1 having been first duly sworn, testified as follows:

2 **DIRECT EXAMINATION**

3 **BY MS. COLLINS:**

4 Q. Can you please state your name and spell your
5 first and last name?

6 A. Yes. I'm Tiffani Dusang. T-i-f-f-a-n-i.
7 D-u-s-a-n-g.

8 Q. Ms. Dusang, what do you do for a living?

9 A. I'm a forensic nurse examiner with the Memorial
10 Hermann Healthcare System.

11 Q. Okay. Let's start with, what exactly is a
12 forensic nurse examiner?

13 A. A forensic nurse examiner is a nurse who's been
14 specially trained to give comprehensive care to patients
15 with inflicted trauma.

16 Q. You mentioned that you work for Memorial Health
17 Care System.

18 A. Correct.

19 Q. How long have you worked with them?

20 A. I've worked with them since 1998.

21 Q. How long have you been a forensic nurse
22 examiner?

23 A. I've been a forensic nurse examiner since 2004.

24 Q. Can you tell us about the education and
25 training you received to allow you to be a forensic

1 nurse examiner?
2 A. Okay. To be a forensic nurse examiner, you
3 have to be a registered nurse for at least two years.
4 I've been a registered nurse since 1994. In 2004, to
5 practice on the forensic nursing team with Memorial
6 Hermann, you have to become a certified adult and
7 pediatric sexual assault nurse examiner. And you do
8 that through the Texas Office of the Attorney General.
9 Q. Can you tell me about the training you go
10 through, that process to become a nurse examiner?
11 A. Sure. You have to go through about 80 hours of
12 classroom time. And then the state has delegated so
13 many hours, such as 24 hours of genital inspections,
14 speculum exams, 20 hours of well-child exams. You have
15 to accomplish ten exams with children, being precepted,
16 overlooked, and at least six with adults. And then you
17 have to be able to sit through so much courtroom time.
18 And for our team specifically, it goes quite a bit
19 longer. You're released when you're ready, but that's
20 just the minimum that you are required to be certified
21 through the state.
22 Q. You mentioned your team. Is that the Memorial
23 Hermann team?
24 A. Correct.
25 Q. What else is required above and beyond by your

1 team?
2 A. We have to carry basic life support through the
3 American Heart Association. We also have to carry
4 certification in the trauma nurse core course. And
5 that's through the Emergency Nurses Association. And
6 then many of us carry -- we're certified forensic
7 nurses. And I am as well. You get that through the
8 American College of Forensic Examiners Institute.
9 Q. How long have you been a certified forensic
10 nurse examiner?
11 A. 2008.
12 Q. To back up just a little bit, I'm assuming
13 you've had some schooling to become an RN or registered
14 nurse. Can you tell us about that?
15 A. Sure. I graduated 1994 from Baylor University.
16 And then was -- became a registered nurse in the state
17 of Texas after that.
18 Q. Let me ask you this. Was it a choice to become
19 a forensic nurse examiner?
20 A. It was.
21 Q. Why did you choose to become a forensic nurse
22 examiner?
23 A. I concentrated most of my practice in the
24 emergency department, probably from around 1995 on up.
25 And during my course of being in the emergency

1 department, I had the experience to take care of sexual
2 assault patients, patients of domestic violence and
3 child abuse. I just really had a heart for it, so...
4 Q. What is different, if at all, about the way you
5 treat a patient as a forensic nurse examiner than when
6 you were just working in the ER as a registered nurse
7 before?
8 A. More concentrated and specific for that
9 individual and what happened to them. So, instead of
10 taking care of multiple patients at once, I concentrate
11 on that one patient for that moment in time. And I take
12 care of them up until I'm done. So, it's a lengthier,
13 more individual process, which requires more training.
14 And that would probably be the primary difference.
15 Q. When we talk about forensic nurse examiners,
16 other than the individualized process is there any
17 different goals as a forensic nurse examiner than as a
18 nurse?
19 A. I would say yes. There's a lot more
20 certifications to be held. You have to keep up with
21 your certifications every two years. You have to
22 maintain the experience to keep them. There's training
23 that has to be -- you have to take in training about
24 every three months. I guess it's just going to be more
25 certifications, more education.

