(Return to open court.)

THE COURT: All right. Let's call her, please.

MS. OSWALD: State calls Dr. Danielle Madera to the stand.

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

THE COURT: Please raise your right hand. Thank you.

(Witness sworn.)

THE COURT: All right. Proceed, please.

DANIELLE MADERA,

having been first duly sworn, testified as follows:

DIRECT EXAMINATION

BY MS. OSWALD:

Q. Can you please introduce yourself to the jury.

A. Sure. Hi, I'm Dr. Danielle Madera.

Q. And who do you work for, Dr. Madera?

A. The Harris County Children's Assessment Center.

Q. And how long have you worked for the Children's Assessment Center?

A. Since 2006.

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

A. Questions a staff psychologist.

Q. And before we get into your role there, what kind of training and experience do you have to be a staff psychologist with the CAC?

A. I did all my school at the University of Florida in Gainesville, Florida. I graduated in 2000 with a bachelor's degree in psychology. I took a year off and was a Child Protective Service worker in St. Petersburg, Florida. Then I went back to a doctoral program at UF in school psychology. During that time I was a forensic interviewer at the Child Protection Team. Then in 2006 I matched with my internship here at the Harris County CAC, they hired me on as a post-doctoral fellow and staff psychologist.

Q. And what kind of activities or things do you do as a staff psychologist at the CAC?

A. I provide individual therapy to children and adults that have been sexually abused. I run five different group therapies, a domestic human trafficking program at the CAC. I also do psychological evaluations, supervise interns, a lot of community trainings in the dynamics of sexual abuse, and court testimony.

Q. And what kind of training or not training, but education or classes have you taken with regards to sexually abused victims?

A. Well, all of my training as far as assessing emotional disturbances in children, two years under a licensed psychologist here at the Harris County CAC. I think that's about it.

Q. And you're here today to testify with regards to -- in a case with regard to Alyssa Velez. Have you ever met with the complainant in this case?

A. No, I have not.

Q. Have you ever seen her CAC forensic interview?

A. No.

Q. So it's safe to say you've never met with her, you're not speaking with regards to this child, specifically?

A. Correct.

Q. But you feel comfortable to be able to discuss characteristics of abused children, in general, as well as other things with regards to sexual abuse in children; is that right?

A. Yes.

Q. Okay. Can you explain grooming to the jury?

A. Sure. Grooming is any sort of behavior that a perpetrator will use to gain the trust of that child to later manipulate that child. A lot of hands on techniques of getting a child used to having the perpetrator's hands on the child; to later sexually

abuse the child and move into more gradual abuse. So things such as tickling, wrestling, showing a child pornography, walking in on a child when they're using the restroom, those are some sorts of grooming behaviors.

Q. And, in your experience, is it more frequent for a perpetrator to be somebody the child knows well or a stranger?

A. Usually in 90 percent of the cases it's somebody that the child knows or trusts to be able to gain that child's trust to sexually abuse them.

Q. And is grooming specifically towards the child or is grooming techniques also used towards other members of the child's family?

A. We see a lot that it's not just the child, but it's the family and sometimes the community as a whole. So, working on that child's family to see this person as a respected, trusted individual so that if and when this child ever discloses the abuse, the child won't be believed.

Q. And why are child victims -- do you see victim -- children victims to be younger or older, generally? What's more --

Let's talk about susceptiblity in children. What are things that make a child more

susceptible to a perpetrator?

A. There are many different things. It could be a child's age, a child's disability, a child's lack of knowledge about sex and the body, what's a wrong behavior. Communication deficits, so kids that aren't able to disclose sexual abuse. Could be neglected kids from families with a lot of dysfunction that put them at a higher likelihood of being susceptible to that positive attention.

Q. Now, you said -- going back to grooming; you talked about grooming, as a society, at large. What do you mean by that?

A. I mean that it's not uncommon for perpetrators to be all-around good guys. Pastors, coaches, teachers, people that are well-respected and that also place them at a higher likelihood of having access to children.

Q. Now, with regards to somebody who is a veteran, would that be something that could be used as grooming tactic? They hold themselves out as a war hero or as a veteran?

