1 ***THE WITNESS:*** Thank you, ma'am.

2 ***THE COURT:*** You're released as a

3 witness.

4 ***(Witness released)***

5 ***MR. BATARSE:*** Your Honor, I was going

6 to make sure and check to see if we have the doctor

7 here, Judge.

8 ***THE COURT:*** Okay.

9 ***(Brief pause)***

10 ***THE BAILIFF:*** Your Honor, this witness

11 has not been sworn.

12 ***THE COURT:*** Good afternoon.

13 ***THE WITNESS:*** Hi.

14 ***THE COURT:*** Would you mind facing the

15 jury, and raise your right hand.

16 ***(Witness Duly Sworn)***

17 ***THE COURT:*** Thank you.

18 ***MR. BATARSE:*** May I proceed, Your

19 Honor?

20 ***THE COURT:*** Yes, sir.

21 ***(Witness Duly Sworn)***

22 **REENA ISAAC,**

23 having been first duly sworn, testified as follows:

24 **DIRECT EXAMINATION**

25 ***Q. (BY MR. BATARSE)*** Ms. Isaac, please

1 introduce yourself to the jury.
2 ***A.*** My name is Reena Isaac; R-E-E-N-A,
3 I-S-A-A-C.
4 ***Q.*** And, Doctor, what do you do for a living?
5 ***A.*** I am a pediatrician, specifically what is
6 called a child abuse pediatrician. So, after
7 pediatric residency, I did a formalized training in
8 diagnosing and treating and managing cases of
9 suspected child abuse.
10 ***Q.*** Explain to the jury what type of training
11 qualifications you have to go through in order to
12 become this type of doctor?
13 ***A.*** So, again, after medical school I completed
14 a pediatric residency at Albert Einstein College of
15 Medicine, Jacobi Medical Center in New York City.
16 So, I am a pediatrician.
17 After that I did a subspecialty
18 training or fellowship in -- at the time what was
19 called forensic pediatrics or child abuse pediatrics
20 at Brown Medical Center in Providence, Rhode Island.
21 After that, in 2005, I was recruited
22 by Baylor College of Medicine and Texas Children's
23 Hospital to help develop and foster their child
24 protection medical program at the hospital.
25 In addition, I am also a staff

1 physician at the Children's Assessment Center's
2 medical clinic.
3 **Q.** Okay. The Children's Assessment Center
4 clinic, is short for that the CAC?
5 **A.** Yes.
6 **Q.** All right. Tell us a little bit about what
7 the CAC is.
8 **A.** So, the CAC is a beautiful building in the
9 middle of Rice Village. It houses many different
10 agencies such as a medical clinic; of course,
11 forensic interview; psychological services; and law
12 enforcement -- various law enforcement agencies; and
13 CPS, all for the better communication and
14 coordination of cases of suspected child sexual
15 abuse.
16 **Q.** Okay. So, how long, I guess, have you been
17 doing this then? How long have you been --
18 **A.** Here in Houston, since 2005.
19 **Q.** 2005. Okay. Do you see a lot of these
20 cases? Few? Many? I mean, how many have you seen?
21 **A.** Many.
22 **Q.** Many? Okay.
23 And you said, you know, you meet with
24 patients. Kind of explain to the jury, I mean, what
25 it is you do, like what your job actually is there.

1 ***A.*** So, again, I am a physician in our medical
2 clinic at the CAC. And it's not unlike any other
3 consultation service, medical service, where we do
4 evaluations of cases. And in this particular line
5 it's suspected child sexual abuse. So, what that
6 means is I begin with a detailed medical history,
7 understanding the medical background and information
8 of the patient. I also talk with the patient to find
9 out what is the reason that the patient is there for
10 an evaluation. So, again, that's a medical history.
11 Second would be the physical
12 examination of the patient, which is essentially a
13 full head-to-toe exam, looking at the patient's eyes,
14 ears, tummy, and everything. And it culminates to
15 the very end, which is called the anogenital
16 examination, which is a direct inspection and
17 evaluation of the patient's anogenital area.
18 After that, depending on what I
19 understand is both the history and the physical
20 examination results, the next part is possibly also
21 testing or checking for other laboratory
22 investigations, which might include looking for
23 possible infections or pregnancies or any other risks
24 that might underlie a suspected case of sexual abuse
25 in a child.

