meant a stranger that she hasn't met before in a tight little room.

A. Right, it can be uncomfortable for kids.

MS. BROWN: Thank you. I'll pass the witness.

MS. OSWALD: Nothing from the State.

THE COURT: May she be excused?

MS. BROWN: Yes, Your Honor.

THE COURT: You are excused and we thank you for your testimony.

And your next witness, please.

MS. OSWALD: State calls Dr. Reena Isaac to the stand, Your Honor. Dr. Reena Isaac.

THE BAILIFF: Your Honor, this witness has not been sworn.

THE COURT: Raise your right hand, please.

(Witness sworn.)

THE COURT: From the State, please.

REENA ISAAC, MD,

having been first duly sworn, testified as follows:

DIRECT EXAMINATION

BY MS. OSWALD:

Q. Will you please introduce yourself to the jury.

A. My name is Dr. Reena Isaac, R-e-e-n-a I-s-a-a-c.

Q. And how are you currently employed, by Dr. Isaac?

A. Baylor College of Medicine sin.

Q. And do you also work in connection with the Children's Assessment Center?

A. Yes.

Q. Okay. And what do you do for the Children's Assessment Center?

A. Questions one of the staff physicians at the medical clinic housed inside the Children's Assessment Center.

Q. And what is your role there as one of the staff physicians?

A. I do medical evaluations of suspected sexual abuse on children.

Q. And what kind of training and experience do you have to be able to perform that role?

A. So I am a pediatrician. And being that I also am specialized or did extra training in -- at the time it was called forensic pediatrics, and I completed that at Brown Medical Center in Providence, Rhode Island. And after that I was recruited by Baylor and Texas Children's to help foster and build their child protection medical program at the hospital, as well as conduct medical examinations at the Children's

Assessment Center. Questions also medical director of our forensic nurse team at the hospital.

Q. And as part of the medical exams and the children, can you walk us through how a child comes to the Children's Assessment Center and what your role is once they come to the Children's Assessment Center?

A. Most of our referrals to the medical clinic comes from -- the majority of the times it's from CPS or from law enforcement. It can also come from outside emergency rooms or pediatricians from the outside community just looking for a second opinion in some of those cases. But certainly when there's a concern for suspected sexual abuse of a child, they can refer the children to the medical clinic.

I'm sorry, the second part of your question?

Q. Well, and then once the child comes to the medical clinic with a -- suspected of sexual abuse, what occurs when they're brought to the Children's Assessment Center?

A. Actually within the medical clinic we do a consultation or evaluation equation of the health of the child, which is not unlike any other medical consultation you might have whether it be to your cardiologist or your gastroenterologist. It begins with

a very, very detailed medical history, background information about maybe how they're doing in school if they're in school, are they up to date on their shots, their vaccinations, past medical history and certainly how they may be feeling physically and mentally, which means do they have headaches, stomach pain, genital pain, nightmares, trouble sleeping. So it's a very, very exhaustive and very comprehensive medical history that takes place. After that, depending on the age of the child, if they're verbal and actually able to give us an actual account of the reason that they are there, which is what we call the medical. Past history of present illness, why are they here at the medical clinic. We will do an actual detailed medical interview with the child. So that's the history type.

The next part is the physical examination and that entails the full head-to-toe exam of the child and it culminates or ends with the anal-genital exam which is a direct exam of their anal-genital area. After that, depending on what we understand is both the history and the physical exam, we will proceed to maybe doing laboratory testing. Again, depending on what we are concerned with, the possible complications of the contact that is being reported to us.

So that is essentially in a nutshell what

entails a medical evaluation at the clinic.

Q. And besides the medical examination, the children's assessment center also has therapy and the forensic interviewer; is that right?

A. Yes.

Q. When a child comes to you for a medical exam, if you know, do they do the forensic interview first and then the medical exam or is it whenever they can get in to see you?

A. For the most part it follows the forensic interview. Ideally, that should happen before coming to the medical clinic. In emergent cases sometime we try to get the children to us first.