1 Q. How do you first get involved with a patient as
2 a forensic nurse examiner?
3 A. We have Memorial Hermann dispatch, the same
4 dispatch that calls out Life Flight. They get called by
5 one of the ten Memorial Hospitals with a patient.
6 Usually they're arriving in the emergency room. And
7 they'll page the nurse on-call. And then that nurse
8 will return the call back to dispatch and they'll let
9 them know where the patient is and what hospital.
10 Q. I assume that means you're not the first person
11 that deals with any of the patients?
12 A. Correct.
13 Q. Okay. How long is the wait normally between
14 the time someone shows up in the ER and the time you get
15 to them?
16 A. It can be anywhere from one to two hours,
17 unless we have a lot of patients to be seen. Sometimes
18 it can be a little bit longer.
19 Q. I want to specifically zero in on October 27th,
20 2009. Were you working on that night?
21 A. I was.
22 Q. And where were you working that night?
23 A. I was on the pager and I was paged to Memorial
24 Hermann Katy Hospital.
25 Q. Now, when you were paged and go out for a

1 forensic nurse examination, what exactly does that
2 consist of?
3 A. When we go out to do a forensic nurse
4 examination, we first go in and greet the patient and
5 then we start with having a consent signed. And then we
6 do what is called a four-step process exam. We take a
7 history and then we do a physical exam from head to toe.
8 And then we'll do a detailed genital exam. And then we
9 will collect evidence.
10 Q. What is the goal of that examination?
11 A. The goal of that exam is for the diagnosis and
12 treatment of our patient. It's to be able to provide
13 health care to the patient, looking at their injuries,
14 documenting them, figuring out what's happened, what do
15 they need after discharge. It's the entire scope of
16 health care for them.
17 Q. As a forensic nurse examiner, do you work as a
18 health care provider or do you work for law enforcement?
19 A. We work as a health care provider.
20 Q. When you have these interactions and
21 examinations, do you keep records of them?
22 A. We do.
23 Q. Why do you keep records?
24 A. We keep records -- well, anybody that's taken
25 care of in the hospital, they'll keep records; but it's

1 used for further purposes. You know, if they need them
2 for legal reasons, we always have records.
3 Q. And the records that you take, do you take them
4 right after you've had the examination or weeks later,
5 months later? When are those records taken?
6 A. At the time of the exam.
7 Q. You mentioned being called out on October 27th,
8 2009, to the Katy Memorial Hermann Hospital. On that
9 evening, did you have a chance to interact with Ryleigh
10 Launer?
11 A. I did.
12 Q. And about what time were you first called out
13 to the hospital to meet with Ryleigh?
14 A. I know the exam started at 10:20 p.m. So, I
15 would probably guesstimate I was called out about an
16 hour-and-a-half prior to that.
17 Q. Would it help to have your records in front of
18 you?
19 A. Probably, yeah.
20 MS. COLLINS: Your Honor, at this time, we
21 offer into evidence State's Exhibits 10 and 11, medical
22 records for Memorial Hermann at Katy. They have been on
23 record with the Court for the requisite period of time.
24 **(State's Exhibit No. 10 and 11 Offered)**
25 MR. OLIVER: No objections to State's 10.

1 THE COURT: Admitted without objection.
2 MR. OLIVER: No objections to State's 11.
3 THE COURT: Admitted without objection.
4 **(State's Exhibit No. 10 and 11 Admitted)**
5 Q. (By Ms. Collins) Okay. Ms. Dusang, let me hand
6 these over to you (indicating).
7 A. Okay.
8 Q. Can you tell from these records when Ryleigh
9 got to Katy Memorial Hospital?
10 A. Let me see. Her arrival time was 20:59, which
11 is right around 9 o'clock p.m.
12 Q. Now, you mentioned this four-step process that
13 came after a consent; is that correct?
14 A. Correct.
15 Q. Why is it important to get consent from a
16 patient?
17 A. You get consent from a patient or the parent or
18 guardian because we're going to be looking over their
19 bodies, looking at the genitalia, collecting evidence,
20 and taking down a history. So, it's important to make
21 sure they understand what's going to be happening and
22 get consent for that.
23 Q. How old was Ryleigh at the time?
24 A. Three.
25 Q. Did you get consent from her or was there

1 somebody else that gave that consent?
2 A. I got it from mom.
3 Q. Do you remember what her name was?
4 A. Therasa.
5 Q. When you get -- after you get that consent, do
6 Ryleigh and her mom stay together during this
7 examination process or are they separated? How does
8 that work?
9 A. They are separated.
10 Q. Why do you separate the two of them?
11 A. Because we do not allow parents in with
12 children. We want to be able to have the child tell us
13 what happened and be free to make statements throughout
14 the exam without any parental influence in the room.
15 Q. Did you do that in this case?
16 A. Yes.
17 Q. Once you separated Ryleigh from her mother,
18 what happens at that point?
19 A. With children, we begin to play and color until
20 they're comfortable. Once they're comfortable, we'll be
21 talking and I'll usually ask them why they're at the
22 hospital, you know, do they know why they're here, what
23 happened, questions like that.
24 Q. Now, prior to asking the child that question,
25 do you get any kind of background information of what

1 you're looking at?
2 A. I do. Usually through Mom, they've already
3 told me what the concern is. They don't necessarily --
4 I don't ask what the child has said or get any
5 additional information. I really want to go in and talk
6 to the child first, but I do know the reason that
7 they're at the hospital.
8 Q. I'm assuming since you've been called at that
9 point that there's been some allegation of sexual abuse
10 or something that would require a forensic nurse
11 examiner?
12 A. Correct.
13 Q. Okay. Once you get Ryleigh in an examination
14 room -- or where is it that you take her?
15 A. We have examination rooms in the other
16 hospitals, but Memorial Hermann Katy and our outlying
17 hospitals, it's just a normal emergency room that I
18 bring my equipment into.
19 Q. When you got Ryleigh into this examination
20 room, did you ask her that question of why she was
21 there?
22 A. I did.
23 Q. Was she able to give you a response?
24 A. She did.
25 Q. What did Ryleigh tell you?

