

RICHARD C. W. HALL, MD, PA
RYAN C. W. HALL, M.D.
2500 W. Lake [REDACTED] Boulevard; Ste 219
Lake [REDACTED], FL 32746
Fax: [REDACTED]

NAME: [REDACTED] (Jane Doe #2)

PHONE:

ADDRESS: [REDACTED]

DOB: [REDACTED]

INDEPENDENT MEDICAL EXAMINATION

DATE: November 17, 2009

LENGTH OF EVALUATION: ~9 hr.

REQUESTED BY: Burman, Critton, Luttier & Coleman

PLAINTIFF'S ATTORNEY: Mermelstein & Horowitz, PA.

PURPOSE OF THE EXAMINATION:

To determine the evaluatee's mental condition, diagnosis, prognosis, and disability status as related to allegations of sexual abuse.

EXAMINATION:

The examination consisted of a question-and-answer psychiatric evaluation with special interest in obtaining the history and performing a Mental Status Examination with regard to the evaluatee's thinking, reasoning, behavior, mood, logic, intellectual functioning, intelligence, and judgment.

The evaluatee was seen at the offices of Prose Court Reporting Agency, located at 250 S. Australian Avenue, Suite 1500, West Palm Beach, Florida for an Independent Medical Evaluation, for ~9 hours from 9:17 a.m. to 7:26 p.m, with breaks from 9:20 to 9:21, 10:50 to 11:01, 1:00 to 1:51, and 3:49 to 3:56.

My opinion is based on examination findings, psychological test results, and review of records received and may be subject to change pending receipt of any additional records and/or additional information.

The following tests/scales were administered:

Mini Mental State Examination (MMSE)

Millon Multiaxial Clinical Inventory-III (MCMI-III)

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SOURCES OF INFORMATION:

Amended Complaint
Answers to Defendant's First Interrogatories
Answers to Defendant's Expert Witness Interrogatories
Initial Replenishable Retainer Agreement & Fee Schedule
Kliman Contemporaneous Notes
Kliman Contemporaneous Notes III
Transcripts of Interview with Dr. Kliman, Tape 1, 2 & 3
DVD of Interview with Dr. Kliman
Kliman's Summary and Self-Report of Damages
Gilbert Kliman's Curriculum Vitae
Declaration of Gilbert Kliman, MD
Correspondence of Gilbert Kliman, MD
Transcript of John Doe #2 v. Rabbi Yehuda Kolko et al
Palm Beach Police Department Probable Cause Affidavit
Billing records of Gilbert Kliman, MD
School records of School District of Palm Beach County
Various police/court records of [REDACTED]
Various police/court records of [REDACTED]
Transcript of taped interview with Palm Beach Police Department
Various police/court records of [REDACTED]
Medical records of Dr. Richard Hays
Medical records of Dr. Mark Agresti
Therapy records of [REDACTED], MS
Rescored MMPI-2 and SCL-90-R data of Dr. Kliman

STATEMENT OF NONCONFIDENTIALITY:

The evaluatee was informed at the beginning of the examination that this was an Independent Medical Examination requested by Burman, Critton, Luttier & Coleman; that nothing she said would be held in confidence; and that we were not undertaking any treatment commitment to the evaluatee. She was told that we would report the facts as she presented them, review supporting documentation, and make an objective evaluation of her psychiatric/medical condition, which could be presented before a court of law.

REVIEW OF THERAPY RECORDS OF WELLNESS RESOURCE ([REDACTED]):

A progress note on 07/28/06: Client is an 18-year-old female. "Client presents with complaints of racing negative thoughts, needs perfection in bedroom order, very irritable, angry. Poor concentration and focus. Tired all the time and lack of motivation. 'Uptight' about everything. Says she has 'mini explosions inside of her.'"

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Patient also states that in 11th grade, she was 17 years old. She went to Jeffrey Epstein's house with a friend. She would not state the friend's name. She stated that she received money for sexual favors and that she went to his house one time. She was asked to remove all her clothes except her underwear and massage him, excluding his genital area. Patient does not know why she went, nor did she want to talk about it very much... Plan: Refer to [REDACTED] Guinan, ARNP, for medication evaluation for depression and continue therapy sessions."

A note of 09/06/06: "Patient has canceled several appointments. Does not feel like she needs therapy for Epstein issue. Does not want to talk about it and feels that it does not affect her in her life. She is unhappy at home. Feels home is very dysfunctional. She has to keep her bedroom door locked or older stepbrother, [REDACTED], tries to do 'sexual stuff' with her. Hates living at home. But cannot afford to move out. Saw [REDACTED] Guinan and was prescribed Lexapro 20 mg, but is not taking it regularly. Explained to patient that the symptoms she was having were of depression and medication taken regularly would probably help her."

A note of 09/20/06: "Still feeling depressed – having money problems and vehicle problems. Not attending school regularly and still very unhappy at home."

A note of 10/25/06: "Starting to feel a little better but still very frustrated at home. Declined the suggestion of family therapy at this time. We discussed my long history with her mother and stepfather, but client felt that it (family therapy) was useless, that nothing would change. Client just wants to make enough money to move out."

A note of 11/08/06: "Client still struggling with depression and not functioning very well in her life. Stated that she would have to call me to reschedule because she didn't have her work schedule."

REVIEW OF MEDICAL RECORDS OF DR. MARK AGRETI (PSYCHIATRIST):

An intake note of 07/29/06: The patient was an 18-year-old white female who was referred by [REDACTED]. "Recently showing signs of depression. No energy. No motivation (illegible) on task. Everything irritates her. Eating junk food. Doesn't fall asleep until 12 pm. Wants to sleep all day. Lives with mother. Smokes cigarettes. Occasional alcohol. Smokes weed occasionally. Sexual [sic] abused Jeff Epstein. Patient involved now with sex scandal. Has OCD behavior. Everything is always in its proper place. Things have to face a

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certain way. . . Patient awake, alert and oriented x 3. Denies auditory/visual hallucinations. Feels paranoid. Everything is moving and talking about her thoughts of suicide in the past. No plan. Denies homicidal thoughts. Assessment Axis I: OCD. Nicotine abuse (was crossed out). Chronic depression (was written on the side). Axis II: Deferred. Axis III: Various (illegible)/ kidney stones. Axis IV: Lives with mother and siblings. Axis V: 60. Plan: Zoloft 50 mg 1 po QD and Ambien CR 12.5 mg 1 po QHS."

A note on 08/21/06: "Patient unable to take Symbyax. Chest discomfort/tightness. Patient discontinued med. Continues to feel sad and anxious. Eating and sleeping okay. Doing more things for herself." She was on Prozac 10 mg 1 po QD #30 with five refills.

A note of 09/13/06: "Patient feeling better (illegible) to low. Not as depressed. No sadness. Positive focus. Positive concentration majority of time. Eating and sleeping good on task. Not having panic attacks or anxiety. Increase Prozac 20 mg 1 po QD #30 with five refills."

A note on 10/11/06: "Patient having highs and lows – mood more even. Patient can't be by herself. Mind is racing. Goes to the gym daily to be with people. Eating fair – not sleeping well. Lamictal starter kit when decreasing Prozac 20 mg down to 10 mg 1 po qd x 7 then discontinue."

A note of 10/25/06: "Patient only on Lamictal starter kit. Start 50 mg today. No panic attacks or rage since she started Lamictal. Eating and sleeping good. No depression or sadness as much." She was prescribed Lamictal 100 mg 1 po QD.

A note on 11/13/06: "Patient off Lamictal one week. Was on 50 mg Zoloft. Took 100 mg. Feels high and low (coming through ?). Eating and sleeping good."

A note of ___/7/08 [sic]: "Unable to take Zoloft. Had a allergic [sic] reaction to meds. Face started swelling up, rage, anger, depressed, sad. Lower wisdom (teeth) pulled out. Symbyax 6/25 and Ambien CR 12.5."

(NB. Dr. Agresti obtained his medical degree from Finch University of Health Sciences in Chicago and completed his psychiatric residency at St. Lukes – Roosevelt in New York. He has no academic appointments and has no specialty board certification. He does not indicate that he is a member of any committees or has

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memberships in any health organizations. He has not received any professional or community service awards and has not published any peer-reviewed medical literature.)

MEDICAL RECORDS OF DR. RICHARD HAYS:

A note from 08/31/00: Had decreased hearing. Status post adenoidectomy and bilateral PE tube placement.

A note of 12/04/01 indicates a date of accident as 08/01/94. [REDACTED] was in the 8th grade and engages in cheerleading. She was being seen for evaluation of a flexion deformity of her right little finger following a bowling ball accident.

A note of 10/18/04: "Was in PW-ER for right-side pain, felt better after vomiting, had ruptured ovarian cyst. Had CT scan, ultrasound, had positive leukocytes, blood in urine. Given Rx for Lortab and Bactrim." Assessment was urinary tract infection, kidney stone, and ovarian cyst.

A note of 10/25/04: "Patient is a 16-year-old female with history of kidney stone. Patient with heavy periods. Pt menarche at age 13. Periods regular x 7 days. . . Positive sexually active with condom almost every time. Positive discharge. Gravida 0 Para 0."

Labs of 10/26/04 indicate negative Chlamydia results.

A note of 9/23 (The year blocked out with a post-it note, but calculating by patient's age would suggest 2005): "Patient is a 17-year-old female complaining of right lower quadrant pelvic pain. Patient had ovarian cyst burst one year ago, also had kidney stone at that time. Patient been painful, sharp comes and goes x 1 week, worse with eating. [sic]No increased urination. No dysuria. . . Positive sexually active. Last intercourse week. Positive condom. . . Assessment: Pelvic pain."

Labs of 09/23/05 indicate a nonreactive HIV.

A note of 11/23/05: "Patient is a 17-year-old female here for a well woman." It appears that they have her listed as gravida 2 para 0. (This indicates two abortions?) "On Yasmin. Never abnormal Pap. No STDs. Positive for sexually active. Positive condom use."

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Lab results of 11/23/05 indicate negative HPV and Chlamydia/gonorrhea.

Lab results from 11/16/06 indicate negative HPV, Chlamydia/gonorrhea, hepatitis C, and nonreactive HIV.

General demographics note that in March 2007, [REDACTED] was on amoxicillin 500 mg TID and the NuvaRing.

A note in the chart for March, again with the day and year blocked out with a post-it note (calculating by patient's age would suggest 2007), states "19-year-old female presents today for BW. Uses NuvaRing. Wants STD testing, sexually active, has one sex partner that's not monogamous, has had unprotected sex." The note indicated she was moving to Virginia the following week. HIV, RPR, hepatitis, gonorrhea and Chlamydia tests were ordered.

Lab results on 03/15/07 that indicate nonreactive HIV and negative hepatitis C and gonorrhea/Chlamydia.

TAPED INTERVIEW WITH DETECTIVE RE CAREY ON 12/13/05:

She reported to the officers that she was introduced to Mr. Epstein by [REDACTED] and that [REDACTED] told her that she had "found a way of making money." She also stated that [REDACTED] told her "if I ever told anybody she would beat my ass and so I didn't even know what she was talking about. I was like 'ok'". . . And just massage him for 45 minutes and get \$200 and she would pick me up after work. . . Right before we got in there, she is like 'ok, he might ask you to take off your shirt or something, but it didn't matter, so I said 'ok.' She indicated that the first time she went was approximately December 2004. She thinks she was approximately 16 at the time.

Her account of events of when she was there: "He told me to rub his nipples, like he's 'oh, just pinch them' or something and I was all right and then he had one hand on his p. . . And then he like tried rubbing my breasts and he had like the middle of my bra was the snap-off part and he like snapped it off and he was trying to feel my boobs and then he just grabbed my thighs and he was jacking himself off at the same time and he went down to, should I say that. . . my vagina. . . He like didn't take off my panties, but he like pushed them to the side and he is like feeling down there and he is like 'don't worry, don't worry, I'm not going to go in'. . .

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Then he started rubbing down there and then he kept like talking dirty. He's like 'aw, your clit feels so hard' and stuff and I like backed away. . . I backed away and I said like 'well, I don't know if I should do that' and I was like got really hesitant and so scared that I didn't know what to do, kind of like you just want to get it over with, and then I was feeling so tense I guess that was why he was saying it, and then he actually stuck his fingers in me and I backed away again. He goes 'oh, don't worry, don't worry' and he's like 'I'm sorry' then he went back to the outside and he was still jerking himself off and then finally he finished himself, wrapped up his towel, and said there was \$200 on the counter and there is an extra \$100 for [REDACTED]. . .

And then after I told him, I backed away and I was kind of like shaking my head no. He was like 'ok, I'm sorry' and then he kind of still put his fingers down there. He was just like pushing really hard, like, I don't know. It just felt like his fingers weren't in me, but it was close enough to where it still felt weird. . . That's why when I go out I was freaking out, but I didn't even say anything to her and she asked me what happened and I told her what happened and she said 'oh, it's ok. He did that to one of my other friends I brought here' and I was like 'and you let him do that and still got me into there' and she's like 'oh, it's ok. You got \$200. Does it matter?' I said 'did you have to do that?' and she said 'no.' I was like 'all right, then you don't know how it feels.' She was like 'lets just go shopping' and stuff and I was like 'no.'

Question: *So you're standing there, your bra has been unsnapped. What kind of panties did you have on?*

Answer: A thong.

Question: *So you only went there that one time?* Answer: Yeah.

Question: *Is there anything else you would like to add?* Answer: Yes. There was another girl that like [REDACTED] split everything with. They were partners in doing that. Question: *Who was that?* Answer: This girl, [REDACTED].

REVIEW OF POLICE RECORDS:

A police report dated 09/30/05 notes that [REDACTED] filed a domestic violence complaint against his stepfather, [REDACTED] ([REDACTED] stepfather). While the police were talking to [REDACTED] he stated [REDACTED] has never had his "ass kicked" and he was going to kick his "ass." [REDACTED] was arrested at that time. . . [REDACTED] received a domestic violence package. Prior to the arrest, [REDACTED] has smashed [REDACTED]

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bedroom door open with a hammer and entered the room and used the hammer to smash holes in [REDACTED] speakers, guitar, and two stereos.

[A police report on 10/26/04 indicates that [REDACTED], who I believe was [REDACTED] boyfriend, had a very bad marijuana addiction. The boyfriend's name was [REDACTED].]

REVIEW OF COURT RECORDS ON [REDACTED] ([REDACTED] mother):

A divorce notice notes that the marriage broke up in April 1992.

REVIEW OF POLICE RECORDS ON [REDACTED] ([REDACTED] father):

A Palm Beach County Sheriff's Office report of 12/02/92 shows that [REDACTED] left messages on [REDACTED] answering machine, which stated the following: one said "get out of the house, I'm coming to get you." The second message was "I'm coming over there. Get out of the fucking house." The third message was "fuck you." The fourth message was "you're a slut." On the fifth message, he threatened to beat up her boyfriend. It was also noted in the report that she says he has beat her up in the past and she did not press charges and she did allow a restraining order to end without renewing it.

A police report of 04/06/93 noted comments attributed to [REDACTED] that stated "[REDACTED] hit his wife [REDACTED] in the face and then started arguing. She stated before I arrived, he got in his vehicle and left."

A police report dated 10/02/93 noted "Mrs. [REDACTED] stated that her ex-husband [REDACTED] keeps calling her house and threatening her and her boyfriend, [REDACTED]. They stated that he calls up and states that he is going to come over to kill them. . . . Mr. [REDACTED] stated to [REDACTED] 'get off the fucking phone or I'll kill you asshole.' I (police officer) then picked up the phone and addressed myself as D/S Ammon with PSO and the white male identified as [REDACTED] stated he did not care; he would come over and kill me too. He then hung up the phone."

INTERVIEW WITH DR. KLIMAN 12/04/08 TAPE 1

(Page 3-4) Dr. Kliman (Dr. K): *You already told me that you don't like to travel out of state.*

[REDACTED] (L): Yeah I really don't like airplanes all together actually. . . I just don't like the fact that you're in a vehicle that really high up in the air and if something small happens you can pretty much die . . . I just pretty

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much stay in the safe zone, actually. I like to be in a comfort zone and this is just a little bit out of my comfort zone. I'm just very nervous. I get nervous.

Dr. K: *Are you generally a nervous person?*

L: Like I said when I'm not comfortable I get really nervous; and I start like moving around and I can't stop; I can't really talk quite clear sometimes because I'm so nervous that its just kinda shaking inside.

Dr. K: *Have you been a shy person?*

L: Not really necessarily. I'm not really shy; I used to be friendly, more friendly towards people that I didn't know maybe. My mom used to always say that I would . . . I was too friendly to people sometimes and maybe that's what got me into trouble. But now I think I'm like over protective of myself, now I always feel like people are following me or something for some reason.

(Pg 9-10) L: I live in Richmond with my boyfriend and four other people. . . I'm pretty much hanging out and having fun instead of working . . . I'm having a little bit more fun like doing activities and stuff . . . well I've been going bike riding with my boyfriend . . . we have a half pipe . . . so I've been learning how to skateboard; and I've been doing more outgoing things instead of like staying in the house and stuff like that.

(Pg 10)L: Richmond is kinda like; it's kinda like dark in certain places and I'm riding my bike; riding my bike through those places; like I don't know, kinda to show yourself to not be scared of something you know, trying to overcome your fear of being scared of like the dark and like of a bad neighborhood; and its not as bad as I thought. Like I'm actually having fun going and riding bike in the ghetto parts of the city but . . . I don't know. I thought it would be a lot different and a lot scary and its not.

(Pg 12) Dr. K: *What part of Virginia were you in?*

L: I was in Midlothian, Virginia.

(Pg14) L: It feels like everybody is relying on me so much (goes on to describe family members and how they rely on her) . . . There's a lot of pressure being put on me but they (her family) don't know that. And it's a lot at times actually, so pretty much just kinda shut myself away from the world, so that I don't have to deal with everybody and everything, you know?

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(Pg 15) L: I don't know, when I am around my family I feel like; I find myself because I'm around my brothers and I can joke with them and be like a guy . . . But I just can't be around my family too long. They just argue all the time. I hate arguing; its just too much.

(Pg 17) L: I'm such a nice person that I just give people everything that I have and I really don't leave anything for myself because; I'm sorry worried if I say no to them they're gonna be like, oh well . . . She's so not cool anymore; or she's . . . she's not a good person because she said no and she didn't give me what I wanted . . . I come off as passive.

(Pg 19) Dr. K: *Okay now before you met Jeffrey Epstein, did you have any psychological problems that you know about?*

L: I don't think so. I was always just fun and I don't think so. Like my family kinda made me the person that I am . . . Like always putting me by myself in a big family . . . when you're not paid attention to when you're a kid, you tend to grow up like on your own, like by yourself, and that's kinda how I am.

