

1 are trying a case.

2 MS. COLLINS: Your Honor, may this witness
3 be excused?

4 THE COURT: Any objection to this witness
5 being excused?

6 MR. OLIVER: I have no objection to that,
7 Your Honor.

8 (Recess)

9 THE COURT: Are we ready?

10 MR. OLIVER: Defense is ready, Your Honor.

11 THE COURT: Okay. You ready?

12 MS. COLLINS: Ready, Judge.

13 (Open court, defendant and jury present)

14 THE COURT: Call your next witness.

15 MS. COLLINS: Yes, Your Honor. The State
16 would call Dr. Madera to the stand.

17 THE BAILIFF: Judge, this witness has not
18 been sworn.

19 THE COURT: You haven't been sworn.

20 (Witness sworn)

21 THE COURT: You may proceed.

22 **DR. DANIELLE MADERA,**

23 having been first duly sworn, testified as follows:

24 **DIRECT EXAMINATION**

25 **BY MS. COLLINS:**

1 Q. Good afternoon.

2 A. Good afternoon.

3 Q. Please state your name and spell your first and
4 last name.

5 A. Danielle Madera. D-a-n-i-e-l-l-e.
6 M-a-d-e-r-a.

7 Q. What do you do for a living?

8 A. I'm a staff psychologist at the Children's
9 Assessment Center.

10 Q. How long have you been -- well, let me take a
11 step back.

12 What's the Children's Assessment Center?

13 A. It's a children advocacy center for children
14 that have been sexually abused as well as their
15 non-offending family members. We provide, at the CAC,
16 medical examination, forensic interviewing, therapy and
17 psychological services, anything that a child would need
18 to complete as part of a sexual abuse investigation.

19 Q. How long have you been with the CAC?

20 A. I began there in 2006 as an intern and I've
21 stayed ever since.

22 Q. Can you tell us starting back in college the
23 education and the training that you received to hold
24 your current position?

25 A. Sure. In 2000, I graduated with a bachelor of

1 science degree from the University of Florida in
2 Gainesville, Florida. And then in 2005, with my
3 master's from the same university. And in 2007, with my
4 Ph.D. in psychology from the same university. I
5 completed a year internship training here at the CAC in
6 Houston. I stayed on as a post-doctoral fellow, which
7 means you complete the same job tasks, but you're still
8 under the license of a licensed psychologist.

9 Q. What is your current position there?

10 A. Staff psychologist.

11 Q. How long have you been staff psychologist?

12 A. Since 2009.

13 Q. Can you tell us what that really means on a
14 day-to-day basis about what you do?

15 A. Sure. I see a caseload of approximately ten
16 individual therapy clients. They can range in age from
17 3 years old through adulthood. I also run three
18 different group therapies. One for human trafficking
19 victims, one for teenage girl victims, and one for
20 non-offending caregivers. So, the parents. I also
21 supervise two interns, I complete psychological
22 evaluations, trainings in the community, as well as
23 testimony.

24 Q. When we talk about sex offenders -- kind of
25 what I want to discuss with you today, Dr. Madera -- can

1 you tell us if there is a typical sex offender?

2 A. No, there's no typical sex offender. There are
3 typical behaviors we see from sex offenders.

4 Q. When you say that there are -- there's not a
5 typical sex offender, what does that mean? Could it be
6 anybody?

7 A. That means there is no profile of a sex
8 offender. It could be somebody from any socioeconomic
9 background, so any income level, any ethnicity. There's
10 no clear-cut profile of somebody that would sexually
11 abuse children.

12 Q. You mentioned there are certain behaviors. Can
13 you tell us what you mean by that?

14 A. Sure. We see common themes in the way that sex
15 offenders gain a child's trust across different cases.
16 One such technique is grooming, which is where a sex
17 offender uses any sort of behavior to gain that child's
18 trust with the later intent to sexually abuse them. So,
19 things such as money, gifts, time, attention, that sort
20 of thing.

21 Sex offenders also not only groom the
22 child, but oftentimes the family, the community,
23 extended family as well. That's why we sometimes see
24 sex offenders in positions of power, authority, respect
25 within the community.