1 A. She stated: Bobby, he licked my gina.
2 And what I do at that point is relay their
3 exact words back to them and ask them: Where that is?
4 At that point, she pointed between her legs to her
5 female genitalia.
6 Q. Were y'all at all surprised that a 3-year-old
7 knew that terminology?
8 A. I would say that 3-year-olds are probably my
9 earliest children to give histories, but not surprised.
10 Especially with little girls. Little girls will
11 usually -- you know, are much easier to come out and
12 tell me.
13 Q. When she told you that he had licked her -- and
14 what did she actually call it?
15 A. She called it a gina.
16 Q. Okay. -- and points to her genitalia, did that
17 end the history or did you ask any questions about other
18 touching?
19 A. After she states that, that is the end of the
20 history. Because in that history, there's no questions
21 that would lead her to give me more. I just let it be
22 her words. After that, we will go into what we call
23 some clarification questions. These answers do not go
24 in the history. They're different. These are just
25 questions to make sure nothing else had happened.

1 Q. Can you give us an idea of what those
2 clarification questions are?
3 A. Sure. Some of these questions aren't
4 appropriate for a 3-year-old because they wouldn't know.
5 So, we just mark unknown. Such as lubrication,
6 contraceptive, condom was used. They don't understand
7 those questions. So, we mark unknown on those.
8 But we usually ask: Was there any touching
9 anywhere else on your body? Did he lick anywhere else
10 on your body? We ask those kind of questions.
11 Q. Did she tell you about him licking any other
12 part of her body?
13 A. She did. When I asked: Did he lick anywhere
14 else; and she said: He licked here. And she pointed
15 back to her buttocks and said: Back here.
16 Q. When a child says this to you, do you ask them
17 questions like: Who is this, where did this happen,
18 things like that?
19 A. Not usually. We just get the name. And then
20 at the end of the exam, I may check with Mom to make
21 sure this person isn't necessarily -- we want to make
22 sure the child goes home safe -- this person isn't
23 necessarily living in the home, that the child will be
24 safe once they leave the hospital.
25 Q. Why don't you ask detailed questions, you know,

1 kind of investigative type questions?
2 A. Because we leave that for law enforcement.
3 Q. Did you ask any further questions of Ryleigh
4 about touching in any other places, licking in any other
5 places?
6 A. No. For a 3-year-old, that's pretty much it.
7 Q. What happens after she gives the history?
8 A. After she gives the history, we'll take off her
9 clothes and put her in a little gown and then we begin
10 to look her over from head to toe looking for bruises,
11 abrasions, any tears to the skin. We look from the top
12 of her head to the bottom of her toes.
13 Q. In a situation like this where all she said is
14 that he licked her, where it doesn't sound like a lot of
15 physical force, aggressive behavior has been used, why
16 do you still look for physical injuries?
17 A. Because we understand that children may not be
18 able to relate everything at one time. So, yes, we
19 always, always look over the head for any injuries that
20 could concern us. We do that with every patient, child,
21 adult, elderly. That's part of the exam, looking from
22 head to toe.
23 Q. In Ryleigh's case, did you find any physical
24 injuries that were concerning to you?
25 A. I did not.

1 Q. Did you find any physical injuries at all?
2 A. No.
3 Q. Did that surprise you?
4 A. No.
5 Q. Why not?
6 A. We rarely find injury on children. Unless it's
7 specifically called in for child abuse, we rarely find
8 injury.
9 Q. Once you do the physical head-to-toe review of
10 Ryleigh, what happens at that point?
11 A. Then we'll do a detailed genital exam. That's
12 where we lay them flat on their back and we use
13 something called a colposcope. What that does, it's a
14 lens that we look through that just magnifies the tissue
15 up to 15 times so we can even see the smallest injury.
16 Q. Do you expect to find anything when you do
17 that?
18 A. I do not.
19 Q. Why not? Especially when we're dealing with a
20 3-year-old little kid.
21 A. Rarely, rarely find injury on children. I
22 would say 2 to 3 percent of the time. I've taken care
23 of probably 1600 patients and I would say that statistic
24 even from my practice is correct.
25 Q. 1600 forensic examinations?

