

1 THE COURT: You may stand down.

2 We're going to take another break, ladies
3 and gentlemen. We have an additional witness who is en
4 route, hopefully in the next ten minutes. If you will
5 please stand and go with the bailiff back to the jury
6 room.

7 (Recess taken)

8 (Witness sworn)

9 (Jury seated)

10 THE COURT: Please be seated.

11 Call your next, please.

12 MR. DRIVER: State calls Dr. Lawrence
13 Thompson.

14 THE COURT: This witness has been
15 previously sworn.

16 Please proceed.

17 MR. DRIVER: Thank you, Judge.

18 **LAWRENCE THOMPSON, JR., PH.D.,**
19 having been first duly sworn, testified as follows:

20 **DIRECT EXAMINATION**

21 Q (BY MR. DRIVER) Please introduce yourself to
22 the ladies and gentlemen.

23 A Yes. My name is Dr. Lawrence Thompson, Jr.

24 Q Where you are employed, sir?

25 A I'm employed with the Harris County Children's

1 Assessment Center.

2 Q How long have you been employed there?

3 A I've been over 14 years.

4 Q What's your current position?

5 A I'm the director of therapy and psychological
6 services there.

7 Q Do you have to have special background,
8 education, in order to be in the position you're in?

9 A You do. You do. We do a background in some
10 mental background field, but certainly one in psychology
11 would qualify, and I have several degrees in psychology,
12 including a doctorate in clinical psychology.

13 Q Now, I want to ask you about your specific
14 background. Tell the jury about your educational
15 background.

16 A Well, I'll reference some degrees. I have a
17 bachelor's degree in English and a bachelor's degree in
18 psychology from Schreiner University, small liberal arts
19 college in Kerrville, Texas. Also I have a master's
20 degree in clinical psychology and a doctorate in
21 clinical psychology from the University of Michigan.

22 Q And have you had continuing educational
23 programs you've attended, conferences you've attended
24 that have helped you develop further your subspeciality
25 or your speciality?

1 A Certainly. There's continuing education that
2 we're asked to take to keep our licenses as
3 psychologists in the State of Texas.

4 Q And have you yourself led any trainings in
5 specific regard to the area that you currently work in?

6 A I have. I have. I've done multiple
7 presentations related to child sexual abuse and
8 psychology more generally, too.

9 Q And as part of your job over at the Children's
10 Assessment Center, do you still see patients yourself?

11 A I do. I do. I do some individual theory
12 therapy, group therapy, crisis intervention,
13 consultation on mental health matters. And also a lot
14 of supervision of other clinicians' clinical work.

15 Q Have you done any research or work into
16 understanding sex offender treatment?

17 A I have. I have some familiarity with sex
18 offenders, just given that the primary population that I
19 work with is victims of child sexual abuse. So in the
20 work with them, you certainly get a sense of some of the
21 ways that people have abused them.

22 But in addition to that, I have visited
23 several sex offender treatment programs in the Texas
24 Department of Criminal Justice. I have visited the
25 Hightower Unit in Dayton, Texas; the Goree Unit in

1 Huntsville, Texas; and the Hilltop Unit, which I believe
2 is in Gatesville, Texas, and had an opportunity to work
3 with some of the treatment providers that provide mental
4 health services to the sex offenders in those programs.
5 I have also had an opportunity to interact some with the
6 actual offenders and talk to them about their offenses
7 and really just talk to them in hopes of trying to
8 figure out ways to keep children safe moving forward.

9 Q And are you familiar with other types of
10 treatment programs that are maybe outside of the Texas
11 Department of Criminal Justice?

12 A I am. I am. There are license sex offender
13 treatment providers who provide mental health services
14 to sex offenders in an basis, outside of prison. We
15 have a license sex offender treatment provider that is
16 one of our clinicians in my division of the Children's
17 Assessment Center. So there is treatment available
18 outside. And there are some specialized people with
19 specialized licensure to proceed that treatment to sex
20 offenders who have been -- to sex offenders.

21 Q So knowing what you know about the treatment
22 options that are available on the outside versus the
23 treatment options that are available at the Texas
24 Department of Criminal Justice, do you have any sense of
25 which ones are the most successful?

1 A Well, what I can say about the treatment
2 program in the Texas Department of Criminal Justice is
3 that it's the most comprehensive program that I am aware
4 of. And what I mean when I say that, when the person
5 comes into the program, there is an evaluation to get a
6 sense of their offense cycle, what sorts of things
7 precede them abusing kids, and arrive at a treatment
8 plan to try to address those thing. The treatment plan
9 normally involves individual therapy, group therapy. To
10 the extent that there are family members or members of
11 the support system that can be pulled into the treatment
12 services, that can be part of what happens.

13 At the end of -- I say "at the end," at
14 the potential end of those services, there's another
15 evaluation of that person that is done to see where they
16 are with their offense cycle, and hopefully prepare
17 them. Some of the people in the sex offender treatment
18 program may be released back out into society. So there
19 is thought put into all of that. There is even casework
20 done to try to help the person transition back into
21 society in a safe way to the extent that they are going
22 to come back into society.

