

EXHIBIT C

DAWN M. HUGHES, PH.D., ABPP

CLINICAL & FORENSIC PSYCHOLOGIST

274 MADISON AVENUE - SUITE 604

NEW YORK, NEW YORK 10016

TELEPHONE: (212) 481-7044

FACSIMILE: (212) 481-7045

EMAIL: HUGHES@DRDAWNHUGHES.COM

WEB: WWW.DRDAWNHUGHES.COM

NEW YORK STATE LICENSED PSYCHOLOGIST
BOARD CERTIFIED IN FORENSIC PSYCHOLOGY

CONFIDENTIAL

For Mediation Purposes Only

In the matter of Borys, et al. v. Our Rescue, fka Operation Underground

Railroad, Inc., et al.

Case No. 2:24-cv-00794-RJS

INTRODUCTION

I was asked by counsel for plaintiffs Borys, et.al. to provide this expert report to address psychological dynamics often found in sexual exploitation, sexual abuse, and coercive control. This is relevant because the psychological dynamics, consequences, and coping responses to sexual exploitation and coercive control are often counterintuitive and outside the ken of the average person. Interpersonal abuse and sexual victimization often include paradoxical behaviors of victims that need to be understood in the larger context of the abuse that they experienced. Expert testimony is frequently utilized to address the many misunderstandings and misconceptions about sexual abuse, sex trafficking, and exploitation, as well as psychological manipulation and the abuse of power and control. This report is based on decades of empirical research and psychological study on the dynamics and consequences of interpersonal victimization, as well as my over thirty years assessing and treating individuals who have endured such traumatic experiences.

I have not evaluated any specific victim in this case, and therefore, I am not making any specific conclusions about their individual experiences or psychological effects. I have only reviewed the two complaints involved, and I recognize that the allegations are contested and

denied. However, in reviewing and analyzing these materials, if they are accurate, many troubling and abusive psychological dynamics and themes become evident to me as a psychologist who is specifically trained in trauma and has worked with and evaluated thousands of victims of various forms of psychological exploitation, coercive control, and sexual victimization.

QUALIFICATIONS

I am a licensed clinical and board-certified forensic psychologist and an expert in sexual abuse, interpersonal violence, and traumatic stress. I have conducted thousands of assessments and psychological treatments of abuse survivors over my thirty-year career. I have had extensive training and experience regarding the dynamics and consequences of sexual assault and rape, emotional and psychological abuse, coercive control, exploitation, sex trafficking, sexual harassment, and traumatic stress. I have served as an expert witness on many high-profile criminal and civil cases involving psychological trauma, intimate partner homicide, coercive control, rape, sexual assault, childhood sexual abuse, clergy abuse, Boy Scout abuse, sexual harassment, cult abuse, and wrongful conviction, among others.

In addition to maintaining an independent practice where I treat individuals through psychotherapy, I am a Clinical Assistant Professor of Psychology in the Department of Psychiatry at Weill Cornell Medical College, serving on the voluntary psychology teaching faculty. I was a founding member and am the immediate past-president of the Trauma Psychology Division of the American Psychological Association, and I continue to serve on the Executive Committee. I served as President of the NYC Women's Mental Health Consortium from 2009 to 2017 and am a member of other trauma and professional organizations. I have delivered many professional presentations, invited addresses, legal and mental health trainings, and judicial training in the areas of interpersonal violence and

trauma. I am Board Certified in Forensic Psychology and have been qualified as an expert witness by courts in the States of New York, New Jersey, Connecticut, Pennsylvania, and Virginia, as well as the United States District Courts for the Southern, Eastern, and Northern Districts of New York.

COERCIVE CONTROL

Coercive control is a tactic of victimization and a strategy to gain dominance over another person. We see coercive control happening across various exploitative relationships, such as between partners, cults, gangs, sex traffickers, pimps, con artists, and cases of childhood sexual abuse. Coercive control is a purposeful, **repeated pattern of behavior**, not a single event, intended to first gain and then maintain power and dominance over another person. It often involves a range of physical, sexual, psychological, emotional, and economic tactics that work together to control the victim. Specifically, these tactics may include physical violence or threats; harm or aggression; sexual assault and abuse; sexual degradation; microregulation; financial and economic domination; control over reproductive health; manipulation through drugs or alcohol; physical and emotional isolation from support networks and outside influences; blackmail with collateral or damaging information; exploitation of existing psychological, traumatic, or financial vulnerabilities; psychological degradation and humiliation; gaslighting; and surveillance methods that limit privacy and independent thought, while reinforcing the idea that the perpetrator is always present. These abusive strategies serve to suppress an individual's freedom and independence. Often, these tactics are subtle, used privately, and not immediately obvious to outsiders.

