

## Robin Belcher-Timme, Psy.D., ABPP

### Licensed Psychologist

Board-Certified in Forensic Psychology

F52 Omega Drive

Newark, Delaware 19713

Phone: (302) 383-4099

Email: Robin@DrTimme.com

Web: www.DrTimme.com

### CONFIDENTIAL REPORT OF PSYCHOLOGICAL EVALUATION

**NAME:** David Rosel Martin  
**DATE OF BIRTH:** 9/14/1984  
**AGE:** 37 Years  
**GENDER:** Male  
**CASE NUMBER:** 12-CR-735  
**OFFENSE:** Aggravated Murder with Firearm Specifications  
Attempted Murder  
Aggravated Robbery (Two Counts)  
Kidnapping (Two Counts)  
Having Weapons Under Disability  
Receiving Stolen Property  
Tampering with Evidence  
**DATE OF OFFENSE:** 9/27/2012  
**DATES OF ASSESSMENT:** 7/30/2020 & 7/31/2020  
**DATE OF REPORT:** 10/6/2021  
**EVALUATOR:** Robin Belcher-Timme, Psy.D., ABPP  
Licensed Psychologist

### REASON FOR REFERRAL

David Martin is a 37-year-old male currently incarcerated in the Ohio State Penitentiary, where he is awaiting execution for the 2012 murder of Jeremy Cole, attempted murder of Melissa Putnam, and additional associated crimes. Mr. Martin's legal team in the Capital Habeas Unit (CHU) of the Federal Public Defender's Office for the Southern District of Ohio retained the undersigned to conduct a psychological evaluation of Mr. Martin, in an effort to capture his current functioning, arrive at any appropriate diagnoses, and to provide a conceptualization of his life and behavior. This report will be provided to Mr. Martin's legal team and will be distributed further as appropriate.

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 2 of 32**

**NOTIFICATION OF PURPOSE AND STATEMENT OF NON-CONFIDENTIALITY**

Prior to beginning the evaluation process, the undersigned was joined for approximately 15 minutes in the private interview room by Adam Rusnak, Esq., attorney for Mr. Martin. Mr. Martin was informed as to the nature of this examination, including the methods and work product likely to be compiled as a result. He was told that the undersigned must approach the matter objectively, and there are no guarantees as to outcome of the evaluation. Furthermore, Mr. Martin was informed that a report would likely be written, and that any information obtained prior to, during, or after evaluation sessions could be included. He was told that the report would likely find its way before the Court and other legal professionals involved in his current legal matter. Mr. Martin was given an opportunity to ask questions pertaining to the purpose and limits to confidentiality, signed an authorization to proceed, and agreed to cooperate with the examination.

**SOURCES OF INFORMATION**

The following sources of information were reviewed, afforded relative weight, and incorporated into this evaluation report:

1. Clinical interview with David Martin, conducted by Dr. Timme at the Ohio State Penitentiary in Youngstown, OH on 7/30/2020 lasting approximately six hours.
2. Supplemental interview with Mr. Martin, conducted by Dr. Timme on 7/31/2020 lasting approximately four hours.
3. Clinical mental status examination of Mr. Martin, conducted by Dr. Timme on 7/31/2020.
4. Review of letter to Greg Meyers, Esq. of the Office of the Ohio Public Defender, along with underlying raw psychological testing data, authored by Dr. Thomas P. Swales, PhD, ABPP, dated 6/17/2014.
5. Review of Psychological Evaluation conducted by Dr. Bob Stinson, dated 8/17/2014.
6. Review of letter to Mr. Christopher Becker and Mr. Gabriel Wildman, evaluating Mr. Martin's competency to stand trial, authored by Dr. Lama Bazzi, dated 3/14/2014.
7. Review of Competency Evaluation authored by Dr. Thomas G. Gazley of Forensic Psychiatric Center of Northeast Ohio, Inc., undated but referencing a clinical interview on 5/6/2014 and date stamped 5/19/2014.
8. Review of Criminal History for David Martin, including juvenile and adult records.
9. Review of selected healthcare records from the Ohio Department of Rehabilitation and Correction (ODRC), dated 2001 to 2020.
10. Review of medical records from St. Vincent Charity Hospital, dated 4/4/2000.
11. Review of Juvenile Court History Sheet and related documentation from the Cuyahoga County Juvenile Court iCASE Management System, dated 6/18/2020.
12. Review of educational records from the Cleveland Metropolitan School District, dated 4/17/2014.
13. Review of interview notes from Martha Phillips' interviews in 2014, to include:
  - a. Tymeka Baldwin, sister of Mr. Martin, dated 3/5/2014.
  - b. Joyce Caldwell and Marie Dorsey, dated 7/10/2014
  - c. Janice Isaacs, dated 3/4/2013

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 3 of 32**

- d. Benjamin Martin, Sr., dated 2/27/2013
- e. Nikeisha Pruitt, ex-girlfriend of Mr. Martin, dated 7/31/2014
- 14. Review of Autopsy Protocol for Hilda T. Martin, conducted by the Cuyahoga County, OH Coroner's Office, dated 4/9/1989.
- 15. Results of the Trauma Symptom Inventory – Second Edition (TSI-2), administered, scored, and interpreted by Dr. Timme on 7/31/2020.
- 16. Results of the Miller Forensic Assessment of Symptoms Test (M-FAST), administered, scored, and interpreted by Dr. Timme on 7/31/2020.
- 17. Review of educational records from Cleveland Public Schools, Metro Regular and Special Education archives, representing Mr. Martin's educational history.
- 18. Review of Affidavit of Laura Gabel, signed and dated 7/1/2021.
- 19. Review of Affidavit of Jeffrey Chapek, signed and dated 6/30/2021.
- 20. Review of Affidavit of Benjamin Martin, signed and dated 6/30/2021.
- 21. Review of Affidavit of Desmond Horne, signed and dated 7/19/2021.
- 22. Review of Affidavit of Landon Nicholson, signed and dated 7/20/2021.
- 23. Email correspondence received from Dr. Carol Armstrong regarding validity of psychological testing results, dated 5/26/2021.
- 24. Review of psychological testing score summary and statement of validity provided by Dr. Carol Armstrong, neuropsychologist, dated 5/26/2021.
- 25. Results of the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV) raw psychological testing data, administered and scored by Dr. Carol Armstrong on 4/24/2021 & 4/25/2021, and interpreted by Dr. Timme on 7/9/2021.
- 26. Results of the Adaptive Behavior Assessment System - Third Edition (ABAS-3), administered on , scored, and interpreted by Dr. Timme, to include the following raters:
  - a. Jeffrey Chapek (6/22/2021)
  - b. Benjamin Martin, Sr. (6/23/2021)
  - c. Ben Martin, Jr. (6/23/2021)

**BACKGROUND INFORMATION**

*Childhood and Social History*

Mr. Martin was born on 9/14/1984, stating that he was raised in the Morris Black Projects of Cleveland, OH. When asked to describe his neighborhood, he stated, "It wasn't no nice one." He described "violence; probably more than most places." He was asked for an example, he stated, "I seen all types of violence growing up; I seen a man get tied to a refrigerator and the building blown up." Similarly, he described riding in a car with his friend at age 12, when his friend was shot in the head beside him. Mr. Martin reported that he was left relatively unsupervised since early childhood, wandering in the projects and affiliating with older children who were selling drugs, carrying guns, and generally engaging in delinquent and violent behavior. He stated that he was "living as if I was middle-aged at a very young age," describing his neighborhood as "not a good place to raise your child, but it's the best place next to nothing."

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 4 of 32**

Mr. Martin stated that he was initially raised primarily by his mother, who was murdered when he was four years old. When asked about his mother, he replied, “Sadly, the only thing I can remember is her murder, maybe little things before that.” He stated, “She used to braid my hair; used to always be with her everywhere she went.” Mr. Martin stated, “Everything I learned about my mom, I learned on my tablet or hearing things about my mom in the courtroom upset me.” Mr. Martin stated that he recalls witnessing his mother’s brutal murder, a series of images that continues to haunt him, and a moment that he feels has defined him.

Asked about his father, Mr. Martin stated, “I know a lot about him!” He stated that his father “was not around” for the earliest years of his life. However, when Mr. Martin’s mother was murdered, “he came to get us, and he moved out of the house he was in to be able to take care of us,” referencing himself and his older brother, Ben. Mr. Martin stated that his father always held a job, but he “used to get high smoking crack.” He stated that his father would send him outside when he was smoking crack, which placed him outside of the home at a very young age. Additionally, Mr. Martin stated, “I felt like I didn’t need to listen to him because he was smoking crack,” stating that it felt hypocritical. Unsupervised, Mr. Martin stated that he began skipping school in elementary school. Of his father, Mr. Martin stated, “At the same time, I felt I loved him.” Mr. Martin stated that today his relationship with his father is “excellent.”

Mr. Martin stated, “I don’t like her,” when asked to describe his sister Tymeka, six years his senior. He said, “Since my mom got killed, she went to go stay with my grandma.” Mr. Martin reported that his sister “would come around for a few weeks in the summer, but my dad wouldn’t let her run around, so she’d go back out there.” He indicated that he was “in and out of jail, so I really didn’t know her.” Mr. Martin stated that the family “tries to blame her bipolarness [*sic*] for things she’d do and say.” He stated that they had repeated “fall outs” and “she’s the bully type.” Mr. Martin indicated that his sister ran away frequently, and he would follow her. He stated that his sister was “always fighting,” and she was psychiatrically hospitalized at age 11 or 12, “under depression she drank some bleach.” He indicated that at age 16 or 17 she had her first child, a premature baby who died at birth. He recalled symptoms of serious mental illness, including intense anger and rage, and recalling that “she would shower and change clothes like six times a day.”

Describing his brother, Mr. Martin stated that he was about three years older, and “got to selling drugs around 12 or 13.” He indicated that he “looked up to him to a certain extent.” Mr. Martin reported that his brother was known for his ability to fight, and he admired that. He stated that the two were close “until our first penitentiary time.” He indicated that the two brothers have not been free from incarceration simultaneously since ages 15 and 18, respectively. He recalled seeing his brother again when he bonded over into the adult system. He described being housed together at one point in their incarceration, but Mr. Martin felt that his brother “took advantage” of him. “He was trying to humble himself so when he goes home he can stay home,” he said, and stated that his brother has now been free for eight years. “I wasn’t quite there,” he said of his own efforts at rehabilitation.