(Pg 20) L: Like I blacked out at the moment when everything happened. (Referring to Epstein)

(Pg 21) L: [REDACTED] basically told me in a note . . . she was like well if you show anybody this or if you tell anybody . . . I'll beat your ass and I was like thinking to myself, why would she get that mad about me telling somebody? What's wrong with what I'm going to do if she wants to beat me up if I say something to somebody? . . . [REDACTED] in the car] slowly started unraveling everything like everything that was supposed to happen, she stared[sic] actually kinda telling me a little bit as soon as we got to his house or a little bit before it.

(Pg 23) L: Yeah, like I just, for some reason, I just remember everything being so vivid in my thoughts. (Of note, on page 22, she makes the statement "a lot of things were just kind of blurry still, very blurry.")

INTERVIEW WITH DR. KLIMAN 12/04/08 TAPE 2

(Page 2) L: [Epstein] was already in there laying on his front side, talking on the phone, on like a massage table . . . Yeah [lying on] his belly.

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(Page 3-4) L: He got off the phone and that's when I knew something was probably gonna happen . . . like in between rubbing his feet and going on his lower back and stuff, he was like talking to me and he was like asking me questions about myself, and like trying to get into my head and I knew he was trying to do that. . . oh its okay you can go ahead and take off your shirt and your pants and your . . . you know, get comfortable, everything but your bra and underwear; nothing but your bra and underwear; and I was like okay. Well maybe that was supposed to happen, but I don't know what I'm gonna do with my bra and underwear, and then that's when he was like looking at me and he was telling me to like turn around and he was . . . just talking to me about my like my life, if I had a boyfriend, and how I was with guys . . . how I was having sex? . . . Because I'm kinda like the more person like cover at that time[sic]; I never let anybody see like my chest or my boobs or anything like that. . . I stepped back, cause I stepped back, when he tried to like go in my underwear and try to like finger.

Dr. K: *When he tried to finger you, did he succeed . . .*

L: No.

(Page 6) Dr. K: *And you don't know who he is and you don't know what his house is like and you're in state of fear. Not even thinking about it you're already . . .*

L: Sorry.

Dr. K: *No, please why should you apologize it's not something of your creation.*

L: **Yeah. I just never really noticed all these things until you started pointing them out to me**

(Page 8) L: Had a cyst on my ovary . . . [occurred] I think a little bit before the whole ordeal had happened.

(Page 9) L: I don't know. . . I don't remember how I felt then (parent's divorce) but I could remember what happened. . . . Just like all the violence kind of going on all around and my dad like running away from us and just moving to another state and not seeing him for a long period of time. So its . . . its already that I didn't have like a father figure. . .

(Page 9) Dr. K: *You did have a stepfather . . .*

L: Yeah, but he was more of always just yelling at me, so I always stayed in my room by myself or I was hanging out with my friends.

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(Page 10) L: Well my dad . . . he never hit me, but the[sic] would hit my little brother and my brothers, actually my two brothers, and my dad brought us home from being with him for the day and my mom went to go change my little brother and he was like beaten on his back and on butt and stuff like that and my mom got really angry and she called my dad to come back here . . . back to the house, where he dropped us off and I just remember him going upstairs. He had hit my mom and then my stepdad hit him and my dad went down the stairs cause we lived on like the second floor and then . . . I just remember sitting in the window and the cops came in the house and they couldn't find my dad, because my dad basically ran off to another state so . . . I haven't seen my dad in a while after that.

(Page 10-11) Dr. K: *Not after that time your stepdad was not a very comfortable replacement for you. He would yell at you?*

L: He would always. . . He was even a little bit violent with my mom; but he had three kids of his own and my mom had four kids of her own, so we had seven all together and our whole life was about whose kids have done what and whose kids are bad, and whose kids are good, and whose kids did this and that and . . . Its all they argued about was us . . . He (stepfather) would just get mad at me for like random things like he told . . . like he would say something and he told me not to tell my sister and I like told my sister because she's my sister and then he like spanked me or hit me or something and sent me to my room without dinner. And then like he was yelling at his son when I got older and I was like why are you guys fighting, ██████ didn't even do anything, and then he just came at me and smacked across the face and then kicked me out of the his house; I don't know why but I was trying to help; it seems that every time I try to help, I always get in the way . . . I was probably 17 (at the time).

Dr.K: *Had the Epstein thing happen yet when you were kicked out of the house?*

L: No . . . Like 16 almost 17; and then it happened when I was 17, the Epstein thing . . . when I was about to be 18. So it was probably a year difference almost.

(Page 14-16) Dr. K: *Okay now . . . You mentioned in part one, question 5, that you had a sexual assault by a family member or someone you know, for example a rapper [sic] an attempted rape, could you tell me about that?*

L: Yeah I was actually dating my stepbrother's friend, like his best friend, and I was hanging out with them. There's just been a couple of times actually. He (stepbrother ██████) like wanted me to sit on his lap . . . I was like no that's weird cause you're my brother . . . and then it was that same night that he asked me to sit on his

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lap. That it was like 3 or 4 in the morning and I was sleeping and I forgot to lock one of my doors . . . and I always have like a chain lock in my bathroom door and I had forgotten to lock that one because I always lock my rooms, everywhere I am, always lock everything for some reason. I think because I'm scared that somebody is gonna get to me while I'm asleep. . . I was . . . just gotten 16 (pre-Epstein, per her statements that she was 17 when met Epstein).

Dr K: *Okay and you tend to lock your doors and what happened then, I interrupted you.*

L: I was sleeping, I just . . . I felt something like at the end of my bed; on my shins like a light touch of somebody grazing my leg and like cracked my eyes open just a little bit and I saw him and I think I freaked him out and I woke up and I was like what are you doing? And he laid flat on the ground on the side of my bed and he like pretended like he woke up and he was like, huh, what where am I? . . . so I had a weird feeling and vibe that he was still in my room and that he didn't really leave; and then he . . . I guess had ducked down and then crawled around to the side of my bed again and he . . . he was doing like I heard like somebody breathing like right near me; and I was freaking out, but I was still awake at the time. I knew what was going on and then he like tried to do it again and that's when I freaked out and I was like get out now! . . . He finally left and then I locked my door and that was it for that time and then my parents kicked him out for like a day and then he came back like the next . . . Yeah I told my parents but they didn't really think that they could do anything about it . . . So they kicked him out and he just snuck back in the house like he always did, so no matter what I do or he did, he was never getting punished for it . . . There's just a couple of stories like I found him in my room with . . . he was like naked under my covers like in my room and I am such like a perfectionist . . . I had a feeling that someone was going in my room cause he knows how to like get through locks and stuff like that, so I came home early from school one day and I ran my room really quick and he was like trying to get out of my room and get out of my bed; and I opened my door really quick and he was like . . . he jumped from my bed to my closet and he was naked; and my pink sandals were right next to my bed which where they weren't before, so he was like wearing them or something and then like my underwear like my see-through underwear was like missing for like months and month and months and then I just recently found it in like my laundry basket . . . and then I told my parents about that and then they kicked him out for like a couple of days and then he just came back so . . . I don't know, its just really weird how everything happens; but I always lock everything and I just know when people are touching my stuff and it gets me so irritated.

(Page 16-17)Dr. K: *Did you experience any emotional distress that lasted more than that day? (Referring to incidents with [REDACTED])*

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L: . . . Yeah, of course, I was scared of him. He was like running after me and like he was always like the terror of my house and nobody could ever stop him, nobody could ever do anything. He pretty much just got fucked up all the time.

(Page 17-19)L: [REDACTED] did something to my sister, I guess, he like I don't think he did anything sexual to her, but he was like touching her like when she was sitting on the computer and then she freaked out and told my parents and then everybody made like a big . . .

Dr K: *Sort of touching her neck?*

L: Yeah. Like touching her neck and her hair and he was just saying weird stuff to her too.

Dr. K: *Did you hear that?*

L: No, I didn't, she just told me; and then I was like now you actually pay attention because it happens to you; but when I said something happened to me, you know, nothing, right? So I think that's a big part, why I am the way I am sometimes to just because they've . . . he's always been like that and he's always beat up my . . . he's like beat up my mom before a couple of times; he's beat up my sister; he's beat up me; he's been to jail a couple of times . . . for hitting my mom: he like threw her on the ground and started kicking her in the face and stuff and then she called the cops on him and the police came and got him and then I think . . . It was around 16 (years old). (Pre-Epstein, assuming her age of 17 is correct.)

Dr. K: *Okay . . . So when you met Epstein you had this problem with your stepbrother?*

L: Uh huh.

Dr. K: *Who seemed to have a sexual interest in you, and you found him naked, and you think that has something to do with the way you are now . . .*

L: A little bit of it.

Dr. K: *A Little bit of it? Well . . . Why do you say a little bit?*

L: Well, just because a lot of things have happened too that have made me who I am, not necessarily just that one person. It might just be everything that's happened to me and I'm just overprotective of everything and I'm just really freaked out most of time.

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(Page 1) When I started to get them (symptoms). . . I don't . . . like I didn't really notice it at first until you (Dr. Kliman) started like reminding me of all these things and that everything that's put into place.

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(Page 2) L: I would just feel like I was nobody, and when I would feel like that, I would just get really angry. The only thing that I did that was good when I got angry was just write poems and that would take my mind of what I was thinking.

Dr. K: *When did you start doing that?*

L: I did that, I started doing that when I was in 9th grade, so I had to have been about 15. That's just with my family problems I'd just . . . I'd just get upset and then I'd start writing poems, but then it just started increasing more and more and then I'd just get way ahead of myself, like my mom . . . like I'd lock my doors and lock everybody out, but its like I wanna lock them out, but I want them to come and find me and ask me like what's wrong. . . I just wanted somebody to talk to me, but nobody really . . . Nobody really ever wanted to because I've had brothers and stuff and my mom is always too busy. . . . I can't talk to my family when I'm mad because they don't understand because they don't even know me. (Pre-Epstein)

(Page 3) L: . . . Like because my stepdad was bad before and I don't know . . . What you would say about that, but he was just not as nice of a person that he is now. **He's not as mellow and cool as he is now, but back then he used to be like really angry and when he would come home from work, you would just; you'd know that you'd have to go in your room, like everybody would just disperse, leave and go hide or go and hangout with their friends;** but she ([REDACTED]) talked to my stepdad and then; they wanted her to talk to me because of the Epstein thing and because of my stepbrother and so I talked to her about all of that. Then she wanted to go and get me on medication and then . . . I'm not really about medication, so I just never took the medication that they would prescribe to me. . . I've never really gotten help, but I've always wanted to get help. But I've just never fully gone 100 percent through with it I guess you could say.

(Page 4) L: I . . . was thinking I need something more for concentration because I can't concentrate on anything because my mind is going like in so many different directions, I can't even hang on to what I'm trying to say. It's so hard for me to talk to people cause' I got so much going on in my head and I can't just put it in order. But they've just always said that I've been like bipolar; it's not really bipolar, it's just my attention. My attention span.

Dr. K: *You know it's troubling to me that you use words a little bit carelessly.* (chastising for use of the word always)

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(Page 4) Dr. K: *Wait a minute. You say your problems are going away and then you say they're coming more and more and more at you? So what do you mean . . . ? There's a contradiction, do you hear that? I feel my problems are going away. . .*

(Page 6) Dr. K: *Alright and you have thoughts of killing yourself?*

L: *I used to and that's why I started to write poems cause I would just feel like there was nothing else that I do; and I would just like, its better if I wasn't around then I wouldn't be causing anybody any problems. . . Its hard to be who everybody wants you to be all the time. (NB started writing poetry at age 15, pre-Epstein)*

(Page 7-8) L: (after Epstein) *I think I took like 7 cause I'm not a pill person or anything like that. I took like 7 Darvocet or Xanax or one of the hydrocodones, one of those medications that I had from surgery . . . I got in one of those moods and I took them all at once and I basically like texted my best friend saying like you know I love you, I just want to let you that . . . if anything were to happen, and then I wrote my mom a note saying like, I don't know like if I die before I wake, pray the lord my soul to take; and then I wrote her a note saying like you know, I love you but I just . . . I don't know what else to do. I'm just really sad and I don't know what else to do at times, but then my friend came over and my mom . . . no my friend came over and was talking to me for a couple of hours and then I just kinda started dozing off, but then she kept me awake; and then it didn't happen, nothing happened after that; it was just like an attempt, but you can't really kill yourself off of doing just 7 I guess. I don't know. . . It (timing of the attempt) wasn't too far after him (Epstein); it was like maybe not even a couple of months. It was like a little bit right after it.*

(Page 8) L: (question of *did you receive therapy after attempt*) *No my mom just wrote me a note the next day saying how much she loves me and that if I were . . . that if the lord came to take my soul that he'd have to come and take hers along with mine, and it, she just wrote me a note and said you know, you don't need to be thinking like that because I love you but, she's like, I really think you need to go talk to somebody. She always said you need to go and talk to somebody and I always responded with I know, because I know there's something wrong that I don't want to be wrong, I don't want it to be in my mind*

(Page 8-9) Dr. K: *Now you mentioned that you're less interested, this is question 21, you're less interested in sex than you used to be. Could you tell me about that?*

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L: I used to be really into it like after Epstein like that's when I was not really letting people do anything or touch me (contradiction?). Like if I had sex with somebody like my boyfriend I would wear a shirt or a bra and then after that had happened; it was like I . . . Needed somebody, like I needed a guy to be there to protect me or something or I just always wanted to feel like I was being loved by somebody. I mean think that's how a lot of girls are though, but you just . . . when guys have sex, they have sex because it feels good to them. When girls have sex; for me, it's like a substitute for something that I don't have inside me, I feel like I'm missing something and then when I have sex with them, I feel like for just that moment I was loved by that person that I care so much about and then . . . and then its just worst because they end up just being hateful and just wanna leave or whatever and then I kinda don't understand what's wrong; but I used to be like really into sex a lot after that happened.

(Page 9) L: . . . two boyfriends that I had sex with before that (Epstein) . . .

(Page 10-11) Dr. K: *So exactly what Epstein did to you?*

L: Yeah and that's why it's really ironic. It's really . . . crazy I just thought of that.

Dr. K: *So you had not that about that before?*

L: No, see cause I just have so much going on, I just can't put things together unless people start talking to me and then I'm like . . . Oh yeah. ([REDACTED] appears to be very susceptible to suggestion and easily influenced. This is the third time in her interview with Dr. Kliman where she makes a realization based on what some may consider to be leading questions.)

Dr. K: *This is the kind of thing that seems to me that shows you're capable of benefit from psychotherapy.*

L: Is that what I can learn?

Dr. K: *That you can think of it when you're in a thoughtful discussion; you can make a connection.*

(Page 11) L: Then I finally found somebody; now I'm kinda . . . really happy.

(Page 12) Dr. K: *When you have sex with [REDACTED] (current boyfriend), do you have any interference from thoughts about Epstein?*

L: No, No.

(Page 14) Dr K: *Was drinking something new to you as you had a drinking extravaganza.*

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L: It wasn't new to me. I had drank before all that too, but not as much. Like I drank just to have fun. It was on the weekends but after that it was like . . . all the time I always had to be at a party. I always had to be out; I always had to be away from my house. I always had to like be with some guy like, its crazy how I had to be with some guy all the time.

(Page 14) L: But sometimes I'd go like in the wrong parts of town like with my girlfriend, just to go and drink or something with boys and then we'd have no ride home or something like that. And . . . I end up having to call my mom so . . . I would say it got not too bad.

(Page 20) L: I wasn't good at math.

(N.B. For the records available regarding Dr. Kliman's interview, there is no mention of [REDACTED] abortion)

SCHOOL RECORDS:

[REDACTED] graduated from [REDACTED]. She completed all four years at [REDACTED]. Her cumulative GPA at the time of graduation was 2.9107. She obtained a D in Chemistry I and an F in Algebra II in 2005. In 2006, she got a D in Liberal Arts Math. Overall, she was primarily a B student.

RELEVANT BACKGROUND INFORMATION:

[REDACTED] was born on [REDACTED]. She reports she had no problems with her birth and that she was born at her mother's house in Buffalo, New York. She believes she met her normal developmental milestones on time. She notes she has a scar on her forehead, which she got when she was first learning to walk. She slipped on a rug and hit her head on a step. She believes she required stitches, but no further medical treatment. She notes having significant childhood illnesses of having tubes placed in ears in the 7th grade (~13 years old), as well as having her adenoids removed. She believes she still has her tonsils.

FAMILY HISTORY:

[REDACTED] mother is 45 years of age and owns a café in Tennessee. Prior to owning the café, she worked for Home Depot. Her mother has been married three times and [REDACTED] was a product of the second marriage. Per [REDACTED], her mother is in good physical health. She believes that her mother suffered from

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depression in the past, was on antidepressant medication, and was seen by a psychologist. [REDACTED] does not know how long her mother went to see the psychologist, but believed this occurred when she was living in Florida for the second time (seventh grade through semester at college). Her mother was prescribed medicines for anxiety and depression, one of which [REDACTED] believes was Xanax (benzodiazepine). [REDACTED] mother would at times suffer from "anxiety attacks," cry whenever [REDACTED] left the family, and was fearful that [REDACTED] would never return, which [REDACTED] believed was due to an incident that occurred when she was one year old and wandered away from home. When that happened, her mother got the police involved and shut down the neighborhood in order to find [REDACTED]. [REDACTED] stated that her mother "just always thinks of me as the lost one," but she did not feel that her mother was overprotective of her.¹ [REDACTED] believed that her mother had also been diagnosed with attention deficit disorder (ADD). Her mother may have also been on Straterra (non-stimulant medication for ADD). Her mother would give [REDACTED] some of her prescription medications, such as Xanax (benzodiazepine/controlled medication), when [REDACTED] appeared emotionally distraught (e.g., crying, "anxiety attack"). [REDACTED] describes her relationship with her mother as very good and states, "We're close. Best friends." [REDACTED] states that her mother has always been a person that she could talk to about everything. She states that, in general, her mother's mental health was kept from her, but she learned about it from talking with her stepfather. Her stepfather stated that her mother suffered from depression and that was why she was "sad sometimes."

1 A Yeah. No, my mom would tell me that she would have anxiety attacks for -- if I was gone for a long period of time, you know. She would think that, that I was, that I would never be coming back to her kind of thing. . .

