

***Supplementary Pages
of Petition for Clemency of Sarah Isabel (Cindy) White (IDOC #0394)***

September 2016

Introduction

This Petition has been prepared with the assistance of *pro bono* counsel, and inquiries about it may be submitted to Ms. White or counsel.

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Sarah Isabel (Cindy) White’s case cries out for a new look, and in large part because modern research and understanding show that both justice for Ms. White and protection of the best interests of society would be served by ending, not extending, the 40 years of incarceration she has already served.

Later in this submission we will present more detail about this research and expanded understanding, including the ways in which chronic childhood sexual abuse changes the brains of its victims, severely impairs their judgment, and leads *predictably* to desperate decisions. Drawing on pleas of widely respected authorities, we will be asking the Parole Board to consider how it is the release of Ms. White—and not her continued incarceration—that amounts to a true appreciation of the circumstances of her offense *and* the protection of the best interests of society. Ms. White’s release adds to what Dr. Bloom calls the “vital creation of sanctuary.” And her continued detention does just the opposite.

In short, if we want to advance the protection of society, the 40+ years of blaming and punishing Ms. White, the longest-serving female in Indiana’s Department of Correction, must be deemed enough.

This case came to counsel’s attention about two decades ago when then-board member Richard D. Doyle (who voted for Ms. White’s release on clemency) asked for help in advocating for her release. Far from being wrong in his support of Ms. White’s release, modern-day research has shown more and more clearly that his position was precisely right.

The following pages serve to complete sections of Ms. White’s Petition for Clemency.

- I. Conviction(s) (pp. 2-3).
- II. Circumstances of offense (p. 3-10)
- III. Reasons clemency is requested (pp. 10-24)

I. Convictions:

Justice in this clemency matter begins with understanding exactly what Ms. White was—and was not—charged with and convicted of.

By name, the convictions were for six counts of first-degree murder. Life sentences were mandatory by law, although the trial judge ordered that they be made concurrent, not consecutive. By actual content, however, Ms. White was never prosecuted for, nor found guilty of, intending anyone's death, nor even the slightest physical injury to anyone. She was charged with setting a fire, with that fire tragically resulting in six deaths.

The charges were brought by a grand jury and invoked Indiana's now-replaced murder statute providing as follows: "Whoever kills a human being either purposely and with premeditated malice or while perpetrating or attempting to perpetrate rape, arson, robbery, or burglary is guilty of murder in the first degree." Indiana Code 35-13-4-1(a) (Burns 1975). The grand jury thus had the option of charging Ms. White any of three different ways.

1. As someone who purposely and with premeditated malice killed six people.
2. As someone who caused six deaths, regardless of no purpose or premeditated malice to do so but simply as a result of arson.
3. As someone who caused six deaths on both those theories.

An examination of the record shows that the grand jury selected only the second of those options. (A copy of the count of the Indictment regarding the death of Charles Roberson is attached; the factual recitations in the counts regarding the other deaths were identical.) The State never alleged, and never assumed the burden of proving, that Ms. White intended to kill anyone *or even to physically harm anyone in any way whatsoever*. Indeed, the trial jury made no such finding.

It is especially significant that this adherence to the actual record of the matter charged is what rightly binds the hands of any inmate attempting to use clemency or parole proceedings to recast his or her case. An inmate may claim, "I know I was charged with and convicted of dealing drugs, but I actually only used drugs." An inmate may claim, "I know I was charged with and convicted of burglary, but actually I was only trespassing." An inmate may claim, "I know I was charged as and convicted of being the triggerman in a murder, but actually I was only an unwittingly bystander."

All of these inmates—and others with countless variations on recasting their charges and convictions—are properly met with the same response: the charges in the record control in the parole proceedings. Justice requires that the same rule of law apply here to avoid imputing homicidal intent that was never charged against Ms. White or found against her.

Both fairness and logic, therefore, require that two polar truths be acknowledged about the offenses involved here.

- That the offenses here were about as serious as imaginable insofar as the outcomes were concerned (namely, the death of six persons, including four innocent children).
- That the offenses were as minimal as imaginable insofar as any intent to physically harm, let alone kill, anyone.

It is always essential in a system of true justice that the number of deaths is not controlling as to determining when punishment has been enough. Indeed the *sine qua non* of a system of true justice rather than mere retribution is the commitment to temper society's stress, anguish, and rage over outcomes to see the accused person as she actually was and her actions as she actually intended them. Were it otherwise, then incarceration until death would be the fate of anyone causing multiple deaths on the highway, in a friendly fire miscalculation at war, or at the collapse of improperly supported staging at the Indiana State Fair.

So, on to considering the actual circumstances of Ms. White's offenses.

II. Circumstances of offense

Everything very easy about this case runs the risk of being very wrong. The circumstances of the offenses, including the events leading up to them, take some time to consider.

Ms. White's upbringing

Ms. White was the second oldest of six children born to Earl and Emma White in Johnson County. P.C. 56. ("P.C." references are to the post-conviction record, and "R.P." references are to the record of proceedings in the original trial.)

From age 8, Ms. White was the victim of sexual and physical abuse in her family. Sexual molestation started with her father (commencing with fondling and then graduating to oral and vaginal intercourse by the time Ms. White was about 10 years old). By that time her older brother (older by 5 years) had begun his pattern of violently abusing Ms. White sexually and physically (including forced vaginal and oral intercourse, beatings, and threats to kill her should she resist his demands or try to report them). P.C. 57-60. This older brother's abuse was also exerted against a corroborating witness, Ms. White's younger sister Kathleen. P.C. 118.

Ms. White was forced into strategies of denial and non-disclosure regarding her abuse. P.C. 32, 42-43. In one defining moment, Ms. White attempted to tell her (alcoholic and disengaged) mother at the gravesite of her father that the older brother had been sexually molesting her as the father had done in the past. The

mother's reaction was to scream at Ms. White that she could never talk about what was happening to her, to accuse her of taking her husband away from her and now taking her son away from her, and threatening to drive the car into an oncoming train to kill them both. P.C. 26, 62-63.

Following her mother's violently non-protective reaction, Ms. White made two unsuccessful suicide attempts. P.C. 19.