1 ***Q.*** Okay. So, within the CAC there is multiple
2 disciplines, multiple people working on suspected
3 child abuse cases, correct?
4 ***A.*** Yes.
5 ***Q.*** Okay. So, then what is the goal of having
6 all those places under one roof?
7 ***A.*** For better communication and coordination
8 of cases. In the past, decades ago, children were
9 oftentimes interviewed multiple different times. A
10 lot of cases may have fallen through the cracks,
11 again, because of very fractured and fragmented
12 investigations from the different various agencies.
13 And a lot of times, especially from the medical
14 standpoint, a lot of medical examinations were not
15 conducted because of the -- for those reasons.
16 ***Q.*** Let's talk about, you know, medical
17 examinations of these children. What is the
18 procedure that you go through to do this?
19 ***A.*** As I stated before, it's just like any
20 other consultation or medical evaluation. It begins
21 with a history. Then follows the physical
22 examination of the child, which includes an
23 anogenital examination of the child. And depending
24 on what I understand is both history and examination,
25 likely or possibly laboratory evaluations.

1 **Q.** One of the questions that comes up, I'd
2 like for you to address is: Is there any way to
3 medically determine if someone definitively has had
4 sex or has not had sex?
5 **A.** Medically speaking, no.
6 **Q.** So, what I mean -- so, I mean, there is a
7 lot of things, you know, about the hymen and things
8 of that nature. Can you explain that to the jury?
9 **A.** Yes. What we have realized from the
10 medical standpoint over decades of studies looking at
11 children of various ages and even a lot of our
12 adolescent patients -- again, this is across the
13 nation, through various studies looking at overall
14 thousands of children.
15 What we have found is that with the
16 studies we found that over 90 percent of cases will
17 be completely normal examinations. And, again, there
18 are many reasons for this. But, again, bringing up
19 the hymen, there is really no such thing as what's
20 called a virginity test.
21 **Q.** And when you are dealing with patients even
22 or, you know, patients -- family of patients, are
23 there certain myths that you have to debunk when
24 you're going through this process?
25 **A.** Yes. Number one, people think that a

1 doctor can tell whether someone has had sex; and
2 that's essentially not true. What are some of the
3 other things, that is, I think, the most important
4 one.
5 ***Q.*** Okay. I also want to talk to you about
6 this case. Did you perform an examination in this
7 case on Jasmine Chacon?
8 ***A.*** Yes.
9 ***Q.*** Okay. And do you know when that occurred?
10 ***A.*** My recollection is May 13th. Am I right?
11 2013?
12 ***Q.*** Yes. Okay. So, I kind of want to ask you,
13 when you're performing this examination, is this a
14 comfortable setting, uncomfortable thing for the
15 patient? I mean, how is it --
16 ***A.*** Well, each patient might react differently;
17 but for the most part -- and, again, I don't
18 specifically remember this patient in particular,
19 only what is documented within my records. But for
20 the most part they are pretty cooperative and
21 compliant with the evaluations.
22 ***Q.*** Okay. And in this case -- what were your
23 determinations in this case?
24 ***A.*** As far as? Can you be more specific?
25 ***Q.*** Were the observations that you made -- I

1 mean, were the observations of the anogenital region
2 within normal limits?
3 **A.** Yes. It was a normal physical examination.
4 **Q.** Okay. And then what does that indicate to
5 you?
6 **A.** Essentially a normal exam. I couldn't say
7 based simply just on the examination whether this was
8 a child who had suffered sexual abuse or not.
9 **Q.** Okay. And did you learn during the patient
10 history portion of the exam that the abuse had
11 occurred some time before?
12 **A.** Yes.
13 **Q.** And how much longer before?
14 **A.** I had -- I had seen her in May. She
15 reported that it happened around the Thanksgiving
16 weekend that past year. So, it would have been about
17 six months prior.
18 **Q.** Okay. And so, given six months of time,
19 what type of -- I mean, what types of things would
20 you expect to see, if anything?
21 **A.** Possibly I could have seen missing hymenal
22 tissue. Very rarely do -- would we see a scar. But
23 again, those are very, very rare situations.
24 **Q.** So, were your findings that you made
25 consistent with a disclosure that the child had made?

