

1 Mr. Jordan.

2 MR. JORDAN: Thank you, Your Honor.

3 DR. LAWRENCE THOMPSON, JR.,

4 having been first duly sworn, testified as follows:

5 DIRECT EXAMINATION

6 Q (BY MR. JORDAN) Sir, could you please  
7 state your name for the jury?

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

9 Q And how are you employed?

10 A I am the director of therapy and  
11 psychological services at the Children's Assessment  
12 Center.

13 Q And tell the jury about your educational  
14 background?

15 A Well, I have a doctorate in clinical  
16 psychology from the University of Michigan. I also  
17 have a masters degree from that same institution. I  
18 have a bachelors degree from Schreiner College, a  
19 little institution in Kerrville, Texas. One in  
20 English and one in psychology.

21 Q And obviously we know the answer to this  
22 but for the purposes of the record what does your  
23 area of practice focus on?

24 A Sexual abuse. Child sexual abuse  
25 specifically.

1 Q And can you explain to us briefly what your  
2 duties are at the Children's Assessment Center?

3 A Well, I provide a few -- some direct  
4 services still at this point to clients, individuals,  
5 psychotherapy to clients. A major portion of my  
6 duties at this point involve the supervision of other  
7 clinicians at both the masters and doctoral levels at  
8 the Children's Assessment Center.

9 You know, in addition to that I am  
10 involved with consultation with various agencies that  
11 work with the Children's Assessment Center and  
12 various administrative task.

13 Q Now, in the past as a therapist have you  
14 examined children sexual abuses as well as offenders  
15 of sexual abuse?

16 A Yes, I have.

17 Q And you have counseled both types, the  
18 offenders as well as the abuse victims?

19 A Yes, I have.

20 Q Now, does part of your practice include  
21 following the research and keeping up in this area?

22 A Yes, it does.

23 Q And you have conducted research as well?

24 A Yes, I have.

25 Q Have you testified as an expert in the

1 courts of this county?

2 A Yes, I have.

3 Q Has that been on few or many occasions?

4 A Many.

5 Q Now, do you -- are you familiar with or  
6 have you interviewed the child in this case, Eunika  
7 Chandler, at all?

8 A No, I have not.

9 Q Have you reviewed any offense reports,  
10 medical reports or anything of that nature?

11 A No, I have not.

12 Q But having not done that can you still  
13 provide this jury with some educational background  
14 and dynamics of sexual abuse?

15 A Yes, I can.

16 Q Can you please describe for the jury what  
17 the area of -- what the term "delayed outcry" means?

18 A Well, delayed outcry or delayed disclosure  
19 just refers to a period of time passing between the  
20 incident of abuse and when the child makes an outcry  
21 of the abuse to someone in their life.

22 Q Is it more common that there is a delayed  
23 outcry or less common?

24 A It's actually more common. In more than 50  
25 percent of cases we do find that there is some delay

1 in disclosure.

2 Q And generally from your research and your  
3 personal knowledge what are some of the reasons why  
4 the child finally does come forward?

5 A Well, those can be many. A lot of kids  
6 it's, I guess, I will say accidental. They don't  
7 come forward and someone else finds that they have  
8 been abused by stumbling upon the abuser or something  
9 of that nature.

10 But in terms of why kids come forward,  
11 a good relationship with a teacher, friend, parental  
12 figure can play a large role in children coming  
13 forward. I have certainly seen kids who just finally  
14 realize that the abuse is wrong. Some kids  
15 especially young kids are very confused about what is  
16 happening to them when they are being abused and  
17 aren't even sure that what's happened, shouldn't be  
18 happening. And as they become older and understand  
19 what is normal and not normal in terms of the issue  
20 of child sexual abuse, they realize something wrong  
21 has happened to them and they tell someone to get  
22 some help.

23 The symptomology, too, that kids  
24 have -- kids can be very depressed, anxious, and  
25 troubled by what's happened to them and sometimes to

1 get some relief from those things they will disclose  
2 the abuse.

3 Q Hypothetically speaking if the alleged  
4 offender is no longer in the home would that be a  
5 reason why they possibly may finally outcry?

6 A Yes. Well, absolutely. You know secrecy  
7 is a linchpin of child sexual abuse for the abusing  
8 to go on for period of time the child has to be made  
9 to keep that abuse secret. If they tell you, you  
10 would think that someone would do something to stop  
11 it. And if there is offender in the home who is  
12 pressuring the child to keep the abuse secret, if  
13 that offender were removed from the home that could  
14 definitely contribute to them feeling comfortable  
15 enough and safe enough to tell someone about what was  
16 happening to them.