Mr. Martin stated that he joined the “Crips” gang around age 12. He indicated that he fell into violence at a young age, reflecting that it could have been contributed to “by watching what

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 5 of 32**

happened to my mom.” He stated, “All I knew was violence.” He stated that the gang members were not his friends, clearly delineating, “Just because somebody represents what you represent, doesn’t mean they stand for what you stand for.” He stated that early on he knew he wanted to “be telling other people what to do” in the gang. From age 12, Mr. Martin said, “Everything I did along the way, getting locked up, was to up my [credibility], and it did.” When asked about fears for his personal safety as a kid, he stated, “I’ve been shot at numerous times,” and “I really had no fear.” He stated, “If somebody pulls a gun and says drop your bandana or I shoot you, I know I can’t drop the bandana because that’s a violation.” He said, “I believed in having honor for what I stand for; I stand on a certain honor to myself.” He reportedly learned this from “certain older people that were cool with my brother.” Mr. Martin stated that he was drawn to an older crowd, where he “learned this code from selling drugs and needing to manage my own safety.” Mr. Martin reported that he “felt like everyone took advantage of me early,” referencing older kids and adults in his neighborhood who targeted him for involvement in gang activity at a very young age.

Mr. Martin stated that he witnessed domestic violence in his home, and described a generally chaotic household. He stated that his sister and his father both attempted suicide, recalling being outside the home when his father “swallowed a whole lot of pills.” He indicated that his father would engage in bizarre behaviors that were inexplicable and created conflicts. For example, Mr. Martin stated the following:

He used to listen to this red church tape every day, and I think it brainwashed him. He convinced me and my brother that he had millions of dollars coming. He carried this green duffel bag that had pictures in it, and said it was millions. He opened up this green duffel bag and it was just filled with receipts and coupons, and he tried to buy food with it. The guy was like, no, no, you got to pay.

He indicated that both of his parents struggled with extreme addiction, stating, “They make it sound like my mom was a crack whore,” but he also stated that he obtained a copy of his mother’s autopsy “and at her death she had cocaine in her system.” Mr. Martin denied being physically or sexually abused as a child, but described chronic neglect and lack of supervision.

According to interview records from mitigation specialist Martha Phillips’ conversation with Mr. Martin’s father, Mr. Martin’s mother used crack cocaine extensively, and snorted Tylox (oxycodone and acetaminophen). Those records also indicate that Mr. Martin’s father believes his wife used Tylox while pregnant with Mr. Martin.

Additional records reflected that Mr. Martin’s biological father has a history of psychiatric hospitalization on at least two occasions and indicate that he struggled with daily cocaine use for years. He was diagnosed with Psychotic Disorder Not Otherwise Specified, according to interview records, demonstrating symptoms of psychosis, including responding to hallucinations and acting on delusional beliefs. Similarly, records indicate that Mr. Martin’s sister, Tymeka Baldwin, also struggled with serious mental illness. Interview and medical records indicate that Ms. Baldwin was psychiatrically hospitalized on multiple occasions, and has been diagnosed with bipolar disorders, posttraumatic stress disorder, borderline personality disorder, and has long struggled with addiction as well.

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 6 of 32**

As an adult, Mr. Martin is single, never married, and has two children. He stated that he speaks with his son occasionally, who graduated from high school and is now attending college. Mr. Martin shared that his son earned a basketball scholarship, studies law enforcement, and lives in Cleveland. Mr. Martin reported that he has a seven-year-old daughter, who is local but lives with her mother's cousin. He stated that he has "never held her," and that he does not get to speak with her very often. Mr. Martin reported, "I live on the phone, basically," describing a network of friendships he tries to maintain.

*Religious History*

Mr. Martin indicated that he became curious about Islam when he was incarcerated in Lucasville in 2002 at age 18. He stated that he was known for "rapping on the range," and other inmates would encourage him. He stated, "This older dude said all these brothers want you to do is entertain them." The man was a porter, and handed Mr. Martin a book. He stated that he perceived a slight from a correctional officer later in the week, and he considered harming the officer, "and I was angry." He stated that he stopped and said, "What am I doing?" He stated that he then saw the Quran, "and that's when I became interested." Mr. Martin elaborated, "It was just a time that I was about to do something destructive, and I didn't." He stated that he struggles "with the God versus gang stuff, back and forth." Mr. Martin stated that he has "gotten more into Islam since 2014," and realizes now that his anger often distracts him when he is trying to pray.

According to Mr. Martin, religion played a role in inspiring him to write a memoir. He stated that he wrote a book with the help of a co-author, which was published in 2018, titled *Young, Black, and on Death Row*. He stated that he "wrote that, not to brag or talk too much about my lifestyle, but to talk about the choices I made." He stated that he realized, "When you're living that life, you're really doing it for yourself; you're not doing it for anyone else." He stated, "I wanted to make an example; I'm not trying to be where he is at – don't do this." Mr. Martin added, "Life is all about choices. It's not about the predicament you're in; it's about what you decide to do with the predicament you're in. It's about what you see within."

*Educational History*

Mr. Martin stated that he always struggled with academics. "I had a problem with focus; like, if I was reading and someone was talking, I couldn't read." He stated that he recalls reading school records that said, "my learning disability came from my behavior, not school, but I laugh because that means they didn't take the time to ask me why I was doing what I was doing." Mr. Martin recalled having a "sit-in tutor" at one point. He shared that he began skipping school in elementary school, and stated that he harbors resentment for the lack of parental supervision that allowed that level of truancy. Mr. Martin recalled a formative moment in his life, when his father was passed out on the couch in the living room when Mr. Martin was 12 years old. He stated that he snuck out of his father's home while his father was sleeping during the day, and he found himself in trouble with the police for the first time. Mr. Martin stated that this encounter with the legal system resulted in probation, the terms of which he violated repeatedly, and reinforced his childhood delinquency. Mr. Martin reflected, "If my dad had just said he was sure I didn't run out



**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 7 of 32**

of the house because I was sleeping, I don't think I'd be in this situation now; that's just been something I held on to."

According to Mr. Martin he attended a school for children with disabilities. He stated that the students were required to say the Pledge of Allegiance each morning, "but I couldn't remember anything." He stated, "My comprehension is just different." Mr. Martin stated that the teacher would alternate days with the words written on the board, and days requiring the students to recite from memory. He stated that he "couldn't remember it, but I said I wouldn't do it," and this was interpreted as oppositional behavior rather than an inability to recall the words.

Available records from the Cleveland Metropolitan School District, dated 4/17/2014, indicate no available records of special education services, but note that this could be due to destruction of records or absence of services delivered. Academic performance in the records is represented with grades primarily of D and F over several years of education. According to records from DYS in 2000, when Mr. Martin was 15 years old, his performance on the California Achievement Test reflected a fourth-grade total reading level; fourth-grade total language level; fifth-grade level math; with a total fourth-grade academic performance.

Records from Cuyahoga County Department of Children and Family Services (CFS) also indicate that Mr. Martin was identified as having a developmental delay in 1995, and he was programmed in special education until it was decided that the learning delays were due to behavioral problems and poor attendance.

Mr. Martin indicated that he has taken the GED exams while incarcerated, and has struggled with writing and math, while passing the reading portion. He stated that he has failed the math section four times, and plans to retake it again in the near future.

*Vocational History*

Mr. Martin described a very limited history of gainful employment. He stated that he helped a friend with landscaping around age 12 or 13, and one day while shooting dice, the local mailman asked him to come work for him. Mr. Martin recalled that he went to the mailman's mother's home nearby and was taught how to paint her garage and mow her lawn. He stated that the mailman paid him very well, and tried to teach Mr. Martin life lessons about money, but at age 12 or 13 he used the money to buy marijuana and return to dealing drugs.

Mr. Martin stated that he always enjoyed construction work and landscaping, and when he came home from prison in 2012, he held a landscaping job briefly. He also indicated that he earned a boxing contract which could have earned him approximately \$70,000, of which he would receive 60% for one fight. He indicated that he was going to fight in a gym in downtown Warren after he met a promoter who would be his manager, but Mr. Martin was arrested for the instant offense in the interim.

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 8 of 32**

*Medical History*

Mr. Martin stated that he has mild arthritis in his left knee, and struggles with some musculoskeletal pain secondary to being stabbed eight times while in Lucasville. He stated he declined medical attention so the other party would not “get written up.” Mr. Martin also reported that he was “slammed” once while in handcuffs behind his back, which also injured him, and he reported that he has “boxer fractures” on his wrists. He indicated that he also has “borderline high blood pressure.” He also stated that he uses an inhaler for diagnosed asthma, and is prescribed lisinopril<sup>1</sup>, Zolof<sup>2</sup>, and Tegretol<sup>3</sup>.

Mr. Martin stated that he was in a motor vehicle accident in 2000, after being chased by police through East Cleveland, and eventually collided with a tree. “When I woke up, my lip was busted, my friend’s head was busted open.” According to medical records from St. Vincent Charity Hospital dated 4/4/2000, Mr. Martin was assessed in the emergency room, noted as a “driver unbelted hit a tree,” and “speed around 50.” Mr. Martin was described as losing consciousness, and having a small laceration inside of the mouth. Records appear to state, “No head trauma.”

*Psychiatric History*

According to Mr. Martin, “they said I wouldn’t talk for like three or four months,” following the murder of his mother when he was four years old. He stated that he believes he saw a speech therapist as a result, but did not engage in any psychotherapy or counseling. Mr. Martin stated, “I think if I would have seen a psychiatric doctor at some point, I would have had a better way of handling my anger.” He stated that he believes his anger about losing his mother has permeated his interactions with other people throughout his life. Mr. Martin denied a history of psychiatric hospitalization or outpatient psychiatric treatment. He stated that while incarcerated he has been diagnosed with Anxiety, Posttraumatic Stress Disorder (PTSD), and Depression. He stated that he thought he heard auditory hallucinations while in the county jail on the instant offense, which narrated his interactions and “would say, just punch them,” or, “let it go.” He stated that these experiences were more like internal monologue rather than truly psychotic experiences, but at the time “it was weird.” Mr. Martin stated that he has been placed on suicide precautions while incarcerated, “but not for being suicidal.” He stated that he felt forced to use this as a tactic to obtain appropriate blood pressure medications, get access to legal calls, and to call attention to what he perceived as violations of his right to access legal counsel like others appealing their death sentences. Mr. Martin stated that he has also used hunger strikes in a similar effort, but that he sewed food into his mattress during those times. With respect to suicidal ideation or self-injurious tendencies, Mr. Martin’s ex-girlfriend described a period of intense depression she witnessed beginning in 2012. According to those interview notes dated 7/31/2014, Ms. Pruitt described the following as noted by Martha Phillips, mitigation specialist, transcribed without correction to grammar or usage:

---

<sup>1</sup> According to WebMD, used to treat high blood pressure.

<sup>2</sup> According to WebMD, used to treat symptoms of anxiety and depression.

<sup>3</sup> According to WebMD, used as an anti-convulsant and to relieve certain types of nerve pain.



**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 9 of 32**

In September of 2012, “things starting going down hill...” When she’d ask him what was going on, he’d say things like, “I can’t do it anymore,” “I’ve tried. Nothing matters” and “No matter how hard I try nothing no good for anybody.” He started “flipping out.” He’d yell. One time he held a gun to his head and threatened to shoot himself. Another time he threatened to cut his throat (p. 3).