Q. Okay. And would there be any particular reason why she was worried you might not be coming back?

A. She says I would wander off when I was like a little girl. Oh, because when I was like one, she, she left me and my brother outside. We were playing in the yard. It was a fenced-in yard. There was a gate. She was inside feeding my youngest brother. He was a newborn. And then I guess my older brother that was watching me just let me crawl right out or crawl or walk -- I'm not sure how old I was, like one -- and leave the yard. And then she had to call, like, a search. She had the neighborhood closed down by the police to find me, so she just always thinks that I'm the lost one. Like I, I get lost very easily, I guess.

Q. So the, the fears are not that you're going to be mad at her and just never come back, and go off and live your own life, but just that something was going to happen to you or that you will be taken or -- I'm just trying to get a sense of what her --

A. Kind of that I wouldn't come back, yeah. Kind of like I, I wouldn't come back to the family, or I would just wander off and get lost because I was so young. . . . So, it was, I guess, a little bit of both.

Q. Did she have those concerns when you got older?

A. Yeah. She, she was always concerned for me because I was a young girl, and I was very pretty and I was her little girl. That's just how she's always been with me. It was always because I am a girl that she was worried about me.

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[REDACTED] does not believe that her mother ever attempted suicide or was hospitalized. She states that when her mother had an anxiety attack, she would lose her breath, hold onto her ("latch onto"), and cry. Her mother was fearful that [REDACTED] would leave and never come back.

[REDACTED] describes her stepfather as "a nice guy," who married her mother on October 10, 1999, when she was about 11 years old. Her mother and stepfather dated for approximately eight years before they married. They moved in with each other "as soon as they could" after her father left. [REDACTED] remembers considering her stepfather as her "father" since around age 3. Her stepfather is around 50 years of age. He now works with her mother at the café. Previously, he was a district manager for Home Depot and had hired her mother to work at Home Depot. He is in relatively good health, other than for being in a car accident, where his heel went through the floorboard, requiring corrective surgery. He now walks with a limp. Both her mother and stepfather went to the same psychologist, who [REDACTED] later saw as well. [REDACTED] stated that "[the stepfather] might have had anger issues, but that wasn't even that bad." She states that she currently has a good relationship with him. [REDACTED] states that when she was younger, she had trouble with her stepfather because, at first, "I just didn't accept at the time that he would be my new father. Like, I just -- I wanted my blood father to be my father."

[REDACTED] states that there were seven children in the household when she was growing up and at times this lead to tension. "Tension, it was just [my stepfather's] kids and my mom's kids, and they -- we were just always being compared between the, the two of us, or the seven of us, because he had three boys and my mom had four kids." [REDACTED] has two full brothers, [REDACTED], age 22, and [REDACTED], age 19, both of whom have no known psychiatric or health problems. [REDACTED] has an older half-sister from her mother's first marriage, who is 25 years old and lives in New York. The half-sister required an operation on her feet to correct a growth abnormality. [REDACTED] has three stepbrothers: [REDACTED], with no psychiatric illness, who currently works for a tire manufacturer; [REDACTED], who has no psychiatric illness and also works for the tire manufacturer; and [REDACTED], who suffers from "mild" cerebral palsy. She notes that [REDACTED] cannot hear out of his left ear and has trouble moving the left side of his body. [REDACTED] works at the family café. He attended a normal high school, but was in special education classes. She notes that currently [REDACTED] and [REDACTED] live in the family home with her mother, stepfather, and herself in [REDACTED], Tennessee.

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[REDACTED] biological father is around 50 years of age and lives in North Carolina. He has remarried. She has been in contact with him a few times during the last year. She talks with him on a regular basis by phone. He currently works as a salesman for [REDACTED], a window and door company. She states that her father has no physical or mental health problems. She notes that through her father's marriage, she has two additional stepbrothers, who are her stepmother's children.

When asked why her biologic parents got a divorce, [REDACTED] stated that her father was "an angry guy." She commented, "then again he was Italian, so all Italians have somewhat of a snap to them." She notes that she is Italian on her father's side and English on her mother's side. [REDACTED] notes that her mother still does maintain contact with her biologic father.

[REDACTED] knows of no mental illness, alcohol or substance abuse problems, or any suicides in her extended family.

CHILDHOOD HISTORY:

During childhood, ages 5 to 12 (her age range), [REDACTED] notes she had lots of friends and that she was a good student. She liked to have fun. She was a cheerleader and enjoyed going to football games. She frequently cheered for her brothers' peewee and flag football teams. She states the home environment was "hectic," that there was "never a dull moment," and that "there was a lot going on all the time" in a house with seven children. She reports no serious episodes of domestic violence, but stated that her brothers would wrestle each other "like boys always do." There was one episode of arguing that [REDACTED] was aware of, when her stepfather pushed her mother down on a couch. (N.B. This is in stark contrast to the comments made to Dr. Kliman and police reports indicating that the police were called to the house many times for domestic violence issues between her biological father, mother, and stepfather; her stepfather and her brother; and her stepbrother and her mother.)

[REDACTED] was disciplined by losing her computer privileges. She denied ever being spanked. As an adolescent, she denied any domestic violence issues involving her, ("not with me"). She notes that there was one incident when her stepfather physically smacked her on the cheek after she tried to interfere while he was yelling at one of his sons. She reports there was frequent arguing in the house over issues of whose kids had caused which problems. "It was arguing because of, once again, his kids versus my mom's kids." However,

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she states this arguing did not really affect her and was not a big thing since she generally kept to herself. When there was arguing, she withdrew, hung out with friends, or would stay in her room and paint her nails or play with her dolls. (N.B. Again, stark contrast to what she reported to Dr. Kliman and [REDACTED] [REDACTED] where she identifies family strife/arguing being a big problem, that she would routinely "hide" when her stepfather came home, and indicated that she was spanked/unfairly punished if she discussed topics within the family.)

[REDACTED] reports, in general, she was a good child, that nothing happened to her, and that the only traumatic memory in her life was her interaction with Jeffrey Epstein. She reports no other "sexual abuse" and no other traumatic, inappropriate, or odd situations occurred involving her. (N.B. Again, in stark contrast to what she stated to Dr. Kliman where she reported on a paper and pencil test that she, "had a sexual assault by a family member" and verbally reported to Dr. Kliman multiple occurrences where her stepbrother [REDACTED] was sexually inappropriate and she was fearful of him.)

[REDACTED] notes that she attended church while growing up and that she still tries to attend church. Since returning to Tennessee, she is currently looking for a new church to attend. She describes herself as being spiritual and believing that there is a higher power.

(NB. In summary, [REDACTED] account of her childhood is markedly different than the account that she reported to Dr. Kliman, where she reported that there was frequent arguing in the house, that there were multiple episodes of domestic violence which she remembered that involved the police, that she was punished by spanking, that the stepfather had an anger management problem, and that people in the house were fearful and often hid in their rooms when he returned home. She also reported to Dr. Kliman how her stepbrother with cerebral palsy was frequently sexually inappropriate with her, was found naked in her bed, had "messed" with her shoes, had come into her room in the middle of night while she was sleeping and stared at her, and had touched her sister while the sister was working on a computer. These differences do not appear to be errors of omission since [REDACTED] [REDACTED] was asked direct questions about domestic violence, how she was disciplined, and whether any sexual abuse or inappropriate situations occurred. In fact, she appeared to minimize negative events other than Epstein whenever possible, such as by saying "[the stepfather] might have had anger issues, but that wasn't even that bad" or that "My, my brothers would always wrestle each other like boys always do, you know, brothers," when asked about domestic violence in the house.)

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EDUCATIONAL HISTORY:

[REDACTED] reports that she completed one semester of community college in Florida, where her grades were D's, C's, and B's. She notes during that semester she was still partying, which she described as "drinking and smoking marijuana." [REDACTED] reported she did not return to college because she moved to Virginia. She felt Florida was becoming too "fast-paced" and that "there was too much bad down here." She reported that when she initially went to community college, she was hoping to become a radiologist or radiographer.

[REDACTED] attended [REDACTED], obtaining a 2.9 GPA. She notes that she had difficulty with some math classes but generally performed well in school until her senior year, at which point she "slowly sank." She believes her grades slipped at that time because she was "not really caring about [her] life anymore, not really thinking that anything mattered because [she] just felt useless after [Epstein]." She notes that Epstein was a big part for why she felt that way (e.g., loss of control), but she notes other factors such as "my father wasn't [my real father], my real father wasn't around, . . . I had three step [brothers], [and] I lived in a house full of seven kids, . . . but your attention isn't always put towards you." (This seems contradictory to her earlier statements that her mother was her best friend and that she could tell her anything. This does seem to be more consistent with the history she gave Dr. Kliman, where she reported feeling that she could not talk with anyone, that she was always in the middle, that if she acted badly she would be punished, and that no one would believe her when she talked about her stepbrother touching her inappropriately.)

[REDACTED] reports that she never repeated any grades in school and was never in any special education classes. In middle school, she received a spirit award in the 7th grade and a science award for being a "good camper" at a science camp in the 8th grade. She received no awards in high school. [REDACTED] reported that she tried out for cheerleading in the 9th grade, but backed out because she did not like the stereotype of cheerleaders being "ditzy" even though she had previously enjoyed being a cheerleader for her brother's youth football games and in middle school. In a later part of the interview, she stated, "Well, I felt happy. When I was cheerleading, I was extremely happy. I was a good cheerleader and I loved to do that, and then I stopped cheerleading." This may suggest depressive symptoms starting at the beginning of her high school years.

[REDACTED] reports no suspensions or expulsions from school. She received one detention for a dress code violation. She reports she smoked marijuana during her senior year of high school and frequently drank in order to deal with/get away from "guys that I had sex with, my friends telling me that I was a whore. It was

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mostly just guys.” She notes that she “cared” before she started smoking marijuana or drinking. She stated that previously she had the attitude that she was not going to do drugs, but in the end, she “gave up and gave in.”

[REDACTED] reports that she is currently enrolled in Motlow State Community College in Tennessee. She would like to obtain a degree in health and physical fitness. She plans to start attending classes in January 2010.

EMPLOYMENT HISTORY:

[REDACTED] notes that she first worked for a traveling petting zoo when she was 13 or 14 and believes she was paid approximately \$50/day. She later worked for Papa John’s for about a year, when she was 15. She also worked at JJ Mugs, which later became The Brass Ring Pub; an Italian restaurant named Pasquale’s; Publix as a cashier; Petco in Virginia; Chili’s; RiteAid; the café that her parents own; Richbrau Brewing Company; The Three Monkeys; Abercrombie and Fitch; and restaurants called Glory Days and Woody’s Barbeque.

[REDACTED] initially reported she was never fired from a job. Her longest period of employment was a year while working at The Brass Ring. She reports she frequently left one job for another because she wanted a different environment. She liked learning about different places and jobs. However, later in the interview, she reported that she was fired from Glory Days restaurant because she “made the employer feel uncomfortable.” (NB. Inconsistent history)

[REDACTED] states that she never worked as an adult entertainer. She noted that when she was 19 or 20, she would show up high on marijuana when she worked at Petco and Chili’s.

MILITARY HISTORY:

[REDACTED] reports no military history.

RELATIONSHIP HISTORY:

[REDACTED] stated that she started dating at age 15, that she had approximately five significant relationships, and that she “fell in love” with every guy that she was in a significant relationship with. She notes her first significant relationship was at age 15 with an individual named [REDACTED] and that they dated for three

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months. She noted that he had "a different style." He was Caucasian, spoke Spanish, and was "prep ghetto." [REDACTED] did not like the kids he hung out with because they were "dumb." He smoked marijuana and drank. She did not approve of his substance abuse. She broke up with him, in part, due to his ongoing drinking and drug use. She was also concerned that he might be cheating on her due to his general lifestyle. She noted that [REDACTED] had been arrested before they started dating.

[REDACTED] next significant relationship was with [REDACTED], who was about 17 when she was 15. She notes he was a childhood friend and that they dated for approximately six months. He started smoking marijuana, got in trouble for theft, and was arrested for breaking and entering and vandalizing buildings. He had a twin brother, who she believes was a bad influence on him. She ended the relationship because of his criminal behavior. She had no concern of him cheating on her.

[REDACTED] next significant relationship was with [REDACTED], who was 16 years old when she was 16. They dated for three months. She noted that [REDACTED] mother interfered with their relationship and that is why it ended. [REDACTED] "stayed friends" with him and still feels that he is a nice guy. She was not concerned that he ever cheated on her because she was always with him.

Her next significant relationship was with [REDACTED], when they were both 19. They dated for three months and broke up when she became pregnant. She got an abortion and they began dating again for about a year. She notes that the relationship ended because they were "headed in different directions." She reports that he was a manager at a Home Depot store, but smoked marijuana approximately five times a day. She had concerns that [REDACTED] might cheat on her.

[REDACTED] then started dating her current boyfriend, [REDACTED], whom she had known for many years. She notes that he is a good guy who knows how to make her smile. He is her age. They have been dating for about a year. He lives in Virginia, where he works at a pizza restaurant. His hobby is skateboarding and he rides "flow status," meaning that he receives merchandise from sponsors, but is not paid a salary. He plans to attend John Taylor Community College. She has been living in a different state (Tennessee) than [REDACTED] for the last three months. They had lived together prior to her move. They started to live apart after she was involved in a serious auto accident, in which she broke her pelvis and fractured her tailbone, but did not require surgery. She returned to Tennessee to be with her family while she was recovering.

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[REDACTED] notes that [REDACTED] is the most positive person she has ever dated: that he smiles, is polite, is nice, and that he communicates well with her. At times, she holds back telling him what she is thinking. She stated initially that she had frequent concerns that he was cheating on her because he is away from home frequently due to his skateboarding and is around other girls. She states this fear causes arguments between them. She has never caught him cheating. She believes her fear of him cheating is, in part, due to "I just have thought that I'm not good enough for one person to want to be with just me." She notes, "I am trying to quiet those thoughts, and I'm trying to learn to trust him because he is such a great guy . . . he doesn't deserve to hear my made-up thoughts. She notes that she loves [REDACTED] and believes that he loves her and that someday they will marry.

SEXUAL HISTORY:

She notes that she has had approximately 35 sexual partners. She lost her virginity at age 15 to [REDACTED] (pre-Epstein). It was a "memorable experience" and she thought it was a "good experience" because it was with a boyfriend and with someone she cared about. She states that her mom talked with her about sex afterward, but that she had received sex education in the sixth grade. She notes that she was not as experienced as her friends at age 15, although she believes she may have been the first one in her group to become sexually active. She states that no boyfriend has ever asked her to do anything that she was uncomfortable with and that she would make her own decisions to go along with any act they suggested.

[REDACTED] notes that she has only had sex with males. She had one experience intimately kissing a woman at age 18. This occurred during a period when she was drinking and she, a boy from school, and a girl friend decided to all be physically intimate in a car. She notes that she was intimate with the boy, her friend was intimate with the boy, and in the process, she kissed her friend [REDACTED] with an "open mouth" kiss, but there was no other sexual contact between them.

Another episode of group sex occurred when she ended up having sex in the same room with another couple during her senior year of high school. She notes that the two males involved were best friends and that she was with [REDACTED], one of her best friends at the time. She notes that they were all good friends. They had had a great day of fun at the beach and returned to a house they were staying at. She ended up having sex

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on the floor on one side of the bed and her friend [REDACTED] and the other boy had sex on the floor on the other side of the bed.

She notes that she tried anal sex at approximately age 18, that it hurt, and that she stopped. She later tried it again with her current boyfriend, [REDACTED]. She notes she had successful anal intercourse with [REDACTED]. She notes that her boyfriend [REDACTED] has also inserted his finger into her anus. She has given and received oral sex. She noted that the first time she did this was with her second boyfriend, [REDACTED], when she was 15 or 16. She reports she did not like doing it or having it done to her. She has used marital aids or toys with her current boyfriend. He has used a vibrating cockring and she has used a vibrator to self-stimulate herself. She bought her own vibrator at age 18. She notes that she had trouble achieving orgasm when she first started dating. She is able to attain an orgasm with [REDACTED] and when she self-stimulates. She reports at no time has anyone ever taken explicit/nude pictures of her. She used chocolate body paint at age 18. She reports that she likes matching lingerie. At age 18, she tried dressing up in a provocative Halloween-type firefighter costume once. She has not engaged in another type of activity, which she thinks may be fetishistic or possibly unusual. She has never contracted a sexually transmitted disease.

[REDACTED] notes that between the middle of her 11th grade year to her first semester at Palm Beach Community College, there was a period when she was "sex crazy." She states that she "felt that she needed to be with guys" and that she needed somebody to protect her and to protect her from other guys. She states she believes that men wanted to have sex, and that if she did what they wanted, they would stay with her. Later in the interview she stated, "It was every single day, had to be with somebody, had to have sex. If I didn't have sex, I wasn't feeling happy."

[REDACTED] states that her main friends, [REDACTED] and [REDACTED], had frequently told her that she was gaining a bad reputation and that she needed to stop sleeping around. She could see that she was "losing herself" with the drinking and sex, but wasn't sure how to stop. She did not want to talk to anybody about her sex life because she felt ashamed of what she was doing. She stated she did not like the person that she had become.

[REDACTED] reports that she used condoms until the time she met [REDACTED]. She had trouble keeping track of her birth control and made mistakes on the timing of when to take the pills. She believes this is why she became

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pregnant. She notes that [REDACTED] was the first stable guy she dated after Epstein and the "sexual extravaganza." She stated that she took the relationship slow with [REDACTED] and waited a while before she kissed him or had sex with him, trying to break her "bad habits." The pregnancy with [REDACTED] was not planned. She told her mother she was pregnant and her mother told her she would support any choice she made. The decision to terminate the pregnancy was a difficult one for [REDACTED] to make. [REDACTED] notes that she decided to terminate the pregnancy because she was still young, did not want "[her] life to stop," did not have support from [REDACTED] for having the child, and was not grown up enough to take care of another person.

[REDACTED] states that she initially wanted to have the baby, but [REDACTED] did not, and she did not want to raise a child alone. [REDACTED] obtained the abortion at the Planned Parenthood near Richmond, Virginia. She reports the abortion cost approximately \$400-500. [REDACTED] paid half of it and she got money from [REDACTED] mother, who was like "a second mother" to [REDACTED]. (N.B. [REDACTED] was also involved in [REDACTED] recent car accident). [REDACTED] states that she was under anesthesia during the abortion, that the procedure took approximately 15 minutes, and she believes that it was a vacuum abortion. She states she has never taken any morning-after pills or any abortion pills. [REDACTED] notes that after the abortion, she was sad for two weeks and was upset that she and [REDACTED] broke up because of the abortion. She stated initially after the procedure, she would feel sad when she saw a TV commercial about children or families.