Q. Now, with the medical exam you stated that there's a number of different phases. Are all those done in the presence of a child or is it the mother or the guardian fills out information?

A. Again, it depends on the age of the child. If it's a teenager who's able to give us a full account of their background medical history, we will take it. And it's primarily found in a teenager or older patient at that time.

If it's a younger child who may not know some of the details that we are asking about, we will start with the mother or with whatever care-giver is

available to offer that information. So that's the answer to that question.

Q. Okay. Now, on November 1, 2012, did you have a chance to examine a patient by the name of Alyssa Velez?

A. Yes.

Q. And have you had a chance to review your medical records in that case?

A. Yes.

Q. And when a child comes in for an examination are they assigned a specific medical record number?

A. Yes.

Q. And when you document everything that's a part of the medical exam, do you mean document everything in connection with that medical record number?

A. Yes.

MS. OSWALD: Your Honor, may I approach?

THE COURT: You may.

Q. (BY MS. OSWALD) Dr. Isaac, questions handing you what is marked State's Exhibit 13. Do you recognize this?

A. Yes.

Q. And how do you recognize it?

A. This is our electronic medical record for the patient Alyssa Velez.

Q. And is this the full medical exam that you

performed on her on November 1, 2012, or documentation from the medical exam?

A. Yes.

Q. And is this medical record number the one that is attached to the patient Alyssa Velez?

A. Yes.

MS. OSWALD: Tendering State's Exhibit 13 to defense counsel at this time.

MS. BROWN: The only objection I have is to a page that says Questions to the Child. It seems like a shorthand rendition and it's not clear to me if this was before or after this other exam and how that may have affected the shorthand rendition of these questions. It seems repetitive. We think that the harm to my client would outweigh any probative value considering we already heard a similar thing from the other exam. And it may have come from that. It's not clear on this particular rendition of the other or if it was something new.

MS. OSWALD: Your Honor, I could ask follow-ups with regard to that one particular page?

THE COURT: Go ahead.

Q. (BY MS. OSWALD) With regards to the page on the electronic document called Questions to the Child, you referred to this before or you stated that you get the

general history and then you ask the child questions; is that right?

A. Correct.

Q. And in what setting do you ask the child questions? Is the partner generally there or just you and the child?

A. Just me and the child.

Q. What's the purpose of asking these questions to the child prior to the physical exam?

A. Well, the physician needs to talk to their patient directly to find out what is the reason that they're there. And the reason that we are asking these questions or getting a medical history from the patient is for the purposes of diagnosis and treatment.

Q. So, on the page entitled, Question to the Child, are these questions that you asked Alyssa Velez yourself and received answers to?

A. Yes.

Q. Are these in any way notes from any previous interview and her answers during that interview?

A. No.

Q. So these are actually your questions, the answers to the questions you've asked and they help with your medical exam?

A. Exactly.

MS. OSWALD: Your Honor, we offer State's Exhibit 13.

THE COURT: It's admitted. Your objection is overruled.

MS. OSWALD: Permission to publish at this time, Your Honor?

THE COURT: You may.

Q. (BY MS. OSWALD) So let's walk through the medical exam here. So, page 1 states this is the Child's Initial Assessment. Is information on this page such as the date of birth and -- or what are we looking at here?

The patient's name? Sorry, let me zoom in. So up here, is this the identification information for the patient which the medical document relates to?

A. Correct.

Q. And what are we seeing with regards to information here in the second section of the Child's Initial Assessment?

A. The referral source. The referral came from Baytown Police Department. The officer's name is Detective Kelly.

Q. And is that included in the medical exam just for history of the patient and documentation of --

A. Yes, I actually don't fill this part out, it's

our receptionist. When she receives that information, she fills that part out.

Q. And going to page -- the second page of the exam, this, the history section of this. Let me zoom out here. Are these, history of -- the child's medical history; is that right?