When asked more pointedly about his documented history of self-directed violence, Mr. Martin described these incidents as impulsive or else instrumental. He denied any history of bona fide suicidal ideation, intent, or plan.

Records from Department of Youth Services (DYS) indicate that Mr. Martin was evaluated by a mental health clinician at the age of 15 while in detention. Mr. Martin was diagnosed with Conduct Disorder and Marijuana Abuse. He was described as “guarded and defensive, but superficially cooperative at interview.” The clinician wrote that Mr. Martin “seems to have substantial anger that drives his delinquency.” The writer continued, “Mother was killed when youth was 5 years old and the family was investigated for neglect (per records).” Suggested interventions at the time included conflict resolution training, training in systematic problem solving and decision making, substance abuse treatment, victim awareness, family counseling, and specific attention was paid to recommendations for anger management training and grief counseling. It is not clear from DYS records if Mr. Martin received any of those interventions.

Mr. Martin’s competency to stand trial was evaluated by Dr. Lama Bazzi, a psychiatrist from Case Western Reserve University’s Case Medical Center. Dr. Bazzi relied heavily upon clinical interview for data. In the psychiatric history section of the report, Dr. Bazzi noted that Mr. Martin mentioned hearing a “voice in my head.” He appeared to clarify that the voice “reflected his own thoughts,” according to Dr. Bazzi. In conclusion, Dr. Bazzi opined that Mr. Martin “does not have a present mental condition,” and that he was “both able to understand the nature and objectives of the court proceedings against him and to assist his attorney in his own defense.”

Shortly thereafter, Mr. Martin’s competency to stand trial was again evaluated, this time by Dr. Thomas G. Gazley, a psychologist. Mr. Martin’s description of his psychiatric history was relatively consistent, but he did articulate the voices he hears as distinct from his own thoughts. However, these self-reported auditory hallucinations were noted to “occur in the absence of other features of psychosis, such as delusions, disorganized speech, and disorganized behavior.” As a result, Dr. Gazley diagnosed Mr. Martin with Other Specified Schizophrenia Spectrum and Other Psychotic Disorder. Additionally, Dr. Gazley diagnosed Mr. Martin with Moderate Cannabis Use Disorder and Moderate Other Substance Use Disorder, referencing Mr. Martin’s report that he “uses marijuana soaked in embalming fluid on a daily basis or whenever available.” He also noted that Mr. Martin had been smoking marijuana since around age 12 or earlier. Lastly, Dr. Gazley diagnosed Mr. Martin with Antisocial Personality Disorder with a rule-out for Paranoid Personality Disorder. Dr. Gazley opined that Mr. Martin met the legal threshold for competency-related abilities.

Also during the trial phase in the instant offense, Mr. Martin was evaluated more broadly by Dr. Bob Stinson, who conducted a comprehensive psychological assessment. Dr. Stinson’s

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 10 of 32**

report outlined the death of Mr. Martin's mother, which is described later in this report as it pertains to psychological trauma. Dr. Stinson chronicled the chaotic and tumultuous childhood described by Mr. Martin, describing "neglectful" parenting by separated parents, both of whom struggled with mental illness and addiction. Dr. Stinson diagnosed Mr. Martin with a primary diagnosis of Posttraumatic Stress Disorder (PTSD), with additional diagnoses of Dysthymic Disorder, Cannabis Use Disorder, and Antisocial Personality Disorder. According to Dr. Stinson, "David was chronically and consistently exposed to corrupt influences in all aspects of his life – from his home life, to his neighborhood and community, to his schools and elsewhere." Dr. Stinson noted that Mr. Martin "has never recovered from his mother's murder, and the significance of the impact of her death on his subsequent functioning cannot be overstated." He wrote that Mr. Martin was then placed in the custody of his father, but "much like David's mother, David's father was neglectful, irresponsible, and had a variety of problems ranging from substance use issues to serious medical issues to psychiatric instability and repeated hospitalizations." He noted, "While David should have been grieving and recovering from his mother's death, he was instead subjected to more neglect and chaos in his father's care." Dr. Stinson wrote, "In retrospect, and in consideration of all the information that is available on David, it is not surprising that his life has taken the trajectory that it has."

Upon admission to ODRC following sentencing in the instant offense, Mr. Martin underwent a Biopsychosocial Assessment to consider placement at the Ohio State Penitentiary. According to that document, dated 10/3/2014, Mr. Martin was not receiving mental health treatment at the time, but he "reported that he had previously been on the mental health caseload in 2002 for [Posttraumatic Stress Disorder (PTSD)]." This appears to have been confirmed by the clinician conducting the assessment. Mr. Martin "also stated that he had been treated as a child for PTSD due to witnessing his mother being killed at age 4 ½ years old and had been given 'anger pills' as a youth." Subsequent records reflect "mild to moderate symptoms of both anxiety and depression which seem to be related to current and past stressors and trauma."

While incarcerated, Mr. Martin has been identified as demonstrating signs of Conduct Disorder as a juvenile, and features of an antisocial personality as an adult, and in 2014 was diagnosed with Other Specified Trauma and Stressor Related Disorder, according to records signed by David Coe, Psychologist, dated 12/3/2014. In 2015, he was diagnosed with PTSD by Dr. Steven King, psychiatrist at Ohio State Penitentiary. In 2016, Dr. King diagnosed Mr. Martin with Depressive Disorder, noting that Mr. Martin had been adherent with his treatment plan including medications as prescribed. However, later that year it appears that medications were discontinued. Mr. Martin's records reflect that he has been followed by the mental health department off and on throughout his incarceration, and as of 3/31/2020, carries a diagnosis of PTSD among several other specific medical conditions. Mr. Martin has subsequently been prescribed medications as part of his treatment plan, but those have also been prescribed inconsistently.

Mr. Martin stated that he does feel relief when speaking with mental health professionals in the prison. He stated that he has "connected with two or three" over the years, but because of the high rates of turnover he is reluctant to open up early to them. He stated that his current therapist is "real nice; I feel like we have a bond." He stated that he engages in therapy occasionally for periods of time, and that he does find it to be helpful.

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 11 of 32**

*Substance Use*

According to Mr. Martin, and consistent with prior psychological evaluations, he stated that he began using substances at an unusually young age. He stated that he estimates he first smoked marijuana at age eight or nine, quickly escalating to daily use, and resulting in allegations of drug-related delinquency around age 13. He stated that he went to placement (i.e., juvenile detention) as a result, but shortly after returning to his community he began smoking crack cocaine. Mr. Martin reported that he would smoke marijuana with embalming fluid as early as eight or nine, and used it periodically throughout his pre-teen and teenage years. Mr. Martin referred to “embalming fluid,” which generally contains the chemical, formaldehyde, and is certainly a drug of potential abuse. However, he also referenced that his “whole family would smoke ‘wet,’” which implicates the possible use of phencyclidine (PCP) in common vernacular. It is somewhat unclear whether he was referencing formaldehyde, PCP, or both in describing his exposure to these substances during the developmental period. Lastly, Mr. Martin stated that he began using Oxycodone, Percocet, and other “pills,” stating that he used them “until I found out it had heroin in it, and then I stopped.” Mr. Martin stated that he recalls being referred for substance use evaluations as a pre-teen and teen, but that he has no recollection of ever engaging in those services.

According to criminal history records, a substance use evaluation does appear to have been ordered at the age of 12, with no indication that it occurred. There were no available records to suggest that Mr. Martin was again referred for substance use evaluations or treatment.

*Legal History*

Mr. Martin stated that his first arrest was around age 12, when “somebody said I was shooting in a parking lot.” He indicated that he was sent to a Detention Hall, where he described “a whole lot of extra-weird discipline stuff, like you can’t sleep during the day, have to go to school.” He recalled being placed at another facility some time later, which he described as “much better; not so many rules, and home leaves on weekends.” Mr. Martin stated that he was “bonded over” to be prosecuted as an adult at age 16. He stated that there was no psychological evaluation assessing amenability to treatment as a juvenile, and he does not recall a hearing to consider the same.

According to his criminal history records, Mr. Martin’s first recorded contact with the justice system was in 1997 at the age of 12, when he was placed on intensive probation after being found delinquent of assault-related allegations. Records indicate that he and his father failed to appear for hearings, and Mr. Martin struggled to adhere to conditions of supervision, such as obtaining a substance abuse evaluation. His juvenile delinquency record included several violations of juvenile probation, detention in juvenile facilities, and in 2001 at the age of 16 he was prosecuted as an adult and transferred to the county jail. Mr. Martin was transferred to the adult prison system and was released in 2006. Records indicate that in 2007 he was sentenced to five years’ incarceration followed by three years supervised release on charges of Aggravated Robbery, Attempted Robbery, Grand Theft, weapons charges, and drug-related offenses. He was released from incarceration in April of 2012, and was arrested on the instant offenses in September

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 12 of 32**

of 2012. Ultimately, Mr. Martin was found guilty, and was sentenced to death plus 61 years on 9/24/2014.

### **HISTORY OF PSYCHOLOGICAL TRAUMA**

Mr. Martin's childhood included substantial adversity, including being raised in the Morris Black projects of Cleveland, OH, where poverty, crime, and violence were commonplace. Mr. Martin described witnessing chronic violence in his neighborhood and being robbed at gunpoint for the first time during his middle school years. Mr. Martin lost several friends and acquaintances to gun violence during his childhood. Additionally, Mr. Martin and collateral records all suggest that he witnessed domestic violence in his childhood home, with both of his parents noted to perpetrate violent acts toward the other. Combined with allegations of chronic neglect and failure to supervise the children, the Cuyahoga County Department of Children and Family Services (CFS) interacted with the family on several occasions. Beginning in 1986, allegations of neglect and inadequate supervision led to CFS involvement, records from which describe a "chronic problem" with lack of consistent parental supervision of Mr. Martin and his siblings. Records repeatedly note parental substance abuse, unsafe neighborhood, and prostitution on the part of Mr. Martin's mother. In 1987, allegations of neglect were substantiated after the children started a fire while unsupervised. Additionally in 1987, Mr. Martin's mother was found unresponsive on a street corner, accompanied by both Mr. Martin and his brother (they would have been approximately 2 and 5 years old, respectively). After remaining incoherent for hours at the hospital, accompanied by her two young sons, Mr. Martin's mother left the hospital Against Medical Advice (AMA), with documentation that she was using substances on a daily basis at the time. Records indicate that CFS struggled to locate the family and children on many occasions, and their case was closed as a result due to high demand for services elsewhere.

CFS records revealed that Mr. Martin's brother was assaulted and robbed on at least two occasions, being stabbed once in his side and once in the chest, the latter resulting in a punctured lung. Additionally, records indicate that Mr. Martin's pediatrician commented on his poor hygiene and cleanliness, and records repeatedly identify Mr. Martin's father's inability to parent his son due to absence and neglect. Following the murder of his mother, Mr. Martin was suggested to attend family counseling, but there is no indication that it was completed.