1 **A.** Yes. Again, the majority of our cases of
2 child sexual abuse cases will be completely normal.
3 And as I said, over 90 percent of those cases will be
4 completely normal. So, it's not new that I have had
5 a child who reports an episode or episodes of sexual
6 abuse, and then certainly six months later to have a
7 completely normal exam.
8 **Q.** Okay. I also wanted to ask you -- let's
9 say that an individual had sexual intercourse with
10 somebody who had a sexually transmitted disease in
11 the past. Does -- I mean, does every time someone
12 has sexual intercourse with somebody who's had a
13 disease mean that they are going to contract it, as
14 well?
15 **A.** That the patient -- that the next person
16 will, no.
17 **Q.** Okay. Why is that?
18 **A.** Again, it's not 100 percent. Depends on
19 how much of the bacterial or infectious load is
20 within the secretion at the time of the exchange; the
21 type of exchange; if there is a barrier, such as
22 condoms, maybe even lubricants. Things can act as a
23 barrier. So, that transmission from one to the other
24 may not occur. It depends on when that person was
25 diagnosed, if they -- that person was treated, the

1 time line from that end to the actual time of
2 contact. So, there is many variables that are in
3 play.
4 ***Q.*** How can the use of -- you mentioned
5 lubricants. How can the use of condoms and/or
6 lubricants affect the appearance of injuries or the
7 type of injuries that you might see?
8 ***A.*** The condoms not so much, but lubricant is
9 essentially used to -- to reduce the friction and
10 resistance. So, that's certainly less likely to
11 produce an injury if a lubricant is used. Condoms
12 may also be lubricated, in a sense. Again, that
13 might also reduce the friction and resistance and the
14 potential for injury.
15 ***Q.*** And just to be clear, I mean, when we're
16 talking about this, I mean, does that even apply to a
17 10-year-old girl or 11-year-old girl who has been --
18 had sex with a man, a full-grown man?
19 ***A.*** Yes.
20 ***Q.*** Is it always the case that a young child
21 who has sex with a full-grown man is going to have
22 injuries that you're going to be able to see?
23 ***A.*** I'm sorry. Your question again?
24 ***Q.*** I mean, I guess the question that I'm
25 asking is: Is it your expectation in these types of

1 cases to find, you know, the smoking gun or marks or
2 things of that nature?
3 ***A.*** No, not usually. But, again, you have to
4 take into account maybe even the time that the
5 examiner or physician is seeing the child. If -- if
6 the child is examined right away, within 24 hours,
7 we're more likely certainly to see maybe something,
8 such as bruising; what's called petechiae, which is a
9 little bit of bruising; or tears.
10 So, again, you're more likely to see
11 it in the first several hours after the exchange or
12 the contact; but certainly -- we certainly understand
13 that healing -- proper healing takes place,
14 especially in that particular region where it can
15 heal completely. So, six months later, you're really
16 not likely to see an injury.
17 ***Q.*** Dr. Isaac, I'm showing you what's been
18 marked as State's Exhibit No. 12. And would you tell
19 the jury what this is?
20 First, can you please tell us if you
21 recognize what this is?
22 ***A.*** Yes, sir.
23 ***Q.*** Okay. And what are we looking at there?
24 ***A.*** That is an electronic medical record from
25 the CAC.

1 ***Q.*** Okay. And are these records that are
2 generally kept in the ordinary course of business and
3 course of work that you do at the CAC?
4 ***A.*** Yes.
5 ***Q.*** Okay. And were these records made at or
6 near the time that you conducted these examinations?
7 ***A.*** Yes.
8 ***Q.*** All right. And are these, in fact, the
9 records that you created for this case?
10 ***A.*** Yes.
11 ***MR. BATARSE:*** Your Honor, State offers
12 State's Exhibit No. 12, to opposing counsel for any
13 objections.
14 ***MR. TABOADA:*** No objection, Your
15 Honor.
16 ***THE COURT:*** Admitted.
17 ***MR. TABOADA:*** No objection.
18 ***THE COURT:*** Thank you. Admitted.
19 ***MR. BATARSE:*** Pass the witness, Judge.
20 ***THE COURT:*** Thank you.
21 ***MR. TABOADA:*** Thank you, Judge.
22 **CROSS-EXAMINATION**
23 ***Q.*** ***(BY MR. TABOADA)*** Ms. Reena?
24 ***A.*** It's Dr. Isaac.
25 ***Q.*** Dr. Reena. Sorry.