Regarding sexual abuse, coercive control can involve the perpetrator forcing the victim to participate in sexual activities they would not normally engage in, out of fear of negative consequences if they refuse. This may include risky sexual behaviors, sex acts with third parties in the perpetrator's presence, voyeurism, and taking photos and videos without explicit consent.

Due to coercive control, an abuser can foster an environment of fear and obedience that influences a victim's decision-making and free will, while also manipulating their emotions. The perpetrator's coercive tactics and abuse are often mixed with rewards, positivity, affection, and normalcy, which can build emotional bonds and psychological dependence. A victim may struggle to escape from a coercive, controlling, and abusive situation because of fear, not wanting to cause trouble for their abuser, avoiding trouble themselves, fear of retaliation (believing threats might be carried out), emotional attachment, financial reliance, or other reasons, as well as a lack of tangible resources, emotional and traumatic distress, and psychological confusion about what is happening to them.

Coercive control can happen in organized groups whose goal is to dominate members through psychological manipulation and pressure tactics. These groups often revolve around a shared commitment to a charismatic leader or ideology. It requires a high level of dedication from at least some members. Abusive organizations that practice, endorse, or enable coercive control often share some common features: a charismatic leader (skilled manipulators); systems of control (which give followers meaning and purpose); peer pressure systems (ranging from subtle coercion to outright abuse and threats); a lack of openness to different theories or explanations; and isolation (making members believe others are against them and 'us').

In this case, there were many elements, if true, that could be understood as Ballard utilizing coercive control and psychological manipulation to achieve his abusive goals. First, a perpetrator "sets the stage" and selects their victim to deceive and dominate. These tactics are often non-violent, seductive, persuasive, seemingly normal, and make a victim more likely to comply early in the relationship. Tactics that were identified in this matter include:

- establish a noble purpose – stop sex trafficking of women and children
- established legitimacy through others (Reyes, Trump, religious leaders) that

reinforced his powerful position and instilled quick trust

- utilized religion and God to fulfill a purpose greater than themselves
- told victims that they were “chosen” and special
- had larger organizational support
- falsely preached safety and boundaries
- told them his wife was knowledgeable and fine with all of it
- gave “tests” - victims had to prove themselves to belong and be worthy of the mission
- had victims sign an NDA, making it seem legitimate and official
- planted the seed of secrecy

Then, once the victim is hooked, more elaborate methods and tactics are used to further compliance and ensure nondisclosure of the aberrant acts. Tactics that were identified in this matter include:

- establish an “us against them” narrative
- demonize real and imagined detractors (those who spoke the truth or tried to expose the abuse scheme). Ballard called the other victims who left “crazy” or “obsessed” because they fell in love with him.
- demand loyalty
- gaslighting – making victims question their own perceptions and judgments
- continued to have victims pass tests and prove themselves
- continued to ply victims with platitudes and specialness
- preached secrecy with fear of negative consequences for non-compliance (damage the “operation”; I will sue you; no one will believe you)
- shut down victims’ questioning the legitimacy of the sexualized behaviors and “ops” with threatening tactics (increased danger; threat of being killed; or endangering the mission). Victims were already placed in dangerous scenarios (or

- at least made to believe they were), which increased their peril, making them more fearful for their lives, thus increasing their compliance with Ballard to survive
- surveillance tactics (tracked victims and use of burner phones)
 - isolation - don't tell others; don't tell your husband; can't talk about the operation; can't have your own cell phone
 - victims were trapped and entrapped in a foreign land with no access to money, phone, or resources to leave
 - Ballard acted erratically and unpredictably at times, creating a greater sense of instability, fear, and trepidation
 - threatened suicide

SEXUAL GROOMING

Grooming is a term used in the professional literature that refers to using nonviolent techniques to gain compliance of a victim and to ensure nondisclosure of the abuse. It involves selecting a victim, building trust and cooperation, isolating the victim, creating dependence, and keeping the abuse secret. It is not a single act, but rather a process that develops over time. The core intent is harmful and solely benefits the perpetrator.

