***CAPITAL CASE***
**No. 26A414**

IN THE
# Supreme Court of the United States

CHRISTA GAIL PIKE,

*Applicant*,

v.

STATE OF TENNESSEE,

*Respondent*.

**On Emergency Application in Support of Stay of Execution to the Supreme Court of Tennessee**

## BRIEF OF *AMICI CURIAE* ORGANIZATIONS AND EXPERTS IN THE FIELD OF TRAUMA AND SEXUAL VIOLENCE IN SUPPORT OF APPLICANT


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## INTEREST OF *AMICI CURIAE*[1]

*Amici* are individuals and nonprofit organizations working toward a world where women and girls are not victimized or exploited because of their gender. They are personally and professionally familiar with the phenomenon of relived trauma. *Amici* know what it means for a woman or girl to reexperience the time when she was raped or tortured. They know the horror it represents. They provide this brief so the Court is fully aware of the nature of the suffering that awaits Ms. Pike.

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The Coalition Against Trafficking in Women ("CATW") is one of the oldest international organizations dedicated to preventing and ending the trafficking, sexual exploitation and sexual violence against women and girls as forms of gender-based violence, discrimination, and violations of fundamental human rights. CATW is guided by the principle that every woman and girl has the right to live with dignity, free from violence, and to have the tools to reach her full potential. Since 1988, CATW strives to reach its goals by advocating for strong laws and policies, raising public awareness, and supporting survivor leadership in the U.S. and globally. As experts in the lifelong and devastating trauma that sexual violence inflicts on survivors of

[1] Pursuant to Supreme Court Rule 37.6, *amici* state that no counsel for any party authored this brief in whole or in part and no entity or person, aside from *amici*, their members, or their counsel, made any monetary contribution intended to fund its preparation or submission. The notice requirement of Rule 37.2 does not apply to amicus filings in connection with an emergency application. Rule 37.4. Instead, Amici will electronically send the brief to the parties at the time of filing pursuant to Rule 29.3.

gender-based violence, they have a keen interest in the case of *State of Tennessee v. Christa Gail Pike*.

Just Solutions, PLLC is a strategic advising entity with expertise in federal law and policy, including the death penalty, criminal justice, domestic violence and sexual assault, trauma, racial and gender justice, equity, restorative justice, and law enforcement reform.

Legal Momentum is the nation's first and longest-serving legal advocacy organization dedicated to advancing women's rights. For more than 55 years, Legal Momentum has worked to end gender-based violence by advocating for laws and policies that strengthen responses to violence and improve outcomes for survivors. As a leading advocate for the Violence Against Women Act ("VAWA") and its subsequent reauthorizations, Legal Momentum has worked to strengthen the responses of courts, law enforcement, and other institutions to gender-based violence. Its work has also focused on addressing gender bias and misconceptions about abuse that can undermine survivors' access to justice and safety.

Life Span was established almost fifty years ago to provide comprehensive services to survivors of domestic and sexual violence in Cook County, Illinois. Life Span has trained judges, prosecutors, mental health professionals, advocates, and attorneys throughout Illinois and across the country on domestic and sexual violence, trauma, and complicated family law/domestic violence litigation strategies and techniques. Life Span engages in systemic and policy advocacy aimed at improving mean-

ingful access to legal remedies and legal relief for victims of domestic and sexual violence. Based on decades of work to positively impact the treatment of survivors in the civil and criminal legal systems, Life Span has a strong interest in this case.