1 Q. Can you explain -- I get the grooming of the
2 child. Explain why a sex offender would want to groom
3 the family or the community around him.

4 A. It's part of setting up a scenario so that if
5 the child ever does disclose, the person is held in such
6 esteem to that child's parents, to that child's family,
7 to that child's community that people would more apt to
8 not believe the child and believe the perpetrator.

9 Q. Kind of flipping sides with you, you said
10 there's not a typical sex offender. Is there a typical
11 sexual assault victim?

12 A. There's not a typical victim, no.

13 Q. Are there things that can make someone more
14 susceptible to being a victim of sexual assault?

15 A. Yes.

16 Q. Can you tell us about that?

17 A. Something that would make a child more
18 vulnerable to being a victim of sexual assault or sexual
19 abuse over time, a child with a disability, a child that
20 may not have communication, a child that may be needy in
21 some way, whether that's they're neglected physically,
22 emotionally, a child with any sort of disability. Any
23 of those children are at a higher risk of being sexually
24 abused.

25 Q. Does a child have to have one of those

1 attributes or disabilities in order to be a victim?

2 A. No.

3 Q. You mentioned that there are characteristics or
4 behaviors you see in sex offenders. Are there common
5 characteristics or behaviors you see exhibited in the
6 victims of sexual assaults?

7 A. Yes, there can be.

8 Q. Can you tell us about that?

9 A. Sure. We see a broad range of symptoms in
10 child sexual abuse victims. They fall into four main
11 categories. The first one would be depression. That
12 can look vastly different depending on the child's age,
13 the child's gender. Things such as withdrawing from
14 activities they once liked, crying all the time,
15 worrying about things. Anything that would fall into
16 that. We see anxiety. So, children avoiding anything
17 they once -- you know, a situation that maybe the abuse
18 happened in, avoiding certain people, nightmares,
19 flashbacks to the abuse, anything like that.

20 We see sexualized behaviors or sexual
21 acting out behaviors in children. So, excessive
22 masturbation, you know, younger kids in places it's not
23 appropriate, such as daycare and school. We see in
24 older kids promiscuity, or maybe children deciding they
25 don't want to have any sort of sexual being whatsoever

1 so they're wearing baggy clothing, they put on weight,
2 they don't want anyone to look at them as a sexual being
3 after that. I completely blanked on the fourth
4 category.

5 Q. Fair enough. You mentioned depression,
6 avoidance, and sexual behavior.

7 A. I got it.

8 Q. Is there another category of characteristics
9 you often see?

10 A. Yes.

11 Q. What is that?

12 A. Interpersonal difficulties. So, a lot of these
13 children are kind -- we call them the weird kids.
14 They're not liked by their peers, their behaviors are a
15 little bit off for their age. The children have a hard
16 time making friends and trusting people after sexual
17 abuse occurs.

18 Q. When talking about younger children, is it
19 common or have you seen in smaller children that are
20 victims them doing things that they should have kind of
21 grown out of or have previously grown out of?

22 A. Yes.

23 Q. Why do we see that?

24 A. We call that regression. So, any sort of
25 re-aggressive behaviors that go back from a milestone

1 they've already reached. So, you have a child that was
2 previously potty trained, all of a sudden they may not
3 be able to hold their bladder through the night or
4 having accidents. We see children that once were
5 independent maybe being more clinging to mommy. Any
6 sort of, you know, developmental milestone that was
7 previously reached may go backwards after the sexual
8 abuse.

9 Q. When a child does disclose, whether it be a
10 child, a teenager, is there a set protocol for how a
11 disclosure has to be made?

12 A. No.

13 Q. Is there kind of a typical way a child goes
14 about disclosing?

15 A. No.

16 Q. When a child does tell someone about sexual
17 abuse, do they always tell everything right at once?

18 A. No.

19 Q. Can you explain that?

20 A. Again, this depends, you know, definitely on
21 the child's age, the child's communication abilities.
22 Usually we see across the board that children don't tell
23 every detail of the abuse immediately. They tell a
24 little piece at once to see or gauge the reaction of the
25 family to see if they're believed and how parents take

1 that or teachers take that and what they do with that
2 information.