1 ***A.*** No. Dr. Isaac, but that's okay.
2 ***Q.*** Please tell us what is dysuria. Am I
3 pronouncing it right?
4 ***A.*** Dysuria.
5 ***Q.*** Dysuria?
6 ***A.*** Yes. That is burning on urination.
7 ***Q.*** Excuse me?
8 ***A.*** Burning on urination. When you --
9 ***Q.*** Okay.
10 ***A.*** When you urinate, you feel a sensation of
11 burning.
12 ***Q.*** And why would that be significant in an
13 examination of the sort that you conducted on
14 Ms. Chacon?
15 ***A.*** The typical question we ask all patients
16 that come into the clinic. It can be a sign of
17 infection. So, yes, that's one of the reasons we ask
18 that question.
19 ***Q.*** Okay. And why would you look back four
20 months to see if there was dysuria?
21 ***A.*** I wouldn't look back four months. It's --
22 as I said, it's a typical question we ask all
23 patients.
24 ***Q.*** Okay. The medical exam indicates dysuria
25 over the past three to four months, no frequency.

1 ***A.*** Okay.

2 ***Q.*** Okay.

3 ***A.*** So, yes. So, that was a response. I don't
4 recall exact detail of each one. She reported that
5 she had burning on urination for the last three to
6 four months, but not currently.

7 ***Q.*** Okay. But there is no mention of dysuria?

8 ***A.*** If it's checked off, that means yes.
9 Dysuria.

10 ***Q.*** But it says "no frequency"?

11 ***A.*** Right. That's a different symptom.

12 ***Q.*** Okay. Also, there was mention that there
13 was no abdominal or pelvic pain. Why would that be
14 significant?

15 ***A.*** There could be many reasons for having
16 abdominal pain. Again, we're asking just general
17 questions. So, it could be related to constipation.
18 It could be if there is an infection. Sexually
19 transmitted infections, that could be a complication
20 that might lead -- that might suggest what's called
21 pelvic inflammatory disease. Again, there was
22 many -- again, it's a broad question; and abdominal
23 pain can suggest a lot of different diagnoses.

24 ***Q.*** Is it possible that an erect penis driven
25 through the anus of a 11-year-old child can cause

1 pelvic pain in the child? Would that be a trauma
2 that could cause pelvic pain?
3 ***A.*** It can, certainly.
4 ***Q.*** Okay. It has been seen to cause pelvic
5 pain, correct?
6 ***A.*** It's not usually a symptom that patients
7 report, though; but it's possible.
8 ***Q.*** But you have seen cases where children 11
9 years old, stating that they were sexually abused,
10 they complained of pelvic pain, correct?
11 ***A.*** Not necessarily. They don't describe it as
12 that. No.
13 ***Q.*** What do they describe it as?
14 ***A.*** Pain in that particular area sometimes,
15 meaning the anus.
16 ***Q.*** Well, they wouldn't describe it as pelvic
17 pain; but the description they give you know to be
18 pelvic pain?
19 ***A.*** No. That really means the lower abdomen,
20 is really what we mean by pelvic and abdominal pain.
21 ***Q.*** Okay.
22 ***A.*** So, the front end.
23 ***Q.*** All right. So, you noted here that there
24 was no reported abdominal or pelvic pain?
25 ***A.*** Correct.