Onset of physical and psychological problems

As a consequence of this abuse and for want of an avenue of escape, Ms. White developed a host of physical and psychological problems. These started when she began to fake fainting spells around weekends so she could be taken to the hospital and escape her torment. One morning shortly after doctors reported they could find nothing physically wrong with her, Ms. White woke up and was actually and involuntarily paralyzed in her left leg. P.C. 60-61. She was correctly diagnosed with a conversion reaction, namely *actual involuntary paralysis due to the inability to cope with some major trauma or threat*. P.C. 18, 21, 24. Unfortunately, her treatment and follow-up care, including approximately a year of residential care at Larue Carter Memorial Hospital, failed to include what would be central in such a case today: inquiry about sexual abuse. P.C. 16-21, 23, 27.

Compounding the tragedy, the hospital would periodically send Ms. White home for brief stays (usually weekends), during which she would be re-victimized by her older brother (usually via oral rape). The hospital records showed she commonly returned to the hospital in a worse psychological state. P.C. 19.

When Ms. White's care at Larue Carter concluded around October 1975, she left with an unpromising prognosis. She was tested with a full-scale IQ score of 85 (although this may have been artificially low due to the many undiagnosed traumas in her life), only an eighth-grade education, and no real improvement during her lengthy hospitalization. P.C. 20.

Life with the Robersons

As a plan was finally being developed for Ms. White's release from the hospital, further obstacles had to be faced. P.C. 28. Her father had died a few years before, and her mother had died of alcoholism during Ms. White's hospitalization at Larue Carter. Returning to the family would have meant living with her grandmother over whose house the dangerous and abusive older brother had complete access and control. Ms. White was persuaded by Mr. and Mrs. Roberson to move in with them, building on an acquaintanceship they had with her when she had delivered papers to them. P.C. 28, 65f.

Shortly after Ms. White moved in with the Robersons, Mr. Roberson began flirtations and then a sexual relationship with her. R.P. 28f. In her immaturity, Ms. White was

at first flattered by this attention. She soon became scared and repulsed by what she was subjected to, especially when the activities began to include full intercourse, Mrs. Roberson's involvement, and some other more bizarre sexual activities. These included acts that were more physically aggressive and painful, threats when she attempted to leave, and the Robersons' posing of Ms. White for nude photographing. R.P. 28-29.

Ms. White's sister, Kathleen Sims, testified at the post-conviction proceedings that at one point when Ms. White was living with the Robersons, she showed her some rubber sex device she said the Robersons were hurting her with. P.C. 119.

In short, what may have been seen by the Robersons as harmless sex play with a compliant teenage girl was experienced as anything but harmless by a profoundly sexually, physically, and psychologically damaged girl.

In the fire investigation, several nude photographs of Ms. White were found—significantly enough in a family photo album kept by the Robersons and in Mr. Roberson's wallet. These formed a key part of the State's case at trial. R.P. 579, 590; P.C. 69-72.

Dr. Richard Lawlor, a psychologist, summarized Ms. White's psychological predicament as follows at the post-conviction hearing.

I think the important issues there are [that] she went into the Roberson home as a very seriously psychiatrically damaged person with regard to the history of abuse that had occurred within her own family. That abuse had not been recognized and she had not been able to reveal [it] in the context of almost year-long hospitalization. There was then more trauma built on those previous traumas of the father, the brother and the mother when the Robersons themselves began abusing her. And so what we had was post-traumatic stress disorder in the original family built upon by a further post-traumatic stress disorder with the sexual abuse within the Roberson family and then further post-traumatic stress. R.P. 31

In sum, by December 31, 1975, Ms. White displayed the following damaged and fragile profile.

- An 18-year-old girl with a 10-year history of rampant molestation, physical abuse, threats not to express her circumstances, and complete absence of a network of safety or rescue.
- An 18-year-old girl who had experienced more of her life with savage abuse than without.
- An 18-year-old girl whose emotional and mental development was derailed no later than age 8 by this victimization—and thus a girl functioning emotionally and mentally at perhaps half her chronological age or, worse

yet, at a state of development that was both arrested and also overwhelmingly distorted.

- A severely fragile and compromised 18-year-old girl suffering this decade of abuse while under the control of two family systems positioned steadfastly against her chance to talk honestly about, process, or begin a psychological or neurobiological recovery from her decade of victimization. (See the comments below by Dr. Sandra Bloom.)
- A severely fragile and compromised 18-year-old girl made all the more desperate by the shocking obliteration of her two attempts to escape her victimization (when she told her mother of her brother's abuse of her and when she accepted the Robersons' offer of what had been portrayed as her rescue).
- A severely fragile and compromised 18-year-old girl who was trained endlessly that she was obligated to observe three paramount rules: Don't talk, Don't trust, and Don't feel—to the point that involuntary physical paralysis replaced any remnant of a capacity to describe her imprisonment.
- A severely fragile and compromised 18-year-old girl whom none of us would even know if she had been successful in either of two pre-offense suicide attempts.

A fair, accurate, and just consideration of Ms. White's petition is impossible without a 21st- century understanding of the necessarily compromised reasoning of a person in her circumstances. Part of the devastating injury from such existential abuse is the virtual extinguishment of the capacity for either an appeal to outside assistance or an effective internal consideration of options that an untraumatized person would consider.

Of the thousands of studies and scholarly articles establishing the compromised thinking of victims of childhood sexual assault and abuse (including into adulthood), we think one of the best and most accessible treatments is, "Understanding the Impact of Sexual Assault: The Nature of Traumatic Experience," Sandra L. Bloom, from Sexual Assault: Victimization across the Lifespan, edited by A. Giardino, E. Datner, and J. Asher; GW Medical Publishing, Maryland Heights, Missouri, pp. 405-432 (2003).

Evidence is accumulating about the nature and extent of psychobiological changes that are secondary to sexual assault. There is now a science of stress-related disorders that details how stress impacts negatively on the body in a number of ways, producing short-term and long-term physical consequences. The results of this growing body of studies [are] disturbing, making clear that children's psychobiological development and adult function can be profoundly impacted by sexual assault. Id., at 2.

Recent studies . . . have demonstrated how dramatically traumatic experiences impact on the brain. MRI studies of Vietnam veterans have demonstrated

changes in right hippocampal volume in those with PTSD as compared to those without PTSD. Other neuroimaging studies have shown similar reductions in women with PTSD who have experienced repeated childhood sexual abuse. Id., at 15.

When stressed, we cannot think clearly, nor can we consider the long-range consequences of our behavior. We cannot weigh all of the possible options before making a decision nor take the time to obtain all the necessary information that goes into making good decisions. Our decisions tend to be based on impulse and on an experienced need to self-protect. As a consequence these decisions are inflexible, oversimplified, directed towards action, and often very poorly constructed. It is not uncommon in such situations to see people demonstrate poor judgment and poor impulse control. Id., at 14 (emphasis added).

