identity disorder, *Psychiatric Clinics of North America,* 29: (145–168).

minimization of sexual abuse of males by females drives other misconceptions about the abuse, such as that male victims are somehow culpable for the abuse and that it did not cause them distress.[36] A complete understanding of this sexual abuse of Ramiro by yet another adult likely would have affected Dr. Milam's conclusions about his impairments, the offenses with which Ramiro was later charged, and the relationship between his past traumas and the offenses themselves. Chronic sexual victimization would be a critical factor to understanding Ramiro's psychological problems, as well as his therapeutic needs and prognosis, were he to be treated.

Psychiatrist Dr. Edward Gripon, testifying for the State, diagnosed Ramiro with antisocial personality disorder based on an interview with Ramiro and review of institutional records and the law enforcement investigation provided to him by prosecutors. Dr. Gripon testified that the fact that Ramiro allegedly returned to the scene of the crime to view the body had a "psychosexual sadistic component to it" which made the crime "terribly troubling."[37] Dr. Gripon looked at the two sexual assaults with which Ramiro was charged and saw "a pattern of behavior [that] raises a question … of some type of significant underlying psychosexual disorder … a sexual predator."

For his evaluation, Dr. Gripon did not interview any members of Ramiro's family, nor was he provided any additional information about Ramiro's background from anyone other than Ramiro himself.[38] As was mentioned earlier, Ramiro's own recounting of his childhood of abuse and neglect would possibly be impaired by defensive avoidance, dissociation, and or traumatic amnesia.[39] This meant that Dr. Gripon did not hear about the patent neglect of Ramiro, the emotional and physical abuse of him, and the extensive sexual abuse he experienced. Because the State deprived Dr. Gripon of crucial information about Ramiro's childhood—that I have obtained through other sources—his conclusions about the etiology of Ramiro's behavior and the likelihood of future dangerousness was likely compromised. For instance, had Dr. Gripon been aware of the chronic and severe interpersonal trauma suffered by Ramiro, his opinions about Ramiro's condition may have included explanations as to the traumagenic (originating from trauma) nature of his psychological and emotional problems. Specifically, the intergenerational history of sexual abuse, severe family violence and abandonment, and the crucial fact that Ramiro's mother Julia abandoned him to her own abusive father, were (to my knowledge) unknown by Dr. Gripon[40] and he therefore was unable to consider Ramiro's entire life history and the factors that shaped his developmental course. By not being able to factor the presence of childhood trauma as a major source of stress on Ramiro into his conclusions, Dr. Gripon also was then unable to opine about

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[36] Stemple, L., Flores, A., & Myer, I. (2016). Sexual victimization perpetrated by women: Federal data reveal surprising prevalence. *Aggression and Violent Behavior, 34,* 302-311.

[37] 41 RR 77.

[38] 41 RR 103-04.

[39] Brown, D., Anda, F., Edwards, V., Felitti, V., Dube, S., & Giles, W. (2007). Adverse childhood experiences and childhood autobiographical memory disturbance. *Child Abuse & Neglect*, 31 (961-969).

[40] My interviews with family members who suffered through and personally witnessed this abuse have been critical in assessing the serious degree of trauma and the intergenerational effects of this abuse on not only Ramiro but on his caretakers. Dr. Gripon did not speak with these family members and was not otherwise provided with this information at the time of trial.

evidence-based treatments that would be appropriate for Ramiro and likely to have an impact on his future functioning.

Additionally, Dr. Gripon's assessment of the crime as "psychosadistic" followed the testimony of jailhouse informant Frederick Ozuna, who alleged that Ramiro told him "that he went back three or four other times to have sex with [Bridget Townsend's] body."[41] Dr. Gripon's reliance on these alleged returns to the scene as establishing a "psychosexual component" to this crime was integral to his opinion that Ramiro was an antisocial sexual predator who would continue to pose a risk in the future.

However, Mr. Ozuna has since rescinded this statement. In 2019, Mr. Ozuna swore that his own statement was concocted and a law enforcement "officer shared information with [him] about what Ramiro was charged with." Regarding Ramiro's alleged returns to the body for sexual gratification, Mr. Ozuna swore that "Ramiro never said those things to me."

The opinions that I have shared in this report are drawn from my clinical evaluation of Ramiro, my review of extensive records, my interviews with two close family members who were able to corroborate historical facts. An evaluation of Ramiro's clinical condition, including his prognosis and ability to engage in effective rehabilitation, would need to consider all of these factors; that is, the full extent of his history of severe abuse and neglect, as well as the recanting of the false testimony about acts after the crime.

3. Describe Ramiro's current functioning in relation to his history and relationships and insight about his past conduct.

As has been described above, Ramiro's functioning since childhood has been characterized by psychological and behavioral problems that are characteristic of children and adolescents who suffer severe trauma, such as abuse and neglect, and receive no appropriate therapeutic care or basic nurturance. From early in his life, there was almost no domain in which Ramiro did not show difficulties—academically, interpersonally, behaviorally, emotionally. His problems with substance abuse exacerbated his already poor functioning and likely contributed to his criminal conduct and poor decision-making in adolescence. The tragic events of the crimes committed by Ramiro are inextricably linked to his severe emotional and behavioral problems and untreated trauma reactions.