She notes that in her current relationship, when she and [REDACTED] are together, they have sex on a daily basis and that it is satisfying for both of them.

TRAUMA HISTORY:

[REDACTED] notes that [REDACTED] was a good friend. [REDACTED] passed away at age 20 while [REDACTED] was living in Virginia. She states that a semi truck ran a red light and hit [REDACTED] car, killing her. [REDACTED] stated that she had known [REDACTED] since the 9th grade. [REDACTED] was one of her best friends, who had been very supportive of her while she was going through a rough time in her relationship with [REDACTED]. [REDACTED] loss still upsets [REDACTED] even after approximately two years has passed. [REDACTED] became tearful while discussing [REDACTED] death.

[REDACTED] notes she has had other friends who have died. One of whom was a friend named [REDACTED], who died in an auto accident when [REDACTED] was 18. [REDACTED], a boy [REDACTED] casually dated in the 12th

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grade, was gunned down at a party. [REDACTED] was not at the scene when it occurred. [REDACTED] reported that the loss of her friends at such a young age, "got me sad thinking about how life could be so short."

MOVING HISTORY:

[REDACTED] was born in Buffalo, New York. She moved to Florida when she was approximately one year old. Her mother and stepfather moved to Virginia when she was in approximately the 4th or 5th grade. They moved back to Florida when she was in the 7th grade. She notes she initially liked Virginia and did not want to move, although she was somewhat hopeful that she could reconnect with old Florida friends when she did move back, which did not happen. She continued to live in Florida until after her first semester at community college. (Approximately age 18 years old) She then moved back to Virginia, where she still had some friends. [REDACTED] then moved from Virginia to Tennessee for the first time, when her lease was up on her apartment in Virginia. She states initially she did not want to continue to date [REDACTED] when she left Virginia because she did not think a long distance relationship would work, especially with her worries over people being unfaithful. She notes, however, that when she moved to Tennessee, she and [REDACTED] talked every day on the phone and she was able to maintain the relationship. She lived with her family in Tennessee for approximately five months and then moved back to Virginia to live with [REDACTED]. She again moved from Virginia back to Tennessee after her auto accident in 2009. She reports that she has had no periods of homelessness.

LEGAL HISTORY:

[REDACTED] reports that she has received two speeding tickets, with the fastest being ~29 mph over the speed limit and the second ~15 mph over the speed limit. She has never been charged with DUI, reckless or careless driving. She notes that when she first lived in Virginia, the police were called to a party that she was having at her apartment and that she was ticketed for underage drinking. She notes that the judge told her "this is your lucky day" and that if she did not have any other legal problems, he would drop the charges.

SUBSTANCE ABUSE HISTORY:

[REDACTED] states that she started drinking alcohol at age 17 at a New Year's Eve Party. (N.B. In the interview with Dr. Kliman, she reports going to parties and drinking before Epstein, which would make her first use of alcohol occur earlier.) She notes that she frequently drank to have fun and to "forget about the day." At her maximum, she would consume eight shots and a couple of beers. She notes that she developed tolerance. She has never experienced any withdrawal symptoms when she stopped drinking. For negative

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consequences, she notes that she would frequently have sex when intoxicated. She has never received any treatment for alcohol abuse. She reports that the last time she drank was at a friend's birthday one week ago and that she drank a couple of margaritas and some beers. In general, the amount she has been drinking is less currently, but she still has times when she returns to old patterns of drinking from 7:00pm until 1:00am. She notes that she is trying to cut down; that she does feel guilty about the amount she is drinking, usually related to having a hangover; that she does not become annoyed or angry if people say she is drinking too much; and that she just tells them that they "don't know what they are talking about." She does not require an eye-opener. [REDACTED] would participate in drinking games when she went to parties. She notes that she would frequently drink to the point of vomiting and that for approximately a two-year period during her junior and senior years of high school, she drank to the point of vomiting once a week. She reports periods of blacking out when drinking alcohol and that, during her senior year in school, she was out every night looking for a party in order to get drunk. She notes never having any cravings for alcohol, no drug dreams, and never having missed work because of alcohol.

[REDACTED] reports that she first tried marijuana in the 11th grade. She stated that she used approximately 1/16 of an ounce. When asked to further quantify, she notes at her maximum, she used four joints a day or a \$45 amount. She developed tolerance to it. She reports the withdrawal symptom of "wanting more." She would smoke as an alternative to seeking male companionship (e.g., "If I had a problem, instead of going to guys for every answer, I would just smoke it away.") She noted as negative consequences that she would forget conversations and that the marijuana would affect her memory. She received no treatment for her marijuana abuse. She does not believe she ever received laced marijuana and she did not intentionally dip or put PCP on it. She has tried to decrease her use. She last smoked at a birthday party one week before the interview.

[REDACTED] reports first trying cocaine at age 21, in the house where she was living with [REDACTED]. She had used cocaine five times. She reports no tolerance, no withdrawal symptoms, no negative consequences, or ever receiving treatment for cocaine use. She reports her last use was five to six months ago.

She stated that she first used LSD (hallucinogen) at age 19 or 20, while living in Virginia. She has used it three times and reports "good trips." She noted that she tried mushrooms (hallucinogen) once approximately six months ago and that she felt the effects for a couple of hours.

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She stated that she has used inhalants such as whippets, which she reported were nitrous oxide, 15 times while living in the house she shared with [REDACTED] in Virginia.

[REDACTED] notes that her mother gave her Xanax (benzodiazepines) for anxiety attacks, which she describes as periods when she wanted to cry. She also notes that she would buy Xanax on the street and that she would use it approximately twice a month. She would either buy the blue "football-looking" pills or the "French fry" type. [REDACTED] also notes that she got Percocet (narcotic) from a boy who she had sex with.

[REDACTED] also notes that she has taken Adderall (stimulant medication/controlled substances) without a prescription. She got the Adderall from a roommate in Virginia, who said that it would help with concentration and help with getting things done. [REDACTED] reports she had taken Adderall less than 10 times over a two-year period of time and states that she does it "When I had a big or a busy day the next day, when I needed to be motivated, when I needed to pick myself up." She notes that she has feelings of euphoria when she takes Adderall.

[REDACTED] states that she has never sold drugs, but notes that her brother used to "hunt for mushrooms" and that she would connect her brother with "rednecks" that she knew, who were looking to buy drugs. She states she never personally profited from these transactions.

[REDACTED] notes that she pays for her drugs with the money that she earns and that she has never traded sex for food, shelter, or drugs.

She reports never using heroin or any IV drugs such as other narcotics, cocaine or methamphetamines.

She states that she smoked cigarettes for two years when she moved to Virginia, but that she is not currently smoking.

[REDACTED] reports that she drinks a cup of coffee a day, but that she has cut out drinking sodas for the last three months since her car accident. Prior to that, she would drink a couple of regular Coca Colas a day.

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PARTIES:

██████████ states that alcohol was always present when she went to parties. She noted that during house parties, where people would be in the house or in the yard, they frequently played drinking card games. There were frequently beer pongs at the parties. She notes that when she went to the parties, the “redneck crowd” would always defend their territory and asked guys they didn’t like to leave. There were frequent fights between the “guys.” The size of the parties varied from 15 to 50 people. She notes that she went to the parties (e.g., bonfire) “because I just met ██████████ and I started hanging out with him. And then Jane Doe No. 3 took me down to Mr. Epstein’s house.” This would imply she was attending the parties and was exposed to alcohol before meeting Epstein. (N.B. This statement is more consistent with history she provided with Dr. Kliman than the history of trying alcohol after meeting Epstein.)

VIOLENCE HISTORY:

██████████ notes that the most violent thing she has ever done was to get into a fight with ██████████ ██████████ (AKA Jane Doe 3), who is the girl who introduced her to Mr. Epstein. ██████████ notes the fight started due to ██████████ taking her to Epstein’s house and “[also] that [██████████] felt that I was a slut and she kept calling me that.” The fight occurred at a party approximately six months after ██████████ went to Epstein’s.

██████████ noted that she carried a baseball bat under the front seat of her truck. She stated “I would carry it underneath the seat in my truck because I always had fears that I would be taken advantage of, because I was -- everybody kept telling me I was such a little girl. And I was always out until all hours of the night, and I needed to be careful. And I just felt like if I didn’t have a guy with me, I would have to be able to defend myself with another, another way.”

PLAINTIFF’S RECOUNTING OF INTERACTIONS WITH JEFFREY EPSTEIN:

██████████ reports she met Mr. Epstein was when she was 16 or 17 year’s old and in the 11th grade. (Per police interview on 12/13/05, she was 16 years old; however she frequently reports her age as 17, as she did when interviewed by Dr. Kliman, making it difficult to confirm dates to determine facts pre or post Epstein.) She did not know the exact date of the meeting, but did recall that it was before Christmas. ██████████ reports that ██████████ had written her a note during class asking her if she wanted to “make some extra cash for the holidays.” ██████████ was interested in making some additional money in order to purchases holiday gifts for her large family.

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Initially ██████████ told ██████████ "all you have to do is come with me to a massage, to like massage, kind of like a place to go to where there would be other people in the same facility. . . You could just go there, make some cash and leave, you know." ██████████ was under the impression that it would be a facility, that there would be older guys there, and that she did not need to have any experience in order to give massages. ██████████ notes that ██████████ told her that she would be paid \$200 for giving a massage and that "if you tell anyone, I will beat your ass."² Per ██████████, she told ██████████ "yeah, that sounds great." ██████████ did not find it odd that she did not need to be a certified or experienced masseuse, that she was threatened with physical violence if she told, or that it was older men. ██████████ believed that the reason ██████████ threatened her was because ██████████ was "embarrassed" about giving older men massages.

After the initial conversation, a couple of weeks went by before ██████████ called ██████████ and asked her if she wanted to go give a message that day. ██████████ agreed to go after she finished working her shift at Publix supermarket. On the drive over to Mr. Epstein's house, ██████████ "slowly" learned about what was going to happen during her visit, but she states she did not know the full circumstances of what she agreed to. ██████████ reports she knew that Mr. Epstein would ask her to take off her shirt and pants. She was okay with that because it was like being in a bathing suit and "[She] didn't think anything of it." (N.B. In a different part of the interview, ██████████ made statements which suggest that she knew she would be uncomfortable in this setting such as "[when having intercourse (pre-Epstein)] I always kept my shirt on and my bra because I felt uncomfortable being naked")³. ██████████ stated, "I wasn't thinking that anyone was going to be touching me. I was the person giving the massage. I was the one in control, putting my hands wherever I --on the body, on their back. I just thought back, shoulders, legs, feet." Even though ██████████ had worked five or six hours at

2 A. It was, I would, I would say right before, a little bit before me and Jane Doe No. 3 (██████████) got into a fight, I started getting scared of her. And I just was kind of waiting for the day that she would want to hurt me. . . Because I didn't know, because that had happened when she took me to Epstein and I didn't ever want to go back again. And I thought she was just going to think that I had told somebody. And if she had found out that I had told somebody, that she was going to come after me,

3 Q. Again, don't mean to be confrontational here, but on one hand you said 'I was told I was going to be in my bra and my underwear, and I thought, hey, it's no different than a bathing suit.' On the other hand, you are saying I always kept a bra or a shirt on even when I was with someone that was being intimate with. Do you understand how those two...

A. Conflict with each other? . . . They do. For some reason, it wasn't -- I didn't, I didn't -- when I feel towards people, when I feel towards a guy that I'm dating them and I am having sex with them, and I like them and I want them to like me, I don't want to show them all of me. But when --he, he was just...

Q. It was easier because it was a stranger?

A. It was -- I didn't think anybody who had -- my vision of how you get a massage, your head is facing the ground. I didn't think anybody was going to be looking at me. I didn't think anybody was going to be judging me. I didn't think that he was going to flip over and start fondling himself and then touching me. I just --

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Publix before going to Mr. Epstein's house, she had no concern over the condition of her undergarments even though she had just learned she would be giving a message in her underwear. (In her statement to police, she reported she had worn thong panties.)

██████████ stated that ██████████ told her that if anybody asked, "you need to say you are over 18 years old" when they arrived at Mr. Epstein's House. ██████████ reports that she told ██████████ that she is not a good liar and asked ██████████ to answer that question if they were asked.

Once ██████████ realized she was at a private residence and not a public facility, she was concerned that she might become stranded if she did not continue to go along, since ██████████ was the one who drove her there. After all "██████████ already threatened to beat me ██████████ up." When ██████████ was asked if she had a cell phone with her, she said that when she was in the car she did, but she did not consider calling anyone she knew, such as her mother, brothers or a friend to come pick her (Of note, ██████████, at other times, called her mother to come pick her up when "[she] (██████████) had nowhere else to go," such as when she had too much to drink). Later, ██████████ stated she did waiver on whether or not to call her mother, but decided against it because she wanted to make the money to buy gifts, that she was doing something on her own, and that she did not feel she needed her mother's permission. ██████████ still did not think that anything "bad" was going to happen to her even though earlier she stated she was concerned about being stranded and was concerned about possibly fighting ██████████, who was "twice" her size. (N.B. on some level, this is inconsistent).

██████████ notes that inside the house, she met a very tall, skinny, blond, nice looking assistant, who took down her name and number and told ██████████ to stay downstairs because "██████████ would be back before you know it." The assistant took ██████████ upstairs to the massage room and left her alone there. Shortly after the assistant left, Mr. Epstein came in with a towel on and told her where the lotions were and that he would be on a business call. ██████████ later stated that when Mr. Epstein first came into the room, he also told her to take off her shirt and her pants. She noted that she did so because Mr. Epstein told her to. When asked, she stated she was uncomfortable being in her underwear because she was "shy." When it was pointed out to ██████████ that she was told ahead of time that she would be asked to do this, and she initially reported that she was fine with it because it would be like being in a bathing suit, ██████████ stated, "Staring at me just after – not necessarily him staring at me. I just wasn't open with taking my clothes off in front of people that I

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didn't know." (N.B. This account of events is factually different from the account she told Dr. Kliman, when she stated Epstein was already in the room on the table when she arrived.)

██████████ noted that she started the massage by rubbing Epstein's feet. She rubbed his feet, legs, back and shoulders. She reported that Epstein encouraged her to keep massaging further and further down his back closer to his buttocks. ██████████ massaged Mr. Epstein for approximately 25-30 minutes in this manner and began to believe "everything was okay." She notes that after Epstein got off the phone, he started asking her personal questions, such as if she had experience with other guys and how far she had gone sexually. ██████████ states that Epstein was also giving her compliments, such as you're such a "beautiful girl." She reports she was uncomfortable with the conversation and that these were topics she did not discuss with anyone except her "girlfriends." ██████████ notes that after Epstein started asking her questions, he flipped over onto his back and began masturbating. Per ██████████, while Epstein was touching himself, he asked her to turn around so he could see her body and then he put his hand "flat" on her crotch area, on the outside of her underwear and began to shake his hand. ██████████ reports "I got really scared because he just -- that was way, way crossing the line." She reports she stopped talking and was "terrified." Although ██████████ did not try to leave, she did back away from him when she perceived that he was trying to insert a finger in her vagina. (N.B. This is more consistent with the events stated to Dr. Kliman.)

██████████ stated that she never thought of leaving because, if a man could do something like that, then he could kidnap her or shoot her with a gun. When asked if she saw a gun, she stated no, but people would have those things hidden. When asked if he ever threatened her, she said no; if he ever raised his voice, she said no; made any threatening gestures; she said no. She states, "He just had sounded like a pervert."

██████████ notes that Mr. Epstein had no scars, malformations, or tattoos. She stated that she did not see his penis and that she kept her eyes on his. She notes that after he ejaculated, he went into the steam shower, at which point he told her to take \$200 for herself and give \$100 to ██████████.

██████████ states that when she went downstairs, ██████████ saw her face, commented that she looked like a ghost, and asked her what happened. She told ██████████ that she would tell her in the car. When in the car, she told ██████████ that he tried to "finger" her. ██████████ then said that he tried to do that to one of her other friends last week, at which point ██████████ put her sunglasses on and "cried my way home." She states that she used

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the \$200 to buy Christmas gifts. She told her best friend, [REDACTED], what had occurred. She said her friend was sad and cried with her over it and told her that she should call the police. [REDACTED] states she did not want anyone to find out and that she did not want anyone coming after her. She reports, "I kept my mouth shut" until the FBI came to her. She noted that she had an experience at school when some of her friends began talking about young girls going to give massages for money. She "freaked out" on the inside because she thought they knew that she was one of them.

[REDACTED] states that she did not know any of the other girls who went to Epstein's house, other than [REDACTED] and [REDACTED], who were people who brought other girls there. There is some question if her friend [REDACTED], who died in the car accident, also went to see Epstein.

[REDACTED] notes that she never told any of her boyfriends about Epstein, except her current boyfriend, [REDACTED]. She noted that by the time she had gone to see Epstein, she had broken up with [REDACTED] and [REDACTED] and that she was not in a relationship when she went, even though she was "talking with [REDACTED]" She did tell her mother after the FBI came to interrogate her because she was under 18 and they needed her mother's permission to question her. She notes that after the Epstein experience, she started having "a lot of sex" and that friends and family thought that she was a slut/whore. She stated, however, that nobody knew what happened.

PAST PSYCHIATRIC HISTORY:

[REDACTED] reports that she had no psychiatric problems before Epstein, except that she "might have had ADD, same as my mom, but [REDACTED] really wasn't depressed." She stated that before she went to Mr. Epstein's, she was a "passive" type of person. She always felt that she needed to please people and that she always liked to be a positive person. She stated that she always agreed to do things, did not think them through, and always said yes. She did not realize that there were "mean people" in the world that she had to learn to say no to. She was afraid that if she said no to anyone, then she would not be considered "a cool girl" and that people would quit asking her to do things with them. She had always considered herself to be "a social butterfly."

During [REDACTED] one semester of college (~19 years old), her mother encouraged [REDACTED] to go see [REDACTED] (a psychologist) due to her behavior and due to her mother knowing about the Epstein incident. (N.B. When she was interviewed by Dr. Kliman, she also reported that [REDACTED] sexually inappropriate behavior

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was another reason her mother wanted her to go see Dr. [REDACTED] [REDACTED] notes that around that time, she was experiencing a lot of anger and was punching holes in the walls of the house. She stated "I just would get angry, lock my door and lock myself in my room, and I wouldn't want anyone to come in." She noted that her mother and stepfather had both gone to see the psychologist separately, then went together, and that her stepfather had started to take medication, although [REDACTED] did not know what it was for. [REDACTED] saw Dr. [REDACTED] for about three months and reports she found the counseling helpful. (Per Dr. [REDACTED] notes, [REDACTED] did not discuss much about Epstein with her and instead focused on problems in the family.) [REDACTED] reports that when she went for counseling, she had symptoms of "anxiety, depression." She believes Dr. [REDACTED] diagnosed her with OCD and depression. (N.B. [REDACTED] reported to Dr. Kliman that others told her she was bipolar and she reported having symptoms of low mood starting at age 15, which would pre-date Epstein.)