“Understanding the Impact of Sexual Assault: The Nature of Traumatic Experience,” Sandra L. Bloom, from Sexual Assault: Victimization across the Lifespan, edited by A. Giardino, E. Datner, and J. Asher; GW Medical Publishing, Maryland Heights, Missouri, pp. 405-432 (2003).

It’s hoped readers of Ms. White’s petition will appreciate one further fact in this regard. While other defendants’ *intentional* injuries to others may correctly and properly be traced back to the physiological and psychological consequences of childhood abuse, the entirety of Ms. White’s allegedly criminal intent, it will be recalled, was that she intentionally set a fire without regard to intending harm to anyone. The frustration and anger society can *logically* direct at her is only that she acted with excruciatingly poor judgment that came to a result as unspeakably tragic as it was unintended. And that excruciatingly poor judgment (“Grandma’s fire resulted in people moving out, and that can be the way I’m saved from my suffering in this house”) was nothing more or less than what the research now shows *are the direct and expectable results of even a fraction of the decade of crimes against Ms. White.*

- Inability to “weigh all of the possible options”;
- Inability to “take the time to obtain all necessary information that goes into making good decisions”;
- Basing decisions “on impulse and on an experienced need to self-protect”;
- Consequently making decisions that are “inflexible, oversimplified, directed towards action, and often very poorly constructed.” *Id.*, at 14.

In another case involving serious and chronic child abuse (reported at *Whipple v. State*, 523 N.E.2d 1363 (Ind. 1988), counsel heard a psychologist’s description that helped an understanding of the phenomenon. While other people can gaze on a wide range of options in life, these children are required to try to view life “as if looking through a small knothole in a sheet of plywood always in front of their eyes.” If the abuse is serious and prolonged enough, they may have the equivalent of

multiple sheets of plywood floating in front of their eyes, with only the rarest moments when the knotholes line up for any picture of what is behind the layers of hopelessness in their lives.

These Knothole Children, as we think they can fairly be called, have been torturously taught their circumstances are entirely desperate and hopeless, they lose (or never learn) the ability to scan for alternatives to weigh, and the slightest flicker of a vision for salvation—suicide, joining a gang, overdosing, prostitution, literally anything—overtakes them. They don't choose a course of action; a course of action chooses them.

Significantly, for all the adults who brutally victimized and failed to protect Ms. White, neither on December 31, 1975, nor on any other date has she ever been guilty of attempting to physically or sexually harm anyone. Ever. What she did was nothing more or less than exercise the predictably impaired judgment that chronically abused and unprotected children exercise throughout their lives until they receive help and sanctuary. Left without protection and forced to turn to her own impoverished internal resources, she became the unguided actor of those who abused and failed to protect her.

The fire

On December 31, 1975 (the day of the fire), Ms. White heard from her sister-in-law of a fire that had just occurred at her grandmother's house. R.P. 564f., 623-24, 741. Ms. White learned how the fire had caused just enough damage that people were safe but had to move out and find a new place to live. R.P. 741-42. Ms. White immaturely and tragically concluded this was her way out—setting a fire that would make the Roberson home uninhabitable. P.C. 76-78.

However much adults looking back on the events would warn to the contrary, Ms. White herself quite apparently had no expectation that anyone would be injured in such a fire. The State's own evidence showed that the fire was set on a freezing winter night and that Ms. White was wearing only the thinnest of pajamas – with no shoes, coat, sweater, or any other clothing, not even underwear. R.P. 267, 440; P.C. 76-78.

The fire quickly got out of control. Ms. White ran to get all the Robersons up. Ms. White alerted the parents and then (at Mrs. Roberson's direction) called the fire department to report the fire. (The joint effort to save the family was corroborated by the testimony of the neighbor across the street who, during the intense fire, saw *people* (plural: *people*) through a front window. R.P. 28.) In the ensuing fire, smoke, and panic, Ms. White heroically ran back to the southeast bedroom (the children's bedroom) in an attempt to save the family. In running in that direction, she actually ran *away from* the front door—the only logical exit to use if she were trying to save herself. R.P. 77-78.

Ms. White frantically worked to get the children out, trying unsuccessfully to open one window and finally prying open the elevated window in the back of the children's bedroom—all in response to Mrs. Roberson's direction to get a window open so she could hand the children to her. R.P. 37, 50, 265-66, 273, 283-84, 431-32, 465, 748-53.

The next Ms. White realized was that she was lying on the ground thinking this was a nightmare. (We can only speculate, but it may have been that the inferno effectively exploded propelling White out of that elevated window, she may have jumped at the direction of Mrs. Roberson, or she may even have been pushed by Mrs. Roberson.) Ms. White heard sirens and people screaming as she was being pulled over a fence by some neighbors. She tried continuously to get back into the house and had to be restrained, first by neighbors and then by fire personnel. R.P. 37, 50, 265, 266, 273, 283-84, 431-32, 465.

The volunteer firemen who responded found Ms. White trying to crawl her way back into the house repeatedly crying, "My God, they're in there, the whole family!" It required several police and fire personnel to keep her from going back into the house. R.P. 465-68.

Ms. White suffered serious smoke inhalation, multiple second- and third-degree burns on her arms and upper body, and singed hair, and she was described by witnesses as "looking like charcoal." R.P. 37, 266-67, 284, 433, 437, 446, 454-55, 664f; P.C. 77. The emergency room physician treating her described how her second and third-degree burns required medical care including debriding and how she suffered inflammation of the larynx consistent with smoke inhalation. R.P. 667f. Her face, eyes, nose were full of dirt, and her body was described as entirely covered with black carbon particles. R.P. 664.

Ms. White was hospitalized for several days in intensive care. Twice when the police came to interview her, they had to be masked and covered in sterile disposable hospital clothing. R. 611.

In the aftermath of the fire, investigators found so-called "love notes" between Mr. Roberson and Ms. White as well as the large collections of nude photographs of Cindy in the family album and Mr. Roberson's wallet, R.P. 578f.

The trial that left so much unanswered

The same shame, denial, and fear that Ms. White had experienced for most of her life caused her to be unable to effectively communicate with her trial counsel concerning her life. The details of her abuse at the hands of her family of origin, her time at Larue Carter Memorial Hospital, and the abuse she experienced with the Roberson family did not come to light.

Whatever consideration could be given to the actual circumstances of her life and motivations would not come from her trial.

III. Reasons clemency is requested

Multiple considerations support the justness of clemency in Ms. White's case.