Defense psychologist Dr. Milam testified at trial that Ramiro had a primary diagnosis of reactive attachment disorder because he was "immature," exhibited "bravado" and "trash-talking," and was a "loner" who "[d]oesn't do well with other people."[42] Again, as discussed above, this formulation, while capturing Ramiro's social and emotional difficulties at that time in his life, did not factor his history of severe interpersonal trauma into these behaviors. Thus, the behaviors are described with no context to explain their origin or how they could be addressed. Trauma survivors

[41] 39 RR 188.

[42] Dr. Milam testimony, 41 RR 28-31.

who are provided with a safe, secure environment and who receive treatment can in fact demonstrate improvement in interpersonal difficulties and emotional regulation problems.

Since his incarceration, Ramiro has demonstrated remarkable improvements in his functioning across multiple domains. For instance, Ramiro's capacity to build relationships and have positive contact with others has been especially notable. In particular, he has developed a long-term friendship with a pen-pal in Canada, Bri-anne Swan.[43] Through this seven-year friendship, Ramiro has been able to share his deep commitment to religion and explore his profound remorse and regret for his crimes.[44] He has grappled with his family relationships, including how and whether to reach out to his now-adult daughter, and he ultimately realized that he did not want to jeopardize her stability or her other relationships. His deep and profound faith has formed the basis of many of his closest relationships, and he values sharing his spiritual experience both with others on death row and through letters. Ramiro has become a respected man of faith among other inmates, and his devotionals have been read over the prison radio station as well as shared during worship in the United Church of Canada. To the extent that he is able in the solitary conditions of Texas's death row, Ramiro has also participated in ministry activities with other inmates and has made close friends with other incarcerated individuals with whom he shares a community. These activities and relationships indicate that, during his time in prison, Ramiro has responded well to structure and showed maturation that has positively affected his functioning.

In the current evaluation, Ramiro spoke at length about his struggle to come to terms with the tragic consequences of his actions and the irrevocable impact on his victims and their loved ones. He cried when he talked about Bridget Townsend's mother and his recognition of the unimaginable pain he caused her, as well as his horror that he cut short Bridget's life. Ramiro did not avoid the stark reality of his actions, but directly addressed the inalterable consequences of taking a life, saying that his actions had created needless and undeserved suffering for Bridget and inconsolable pain for others. This kind of remorse and taking responsibility for his actions suggests a maturity that clearly was not yet developed in Ramiro at the time he was evaluated by Drs. Milam and Gripon. Describing his process of attempting to deal with his past actions, Ramiro stated, "I'm trying to take all these broken pieces and make sense of it." It is clear that the past years of living in a structured environment, being drug and alcohol-free, engaging in true spiritual exploration and building healthy, mutual relationships with other incarcerated men and with friends on the outside have all been positive forces for Ramiro and have contributed to his growth and development.

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[43] Amy Dempsy, "My Friend on death row: How a Toronto mom befriended a death-row inmate," *Toronto Star* (Sept 3, 2016), https://www.thestar.com/news/canada/2016/09/03/toronto-mom-death-row-inmate-share-powerful-bond.html.

[44] Amy Dempsy, "My Friend on death row: How a Toronto mom befriended a death-row inmate," *Toronto Star* (Sept 3, 2016), https://www.thestar.com/news/canada/2016/09/03/toronto-mom-death-row-inmate-share-powerful-bond.html.

Summary

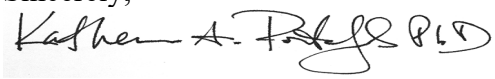
Ramiro Gonzales' life course and the tragic events of the crimes he committed are inextricably linked to catastrophic childhood traumatic stress he suffered at the hands of trusted caretakers who, not only did not protect him, but subjected him to chronic and severe maltreatment, instability, and interpersonal violence. The scientific field of traumatology has empirically demonstrated that there is a cascade of long-lasting neurophysiological alterations that develop in victims of severe childhood trauma in order to manage their chronically threatening environments. These alterations lead these young people to have difficulty with their interpersonal capabilities, behavioral control, sense of self, and their ability to manage their emotions.

Ramiro's behavioral and emotional difficulties, evident from early childhood, are consistent with these types of impairments. Sadly, his deteriorating functioning was met not with therapeutic intervention and support but instead with more neglect, lack of intervention, and harsh punishment, all of which further exacerbated his difficulties.

The present evaluation entailed extensive in-person interviewing of Ramiro, evaluation with appropriate standardized measures, and integration of collateral information from records and witnesses. These opportunities were not provided to experts who evaluated him during his trial, and they were not provided extensive, multi-witness evidence of the traumas he suffered. Additionally, the experts who evaluated him were provided with patently false information suggestive of more disturbed behaviors in relation to the crimes to which Ramiro had otherwise confessed, further skewing the clinical picture. In the years since his incarceration, there has also been evidence of Ramiro's maturation and psychological resilience, in particular his deep and genuine religious faith, sincere remorse, and meaningful attachments to positive, prosocial individuals. Ramiro's current functioning indicates improvement in many of his psychological and behavioral difficulties and potential for further rehabilitation and growth.

Please do not hesitate to contact me if further information becomes available for my review.

Sincerely,



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