Per [REDACTED], Dr. [REDACTED] referred her to a female psychiatrist for medication. [REDACTED] could not recall the psychiatrist's name, but could remember that the psychiatrist had a dog in her office and that the office was in a medical office building on 45th Street. She notes she saw the psychiatrist about four times. [REDACTED] reports she was on Zoloft (antidepressant) for approximately two weeks when she had an allergic reaction and stopped taking the medicine.

[REDACTED] describes her symptoms as being angry with people easily, closing herself off, and "being a confused person." She reports not wanting to be part of the family; not wanting to talk with the family; and only being able to talk to her friends, [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. She notes that she was mad all the time and never let anyone in, and did not want to be hurt by a guy. She started wondering if her stepfather was looking at her in a sexual way since Epstein and her stepfather were approximately the same age. She started to question everything that was good. She stated that she was constantly fearful of consequences, but would still go out and drink and have sex on a frequent basis. When it was pointed out that this seemed almost contradictory, she agreed and stated, "I would think about those things before I would go out and get drunk and go out and do all those things. I would think while I was sober, okay, let's do something fun. You know, this could happen (e.g., be kidnapped), but why not let's just go out with my girls."

When directly asked, [REDACTED] noted that her sleep was poor because she was intentionally staying out late (e.g., 4-5am) to go to parties and drinking. She noted that she maintained her interest in partying and that she

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had guilt for a lot of things that she did. (N.B. She asked for the word guilty to be defined because she said she did not know what it meant). [REDACTED] notes that she developed feelings of worthlessness "the day I left [Epstein's] house." She noted that her energy was low and she believed this was due to a lack of sleep from going out. She felt that her concentration was poor, but stated that it had always been poor because she was "ADD." When asked about potential psychomotor retardation symptoms, such as having slow thoughts, she responded, "Slower than usual because I smoked some weed." When directly asked about suicidal thoughts and when they started she stated, "After I went and saw him, Epstein. During the time where my family -- I felt I couldn't talk to them about the way that I had been acting." Although she had a suicide attempt, she did not give an exact date for when it occurred. When asked if [REDACTED] had discreet periods when her mood would change, she stated "It was like an on and -- it felt to me like I was up and down every single day. I would think nobody cares about me. I would always say I don't have friends, but yet I would have friends."

[REDACTED] had some fluctuations in her appetite. She reports she liked to eat and that she initially became a little overweight, which she thinks was due to the calories she was taking in from drinking. When she went to Virginia, she tried to cut down on her drinking and became "skinny." She notes that she did not want to get fat, so she started eating smaller portions and ate only twice a day. She reports that she did not engage in any bulimic behavior, such as taking laxatives or diuretics or vomiting to cause weight loss. She did note that there were times when she intentionally made herself vomit after she had too much to drink as a way to make herself feel better. She was ambivalent about her reasons why she was not eating as much. On one hand, she said she did not feel like eating and, on the other hand, she stated that she was fearful of becoming fat. She had difficulty clarifying whether she was intentionally trying to lose weight. She notes that before she moved to Virginia she weighed 115 pounds. While in Virginia, she weighed between 100-105 pounds. She was 5' 2" with an estimated BMI of 19 at this time and, per her reports, she never stopped menstruating during her period of weight loss.

When asked about OCD symptoms, [REDACTED] notes that she likes to keep things in their place. She would become angry if anything was moved. She reports at times she would have racing thoughts, which she attributed to her "OCD anxiety." She stated "I was very serious about keeping things where they were supposed to be and making sure I made my bed, making sure my hair was never out of place, making sure I didn't have -- if there was something on my face, I would, you know, pop that pimple and I would freak out. I would just freak out." She also reported she frequently engaged in counting rituals (e.g., sayings things like "1,

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2, 3 turn green" over and over again at red lights) and that if anyone interrupted her, she would tell them to hold the thought and that she would have to return to the conversation after completing her ritual. She believed her OCD symptoms started while she was in middle school to high school and that this occurred around the time or after she had tubes in her ears and the adenoidectomy. She notes that in high school, it became "overboard." She stated that she frequently had to have everything in a perfect line and that if things were not perfect, "I would freak out and I would get upset and say, oh my gosh, why can't this be perfect? What is wrong with me? What is wrong with me is what I always asked." She notes that her OCD symptoms have been improving over the last two years even though she is not on medication and has not engaged in cognitive behavioral therapy for OCD.⁴ She has never been told that she may have had PANDA syndrome and is unaware that streptococcus may cause an OCD-type presentation. She reports she has never had motor or vocal tics.

When asked about suicidal thoughts, [REDACTED] reports no current thoughts of suicide. She states she has not had any suicidal thoughts since her recent car accident. She notes that she made a suicide attempt sometime after seeing Epstein, but before telling her parents about Epstein (approximately between age 16-18; however no mention of a suicide attempt is listed in Dr. [REDACTED] notes or her treating psychiatrist's notes). Per [REDACTED] report, she tried to commit suicide by overdosing on seven hydrocodone pills that had been prescribed after removal of her wisdom teeth. She reports that she took all the hydrocodone that she had and, at the time, she wished to die. She reports that she texted her friend and told her goodbye and physically spoke with her mother and told her that she loved her, but did not tell her she had actually tried to kill herself.⁵ (N.B. This is

4. Q. Has it gotten better?

A. Being OCD? . . . I tried to not care so much about the way that things are aligned. But it's still, it's still inside me, in my nature to want to do all of those things, but I am trying to say no, no, it's okay. It doesn't have to be perfect.

Q. Two years ago would you have been able to do that?

A. Stop myself from being OCD?

Q. Yeah.

A. (Witness shakes head.)

Q. No. Okay. Have you had a specific cognitive behavioral therapy to address that, or is this something you've been able to get under better control on your own?

A. I've been trying to do it on my own.

5 Q. Okay. Got to, got to bear with me on that one. So, you took seven pills, texted your friend, walked downstairs or into your mom's room and said, hey, mom, I love you and I just want to let you know I took seven pills?

A. No, it didn't happen that way. I went and I -- she was always on the back porch. And I had told her, you know, I was like, yeah, I love you. I really don't want to deal with my life right now. I feel like I want to kill myself kind of

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factually different from the version she told Dr. Kliman, when she stated she had written her mother a suicide note.) She notes that both her mother and her best friend stayed up with her that night and talked to her. They did not take her to a hospital.

[REDACTED] notes that she had a psychiatric hospital evaluation in Tennessee after an argument with her mother. She could not remember what the argument was about, but she said that she told her mother, "I hate my life, I hate everything, I hate just everything. I want to -- I wish I was dead." At which point, she was taken to the [REDACTED] Medical Center by her mother. The medical center offered her inpatient hospitalization, which she declined. She gave her reason for declining was that she did not want admission to a mental unit. She believes that she was 19 or 20 at the time this occurred and she was living in [REDACTED] Tennessee and not just visiting. She notes that she was held overnight. She saw a psychologist, filled out paperwork, and discussed ways to calm down with the psychologist. She was not involuntarily admitted, not referred for follow-up, and was not started on any medications.

[REDACTED] has cut her arm with a knife and she said "It wasn't that deep, but when I got upset I wanted the pain to stop, and that would be the only way that I could do that was just to physically stop it." She reported that this occurred when she was around 18 years old and was still living in Florida.

When asked about potential bipolar symptoms, she notes that when she took the Adderall (stimulant medication) she felt really good, but reports no other periods of euphoria. The feeling produced by the Adderall lasted for only the length of time that the medication is usually effective (several hours). She does not describe any cyclical patterns of mood elevation, changes in sleep, shopping, sexuality, or religiosity. She does not endorse any grandiosity and said that she experienced the opposite effects (i.e., poor self-image). She reports not having any credit card debt or any periods of excessive spending. She did endorse periods of "racing thoughts" that she attributes to anxiety.

When asked if she has had bad dreams, [REDACTED] states, "everyone has bad dreams." She stated that she used to dream about getting into fights over boys and hurting other girls. She said that this occurred around the time that she got into the fight with [REDACTED]. She noted that she was fearful of [REDACTED] and fearful of Mr.

thing. And she took me back in my room and was talking to me about it. And my friend ended up coming over and she came in my room and she was talking to me and my girlfriend about it.

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Epstein. She noted that she has started locking her doors at this time. (This is in contrast to Dr. Kliman's report, where she notes she had been locking her doors for some period of time, as this is one of her OCD-type symptoms and related to her stepbrother [REDACTED])

[REDACTED] notes that Mr. Epstein's face was "pressed into [her] memory." She thought she saw him in a parking lot. She "freaked out" and had a period when her heart raced and she was short of breath. This sensation lasted for 10-20 seconds. She notes that she has had other periods of "panic attacks," which last for an equally long period of time and are set off by "fear," or fear of a person, but she did not identify any person in particular (more description of an anxiety attack than a true panic attack). She reports that she never went back to Mr. Epstein's house, but stated that she did drive a girlfriend near it and pointed down the road where it is.

[REDACTED] notes she is fearful that somebody may do something bad to her. She had one particular episode right after she talked to the FBI, where a stranger came up and asked her if she knew where to buy drugs.⁶ She was concerned that this individual might somehow be related to Epstein, since it occurred in close proximity to when she had spoken to the FBI and it was a strange interaction. She notes that many of her symptoms have improved with time, but that they are not fully gone. Things are better and she is a little less tense. She believes she is still having symptoms such as worrying more than most people do. She notes that in high school she worried about what the other students thought of her.⁷

[REDACTED] did not endorse having any paranoid symptoms. She never experienced hallucinations, received messages from the TV, or had concerns that others could have inserted or removed thoughts from her head.

⁶ Because I thought that was kind of awkward after I just talked to the FBI agents, somebody was coming around asking me a question, questions like that. Seemed not like a daily thing that most people would ask me where I could find drugs, and I don't even know somebody, the person that would be asking me. And then he didn't even go in the direction that I told him to go to. He went the opposite way, and he like sped out of the parking lot. And I was, like, wow, I need to get in my car, lock my doors. Like, I was big at locking my doors after that happened. I, I wanted to make sure no one was following me. I just felt like I was being followed, and I didn't -- I was, was scared that somebody was going to come up behind me, like, put a bag over my head or something. And that was just another thing.

⁷ Worrying about -- it might have been when I, when I got into high school, just worrying a little bit, not worrying so much about how I looked. But then as time went on I started thinking about how other people started looking at me and how other people started thinking about the things that I am wearing, and the way that I do certain things. And the way that I was, I started worrying about what they thought about me. I was worried about what everybody thought about me.

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[REDACTED] notes she is not currently in treatment. However, she saw a psychologist named [REDACTED] one time in Richmond.

PAST MEDICAL HISTORY:

Primary Care Physician – None currently. She reports she saw two different doctors in Virginia. She could not remember the name of the first one, but states the other physician was [REDACTED] who saw her “a couple” of times. Both physicians worked at the Midlothian Family Practice.

Medical Disorders – [REDACTED] was diagnosed with a ruptured ovarian cyst and a kidney stone at age 16, neither of which required surgical correction. She believed she developed the kidney stone due to not drinking enough water. She notes that she was in a hospital for a couple of hours and had either a CT scan or an MRI. [REDACTED] also reported having an inguinal hernia, which has not been surgically corrected.

Past Surgery – [REDACTED] had tubes placed in her ears, an adenoidectomy, wisdom teeth removed, and an abortion. Prior to having her adenoids removed when she was in middle school, she had “ear infections all the time.”

Allergic reaction to medications: [REDACTED] reports she had an allergic reaction to Zoloft (antidepressant) at around age 19. She developed a facial rash after taking the medication for two weeks. She believed she was placed on the medication to treat both obsessive-compulsive disorder and depression.

Transfusions - None.

Loss of Consciousness - [REDACTED] initially reported that she “possibly” had periods where she lost consciousness while drinking in high school. Later, she stated that she had not actually had any periods of loss of consciousness. She reports no traumatic brain injuries or seizures. She had a fall as a child, which required stitches to her scalp.

Accidents – Fractured pelvis and sacrum, which have not required surgical repair. [REDACTED] states she has been doing yoga to help with her back and spine pain.

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Current Medications –No current medications. [REDACTED] reports that she was “sick quite often” and frequently required antibiotics, such as amoxicillin, for strep throat. Past medications included hydrocodone (narcotic pain medication) following removal of her wisdom teeth. After a car accident, she received OxyContin (narcotic pain medication), oxycodone (narcotic pain medication), Senecot (laxative), and docusate (stool softener).

REVIEW OF SYSTEMS:

General - No fever, chills, sweats or night sweats. No recent weight gain or loss.

HEENT – She notes that her eyes become red and dry and her mouth becomes dry when she smokes marijuana. She notes that she had a bloody nose after the car accident. She reports lymphadenopathy when ill with viral infections. She notes that prior to having her adenoids removed, she had “ear infections all the time.” She notes that initially after the car accident, she had limited mobility of her neck, but “[it is] fine now.” No headaches, nausea, vomiting, dizziness, or vertigo. No nasal polyps, obstructions, septal deviations, or history of recurrent sinusitis. No recent loss of teeth; bleeding from the lips, gum or tongue; swelling inside the mouth; or pain or tenderness of the tongue. No difficulty swallowing.

Cardiorespiratory - No history of asthma, cough or recurrent bronchitis or pneumonia. No history of elevated blood pressure. No cardiac irregularities. No history of myocardial infarction, angina, or cardiac or pulmonary disease.

Gastrointestinal - She notes that when she is sick (with viral illnesses) she has periods of diarrhea. She gets the “beer shits” after she drinks too much. No dysphagia, hematemesis, melena, heartburn, history of peptic ulcer disease, constipation, or rectal bleeding.

Genitourinary – She noted her menstrual periods began at age 14, when she was in the 8th grade, and that she frequently has irregular and heavy periods. She was evaluated for an ovarian cyst and was told that she had “extra hormones.” At times, she has burning on urination, often post coitus. She has had recurrent yeast infections. She denied vaginismus, dyspareunia or current anorgasmia. She notes past episodes of anorgasmia.

Musculoskeletal - No calor, rubor or dolor of joints. No swelling, alterations in muscle mass, weakness, pain, or tenderness.

Hematopoietic - No history of hematopoietic diseases such as chronic anemia, leukemia or increased bruisability. No history of any allergic drug reactions producing bone marrow suppression or other hematological side effects.

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Neurological - No history of seizures, no motor or vocal tics. History of alcohol-induced blackouts.

SUMMARY OF TYPICAL DAY/SOCIAL ACTIVITIES:

[REDACTED] reports that she hangs out with friends and family on a typical day. She usually awakens at around 10:30 am. She goes to work, comes home, and watches some TV, such as Flash Forward. She reports that she can keep track of a TV show. She usually goes to bed "early" at "11, 12 or sometimes 1 am."

[REDACTED] is able to clean. She makes her bed everyday and helps her parents clean their restaurant. She is able and enjoys shopping with her stepfather because he is able to help her pick out healthy foods. She is trying to learn to cook. She reports that she has learned how to make egg sandwiches. She does not see why she would have a problem using public transportation and believes that she would be able to figure out schedules and use it if she needed to. She reports no fear of leaving her house. She is able to travel and can "get on a plane and get off pretty well." (Of note, when seen by Dr. Kliman, she reported that she had problems with planes.) She reports that she pays bills on time because she does not want to ruin her credit, that she is able to maintain a residence, and if she needs something fixed in an apartment complex, she can call for maintenance.

When asked about caring for herself, [REDACTED] explain that she is no longer shaving her legs because "People see my hairy legs and think, oh, she's a girl, she's supposed to shave her legs. You know. I'm like, you know, women aren't made out to be what everybody tells them, but they are supposed to be like lady-like. . . I have a boyfriend and I don't want to feel the need to attract anybody." When asked if this was some sort of statement about feminism or just her own personal concern, she reports this is her own issue and that her boyfriend does not care if she shaves her legs or not. She is maintaining other areas of her hygiene such as brushing her teeth and showering. She reports she washes her hair approximately twice a week. She notes that in the past, when she was a "neat freak," she washed her hair daily and shaved "everything" such as arms, hands, fingers, and toes.

[REDACTED] believes she can use a telephone directory and the Internet if she needs to look something up. She states she has never used a post office, but she thinks she can figure out what she needs to do if she needs to buy stamps or mail a package. She notes that her current back pain affects her sleep. She reports that her

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sexual activity is decreasing because she is intentionally trying to be less sexual. However, she notes that when she is with her boyfriend, she still enjoys sexual activity and "still like[s] to be affectionate."

When asked about social activities, [REDACTED] states she is not "hiding in [her] room," and she still goes "out." When asked how she gets along with family members, friends, and neighbors, she reports "normal." When asked for her to define that, she reports that she is "still learning how to talk to people without upsetting people."

[REDACTED] notes that she has problems with her attention and concentration, persistence, and pace and that it is easy for her to become sidetracked.

When asked how she does reacting to stress, [REDACTED] reports she gets flustered, does not know quite what to say, and sometimes "freaks out" and says "I don't know what you want" when she is talking to people. She notes that she has a difficult time making decisions and "goes with what somebody else [suggests], I ask my friend, you know, like, what would you do." She says that she is able to maintain attendance and show up when she needs to. When asked how she does with schedules, talked about how she used to have day-planners in high school, but now she cannot find her day-planners and that she cannot plan anything. She states that she has difficulty with task completion. When asked about road rage, [REDACTED] noted that when she lived in Florida, if someone was driving slow, she would get angry and frequently honk and swerve around the other driver.

[REDACTED] reports no problems with supervisors. Interaction with peers are reported as "okay." However, she stated, "I worked in restaurants most of my life and there is always just drama with girls, because most of the servers that I worked with were girls. It was always about their friends and relationships, and I was a gossip. I was a gossip girl with my girlfriends and we would talk. And, you know, some people didn't like us talking about them."

When asked about her attitude toward the future, [REDACTED] states she would like to have a family and sees herself going to school in order to get a "good [job]."

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ADDITIONAL COMMENTS

When given the opportunity to provide additional information/comments, [REDACTED] discussed how the manager at Glory Days Restaurant did not like her. She states this was because she did not share her personal life with him and that he ended up firing her "because [she] made [him] feel uncomfortable in [his] own restaurant. She reports this occurred when she was around 18-19 years old.