According to Mr. Martin, he recalls the brutal murder of his mother when he was four years old. He stated, "I remember her arguing with the dude." He went on to state the following of the recollection:

I asked her to take me to the store, and she was taking me there. It was a field we were standing by. She was arguing with somebody, and there was a yellow Rider truck, and they got into a fussing match. Next thing you know, he got to hitting her with something, a pole, a crowbar, something metal. He was beating her with it. What I do know is she got found naked wrapped up on a porch. I know she wasn't naked when I left her. They kept asking me if I saw him stick whatever it was into her vagina? I was asked that later by other lawyers. I know during my trial they said, it was a detective or something, that they could

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 13 of 32**

prove that I did watch her get murdered. And then cousins and whatever testified that I was there. By being asked - when I was little, and being asked again about something being stuck in her vagina, that made me ask [Martha Phillips, mitigation specialist] if I could see the autopsy.

Examining the Autopsy Protocol in the 1989 murder of Mr. Martin's biological mother, the coroner found that on 4/8/1989 at approximately 11:15AM, Hilda T. Martin's body was found under a blanket behind a building, when a Cleveland Illuminating Company employee arrived to read the electric meter. Upon arrival, according to the coroner, a body was found "expired with blunt trauma injuries." Police stated that Ms. Martin "was assaulted by person or persons unknown in an unknown location and placed in the above stated location where she was later discovered." The report described abrasions and contusions on the body, including five broken ribs, lacerations of the lung and spleen, as well as contusions of the lungs, liver, pelvic soft tissue and other organs. Additionally, Ms. Martin's face suffered abrasions and contusions, including laceration of an eyelid, contusions on the scalp, and her forearm had a bite mark. Conclusions included that "death in this case was the end result of multiple blunt impacts to trunk and was homicidal in nature." The coroner wrote that the cause of death was "Multiple blunt impacts to trunk with skeletal and visceral injuries, left hemothorax, retroperitoneal hemorrhage and pelvic soft tissue injuries. HOMICIDE." Ms. Martin's blood was also positive for alcohol and cocaine upon autopsy.

The loss of one's parent is an objectively adverse event for a child, but the brutality of Ms. Martin's murder, and the potential witnessing of the event by her four-year-old son, can only exacerbate the overwhelming impact of the loss.

According to Mr. Martin's sister, whose interviews were made available during this evaluation, she believed that Mr. Martin witnessed the death of their mother. According to interview notes from 2014, "She heard that whoever did it, dropped him off at home afterwards." Tymecka Baldwin noted that Mr. Martin "didn't talk for two years after her death and had to go to speech therapy." She added that she believed Mr. Martin "should have gotten some counseling." She added that Mr. Martin and his brother had a more challenging childhood than she did, stating that the brothers had to "fend for themselves." She described very limited parental supervision, and both brothers "started selling drugs at a young age."

Mr. Martin's brother, Ben Martin, was interviewed by Martha Phillips as well in 2014. According to Ben, Mr. Martin "witnessed their mother's murder, but they never talked about it." Ben stated that "they were too young to understand, and when they got older, one or both of them were locked up."

According to interviews with several family members, conducted by Martha Phillips on behalf of the legal team preparing for defense and sentencing in the instant offense, Mr. Martin's childhood was extremely chaotic. Interview records reflect knowledge of extensive use of crack cocaine by both of Mr. Martin's parents, as well as neglect and abandonment for days at a time by Mr. Martin's mother.



**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 14 of 32**

According to interviews with Joyce Caldwell and Marie Dorsey, relatives of Mr. Martin, they both agreed “that David and his siblings were exposed to a lot through their mother.” They stated that they believe Mr. Martin’s mother “did drugs in front of them and probably brought home tricks when the kids were there.” Additionally, they noted that Mr. Martin’ father “did drugs, and as a consequence, David and his brother were often unsupervised.” According to the notes, “Kids can’t raise themselves.” According to Ms. Caldwell, “When you raise yourself, you have a lot of issues.”

**MENTAL STATUS EXAMINATION AND BEHAVIORAL OBSERVATIONS**

David Martin presented as a 35-year-old male of African American descent at the time of assessment, who appeared his stated age. He was examined over the course of two days on 7/30/2020 and 7/31/2020, with the first session lasting approximately six hours, and the second lasting approximately four hours. Sessions did not break for lunch, and Mr. Martin and the undersigned spent approximately ten hours together in a private space separated only by a plexiglass window. Mr. Martin’s grooming was unremarkable, and his outfit consistent with standard attire for the Ohio State Penitentiary (OSP). Mr. Martin wore a homemade face covering to reduce any potential spread of COVID-19 during the global pandemic, stating that he sewed this version himself. Mr. Martin was perceived as notably slow to warm to the examiner, and to facilitate the development of rapport, Mr. Martin’s attorney accompanied the undersigned for the first ten or fifteen minutes of the first session, explaining limits to confidentiality and encouraging Mr. Martin to be honest and forthcoming with information. Throughout the examination, Mr. Martin appeared to do just that; he answered all questions asked of him, and seemed to do so with internal consistency and information was generally corroborated by collateral sources. There was no indication that he was less than forthcoming with information, and this evaluation is considered to be a reliable representation of his experience and psychological functioning.

Mr. Martin was alert and oriented in all spheres, able to articulate the date, his location, and his presenting situation. When asked to describe his recent mood, Mr. Martin stated, “It really depends on how my phone conversations go.” He elaborated, “The other week my father told me he was at the gas station getting gas and some 28-year-old dude spit on my father.” Mr. Martin stated that he was furious, and in moments like that he ruminates on his incarceration and inability to care for his family members. He stated that he has also been frustrated by his recent estrangement from his brother, with whom he has not spoken in four months. In general, he stated that his mindset is frequently ruminative, struggling to let things go, and contributing to a sense of feeling keyed up and on edge most of the time. Mr. Martin indicated that his sleep is generally disturbed as a result of his level of autonomic arousal and feeling hypervigilant. He stated that he sleeps “a couple hours a day, stay up all night, and then once a month I just try to sleep all day to catch up.” He indicated that his appetite has been somewhat less than normal lately, but stated that it is likely related to eating “like I’m still on Ramadan.” He stated that he is comfortable with the meals and commissary available to him, but he has not felt unusually hungry as of late. Mr. Martin denied any experience of auditory or visual hallucinations on interview, but did discuss an internal narrative that he has relatively consistently. He indicated that he will speak to himself and play interactions out in his mind. He denied experiencing distress as a result, but does find it difficult



**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 15 of 32**

to calm his mind at times. He denied any thoughts of suicide or homicide, but did state that he has been thinking more about his pending death sentence and a tentative execution date then scheduled for May 2021.

Mr. Martin's immediate and recent memory was assessed, and he could repeat 3 of 3 words provided to him verbally. He recalled the same three words after approximately five minutes. He correctly named the then-current president of the United States and named the five presidents chronologically preceding Mr. Trump. He correctly answered a simple math problem involving a financial transaction, and correctly classified two concepts as a screener for abstract reasoning. He provided an odd response to a question of social judgment, asked *what would you do if you saw smoke and fire coming out of a house window?*, replying, "If I know the house to be vacant... if not, I'm going in there. When I was little I wanted to be a fire-fighter; but ain't no sense in yelling because they're probably passed out already."

During the examination, Mr. Martin demonstrated a wide range of affect (i.e., observable emotion). Although slow to warm, and perhaps wary of the role or intentions of the undersigned, Mr. Martin did eventually present as far less guarded, smiling and laughing, and seeming to reflect on his life with an authentic sense of curiosity. At times, Mr. Martin appeared to get so emotionally charged while telling personal anecdotes that he struggled to calm himself down afterward, sometimes shouting and pointing as if re-experiencing the interaction during the interview. These moments were associated with anecdotes involving interpersonal disputes with people in his past, as well as correctional officers or other incarcerated persons. Mr. Martin's style of speech was often notably talkative, sharing a great deal of information that seemed unfiltered and cavalier at times. However, this style of speaking did not appear to afford the opportunity to manipulate information in a sophisticated manner, and he did not seem to be attempting to appear in an overly favorable or unrealistically negative light. Rather, Mr. Martin seemed to have somewhat of a fatalistic belief about the world and his current situation awaiting a death sentence. There was no indication of overt symptoms of serious mental illness, such as psychotic distortions or delusional belief systems, nor did Mr. Martin appear to be overly depressed or in the throes of a manic episode. He did appear to be fidgety, standing occasionally, tapping his hands and feet, and otherwise demonstrating some psychomotor agitation.

Mr. Martin's approach to measures of psychological functioning reflected a man who was relatively open and forthcoming, with no evidence that he attempted to suppress or exaggerate symptoms of mental illness or cognitive impairment. On measures of cognitive ability, he appeared to put forth adequate and consistent effort, seeming to enjoy some of the tasks and laughing while he completed them. On a lengthy self-report measure of symptoms often associated with trauma-related disorders, Mr. Martin's response style was not indicative of feigning or exaggeration, with validity scales falling below the cutoff for clinical concern or invalidation. Given the forensic context of this clinical evaluation, Mr. Martin was also administered the Miller Forensic Assessment of Symptoms Test (M-FAST), a screening instrument used to assess the probability that an examinee is creating or exaggerating symptoms of mental illness. Mr. Martin's Total Score of 3 fell well below the cutoff score developed and recommended by the test manufacturer. In sum, qualitative observations aligned with quantitative analyses of response style to describe an approach to testing that is interpreted as relatively open, forthcoming, and with no indication of

**Confidential Report of Psychological Evaluation  
State of Ohio vs. David R. Martin (Case Number 12-CR-735)  
Page 16 of 32**

malingering symptomatology. All protocols were deemed to be valid, and the following is considered to accurately reflect Mr. Martin's current psychological functioning.

### **COGNITIVE FUNCTIONING**

#### *Prior Estimation of Intellectual Functioning*

Mr. Martin's neurodevelopmental delays were identified early in his academic career and tracked over the course of his schooling. Standardized tests of intellectual ability and academic achievement were administered at various points, the results of which were available to the undersigned in the records obtained from Cleveland Public Schools.

In 1988, Mr. Martin was three years, six months of age (i.e., 3.6). He was administered the Peabody Picture Vocabulary Test – Revised (PPVT-R), which assessed his receptive vocabulary. Mr. Martin's performance resulted in an age equivalent of 2.5, more than a full year below his chronological age. Similarly, Mr. Martin's performance at that time on the Expressive Work Picture Vocabulary Test resulted in an age equivalent score of 1.9, representing expressive verbal abilities nearly two years below that expected of a child his age. In 1989, a Team Meeting Report from the Office of Early Childhood Education identified Mr. Martin as demonstrating "slow academic progress" and "speech problems."