1 **Q.** Okay. Please tell us all what is enu --
2 enuresis?
3 **A.** Enuresis?
4 **Q.** Enuresis.
5 **A.** It is essentially bedwetting or lack of
6 control of the bladder.
7 **Q.** Okay. And why would that be significant or
8 relevant in a medical examination for sexual assault?
9 **A.** Again, when we are asking these questions,
10 we are asking a broad brush of questions because we
11 don't just -- as physicians, we don't just look at
12 just at one particular thing. We look at the global
13 sense of the child. So, there are many different
14 signs that may certainly be indicative of sexual
15 abuse or suggestive of sexual abuse; but it might
16 also be suggestive of a lot of other things. So, if
17 we're able to address it -- sometimes we have a
18 population that don't have proper healthcare needs
19 that are met. So, we -- again, we ask all questions
20 related to a child's health.
21 Enuresis, when it comes to bed-wetting
22 or lack of control of the bladder, might be an
23 indication -- might be an indication of sexual abuse.
24 Some children do have that symptom, especially if
25 they had not yet disclosed. But sometimes even if

1 they have, that might be a -- might be a sign of
2 sexual abuse. But it might also mean other -- other
3 possibilities, other medical possibilities in a child
4 or psychological possibilities.
5 ***Q.*** Okay. Then why in the exam would you ask
6 if the child ever bled?
7 ***A.*** In their private area? Is that --
8 ***Q.*** Yeah, in the sexual assault exam, why would
9 you ask that question?
10 ***A.*** Again, it's reporting any sort of trauma
11 that the child has -- has -- could be related to
12 trauma, it could be related to anything that causes
13 bleeding down there. Tumors, other medical lesions
14 might produce bleeding. So, there is a whole range
15 of possibilities that we have to think of when we ask
16 these questions.
17 ***Q.*** Okay. But there are children that do bleed
18 when they are sexually assaulted?
19 ***A.*** Some of them do, some of them don't.
20 ***Q.*** Okay. Have you had cases where the parents
21 discovered the sexual assault as a result of finding
22 the children's underwear with blood in it? Correct?
23 ***A.*** Yes, I have.
24 ***Q.*** Okay. How many cases like that?
25 ***A.*** I wouldn't -- couldn't tell you.

1 ***Q.*** Very many, right?
2 ***A.*** No, not many. There are some. All I can
3 say is some. Wouldn't be all of the cases. There
4 are some cases where a parent notices blood on a
5 child's panties or bed sheets.
6 ***Q.*** Okay. Talking now about the lympha. What
7 is the lympha?
8 ***A.*** I'm sorry?
9 ***Q.*** The lympha, L-Y-M-P-H-A.
10 ***A.*** P-H-A?
11 ***Q.*** L-Y-M-P-H-A.
12 ***A.*** I don't know what that is.
13 ***Q.*** Is it the lymph nodes?
14 ***A.*** Well, if I can understand my reading, it
15 says lympha WNL, within normal -- oh, yes.
16 ***Q.*** Non-tender without significant adenopathy.
17 ***A.*** I would have to see the area you're looking
18 at. Lymph is usually just lymph nodes. And for the
19 most part, I understand that she had normal lymph
20 nodes without significant adenopathy.
21 ***Q.*** And what does that -- what is that
22 indicative of?
23 ***A.*** It could be a sign of infection, if they
24 were inflamed or if they were very palpable.
25 ***Q.*** Okay. And if they were not within normal

1 range -- normal range, how would that show there was
2 a sexual assault?
3 ***A.*** It wouldn't. It just -- as I said, it just
4 means that there may be an infection, viral infection
5 at that time.
6 ***Q.*** Viral infection?
7 ***A.*** Yes.
8 ***Q.*** Viral infection that could be acquired
9 sexually?
10 ***A.*** Not necessarily.
11 ***Q.*** But possibly?
12 ***A.*** Not necessarily. It could be.
13 ***Q.*** It could be?
14 ***A.*** Or it could be just a cold.
15 ***Q.*** Okay. There is mention of labia majora.
16 It states no swelling, excoriation, bruising, or
17 lacerations or scarring. And same as to labia
18 minora.
19 If there was swelling, bruising,
20 lacerations, what would that be indicative of? Would
21 that support a finding of sexual assault?
22 ***A.*** Yes, it can be.
23 ***Q.*** Okay. Clitoris, within normal. WNL means
24 what?
25 ***A.*** Within normal limits.