PSYCHOLOGICAL TESTING/SCALES:

Psychological testing constitutes but one facet of a comprehensive psychiatric evaluation. Psychological testing can provide useful data and offer potential diagnostic possibilities, but psychological testing should not be viewed in isolation. There needs to be clinical correlation to see what is applicable and what is not.

MCMI-III:

The test shows the examinee to be a 21-year-old single white female with 13 years of education, who is experiencing problems involving her sex life and moodiness.

Profile Severity: The test suggests that the client is experiencing a moderately severe mental disorder.

Possible Diagnoses: Axis II: Dependent Personality Disorder, with Depressive Personality Traits, Borderline Personality Features, and Histrionic Personality Features. Axis I clinical syndromes suggested include: Generalized Anxiety Disorder, Bipolar Disorder (manic, severe, without psychotic features), and Psychoactive Substance Abuse, NOS.

Therapeutic Considerations: The test suggests that she is amiable and dependent, yet anxious and depressed, and inclined to lean on others for support. Under stress, she may claim that even the simplest of responsibilities are too demanding.

Profile scores above the 75th percentile include Depressive (97), Histrionic (75), and Dependent (109) in Clinical Personality Patterns; Borderline (79) under Severe Personality Pathology; and Anxiety (87), Bipolar: Manic (85), Alcohol Dependence (75), Drug Dependence (79), and Post-traumatic Stress (77) under Clinical Syndromes. Dependent scales show Interpersonally Submissive at 93 and Immature Representations at 92.

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The Depressive scale shows Cognitively Fatalistic at 83. Borderline shows Temperamentally Labile at 92 and Uncertain Self-Image at 79.

Axis II Personality Patterns: A moderate level of pathology characterizes the overall personality organization of this woman. Defective psychic structures suggest a failure to develop adequate internal cohesion and a less than satisfactory hierarchy of coping strategies. There is ineffective intrapsychic regulation and socially acceptable interpersonal conduct appears deficient or incompetent. She is subject to the flux of her own attitudes and contradictory behavior and her sense of psychic coherence is often precarious. She is likely to have a history of disappointments in her personal and family relationships and deficits in social attainments, as well as a tendency to precipitate self-defeating vicious circles. She is usually able to function on a satisfactory basis, but may experience periods of marked emotional, cognitive, or behavioral dysfunction.

The profile suggests that she is sad, markedly dependent, docile, self-effacing, and ineffectual. She appears both dejected and tense. She feels helpless to overcome her fate, prefers a passively dependent role in relationships, and seeks to evoke nurturant and protective attitudes from others. She may be unable to function autonomously and is especially vulnerable to separation anxieties and fears of desertion. There are well-hidden resentments toward those on whom she must depend because they are often critical and disapproving of her. Venting resentment would endanger her security and the support she desperately needs. She does not trust others and does not believe she will get the nurturance and protection she needs. As a result, she is apprehensive, withdrawn from personal involvements, overly self-critical, and punishes herself for what she sees as her inadequacies and failures, perhaps through self-damaging acts and suicidal gestures. There is a wall of indifference around her to deaden her excessive sensitivity. There are deep feelings of loneliness and isolation and a disturbing mixture of anxiety, sadness, anger, and guilt.

Fears of abandonment may underlie her efforts to place herself in an obviously bad light and account for her Pollyanna-ish attitude toward mild rebuff and deprecation. Except for an occasional impulsive, angry outburst, she tries to be conciliatory, placating, ingratiating, and self-sacrificing. She tries to submerge all traces of independence and self-assertion, subordinates her personal desires, and submits at times to abuse and intimidation to avoid abandonment. She has a desire to submit and comply, through which she hopes to elicit nurturance and protection.

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At times of withdrawal and self-deprecation, she is not likely to depend on whatever realistic capacities she possesses; instead, depending on physical weakness and fatigability. At these times, simple responsibilities call for more energy than she can muster and she experiences life as empty but draining, with a persistent feeling of weariness and worthlessness.

Grossman Personality Facet Scales: Most notable is her inclination to subordinate her own wishes to a stronger and (she hopes) nurturing person, resulting in the habit of being conciliatory, deferential, and self-sacrificing. She feels it is best to abdicate responsibility, leave matters to others, and place her fate in others' hands. She sees other people as being better equipped to shoulder responsibility, navigate the intricacies of a complex world, and discover and achieve the pleasures to be found in the competitions of life.

Also salient is her pattern of rapidly changing moods that shift erratically from normality to depression to excitement, with chronic feelings of dejection and apathy interspersed with brief spells of anger, euphoria, and anxiety. The intensity of her affect and the changeability of her actions are striking. She generally fails to accord her unstable mood levels with external reality. She may exhibit a single, dominant outlook or temperament, such as a self-ingratiating depressive tone, which periodically gives way to anxious agitation or impulsive outbursts of anger or resentment. She may engage in self-destructive behavior, but she usually realizes later that her behavior was irrational and foolish.

Also worthy of attention is the presence of unsophisticated ideas and rudimentary memories, simple if not childlike impulses and expectations, and immature competencies. She has probably learned through parental models how to behave affectionately and admiringly. She has learned the "inferior" role well and is able to provide a "superior" partner with the feeling of being useful, sympathetic, and competent.

Axis I Clinical Syndromes: She experiences a state of disquietude and social discomfort and symptoms are indicative of an anxiety disorder. She has a growing apprehensiveness over trivial matters, an increase in a variety of psychosomatic signs (e.g., exhaustion, insomnia, gastrointestinal pains), and psychological symptoms (e.g., restlessness, diffuse fears, catastrophic anticipations, and distractibility). She is especially sensitive to social humiliation yet lacks sufficient self-worth to act with equanimity. She may express her disappointments and resentments inadvertently and now fears or is experiencing distressful repercussions. (NB. Often are drug related.)

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The test suggests that she may be undergoing a mild to moderately severe manic episode with internal pressure of a troubling affective nature welling up within her. She has recently been unable to cope with upsetting thoughts and feelings in her characteristic way. Hypomanic symptoms and behavior are being exhibited in extreme form (e.g., expansive mood, restless activity, talkativeness, decreased sleep), which is a marked, if temporary, reversal of her habitual style. (NB. Often are drug related.)

The test suggests that she either has abused or is currently abusing legal medications or street drugs to the point of experiencing both personal and family problems. These substances are primarily employed to moderate her psychic pain, helping her overcome her interpersonal fears and anxieties and to provide a respite from her travails. They also facilitate fantasies that replace the loneliness and anguish that characterize her daily life.

She appears to have been confronted with an event or events in which she was exposed to a severe threat to her life that precipitated intense fear or horror on her part. She may be persistently reexperiencing residuals with recurrent and distressing recollections, which she attempts to avoid. Where they cannot be anticipated or actively avoided, as in dreams or nightmares, she may become terrified and exhibit a number of symptoms of intense anxiety. Other symptoms that she experiences that may be associated with this or other conditions include difficulty falling asleep, outbursts of anger, panic attacks, hypervigilance, exaggerated startle response, or a subjective sense of numbing and detachment.

The test further suggests that she is subject to alcoholic indulgences. Feeling anxious, lonely, and mistreated, she is likely to turn to alcohol to facilitate psychological needs that are difficult for her to achieve otherwise. Alcohol may moderate her social anxieties and fears, enhance her self-confidence, and enable her to relate easily to others. It also serves, briefly, to bolster her depleted feelings of self-esteem and well-being. She is likely to recognize the detrimental consequences of her drinking; however, alcohol has become an effective antidote to her omnipresent psychic pain.

Axis I Clinical Syndromes suggested in the order of clinical significance and salience: 300.02 Generalized Anxiety Disorder, 296.43 Bipolar Disorder (manic, severe, without psychotic features), and 305.90 Psychoactive Substance Abuse, NOS. Axis II Personality Disorders representing deeply ingrained and pervasive patterns of maladaptive functioning reflecting long-term or chronic traits that are likely to have

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persisted for several years prior to the present assessment include: 301.60 Dependent Personality Disorder, with Depressive Personality Traits, Borderline Personality Features, and Histrionic Personality Features. Axis IV Psychosocial and Environmental Problems: Sex life; Moodiness.

The treatment guide suggests short-term treatment techniques are the most appropriate, with the first step being the implementing of psychopharmacological and therapeutic methods to ameliorate her current state of clinical anxiety, depressive hopelessness, or pathological personality functioning. Psychopharmacological treatment should be considered a short-term technique to promote alertness and vigor and counter fatigue, lethargy, dejection, and anxiety. Therapy should be directed toward enhancing environmental changes and minimizing dependency. A cognitive behavioral therapy approach is recommended. Careful attention to her substance abuse is indicated.

Rescored MMPI-2 of Dr. Kliman:

The test was taken on 12/04/08 when she was 20. It showed the profile to be valid. The test suggested that individuals with this profile tend to be blunt and may openly complain to others about their psychological problems. The client was quite self-critical and may appear to have low self-esteem and inadequate psychological defense mechanisms. She may be presenting a picture of one who feels that things are out of control and unmanageable. The scales that predominated were Paranoia and Psychasthenia.

She reported experiencing many psychological problems at the time of the test. She appears to ruminate a great deal and may manifest obsessional and compulsive behavior. She holds beliefs that others are not likely to accept and tends to obsess about them to the point of alienating others. She appears to be quite intense, anxious and distracted. Individuals with this profile may be overreacting to environmental situations with intense anxiety, suspicion, and concern. She feels insecure and inadequate when dealing with her problems. She may feel very angry with herself and others. She may feel very guilty about her fantasies or beliefs. She is often rather rigid and may have problems controlling and directly expressing her anger.

The test suggests she is experiencing low morale and a depressed mood. Thought processes are characterized by obsessiveness and indecision and she reflects a high degree of anger. She has a high potential for explosive behavior at times. She feels somewhat self-alienated and expresses some personal misgivings or a vague sense of remorse about past acts. She feels that life is unrewarding and dull and may find it hard to settle down. She

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views the world as a threatening place, sees herself as being unjustly blamed for others' problems, and feels that she is getting a raw deal from life. She is rather high strung and believes that she feels things more intently than others do. She feels quite lonely and misunderstood at times.

She endorsed a number of extreme and bizarre thoughts, suggesting the presence of delusions and/or hallucinations. She apparently believes that she has special mystical powers or a special mission in life that others do not understand or accept. The possibility that she could act out in an aggressive manner on her delusional ideas should be further evaluated. The client's response content suggests that she feels intently fearful about many objects and activities. This hypersensitivity and fearfulness appears to be generalized at this point and may be debilitating in social and work situations. She endorsed statements that indicate some inability to control her anger. She may physically or verbally attack others when she is angry.

Her MMPI-2 two-point profile 6-7/7-6 is very rare in samples of normals, occurring in less than 1% of the MMPI-2 normative sample of women. The high-point paranoia score occurs in 6.9% of the Pearson Assessment medical sample, with only 2.9% having well-defined paranoid peak in the high range that hers occurred. This elevated two-point profile, 6-7/7-6, occurs in less than 1% of women in the Pearson medical sample and only 2% of women with chronic pain high-peak scores on the paranoia scale occur with moderate frequency, 13.4%, among individuals involved in personal injury litigation, with 6.4% having well-defined scores at a T-score of 65 or above.

Profile stability suggests that her profile is not well defined. Changes in profile might show increased emotional alienation, unusual thinking, bizarre perceptions, or a strong tendency to engage in extreme fantasy.

Interpersonal relations: People with this profile tend to experience interpersonal distress. The test suggests she is somewhat shy and may have excessively high moral standards by which she judges others. There is an inflexibility in interpersonal situations that is likely to put a great strain on close relationships because she seems to test other people to reassure herself. She appears rather touchy or hostile interpersonally and may brood over what she imagines others have done. She tends to feel insecure in interpersonal relationships, is hypersensitive to rejection, and may become jealous at times. She tends to need a great deal of reassurance. She approaches relationships with some caution and skepticism. She feels intensely angry, hostile, and resentful of others, and she would like to get back at them. She is competitive and uncooperative and tends to

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be very critical of others.

Mental health considerations: The test suggests that excessive anxiety and obsessional behavior should be considered. It suggests the possibility of a paranoid disorder or paranoid personality. Unusual thought processes and bizarre ideas should be taken into consideration. The test notes that there are a number of personality characteristics associated with substance abuse or substance use problems and her scores on addiction proneness indicators suggest the possibility of an addictive disorder. The test suggests further evaluation for substance use or abuse disorder and notes that she acknowledged problems with excessive use or abuse of addictive substances. The test suggests that psychological treatment should focus on her anxiety and self-doubts and provide relief for intense tension. Therapists should keep in mind the presence of suspicious and paranoid ideas when dealing with her. She may have trouble forming a therapeutic relationship. She is quite rigid and intellectualizes a great deal; therapeutic progress is likely to be slow.

People with this profile tend to have unrealistic expectations of themselves and perfectionistic ideals that may require some challenge if their personal vulnerability is to be diminished. The test suggests she has low potential for change, may feel that her problems are not addressable through therapy, and that she is not likely to benefit from psychological treatment at this time. Her negative treatment attitude should be explored early in therapy. In addition, responses suggest family conflicts are causing her considerable concern. She feels unhappy about her life and resents having an unpleasant home life. The test shows negative work attitudes, which could become an important problem for her to overcome in that she has a number of attitudes and feelings that could interfere with work adjustment. In addition, her acknowledged problems with alcohol and drug use need to be addressed in therapy.

Personal injury considerations: The test notes that she presented a large number of unusual symptoms and responded in a very open manner. These types of reports are relatively common in personal injury litigation in which the litigant is claiming a broad range of mental health problems. Her approach suggests a tendency to exaggerate symptoms, a situation that the assessor should consider. The test suggests her psychological adjustment is poor and that her interpersonal relationships are likely to be strained. They note that individuals involved in personal injury litigation have heightened states of interpersonal sensitivity and anger toward others, which may be reflected as a moderate elevation in the paranoia scale. They felt, however, that her scores are too extreme to be accounted for by a transitory state of anger. Individuals like her, who score in the

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extremely high range on the paranoia scale, usually have frankly bizarre behavior, disturbed thinking, delusions of persecution or grandeur, or ideas of reference.

The test suggests that she appears not to be thinking rationally and tends to feel mistreated and picked on by others. She is apparently very angry and resentful and may harbor grudges against other people. Her extreme mistrust and suspicious probably result from her tendency to use projection as a defense. Her extreme paranoid thinking could result in her viewing others as working against her. She may not be open to changing her thinking in response to others. The possibility that she is extremely litigious in her dealings with others should be considered.

In addition, she acknowledges numerous family problems, anxiety, depression, fear, obsessive thinking, concerns about health, and unusual thoughts. She has low self-esteem and an ineffective manner of approaching new tasks. There is a basic insecurity and lack of self-confidence, which may make it difficult for her to implement change-oriented plans. Anger control problems are likely to interfere with interpersonal relationships and her substance abuse problems require ongoing evaluation.

Rescored SCL-90-R (Symptom Checklist-90-Revised) of Dr. Kliman:

The SCL-90-R, taken on 12/04/08 at age 20, notes that the test results should be considered in the clinical range and suggests that a more intensive evaluation of mental status is called for. The test shows distress of an extremely high level and that she endorsed a large number of clinical symptoms in multiple primary areas and dimensions. The test notes that with the extremely large number of syndrome elevated, such as in this case, it is very difficult to interpret score patterns unless one or more dimension scores are unusually high.

She endorsed being "extremely" distressed by the following: nervousness or shakiness inside, feeling critical of others, the idea that someone else can control her thoughts, worried about sloppiness or carelessness, feeling easily annoyed or irritated, feeling afraid in open spaces or on the street, feeling that most people cannot be trusted, crying easily, feelings of being trapped or caught, temper outbursts that she could not control, feeling afraid to go out of her house alone, blaming herself for things, worrying too much about things, and feeling fearful. In addition, endorsed "extremely" for feeling easily hurt; other people being aware of her private thoughts; feeling others do not understand her or are unsympathetic; having to do things slowly to ensure correctness; feeling inferior to others; feeling that she is watched or talked about by others; feeling afraid to

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travel on buses, subways or trains; feeling uneasy when people are watching or talking about her; having thoughts that are not her own; feeling nervous when she is left alone; others not giving her proper credit for her achievements; feeling that something bad is going to happen to her; feeling that people will take advantage of her; and the idea that something is wrong with her mind.

Mini Mental State Examination:

On orientation, she got the year and date correct. For location, she knew she was in West Palm Beach in Florida and that she was in a conference center. However, she didn't know the name of the building, streets nearby, or the floor that she was on. She was able to register three common words. She was able to spell the word "world" forward and backward. She had difficulty engaging in the math task of subtracting seven from 100 serially because her mind went "blank." She could recall three items. She could identify a pen and a pair of glasses. She was able to repeat the phrase "no ifs, ands, or buts." She was able to follow a three-step command of folding a piece of paper in half and setting it on the floor on her left side. She was able to read and obey "close your eyes." She was able to write a sentence, which was "my favorite color is blue." She could copy a design. Her total score was 28/30.

MENTAL STATUS EXAMINATION:

[REDACTED] appeared her stated age. Affect was slightly restricted. She was able to smile. Sometimes she did have periods of tearfulness, which occurred while discussing the Epstein event, as well as discussing the death of her friend [REDACTED]. She notes that she has three tattoos - [REDACTED]. She notes she got her first tattoo at age 18. She had good hygiene. She maintained good eye contact. She was of slim build. She appeared well developed, well nourished, and had a normal body habitus without deformity. She was well groomed. She had no noticeable mannerisms or tics. She did not appear to have any nervous tendencies or mannerisms, which was different from her videotaped interview with Dr. Kliman, where she was continually cracking her knuckles.

[REDACTED] notes that her mood during the evaluation was 3 on a 1 - 10 scale, with 5 being normal, one being the worst and 10 being the best. She notes that for the past month her average mood was approximately 5 or normal. She rates her anxiety during the course of the interview at 8 on a 1-10 scale, with 1 being no anxiety

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and 10 being the highest level. Over the last month, she has averaged about a 5 for anxiety (normal levels). She believes an average person would have an anxiety level of 3.

There was no autism, ambivalence, loosening of associations, thought control, insertion or broadcasting. Associations were intact. There were no abnormal or psychotic thoughts, specifically no hallucinations, delusions or preoccupation with violence. Language functions were intact. Gait and station were normal. She sat and rose from a chair without difficulty. Muscle strength and tone appeared intact.