3 Q. If a child discloses only a little bit and
4 later discloses something else additionally, does that
5 mean that they're now making something up?

6 A. No.

7 Q. Would you say that is common or uncommon to see
8 that happen with children?

9 A. It's common.

10 Q. When we talk about a disclosure being made,
11 have you ever scene or experienced a child later
12 forgetting or say that they forget what happened?

13 A. Yes.

14 Q. When that happens, does it always mean that
15 they really can't remember the experience?

16 A. It depends on the situation whether they can
17 remember or not remember.

18 Q. Okay. Let me ask you this. Is it possible
19 that a child could actually really forget something like
20 this happening to them?

21 A. It is possible. It doesn't mean the memory is
22 no longer held somewhere in their brain. They don't
23 have access to that stored memory at the time. It
24 doesn't mean the memory disappeared.

25 Q. What are some things that can contribute to a

1 child not being able to access that memory any longer?

2 A. Something that could contribute to the child's
3 age when the abuse happened. It may not be something --
4 because we know that traumatic memories are stored
5 differently. Maybe it wasn't coded into long-term
6 memory at the time, maybe the child hasn't talked about
7 the abuse since years ago, maybe they haven't been in
8 therapy. Usually we see children that have been in
9 therapy right after the abuse be able to talk about it a
10 little more. It can be a repression, which is a defense
11 mechanism where unconsciously we put something away and
12 we're not able to recall that event. Any of those could
13 be reasons that the child may not remember.

14 Q. If a child says that they no longer can
15 remember the abuse that they originally disclosed, does
16 that mean it didn't happen?

17 A. No.

18 Q. Does it make it more likely or less likely that
19 it didn't happen?

20 A. No.

21 Q. Does it make it more or less likely that it did
22 happen?

23 A. No.

24 Q. When we talk about -- I want to jump back a
25 little bit with you, Doctor. These four characteristics

1 or these four kind of blocks of characteristics we see
2 in sexual assault victims, is it necessary that a child
3 exhibit all of these four categories?

4 A. No.

5 Q. To be fair, will all children victims exhibit
6 any of those four categories?

7 A. There are some children we call atypical that
8 they may be functioning perfectly normally, they may be
9 doing wonderful in school, you may not see any sort of
10 deficit in any of those areas, but it doesn't mean they
11 weren't sexually abused.

12 Q. What are some things that can help a child not
13 have to go through any of those four characteristics, be
14 able to move on in that atypical fashion that you
15 described?

16 A. What the single most promising factor for a
17 child to get over child sexual abuse is to have a
18 supportive caregiver, at least one person, whether it's
19 mom, dad, uncle, aunt, that believes the child and is
20 there supporting the child, whether that's going through
21 therapy or just being there to believe the child.

22 MS. COLLINS: Pass the witness, Your Honor.

23 MR. OLIVER: May it please the Court?

24 THE COURT: You may proceed.

25

CROSS-EXAMINATION

1 **BY MR. OLIVER:**

2 Q. Good afternoon, Dr. Madera. Right?

3 A. Yes.

4 Q. My name is Rick Oliver. We met last week.

5 I'll ask you some questions. Okay?

6 A. Okay.

7 Q. You testified that you're the staff

8 psychologist at the CAC, correct?

9 A. Yes.

10 Q. Now, you would agree that -- I'll back up.

11 Strike that.

12 Your testimony on direct was that the
13 Children's Assessment Center is a center for, quote --
14 and I quote: Abused children. Do you recall that
15 testimony?

16 A. Yes.

17 Q. And so, you further agree with me that just
18 based on that statement, by the time a child comes to
19 the Children's Assessment Center you guys are operating
20 under the assumption that abuse has occurred?

21 A. I wouldn't agree with that.

22 Q. Well, you testified before that your job -- or
23 the way you see your job is that you provide treatment?

24 A. Yes.

25 Q. And so, your job is not to investigate whether

1 something happened, correct?