Mr. Martin's intellectual ability was formally assessed in 1995 using the Wechsler Intelligence Scale for Children – Third Edition (WISC-3), a standardized instrument commonly used to assess cognitive ability in children. This administration was in the context of a larger psycho-educational evaluation conducted by Laura White, a school psychologist who worked with Mr. Martin. His performance on that administration of the WISC-3 resulted in a Full-Scale IQ Score of 67, which falls more than two full Standard Deviations below the Mean of 100, and represents intellectual ability that fell in the Extremely Low range of functioning relative to his same-aged peers, falling within the range typically required for a diagnosis of Intellectual Disability.

The undersigned was presented with a signed affidavit from Laura Gabel dated 7/1/2021. Ms. Gabel was formerly Laura White, and swore that on 9/22/1995, she evaluated Mr. Martin and completed intelligence testing as a component of that evaluation. She described administering the WISC-3, and finding a "full scale IQ of 67, which placed him in the deficient range." In her affidavit, Ms. Gabel also noted "significant deficits in oral expression and listening comprehension." According to his Individualized Education Plans, Mr. Martin was consistently identified as a student with a learning disability.

Mr. Martin was evaluated repeatedly throughout his academic career, with performance routinely falling below what would be expected for a child of his age and grade level. For example, at age 11, while in the fifth grade, Mr. Martin demonstrated the following test scores:

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 17 of 32**

**David Martin's Testing Results in Grade 5; Age 11**

<b>Domain</b>	<b>Grade Equivalent</b>	<b>Age Equivalent</b>
Reading Recognition	2.6	7.0
Reading Comprehension	3.3	8.2
Math Calculation	2.4	7.6
Math Reasoning	4.1	8.5
Listening Comprehension	7.0	6.3
Oral Expression	5.8	N/A

Mr. Martin's intellectual ability was evaluated again when he was administered the General Ability Measure for Adults (GAMA) at age 16 upon admission to the prison system. While it is possible that a prior version of the test allowed for use with juveniles, according to the test manufacturer today, the GAMA is for "use with adults 18 years and older." It is unclear why the test would have been administered to a youth in that case, but results reflected an IQ score of 71, which would fall within a range of intellectual ability representing the 3<sup>rd</sup> percentile of the normative sample (of adults) and in the range generally accepted for diagnoses of Intellectual Disability.

In the context of criminal proceedings in the instant offense, Mr. Martin was evaluated by Dr. Thomas P. Swales, a neuropsychologist with Psychological and Behavioral Consultants located in Beachwood, OH. Dr. Swales provided raw data and testing protocols from an extensive battery of neuropsychological, clinical, and forensic assessment instruments. Germane to the current evaluation, Mr. Martin's intellectual ability was evaluated. Mr. Martin was administered the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV) on 2/26/2014. During that administration of the WAIS-IV, Mr. Martin's Full Scale IQ score of 82 (78-86; 95% Confidence) fell in the Low Average range (FSIQ = 82), representing the 12<sup>th</sup> percentile of his same-aged peers. Of note, Mr. Martin's performance on the instrument revealed higher scores in the realms of Processing Speed and Working Memory that ultimately impacted the calculation of the FSIQ.

*Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)*

On April 24<sup>th</sup> and 25<sup>th</sup> of 2021, Mr. Martin was evaluated by Dr. Carol Armstrong. Dr. Armstrong is a neuropsychologist with Mnem Neuropsychology and Adjunct Associate Professor at the University of Pennsylvania's Perelman School of Medicine. Dr. Armstrong administered a battery of neuropsychological tests, including the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV). Dr. Armstrong provided the WAIS-IV protocol and a summary of scores, and the undersigned reviewed the raw data for accuracy and appropriateness, and interpreted the results accordingly. With respect to the validity of the administration and resulting scores, there was no indication that Mr. Martin put forth less than his best effort, attempted to feign impairment, or otherwise was anything less than forthcoming with Dr. Armstrong. Additionally, the undersigned communicated with Dr. Armstrong via email, who wrote the following on 5/26/2021:

Mr. Martin passed two formal tests of symptom validity (Hiscock and Hiscock Symptom Validity Test, and the Rey 15-item symptom validity test). He also had valid embedded

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 18 of 32**

test validity patterns, and demonstrated no performance indicators that suggested invalidity. He responded with strong and persistent effort throughout the evaluation. He often spent a long time processing his memories and responses. These results should be considered valid and interpretable, without contamination from exaggeration or deficit or attempt to simulate impairment.

As a result of reviewing the raw data and testing protocols provided by Dr. Armstrong, his performance on validity indicators specifically designed to detect feigning, and Dr. Armstrong's clear statement of validity provided to the undersigned, this administration of the WAIS-IV is a valid and reliable representation of Mr. Martin's intellectual ability.

The WAIS-IV is the most widely used and accepted standardized, individually administered general intelligence test developed for the purpose of assessing intellectual functioning. The WAIS-IV produces a Full Scale IQ Score (i.e., intelligence quotient), which is statistically informed by four Index Scores that represent theoretically distinct spheres of intellectual ability. Each Composite Score (i.e., Full Scale IQ Score and Index Score) has an average of 100 with a Standard Deviation of 15. Additionally, Confidence Intervals represent the impact of the Standard Error of Measurement (SEM), or the estimated amount of error that exists in an individual's specific score. Using a 95% Confidence Interval, a range of scores is the most accurate way to represent actual intellectual ability, meaning that 95 out of 100 times the individual's score is expected to fall in this range.

On Dr. Armstrong's administration of the WAIS-IV, Mr. Martin's Full Scale IQ Score of 71 (68-76; 95% Confidence) falls in the range of intelligence identified by the test manufacturer as "borderline," representing the 3<sup>rd</sup> percentile of his same-aged peers. On measures of Verbal Comprehension, Mr. Martin performed in the "Borderline" range (VCI = 76), representing the 5<sup>th</sup> percentile of the normative group. On subtests assessing Perceptual Reasoning, often considered non-verbal problem-solving, Mr. Martin's performance again fell in the "Borderline" range (PRI = 77), representing the 6<sup>th</sup> percentile of his peers. On measures of Working Memory, Mr. Martin performed in the "Borderline" range as well (WMI = 77), representing the 6<sup>th</sup> percentile of his same-aged peers. On subtests measuring Processing Speed, Mr. Martin performed in the "Borderline" range of functioning (PSI = 74), representing the 4<sup>th</sup> percentile of the normative group. In general, this score profile reflects little variability across domains of intellectual ability, reflecting relatively consistent neurodevelopment between spheres of cognitive functioning.

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 19 of 32**

**Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)**

<b>Index/Subtest</b>	<b>Composite Score</b>	<b>Percentile Rank</b>	<b>Confidence Interval (95%)</b>
<b>Verbal Comprehension</b>	<b>76</b>	<b>5</b>	<b>71-83</b>
Similarities	6		
Information	5		
Comprehension	6		
<b>Perceptual Reasoning</b>	<b>77</b>	<b>6</b>	<b>72-84</b>
Block Design	6		
Matrix Reasoning	7		
Visual Puzzles	5		
<b>Working Memory</b>	<b>77</b>	<b>6</b>	<b>72-85</b>
Digit Span	5		
Arithmetic	7		
<b>Processing Speed</b>	<b>74</b>	<b>4</b>	<b>68-85</b>
Symbol Search	6		
Coding	4		
<b>Full Scale IQ</b>	<b>71</b>	<b>3</b>	<b>68-76</b>

**Note:** according to the test manufacturer, scores are classified as Extremely Low (< 70), Borderline (70-79), Low Average (80-89), Average (90-109), High Average (110-119), Superior (120-129), and Very Superior (130+).

*Flynn Effect and Norm Obsolescence*

Since at least 1984, a phenomenon known as the Flynn Effect has been observed in the peer-reviewed literature on intelligence quotient (IQ) test scores. The Flynn Effect refers to the observed rise over time in standardized intelligence test scores, which has now been seen in the decades since Flynn first documented this finding. In short, the most recent research on the Flynn Effect implicates an artificial inflation of IQ test scores that corresponds to 0.3 points per year between the year in which the test was normed and the year in which the test was administered<sup>4, 5</sup>.<sup>6</sup> In other words, if a current administration of the test is compared to a normative sample from

<sup>4</sup> Trahan, L., Stuebing, K., Hiscock, M. & Fletcher, J. (2014). The Flynn Effect: A meta-analysis. *Psychological Bulletin*, 140(5), 1332-1360.

<sup>5</sup> Pietsching, J. & Voracek, M. (2015). One century of global IQ gains: A formal meta-analysis of the Flynn Effect (1909-2013). *Perspectives on Psychological Science*, 10(3), 282-306.

<sup>6</sup> Slater, L. & Daniel, M. (2019). Flynn Effect correction: Accuracy base rate for IQ/Ability level. *Archives of Clinical Neuropsychology*, 34, 860-1099.

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 20 of 32**

the year in which the test was published, the resulting score will be an overestimate of the individual's actual intellectual ability. Therefore, the norms on which IQ scores are statistically based must be adjusted to account for their obsolescence. Both the American Association of Intellectual and Developmental Disabilities and the *Diagnostic and Statistical Manual of Mental Disorders -Fifth Edition (DSM-5)* recommend correcting IQ scores for the Flynn Effect<sup>7, 8</sup>. I have therefore applied the Flynn Effect to Mr. Martin's most recent IQ score, as follows.

The WAIS-IV was published in 2008<sup>9</sup>, 13 years prior to the year of Dr. Armstrong's administration in April of 2021, although the normative data were collected approximately two years earlier. Given the research supporting 0.3 points per year as the correction for the Flynn Effect, Mr. Martin's Full Scale IQ Score is best represented as being at least four IQ points lower ( $0.3 \times 15 = 4.5$ ). Thus, Mr. Martin's Flynn-corrected IQ score of 67 represents a 95% Confidence Interval of 64-72, and at the 1<sup>st</sup> percentile of his age-matched cohort. This is to say that 99% of the population has a level of measured intelligence at or above Mr. Martin's ability. As discussed more fully below, an IQ score of 67, with a 95% Confidence Interval of 64-72, places Mr. Martin in a range corresponding to potential mild intellectual disability.