1. *Nature and circumstances of the offense.*

There is no disputing the tragedy of six lives lost, and Ms. White has never done so. The events of Ms. White's attempts to save the family as well as the innumerable entries in Ms. White's counselor, psychiatrist, and psychologist reports over the years show Ms. White has felt nothing but the deepest remorse and guilt over the loss of those lives and her role in that loss. At the same time, three circumstances bearing on the nature and circumstances of the offense actually support Ms. White's release on clemency.

- a. First, for all the undeniably horrific outcome of these tragic events, the fact remains Ms. White was never found or even alleged to have intended any physical harm to anyone. In fact, the evidence shows overwhelmingly that the grand jury's decision not to indict her for intentional or purposeful murder was perfectly well reasoned.
- b. Second, the mitigating circumstances of Ms. White's motivations go even further, as her history of sexual and physical victimization in her family of origin and in the home of Mr. and Mrs. Roberson was the source of her desperation and her tragically naïve and miscalculated strategy for an escape.
- c. Third, the nature and circumstances of these offenses should also be judged by the length of time she would have served if the Indiana General Assembly's evolved 1977 insights on better sentencing had been in effect. Under that law (which the General Assembly, Governor Otis Bowen, and both political parties found more just and appropriate than the law in effect in 1975), Ms. White would have been released from her concurrent sentences between approximately 11 and 26 years ago—meaning sometime between 1990 and 2005.

2. *Offender's prior criminal record.*

Ms. White's suitability for release on clemency is thoroughly supported by the lack of any prior—or subsequent—criminal or juvenile record.

3. *Conduct and attitude during commitment.*

During the first decade of her incarceration, Ms. White remained silent and in denial about both her history of abuse and the details of the deadly fire. Upon opening up about both the heinous abuse she suffered and her role in the tragedy of December 31, 1975, she has conducted herself exceptionally admirably and been repeatedly adjudged worthy of release by the counselors, psychologists, and psychiatrists supervising her and her case. The Parole Board will have its own up-to-date progress report on Ms. White, so we will not burden this record with duplicate accounts of the dozens of programs and classes she has completed and commendations she has received. We think the record of Ms. White's time in prison, especially since her emergence in 1986 from her tormenting, supports the view the staff members who have commented that it is difficult to find anything Ms. White has *not* done to improve herself and give to others.

To assist a fair review of Ms. White's stellar personal progress, we do offer the following excerpts from some of the reports prepared by psychologist, psychiatrists, and correctional counselors since 1987, uninterrupted by comment or argument from us.

- a. From December 2, 1987 psychological report of Dr. Paul L. Shriver, staff psychologist:

Cindy has, for many years, experienced severe guilt, grief, and remorse over the deaths of this family, especially the children, whom she had no wish at all to harm in any way. For many years after her original incarceration in 1976, Cindy was deeply depressed, subject to habitual self-mutilation, and periodically suicidal as a direct result of these very sincere feelings of remorse, and the guilt she experienced from continuing to cover up the whole truth.

Cindy has been quite emotionally stable for at least 2 years and her present MMPI is entirely within normal limits. It shows a healthy, responsible, mature, energetic extrovert who strives to please others and make a favorable impression but in an honest way. She is ambitious for self-improvement and advancement and hopes to train as an LPN if released. She has a good release plan and good support in the community. It would appear that she has an excellent prognosis for being a contributing member of society and is not presently any threat to herself or others. She should make a favorable adjustment to community living and her rehabilitation appears, at this point, to be complete. There appears to be no purpose in her remaining incarcerated, except that of punishment, and she has suffered considerably herself as a result of her actions.

DIAGNOSIS: *Normal Extrovert*

PROGNOSIS: *Excellent (favorable)*

RECOMMEND: *No psychological contraindications to favorable action and release on this appeal – recommend every possible consideration.*

- b. From December 13-14, 1988 psychiatric evaluation by George M. Lewis, M.D., psychiatrist:

Recommendations: it is the recommendation of the psychiatrist that this patient be considered favorably for her current appeal for clemency. She has demonstrated that she is capable of working towards self-improvement. There does not appear to be a major psychiatric disorder at this time which would disqualify her from consideration for this appeal. She did not display personality disorder that would be disqualifying either at this time. Therefore, will recommend favorable consideration.

- c. From November 21, 1989 psychiatric evaluation by George M. Lewis, M.D., psychiatrist:

I recommend approval for clemency appeal.

- d. From December 6, 1989 psychological report of Dr. Paul L. Shriver, staff psychologist:

[Cindy] has had a completely clear conduct record since 1984 and carries an "honors"-type assignment on grounds with very little direct supervision and has proven herself trustworthy. . . . Her last review and clemency report in 1988 was highly favorable and supportive of clemency, despite the seriousness of her offense, given the extent and level of her rehabilitation. She has been diagnosed as "normal and stable" now for 3 full years. . . .

During those years [pre-1986 when she was denying setting the fire in this case], she was deeply involved at IWP in several self-destructive lesbian relationships and was frequently depressed, suicidal, or even self-mutilating. Since she [acknowledged setting the fire], she has experienced none of the symptoms or behaviors and seems to have "made peace" with herself. She forms no intimate relationships, but is friendly, kind, and considerate to all. She is willing to "keep an open mind" about future sexual identity and partners and to seek further treatment if she needs to normalize this. She values herself and has a positive self-concept. She is involved in many social service projects and programs and generally maintains an exemplary lifestyle. . . . Cindy is well-liked by those who know her and has some community support, despite her offense, the mitigating circumstances of which were never

made public. She made valiant attempts to rescue the children of the family from the fire and was herself severely burned in the process. She has been deeply remorseful over their deaths, which were never intended. [Emphasis in the original.]

Cindy is well-adjusted to prison life, goes by the rules, relies on the authorities and channels for problem-solving, and has learned to be assertive – something she never was before. . . .

She may be in danger of becoming a little institutionalized but should make an excellent community adjustment if given the benefit of a Work Release or halfway placement period as a condition of her clemency. All comments and results reported in this evaluation are well supported by recent personality testing with the MMPI, which is once again entirely within normal limits.

DIAGNOSIS: *Normal, Stable, Emotionally Mature*

PROGNOSIS: *Excellent (favorable)-- fully rehabilitated*

RECOMMEND: *Clemency on this application, conditional on successful completion of 6 months at Work Release and 6 months "halfway" placement to facilitate community adjustment.*

- e. From November 27, 1990 psychiatric evaluation by Edward C. Shipley, M.D., psychiatrist:

Assessment and Recommendations: Cindy has continued to mature emotionally and socially during her incarceration. She has made constructive efforts toward rehabilitation. I recommend unconditional clemency on this application. She is not in need of psychiatric intervention. She is very capable of making a satisfactory adjustment outside of incarceration if she is granted a favorable decision on this clemency appeal.