17 Q Well you mentioned, Doctor, a few moments  
18 ago about teachers, counselors, things of that  
19 nature. If there is this secrecy, is it common that  
20 other people in their life have no idea this is going  
21 on?

22 A Yes. That is very common.

23 Q Explain to the jury what asymptomatic signs  
24 means?

25 A Okay. Well, asymptomatic just means that

1 there are no symptoms if we're talking specifically  
2 about sexual abuse, there are no overt symptoms of  
3 child sexual abuse. So no outward symptoms.

4 In kids who are abused, we see  
5 sometimes symptoms like depression. I mentioned  
6 anxiety. There can be interpersonal problems and  
7 things of that nature. But sometimes we do see kids  
8 who do not really show any outward signs of being  
9 abused. Kids who may even do better in certain  
10 things like school work.

11 In terms of explaining that. Abuse at  
12 its core involves a boundary violation and a loss of  
13 control that the child experiences literally to their  
14 own body and when they lose that control, one of the  
15 ways they can try to regain some control in their  
16 lives could be by doing well at things like school.  
17 Or by not being ill, so to speak. And so we do see  
18 kids that outwardly don't show any symptoms. But  
19 lots of times when you get those kids into individual  
20 psychotherapy, for example, you realize that there  
21 are a lot of painful emotions pent up inside that  
22 they are just hiding from everyone else.

23 Q Does it a lot of times depend on the age of  
24 the child and what I mean by that is once they hit  
25 the teenage years and start noticing development that

1 may be -- it may affect them differently?

2 A Yes, it can. And you do find that kids  
3 will respond to the abuse differently and for that  
4 reason sometimes we'll have kids who are in  
5 psychotherapy for a period when they are younger are  
6 doing fine and then later they come back in for  
7 psychotherapy again as they go through puberty or  
8 start dating and it awakens other thoughts and  
9 feelings about the sexual abuse, but yes, their age  
10 and their development does have something and their  
11 individual personality does have a lot to do with how  
12 the trauma manifests in their lives.

13 Q It seems to me, Doctor, that someone whose  
14 been abused sexually when they have to convey it, you  
15 would expect them to cry or be overly emotional. Is  
16 that wrong to think that?

17 A It is wrong to the extent that trauma is a  
18 very -- the experience of it is very individual.  
19 And the expression of it is very individual. And you  
20 can have kids who are extremely emotional about it.  
21 Maybe every time that they talk to someone about it.  
22 But you can also have kids who are very unemotional  
23 about it.

24 It could have something to do with  
25 maintaining that control of their emotions that I was

1 talking about earlier. And if you look at those two  
2 extremes then, you know, we're dealing with human  
3 beings and so you can see lots of things in between  
4 those two extremes. But it is not uncommon for kids  
5 to be, you know, the word would be asymptomatic in  
6 terms of their expression of emotion when talking  
7 about the abuse.

8                   It may be a way of actually protecting  
9 them from the emotions that do underlie the overt  
10 presentation that you are seeing.

11       Q       Now, as far as offenders go, a lot of us  
12 think that a person would be just attracted to  
13 children and be incapable of having sexual  
14 relationships with a grown woman; is that a false  
15 idea as well?

16       A       That is an untrue idea.

17       Q       Can you explain a little bit about that,  
18 how you can actually be sexually attracted to a  
19 nine-year old but also a grown woman?

20       A       There are definitely offenders that I have  
21 seen in my clinical experience and also in the  
22 literature who can achieve sexual gratification with  
23 an adult and achieve it dysfunctionally with  
24 children.

25                   In my own clinical practice I have



1 even seen offenders who targeted women with kids in  
2 order to develop an intimate relationship with them  
3 so that they would have access to the children in the  
4 home. So it is something that can happen.