## **ADAPTIVE FUNCTIONING**

### **Standardized Assessment**

In an effort to assess his adaptive functioning, the undersigned conducted collateral interviews and assessments of three additional individuals, all of whom know or knew Mr. Martin very well, and felt comfortable providing collateral information regarding his adaptive functioning. All three presented as credible collateral sources, with knowledge of Mr. Martin through key stages of development. Each was administered the *Adaptive Behavior Assessment System – Third Edition (ABAS-3)*, a comprehensive, norm-referenced exploration of adaptive skills needed to effectively and independently care for oneself, respond to others, and meet environmental demands at home, school, work, and in the community<sup>10</sup>. The *ABAS-3* provides a Global Adaptive Composite (GAC), along with three Adaptive Domains that correspond with those utilized in the diagnosis of Intellectual Disability according to the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)* and referenced the 12<sup>th</sup> Edition of AAIDD's *Intellectual Disability: Definition, Diagnosis, Classification, and Systems of Support*.<sup>11</sup> These include Conceptual, Social, and Practical domains. Informing these domains and the GAC are 10 adaptive skill areas, which include Communication, Community Use, Functional Academics, Home Living, Health and

---

<sup>7</sup> AAIDD-12<sup>th</sup> Edition: "Current best practice guidelines recommend that in cases in which an IQ test with aged norms is used as part of a diagnosis of [Intellectual Disability], a correction of the full-scale IQ score of 0.3 points per year since the test norms were collected is warranted (p. 42)."

<sup>8</sup> DSM-5: "factors that may affect test scores include practice effects and the 'Flynn Effect' (i.e., overly high scores due to out-of-date test norms) (p. 37)."

<sup>9</sup> Wechsler, D. (2008). *The WAIS-IV: Technical and interpretive manual*. San Antonio, TX: Pearson.

<sup>10</sup> Harrison, P.L. & Oakland, T. (2015). *Adaptive Behavior Assessment System, Third Edition [Manual]*. Torrance, CA: Western Psychological Services.

<sup>11</sup> AAIDD – 12<sup>th</sup> Edition at p. 30



**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 21 of 32**

Safety, Leisure, Self-Care, Self-Direction, Social, and the optional skill area assessing Work, which was not assessed as Mr. Martin is currently not engaged in employment activities.

*Rater #1: Jeffrey Chapek*

Jeffrey Chapek was David Martin's teacher in third and fourth grade at Anthony Wayne Elementary School in Cleveland Public Schools between 1992-1994. Mr. Chapek retired from Cleveland Public Schools after teaching elementary education for 25 years. Mr. Chapek stated that he remembered David well, and according to his affidavit, David "struggled academically, with below-level functioning, especially in spelling, mathematics, and reading." David also had difficulty with attention and focus, and "often needed to be reminded in class to focus on a subject or assignment." Mr. Chapek recalled completing report cards for David that indicated he "could do almost nothing on his own." He would read test items aloud to David, have him sit in the front row, and yet David would still struggle with social skills, noted to be "a follower."

Mr. Chapek stated that he felt comfortable completing the *ABAS-3* protocol for Mr. Martin, having taught him for two years and remembering him well. Mr. Chapek is college-educated and a confident reader. He is now employed as a warehouse worker, retired from Cleveland Public Schools. He completed all sections of the *ABAS-3* protocol. The protocol is considered to be valid and interpretable.

***ABAS-3* Ratings of David Martin – Completed by Jeffrey Chapek**

<b>Composite</b>	<b>Standard Score</b>	<b>Percentile Rank</b>	<b>95% Confidence Interval</b>	<b>Qualitative Description</b>
<b>General Adaptive Composite</b>	<b>51</b>	<b>0.1</b>	<b>47-55</b>	<b>Extremely Low</b>
Conceptual	54	0.1	49-59	Extremely Low
Social	60	0.4	54-66	Extremely Low
Practical	51	0.1	45-57	Extremely Low
<b>Adaptive Skill Area</b>	<b>Scaled Score</b>		<b>Qualitative Description</b>	
Communication	1		Extremely Low	
Community Use	1		Extremely Low	
Functional Academics	1		Extremely Low	
Home Living	1		Extremely Low	
Health and Safety	1		Extremely Low	
Leisure	3		Extremely Low	
Self-Care	1		Extremely Low	

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 22 of 32**

Self-Direction	1	Extremely Low
Social	1	Extremely Low

*Rater #2: Benjamin Martin, Sr.*

Benjamin Martin, Sr. is the biological father of David Martin, and was his primary caregiver throughout childhood and adolescence. Mr. Martin, Sr. described David as struggling with basic social skills, communication, and navigating any ambiguous situations. He stated that David was difficult to understand as a child, noting communication problems in both expressive and receptive language. He stated in his signed affidavit that David struggled to understand jokes and to differentiate between “whether someone was saying something serious or making a joke, especially about sensitive topics.” Similarly, he noted that David “would get frustrated if he was losing a game or not understanding the rules, and he would quit.” He would not let David use the stove until he was 12, and he stated that David could not follow recipes on a box to make food. Mr. Martin, Sr. noted that David struggled to understand directions, pick out his clothing, complete his homework, complete basic math and writing, read an analog clock, and demonstrated generally poor social judgment.

Mr. Martin, Sr. stated that he felt comfortable completing the *ABAS-3* protocol for David, having known him so well across his lifespan. He described himself as a “good reader.” He is currently disabled from his job as a factory worker. As a result of his knowledge of Mr. Martin, as well as his reported reading ability, Mr. Martin, Sr.’s *ABAS-3* protocol was deemed to be valid and interpretable. He completed all sections, and all domains assessed were complete and interpretable.

***ABAS-3* Ratings of David Martin – Completed by Benjamin Martin, Sr.**

<b>Composite</b>	<b>Standard Score</b>	<b>Percentile Rank</b>	<b>95% Confidence Interval</b>	<b>Qualitative Description</b>
<b>General Adaptive Composite</b>	<b>54</b>	<b>0.1</b>	<b>50-58</b>	<b>Extremely Low</b>
Conceptual	55	0.1	50-60	Extremely Low
Social	62	1	56-68	Extremely Low
Practical	55	0.1	49-61	Extremely Low
<b>Adaptive Skill Area</b>	<b>Scaled Score</b>		<b>Qualitative Description</b>	
Communication	1		Extremely Low	
Community Use	1		Extremely Low	
Functional Academics	1		Extremely Low	
Home Living	4		Low	
Health and Safety	1		Extremely Low	

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 23 of 32**

Leisure	4	Low
Self-Care	1	Extremely Low
Self-Direction	2	Extremely Low
Social	1	Extremely Low

*Rater #3: Ben Martin, Jr.*

Ben Martin, Jr. is the biological brother of David Martin, and the son of Benjamin Martin, Sr. Rater #2 for the *ABAS-3* assessment. Mr. Martin, Jr. described his brother as always socially immature, and struggling with basic life skills. He stated that his brother developed a sense of humor and an ability to perform rap songs for which he was known in the neighborhood but described these as ways of masking limitations in normal social interaction. Mr. Martin, Jr. described lifelong limitations in these basic functions, which persisted into adulthood.

Mr. Martin, Jr. stated that he felt comfortable completing the *ABAS-3* protocol for his brother, having known him for so many years, although he did note that during adolescence and adulthood he and his brother were often detained in placements or incarcerated away from one another. Mr. Martin, Jr. stated that he is a confident reader, and enjoys reading for pleasure. He is self-employed, owning a Limited Liability Corporation (LLC) where he completes odd jobs. He completed all sections of the *ABAS-3* protocol. The protocol is considered to be valid and interpretable.

***ABAS-3* Ratings of David Martin – Completed by Ben Martin, Jr.**

<b>Composite</b>	<b>Standard Score</b>	<b>Percentile Rank</b>	<b>95% Confidence Interval</b>	<b>Qualitative Description</b>
<b>General Adaptive Composite</b>	<b>58</b>	<b>0.3</b>	<b>54-62</b>	<b>Extremely Low</b>
Conceptual	54	0.1	49-59	Extremely Low
Social	65	1	59-71	Extremely Low
Practical	64	1	58-70	Extremely Low
<b>Adaptive Skill Area</b>	<b>Scaled Score</b>		<b>Qualitative Description</b>	
Communication	1		Extremely Low	
Community Use	1		Extremely Low	
Functional Academics	1		Extremely Low	
Home Living	6		Below Average	
Health and Safety	1		Extremely Low	

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 24 of 32**

Leisure	5	Low
Self-Care	7	Below Average
Self-Direction	1	Extremely Low
Social	1	Low

### **PERSONALITY FUNCTIONING**

The Trauma Symptom Inventory – Second Edition (TSI-2) is a measure used to evaluate acute and chronic symptomatology, including, but not limited to, the effects of sexual and physical assault, intimate partner violence, combat, torture, motor vehicle accidents, mass casualty events, medical trauma, witnessing violence or other trauma, traumatic losses, and early experiences of child abuse or neglect. It is capable of evaluating symptoms associated with trauma at any point in the subject’s lifespan, but it does not link symptoms to a single stressor or point in time. The TSI-2 contains 136 items, and contains two validity scales, 12 clinical scales, 12 subscales, and four factor scales.

The TSI-2 has two validity scales, designed to assess the response style of the individual being assessed. The Response Level scale reflects the subject’s tendency to suppress symptoms commonly reported by most people. The Atypical Response scale measures the respondent’s tendency to report symptoms of a greater severity or frequency than is found in even severely disturbed populations. On this administration of the TSI-2, both scales fell below the clinical cutoffs, and there was no indication that Mr. Martin attempted to distort the clinical picture. As a result, this administration is considered valid and an accurate reflection of his current psychological experience.

Mr. Martin’s responses to the TSI-2 reflected a man with significant intrusive experiences, reflecting posttraumatic reactions and symptoms, and which may include nightmares, flashbacks, repetitive thoughts of unpleasant prior experiences, and upsetting memories that are easily triggered. These events are unwanted and intrude into awareness, often seeming to come from “out of nowhere.” These events are commonly linked with experiences of psychological trauma and can reflect the intrusion of such traumatic material into current awareness, creating intense distress at times.

Additionally, Mr. Martin appears to struggle with tension reduction behaviors, or external activities that are used to modulate, avoid, interrupt, or soothe negative emotional states. These behaviors often reflect underdeveloped emotion regulation and tolerance, and are often self-destructive, self-injurious, aggressive, dramatic, violent, or reflective of thrill-seeking. Tension reduction behaviors are indicative of risk for behavior that is potentially injurious to themselves or others when he is stressed or experiencing negative affect. This aspect of trauma survival is seen in Mr. Martin’s tendency to ruminate, fixate on events and people, hold grudges, and generally reflect poor analysis of risks.

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 25 of 32**

Also elevated on the TSI-2, Mr. Martin displays impaired sense of self-reference, which is known to arise from abuse or neglect early in life, such that the child was forced to rely on emotional avoidance to reduce the effects of painful internal states or “other-directedness” to detect and survive interpersonal dangers and/or abandonment. In Mr. Martin’s case, other-directedness was significantly elevated, reflecting a tendency to look to others for direction and information on reality. These elevations are often seen in survivors of childhood maltreatment or other forms of trauma exposure or having been raised in a dysfunctional environment. Additionally, items on this subscale indicate a tendency to be easily influenced by others, requiring guidance from others, not valuing his own thoughts and feelings when others disagree. Mr. Martin’s pervasive reliance on others in his life for guidance and agency, his source of self-worth, is representative of this aspect of trauma experience.