2 A. Correct.

3 Q. If you see your job as a job of providing
4 treatment, you presume that there is something to be
5 treated?

6 A. Yes. By the time the children get to our
7 division, therapy and psychological services, we do
8 assume that sexual abuse has occurred.

9 Q. Okay. That's what I was getting at.

10 So, you guys, like I said, y'all are not
11 investigators?

12 A. No.

13 Q. Now, you testified to your training and college
14 and all of that. You belong to different professional
15 associations?

16 A. Yes, sir.

17 Q. Read different professional literature to keep
18 up with what's latest and greatest in psychology?

19 A. Yes.

20 Q. Would you agree with the body of literature out
21 there, psychological literature that states that
22 children above the age of 7 are old enough to understand
23 the concept of a lie, that they may be or become active
24 participants in a lie without knowing or comprehending
25 the consequences of the words they say? Do you agree

1 with the literature out there that says that?

2 A. I couldn't agree with that just based on that
3 information alone.

4 Q. Would you agree that happens?

5 A. It could happen.

6 Q. Okay. You would agree with the literature out
7 there that says children under seven are -- often do not
8 understand the concept of a lie, nor do they comprehend
9 the consequences of the words they say?

10 A. That could be true.

11 Q. Could be true.

12 You agree that children, you know, they
13 can -- their memories can be tainted?

14 A. That could definitely happen.

15 Q. What I mean by tainted is that false memories
16 can be implanted in their heads?

17 A. That could happen.

18 Q. And that children below a particular age are
19 particularly susceptible to that phenomenon?

20 A. Yes.

21 Q. And that even adults, those of us in this room,
22 could be susceptible to that phenomenon?

23 A. We could be.

24 Q. Just commonly what we're talking about, the
25 example we talked about is false confessions, somebody

1 who confesses something that's not true, an adult?

2 A. Was that a question?

3 Q. You would agree that happens?

4 A. Yes.

5 Q. Okay. And you would agree with the studies out
6 there that show a false memory can be implanted in the
7 mind of a child in as little as one interview?

8 A. I'm not familiar with that. I can't answer
9 that question.

10 Q. Okay. Now, would you agree with the literature
11 out there that says when a child is asked a question and
12 gives an answer and the question -- same question is
13 immediately asked again, that children will sometimes
14 believe that the first answer wasn't right and then give
15 a different answer?

16 A. That could be true.

17 Q. Okay. And so, you would agree with me, then,
18 that the confidence that a child has in its answer is
19 not necessarily directly tied to the accuracy of that
20 answer?

21 A. That could be true. It depends on the
22 circumstance.

23 Q. Right.

24 And you would agree that the affects of
25 repeated questioning are even more pronounced on young

1 children?

2 A. Which affects are we talking about?

3 Q. The affects of negative -- I'm sorry.

4 When you ask repeated questions, you'll
5 start getting different answers. We already agreed on
6 that, right?

7 A. Yes.

8 Q. That phenomenon, that happens, it's even -- it
9 could be worse the younger the child is?

10 A. A younger child could be more susceptible to
11 that happening.

12 Q. Okay. Now, on direct examination we talked
13 about some characteristics. Do you recall that
14 testimony?

15 A. Yes.

16 Q. Okay. There was four broad groups, depression,
17 anxiety, sexual behaviors, interpersonal difficulties.
18 I just kind of summarized what they are. Do you agree
19 with that?

20 A. Yes.

21 Q. When you talk about these characteristics,
22 you're not talking about children who are age 3, are
23 you?

24 A. Talking about all children generally.

25 Q. Which could be anywhere from infants to 18,

1 right?

2 A. Yes.

3 Q. And so, any of these characteristics that
4 you're talking about, they don't apply to any particular
5 kid, do they?

6 A. Correct, they don't.

7 Q. Okay. Now, you also talked about the idea that
8 there's no typical offender. Do you recall that?

9 A. Yes.

10 Q. So, you would agree then the way a person looks
11 is absolutely not an indicator of anything?

12 A. Yes, I agree.

13 Q. And you would also agree with the literature
14 out there that has found that fantasy-reality
15 distinctions are problematic for very young children?