- f. From December 5, 1990 psychological report of Dr. Paul L. Shriver, staff psychologist:

In the last year, Cindy has been noted by staff and residents both to be a very positive and optimistic-type person who has a cheerful attitude and outlook and is often an inspiration to other residents. . . . She is free of depression and spends all of her time in constructive and productive and wholesome activities. . . . We have written favorable reports on Cindy in support of her appeal for clemency in the past, including last year's report, and we see no change in the past year in any of her behavior

adjustment, except what slight improvement might be possible to the normal person during a years time.

Cindy's psychiatric report in support of her clemency appeal this year was highly favorable, indicating no psychopathology or personality or character disorder and recommending clemency unconditionally, as having become totally rehabilitated and no longer appropriate for incarceration by any psychiatric, psychological, or correctional rehabilitative standards. Cindy was interviewed indepth [sic] for this annual report or evaluation for clemency, and her MMPI results were examined. Interview results have already been summarized, and there were no findings in any of the testing to contradict behavioral observations or interview impressions. Outstanding in the test profile was the expansive and cheerful mood and positive outlook and attitude, lack of depression, and the lack of either internal or external evidence of tension or distress. Cindy makes a good impression, without making any particular effort to do so. She is socially appropriate, with good values. She is trusting and open with others, she is an extrovert, she demonstrates good judgment, and she is able to foresee consequences of her actions and to regulate her behavior accordingly. Her self-control is good, she has a good self-concept and high self-esteem, and she has come to terms with reconciled her past and looks forward to a future as a normal and productive citizen. Her vocational interests include working with handicapped children, and we see Cindy as a potentially valuable and contributing member of society.

DIAGNOSIS: *Normal, healthy, mature personality, without psychopathology or character disorder*

PROGNOSIS: *Excellent*

RECOMMEND: *Unconditional clemency on this appeal as a completely rehabilitated individual who, although her crime was a serious and heinous one, has served a reasonable amount of time and can more profitably serve society outside than inside an institution.*

- g. From November 29, 1993 **[Misstated on the first page as 1990]** psychological report of Dr. Paul L. Shriver, staff psychologist: **[Note: This needs to be put in correct order.]**

[Cindy] was highly recommended [emphasis in the original] for clemency in 1991 and 1992 as being "fully rehabilitated" and was described as being "socially conscious" and as a "humanitarian" who desires only the chance to contribute to society and "pay her debt" by a

lifetime of dedicated service in the community, where it is fully expected she will be an asset rather than a drain on the state.

Cindy has filled virtually every available work assignment at IWP with promotions to the top category and "honor" assignments. . . .

Cindy has completed all recommended treatment programs with exceptional results, including Survivors I, II, III and Assertiveness I, II, III, Stress Management, Co-dependency, ACOA, and individual one-on-one therapy. . . .

Cindy remains stable and does not act out and is no management problem. She is becoming a little institutionalized but remains highly employable and would adjust to community life with a normal period of gradual transition. She is describable as mature, jolly, cheerful, optimistic, sincere, altruistic, and achieving, with mild psychosomatic problems. She is a little reserved and stubborn and cautious in relationships and has good ego-strength stability. She channels all her energy and emotionality creatively and constructively.

This year's MMPI was normal but showed some increased tension expressing itself largely via her asthma and ulcers with some slight resentment of authority (for the way her sentence is being treated). She is still seen as fully rehabilitated and potential asset to society, which would benefit by her release.

DIAGNOSIS: *Normal, with mild psychosomatic illnesses and poor health generally but stable personality.*

PROGNOSIS: *Excellent (highly favorable).*

RECOMMEND: *Unconditional clemency and release via a gradual transition program on this appeal.*

- h. From December 6, 1990 Progress Report by Sally Simpson, correctional counselor

Recommendations:

Sarah Isabel "Cindy" White has been assigned to this counselor since February, 1990. During this period of incarceration, I have found her to be pleasant, positive, and very helpful. She has accepted responsibility for her actions and has expressed remorse over the incident. Cindy continues to take advantage of the opportunities offered to her while at Indiana Women's Prison.

If she were granted clemency, it is the opinion of this counselor that Cindy would adjust positively. It is recommended that she enroll in a program that would provide individual counseling, that she pursue additional education, and that she seek appropriate employment.

- i. From November 29, 1990 psychological report of Dr. Paul L. Shriver, staff psychologist:

Although there is no question that this was a very heinous crime, there was also no question that Cindy herself was extremely victimized and unquestionably that she felt trapped and hopeless in the situation she was in, that she had suppressed feelings and had kept similar secrets to herself for many years, and that, to a large degree, acting out of the victim position she was in, it was unlikely that she could have responded in any more prosocial way at the time. . . . While initially denying responsibility for this offense, over the last several years, Cindy has admitted it and faced up to it and certainly has expressed extreme remorse which is quite sincere and has effectively work through her own very genuine guilt. . . .

We are of the opinion that Cindy has thoroughly overcome any and all personality and emotional adjustment problems which led her to her offense and that she is an extremely prosocial and productive individual who would never again be in any trouble with the law were she to be granted clemency. She could make an adequate adjustment to the community on an immediate basis, although it might be advisable to offer her a transition area period through Work Release two re-familiarize herself with the world, which has changed rather significantly since she has been incarcerated for the last 15 years. Cindy is a very socially conscious person who will, no doubt, spend her life involved in humanitarian endeavors as a way to further expiate her debt to society and to offer a life of positive service to make up for the years she has been incarcerated, during which she has not unable to make any contribution to her community.

DIAGNOSIS: *Axis I—No psychiatric or psychological diagnosis. Axis II—Some passive-aggressive features to personality, which are currently well-channeled into prosocial service activities and social activism. Otherwise, completely normal, mature, and emotionally stable.*

PROGNOSIS: *Good to Excellent (Highly Favorable).*

RECOMMEND: *Unconditional, positive, and favorable action on this appeal, with release to the community via transitional period in Work Release without further delay. . . . We whole-heartedly recommend*

favorable action on this appeal and can see no point to continuing her incarceration, either from a rehabilitative or a punitive standpoint.