The Ohio Alliance to End Sexual Violence ("OAESV") is Ohio's federally recognized statewide sexual violence prevention and survivor advocacy coalition. OAESV provides training and technical assistance to Ohio's rape crisis centers, provides direct victim advocacy in counties lacking rape crisis services, delivers prevention education, and informs survivor-centered public policy. OAESV also operates the second sexual violence coalition-driven legal clinic in the United States. Funded by the Office of Violence Against Women Legal Assistance for Victims grant, the OAESV Legal Clinic represents sexual violence survivors in a variety of legal matters, including protection order cases, Title IX proceedings, victims' rights matters, and more. The OAESV Legal Clinic is dedicated to preserving the rights, safety, and dignity of all survivors and advancing its vision of an Ohio free from sexual violence. Through this work, OAESV has substantial experience and expertise concerning sexual violence, the traumatic effects of sexual victimization, and the ways trauma can affect survivors' behavior, responses, decision-making, and interactions with legal and other systems. OAESV has an interest in ensuring that courts have access to accurate and trauma-informed information regarding the effects of sexual violence.

Rights4Girls is a national human rights organization dedicated to protecting the rights of young women and girls, preventing gender-based violence, and supporting survivors of severe interpersonal trauma. It advocates for the dignity and rights

of survivors to ensure they are not punished—legally, physically, psychologically, or otherwise—for the abuse they've endured.

Sanctuary for Families ("Sanctuary") is a New York City-based nonprofit organization founded in 1984, dedicated to supporting and advocating on behalf of victims of domestic violence, sex trafficking, and related forms of gender violence. Serving close to 10,000 survivors each year, Sanctuary offers a range of services including crisis intervention, shelter, legal assistance, and counseling for both adults and children. Its Incarcerated Gender Violence Survivors Initiative recognizes that incarcerated women are disproportionately likely to have suffered severe physical and sexual abuse and resulting psychological trauma, which often bears a significant role in their subsequent criminalization and incarceration.

Shared Hope International is a U.S.-based NGO focused on identifying and advancing protective responses to children and youth who have experienced—or who at risk of experiencing—commercial sexual exploitation. Central to the organization's policy and advocacy work is the belief that survivors of exploitation should never be held accountable for their own victimization and, instead, should be afforded access to supports, services, and rights that are critical for achieving safety and well-being.

Survivors Justice Project ("SJP") is an interdisciplinary collective that includes domestic violence survivors, currently and formerly incarcerated individuals, advocates, researchers, lawyers, and students. Among other efforts, it works to ensure the robust implementation of the New York State Domestic Violence Survivors Justice Act.

The Retreat, Inc. is a New York based nonprofit providing crisis intervention, emergency shelter, trauma-informed counseling, legal advocacy, and prevention education to survivors of domestic violence, sexual assault, and human trafficking. Since 1987, The Retreat has served adults, children, and youth across Long Island. The organization's work is grounded in an understanding of how trauma in childhood and adolescence shapes brain development and behavior, and in the belief that survivors deserve access to the supports, services, and rights that make safety, stability, and long-term well-being possible.

The Villanova Law Institute to Address Commercial Sexual Exploitation educates and provides technical assistance to justice system actors, policy-makers, victims, and the broader community regarding commercial sexual exploitation in Pennsylvania, the United States, and beyond. It equips policy-makers and the broader community with the skills and knowledge they need to improve the legal system's response to commercial sexual exploitation, in order to support survivors and hold perpetrators accountable.

The Virginia Sexual and Domestic Violence Action Alliance ("Action Alliance") is Virginia's leading statewide coalition addressing sexual and intimate-partner violence. For more than 40 years, the Action Alliance has worked with survivors, advocates, and community-based sexual and domestic violence agencies across Virginia to strengthen responses to sexual and domestic violence, provide trauma-informed training and technical assistance, advance survivor-centered policy, and support crisis services. Through its engagement with the field and with survivors, the Action

Alliance has developed a deep understanding of the ways in which trauma can have lasting and often profound effects on survivors' physical, psychological, and emotional well-being, including the ways in which experiences of violence can continue to shape survivors' responses long after the violence has ended.