Mr. Martin’s responses to the TSI-2 also implicate dissociative experiences, defined as a largely unconscious, defensive alteration in awareness, developed as an avoidance response to overwhelming – often posttraumatic – psychological distress. This could reflect cognitive disengagement, depersonalization, derealization, or out-of-body phenomena. People with high scores on this scale often report distractibility, “spacing out,” and feeling out-of-touch with their emotions and sense of self. Mr. Martin’s employment of very poor coping or problem-solving skills appears to be representative of this trauma component, specifically using hunger strikes, allegations of suicidality, hostage-taking, and other very dangerous means of attempting to resolve conflicts, is implicated in this observation.

Additionally, Mr. Martin endorsed symptoms of depressed mood and depressed cognitions, along with general unhappiness, feelings of worthlessness, and a foreshortened sense of future. These individuals may describe periods of secluding or isolating themselves from others, and suicidality or risk for self-injury are important considerations. Mr. Martin describes a sense of anxious arousals as well, including autonomic hyperarousal that includes hyper-alertness, tension, or jumpiness. This symptom is often associated with diagnoses of Posttraumatic Stress Disorder (PTSD). Mr. Martin’s specific responses indicate an overactivation of the sympathetic nervous system, responsible for the “fight-or-flight” response, and which commonly reflect jumpiness, hypervigilance, irritability, and sleep disturbance. This subscale is typically elevated in instances of significant posttraumatic stress, and can also include muscle tension, hyperreactivity to stress, and other aversive states that can motivate avoidance strategies like substance abuse.

The TSI-2 also includes four overarching factor scores, which represent broader conceptual frameworks comprised of the scales and subscales. Mr. Martin’s responses resulted in clinically significant elevations on two of the four factor scores, including Posttraumatic Stress and Self-Disturbance. This is to say that the combinations of symptoms described by Mr. Martin resulted in the identification of ‘syndromes,’ or diagnostically relevant and relatively conclusive descriptions of people who experience full-blown Posttraumatic Stress Disorder and significant disturbances in self-reference. Individuals with elevations on the Posttraumatic Stress factor score commonly report some combination of flashbacks, nightmares, intrusive or triggered memories, cognitive or behavioral avoidance of reminders of previous traumatic events, sympathetic hyperarousal, and various dissociative symptoms. According to the TSI-2 manual, “Elevated scores on the TRAUMA factor suggest a significant likelihood that the individual will meet criteria

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 26 of 32**

for PTSD (p. 20).” Mr. Martin’s scores on the Self-Disturbance factor scale indicate disturbed or altered perception of self and others, with a relative inability to access a stable, internal sense of self or identify from which to interact with the external world. This leads to ambivalent, insecure, and often problematic interactions with others.

**CLINICAL CASE CONCEPTUALIZATION**

Mr. Martin’s earliest years of life were fraught with chronic and acute trauma and neglect, potentially beginning in utero with exposure to teratogens like alcohol and opioids during his mother’s pregnancy. He was born to a mother with severe substance use problems, who exposed Mr. Martin and his siblings to a lifestyle of intoxication, maltreatment, and possibly prostitution. Mr. Martin was identified as a student with a learning disability very early in his academic career, receiving special education services throughout childhood, with documented deficits in intellectual ability and academic achievement. Mr. Martin’s intellectual limitations and learning disability serve as a lens through which he processed information in the world around him.

The brutal murder of Mr. Martin’s mother was an acute trauma in a sea of chronic childhood adversity, and that loss clearly devastated a four-year-old boy who already knew no safety or security in the world. Mr. Martin’s experience of having witnessed that murder has served as a formative memory in his life, and only served to make that loss more painful and unimaginable. During the course of this evaluation, there were concerns identified that Mr. Martin may not have personally witnessed this brutal homicide at the age of four. Although there is some concern that this may be a false memory, he nonetheless has that memory, is in fact the son of a murdered mother, and has been deeply impacted by that trauma and loss.

Mr. Martin’s father was ill-equipped to care for two young boys, battling severe mental illness and co-occurring addiction himself, and the result was two small boys with no supervision, a role model who smoked crack cocaine in front of them, no enforcement of attendance at school, and no consequences for behaviors that eventually led to substance abuse, violence, and justice-involvement at a very early age. Mr. Martin used marijuana daily from an unusually young age and began using formaldehyde and/or phencyclidine (PCP) not long after. Although protective services was clearly aware of some of the problems at home, there does not appear to be any sustained effort at providing wraparound services to a family with children clearly in extreme distress.

In his pre-teen and teenage years, Mr. Martin found structure, camaraderie, purpose, and acceptance in the gang life within his projects. Left completely unsupervised, he was able to immerse himself in gang culture early on, with no meaningful intervention from his family, the education system, or juvenile rehabilitative systems. Behavioral problems were written off as somehow indicative of a volitional or constitutionally flawed child, whose malice of heart made him incorrigible, rather than any evidence that a comprehensive effort at understanding and conceptualizing the child was needed in order to offer rehabilitative or protective services. Mr. Martin’s developing brain would have made him particularly vulnerable to the leader-follower



**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 27 of 32**

dynamics often seen in adolescent neurodevelopment, and which were likely even more pronounced due to the childhood home from which Mr. Martin could simply not extricate himself.

At every opportunity to provide evaluation and intervention, Mr. Martin was simply able to slip through the cracks of a system that in retrospect seemed fraught with inadequate protections. Even when court-ordered at age 12, for example, there is no evidence that Mr. Martin was ever evaluated for substance use disorders, posttraumatic stress disorder, or other conditions that could have certainly contributed to the escalation of delinquent behaviors and eventually violent crime. Even when interacting with the juvenile justice system as a youth, there was little in the way of any meaningful assessment or intervention opportunities, a pattern that continued through Mr. Martin's bindover to the adult court system without any evidence of psychological evaluation, opinion on amenability, or development of a treatment plan to address clinical and criminogenic needs.

By all accounts, Mr. Martin's family and home environment included significant childhood adversity, which impacted his developmental trajectory. While a physically and psychologically damaging childhood environment has long been known to correlate with subsequent negative outcomes, in recent years that relationship has been quantified in research on Adverse Childhood Experiences (ACEs). ACEs are a series of ten potential events in childhood that significantly increase the likelihood of poor somatic and behavioral healthcare outcomes in adulthood. Mr. Martin described a childhood where people did not look out for each other or support one another, especially after the death of his mother when he was four years old. He endorsed having parents who were too drunk or high to take care of him, and parents who were separated. There is ample documentation of exposure to domestic violence in the home against his mother, and Mr. Martin's parents and extended family in the home were problem drinkers and abusers of street drugs. Lastly, Mr. Martin's father and sister were both mentally ill and both attempted suicide, and his sister was incarcerated. These ACEs combine to form an ACE Score of 7 (out of a possible 10), a score that falls well above the national average.

According to the original ACE study, which is housed in the Violence Prevention division of the Centers for Disease Control and Prevention, there is a direct link between childhood trauma and adult onset of chronic disease, as well as depression, suicide, violence, and victimization<sup>12, 13</sup>. Most importantly, as the types of trauma increase, the risks for associated health, social, and emotional problems increase as well. Generally, an ACE score of 4 or more places an individual in the highest risk categories for these negative outcomes, increasing his chances of chronic pulmonary lung disease by 390 percent, for example. A score of 4 or more increases the risk of developing hepatitis by 240 percent and having an ACE score of 4 or more increases the likelihood of developing depression by 460 percent, with an increase in the likelihood of death by suicide of 1,220 percent. Increased probability of alcoholism, perpetrating domestic violence, tobacco use,

---

<sup>12</sup> Centers for Disease Control and Prevention Injury Prevention & Control: Division of Violence Prevention. More information available at [www.cdc.gov/violenceprevention/acestudy](http://www.cdc.gov/violenceprevention/acestudy).

<sup>13</sup> Felitti, V., et. al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14 (4), 245-258.

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 28 of 32**

being a victim of rape, early intercourse, teen pregnancy, teen paternity, impaired worker performance, incarceration, and violence, all become reality with an ACE score of 4 or more. Furthermore, and relating to the significance this finding should be afforded, only 7% of the general population have an ACE score of 5 or more, and less than 3% have an ACE score of 6 or more (4% have an ACE score of 5; 2% have an ACE score of 6; less than 1% have an ACE score of 7 or 8; and .01% have an ACE score of 9 or 10). In sum, Mr. Martin's ACE score of 7<sup>14</sup> places him in the most extreme 1% of the population, a finding predictive of a host of negative outcomes and consistent with where he finds himself today.

## DIAGNOSTIC FORMULATION

### *Cognitive Functioning*

According to the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)*, Intellectual Disability is defined as a disorder with onset in the developmental period, which includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. According to the *DSM-5*, intellectual deficits are defined as “deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing (p. 33).” Adaptive functioning considers how well a person meets community standards of personal independence and social responsibility when compared to others of similar age and sociocultural background. According to the *DSM-5*, at least one domain of adaptive functioning (conceptual, social, or practical) must be sufficiently impaired so as to warrant ongoing support in order to perform adequately at work, school, at home, or in the community, in order to qualify for the diagnosis of Intellectual Disability.<sup>15</sup>

Deficits in the conceptual domain include difficulties in “abstract thinking, executive function (i.e., planning, strategizing, priority setting, and cognitive flexibility), and short-term memory, as well as functional use of academic skills (e.g., reading, money management)” as well as “a somewhat concrete approach to problems and solutions compared to age-mates (p. 34; *DSM-5*).” Deficits in the social domain are seen when “the individual is immature in social interactions,” “[c]ommunication, conversation, and language are more concrete or immature than expected for age,” “[t]here may be difficulties regulating emotion and behavior in age-appropriate fashion; these difficulties are noticed by peers in social situations,” and “[t]here is limited understanding of risk in social situation; social judgment is immature for age, and the person is at risk of being manipulated by others (gullibility) (p. 34; *DSM-5*).” For individuals with mild intellectual disability, deficits in the practical domain may result in a person needing “some support with complex daily living tasks in comparison to peers” but they may “function age-appropriately in

---

<sup>14</sup> Household members not looking out for one another; Separation of parents; Parents too drunk or high to care for child; Exposure to domestic violence; Problem drinkers and drug users in the home; Household member suicide attempt; Household member incarcerated; totaling 7 Adverse Childhood Experiences (ACEs).

<sup>15</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders – fifth edition*. Washington, DC: APA.

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 29 of 32**

personal care (p. 34; *DSM-5*)." The support needed "typically involve grocery shopping, transportation, home and child-care organizing, nutritious food preparation, and banking and money management (p. 34; *DSM-5*)." "Competitive employment is often seen in jobs that do not emphasize conceptual skills (p. 34; *DSM-5*)." Lastly, "[i]ndividuals generally need support to make health care decisions and legal decisions, and to perform a skilled vocation competently (p. 34; *DSM-5*)."