Her thought process was concrete and goal oriented. She had no word-finding difficulties and she did not demonstrate any formal thought disorder. She reports no suicidal or homicidal ideation, plan or intent. She demonstrated periods of concrete thinking. She had good attention, doing five numbers forward and backward. She could spell the word "world" forward and backward. She had difficulty doing the serial 7 subtraction task, getting only two items right. She had mixed performance with similarities, stating that an apple and a pear were both fruit, but was not able to describe how a boat and a bike are similar. When asked about a mouse and a tree, she initially said, "I don't know" and then stated that a mouse has big upper ears and a tree has large, billowy branches. When asked to interpret proverbs, she reported that people in glass houses shouldn't throw stones because it will break the windows. With "don't cry over spilled milk," she reported "don't get upset over something that has already happened." She had difficulty remembering past presidents and only remembered Obama, Bush, and Clinton. She was able to identify that the United States is actively at war in Iraq and Afghanistan. She notes that we should refrigerate food to stop bacteria from growing.

Her mood and affect were congruent without apparent depression, anxiety, agitation, hypomania or lability, other than the two episodes of tearfulness noted above. Her insight was fair. Judgment was fair. Impulse control was fair. Intelligence was low average to average.

DIAGNOSTIC IMPRESSION:

- 305.90 Psychoactive substance abuse, NOS. (Percocet, age 19; Adderall, age 20; nitrous oxide whippets, age 20; Xanax, age 19; alcohol, age 17; marijuana, age 17; cocaine, age 21; LSD, age 19; hallucinogenic mushrooms, age 21)
- 296.90 Mood Disorder, NOS. Rule out Substance-Induced vs. Bipolar Disorder.

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- 305.0 Alcohol Abuse with frequent symptoms of severe alcohol intoxication, vomiting, and blackouts.
- 300.3 Obsessive-Compulsive Disorder, by history, accompanied by significant anxiety, age 18. Rule out PANDA Syndrome.
- 311 Chronic Depression, by history, diagnosed age 18, Dr. Agresti.

MULTIAXIAL EVALUATION REPORT

AXIS I: *Clinical Disorders:* 305.90 Psychoactive substance abuse, NOS. (Percocet, age 19; Adderall, age 20; nitrous oxide whippets, age 20; Xanax, act 19; alcohol, age 17; marijuana, age 17; cocaine, age 21; LSD, age 19; hallucinogenic mushrooms, age 21); 296.90 Mood Disorder, NOS. Rule out Substance-Induced vs. Bipolar Disorder; 305.00 Alcohol Abuse with frequent symptoms of severe alcohol intoxication, vomiting, and blackouts. 300.3 Obsessive-Compulsive Disorder, by history, accompanied by significant anxiety, age 18. Rule out PANDA Syndrome. 311 Chronic Depression, by history, diagnosed age 18, Dr. Agresti.

AXIS II: *Personality Disorders:* 301.60 Dependent Personality Disorder, with Depressive Personality Traits, Borderline Personality Features, and Histrionic Personality Features, per the MCMI-III.

AXIS III: *General Medical Conditions:* Rule out PANDA Syndrome, history of recurrent ear infections as a child with bilateral myringotomies and adenoidectomy.

AXIS IV: *Psychosocial and Environmental Problems:* Moderate

- X Problems with primary support group: Parents divorced, problems with merged families after mother remarried.
- X Problems related to the social environment: Hypersexual, problems with substance abuse and intoxication.
- Educational problems:
- Occupational problems:
- Housing problems:

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- Economic problems:
- Problems with access to health care services:
- Problems related to interaction with the legal system/crime: Currently involved in lawsuit.
- Other psychosocial and environmental problems:

AXIS V: Global Assessment of Functioning Scale Score: 75

If symptoms are present, they are transient and expectable reactions to psychosocial stressors; no more than slight impairment in social, occupational, or school functioning.

DISCUSSION:

The amended complaint filed by Miss [REDACTED] (Jane Doe 2) against Mr. Jeffrey Epstein makes sensitive allegations of sexual assault and abuse on a minor and seeks damages in excess of \$50-million. It alleges that [REDACTED] was recruited to give Mr. Epstein a massage for monetary compensation and was brought to his mansion in Palm Beach for that purpose. Once in the home, she was introduced to [REDACTED] his assistant, who led her up a flight of stairs to the room with a massage table. In this room, Mr. Epstein told [REDACTED] to take off her clothes and give him a massage. She kept her panties and brassiere on and complied with his instructions. He wore only a towel around his waist. After a short period of time, he removed the towel and rolled over to expose his penis. He then began to masturbate and he sexually assaulted [REDACTED]. After he had completed the assault, [REDACTED] was able to get dressed, leave the room, and go back downstairs. She was paid \$200 by Epstein. The girl who recruited her was paid \$100 by Epstein.

The complaint alleges that as a result of this encounter she experienced confusion, shame, humiliation, and embarrassment and has suffered severe psychological and emotional injuries. The complaint further alleges that because of Epstein's intentional offensive sexual conduct, he created an unreasonable fear of imminent peril. As a result, she has suffered and will continue to suffer severe and permanent traumatic injuries, including mental, psychological, and emotional damages. In Count II, the intentional infliction of emotional distress, [REDACTED] alleges that Mr. Epstein's behavior caused her mental or emotional health to be significantly impaired and that he caused severe emotional distress to her. As a result of his behavior, she alleges that she will continue to suffer "severe mental anguish and pain."

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In Count III, coercion and enticement to sexual activity, [REDACTED] contends that Mr. Epstein knowingly attempted to persuade, induce or entice her, when she was under the age of 18, to engage in prostitution or sexual activity for which any person can be charged with a criminal offense. As a result of this, she alleges she has suffered personal injury, including mental, psychological and emotional damage.

When evaluating an examinee for these types of complaints, it is essential to look at their medical, social, academic, psychological, and psychiatric condition and state prior to any alleged act of victimization and to see, as well, if there are specific changes that occur that had not been present prior to the time of the alleged incident.

Psychiatric literature shows that there are a number of variables that combine to determine the effects of such alleged victimization. The type and character of the alleged assault and key victim variables such as demographics, psychological reactions at the time of the alleged trauma, previous psychiatric and psychological history, previous victimization history, current or previous psychological difficulties, and general personality dynamics and coping style are important. Sociocultural factors are also important and include such things as drug use/abuse; poverty; social inequity and/or inadequate social support; previous history of abuse within or outside the family; whether individuals were abused by strangers, acquaintances or family members; and whether there was any history of indiscriminate behavior that may have placed them at increased risk.

It is also important to know whether there has been any history of previous sexual conduct, contact with police or welfare agencies, alcohol or drug use or abuse, voluntary sexual activity, contraceptive use, genital infections, or apparent indifference to previous abuse.

One must also understand family interactions and the level of emotional support available to the plaintiff and whether any significant psychiatric illnesses were present in family members or others with whom they lived and resided. One must know if they were taking medications, prescribed or nonprescribed, and if there had been any previous or subsequent suicide attempts, thoughts, plans; hospitalizations (voluntary or involuntary); or interactions with the legal system.

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Key to understanding the long-term impact of these types of allegations is to understand those factors, which determine personality, life expectations, and future performance. These factors include socioeconomic status, social disadvantage, intrauterine exposure to toxic substances such as alcohol or cocaine, family instability, impaired child/parent relationships, and parental adjustment difficulties that cause stress or strife within the family.

ANALYSIS OF VARIABLES AFFECTING [REDACTED]:

1. Type and character of assault. [REDACTED] reports that she was either 16 or 17 and in the 11th grade when she had her one and only contact with Mr. Jeffrey Epstein. (Complaint states approximately age 16.) She reports that her friend [REDACTED] asked her before Christmas if she wanted to make some additional money and that she could do so by giving an older man a massage. She was instructed not to tell anyone about this by [REDACTED] and if she did, "I will beat your ass." She was advised she would be paid \$200 for her services. After being invited, she reports that a couple of weeks passed before she agreed to go. She was told prior to seeing Mr. Epstein that she would be asked to take off clothing. She felt that was okay because it would be "like being in a bathing suit." She reports that she didn't think that he would touch her. She notes that her friend [REDACTED] told her to lie about her age and to report that she was over 18. She notes that she was worried that she might be stranded at Mr. Epstein's residence. She did not think that anything "bad" was going to happen to her by going there.

When she arrived at Mr. Epstein's home, she provided her name and phone number to a tall, blond, nice-looking assistant of Mr. Epstein. She was taken upstairs to the massage room. Shortly thereafter, Mr. Epstein entered the room draped in a towel and advised her to take off her clothes. [REDACTED] reports that she complied, but was uncomfortable because she was shy. (She notes, however, that she was told by her friend [REDACTED] before going to the home that she would be asked to take off her clothes.)

She began the massage by rubbing Mr. Epstein's feet, legs, back, and shoulders and then the area around his buttocks. He was talking on the telephone. When he got off the phone, he began asking her personal questions about her relationship with boys and complimenting her on her appearance. She notes that he then rolled from his stomach to his back, began masturbating, and put his hand "flat"

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on her crotch area on the outside of her underwear. She notes that this "terrified" her. She reports that she didn't think of leaving because she felt he might kidnap her or shoot her with a gun. She reports that he was never threatening, there were no weapons, he never raised his voice, nor did he make any threatening gestures. She reports that she did not see his penis, as she looked only at his eyes. She notes that after he ejaculated, he went into the steam shower. At that time, he told her to take the \$200 and to give the other \$100 that was on a counter to her friend [REDACTED]. She went downstairs. She and [REDACTED] left. In the car, she told [REDACTED] that he tried to "finger" her. [REDACTED] said that he had tried to do that to one of her other friends last week. [REDACTED] reports that she was upset, put on her sunglasses, and "cried my way home." She used the \$200 to buy Christmas gifts.

She told her friend, [REDACTED], what had occurred. The friend suggested that she call the police. She reports she didn't because she didn't want anyone to find out or to have anyone coming after her. She reports, "I kept my mouth shut" until the FBI came to her. She notes that she knew four of the girls who had gone to Mr. Epstein's home - [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. She notes that she told her current boyfriend, [REDACTED], about the episode and told her mother about it after the FBI came to interrogate her. She reports that the consequences of having seen Mr. Epstein were that she began having "a lot of sex" and that her friends and family thought that she was a "slut/whore."

She categorically denied that she had any problems prior to meeting Mr. Epstein, other than perhaps ADD, which was never officially diagnosed. She states that she had never had any periods of depression prior to meeting Epstein and that, after she met Epstein, she had a "sexual extravaganza."

In a police report of 12/13/05, she reported that Mr. Epstein told her to rub his nipples, that he tried to rub her breasts after snapping off her brassiere, and that he grabbed her thighs while he was masturbating. She notes that he didn't take off her panties, but he pushed them to the side, felt her in the vaginal area, and talked dirty. [REDACTED] reports that she backed away and told him "well, I don't know if I should do that." She reports that she "got really hesitant" and so scared that she didn't know what to do. She reports that he actually stuck a finger into her vagina at that time and that she backed away. He then rubbed her on the outside of her genital area while masturbating, then wrapped in a towel, and told her to take the money and leave. She reports that she saw him only one time. She notes that her friend [REDACTED] split the money for bringing another girl with a mutual friend, [REDACTED].

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Mr. Epstein never threatened her. There was no issue of her being held against her will, kidnapped, specifically threatened, or physically or mentally coerced, other than has noted above. She reports that she understood that she was to lie about her age, take off some of her clothing, and give a massage to an adult male and that she did so because she wished to be compensated \$200 for that service. She reports that she did not know that other girls had been touched until after she left the Epstein residence and that she was apprehensive and fearful during the time she was with Mr. Epstein, but was able to tell him no and to step away from him.

2. Demographics. [REDACTED] saw Mr. Epstein on one occasion at age 16 as previously noted. Her parents divorced when she was four years of age and her mother subsequently remarried. She comes from a middle class socioeconomic environment. Her stepfather managed a Home Depot store, where her mother also worked. Problems ensued when the children of the respective parents merged into a single-family unit. Her mother and stepfather dated for eight years and married when she was 11. There were seven children in the household -- her two brothers, [REDACTED] and [REDACTED]; herself; three stepbrothers, [REDACTED], [REDACTED], and [REDACTED]; and a half-sister from her mother's previous marriage.

[REDACTED] was a B student in school and reports that she believes she had attention deficit disorder as a child. She graduated from high school with a 2.9 GPA.

She began dating at age 15. She reports that she had five significant relationships, but was sexually hyperactive (a "sexual extravaganza") from ages 17 through 19. She dated boys who were abusing marijuana and alcohol ([REDACTED], [REDACTED], [REDACTED]). Her second boyfriend, [REDACTED], who was two years older, was arrested for breaking and entering, vandalizing buildings, and abused marijuana. At age 19, she became pregnant by her boyfriend [REDACTED] and aborted that child. She reports she currently has an excellent relationship with her boyfriend, [REDACTED].

She lost her virginity at age 15, prior to seeing Mr. Epstein. She reports it was a memorable and good experience. She notes that since that time she has had approximately 35 sexual partners. She had one experience when she intimately kissed another woman at age 18, but sees herself as heterosexual in orientation. She reports that she has been involved in group sexual encounters with her friends, had

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anal sex at age 18, and has given and received oral sex beginning at age 15 or 16 (prior to her contact with Mr. Epstein). She has used various marital aids, self-stimulates, has had digital anal contact with her boyfriend [REDACTED], has used chocolate body paint at age 18, and enjoyed dressing up in provocative outfits at age 18.

She notes that she went "sex crazy" in the 11th grade and felt that she "needed to be with guys." She notes that she was sexually active because she felt it would hold men in relationships. Friends told her she was developing a bad reputation and she thought she was "losing" herself with drinking and sex. She felt ashamed of her sexual activity, but did not curtail it. She notes that her mother supported her decision to abort the pregnancy and she notes she did not feel ready to care for another human being at that time. [REDACTED], the father of the child, was not interested in her having a child.

One of her best friends, [REDACTED], died in an automobile accident at age 20. Her death had a significant impact on [REDACTED]. She still becomes tearful when discussing it. She lost another close friend, [REDACTED], in an automobile accident when [REDACTED] was 18. She suffered another loss when one of her previous boyfriends, [REDACTED], was murdered at a party. (She reported no significant losses to Dr. Kliman.)

She received three speeding tickets for going at least 15 mph over the limit and was ticketed for underage drinking while living in [REDACTED]. She began using alcohol at age 17 and would consume eight shots and a couple of beers at a single sitting. She developed tolerance, had two blackouts, would drink to the point of vomiting, and she reports for a two-year period (during her junior and senior years of high school), she drank to the point of intoxication and vomiting once weekly. During her senior year, she was "out every night looking for a party in order to get drunk." She reports that she felt guilty about her drinking and attempted to reduce the amount that she drank.

She began using marijuana while in the 11th grade, age 17, and developed tolerance to the drug. Her largest daily consumption represented \$45 a day. When intoxicated with marijuana, she reports her memory was impaired and she would forget conversations. She felt that the marijuana affected her memory adversely. She used cocaine at age 21, using on five occasions. She used LSD on three

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occasions at age 19 and reports she had good trips. She also used hallucinogenic mushrooms. Her brother would hunt and find mushrooms and she arranged for him to sell them to people she knew.

She also used nitrous oxide obtained from whippet inhalants and bought Xanax and Percocet on the street. She obtained Adderall without prescription approximately 10 times and felt euphoric when taking amphetamines. She would attend parties and participate in drinking games and reports that she hung out with a "red neck crowd," where there were frequent fights. After the parties, she would often have sex with participants in either their home or their car. She reports that she frequented a bad area of town and felt that she needed to carry a baseball bat under the front seat of her truck to defend herself.

[REDACTED] reports that she has always had problems with attention, concentration, persistence, and pacing herself and that she is easily sidetracked. She has difficulty making decisions and reports that she always has. She has difficulty planning, difficulty with task completion, and reports that she frequently gets angry and has episodes of road rage. All these symptoms, except the road rage, preceded her contact with Mr. Epstein. She reports she felt she had ADD since she was young.

Treatment notes show OCD symptoms, which she reports started when she was in middle school, she believes. She notes that if things "weren't perfect," she would "freak out." The symptoms began after she had a myringotomy and tubes placed in her ears. The OCD required her to have everything in its place and she would become angry or upset if things were moved or disturbed. In addition, she would have to repetitively count and if interrupted, she could not go on with other conversations until completing a ritual. These symptoms preceded her contact with Mr. Epstein.

She made a suicide attempt by overdose with hydrocodone and, on another occasion, she was admitted to a psychiatric hospital in Tennessee with statements that were construed as suicidal. "I wish I could die." She was held overnight. She believes she was 19 at the time. On another occasion, she reports she cut her arm with a knife because she wanted to "feel pain." Bipolar symptoms of euphoria were only associated with the use of Adderall and lasted only for the duration that the medication was usually effective. Her periods of racing thoughts were attributed to episodes of anxiety.

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While [REDACTED] reports no other episodes of sexual trauma other than that which occurred with Mr. Epstein, records ([REDACTED], [REDACTED] records) show that there were other sexual concerns. At age 18, she notes while in therapy "she has to keep her bedroom door locked or her older stepbrother [REDACTED] tries to do 'sexual stuff' with her. She reports she hates living at home, but can't afford to move out."

She reported to Dr. Kliman that her stepfather had a terrible temper, that she was fearful of him, and that when he would return home angry, she would remain in her room to avoid him and his anger. She reports on one occasion her stepfather struck her in the face. Her father also had anger control issues and police records note that he threatened to kill the mother during the time of their divorce. She reports that she had thoughts that her stepfather might be looking at her sexually after her contact with Mr. Epstein.

3. Psychological reaction at the time of alleged trauma. [REDACTED] reports that while she was with Mr. Epstein she was fearful, but she also notes that she was never specifically threatened, that she was able to advise him to cease behavior that she found unacceptable, and that she stepped away from him. She notes that she was angry that her friend [REDACTED] had put her in that situation and she notes that she was tearful in the automobile when leaving the Epstein residence. She reports that after her contact with Mr. Epstein, she went on a "sexual extravaganza," began to think that her stepfather might have sexual interest in her, and began abusing multiple substances over a two-year period. She reports that she had sexual contact with approximately 35 people over a two-year period. There is a significant question as to whether these behaviors were caused by her one-time encounter with Mr. Epstein. Her therapist, [REDACTED] notes of 09/06/06 note the following "Does not feel she needs therapy for Epstein issue. Does not want to talk about it. Feels that it does not affect her in her life. She is unhappy at home. Feels home is very dysfunctional." During that visit she makes reference to her brother [REDACTED] trying to do "sexual stuff" with her and her having to lock her door because she was fearful of him and his behavior.