## SUMMARY OF THE ARGUMENT

If the State of Tennessee executes Christa Pike as planned, *amici* have very little doubt that she will go to her death believing she is being raped. The facts that lead us to this conclusion are not in dispute. That is, no one disputes that Ms. Pike was raped repeatedly as a child and teen, beginning before she could walk and continuing until she was 17, a year before the crime in this case.

Likewise, no one disputes—and the lower court found—that because of all she has endured, Ms. Pike suffers from PTSD. Similarly, no one challenges the well-known phenomenon of reexperienced trauma (sometimes called flashbacks), when conditions trigger survivors to relive involuntarily the horror they endured years earlier, as though it were happening again, with the same sensory perceptions, the same terror and, often, the same pain.

And finally, no one disputes how the State of Tennessee plans to execute Ms. Pike. She will be transferred in shackles to a new cell in a new prison and monitored continually until the moment she is brought, again in shackles, to a room where she has never been and forced onto a narrow board, where different officers will strap her down by the head, arms, and legs, all while a man waits nearby to penetrate her with his needle and inject her with poison, possibly near her groin.

Under these unique and undisputed circumstances, the risk that Ms. Pike will involuntarily relive her rapes during her execution is extremely high. She will likely believe she is being raped to death.

## ARGUMENT

### I. IF THE TENNESSEE DEPARTMENT OF CORRECTION EXECUTES CHRISTA PIKE AS PLANNED, THERE IS A SUBSTANTIAL RISK SHE WILL FEEL AND BELIEVE THAT SHE IS BEING RAPED TO DEATH

#### A. The Nature of Traumatic Memory

Many people are familiar with the term "flashback" as a symptom of post-traumatic stress disorder ("PTSD"), which conjures up a film reel playing back in the survivor's head. Much of the literature on trauma disorders refers to flashbacks as "traumatic memories."[2] But characterizing relived trauma as a "memory" can be confusing. Conventionally, when we remember an event, we understand rationally that it occurred in the past. We may recall it fondly or with regret, it may summon feelings of anger or joy, of satisfaction or despair. But whatever emotions we attach to it, we understand that the experience is behind us. The memory is defined—and more importantly, it is *confined*—by the knowledge that that was then and this is now. Flashbacks, by contrast, are not experienced as events that took place in the past. Rather, they are involuntarily relived, or "involuntarily re-experienced" in the present.[3] Anke

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[2] *See, e.g.*, Chris R. Brewin, *Key Concepts, Methods, Findings, and Questions About Traumatic Memories*, 38 J. Traumatic Stress 771, 771 (2025) [hereinafter *Key Concepts*] ("Traumatic memories are often considered the essential element of posttraumatic stress disorder (PTSD).… Typically for clinicians, a traumatic memory refers to one's memory of an event that has traumatized a person (e.g., brought about a disorder such as PTSD).").

[3] B. Macdonald et al., *Prevalence of Pain Flashbacks in Posttraumatic Stress Disorder Arising from Exposure to Multiple Traumas or Childhood Traumatization*, 2 Can. J. Pain 48, 48 (2018) ("[Flashbacks] have a temporal component whereby they are reexperienced as if they were happening in the

Ehlers, Ann Hackmann & Tanja Michael, *Intrusive Re-Experiencing in Post-Traumatic Stress Disorder: Phenomenology, Theory, and Therapy*, 12 Memory 403, 404 (2004) [hereinafter Intrusive Re-Experiencing]. When a trauma survivor has a flashback, they do not experience it as the memory of what was. Instead, they endure it in the present.[4] During a flashback, a survivor is not being raped or tortured or beaten in the physical world, but their body relives the trauma as if they were. In all the ways that matter to their experience of the event, the trauma *is* real.[5]

The fact that the trauma is not occurring in the physical world has given rise to a persistent confusion that when survivors suffer through a flashback, the torment is "all in their head." Survivors and their allies have struggled for more than a century to dispel this myth, which dates at least to the mid-19th century, when women who

present (nowness), and the individual may behave as if the event were occurring in that moment.") (emphasis omitted); *see also Key Concepts*, *supra* note 2, at 772.