A. Yes.

Q. And if you know, who ended up filling this portion of her medical history out?

A. I filled it out, but I asked the mother.

Q. So you're actually filling it out while asking her mother questions?

A. Correct.

Q. Is there anything of note in this particular child's history to you?

A. Medically speaking, she has a history of severe scoliosis, which is a curvature of the back. And she has seasonal allergies, not really significant. Of note, she had a history of constipation and abdominal pain. That's essentially it in this section.

Q. And how would that affect your exam in any way?

A. Nothing, some of those are -- except for the scoliosis, nothing is really completely unusual. These are general pediatric issues.

Q. And flipping to page -- this continues on, the

history. Do you ask the mother whether there's behavioral changes or is that asked to the actual child?

A. No, these are also asked of the mother.

Q. Okay. And was there any behavioral changes of note that the mom conveyed to you?

A. Just some anger issues, which have gotten worse, she reported; and as well as some sexualized behaviors. Because that's checked off.

Q. And did she expand on that to you or she just stated that there was --

A. She may have, but I did not -- I did not document exactly what they were. I usually do, but in this case I didn't.

Q. Flipping to page 3, this is the question you asked of the child. Are these questions that you asked the patient in front of her mother or the presence of her mother?

A. No.

Q. So this is just you and Alyssa in the room alone?

A. Yes.

Q. And what did you ask her in this portion of your examination?

A. Well, I start out -- kind of the first line is I just start talking with her, getting her to understand

me and build a rapport with the child. She is, I believe, six years old at the time. And I asked her -- she demonstrated to me her understanding of truth and lie in the first portion of this. She was able to name various parts of her body. And she herself named her genitals, her private; and her butt or her bottom, she named it booty.

Do you want me to proceed?

Q. Yes, if you would proceed: What other questions you asked her after you determined she could tell the difference between the truth and a lie and parts of her body.

A. So the way this is written, it's in a question-and-answer format and it's pretty much transcribed verbatim what I asked and what the child responded. Firstly, I asked her, Alyssa, what are the parts of your body that no one should touch? And she reported, Private and booty.

Do you want me to continue?

Q. Yes, if you would please continue as to the questions you asked her.

A. I asked, Has anyone ever touched you on those parts of your body that you just told me no one should touch? And she responded, Yes.

I asked, Who touched you? And she

responded, Jack's Pappa Mac. I asked, Where did he touch you? And she responded, In my private. I asked when he touched you there, Did he touch you over or under your clothes?

That's my shorthand, O/U is over or under.

And she responded, Under.

I asked, What did he touch you there with? And she responded, His finger. I asked, Did he touch you there with anything else? And she responded, No.

I asked her, Did you bleed? And she responded, No, it hurt. I asked her, Did he touch you anywhere else on your body? And she responded, No.

I asked, Did he ever make you touch him anywhere you didn't want to? And she responded, No. Then I asked, Then what happened? And she responded, He laid me on the bed and then he -- I then asked, Were your clothes on, off or some other way? And she responded, On. He took them off and he touched me.

I then asked, How many times did he touch you? And she responded, One time. I asked, Has anyone else ever touched you in a way you didn't like or want? And she responded, No. And I asked her, Is there anything else you want to tell me? And she said, No.

Q. Dr. Isaac, there's a question there in which her answer kind of trailed off. Is that you documenting

her not finishing the answer to the question.

A. Yes, I'm noticing that's what it is.

Q. Now, when you asked these questions of the child does it dictate the way in which the physical examination is going to go?

A. Pretty much. It begins and ends, as I've stated earlier, a full, detailed head-to-toe exam on every child. We -- that is, we are able to do the exam, a full head-to-toe exam. We look at her eyes, her ears, her tummy and everything; and also a direct exam of her in her anal-genital area.

Q. So after you ask the child questions, you then perform a physical exam; is that right?

A. Correct.

Q. Was the mother, her mother in the room or was it just you and the child?

A. Yes. For this age group, we would have the mom in the room. And sometimes I do document that and sometimes it's -- it's my normal, standard practice to have the mother in the room with a young child.