Similarly, according to the American Association on Intellectual and Developmental Disabilities (AAIDD), Intellectual Disability<sup>16</sup> is characterized by "significant limitations in both intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical adaptive skills." Additionally, "This disability originates during the developmental period, which is defined operationally as before the individual attains age 22 (p. 5)." AAIDD defines the intellectual functioning prong as "a full-scale IQ score that is approximately 2 standard deviations or more below the mean, considering the standard error of measurement of the specific, individually administered instrument used (p. 29)." Additionally, adaptive behavior is defined as "an adaptive behavior score that is approximately 2 standard deviations or more below the mean in at least one of the three adaptive behavior domains: conceptual, social, or practical, considering the standard error of measurement for the specific, individually administered instrument used (p. 31)." Lastly, AAIDD notes, "For a diagnosis of [Intellectual Disability], the age of onset criterion requires that the disability originates during the developmental period, which is defined operationally as before the individual attains age 22 (p. 33)."

With respect to intellectual functioning, Mr. Martin's IQ is best represented by his score on the WAIS-IV administered on April 24<sup>th</sup> and 25<sup>th</sup> of this year, which places him within the 64-72 range (95% Confidence) when applying the Standard Error of Measurement and Flynn Effect. This places Mr. Martin within the range defined by both the *DSM-5* and AAIDD's definitions required for a diagnosis of Intellectual Disability. Additionally, Mr. Martin's adaptive behavior revealed consistent deficits across raters completing the *ABAS-3* standardized protocols, with deficits greater than 2 standard deviations below the mean in all three domains of adaptive functioning. Furthermore, sworn Affidavits and Declarations provided collateral support to the observed and recorded adaptive deficits in these domains.

Considering the 2014 administration of the WAIS-IV by Dr. Swales, the results appear to be aberrant and an outlier relative to the extensive array of psychological testing data collected since childhood. Mr. Martin was identified as having substantial learning disabilities as a child, and his intellectual ability was measured in the Extremely Low range (FSIQ = 67), which is consistent with the results of Dr. Armstrong's evaluation in early 2021. Furthermore, Dr. Armstrong administered instruments specifically designed to detect level of effort and potential threats to validity. Results of those instruments indicated that the administration of the WAIS-IV was valid and an accurate reflection of Mr. Martin's intellectual ability. A comparison with Dr. Swales' test protocol revealed only slight differences in performance on core subtests, and the difference in measured FSIQ appears to be due primarily to improved scores in the realms of

---

<sup>16</sup> AAIDD – 12<sup>th</sup> Edition.

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 30 of 32**

Processing Speed and Working Memory rather than Verbal Comprehension or Perceptual Reasoning.

Lastly, Mr. Martin was identified as a child in need of special education services throughout his childhood, with a measured full-scale IQ more than two standard deviations below the mean in elementary school. Mr. Martin's experience in special education services, documented intellectual deficits as a juvenile, and standardized IQ score, clearly satisfy the *age of onset* criteria in both the *DSM-5* and AAIDD diagnostic schemes.

Based on the results of this many-sided evaluation, Mr. Martin meets the diagnostic criteria for **[F70] Mild Intellectual Disability**, according to the *DSM-5* and the definition promulgated by AAIDD.

The United States Supreme Court's decisions in *Hall v. Florida*<sup>17</sup> and *Moore v. Texas*<sup>18</sup> both emphasize that courts rely on the medical community's diagnostic framework, which includes the *DSM-5* and AAIDD, when determining whether an individual is intellectually disabled. The Court in *Hall* also noted that IQ is not a fixed number and should instead take into consideration a range of scores based on the Standard Error of Measurement (SEM). The Court explained if such a score falls within the 70 to 75 range, then evidence regarding the person's adaptive functioning should be considered. The Court in *Moore* restated this finding and again directed courts to apply the current medical diagnostic standards, including the *DSM-5* and AAIDD.

More recently, the Ohio Supreme Court in *State v. Ford*<sup>19</sup> described "the following three core elements" as requisite to determine "whether defendant is intellectually disabled:"

1. Intellectual functioning deficits (indicated by an IQ score approximately two standard deviations below the mean – i.e., a score of roughly 70 or lower when adjusted for the standard error of measurement;
2. Significant adaptive deficits in any of the three adaptive-skill sets (conceptual, social, and practical); and
3. The onset of these deficits while the defendant was a minor, or under the age of 18.

As outlined above, Mr. Martin meets the diagnostic criteria for intellectual disability under both the *DSM-5* and AAIDD, and as described in the United States Supreme Court cases, *Hall* and *Moore*, and the Ohio Supreme Court in *State v. Ford*:

1. Mr. Martin's measured Full Scale IQ on the WAIS-IV of 71, and Flynn-corrected Full Scale IQ Score of 67 (64-72; 95% Confidence) and his IQ of 67 on the WISC-3 in 1995, fall within the required range of diagnosis according to the *DSM-5*, the AAIDD, and *Ford*. He has intellectual functioning deficits as "indicated by an IQ score approximately two standard deviations below the mean" when adjusted for the Standard Error of Measurement

---

<sup>17</sup> *Hall v. Florida* 572 U.S. 701 (2014)

<sup>18</sup> *Moore v. Texas* 137 S. Ct. 1039 (2017)

<sup>19</sup> *State v. Ford* 158 Ohio St.3d 139, 2019-Ohio-4539

**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 31 of 32**

(SEM).<sup>20</sup> The score obtained by Dr. Armstrong during her administration is consistent with that from prior administrations of both the GAMA and the WISC-3.

2. Mr. Martin's adaptive functioning was assessed by the undersigned during the interview, and reflects "significant adaptive deficits in any of the three adaptive-skill sets (conceptual, social, and practical)."<sup>21</sup> In addition to review of affidavits from family and friends, three independent raters assessed Mr. Martin's adaptive functioning utilizing the *Adaptive Behavior Assessment System – Third Edition (ABAS-3)*, which resulted in convergent opinions that his adaptive behavior fell in the Extremely Low range, reflective of deficits in all three of the major domains identified in the *Ford* Opinion. For example, ratings converged to describe deficits in functional academics, home living, health and safety, community use, and communication, with additional collateral sources commenting on social and practical deficits (i.e., limited vocabulary and social reciprocity; requiring assistance with job applications; needing help with transportation).
3. Mr. Martin was identified as a student with a speech and learning disability at age three, with very poor academic performance noted throughout his academic career, and measured intelligence more than two full standard deviations below the mean as a juvenile. There is clear evidence of the onset in the developmental period, prior to age 18 or 22, depending on the criteria used.

Therefore, based on the information available, it is the opinion of the undersigned, held to a reasonable degree of psychological certainty, that David Martin meets the diagnostic criteria for an Intellectual Disability, as represented by the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition*, the 12<sup>th</sup> Edition of the American Association of Intellectual and Developmental Disabilities manual, and as represented in *Hall v. Florida*, *Moore v. Texas*, and *State v. Ford*.

*Personality Functioning*

Given Mr. Martin's childhood and developmental history, it is not surprising that his current presentation is reflective of an additional diagnosis of **[F43.10] Posttraumatic Stress Disorder** according to the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)*. This diagnosis indicates that Mr. Martin was exposed to actual death and serious injury as a child by either witnessing the murder of his mother or learning that the murder had occurred, as well as a host of other traumatic events experienced throughout his childhood and adolescence. Recurrent, involuntary, and intrusive memories continue to this day, accompanied by dissociative reactions accompanied by prolonged psychological distress at exposure to those memories. Efforts at avoidance have included severe substance abuse, as well as efforts to avoid thinking about or experiencing similar emotions to the negative affect experienced in childhood. Mr. Martin developed persistent and exaggerated negative beliefs about others and the world, developed detachment and estrangement from others, and demonstrates a persistent negative emotional state.

---

<sup>20</sup> *Ford* at 26

<sup>21</sup> *Ibid.*



**Confidential Report of Psychological Evaluation**  
**State of Ohio vs. David R. Martin (Case Number 12-CR-735)**  
**Page 32 of 32**

Irritability, angry outbursts, reckless and self-destructive behavior, hypervigilance, problems with concentration, and sleep disturbance, all accompany the syndrome, and the duration has lasted for many years. Furthermore, as consequences of Mr. Martin's experience of symptoms consistent with Posttraumatic Stress Disorder, he has developed a history of unusually severe Substance Use Disorders, in the form of Severe Cannabis Use Disorder, as well as a severe Substance Use Disorder involving formaldehyde and/or phencyclidine, but with limited information to make an accurate diagnosis. These Substance Use Disorders appear to be in remission in a controlled environment. And lastly, Mr. Martin's (Z72.811) *Adult Antisocial Behavior* appears to also be directly linked with his experience of Posttraumatic Stress Disorder, as manifested by the symptoms articulated above. According to the *DSM-5*, this designation (not a diagnosis) is categorized as another condition that may be a focus of clinical attention. Specifically, the code is used when the focus of clinical attention includes antisocial behavior that is not directly due to a character-based mental disorder like Conduct Disorder or Antisocial Personality Disorder.<sup>22</sup>

Furthermore, Personality Disorders were considered and ruled out, as the *DSM-5* indicates in Criterion E of the general diagnostic criteria for any Personality Disorder, "The enduring pattern is not better explained as a manifestation or consequence of another mental disorder."<sup>23</sup> In this case, the enduring pattern is better explained as a manifestation of Posttraumatic Stress Disorder. Results of this evaluation converged to describe a man whose expression of trauma symptoms mirrors some facets of an Antisocial Personality Disorder, Borderline Personality Disorder, or other Cluster B Personality Disorders; however, these behavioral criteria are better explained by the physiological, cognitive, emotional, and interpersonally devastating features seen in survivors of severe trauma like Mr. Martin has sustained throughout his life. While it is important to attend to Mr. Martin's history of very dangerous behaviors that have marked his relationships throughout his childhood and adulthood, it is extremely important to conceptualize and contextualize those behaviors as resulting from - and inextricably intertwined with - an unimaginable history of acute and chronic trauma.

All of the methods, conclusions, and opinions offered in this report were readily available to a competent psychologist in 2014, and those methods employed in this current evaluation are the same that would have been employed by the undersigned for a sentencing evaluation conducted at that time. All are presented to a reasonable degree of psychological certainty.

*I declare under penalty of perjury that the foregoing is true and correct. Executed on 10/6/2021,*



Robin Belcher-Timme, Psy.D., ABPP  
Licensed Psychologist  
Board-Certified in Forensic Psychology  
Diplomate, American Board of Professional Psychology  
Fellow, American Academy of Forensic Psychology  
Certified Correctional Health Professional – Mental Health

---

<sup>22</sup> *DSM-5* at page 726.

<sup>23</sup> *DSM-5* at page 647.