16 A. They could be problematic.

17 Q. Okay. So, it kind of dovetails with the old
18 idea that the younger the child is, the harder it is for
19 them to determine the difference between a truth and a
20 lie?

21 A. I wouldn't necessarily say it's based on age.
22 It's also based on the child's cognitive abilities and
23 their language abilities.

24 Q. You'd agree there's more 3-year-olds out there
25 that believe in Santa Clause than 16-year-olds, right?

1 A. Yes.

2 Q. And so, Santa Clause is a fantasy, right?

3 A. Yes.

4 Q. So, when you're talking about all these deals
5 that we've just agreed on, really, the most important --
6 single most important issue in these cases is how the
7 child is talked to, correct?

8 A. I wouldn't agree with that.

9 Q. So, you don't believe that -- you're saying the
10 interview doesn't have an impact on the credibility?

11 A. I'm not saying that. I wouldn't say it's
12 necessarily the most important in all cases.

13 Q. Okay. Fair enough.

14 Dr. Madera, I want to ask you about this
15 particular case.

16 A. Okay.

17 Q. Okay. Do you know the name of the complainant
18 in this case?

19 A. No.

20 Q. Do you know the name of my client?

21 A. No.

22 Q. You didn't conduct the CAC interview, did you?

23 A. No.

24 Q. You didn't conduct an extended interview?

25 A. No.

1 Q. Interview any police officers in preparation
2 for your testimony?

3 A. No.

4 Q. Talk to anyone from CPS?

5 A. No.

6 Q. You don't know any of the principals and people
7 involved?

8 A. No.

9 Q. Don't know anything about the possible outside
10 influences that the complainant might have on her?

11 A. No.

12 Q. And you would agree that in many cases, if
13 those things exist, as a treatment provider it would be
14 important for you to know?

15 A. What things?

16 Q. Any outside influences. Basically -- let me
17 put it this way. You can treat a person better the more
18 you know about them?

19 A. Sure.

20 Q. Your testimony is that you know nothing about
21 this case?

22 A. No.

23 Q. You're providing general information?

24 A. Yes.

25 Q. Okay. Now, these things you talked about,

1 these specifics, these characteristics, for example,
2 depression, you would agree with me that -- I'm sorry.
3 Your testimony was that depression could be a behavior
4 characteristic of a child -- or a child who has been
5 abused, right?

6 A. It could be.

7 Q. It could also just be a behavior characteristic
8 of someone who's got depression issues?

9 A. Yes.

10 Q. You also testified that a person could
11 demonstrate anxiety or have anxiety issues, if they've
12 been abused, right?

13 A. Yes.

14 Q. They could just also be tightly wound, right?

15 A. Yes.

16 Q. And you would agree, without going through each
17 one expressed, sexual behaviors, interpersonal
18 relationships, same thing, same question: It could be a
19 characteristic, it could be nothing?

20 A. Yes.

21 Q. Now, in your experience, what level of
22 understanding would a 3-year-old have of the criminal
23 justice system?

24 A. It would depend on a lot of different
25 variables.

1 Q. So, it's possible they may know what a jail is?

2 A. They may.

3 Q. But not have a complete understanding of it?

4 A. I would not think that a 3-year-old would have
5 a complete understanding of the criminal justice center.

6 Q. So, when you hear children that are that young
7 talking about jail, prison, is it sometimes possible
8 they're simply parroting what their parents told them?

9 A. It could be.

10 Q. Could be.

11 Now, let's talk about partial disclosure.
12 You mentioned that, right?

13 A. Yes.

14 Q. Your testimony on direct was that sometimes
15 people partially disclose and then add details later?

16 A. Yes.

17 Q. Now, before in your cross-examination you said
18 that if they are asked the same questions over again,
19 their answers will change, right?

20 A. They won't definitely change, but they could
21 change.

22 Q. Could change.

23 So, if the child is responding that way,
24 changing the answers because they feel like the first
25 one was not correct, if the answer adds details, isn't

1 it possible that that phenomenon of partial disclosure
2 is related to the fact that they don't understand what's
3 going on?