[4] Macdonald et al., *supra* note 3, at 53 ("During a traumatic event, encoding of contextual information is said to be impaired, which, in PTSD, leads to uninhibited sensory components and memories that are reexperienced rather than just remembered."); *see also* Birgit Kleim et al., *Capturing Intrusive Re-Experiencing in Trauma Survivors' Daily Lives Using Ecological Momentary Assessment*, 122 J. Abnormal Psych. 998, 998 (2013) ("The intrusiveness of these memories, along with a 'here-and-now' quality, contributes to a sense of current threat, as the sensory memories from the trauma may be experienced, without realization that they are from a past event.") (internal citations omitted).

[5] As Ehlers and her co-authors put it:

> [Flashbacks] lack one of the defining features of episodic memories, the awareness that the content of the memory is *something from the past*. In a dissociative flashback the individual loses all awareness of present surroundings, and literally appears to relive the experience. The sensory impressions are re-experienced as if they were features of something happening right now, rather than being aspects of memories from the past.

*Intrusive Re-Experiencing*, *supra*, at 404 (emphasis in original); *see also*, *e.g.*, *Key Concepts*, *supra* note 2, at 772; Bessel Van Der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* 15 (2014); Judith Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (1997).

experienced flashbacks were diagnosed with "hysteria" and believed to be malingerers. Judith Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* 10 (1997).

Yet traumatic memory remains misunderstood and the myth endures; in fact, the myth rears its head anew in this very case. The Attorney General took pains to stress that the Eighth Amendment does not protect defendants from "psychological harm alone," Expedited Transcript of the Evidence at 84, Tennessee v. Pike, No. M2020-01156-SC-DPE-DD (Tenn. Aug. 13, 2026), and the Special Master made a finding that parroted this argument, as though the horror Ms. Pike will endure is somehow less real for the fact that she will not literally be raped on the gurney. Special Master's Findings of Fact and Conclusions of Law at 23, Tennessee v. Pike, No. M2020-01156-SC-DPE-DD (Tenn. Aug. 20, 2026) ("mental suffering alone is not material to the Eighth Amendment inquiry unless accompanied by serious physical pain") (internal quotations and citations omitted).

Once again, the State and Special Master misunderstand the nature of flashbacks and relived trauma. The experience is emphatically not "all in the survivor's head," nor is it "mental suffering alone." Flashbacks are "powerful and uncontrollable re-enactments" of past trauma. Chris R. Brewin, *Re-Experiencing Traumatic Events in PTSD: New Avenues in Research on Intrusive Memories and Flashbacks*, 6 Eur. J. Psychotraumatol. 1, 1 (2015). During a flashback, survivors frequently experience the same "strong sensory impressions," including the sights, sounds, and smells that dominated the original event. *Id.* The physiological and neurochemical responses are

exactly the same, including spikes in stress hormones, alterations in brain activity, changes in heartrate and breathing, etc. *See*, *e.g.*, Bessel Van Der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* 66-69 (2014).

The emotions associated with the original trauma are likewise reexperienced in the present, as are the "physical reactions and motor responses accompanying them." *Intrusive Re-experiencing*, *supra*, at 404. Even the pain of the trauma is often endured again. Research has documented "pain flashbacks," in which individuals with PTSD reexperience the pain associated with the original trauma.[6] "[T]he past experience of pain under torture may reappear in a conflict situation corresponding exactly to the body parts that were affected by the torture," as when a patient began to suffer from "a sudden pain below the armpit extending to his hips," which corresponded precisely to the torture he had endured many years earlier. Antje Gentsch & Esther Kuehn, *Clinical Manifestations of Body Memories: The Impact of Past Bodily Experiences on Mental Health*, 12 Brain Scis. 594, 597 (2022) (noting that in the case of one trauma survivor, "while his physical injuries had long healed and he was otherwise healthy, following a particularly stressful social conflict situation, his body memory seemed to produce pain symptoms from this past traumatic experience").