Q. Now -- and you document that all in the section that's called the Physical Examination, is that right?

A. Yes.

Q. Do you make a note of the child's appearance and hygiene?

A. Yes.
Q. What did you note of Alyssa's appearance and hygiene?
A. She was clean, well-nourished and healthy.
Q. And do you also note her measurements such as her height and weight?
A. Yes.
Q. Is there anything abnormal about that, that you saw?
A. No, not necessarily.
Q. And is this portion here at the bottom of State's Exhibit 13, your observations of the child?
A. Yes.
Q. And is there anything abnormal that you noted about your observation of Alyssa Velez?
A. No.
Q. After you go through a head-to-toe physical examination, what's the next step?
A. Then it's the anal-genital examination.
Q. Is there a number of different ways, a physician could put a child in to perform this exam?
A. Yes.
Q. Please explain this.
A. Depending on the length and comfort level of the child, there are different ways that we maneuver the

body that's comfortable for both the child and for the physician. And so in a very young child, we will examine the child in what's called a frog-legged position. That's where they're laying face up on the examination table and we will bend the legs in such a way that affords pretty good visualization of the anal-genital area without too much manipulation of the body. So that's --

Q. So that was the position that Alyssa was placed in, the frog-legged position?

A. Yes.

Q. Was there any issues with her scoliosis that prevented any other position?

A. No.

Q. And when they have this exam performed on them do they undress completely or is it just from the waist down?

A. It depends. Sometimes we will have them in a gown or we will just have them take off their bottom areas and have a blanket over them. So they're -- throughout the entire examination they are completely covered up, but wherever we need to look it is uncovered or just visualized by the physician. And my nurse is there also to assist me.

Q. So in addition to your parents and yourself,

there's a fourth person in the room, as well?

A. Yes.

Q. And what techniques did you use on Alyssa to examine her vaginal and anal area?

A. You can't see it up here, but it's in here. Oh, yes, here it is. It's called -- those first checks, they're -- direct visualization just means direct inspection without any apparatus or magnification tool. So we are looking. Separation just means just separating the labia without too much manipulation of the body. Traction means actually pulling of the labia so we can actually see within without too much -- too much tension or discomfort for the patient. And that allows us to see what's called the vestibule, which is beyond the plane of the labia, and to look further beyond.

And we also use a colposcope. The colposcope is actually a magnification tool that allows us to see in much more greater detail different structures of the anatomy of the anal-genital area.

Q. And just so anybody on the jury panel is unclear, can you please describe what you're talking about when you're talking about the labia majora and the clitoris and all the other parts of the vagina?

A. It's a little hard to without a picture, but

the labia is essentially -- the labia majora is Latin for "big lips," so it's the outer thick portions of the external genitalia.

How much detail do you want?

Q. Just, generally, what is the clitoris on the vagina?

A. That's the synonymous with the male penis. It's a very -- of course, it a very smaller scale of that on the female body. So that sits above the urethra, which is essentially the orifice where the urine extracts from. The hymen itself is a -- very often is a ring of tissue or in this case, it's crescentic which means half-mooned shaped. So it's a ring of tissue that sits on the outside of the vagina.

The vagina is the actual canal that leads up into the upper genital tract towards the uterus. The hymen itself is just a ring of tissue that sits right on the outside of that. The peri hymenal tissue is all of the area just outside of the hymen.

Q. And did you see anything abnormal in your inspection of Alyssa Velez' vagina?

A. No.

Q. And is that normal in a child with allegations of digital penetration?

A. It's not uncommon.

Q. And why is that?

A. There's many reasons. There are many reasons for a child who says that they have been touched inappropriately to have that completely normal exam. Number one, it's -- you may have a completely normal exam if no trauma or no injury was ever done to that particular area of the body. Certainly touching itself not leave outright injury or tears or injuries to that particular area.