A. It could be.

Q. Now, is it uncommon for somebody who doesn't have access to the child all times to abuse a child? Let's say if the person just met them over the weekend, had access to them during that time, could the child

abuse still occur during that brief period?

A. Yes.

Q. What are risks factors of a child who comes from a family that doesn't really have as many boundaries, like, a family that the mom allows the child to be more susceptible or out with people she doesn't know?

A. Like you stated, a lack of boundaries. So not having that structure in the home, not having clear defined personal boundaries, sexual boundaries, sleeping arrangements, things like that can definitely place that child at high risk.

Q. Now, what are -- a child of younger age, say, five or six years old, what makes them more susceptible than an older child?

A. What could make them more susceptible, again, lack of knowledge about their body, about sexual abuse. Communication, how to tell someone if they don't really understand what's happening to them, even if they might know it's wrong. Not having a lot of peers, either. When we see older kids, they have access to teenagers, to people at school, people in the community. Younger children don't see a lot of people.

Q. How would a child with a physical disability, how would that affect their ability to be more

susceptible?

A. It could affect in different ways, depending on their cognitive ability, their communication ability. A lot of times a disability in the family can place the parents at a much higher stress level, which would make them, the children more vulnerable to being abused.

Q. Now, let's talk about the actual act of the sexual abuse. In your experience and what you've seen at the CAC, child abuse, can it occur in a roomful of people or houseful of people?

A. Yes.

Q. What about a smaller area where there's somebody in another room, can the child abuse still occur then?

A. Yes.

Q. Why is that?

A. In my experience, it's not uncommon for this to happen right under family members' noses. People use the restroom. There are blankets and people are watching movies. It can happen in the same bed with siblings. It's not uncommon for other people to be home.

Q. Would it be fair to say that the perpetrator takes advantage of the access that he's given to the child?

A. Yes.
Q. And even if that is a brief period of time?
A. Yes.
Q. Now, let's talk about changes in a child's behavior after a sexual assault. Do all children exhibit immediate changes in behavior right after they're sexually assaulted?
A. No.
Q. Is it possible for a child to still be around perpetrator and seem -- or appear to be in good spirits?
A. Yes.
Q. And why is that?
A. Again, a lot of reasons. Oftentimes, because it is somebody that the child knows, likes and trusts, a child still wants that relationship or wants that positive attention. They just wish the sexual abuse wouldn't happen anymore.
Q. Now, even if the child doesn't have a long experience with the perpetrator, could a child still want to protect the perpetrator that she doesn't know very well because of other relationships that perpetrator has, such as one of her friend's dad, or you know, someone that her loved one loves?
A. That could happen.
Q. Now, let's talk about coaching of a child. You

heard about a parent coaching a child to make allegations of sexual abuse?

A. Yes.

Q. Can you talk about that to the jury.

A. Sure. Actual false sexual allegations in child sexual abuse are rare. Literature is saying 2 to 4 percent of all allegations. There's a higher rate of false allegations when there's a contentious custody battle between parents, those are the incidences that we see that. But more often than not, children do not lie about sexual abuse, something very embarrassing and shameful; and kids would rather not talk about it if they had the choice.

Q. Now, have you experienced, in being at the CAC, a child that is being coached or manipulated to make an outcry?

A. Yes.

Q. Are they generally easy to -- are there signs that you see that kind of help screen that type of scenario?

A. Yes, there can be.

Q. And what do you generally, in general, see with that kind of case?

A. That would be more often handled in our forensic services division before we see the family for

therapy. But seeing statements that are very rehearsed; a child having not very much affect or emotion when they're describing the event; maybe a lack of sensory details. Those are some things we see.

Q. Now, before we talk about a child's affect and discussing sexual abuse, let's talk about outcry. In your experience, do children outcry or disclose the abuse right away?

A. More often than not there's a delay in disclosure.

Q. And why is that?

A. Again, that could be many reasons. Again, a child's age; communication ability; if they think they're going to be believed by the caregiver; maybe they're threatened or they know that the family might change some when do disclose the abuse.

Q. If there's a week that goes by, then the outcry, is that a long period of time, in your experience, or is that a pretty quick outcry?