1 **Q.** Within normal limits?
2 **A.** Yes.
3 **Q.** Okay. Clitoris WNL. It says no
4 clitoromegaly noted?
5 **A.** Yes.
6 **Q.** Am I pronouncing that right?
7 **A.** It's close.
8 **Q.** Okay. Why would that be significant if it
9 had been positive?
10 **A.** It could be, again, many things that could
11 relate to it. It could be, again, a sign of
12 infection, an abscess, irritation, trauma, or injury.
13 But, again, in this case it's completely normal.
14 **Q.** Okay. Okay. Then there is a mention of
15 uri -- urethral meatus?
16 **A.** Yes.
17 **Q.** Okay. It says WNL. Patent without
18 bleeding, prolapse, or discharge.
19 **A.** Yes.
20 **Q.** What does that show?
21 **A.** So, urethral meatus -- U-R-E-T-H-R-A-L,
22 M --
23 **Q.** Two words?
24 **A.** Right. M-E-A-T-U-S. It's normal.
25 **Q.** And why -- why do you look into that?

1 **A.** Again, it's a medical finding. If there is
2 any -- any abnormality, such as a prolapse or
3 discharge, it's something we can see and treat.
4 **Q.** And isn't it true that if you had found
5 bleeding, prolapse, or if you had found discharge,
6 you would be telling the jury today that that is an
7 indication of sexual assault?
8 **A.** No. The urethral meatus is essentially
9 where urine comes out of the body. It essentially
10 means that there is an infection from the urinary
11 tract.
12 **Q.** And is it possible that sexual assault can
13 cause that?
14 **A.** You might have bruising if it affected that
15 area, but that's not typically an area that we see in
16 sexual abuse.
17 **Q.** Okay. Okay. There is mention of hymen
18 WNL, within normal limits. It says without
19 hyperemia, vascular changes, without notches or
20 transections. Okay.
21 **A.** Yes.
22 **Q.** Why do you try to determine if there are
23 notches or not in the hymen?
24 **A.** Again, notches can be a normal variation of
25 the hymen, essentially just looking at different

1 anatomic variations. A transection essentially means
2 a through-and-through indentation through the hymen
3 itself. The hymen itself is a ring of tissue that
4 sits on the outside of the vagina, which is the
5 actual canal of the anogenital area. So, the hymen
6 itself, as I said, is a ring of tissue that sits on
7 the outside.
8 ***Q.*** Okay. But there is notches or
9 transections?
10 ***A.*** Notches, not so much. But transections, it
11 can be a sign of penetrating trauma.
12 ***Q.*** Okay. And what are the vascular changes
13 that you're looking for? I mean, when you examine
14 the hymen?
15 ***A.*** Bruising; as I said, petechiae, which can
16 be like small bruising. Essentially, it's bruising.
17 ***Q.*** Okay. And there are cases where you find
18 vascular changes and transections, and that to you
19 indicates in that particular case if there has been
20 sexual assault?
21 ***A.*** Yeah. Most usually when it is within 24
22 hours or a very short period after the contact.
23 Again, not six months later.
24 ***Q.*** Could that transection show one month after
25 the sexual assault?

1 **A.** It depends. It depends. But it can.

2 **Q.** In two months?

3 **A.** Possibly.

4 **Q.** Possibly? How about two weeks after the

5 sexual assault?

6 **A.** Yes. Again, you do start to see pretty

7 good healing starting pretty much right away; but it

8 depends on the case.

9 **Q.** Okay. And if there have been five

10 instances of sexual assault, day after day, that

11 would tend to cause more transections than one

12 incident, right?

13 **A.** I couldn't tell you. I have had children

14 who have been sexually assaulted by multiple people

15 over multiple years and have completely normal exams.

16 We have had pregnant patients -- and we know that

17 through studies, as well, where you would be pregnant

18 and have a completely normal exam. So --

19 **Q.** Uh-huh (affirmative.)

20 **A.** Again, that is why we say a medical exam is

21 not -- we don't have a medical virginity test for

22 those cases.

23 **Q.** Tell us about the perihymenal tissue.