The other thing is that even if there was injury to that area, if there was a tear or a laceration to that area, that area heals very, very quickly. The tissue in the anal-genital area is very much like the inside of your mouth. If you have a cut or if you have a tear that you know is there and that draws blood, you know within a couple of days that it's completely healed and you may not even see a scar. And that's exactly how it is in the anal-genital area. So even if there was an injury, it can heal very, very well in that particular area.

The other thing is that the anal-genital area is also very, very elastic. So it stretches and it comes back beautifully without any harm or injury on itself. So those are just a couple of reasons why you can have a completely normal exam.

Q. And I want to direct your attention to the hymen. Can you address any sort of myths there may be about if the hymen has been broken, then the person has not actually been violated in that way?

A. So the myth of the hymen has been there for centuries, but what we know medically is that the presence of the hymen doesn't mean something has or has not happened to the child. In essence, there's no such thing as a virginity test. We know this especially from a really beautiful study that happened several years ago in 2004 where they looked at 36 pregnant teenagers who were -- who had been sexually assaulted. So 36 pregnant teenaged girls. And only two of them were found to have definitive findings of penetrating trauma, meaning that the majority of those were completely normal, completely normal exams. You would never know, looking at them. So that demystifies that myth of the hymen having to be broken to show penetration.

Q. So is it safe to say that you could have been sexually assaulted and your hymen could remain intact?

A. Correct.

Q. And with regards to observation of her anal area, were there anything of note with regards to that examination?

A. No.

Q. And is that abnormal in a case like this?
A. I'm sorry, your question?
Q. Would that -- with regards to a digital penetration, would you have seen anything in the anal area or expect to see anything?
A. In the anal area, no.
Q. Now, in your job at the CAC have you had a chance to perform this kind of exam on somebody who had recently been sexually assaulted and actually get forensics such as DNA and things like that?
A. There have been occasions, yes.
Q. But more often than not are you able to get DNA when there's been a delayed outcry?
A. No. We collect forensic evidence from victims of sexual assault when it has occurred within a certain time frame, usually within about 72 to 96 hours.
Q. So a week passing by, you wouldn't be able to -- expect to get any sort of DNA or anything like that from this examination?
A. Correct.
MS. OSWALD: Pass the witness, Your Honor.
THE COURT: From the defense, please.

CROSS-EXAMINATION

BY MS. BROWN:
Q. I'm a little bit unclear on something. If you

can't get DNA at that point and you're not going to take any imprint one way or the other if the hymen is intact or not, what is the point of putting a child through an exam like this?

A. It's important for the child to know that they're fine and normal. A lot of kids have misconception -- and certainly a lot of the parents do, too -- of what has actually happened to their body. So many, many children go through many lives, many weeks, months and years thinking they are changed and people will know that something has happened to them, or that they're broken down there.

So it is very important for the child and for the parent, in many cases, to do this. The other thing is we don't know unless we look if something is abnormal.

Q. All right. In this case you didn't -- you didn't really say what was going on with the hymen one way or the other. I think you said there's not a litmus test, so to speak, with virginity; but was there damage? Was there not damage?

A. No, sorry. No, the hymen was normal.

Q. Thank you.

MS. BROWN: Pass the witness.

MS. OSWALD: Nothing further from the

State, Your Honor.

THE COURT: And you're excused. Thank you for your testimony.

Call your next witness.

MS. OSWALD: State calls Alyssa Velez.

THE COURT: Well, that will take a while, I take it. Let's take a short break.

THE BAILIFF: All rise for the jury.

(Recess taken.)

THE BAILIFF: All rise for the jury.

THE COURT: All right. Thank you. Please be seated.

Let's continue. From the State, please.

ALYSSA VELEZ,

having been first duly sworn, testified as follows:

DIRECT EXAMINATION

Q. Alyssa, can you introduce yourself into the microphone? Say your first and last name.

A. Alyssa Velez.

Q. How old are you, Alyssa?

A. Nine.

Q. What grade are you in?

A. Third.

Q. Third. What school do you go to?

A. Heritage Elementary.