23 A distinguishing characteristic of the
24 program in prison is that reading materials, things that
25 the offenders can see on TV, those things can be

1 controlled, and that control can be important because
2 many times sex offenders fantasize and use pictures or
3 things on TV about kids to fantasize about them and that
4 precedes them actually abusing kids. That can be
5 controlled in prison in a way that it just can't be
6 controlled outside of prison.

7 Q You said something interesting. Sex offenders
8 have -- can use images as a fantasy that precedes actual
9 abuse. Is that something that you have experienced in
10 your clinical experience?

11 A Yes, it's something I have experienced with
12 kids that have been abused, as the kids recount their
13 abuse. Even talking about being shown pornography as
14 part of their inhibitions about being sexual being
15 broken down and it's part of the sexual abusive act.
16 So, yes, that is something that we sometimes see. And
17 it is something, fantasy is something that can precede
18 someone acting out on the fantasy.

19 Q And you said that one of the purposes of
20 really going and doing all this research and inspecting
21 these different places was to figure out ways to keep
22 kids safe. What opinions, if any, have you formed about
23 keeping kids safe in this context?

24 A Well, you know, the only certain way that we
25 can know that someone isn't going to reoffend against a

1 child is to have them incarcerated. That's the only way
2 we can be certain. That said, we know that treatment,
3 whether it's in prison or outside of prison, is not a
4 cure for inappropriate sexual impulses toward young
5 children. We have no treatment that can stop somebody
6 from being sexually attracted to young children. So in
7 prison or out of prison the goal of treatment is to
8 manage inappropriate sexual impulses and control the
9 things like what the person can see to fantasize about,
10 who the person has access to to possibly abuse. Those
11 things are a big part of managing those inappropriate
12 sexual impulses that will always be there.

13 Q And control of those factors, in your opinion,
14 is best managed in the Texas Department of Criminal
15 Justice?

16 A It's the only way we can be certain that a
17 person is not sexually abusing a child is if they are
18 incarcerated.

19 MR. DRIVER: I pass the witness, Judge.

20 THE COURT: Proceed, please.

21 MR. SCOTT: Thank you, Judge.

22 **CROSS-EXAMINATION**

23 Q (BY MR. SCOTT) Doctor, when did you examine
24 my client in this case?

25 A I have not examined your client in this case.

1 Q All right. Have you ever seen my client
2 before, to your knowledge?

3 A No, I have not.

4 Q How about a Timothy Crawford, when did you
5 examine Timothy Crawford?

6 A I have not examined Timothy Crawford.

7 Q How about Ashly Crawford?

8 A I have not examined Ashly Crawford.

9 Q Have you had dealings with a Deborah Crawford?

10 A No, not to my knowledge.

11 Q So you're globally speaking about your
12 perceptions of sex offenders in general basically? It
13 has no application to this particular case, correct?

14 A I'm sharing my clinical experience. I'm
15 sharing information on the literature related to child
16 sexual abuse. I'm sharing it with this jury so that
17 they can apply it to this case as they see fit. I don't
18 know whether it applies to this case or not.

19 Q You testify in most all these cases, don't
20 you, or a large number of them?

21 A I have testified many times.

22 Q Many times. So they bring you in here every
23 time they have a case like this and you basically put
24 out this information to aid and assist the jury, if it
25 does, correct? That's your purpose, right?

1 A I have testified multiple times in that
2 capacity.

3 Q Now, the way you describe it, and I don't know
4 whether it applies. You will probably say it doesn't,
5 but where we are now, it probably won't make any
6 difference. The symptoms, the treatment, the recidivism
7 rate, all these things sound like to me like they could
8 be applied also to an alcoholic who has never recovered
9 totally, who's always in recovery and has to maintain
10 that or else they revert back to being an alcoholic,
11 right?

12 A Could you be a little more specific in your
13 question?

14 Q Well, alcoholics go through the 12-step
15 program and they're always saying, at least all the ones
16 I've ever talked to, that, yeah, they're a recovering
17 alcoholic. They never say they're cured. So an
18 alcoholic cannot be cured, according to what they say.

19 A I don't want to and I cannot liken being a
20 sexual offender to being an alcoholic to your question
21 about alcoholism. There are some people who do believe
22 that there's no cure for alcoholism and that the
23 treatment of alcoholism, especially in a 12-step
24 program, deals with acknowledging that and managing the
25 fact that they will always be an alcoholic.

1 Q And so the best result then in dealing with
2 that always an alcoholic would be guaranteeing them that
3 they be put in the penitentiary, correct?

4 A No.

5 Q That way you could be assured they would not
6 be an alcoholic, might not be a DWI alcoholic or any
7 other type of alcoholic if he was in the penitentiary,
8 correct?

9 A If someone is in the penitentiary for an
10 alcoholic-related offense, they won't be driving and
11 they won't be getting DWIs.

12 MR. SCOTT: Pass the witness, Your Honor.

13 MR. DRIVER: No more questions, Judge.
14 Would you all approach, please?

15 (Bench discussion off the record_

16 THE COURT: Ladies and gentlemen, we are
17 going to break for lunch.

18 What says the State?

19 MR. DRIVER: State rests, Your Honor.

20 THE COURT: What says the defense?

21 MR. SCOTT: May I have a moment, please?

22 THE COURT: Yes, sir.

23 MR. SCOTT: We rest and close.

24 THE COURT: Both sides rest and close?

25 MR. DRIVER: Yes, Judge.