4 A. I guess it could be.

5 Q. Now, wouldn't you agree that sometimes these
6 partial disclosures, certain things come out and certain
7 things come out later, would you agree sometimes it
8 happens that way because the kid is just making it up?

9 A. It could happen that way.

10 Q. Sure.

11 And sometimes it could be that they're just
12 repeating what they've heard?

13 A. That could also happen.

14 Q. You talked about-- with the State about a
15 person who makes a disclosure and then forgets. Do you
16 recall that?

17 A. Yes.

18 Q. And your testimony was that the reasons for
19 that depends on the situation, right?

20 A. Yes.

21 Q. Now, one thing you said was that generally if a
22 child -- let me back up. I'm sorry.

23 If a child discloses immediately, does that
24 say anything about whether they have a better -- easier
25 time remembering it?

1 A. No.

2 Q. Now, you did say that kids who are in therapy
3 right after the disclosure are generally better at
4 remembering?

5 A. Yes.

6 Q. Okay. And is that any type of therapy or
7 therapy at the center or what?

8 A. It would not necessarily be therapy at the
9 center. Just someplace to talk verbally about the abuse
10 so that they can process it.

11 Q. The State's question was that if a child tells
12 you I don't remember, that doesn't mean that it happen.
13 It might, in fact, though, mean it didn't happen, right?

14 A. That could also be true.

15 Q. Equally as true as the other?

16 A. I don't know about percentages, but either one
17 could be true.

18 Q. And the bottom line is you just don't know?

19 A. Right.

20 Q. Okay.

21 MR. OLIVER: I pass the witness, Your
22 Honor.

23 **REDIRECT EXAMINATION**

24 **BY MS. COLLINS:**

25 Q. This concept that a child under the age of 7

1 might not be able to understand truth versus a lie, does
2 that mean that what they're saying is automatically
3 going to be a lie?

4 A. No.

5 Q. What does it mean that a child under 7 may not
6 understand the difference between the truth and a lie?

7 A. It may mean the child is not that bright. It
8 may mean the child understands the concept, but maybe
9 the interviewer isn't using words the child uses
10 normally. It may mean that no one has spoken to that
11 child about truth versus lie or right versus wrong. You
12 know, it all depends on that child in that specific
13 situation.

14 Q. Along those same lines, the concept that a
15 child under the age of 7 might not understand the
16 consequences of the words that they say, does that mean
17 that those words are necessarily false?

18 A. No.

19 Q. You were asked quite a few questions about the
20 idea of false confessions, implanted memories, things of
21 that nature. How many children have you dealt with at
22 the Children's Assessment Center?

23 A. That's a good question. I would estimate in
24 the thousands by now.

25 Q. In your experience, as well as your training,

1 your education, and the literature that you've read,
2 would you say this phenomenon of planted memories, false
3 memories, that you've seen that rarely or commonly?

4 A. Rarely.

5 Q. What are the things you look for, if you know,
6 from a child giving a disclosure to determine whether or
7 not that disclosure is valid?

8 A. I previously worked in forensic services. So,
9 things that we look for in a child's disclosure to
10 verify it would be sensory details with the child. So,
11 that maybe if they didn't have the words to explain
12 necessarily exactly what happened, could they tell me
13 how it smelled, how it felt, what they heard when it was
14 happening, things like that that would place a child in
15 that situation and it wouldn't be just something that
16 maybe they were repeating.

17 Q. Along those same lines, when talking about
18 someone that is the age of 3, 4 years of age, defense
19 counsel asked about this concept of a child not
20 understanding between fantasy and reality. Does that
21 necessarily mean that a child that's 3 or 4 years of age
22 should be able to fantasize about sexual things? Let me
23 repeat that. That was a horrible question. Okay?