1 A. Correct.
2 Q. And that's over the past decade or so?
3 A. 2004, yeah.
4 Q. Why do you look then if you're expecting
5 there's not going to be injury?
6 A. Because we don't want to miss if there is
7 injury. And, obviously, that's part of having a
8 comprehensive exam.
9 Q. In Ryleigh's case, did you find anything, any
10 injuries of note?
11 A. I did not.
12 Q. Ms. Dusang, would you consider the anogenital
13 exam intrusive?
14 A. I would consider it intrusive because you're
15 looking at all the parts of the genitalia. So, there's
16 lot of separating and looking at all the structures.
17 So, it's not painful, but it is intrusive.
18 Q. Do you tell Ryleigh or her mother about the
19 intrusive nature of the examination before you get
20 consent?
21 A. I do.
22 Q. Why is it important for you to let them know
23 exactly what you're doing or going to do?
24 A. Well, because I think any time we're going to
25 be looking at a child's genitalia, any -- obviously, if

1 it's the patient themselves, they know and they can give
2 consent, but when you're looking at parent's child and
3 looking closely at their genitalia, they need to know
4 how we're going to do that, that were going to make the
5 child comfortable, that it should not at all hurt, so
6 they're aware of what they're giving consent to.
7 Q. As you're going through the examination process
8 with Ryleigh, do you tell her what's going on?
9 A. I do.
10 Q. How do you go about doing that?
11 A. With her age group, we usually, since we always
12 start with the physical exam, saying we're looking for
13 boo-boos, something like that. So, they know we're
14 looking for boo-boos, bruises, all that stuff. So, when
15 we get down to the genitalia area, we'll say: We're
16 just looking like Mommy did when she changed your
17 diaper. We tell them we're looking for boo-boos, stuff
18 like that. They're relating it to the rest of the exam.
19 Q. At any point did Ryleigh's mother or Ryleigh,
20 as the examination is going on, tell you: I don't want
21 to do this?
22 A. No.
23 Q. As you're going through the examination
24 process, do you do anything to collect or save any
25 evidence that might be on Ryleigh?

1 A. We do. As we do the head-to-toe assessment and
2 we do the assessment of the genitalia, we're collecting
3 evidence as we go.
4 Q. What do you mean by that?
5 A. So, for instance, we'll be collecting swabs in
6 the event that anything occurred. So, just oral swabs.
7 You know, we know children don't always tell us
8 everything in one sitting. So, we go ahead and collect
9 oral swabs in case there's any oral penetration. We
10 will go down and collect her DNA out of her mouth as
11 well. When we get to the genitalia, we'll swab the
12 labia majora, which is the fatty outer lips. That's the
13 beginning of the female genitalia. And then we'll
14 separate and swab inside the female genitalia on the
15 thin inner lips, which is the labia minora in there.
16 And then after that, we'll also swab the anus area. We
17 never swab on a child that young inside the vaginal
18 vault.
19 Q. When you're taking all these swabs and all this
20 evidence, where does that evidence go?
21 A. We have individual boxes for each swabbing.
22 So, for instance, the oral swabs go into a box that we
23 label oral. We seal both ends and initial. Then we put
24 that into an envelope, close that, seal it, and date and
25 time and initial that. And it's done that way for every

1 piece of evidence. At the end, it's all placed inside a
2 box with a copy of our paperwork. We seal that box,
3 date, time, and initial it as well.
4 Q. Once you sealed it all up, signed it, packaged
5 it, where does that evidence go?
6 A. The evidence goes to law enforcement.
7 Q. In this case, do you know, other than the swabs
8 that were taken, if any other evidence was collected?
9 A. I did. I collected her black pants and her
10 purple shirt. And those are placed in separate bags.
11 You never put clothing in the actual box. So, they have
12 their own bags, of which it is also sealed, labeled,
13 dated, timed, and initialed.
14 Q. In this case, did you also collect her
15 underwear, her panties?
16 A. I did. Those were placed inside the box.
17 Q. In this particular case, who handed this
18 evidence over to law enforcement?
19 A. I did.
20 Q. And how do you know you were the one that did
21 that?
22 A. Because we fill out a chain of custody form
23 every time we release. We put the date and time that we
24 turn it over to law enforcement. And so, we do
25 signatures and sign off on the evidence together.