Perpetrators use many tactics and behaviors aimed at building trust and attachment, which they then exploit. By telling victims they are chosen, special, and trustworthy, the abuser emotionally manipulates trust to initiate sexual abuse. Perpetrators often engage in sexual desensitization, gradually pushing the boundaries of sexual deviance, introducing more sexual acts, and offering justifications and rationalizations. They may start with seemingly harmless touches, move to sexual questions, sexual talk, touching, kissing, and eventually more invasive sexual activity. Perpetrators often claim that what they are doing is “normal” or “teaching.” The dynamics of dependency, loyalty, power, trust, emotional connection to

the perpetrator, emotional discomfort, and fear create overwhelming psychological confusion and distress, making it hard for victims to break free.

Sexual grooming identified in this matter includes:

- he slowly desensitized women to sexualized touch
- he normalized sexual activity as part of the mission
- he even had a name for it with a contract – “The Couple’s Ruse”
- he established dominance
- he established the victims’ importance to the mission and specialness – picked out of thousands – special bond – no one like you
- he demanded secrecy (don’t tell your husband; burner phones; Signal app; delete messages; turn off surveillance cameras)
- he gaslighted his victims (An abusive technique that makes you question your perceptions and reality. It includes blatant and obvious lies to your face.)

SEXUAL ABUSE MYTHS

Rape myths are false beliefs—though they are widely held by laypeople—about rape and sexual assault that do not align with research and empirical findings in psychology and social sciences. We have studied the prevalence, dynamics, responses, and consequences of rape and sexual assault since at least the 1970s.

Put simply, rape myths are false, stereotyped, and prejudicial beliefs about sexual assault—both in terms of how it occurs (the dynamics of the assault) and how victims respond to it (the psychological effects). Sometimes, it may seem counterintuitive to what we believe someone *should do* or what we think *we would* do in such a situation. Often, these beliefs are mistaken, as we tend to overestimate our power in such moments and overlook the very real

psychological, biological, and neurological fear responses that take over when we are violated or threatened.

The behavior of sexual assault victims often goes against what a layperson might expect. Interpersonal traumas, such as sexual victimization by someone you know and trust who breaches that trust in an incredibly intimate and vulnerable way, add a significant emotional layer that causes victims to act differently than victims of other non-interpersonal traumas (like floods, fires, earthquakes, or car accidents).

It is common for victims of rape or sexual assault to internalize their reactions rather than show them outwardly. Instead of fighting back, they may freeze. Instead of crying out for help, they stay silent. Instead of telling someone, they keep it a secret. Instead of calling law enforcement, they suffer alone. Instead of blaming the perpetrator, victims and society often blame themselves or question their responses, rather than focusing on what the perpetrator inflicted upon them.

PERPETRATORS OF SEXUAL ASSAULT

The vast majority of rape and sexual assault victims know their perpetrator. Stranger-rape scenarios are one of the biggest myths in the victimization field. The empirical data and research repeatedly disprove the notion that women are randomly pulled into dark alleys and raped by strangers with knives. In numerous studies with different methodologies, the perpetrators are most often current or former partners or acquaintances (such as bosses, coworkers, friends, dates, or neighbors). Because rape and sexual assault are grounded in an abuse of power and control, people in authority—like bosses, supervisors, teachers, or doctors—are also frequently identified as perpetrators. The data aligns with my thirty years of clinical experience, during which I have treated many victims of rape and sexual assault who knew their attacker.

WHY DO VICTIMS STAY?

It is crucial to understand that a person's difficulty in leaving an abusive situation (such as work, an intimate partner, or a cult) does not mean they are unconcerned about the abuse or want it to continue. Instead, the victim cares deeply about the abuse but feels powerless to change the situation. Therefore, they may resort to psychological avoidance, suppression, and compliance to maintain the relational status quo. Safety concerns often drive this compliance behavior if they have been threatened with violence or harm.

When sexual assault and related victimization happen by someone with authority or power over the victim, such as a boss or supervisor, or in situations with a significant age gap, a coercive relational dynamic is created. It causes betrayal trauma. It results in powerless trauma. And when it occurs within a relationship, it's never as simple as just breaking up or quitting a job or organization.

I have treated countless individuals dealing with psychological and traumatic distress after exposure to similar abusive and coercive behaviors from their bosses, superiors, cult leaders, and religious figures. The level of indoctrination and mind control in these settings is extensive and creates invisible handcuffs and psychological confusion. Over time, victims adopt small acts of resistance and rebellion to regain autonomy, safety, and emotional stability, which enables them to problem-solve and work toward escaping their abusers. Leaving is a process that often requires multiple attempts.