In short, because the survivor relives (rather than remembers) the trauma, their body can react in all the ways a body can react when the trauma takes place in

[6] *See* Macdonald et al., *supra* note 3, at 49 (describing "pain flashbacks" as the reexperiencing of pain associated with a traumatic event and finding that individuals with PTSD reported experiencing physical pain when reminded of their trauma); *id.* at 53 ("Pain at the time of trauma was reported by 74% of the present sample of clients with PTSD, and 74% of these reported experiencing pain when reminded of their trauma.").

the physical world. To be sure, not all survivors react the same way during a flashback. Some survivors try to fight while others may freeze; sometimes, a survivor may fight during one flashback but flee during another. But these familiar terms—fight, flight, freeze—do not adequately capture the eruptions roiling a survivor's entire body and mind while she is reliving the torture she endured at an earlier time.

Finally, there is a suggestion in the record, seemingly endorsed by the Special Master, that any risk that Ms. Pike will experience a flashback during her execution is eliminated by the simple expedient of having female rather than male correctional officers bind her to the gurney. *See* Special Master's Findings of Fact and Conclusions of Law, *supra*, at 21–22. We discuss the execution protocol below, but here we point out simply that this suggestion once again misunderstands the nature of relived trauma. As advocates, experts, and survivors, *amici* agree with Dr. Brand that from Ms. Pike's perspective, and all other things being equal, it is probably preferable that she be restrained by women rather than men.[7] Still, the problem with this plan is that it imagines flashbacks as a rational response to objectively similar conditions. This is simply not the case.

Survivors frequently try to narrow their world in order to avoid what they imagine to be the most obvious triggers; a woman who was attacked in a dark alley, for instance, may avoid traveling at night. As Dr. Brand noted, Ms. Pike has likewise

[7] There is an implicit suggestion in the record that *any* female correctional officer would be preferable to *any* male. To the extent this needs to be made explicit, we obviously do not agree with this suggestion; a woman is capable of cruelty and a man can be kind. Indeed, we note that one of the many people who abused Ms. Pike as a child was her aunt. This brief is written with the assumption that whoever participates in Ms. Pike's execution will treat her with dignity, compassion, and respect.

attempted to shrink her world. For many years, she has tried to create a routine in prison that relies on seeing the same people and doing the same things, in the same place, and in the same way. These attempts can be at least partially successful, at least some of the time, but survivors frequently discover that they are inadequate. Brushing her teeth, for instance, can still throw Ms. Pike back to a time when Ernest Johnson raped her by forcing her to take his penis into her mouth. *See* Forensic Psychological Evaluation at 24, Tennessee v. Pike, No. M2020-01156-SC-DPE-DD (Tenn. April 16, 2025).

Flashbacks, in other words, do not require obvious similarities between past and present. They can be triggered by a sensation, a sound, smell, or glance, a feeling in the air or a scent in the breeze. In one reported case, for instance, a woman "who had been attacked by a bull saw a number plate with the letters 'MOO' at a petrol station. This triggered a flashback during which she re-experienced the impending attack and sprayed another customer with diesel fuel. At this time, she was totally unaware that what she was experiencing involved material from memory." Intrusive Re-Experiencing, *supra*, at 405. Though it is probably a good thing that the State may use women rather than men during Ms. Pike's execution, this does not remotely eliminate the risk that she will re-experience her long and undisputed history of sexual violence, to which we now turn.