A. Pretty quick outcry.

Q. In your experience, a mother that asks about whether or not abuse is happening such as, We don't touch these certain spots, is that something that could generate a child to outcry quicker?

A. If the child is specifically asked, you know,

if anything has happened to them between when it happened and when they disclose, then, yes.

Q. Now, let's talk about when a child discusses the abuse. Is there any sort of way that a child should act when discussing their abuse?

A. No.

Q. Have you experienced children acting in a variety of different ways?

A. Yes.

Q. Now, in your experience do children remember every single detail about the abuse?

A. No, not usually.

Q. What does that indicate to you when they can't remember maybe what they ate that day, but they remember what happened to them?

A. Trauma memory and how children process trauma is different. Across all kids and individuals, what we know is the things that they do remember were the most salient to them at the time. So whether it's a sensory detail, how they felt, what they saw, what they heard during the abuse, memory is stored in a different way and it's not often always accessible in the way we would imagine a story being told.

Q. So if a child doesn't remember that she stayed somewhere multiple nights, she only remembers one night

but she distinctly remembers the abuse, that's not abnormal?

A. No, it's not.

Q. To you, is this an indication that the child is lying or fabricating anything about the abuse?

A. No.

MS. OSWALD: Pass the witness, Your Honor.

THE COURT: From the defense, please.

MS. BROWN: Yes.

CROSS-EXAMINATION

BY MS. BROWN:

Q. You said that you don't think that that's necessarily an indication, but without knowing anything about the case you couldn't say. It might be, it might not be?

A. Correct.

Q. It might be an indication of being coached or might not be, right?

A. Yes, ma'am.

Q. So, you said, though, if a child has been abused they tend to have vivid recollections of the actual abuse; is that correct?

A. They could.

Q. They could, but they might not?

A. Memory is affected differently. That's one

indication that they -- they remember different salient features. So for some kids, it might be sensory details.

Q. So we're really not sure what to take from what they remember then, from what you're telling me?

A. Every individual --

Q. Could be anything?

A. Every individual is different, so I really can't make a generalization.

Q. Would starting to take medication for ADHD at the same time cause a change in the child's behavior, possibly?

A. It could.

MS. BROWN: I pass the witness.

REDIRECT EXAMINATION

BY MS. OSWALD:

Q. Have you experienced children that have taken ADHD medication?

A. Yes.

Q. And in your experience does a child lie more after they started taking ADH medication?

A. No.

Q. Have you ever had a child completely fabricate sexual abuse claims because of their ADHD medication?

A. I have not seen that.

MS. OSWALD: Pass the witness, Your Honor.

MS. BROWN: I do have some redirect [sic].

RECROSS-EXAMINATION

BY MS. BROWN:

Q. If one is not looking for some kind of pause from the ADHD medicine that is going to cause lying, but one is looking to interpret the child's body language, mannerisms, whether they're withdrawn or outgoing if that's changed, is that something that would very readily be changed by ADHD medicine?

A. It could be.

Q. Okay. So the child may or may not have been predisposed to truthfulness and having a good recollection, but that is a separate matter of looking a the child's body language, reading how they're reacting and whether that's changed, would be altered if you started medicine at the same time? You wouldn't be able to tell if the child had changed or the medicine changed the child, is that right?

A. I'm not sure what "predisposed to truthfulness" means.

Q. I don't know, either. I didn't bring that one -- you got me there, too. I have no idea.

Basically, if the child is lying or not, ADHD medicine wouldn't prevent that; but reading the

child's body language, the child's emotions would be changed by medicine like that very much so? Am I correct?

A. It could be based on the medication, the child's age, size, dosage. Questions really not sure.

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

MS. OSWALD: Nothing further from the State, Your Honor.

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

Next witness, please.

MS. OSWALD: The State has no further witnesses at this time.

THE COURT: All right. Very well.

Ladies and gentlemen, I need to do something outside the presence of the jury. So if you go with the bailiff, I'll have you back out in just a couple minutes, please.

THE BAILIFF: All rise for the jury.

(Jury not present.)

THE COURT: All right. Do you have anything you wish to place on the record before we start, please.

MS. BROWN: Pardon me?