1 Q. When you're collecting this evidence,
2 specifically the clothing, are you taking the clothing
3 literally off the child? Do they have a change of
4 clothes? What happens to that?
5 A. We usually take the clothing off the child.
6 We're always wearing gloves. And then we place them
7 into a gown. And then take those pieces of clothing, we
8 label them, we look at them to make sure we don't see
9 anything on the clothing. If we do, we document that.
10 And then we go ahead and place them individually in
11 their own bags. We never put clothes together. They
12 always have their own bag.
13 Q. Do you ask any questions to determine whether
14 or not the child or another parent or anybody might have
15 done something that could have wiped away or removed
16 evidence?
17 A. We do. We have a set of questions that
18 basically goes through and asks if they've had a bath or
19 a shower or if they pee'd or pooped or vomited, eaten or
20 drank, brushed their teeth. It's a series of question
21 to let us know what has happened prior to them coming to
22 us that could have possibly affected our evidence
23 collection.
24 Q. Did you ask whether or not Ryleigh had wiped
25 prior to coming there?

1 A. I did.
2 Q. Had you asked whether or not she had bathed or
3 showered?
4 A. I did.
5 Q. And had she?
6 A. She had not bathed or showered. She had wiped.
7 Q. Had she gone to the bathroom?
8 A. She had pee'd.
9 Q. Had she had anything to eat or drink?
10 A. Yes, she had eaten and drinken {sic} and then
11 brushed her teeth.
12 Q. Had she at some point changed her clothes?
13 A. Yes. Mom told me she had changed out of those
14 clothes, but then she put them back on.
15 Q. In these questions that you're asking, are you
16 asking Mom, Therasa, or Ryleigh?
17 A. I'm asking them of Mom.
18 Q. Why Mom instead of Ryleigh?
19 A. Because Ryleigh -- 3-year olds aren't good at
20 relaying that situation. They could say yes to a shower
21 that happened three days ago. They're not really aware
22 of time very well.
23 Q. At some point, were you able to ask either
24 Ryleigh or her mother a timeframe for when this had
25 occurred?

1 A. Yes.
2 Q. Who did you ask?
3 A. I asked Mom that.
4 Q. Did she give you a timeframe?
5 A. She did. She said that she had been at the
6 daycare from 7:00 in the morning until 3:00 in the
7 afternoon.
8 Q. And to be clear, ma'am, was it Ryleigh who gave
9 you the name Bobby or was that her mother?
10 A. It was Ryleigh.
11 Q. Silly question: Is the vagina considered the
12 female sexual organ?
13 A. It's part of it, yes.
14 MS. COLLINS: Pass the witness, Your Honor.
15 THE COURT: All right.
16 MR. OLIVER: May it please the Court?
17 THE COURT: You may proceed.
18 **CROSS-EXAMINATION**
19 **BY MR. OLIVER:**
20 Q. Good afternoon, Ms. Dusang. Is it Dusang?
21 A. Dusang, yes.
22 Q. I'm Rick Oliver. I'll ask you some questions.
23 Okay?
24 A. Okay.
25 Q. If you don't understand any question, let me

1 know and I'll re-ask it.
2 A. Sure.
3 Q. Ms. Dusang, the word forensic, that's a law
4 enforcement term, isn't it?
5 A. No.
6 Q. Forensic is not law enforcement. You were RN
7 before you became a forensic nurse?
8 A. I was a registered nurse before I became a
9 forensic nurse, yes.
10 Q. You'd agree with me that registered nurses,
11 they provide and treat people at a hospital, correct?
12 A. They do.
13 Q. Okay. Is there anything that a SANE nurse can
14 do that a registered nurse can't do?
15 A. Well, we're trained to give special
16 comprehensive care regarding what their complaint is.
17 Yes, you have to go through special training to give
18 comprehensive care.
19 Q. You're specially trained to gather evidence in
20 particular cases?
21 A. Correct. We're specially trained to give
22 detailed documentation of injury, trained to do detailed
23 genital exams, how to get a detailed history, and then
24 how to collect detailed evidence.
25 Q. For particular types of cases?

1 A. Yes.
2 Q. These would be assaultive type cases?
3 A. Yes.
4 Q. Part of your training, as you were taught or
5 trained, that you work with law enforcement?
6 A. No. We're trained that we're health care
7 providers only and that we treat our patients to respect
8 their lives, to save lives and respect their legal
9 needs.
10 Q. At no point in your function do you work with
11 law enforcement?
12 A. No. There's a collaboration between advocacy
13 and law enforcement and health care. They all
14 particularly have their own role, but we don't work for
15 each other.
16 Q. But you gather evidence with the knowledge that
17 it's going to be turned over to law enforcement?
18 A. Correct. We do turn it over for law
19 enforcement, yes.
20 Q. And it's for the purposes of possible future
21 prosecution?
22 A. Correct.
23 Q. And part of your training as a SANE nurse is
24 how to come up here and testify, right?
25 A. Correct.