### B. Undisputed Facts

The parties to this litigation agree, and the Special Master found, that Christa Pike suffers from post-traumatic stress disorder. Special Master's Findings of Fact

and Conclusions of Law, *supra*, at 22. Given her exceptionally well-documented history, none of us is the least surprised by this diagnosis. As Dr. Bethany Brand noted in her report of July 29, 2023, "the level of trauma [Ms. Pike] was subjected to as a preschooler though her 18th year, when she was arrested, is almost impossible to grasp because it is so severe." Forensic Psychological Evaluation, *supra*, at 2. We do not recount this entire history, both because Dr. Brand has described it in detail in several reports[8] and in her testimony before the Special Master, and because the State does not dispute it.[9] For us, it is enough to recount three aspects of her history that bear most directly on the grave risk that Ms. Pike will relive her rapes as she is being executed.

First, Ms. Pike was sexually abused and raped throughout her childhood. The sexual violence began when she was a small child and continued until she was 17, almost exactly a year before the crime that landed her on death row. The first person to rape her was her grandmother's boyfriend, Ernest Johnson, who repeatedly forced his penis into her small mouth. These rapes began even before Ms. Pike could walk and continued until she was in kindergarten. This man coerced Ms. Pike into silence

[8] Dr. Brand concluded that Ms. Pike suffers from eight serious psychological disorders: Bipolar I Disorder, complex Posttraumatic Stress Disorder, Dissociative Amnesia, Depersonalization/Derealization Disorder, Panic Disorder, Obsessive Compulsive Disorder, Hoarding Disorder (hoarding food), and Specific Phobia (Spiders). Forensic Psychological Evaluation at 2, Tennessee v. Pike, No. M2020-01156-SC-DPE-DD (Tenn. April 16, 2025). Though the Special Master found only that she suffered from PTSD and bipolar disorder, the State does not dispute any of these diagnoses, nor does it challenge any of the history or clinical testing on which the diagnoses are based.

[9] "The State does not dispute the terrible things that Ms. Pike suffered. I think everybody in this courtroom wishes that those things had never happened to Ms. Pike. I think we all wish that we were not here today and that she was not on death row.… And so it's certainly not the State's intention to try to minimize the suffering that Ms. Pike has experienced." Expedited Transcript of the Evidence at 82–83, Tennessee v. Pike, No. M2020-01156-SC-DPE-DD (Tenn. Aug. 13, 2026).

by threatening her, her pets, and her grandmother if she told anyone, and by forcibly locking her in a dark chicken coop. Even decades later, Ms. Pike cannot recount these rapes without recoiling in horror at the smell of his genitals. Forensic Psychological Evaluation, *supra*, at 9–10. To this day, she regularly gags when she has objects in her mouth, such as a toothbrush. *Id.* at 24.

Ms. Pike was raped again when she was 11, this time by Claude Davis, a neighbor. Though Ms. Pike developed an infection as a result of this attack, her own mother did not believe that she had been raped. It was not until a teacher noticed her crying and Ms. Pike told school officials that she had been assaulted that the man was arrested, prosecuted, and convicted. The sexual violence continued as Ms. Pike entered her teens. One of her mother's many boyfriends made a frequent game of wrestling with the young Ms. Pike, during which he would "cop feels and twist my nipples." *Id.* at 13. Of all the people who violated her over the years, Ms. Pike said this man was "the worst." *Id.* He was also an avid consumer of pornography, which he stacked in boxes throughout the house. "He was disgusting." *Id.*

Ms. Pike was raped yet again when she was 17. A stranger grabbed her as she walked to a store, dragged her into the woods, tore her pants off, and raped her. The assault was interrupted by a passing car, and Ms. Pike was able to hit her attacker and flee to safety. She ran to the home of a friend, who took her to a hospital. Ms. Pike later gave a statement to the police describing her attacker, but he was never apprehended.

Second, the sexual violence inflicted on Ms. Pike was accompanied by repeated physical abuse. Sometimes, she was beaten by men charged with her care; sometimes by women. One of her most abusive caretakers, for instance, was an aunt, who was known to drag Ms. Pike around by the hair, confine her in an ice bath for hours, and force her to defecate on herself. At the time, Ms. Pike was not yet seven. *Id.* at 11.