- j. From December 2, 1991 psychiatric evaluation by Edward C. Shipley, M.D., psychiatrist:

Her prison adjustment has been appropriately compliant, social, and productive overall. She no longer involves herself as she did years ago in self-mutilation. She appears quite capable of recognizing her feelings and verbalizing them quite adequately. Her overall content of thought about the offense largely portrays a young adolescent who felt trapped and hopeless in a victimized situation.

Diagnostic impression: Axis I—No psychiatric or psychological diagnosis. Axis II—Mild passive-aggressive traits. No specific personality diagnosis. Axis III—Obesity exogenous.

Assessment & Recommendations: Cindy appears to have matured considerably since incarceration began, and she has improved ego-strengths and overall coping skills. She has some recognition and has been able to work on her feelings regarding her very dysfunctional family background and the dysfunctional aspects of her foster home. I see no psychiatric contraindications to a favorable clemency decision.

- k. From November 16, 1993 Progress Report by Dianne Cole, correctional counselor

Cindy has utilized this counselor very appropriately during the past 3-1/2 years. She has addressed her internal needs and concerns regarding her anger, grief and guilt. She is reconciling her past excessive sexual abuse and victimization. Cindy states she has rehabilitated herself in all ways available to her, and is no longer the rebellious teen-major that entered prison in 1976. She also reports that she feels remorse every day for her crime and has no regrets about her incarceration as it has aided her in growth, maturity and responsibility. In 1986 Cindy had a hysterectomy and does regret never being able to have children, but states she feels this was God's punishment for her actions. . . .

This writer can see no benefit to further incarceration.

- l. From November 28, 1994 Progress Report by Dianne Cole, correctional counselor

This writer does not consider Cindy a threat to society. The seriousness of the offense is not going to change, but she has. Cindy stated she

would like society to see who she is today, rather than who she was yesterday. This writer can see no benefit to further incarceration.

- m. From December 2, 1994 psychological report of Dr. Paul L. Shriver, staff psychologist:

This writer has recommended clemency for Cindy on several of her 9 previous appeals, with especially strong recommendations consistently since 1992, based on what has been psychologically considered to be her "full rehabilitation."

In this writer's opinion, she no longer represents any threat or danger to herself or others. She is very remorseful over her offense and for years suffered self-destructive pathological guilt over it. Her ambition is to be a counselor for abused children and this writer has no doubt she is capable of achieving the training required and functioning adequately and successfully in this capacity if given the opportunities. Cindy is highly employable as she has many trades and skills and is very personable, usually cheerful, and an agreeable individual with a great capacity for kindness and selflessness. She is happy-go-lucky, energetic and mentally healthy, and is continued to develop and improve herself year-by-year for 18 years, making outstanding progress over the past 6 years. She has not had a convict report at IWP for 10 years except one very minor sanction in 11/93.

Cindy does not allow her health to interfere with her work, education, or humanitarian activities or with her outlook or mental health and emotional adjustment, but she does have a number of serious, legitimate physical health problems. . . .

[Cindy] is still capable of making a valuable contribution to society at this time. . . . Cindy received a very favorable profile on her MMPI in 1993. . . . Cindy is an energetic extrovert with very high ego strength, self-esteem and self-confidence and with excellent determination to succeed and achieve her goals, whatever the odds. She is socially conscientious and activist, and can be a positive catalyst for social change. She is cheerful and optimistic, stable and consistent.

Cindy can best complete her education, reach her potential and serve society outside of prison and, given her time served, personal progress, outstanding extra contributions while in prison, and the actual circumstances surrounding her crime, including her mental state at the time, much of which was never brought up in her trial, she seems more than deserving of the positive response to this, her 10th clemency appeal, which represents her only possibility of ever being released from prison.

DIAGNOSIS: Normal, stable, mentally healthy extrovert. MMPI profile is the "Typical college student profile"

PROGNOSIS: Excellent (highly favorable).

RECOMMEND: Unconditional favorable action on this appeal for clemency and earliest possible release from prison and returned to the community, based on special merit recognition.

- n. From January 5, 2000 Progress Report by Ruth Ann Wilson, correctional counselor

[Ms. White] has been assigned to this counselor briefly in the past and again since September 13, 1999. She is also completed a Survivors Group and Seminar both related to Childhood Sexual Abuse facilitated by this writer. Cindy has stated that she has no regrets regarding her incarceration as she felt it had aided her in growth, maturity, and responsibility. She has stated that she has learned not to give up, to stick to your goals, to appreciate that life is not always fair but possibly eventually just. She hopes that society can see her as she is today rather than who she was yesterday. In 1994 her counselor noted that the seriousness of the offense is not going to change, but that Cindy had changed. The counselor did not see Cindy is a threat to society and saw no benefit to further incarceration. This writer concurs. Cindy appears to have accomplished significant personal growth, to possess motivation for a productive life, and to have achieved a level of rehabilitation as the criteria for release. Recommendations might include participation in the following educational, treatment, vocational and self-help programming [programs listed].

- o. From January 13, 2000 psychological report of Dr. Paul L. Shriver, staff psychologist:

[Other than reviewed medical matters, Cindy] is able-bodied, autonomous, and ambitious, and should make a positive and significant contribution to her community if released, and be much more of an asset to society than if her incarceration is continued.

Cindy's record was reviewed, and she was interviewed extensively for this report and her mental status was carefully evaluated. No formal testing was completed nor considered necessary at this time. This writer finds Cindy to be much as she was at her last evaluation: that is, "normal," "mature," and quote mentally healthy," with no diagnosable emotional disorder or personality maladjustment of any kind, and therefore with no psychological contraindications to immediate release from prison and return to the community on this appeal for clemency

without any further unnecessary delay, so that she can complete her education, reenter the workforce, and make a positive contribution in the 25 or so productive years remaining to her, or before her health problems interfere with her potential. There is little if anything remaining that prison can offer her vocationally and nothing necessary in terms of treatment or "rehabilitation," which can certainly be considered to be "more than complete."

DIAGNOSIS: *NONE.: Normal, Mature, and Mentally Healthy*

PROGNOSIS: *EXCELLENT (Highly Favorable).*

RECOMMEND: *UNCONDITIONAL APPROVAL OF CLEMENCY RELEASE in accordance with her present release placement plans.*

4. *The best interests of society.*

We have saved the matter of the best interests of society for last—and for the reason that it is the exponential growth of our society’s understanding about the effects of serious childhood sexual abuse that makes those interests so powerfully supportive of Ms. White’s release in 2015.

Supporters of Ms. White could cite the soaring financial costs of continuing to incarcerate an aging and health-challenged inmate, vindication of Indiana’s constitutional preference for reformative over retributive justice, and a number of other well-founded interests society favoring her release.