In addition, the family problems relate to her stepfather's temper and being displaced at home. She reports to Dr. Kliman that she was annoyed that her parents did not believe her when she reported the problems with [REDACTED] inappropriate sexual behavior and was annoyed that it took similar behavior

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with her sister to cause them to take action. She reports that she felt that she had symptoms of ADD with problems with attention and concentration, focus, and task completion prior to meeting Epstein and her OCD symptoms began while she was in middle school prior to meeting Epstein.

Her home environment was tumultuous and records show that her mother and father were engaged in marital counseling.

4. Previous psychiatric/psychological history. [REDACTED] is not currently involved in psychological or psychiatric therapy. She reports she believes she had ADD as a child, but there are no specific records to substantiate that statement. She first entered therapy at age 18 with [REDACTED], MS, a counselor who was also seeing her parents in marital therapy and perhaps individually. She saw Miss [REDACTED] for about six months. Miss [REDACTED] felt she was suffering from depression. Miss [REDACTED] referred her to Dr. Agresti, a psychiatrist, for medication evaluation. Dr. Agresti started her on Prozac 10 mg, increasing to 20 mg, and made a trial with Zoloft, which she had to discontinue due to an allergic reaction. In addition, she received Ambien, Lamictal for mood stabilization, and Symbyax (Zyprexa and Prozac), an antipsychotic and antidepressant combination. Dr. Agresti felt she suffered from OCD, chronic depression, and a history of renal stones.

Records note an episode of depression, perhaps beginning at 15 (report to Dr. Kliman); an overdose of seven pills of hydrocodone obtained following a wisdom tooth extraction, which was monitored by her mother but not taken to hospital; and an overnight admission to the [REDACTED] Medical Center in Tennessee following a suicidal statement while arguing with her mother. There were episodes of self-cutting reported, which heightened concerns. There was one visit with a counselor, [REDACTED], in Richmond, Virginia at age 19.

There is a positive family history for marital discord. Her mother was married on three occasions. Her mother has a past history of depressive disorder. She reports that her mother also suffered from ADD and anxiety attacks and was excessively controlling and fearful that [REDACTED] would be kidnapped or leave the home and never come back. She notes that her father had anger control problems. "He was an angry guy." As a child, there was family discord because she did not accept her stepfather and his role in the family. She described herself as a passive person who always needed to please others.

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She reports that she would often do things without thinking them through to please others. She notes that as a child (approximately age 11) she was concerned over frequent arguments in the house and a source of conflict focused on whose children were responsible for specific problems in the family. She notes that she would withdraw at that time, hang out with friends or go to her room to escape the arguments. She was worried about being "cool," fitting in with the other children, and being included.

During her later adolescence, she considered herself a social butterfly. As noted, there were concerns of sexually inappropriate behavior by her brother [REDACTED], who she found naked in her bed on one occasion and who would come into her room in the middle of the night and stare at her. She notes that on one occasion he was sexually inappropriate and touched her sister.

As noted earlier, there were problems with polysubstance use and abuse, particularly from ages 17 through 19.

5. Previous victimization history. [REDACTED] was fearful of sexual contact with her stepbrother [REDACTED] as noted earlier.

6. Current and previous psychological difficulties. Records show that [REDACTED] feels that she suffered from ADD, as did her mother, but there are no specific records to confirm this diagnosis in her. She has been diagnosed, as noted, with OCD and depression. Many of her psychiatric symptoms are clearly specifically related to substance abuse (alcohol: sexual acting out behavior and blackouts; marijuana: diminished motivation, anxiety, and memory disturbances; Adderall: racing thoughts and euphoric-like states; cocaine: anxiety and depression, etc.). [REDACTED] reports that her mood has been average and that she sees anxiety as the major thing that differentiates her from other people at this time. She rates her anxiety at a 5 on a 1-10 scale, with average people rating their anxiety at 3, where 10 is worst possible. She reports that she is currently functioning well while working at her parents' restaurant. She has future goals of attending school to study health and fitness. She is currently maintaining a relationship with her boyfriend even though separated by distance. She reports that she is living with her parents and that they are getting along well at this time. She is generally optimistic about the future. There is some insecurity. She has concerns about fidelity with her boyfriend, who is on the skateboard circuit and has opportunities to have contact with multiple

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women, even though she doesn't believe that he is cheating on her. She reports that there is no suicidal ideation. There are no medical records to confirm any symptoms of PTSD, nor based on our current available information do we believe that she meets criteria for PTSD at this time.

7. General personality dynamic and coping style. The MCMI-III suggests a personality diagnosis of Dependent Personality Disorder with Depressive Personality Traits, Borderline Personality Features, and Histrionic Personality Features. It suggests that there is a moderate level of pathology, which characterizes her overall personality organization and that she has defective psychic structures and a failure to develop adequate internal cohesion with a less than satisfactory hierarchy of coping skills. There is ineffective intrapsychic regulation and socially acceptable interpersonal conduct. The test suggests that she is likely to precipitate self-defeating vicious cycles of behavior, but that she is usually able to function on a satisfactory basis. The profile suggests that she is characterologically sad, markedly dependent, docile, self-effacing, and sees herself as ineffectual. She is dejected, tense, unable to function autonomously, and is especially vulnerable to separation anxieties and fears of desertion. (Her mother suffered from anxiety and was fearful that [REDACTED] would be injured or kidnapped when she was a child. Her mother was overprotective because of that.) There was a fear of abandonment and a loss of independence and self-assertion.

The test suggests she may subordinate her personal desires to others and may submit to abuse and intimidation to avoid abandonment. She feels it is best to abdicate responsibility, leave matters to others, and place her fate in others' hands. She feels others are better equipped to shoulder responsibility than she is. The test shows a pattern of rapidly changing moods that shift erratically from normalcy to depression to excitement and chronic feelings of dejection and apathy interspersed with brief spells of anger, euphoria, and anxiety. The intensity of her affect and changeability of her actions are striking.

[REDACTED] dependent personality disorder is manifested by a pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation. This behavior may be a direct result of the interactions she had with her mother as a child. Her mother was fearful that she would be lost or kidnapped. The mother's excessive fear may have been internalized and subsequently produced a fear of separation and anxiety in the child. This behavior pattern usually

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begins by early adulthood and is present in a variety of context. Her dependent and submissive behaviors are designed to elicit caregiving and arise from a self-perception of being unable to function adequately without the help of others. ██████████ notes that while growing up there were concerns in the family about who was responsible for conflict in the home, whether she had import, whether her parents would listen to her and accept what she said as truthful, and whether they would protect her (i.e., from her stepbrother ██████████ sexual advances).

Individuals with this personality disorder often have difficulty making everyday decisions and need excessive advice and reassurance from others. They tend to be passive and allow other people to take the initiative and assume responsibility for most major areas in their life. They typically depend on parents or spouses to decide where they should live, what kind of job they should have, which neighbors to befriend, etc. They have difficulty expressing disagreement with other people, especially those upon whom they are dependent. They feel so unable to function alone that they may agree with things that they feel are wrong rather than risk losing the help of those who they look to for guidance. They don't express normal anger for fear of alienating those upon whom they depend. They often have difficulty initiating projects and doing things independently and lack self-confidence.

They wait for others to accomplish things, feeling that others can generally do them better. They are convinced that they are incapable of functioning independently and seek dependent relationships, often by engaging with members of the opposite sex. (██████████ reports that she was sexually active because she thought that was what boys expected and required if they were to maintain a relationship with her.) They often function adequately if given the assurance that someone else is supervising and approving of them. They often fear becoming more competent, as they fear responsibility, failure, and subsequent abandonment. Because they rely on others to solve their problems, they often do not learn the skills of independent living, thus perpetuating their dependency.

They go to obsessive lengths to obtain nurturance and support from others, even to the point of volunteering for unpleasant tasks or placing themselves in a poor light. They are willing to submit to what others want, even if the demands are unreasonable. They need to maintain an important bond and this need often causes an unbalanced and distorted relationship. They may make extraordinary self-sacrifices or tolerate verbal, physical or sexual abuse. They tag along with others just to avoid

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being alone. When a close relationship ends, such as with the breakup of a lover or the death of a friend, they may urgently seek other relationships to provide the care and support they need, often throwing themselves into desperate situations. They believe that they are unable to function in the absence of close relationships and this often motivates them to become quickly involved and indiscriminately attached to other individuals. This was certainly the case described by [REDACTED]

They see themselves as only functioning and being secure if there is another person in their lives upon whom they can depend. They often feel that they are totally dependent on the advice and help of the other important person in their life and they constantly worry of being abandoned by that person, even when there are no grounds to justify such fears. [REDACTED] continually worries about whether her boyfriend will be unfaithful and abandon her.

These individuals are characterized by pessimism and self-doubt, belittle their own abilities, have poor self-image and concept, diminish their own assets, and may refer to themselves as stupid. They take criticism and disapproval as proof of their worthlessness and often lose faith in themselves. They may seek overprotection or dominance from others. Occupational functioning is often impaired if independent initiative is required. They may have difficulty in school, where they have to make independent study decisions, such as in college. They may avoid positions of responsibility and often become anxious when faced with decisions. Social relationships are often limited to those few people upon whom they can be dependent. There is an increased risk of mood disorders, anxiety disorders, and adjustment disorders in individuals with this personality. Dependent personality disorder often coexists with other disorders, especially borderline personality, avoidant personality, and histrionic personality.

Separation anxiety in childhood or adolescence may predispose to the development of this disorder. This was clearly the case with [REDACTED]. Dependent personality disorders are among the most frequently reported personality disorders encountered in mental health clinics in this country.

8. Sociocultural factors. [REDACTED] has an extensive history of drug use and abuse. She grew up in a chaotic home environment, where she was fearful of her stepfather's anger. Her mother suffered from ADD, depression, and anxiety, and had separation issues with [REDACTED] when she was a child, feeling

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that she might be kidnapped or, if she left home, that she might not return. She felt socially inadequate at times and tried to compensate for this by becoming a "social butterfly," but was continually worried that others may reject her or disapprove of her, especially if she said no. She performed adequately in high school, but had difficulty in college, where more independence was required. She described a chaotic family background, where she would withdraw to her room as a child, fearing the stepfather's anger. She had difficulty accepting her stepfather and felt that the family did not support her. There were times when she was fearful of sexual contact from her stepbrother, who had cerebral palsy. She was concerned that her complaints and concerns were not heard by the parents until similar complaints were made by her sister. She reports at least one episode where her stepfather struck her in the face.

She had difficulty facilitating her autonomy and self-directed behavior. Her mother came from a background of inconsistent relationships with males and was married three times. [REDACTED] had early sexual contact, with the first intercourse at age 15. She described a "sexual extravaganza" during later adolescence, when she was intimate with approximately 35 males. We note that individuals with dependent personality disorder often engage in multiple sexual contacts to maintain relationships. [REDACTED] reported that she felt she needed to be sexually active so that boys would accept her. There is an extensive history of drug use and abuse.

Many of her more significant symptoms may be related to PANDA syndrome (pediatric autoimmune neuropsychiatric disorders associated with streptococcal infection). We note that [REDACTED] had bilateral myringotomies and tubes placed in her ears. Such treatment is usually employed when children have repetitive earaches and streptococcal oropharyngeal infections. Eighty percent of children with PANDA syndrome have obsessive-compulsive disorder and 50% have ADHD, both of which are reported to have occurred in [REDACTED]. Other neuropsychiatric symptoms commonly associated with PANDA include emotional lability; oppositional behavior; separation anxiety, which was significant in her case; bedtime rituals, which were reported; phobias; and a deterioration in mathematical skills and handwriting. We note that [REDACTED] had considerable difficulty with mathematics. (She had a C in Algebra I in the 9th grade first and second semesters, B in Algebra II in the 11th grade first semester, and F during the 11th grade second semester. During her senior year, she received a D in liberal arts mathematics.)

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She reports current improvement with her OCD, which is also characteristic of this condition, as OCD of PANDA often improves with age rather than deteriorate. Tics that occur in approximately 12% of the children with this syndrome are usually transient and have estimated onset prevalence of only 1-2%.

PANDA patients who have ADD/ADHD and/or OCD often have courses that are complicated by either aggressive or disruptive symptoms or social or academic failure. Current mood and anxiety disorders often aggravate the course of the condition. With PANDA syndrome, tics, if they occur, usually begin at around age 7 or 8. Exacerbations occur days to months after the onset of the streptococcal infection. As noted, up to 12% of children may have tic syndromes; the remainder do not. The interval between first streptococcal infection and the appearance of symptoms may be weeks to months, but subsequent infections have shorter intervals between the infection and symptoms' exacerbation, often only a few days or weeks. PANDA can be triggered by simple exposure to people with streptococcal infections, but without apparent clinical symptoms until the appearance or exacerbation of the neuropsychiatric syndrome.

Teasing, shame, self-consciousness, and social ostracism are common features in patients with predominantly internalizing comorbidities where antisocial or criminal outcomes may be manifestations with prominent externalizing comorbidity. Some of these patients show reluctance to involve themselves in socially demanding situations, particularly if their symptoms are perceived by themselves to be socially disfiguring. During childhood and adolescence, they may be avoidant of contact and they may avoid long-term intimate relationships, marriage, or other interpersonally gratifying activities. Children with PANDA often present with ADD, ADHD, conduct disorder, OCD, or learning disorders. There is often a positive family history for ADD, ADHD, OCD, or streptococcal-related illnesses. Children are often self-conscious, sensitive to being teased or socially ostracized. They often have concurrent mood or anxiety disorders. The condition is often made worse by family psychopathology and stressors.

The condition can be diagnosed by analyzing antibodies to streptococcal enzymes, streptolysin o, and DNase B. Throat and nasopharyngeal swabs at the time confirm an acute infection. Monoclonal

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antibody 8D/17 acts as a trait marker for susceptibility. Neuroleptic drugs are effective in treating these children and adults. Currently, atypical antipsychotic medications produce 60-80% improvement. Clonidine is helpful in approximately 50% of these patients. Guanfacine, an alpha 2 adrenergic receptor agonist, has also been found effective.

[REDACTED] reports she had her adenoids removed when she was in the 6th grade and notes that her OCD began in middle school, which would be entirely compatible with a relationship to streptococcal infection.

9. Level of emotional support. [REDACTED] describes coming from a family with poor emotional support. Her parents divorced. Her mother remarried. There were seven children in the family. She felt that the family did not accept her fears and concerns as they related to her brother as realistic and felt the need to withdraw to her room to protect herself from violent family arguments and her stepfather's unstable temper. She was fearful of being sexually abused by her brother and felt that these concerns went unrecognized and unsupported until her sister made similar complaints. There was a history of family instability, impaired child/parent relationships, and parental adjustment difficulties with her mother and stepfather seeking therapy. Her mother had trouble with separation from her and was excessively fearful, a behavior that [REDACTED] may well have learned. Her brother was involved in the sale of hallucinogenic drugs. She sought peer support through social interactions, but was fearful of not going along with the expectations of others.

SUMMARY:

We believe within reasonable medical certainty that Miss [REDACTED] suffers from 305.90 Psychoactive Substance Abuse, NOS (Percocet, age 19; Adderall, age 20; nitrous oxide whippets, age 20; Xanax, age 19; Alcohol age 17; marijuana, age 17; cocaine, age 21; LSD, age 19; and hallucinogenic mushrooms, age 21); 296.90 Mood Disorder, NOS. Rule out Substance-induced vs. Bipolar Disorder; 305.00 Alcohol Abuse with frequent symptoms of severe alcohol intoxication, vomiting, and blackouts; 300.3 Obsessive-Compulsive Disorder, by history, accompanied by significant anxiety, age 18, Dr. Agresti; Rule out PANDA syndrome (pediatric autoimmune neuropsychiatric disorders associated with streptococcal infection); History of bilateral myringotomies; adenoidectomy; questionable ADD, anxiety, OCD; and 311 Chronic Depression by history, age 18, Dr. Agresti.

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SPECIFIC QUESTION TO BE ADDRESSED:

Estimate impact of involvement with Jeffrey Epstein as a causative factor in [REDACTED] symptoms and behavior. Although it is impossible to provide an exact figure as to the impact that the contact with Mr. Epstein has had, after reviewing all factors in [REDACTED] life and her extensive history, we believe that she did react emotionally to the contact she had with Mr. Epstein at the time. Her dependent personality disorder, which we believe existed when she saw Mr. Epstein, would have made it more difficult for her to say no and her report that she felt apprehensive, we believe, is creditable. There are discrepancies in her recounting of her family history and dynamic given to different reviewers. Her report suggests that her symptoms of difficulty with attention, concentration, focus, ability to maintain tasks, anxiety, and obsessive-compulsive behavior and thoughts preexisted contact with Mr. Epstein.

Her increased substance use and abuse and sexual excesses are more consistent etiologically with her dependent personality disorder and the need to please and be accepted by others, particularly young males, than by any reaction to her 30-minute contact with Mr. Epstein. Her concerns that her stepfather might see her as a sexual object, however, may be related to the contact with Epstein. It is more creditable that her fear of abandonment and mistrust of males are related to her dependent personality disorder than to the specific occurrence with Epstein. Her mood dysregulation, impaired motivation, and some of her anxiety and depression, as well as what were seen as potentially bipolar symptoms, we believe are clearly substance related. She reports that she was partying every night, looking for alcohol and to become inebriated. She abused amphetamines, hallucinogens, marijuana, cocaine, other narcotics, minor tranquilizers, and inhalants.

In addition, we believe that her unstable home, difficult relationship with her stepfather, fear of her father and stepfather's anger, and fear that she might be sexually abused by her stepbrother [REDACTED], who suffered from cerebral palsy, were other important factors. We note her report to her therapist that she did not believe that the episode with Mr. Epstein was significant in producing her symptoms and that she related her symptoms at the time to conflict in her family environment. All these factors, within a reasonable medical certainty, have had a more profound impact on her than the contact with Epstein.

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In estimating the percentage of impact of Mr. Epstein's behavior on her total psychiatric picture, one would estimate 0-5% causative.

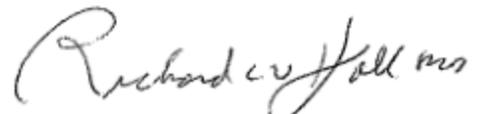
The above opinion is rendered within reasonable medical probability.

Respectfully submitted,



Ryan C. W. Hall, MD

RCWH/mjc



Richard C. W. Hall, MD