Third, and perhaps most importantly, this sexual and physical violence did not occur in a vacuum. Instead, it took place during a childhood almost uniquely distinctive for its brutality and upheaval. Dr. Brand concluded that Ms. Pike endured an astounding nine (out of a possible ten) "adverse childhood experiences," including: verbal/emotional abuse; physical abuse; sexual abuse; emotional neglect; physical neglect; parental separation or divorce; a household member with a drinking or drug problem; a household member with a mental health problem; and witnessing violence between parents. *Id.* at 21-22. And Ms. Pike did not suffer through these experiences a single time, but again and again, usually at the hands of people charged with her care and who claimed to love her. Dr. Brand describes these many adverse experiences in great detail, and notes that Ms. Pike "experienced more ACEs than 99.3% of the population." *Id.* at 22 (emphasis omitted).

For our purposes, it is important to understand how these experiences, taken together, amplify and magnify the effect of Ms. Pike's repeated sexual victimization. As Dr. Brand concluded, Ms. Pike does not merely suffer from PTSD; she suffers from complex PTSD. The former can emerge from a single event—a traffic accident, for instance—but the latter is only diagnosed in the presence of long-term, repeated

trauma, often of varied forms, where escape is repeatedly thwarted or impossible. Because of Ms. Pike's entire history, and by this we mean the *cumulative effect* of all that she has endured, Dr. Brand found that Ms. Pike's PTSD symptoms are "severe" and "severely disruptive." *Id.* at 23. She is exquisitely subject to the intrusive symptoms, including flashbacks, that distinguish the most destructive forms of PTSD, including "disturbing memories" of her torture and "strong, physical reactions" when something reminds her of the trauma she has endured. *Id.* at 23-24.

Just as Ms. Pike's personal and psychological history are undisputed, so too is the plan by the Tennessee Department of Correction for her execution. Approximately 24 hours before she is scheduled to be executed, a team of correctional officers will remove her from her current cell in the facility where she has lived for many years and where she knows the staff and surroundings. They will transfer her in shackles to the men's prison at Riverbend Maximum Security Institution, the home of Tennessee's death row. The State has said that it will try to ensure that the correctional officers involved in the transfer will be women, but there is no guarantee. In this new environment, Ms. Pike will be monitored closely by a different set of correctional officers. Again, while the State promised to try to maximize the number of women involved, they have not guaranteed that all of them—or even most of them—will be women.

At some point before her execution, a team of correctional officers will restrain her, extract her from her cell, and escort her to the execution chamber, where she will be placed on a gurney. Correctional officers will then hold her down while straps are

placed around her head, arms, and legs. The State has provided no information about the number of women trained to participate in this protocol, or how many will be available and willing to participate in Ms. Pike's execution. Once she is restrained and immobilized, a man will try to find a vein in Ms. Pike's arm through which he will inject the poison that will kill her. If he cannot find a vein in her arm, the expectation is that he will attempt to inject the poison near her groin.

### C. There Is a Substantial Risk Ms. Pike Will Relive Her Childhood Rapes as She Is Executed

Based on this undisputed history, Dr. Brand concluded as follows:

> The execution that now awaits [Ms. Pike], the transfer to a men's prison, the isolation, the physical restraint…, will, for this woman with this particular history, constitute a form of suffering that goes far beyond what any sentence requires. She will not simply be put to death. Christa will be returned, in her final hours, to the terror that defined her life. What awaits her is not only death. It is, for Christa, a form of dying that is uniquely and needlessly cruel. And it is avoidable.

Forensic Psychological Addendum, *Tennessee v. Pike*, No. M2020-01156-SC-DPE-DD (Tenn. June 1, 2026).