1 Q. Okay. So, this is a profession that is geared
2 towards helping law enforcement, even if you don't do it
3 directly?
4 A. It's a profession geared towards respecting the
5 legal needs of patients. Law enforcement is trained in
6 the very same way, how to come in court and testify, how
7 to do their investigation, as we are trained how to give
8 accurate health care to represent what we do in court.
9 Q. So, all of that is another way of saying you
10 work for law enforcement?
11 A. No.
12 Q. No. Okay.
13 Now as part of your -- so, you've testified
14 in trials before?
15 A. I have.
16 Q. Have you ever testified for the defense?
17 A. I've been subpoenaed by the defense, but I was
18 testifying for both, defense and prosecution. I was
19 subpoenaed by both.
20 Q. Have you ever been retained to testify as an
21 expert for defense?
22 A. No.
23 Q. Did you speak to the State of Texas prior to
24 the trial about this case?
25 A. I did.

1 Q. Have you and I ever met?
2 A. We have not.
3 Q. Never discussed this case?
4 A. Correct.
5 Q. Now, when Ms. Launer arrived at the hospital,
6 did you contact law enforcement at any point?
7 A. No. Law enforcement is contacted prior. The
8 only time I would contact law enforcement is for them to
9 come pick up the evidence, to turn it over to their
10 custody.
11 Q. Where you aware that law enforcement was at the
12 hospital with Ms. Launer when she arrived?
13 A. I don't recall. Usually they're gone by the
14 time I get there.
15 Q. Okay. One thing I wanted to ask you about is
16 on direct you testified that 2 to 3 percent of the cases
17 you see injuries on children. Correct?
18 A. Around that, 2 to 5, 2 to 3, 4, around in
19 there. Less than 5 percent.
20 Q. Let's break this out in two categories. Would
21 you agree that the vast majority of cases where there is
22 no trauma is where there is a delay in the outcry?
23 A. No. I wouldn't say -- I see a lot of kids
24 within the first 24 to 48 hours. Am I answering your
25 question correctly? I don't know if I understood it,

1 but...
2 Q. Let me ask you this way. How many kids do you
3 see that have outcried and said: I was assaulted today?
4 A. Quite a few.
5 Q. And if that child describes trauma or an
6 assault, you're saying to this jury you don't expect to
7 find any evidence of it?
8 A. Correct.
9 Q. So, your testimony is if a child tells you
10 they've been licked and you swab that area, you don't
11 expect there to be any evidence of it?
12 A. There may be evidence. I don't expect there to
13 necessarily be injury.
14 Q. So, by trauma you mean abrasions or bruises?
15 A. Or tears.
16 Q. Okay. But what I'm asking you is in situations
17 where someone outcries and it's an allegation such as
18 someone licked me and you swab that area, would you
19 expect to find evidence? Not trauma.
20 A. It would really depend on how much wiping and
21 bathing. I mean, we always collect in the hopes that
22 there is something there, but I don't know. I don't
23 follow up with the crime lab and find out what they find
24 afterwards, but we swab in the event there could be DNA
25 there.

1 Q. Okay. So, the nature of a forensic exam is you
2 get information from her, correct?
3 A. Correct.
4 Q. Or whoever, right?
5 A. From a child or patient first. And then
6 anything we need additionally, if we can't get
7 everything from child, we go to parent.
8 Q. You're going to examine the areas they claim
9 something happened?
10 A. Correct.
11 Q. But then also what you said is you do a
12 head-to-toe examination, very close examination, to see
13 if there is anything else?
14 A. Correct.
15 Q. That's because sometimes young children can't
16 articulate everything that happened?
17 A. Correct.
18 Q. And so, you would agree with me, then, that if
19 you conduct this head-to-toe examination and a child --
20 any child had been bitten by somebody, that even if they
21 didn't tell you, you would very likely find it; you
22 would see evidence of that?
23 A. Some -- if there was markings left behind, yes,
24 we would see it.
25 Q. Would you expect there -- because you just

1 don't use your eye, right? Y'all have things called
2 like a wood lamp, right?
3 A. We don't use the wood lamp that often. That's
4 to look for fluids mainly.
5 Q. Do you use that to look for semen, seminal
6 fluid, saliva, that sort of thing?
7 A. Sometimes. We don't use that as often now
8 because we swab and let the crime lab look for that.
9 You see them use that a lot -- years prior, they used
10 that lot.
11 Q. Okay. Do you do anything to magnify the areas
12 that you are looking at to see if there is any trauma or
13 evidence left behind?
14 A. We do with the genitalia. We use a colposcope.
15 Q. On the genitalia?
16 A. Only the genitalia.
17 Q. And so, in a situation where a child tells you
18 they licked my vagina, you'll use the colposcope?
19 A. Correct.
20 Q. Okay. You do a bunch of swabs, right?
21 A. Correct.
22 Q. What is it, two to the labia majora, two on the
23 inside?
24 A. Two on the outer, labia majora, the fatty outer
25 lips, and two on the inner, the labia minora, the thin