But the strongest societal interest at play in this case is also the most unappreciated. Given the pervasiveness and immensity of the problem of childhood sexual trauma and the failure to face and treat it, every corner of our society must elevate its commitment to face, address, and not paper over this challenge.¹

¹ Dr. Bloom has stated the challenge as follows.

Every incident of child sexual abuse has been estimated to cost the victim and society at least \$99,000 and estimates of the toll for every adult rape ranges from \$47,000 to \$60,000. The problem of sexual assault is so great, affects so many children and adults that there are not, nor will there ever be, mental health workers in sufficient numbers to address the sheer volume of people suffering from the multitude of problems that arise secondary to exposure to violence. Therefore all of our social institutions need to find ways to address the problem by creating environments that promote and sustain better physical, emotional and relational health. Id., at 3.

In 1976, American society, even including its experts, knew a fraction of what it knows today about the actual effects of this kind of severe recurrent abuse on the thinking, decision-making, and functioning of its victims. Indeed, the denial we have been subject to in this regard has been a major contributor to the problem and the failure to respond optimally to protect society.

Certainly our legal institutions can help by declining any invitation (including tacit, unconscious, and self-generated invitations) to impute evil to victims of childhood sex crimes who act the way we now know victims of childhood sex crimes indeed act. Because every time a legal institution, intentionally or unintentionally, blames a child victim for predictably acting out of her wounds and abuse-transmitted deficits, it camouflages and thus protects and expands the abuse problem society should be doing significantly more about.

There is a final important reason that, out of so many possibilities, we have chosen Dr. Bloom's article to try to educate ourselves and others. To the end of better use of what we know in 2015, we invite the Board's consideration of the closing, and overarching, call of Dr. Bloom in her article "Understanding the Impact of Sexual Assault: The Nature of Traumatic Experience": the call for creating sanctuary where denial has so long prevailed.

CONCLUSION: CREATING SANCTUARY

Creating Sanctuary refers to the process involved in creating safe environments that promote healing and sustain human growth, learning, and health. The problem of sexual assault is so great, affects so many children and adults, that it is no longer acceptable to pretend that all we need do is turn over these problems to mental health or health care professionals. There are not, nor will there ever be, professionals in sufficient numbers to address the sheer volume of people suffering from the multitude of problems that arise secondary to exposure to violence. Therefore all of our social institutions need to find ways to address the problem by creating environments that promote and sustain better physical, emotional and relational health. To do this, it is helpful to start with a series of basic principles that arise naturally out of what we know about trauma theory.

The first fundamental attribute of Creating Sanctuary is changing the presenting question with which we verbally or implicitly confront another human being whose behavior we do not understand from "What's wrong with you?" to "What's happened to you?" Changing our position vis-à-vis other people in this way radically shifts the perspective we take on ourselves and others, moving us toward a position of compassion and understanding and away from blame and criticism. Rather than think of troubled or troubling people as "sick" or "bad", it is

more useful to understand that psychological injuries are comprehensible, treatable and remedial, just as physical injuries are, even if the psychologically injured person must learn to live with some form of disability. A recovery paradigm for the complex problems that accompany overwhelming trauma provide the survivor with the single component that is often missing from treatment: HOPE. When people receive understanding and compassion from others it enables them to begin their way down the long road of understanding – and changing – themselves. Id., at 40.

The real challenge is how to establish and maintain safety without invoking punitive, violent, and restrictive measures that add to the problem. Id., at 41.

The prolonged hyperarousal and loss of volume control that accompanies traumatic exposure implies that we need to understand that many of the behaviors that are socially objectionable and even destructive are also the individual's only method of coping with overwhelming and uncontrollable emotions. If they are to stop using these coping skills, then they must be offered better substitutes, most importantly, healthy and sustaining human relationships. Blaming and punishment is thus counterproductive to the goals that we hope to achieve – they just tend to make things worse. Id., at 41.

People who have been sexually assaulted or traumatized significantly in any way must face incomprehensible losses and to do so, they must be able to grieve. Our society has difficulty with grief. Rather than help a grieving person find ways to work through their suffering and loss, we are more likely to advise them to “get over it”, “put it out of your mind”, “forget about it” – all injunctions to NOT resolve the loss. Id., at 42.

The process of recovery from trauma is a painful one. To heal, survivors must open up the old wounds, remember and reconstruct the past, resolve the accompanying painful emotions, and reconnect to their internal world and the world around them. To do so requires a vision of possibilities. It requires a clear recognition that recovery is possible, that there is a new life to be found after trauma, that we are free to change and grow regardless of how trapped, imprisoned, or violated we have been in the past. For the demoralized and depleted trauma survivor, other people must advance this vision of freedom. Id., at 42-43.

Sexual assault is about a fundamental abuse of power and arguably is such a prevalent form of violation because the norms of our society continue to justify and support abusive power in all of its forms. Id., at 43.

Today the Parole Board's recommendation on clemency has this last opportunity to do something vital for both Ms. White and society. Because, we submit, in an age enlightened by decades more wisdom than was available in 1976, 1986, or perhaps even 1996, every member's vote on this 2015 Petition for Clemency is either a vote toward more denial that damages society or a vote toward the creation of sanctuary that protects society.

The levels of denial behind the abuse in Ms. White's childhood included at least the following.

- Her father's denial that his years of sexual abuse were savaging Ms. White.
- Her brother's denial that his years of sexual and physical abuse were savaging Ms. White.
- Her mother's denial that her years of failing to protect Ms. White were savaging her.
- The denial of the entire range of therapists, social workers, and nurses at Larue Carter that underlay the failure to inquire about abuse.
- The denial of Mr. and Mrs. Roberson that what they apparently regarded as harmless sex play with Ms. White was savaging her.
- The denial, however much out of lack of information, involved in a wide range of professionals' belief that the thinking of a severely abused and compromised child could and should be judged without regard to either her abuse-driven deficits or her actual non-assaultive intentions.

We submit that if Dr. Bloom is correct that "creating sanctuary" is society's only protection—and it is hard to see how she is not—the day for doing that is always today. And the only remaining place for that to occur in this matter is with each Parole Board member's vote in favor of clemency for Ms. White.