*Amici* agree. From their long work with survivors and the undisputed record of what Ms. Pike endured in the first eighteen years of her life, along with the undisputed way the Tennessee Department of Correction intends to execute her, *amici* believe there is—at the very least—a substantial risk that Ms. Pike will re-experience the rapes and sexual violations that she endured as a girl and teenager. Indeed, any other conclusion is irresponsible. She will relive the sounds, the smells, and the pain. She will feel it now as she did then. And it will be as horrific for her now as it was then.

Survivors of sexual trauma can experience posttraumatic reactions when circumstances replicate, or even evoke, features of their prior victimization.[10] Invasive procedures, physical pain, exposure or removal of clothing, restraint, vulnerable positioning, loss of bodily autonomy, and extreme power differentials can trigger flashbacks to the original trauma.[11] For survivors of sexual assault, restraints can trigger survivors to re-experience the time when they were held down and forcibly raped.[12] Even one of these trauma reminders could trigger a flashback, but all of them together—as will be the case if Tennessee executes Ms. Pike as planned—create an exponentially greater risk that Ms. Pike will relive her experiences of child sexual abuse and rape.

When we consider what Ms. Pike has endured and what will happen when she is executed—that is, when we reflect on her clinical history and combine it with the experience of forcibly upending her routine and transferring her in shackles to a new

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[10] *See* ACOG Comm. Op., *Caring for Patients Who Have Experienced Trauma*, 137 Obstetrics & Gynecology e94, e96–97 (2021) (explaining that re-traumatization can result when circumstances replicate dynamics of loss of power, control, or safety associated with prior trauma); Erica Sharkansky, *Sexual Trauma: Information for Women's Medical Providers*, U.S. Dep't. of Veterans Affs.: Nat'l. Ctr. for PTSD (Mar. 25, 2025), https://www.ptsd.va.gov/professional/treat/type/sexual_trauma_women.asp#one.

[11] *See* Sharkansky, *supra* note 10 (identifying invasive procedures, touch, removal of clothing, power differentials, and bodily pain as potential trauma reminders for sexual trauma survivors and discussing re-experiencing, dissociation, and hyperarousal); ACOG Comm. Op., *supra* note 9, at e96–97 (identifying physical touch, removal of clothing, invasive procedures, vulnerable positioning, and power differentials as potential sources of re-traumatization); *see also* U.S. Dep't of Veterans Affs., *Post-Traumatic Stress Disorder: Implications for Primary Care* 119 (2002) (identifying restraint, physical pain, confinement, removal of clothing, invasive procedures, and power differentials as potential trauma reminders).

[12] *See*, *e.g.*, Sharyl Brase Smith, *Restraints: Retraumatization for Rape Victims?*, 33 J. Psychosoc. Nursing & Mental Health Servs. 23, 25 (1995); Ruth Gallop et al., *The Experience of Hospitalization and Restraint of Women Who Have a History of Childhood Sexual Abuse*, 20 Health Care for Women Int'l 401, 411 (1999).

cell in a new prison, where she has never been and where she knows no one, where she will be monitored more or less continuously by officers she does not know until she is finally brought, again in shackles, to a room where she has never been and forced onto a narrow gurney, where different officers she does not know restrain her while she is strapped to the board at the head, arms, and legs, all with the knowledge that a man she does not know waits to penetrate her with his needle and inject her with poison (if need be, near her groin), while she is forcibly restrained and powerless to resist—*amici* have very little doubt that this experience will force her to relive the horror of the sexual violence she has endured.[13]

In short, *amici* have very little doubt that Christa Pike will go to her death believing and feeling that she is being raped yet again.

## CONCLUSION

*Amici* respectfully urge this Court to grant the Application.

Respectfully submitted,

**/s/**

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[13] Tania D. Strout, *Perspectives on the Experience of Being Physically Restrained: An Integrative Review of the Qualitative Literature*, 19 Int'l J. Mental Health Nursing 416, 423 (2010) ("One participant with a history of childhood sexual abuse stated: 'It brought it all back. I felt – I actually physically felt like I was being raped that whole night long.'").