1 inner lips.
2 Q. Without being too explicit, the two swabs on
3 the labia majora, what area specifically are you
4 swabbing? Just a little spot or the whole area?
5 A. The whole outer part of that structure.
6 Q. So, like the front crotch area?
7 A. The fatty outer lips and just the outside of
8 that.
9 Q. Okay. Do you do it along both sides?
10 A. I do.
11 Q. Now, in this situation, you testified that she
12 told you that he licked her behind?
13 A. She said -- yes. Pointed to her buttocks and
14 said: Back here.
15 Q. I just want to clarify this. It says -- the
16 note or what I saw, it says: He licked here and here.
17 Did she point to two places on her behind, or was she
18 saying the front and the back? That was unclear.
19 A. Well, no. She said: He licks here, and
20 points. And then says: Back here.
21 Q. Okay. And where did she point?
22 A. Back to her buttocks.
23 Q. Where?
24 A. She was 3. If she had pointed directly like to
25 the anus, I would have put that; but usually a lot of

1 times they just point back there. That's all she did.
2 She pointed back to her buttocks.
3 Q. Did you do your best when you did the swabs on
4 the bottom to swab the area where she pointed?
5 A. I did.
6 Q. Your testimony was that when you asked her what
7 happened, she said: Bobby licked my gina?
8 A. Correct.
9 Q. You didn't hear the word vagina?
10 A. Correct.
11 Q. Did you hear her use the word owie at any point
12 in time?
13 A. Owie? No.
14 Q. You testified you look for boo-boos or owies or
15 boo-boos. Describe that. Just like abrasions or
16 bruises?
17 A. Abrasions, bruises, tears to the tissue.
18 Q. She didn't mention any owies on her body?
19 A. No.
20 Q. Your examination yielded no owies or boo-boos
21 anywhere on her body, correct?
22 A. Correct.
23 Q. Now, during the examination, you obviously came
24 into contact, took her panties off?
25 A. Correct.

1 Q. Did you remove her clothes or did she do it?
2 A. With a 3-year-old, I usually help them remove
3 their clothes.
4 Q. Okay. Were the panties wet when you took them
5 off?
6 A. Not that I recall.
7 Q. Damp or --
8 A. Not that I recall, no.
9 Q. Did you observe any soil stains or anything
10 that could be dried on the inside of the panties?
11 A. If I observe any stains in the panties, I will
12 document that.
13 Q. So, the fact that there's nothing like that
14 documented would indicate that you did not observe that?
15 A. Means I didn't observe any stains.
16 Q. Or any visual stains that could be dried
17 saliva, right?
18 A. Yeah, I saw no stains.
19 Q. So, in a situation where -- would you refer to
20 this as an immediate outcry?
21 A. Yes.
22 Q. What would be a delayed outcry? What time
23 period, just generally?
24 A. We don't have a timeframe, but I would say a
25 delayed outcry, outside of evidence collection range is

1 greater than 96 hours, but I've taken care of years out,
2 months out. So, anything within that first 24 hours to
3 96 hours is an acute outcry.
4 Q. We're talking about, in this case, less than
5 12, right?
6 A. Yes, correct.
7 Q. Now, so we know this is an immediate outcry
8 within 12 hours, right?
9 A. Correct.
10 Q. And the complainant did not wash herself,
11 right?
12 A. She only wiped.
13 Q. She did not bathe?
14 A. Correct.
15 Q. Didn't shower?
16 A. Correct.
17 MS. COLLINS: Your Honor, it's cumulative
18 at this point.
19 THE COURT: I'm sorry?
20 MS. COLLINS: Cumulative.
21 THE COURT: Sustained.
22 Q. (By Mr. Oliver) So, this is a best-case
23 scenario to actually find evidence if it's there, right?
24 A. If they haven't showered or bathed, that's the
25 best opportunity we're hoping to find evidence, yes.

1 Q. Now, you also said you make observations as to
2 the demeanor of the child, right?
3 A. Correct.
4 Q. You would agree that she was -- you noticed
5 nothing out of the ordinary with regards to her demeanor
6 that night?
7 A. Correct.
8 Q. Could you describe for the jury -- I mean, what
9 was she doing? Acting like a normal 3-year-old?
10 A. Right. When they're just normal, cooperative,
11 and age-appropriate, that's what we write, cooperative
12 and age-appropriate, meaning she was acting like a
13 normal 3-year-old.
14 Q. Now, did you mention anything to Ryleigh about
15 jail or police or anything like that?
16 A. No.
17 Q. You've made -- you're careful not to, right?
18 A. Correct.
19 Q. Okay. So, what you sent -- or you did oral
20 swabs to determine -- is that to determine her DNA?
21 A. No. Oral swabs are in the event of oral
22 penetration.
23 Q. Okay. But you checked that you did oral swabs
24 and oral smears, right?
25 A. Correct.