We all need lessons in building sanctuary, ones we create as well as ones we can learn and draw inspiration from. For one example, we can consider the case of National Football League (NFL) star running back Adrian Peterson's use of a tree switch to whip his stripped-naked four-year-old son. The "discipline" left the child with open wounds to his arms, legs, torso, and genitalia. Yet, Peterson defended his actions in numerous social media posts, and many commentators and members of the public supported him, including through a Facebook page entitled, "I support Adrian Peterson." Peterson and his attorney insisted the discipline was an act of love and all that was to be regretted was "unintentional injury," which apparently referred to the open wounds and not the extreme pain, central nervous system shock, sense of parental betrayal, psychological injury, or lesson in domestic violence suffered by the four-year-old child.

The NFL might well have gone along with little or no suspension for Mr.

Peterson—except for a few voices like that of an emotional ESPN commentator (and NFL Hall of Fame receiver) Cris Carter. Here is what Mr. Carter said in an emotional outpouring on the air on September 15, 2014.

This is the thing. And, this goes across all racial lines, ethnicities, religious backgrounds. People believe in disciplining their children. . . .

My mom did the best job she could do—raising seven kids by herself.

But there are thousands of things I have learned since then that [show] my mom was wrong! This is the 21st century! My mom was wrong! She did the best she could! But she was wrong about some of that stuff she taught me!

And I promised my kids I won't teach that mess to them. . . .

There are thousands of things we have learned since then!

And now we're to the point—the only thing I am proud about is, the team I played for [the Minnesota Vikings], they did the right thing [indefinitely suspending Peterson from further play]. Take him off the field! I don't care . . . we in a climate right now, I don't care what it is! Take him off the dang-gone field!

Because, you know what, as a man, that's the only thing we really respect. We don't respect no women. We don't respect no kids. The only thing Roger [NFL Commissioner Roger Goodell] and them [should] do is, take him off the field! Because they respect that.

In the end, and very likely as the result of a few courageous stands like that taken on the airwaves by Cris Carter, the support for Mr. Peterson and his actions gave way to a sea change in a large industry's view of the horror of violence against children and what must be done about it. The NFL extended his suspension through the end of the football season. Just as important, the NFL accompanied its decision with an open letter to Peterson criticizing his minimization and rationalization of his actions and demanding that he show proof of appropriate counseling.

As Dr. Bloom might say, progress today, progress tomorrow, progress everywhere.

But if a football commentator can see his responsibility to decry denial about this public health crisis in the field of sports, certainly every corner of the law and corrections should do so. Today a vote for anything but clemency for Ms. White would be, however unintentional, a vote against the best interests of society. Any such vote would amount to an especially damaging form of

denial about child abuse: the insistence we can and should punish the decisions of grotesquely abused, damaged, and suffering children with no regard for how those decisions were, in fact, the result of their abuse.

5. Special living and work opportunities

Ms. White's life has impressed a number of people with its honesty, resilience, and positive attitude in the face of a lifetime of adversity. Over the years, she has continually improved herself and gained skills allowing her to contribute to society.

Ms. White has developed a close relationship with the family in Indianapolis ready to welcome her into their home. Ted and Anita Sewall have come to know Ms. White well over a number of years and are anxious to house her as she transitions into a fully independent free person. They have owned a successful business for 23 years and have a number of job positions available for which Ms. White would be qualified.

Counsel also wants to note that Ms. White would be a welcome and valuable asset in a company, Winning Intake, Inc., started in his family. Its purpose is to create a low-cost online tool for defense attorneys to learn the “back story” in their clients’ lives, including drug and alcohol, past abuse and trauma, family issues, and information on about 40 more topics. The tool is designed to enable attorneys to better represent their clients and also to serve as informed conduits for clients’ counseling and recovery needs.

A caring, peaceful, and insightful person like Ms. White, especially with her history, would be of special usefulness as part of the team developing, testing, and refining this resource. Her half-time employment in this company alone would be guaranteed for three years.

IV. Conclusion

We have confidence this Parole Board will be sensitive to just how long ago the teenage Ms. White’s incarceration began—a time when the country was headed by the Ford-Rockefeller administration. For all the developments in technology, communications, and world events that could be cited from that time, things much more immediately relevant to Ms. White’s case have changed.

- As Dr. John Lawlor testified in Ms. White’s post-conviction proceedings, while no one at Larue Carter ever asked this paralysis-afflicted teenager about sexual abuse, that is now the first suspicion for professionals when a teenage girl presents with a case of conversion reaction.
- Indiana no longer imposes mandatory life sentences for murder convictions, let alone felony-murder convictions without an allegation or finding of an

intent to kill. For just one comparison, we reference again the case of *Whipple v. State*, 523 N.E.2d 1363 (Ind. 1988) where an abused teen committed two *intentional* murders, yet served only about 14-1/2 years in prison. The difference was merely the fortuity that his offense occurred after the advent of the 1977 Indiana penal reforms. The result is that Mr. Whipple started his sentence almost 7 years *after* Ms. White started hers, yet has been living his stellar life as a free man *for more than 15 years*.

- Most important, if our sensibilities are open to it, we now have the benefit of a body of psychological and neurobiological research establishing that victims of the kind of abuse Ms. White suffered necessarily operate with impairments of both brain function and judgment that they have no control over. To blame these child victims for their impaired judgment, we now have the opportunity to open our eyes to see, makes as much sense as blaming a physically beaten child for having bruises that ruined the family vacation photos.

Ms. White and her supporters are now approaching the start of a fifth decade of hearing that her only avenue of relief is the consideration she will receive via clemency consideration. *White v. Indiana Parole Board*, 713 N.E. 2d 37, 332 (Ind. App. 1999); *Jennings v. State*, 270 Ind. 699, 702, 389 N.E. 2d 283, 286 (Ind. 1979). Forget parole, forget any other appeal, she and her supporters have been told; go to the Parole Board for its review and recommendation on clemency, as it is there and nowhere else that any justice that is due will be found.

So, Ms. White and her case are now before the Parole Board as the last line of defense against what we now should know is unjustifiably prolonged punishment.

As Dr. Bloom and other experts implore, an effective response to the horror of childhood sexual trauma (especially of the severe and unremitting variety suffered by Ms. White) must include a society-wide commitment to face *what actually happens* to these victims and their personalities, development, and judgment. Every time any of our institutions retreats from reflexively judging those child victims enough to focus on what happened to them and what could reasonably be expected of them, important progress is made and sanctuary built. Every time any of our institutions remains mired in judgment against those victims that does not take into account what abuse did to them, progress and sanctuary are lost.

Today the best interests of Ms. White *and* society as a whole require that this learning moment not be lost by a retreat to judgment that has become less and less justified as we have learned more and more about this public health crisis.

We thank the Parole Board for a thoughtful consideration of this plea, one as important to society as it is to this deserving inmate.