REPORTING TO THE POLICE

There is extensive and long-standing empirical evidence explaining why people do not report rape and sexual assault to the police. According to the FBI and Department of Justice, rape

and sexual assault remain one of the most underreported crimes. The Bureau of Justice Statistics (BJS) conducts a yearly National Crime Victimization Survey (NCVS), which is the main source of information on criminal victimization in the country. Over the past thirty years, the reporting rate for rape and sexual assault on the NCVS has stayed close to 23 percent, with some years higher and others lower. Clinical studies indicate an even lower rate of reporting to the police. Therefore, the data clearly shows that most victims of rape and sexual assault do not report their cases to the police.

DELAYED DISCLOSURE

Research shows that a sexual assault victim might wait months or even years before they openly discuss the abuse. There are many barriers to disclosure, such as concerns about others' perceptions and expected reactions, fear of getting into trouble if they tell someone, worry that others will blame or judge them, fear of not being believed, or concern that the perpetrator might face consequences. Internal psychological factors also hinder disclosure, including shame, guilt, humiliation, self-blame, confusion, traumatic stress, and difficulty recognizing that they have been victimized.

The relationship between the victim and the perpetrator also affects the disclosure process. The nature of their relationship can interfere with the victim's ability to recognize and label what happened to them as sexual abuse. The closer the victim is to the perpetrator, the less likely they are to label their violation as abuse, especially since such situations often involve psychological manipulation, attachment, and betrayal of trust. A relationship built on trust and/or a power imbalance can also make it more likely that the victim will not disclose or will delay disclosure. Gender norms, traditions, and culture can also influence how a victim responds to sexual abuse and their decision to disclose.

COPING STRATEGIES

The research has identified a wide range of psychological defense mechanisms and coping strategies related to victimization and sexual exploitation. These strategies allow individuals to maintain an attachment to and a relationship with the perpetrator while attempting to set aside painful and confusing psychological distress. Victims often rely on ingrained responses to power to stay safe, such as trying to please or placate the abuser, bargaining with the perpetrator, obeying demands and expectations, and/or remaining silent. Additionally, victims may engage in avoidance, compartmentalization, minimization, directed forgetting, making excuses for others, self-blame, and denial. They may also attempt to numb and downplay painful sexual and abusive experiences through substances like drugs and alcohol. When discussing their experiences of sexual abuse, individuals typically avoid terms like sexual assault or rape and instead use minimizing or distancing language, such as describing it as an unwanted or uncomfortable experience.

Typically, victims feel mentally defeated when they realize they cannot prevent the abuse or its escalation. Many victims respond verbally to express non-consent, but they are overpowered. Many victims display behavioral cues indicating a lack of consent, such as polite resistance and attempts to persuade, deflect, or convince the perpetrator to stop—responses rooted in safety. However, they too are often overpowered. Research clearly shows that it is the perpetrator's responsibility not to abuse or victimize, regardless of the victim's ability to stop it.

PSYCHOLOGICAL CONSEQUENCES OF VICTIMIZATION

The psychological effects of rape and sexual assault are well researched and documented, including anxiety, depression, PTSD, dissociation, anger, fears, social issues, trust problems, sexual difficulties, shame, embarrassment, concentration and attention struggles, self-blame,

sleep issues, memory concerns, and negative health behaviors such as alcohol and substance use, eating disorders, and sexual risk-taking. Rape and sexual assault are among the traumatic stressors listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) that can lead to Posttraumatic Stress Disorder (PTSD).

Individual differences in responses to trauma and the path of trauma recovery are shaped by a complex mix of psychological, behavioral, social, and biological factors, along with past experiences and vulnerabilities. In my practice, I have treated individuals who respond to victimization by showing full-blown PTSD. Conversely, others have suffered significantly in various areas but do not meet the full criteria for PTSD. Many experience anxiety, depression, shame, sleep problems, replaying events, relationship issues, and low self-esteem. Additionally, the complexity of psychological manipulation and coercive control that accompanies sexual victimization directly influences the severity of trauma symptoms and the recovery process. Generally, survivors' recovery is affected by the amount of social support they have, their internal psychological resources to handle their traumatic distress, their tangible and practical resources, their belief in their ability to protect themselves in the future, and appropriate, supportive trauma treatment.

DRAFT

August 11, 2025

Dawn M. Hughes, Ph.D., ABPP
Board Certified in Forensic Psychology

Date