24 **A.** Okay. So, the perihymenal tissue is

25 essentially the tissue around the hymen. That's all

1 that is.
2 ***Q.*** Okay. And there was a note here that there
3 was no hyperemia vascular changes or scarring again.
4 You keep looking for scarring, correct, in those
5 exams?
6 ***A.*** Yeah. We look for any signs of trauma.
7 ***Q.*** Okay.
8 ***A.*** In this case, no, there was none.
9 ***Q.*** Okay. And this trauma can show two weeks
10 or one month after the incident, correct?
11 ***A.*** Maybe, but most likely not.
12 ***Q.*** Okay. And what is the indication of trauma
13 that can show farthest out from the incident?
14 ***A.*** Again, you're supposing that there was
15 trauma in the first place.
16 ***Q.*** Yes.
17 ***A.*** There is an injury that is easily seen.
18 You know, again, maybe the reason we look is to make
19 sure there isn't any signs of injury or trauma.
20 Possibly you would see what's called a transection
21 that would last for the longest, meaning there is an
22 actual indentation or rip in the hymen in a certain
23 area. Again, that itself is also very rare. But
24 we -- you know, sometimes it's there; and it can last
25 long. I couldn't give you a time frame because each

1 child is different. The age is different. The
2 estrogenization or hormone level in the patients are
3 different at different ages.
4 So, I couldn't tell you a time line of
5 how and when if they -- and if they heal. Some
6 people heal completely in a couple of weeks. Some do
7 not.
8 ***Q.*** Okay. And abdominal pain or pelvic pain of
9 the type that is caused by sexual assault, is that
10 something that a school nurse could depict?
11 ***A.*** Abdominal pain is just something that the
12 patient feels and would report. If she goes to a
13 nurse and says she has abdominal pain, there is only
14 so much a nurse can do.
15 ***Q.*** It's easy, then, to determine that child
16 has pelvic pain?
17 ***A.*** Well, a nurse wouldn't be doing a pelvic
18 exam on a patient. The child would tell her that she
19 has abdominal pain -- or tummy pain really is how she
20 would probably describe it.
21 ***Q.*** Okay.
22 ***A.*** But, again, that could mean -- abdominal
23 pain is a nonspecific complaint. It could mean
24 anything.
25 ***Q.*** Okay. There was also an anal examination

1 conducted, correct?
2 **A.** Yes.
3 **Q.** And everything in it was shown to be within
4 normal limits?
5 **A.** Yes.
6 **Q.** Okay. And the anus is also subject to
7 lacerations, correct?
8 **A.** It can be, yes.
9 **Q.** Okay. And have you had cases -- have you
10 examined children with sexual assault through the
11 anus?
12 **A.** Yes.
13 **Q.** Okay. And have you had cases where you
14 have found bruises, lesions, lacerations?
15 **A.** Yes.
16 **Q.** Okay. But in this case there was none?
17 **A.** No.
18 **Q.** Okay. There was also a laboratory exam
19 conducted, correct?
20 **A.** Yes.
21 **Q.** And you reviewed those?
22 **A.** Yes.
23 **Q.** And it was a pretty extensive exam,
24 correct? The laboratory exam?
25 **A.** Yes.

1 ***Q.*** And everything came back negative as far as
2 diseases, correct?
3 ***A.*** Of a sexual nature, yes.
4 ***Q.*** Yes.
5 ***MR. TABOADA:*** I have no further
6 questions, Your Honor.
7 ***THE COURT:*** Thank you.
8 Any redirect?
9 ***MR. BATARSE:*** No, Your Honor.
10 ***THE COURT:*** Thank you. May Dr. Isaac
11 be excused?
12 ***MR. BATARSE:*** Yes, Your Honor.
13 ***MR. TABOADA:*** Yes, Your Honor.
14 ***THE COURT:*** Thank you so much, Doctor.
15 ***THE WITNESS:*** Thank you.
16 ***(Witness released)***
17 ***THE COURT:*** Thank you. We will take
18 the afternoon recess. If you want to walk around the
19 courthouse, if you would get back in the jury room at
20 4:00.
21 All rise, please, for the jury.
22 ***(Jury released)***
23 ***(Recess taken)***
24 ***THE COURT:*** Mr. Taboada, on your
25 Motion to Suppress, do you wish to argue?