24 Would you expect that a 3-year-old would be
25 able to tell anyone about sex acts?

1 MR. OLIVER: I'm going to object to the
2 speculation and relevance, Your Honor.

3 THE COURT: Overruled.

4 A. No. A child of that age should not have
5 knowledge of even making up -- if the child were
6 lying -- about sexual acts. Even being exposed to that
7 information for me would be a red flag that they've been
8 exposed to sexual activity that they shouldn't have
9 been. A child should not have that as a fantasy in
10 their head at 3.

11 Q. Doctor, you were asked about a child's
12 understanding of the criminal justice system. Would you
13 expect, in your experience, that a 3-year-old would be
14 able to put two and two together with regard to seeing a
15 police officer and jail?

16 A. Yes. Oftentimes children understand jail as a
17 punishment, a punishment for adults, just like they
18 would see time-out as a punishment for kids.

19 Q. Would you expect, in your experience, that a
20 child seeing a police officer could trigger in their
21 head that someone might be going to jail?

22 A. It could.

23 Q. Depends on the child?

24 A. Yes.

25 MS. COLLINS: Nothing further, Your Honor.

1 MR. OLIVER: Briefly, Your Honor.

2 **REXCROSS-EXAMINATION**

3 **BY MR. OLIVER:**

4 Q. Dr. Madera, when you talk about the word
5 fantasy, fantasy, you would agree, is not limited to
6 sexual fantasies, right?

7 A. Yes.

8 Q. Fantasy -- and the example I used, Santa
9 Clause -- has nothing to do with sex, does it?

10 A. No.

11 Q. In the context I used, fantasy means not real,
12 right?

13 A. Yes.

14 Q. Now, you went through a series of questions
15 about whether a child of certain ages can tell the
16 difference between the truth and a lie. Do you recall
17 that?

18 A. Yes.

19 Q. If you asked a young boy, a 4-year-old boy, if
20 the boy was a girl, and the child said yes, would you
21 have an opinion on that child's ability to tell the
22 difference between the truth and a lie?

23 A. Not just based on that question alone.

24 Q. If you asked any other simple question like
25 that -- if you asked the child -- if the child's name

1 was Mike and you said: Is your name Peter -- if I said
2 your name was Peter, is that the truth or a lie, and the
3 child said: That's true, would that -- those two things
4 give you any opinion as to that child's ability to
5 understand what the truth is, to understand what a lie
6 is?

7 A. That would be more indicative of understanding.
8 In doing forensic interviews, I would start with
9 trying to have them define the word truth and lie. With
10 your gender example, a lot of children don't understand
11 the difference between gender, but that doesn't mean
12 they don't understand truth and lie.

13 Q. So, it would be necessary then to ask
14 additional questions?

15 A. Yes.

16 Q. On cross-examination, you agreed with me that
17 by the time someone gets to you, to the secondary CAC --
18 I don't remember exactly what you said, but that at some
19 point you'd assume abuse has occurred. Do you recall
20 that testimony?

21 A. Yes.

22 Q. And so, if you are assuming abuse has occurred,
23 how is it that you can say to this jury that falsely
24 implanted memories are rare? If you assume it happens,
25 at what point do you make that determination?

1 A. We don't make that determination. When they
2 get referred to therapy at the CAC, there's already been
3 a verified case of child sexual abuse. So, it's not up
4 to us to decide if they've been abused. It's already
5 been determined by other investigative people.

6 Q. And so, you would certainly hope that the
7 investigators that forwarded that case to you has done a
8 comprehensive and thorough investigation?

9 A. Yes.

10 MR. OLIVER: Pass the witness.

11 MS. COLLINS: Nothing further, Your Honor.

12 THE COURT: You may step down. Thank you,
13 ma'am.

14 Call your next witness.

15 MS. COLLINS: At this time, the State would
16 call Ryleigh Launer.

17 May we approach, Your Honor?

18 THE COURT: You may.

19 (AT the Bench, on the record)

20 MS. COLLINS: Judge, as you're aware, all
21 the kids in our kind of cases are assigned a children's
22 court services representative. In this case, it's Amy
23 Johnson. And I've been made aware prior to starting
24 back up that Ryleigh was pretty nervous about coming in.
25 I would request that Amy be able to sit right over here