1 Q. There was no allegation of oral penetration as
2 far as you know, right?
3 A. That's right.
4 Q. You did that step anyway?
5 A. We do that anyway with children because of
6 their level of understanding. And what we know about
7 children is that their outcries can sometimes happen
8 over time. And so, just like we would with children, we
9 just always collect everywhere.
10 Q. Now, what's the difference between a swab and a
11 smear?
12 A. A smear -- we actually don't do those anymore,
13 but swabs are -- we swab in the mouth and then put a
14 smear of the saliva on a little plate and it's for the
15 crime lab to analyze for any DNA, but now we don't do
16 that. They just swab the -- they just analyze the
17 q-tips alone.
18 Q. During your examination when you did the
19 colposcope or --
20 A. Colposcope.
21 Q. Okay. You didn't observe any facial hairs or
22 any hairs or anything like that in that area, did you?
23 A. Correct.
24 MR. OLIVER: Judge, if I could have one
25 second.

1 THE COURT: You may.
2 (Pause)
3 Q. (By Mr. Oliver) On this date, did you take any
4 photographs of any of the areas she claimed she had been
5 licked or touched or any of that?
6 A. We take colpo images of the genital area.
7 Q. Is that the only area?
8 A. Well, if she had injuries on her body, we would
9 have photographed injuries on her body, but she didn't
10 have any.
11 Q. So, in direct you testified that beyond these
12 initial questions -- you ask the initial questions and
13 follow-up questions -- you don't ask -- I believe
14 exactly what you said -- a bunch of investigatory type
15 questions, right?
16 A. Correct.
17 Q. You leave that to law enforcement?
18 A. Correct.
19 Q. So, you're an evidence gatherer?
20 A. That's part of it.
21 Q. But not a detective?
22 A. Correct.
23 MR. OLIVER: I pass the witness, Your
24 Honor.
25 THE COURT: All right.

1 MS. COLLINS: Briefly, Judge.
2 **REDIRECT EXAMINATION**
3 **BY MS. COLLINS:**
4 Q. You mentioned that the evidence you collect,
5 you seal it up and put your initials on that. What is
6 the purpose of putting your initials and name and
7 sealing everything up?
8 A. To show I'm the one that collected it and the
9 time I collected it.
10 MS. COLLINS: May I approach the witness,
11 Your Honor?
12 THE COURT: You may.
13 MS. COLLINS: Let the record reflect I'm
14 showing the witness what's been pre-marked as State's
15 Exhibit No. 9.
16 Q. (By Ms. Collins) Ms. Dusang, can you tell me
17 what I've just handed you (indicating)?
18 A. That is the sexual assault kit for Ryleigh
19 Launer with my signature on it.
20 Q. How do you know that it's Ryleigh Launer's
21 sexual assault kit?
22 A. Because we label it with her medical sticker.
23 Q. Okay. What kind of information does the
24 medical sticker have on it?
25 A. Date of birth, medical record number, how old

1 she is, the date she was admitted to the hospital.
2 Q. Is this the same box that you turned over to
3 law enforcement?
4 A. It is.
5 Q. Do you have in your records who you actually
6 turned this box over to?
7 A. I do. It was the Harris County Sheriff's
8 Office. And his name, Peter Smith.
9 Q. Had you met Peter Smith before?
10 A. No.
11 Q. Okay. Other than this box, seemingly having
12 different markers on it, anything change from what you
13 wrote on it and maintained with it on October 27th,
14 2009?
15 A. Nothing.
16 Q. When you make markings on the box before
17 turning it over to law enforcement, do you make a
18 detailed list of everything included in the box as well
19 as any other packaging you give to law enforcement?
20 A. Yes. What we do, we have a receipt of
21 information and you'll mark that I'm turning over one
22 sealed evidence kit and then we'll mark we're turning
23 over two bags, two sealed clothing bags.
24 Q. Okay. And with regard to the sealed clothing
25 bags, I'll show you what's been pre-marked as State's

1 Exhibit Nos. 15 and 16. Can you tell me what these are
2 (indicating)?
3 A. This is the bag for Ryleigh Launer that we put
4 the black pants in. And then this one is the one we put
5 the purple shirt in (indicating).
6 Q. Do these have the same information that you
7 talked about earlier that identifies these as Ryleigh
8 Launer's clothing?
9 A. Yes.
10 Q. Anything change from what you wrote down on
11 October 27th, 2009, anything that is scratched out or
12 marked through or anything like that?
13 A. No.
14 MS. COLLINS: Your Honor, at this time, I
15 pass the witness.
16 MR. OLIVER: I have no further questions of
17 this witness.
18 THE COURT: All right. You may step down.
19 Thank you very much.
20 May this witness be excused?
21 MS. COLLINS: On our end she can.
22 MR. OLIVER: I don't have anything else.
23 Sure.
24 THE COURT: Y'all want to take a little
25 break? Need to visit the indoor plumbing or anything?