5 MR. JORDAN: Pass the witness, Your  
6 Honor.

7 THE COURT: Mr. Johnson.

8 MR. JOHNSON: May it please the Court.  
9

10 **CROSS-EXAMINATION**

11 Q (BY MR. JOHNSON) Dr. Thompson, is there  
12 such thing as child sexual abuse syndrome?

13 A A child sexual abuse syndrome.

14 Q Yes, sir.

15 A You would have to explain more. I am not  
16 familiar with the child sexual abuse syndrome.

17 Q In other words, are there symptoms that a  
18 majority of sexually abused children exhibit?

19 A There are many symptoms that children  
20 exhibit. There is no specific syndrome that we can  
21 point to.

22 Q I think you did testify on direct  
23 examination that, and if I am in correct then you  
24 tell me because you're the expert, there are some  
25 symptoms that sexually abused children do exhibit; is

1 that correct?

2 A There are some symptoms that some children  
3 who are sexually abused do exhibit, some outward  
4 symptoms, yes.

5 Q Would a majority of sexually abused  
6 children, if we could say a majority meaning more  
7 than 50 percent, do exhibit some sexual abuse  
8 symptoms?

9 A Well, the asymptatology, I actually  
10 consider that a symptom, too.

11 Q I see.

12 A So, yes. There is symptoms in all cases.

13 Q Well, I think you mentioned that in some  
14 sexually abused children that they exhibit or they  
15 show symptoms of post-traumatic stress syndrome; is  
16 that right?

17 A I did not say post-traumatic stress  
18 syndrome.

19 Q Well do some of them exhibit post-traumatic  
20 stress syndrome?

21 A I mentioned anxiety and post-traumatic  
22 stress disorder is one anxiety disorder and we do see  
23 some children who are sexually abused who exhibit  
24 anxiety including post-traumatic stress disorder.

25 Q I think you also said that sometimes

1 children who have been sexually abused are more  
2 inclined to come forward and make outcry to maybe a  
3 teacher or friend or relative or authority figure  
4 that they trust; is that correct?

5 A Yes. Kids can come forward and disclose to  
6 those people.

7 Q And I just want to be sure of this.  
8 Sometimes when children have been sexually abused  
9 that they can become depressed; isn't that right?

10 A They can.

11 Q And sometimes they can become withdrawn and  
12 not engage in their regular school activities; isn't  
13 that correct?

14 A Some kids do become withdrawn.

15 Q Are there any obvious signs without one  
16 conducting any type of clinical or medical evaluation  
17 of a child that would indicate a child may have been  
18 sexually abused?

19 A Well, the medical side of things is outside  
20 of my expertise as a clinical psychologist, but  
21 again, what I can say in terms of emotional and  
22 psychological symptoms is that the symptoms I have  
23 already mentioned are signs and symptoms of child  
24 sexual abuse, but there is no one of those that is  
25 absolutely indicative of abuse having occurred.

1           Q        Could you just mention one more time those  
2 obvious signs which may be indicative of that  
3 child --

4           A        The sort of things that we see?

5           Q        Yes.

6           A        Okay. Well, in terms of symptomatology, I  
7 see kids --

8                       MR. JORDAN: Objection, repetitive.

9                       THE COURT: Overruled.

10          A        In terms of symptomatology I see kids who  
11 do sometimes exhibit signs of depression, signs of  
12 anxiety, I mentioned interpersonal difficulties, a  
13 lack of trust in relationships can be something that  
14 we see, there can also be acting out, sexual  
15 acting-out type behaviors.

16                       And in addition to those outward  
17 symptoms we do also see kids who are asymptomatic  
18 when you look at them they look like they are doing  
19 fine outwardly. But when you actually talk to them  
20 and get them into individual psychotherapy, you  
21 realize that they're just carrying their symptoms on  
22 the inside rather than wearing them on their sleeves.  
23 Those are the sorts of things I see.

24          Q        Now, Dr. Thompson, just one final question.  
25 Would one have to be an expert to observe these signs

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1 of depression, lack of trust, anxiety or acting out  
2 in sexual abused child?

3 A Would one have to be an expert?

4 Q You could see this, I mean, just as a  
5 layperson if you are around a child, you may not know  
6 why the child is depressed or not showing any trust  
7 or being anxious or acting out or being withdrawn.  
8 You could see that as a layperson, could you not?

9 A Some of those things a layperson could see.

10 MR. JORDAN: Okay. Thank you.

11 Judge, I have no further questions of  
12 Dr. Thompson.

13 THE COURT: Mr. Jordan.

14 MR. JORDAN: No further questions.

15 THE COURT: Dr. Thompson, you may  
16 stand down.

17 May he be excused?

18 MR. JOHNSON: Yes, Your Honor.

19 MR. JORDAN: Yes.

20 THE COURT: You may be excused, sir.

21 THE WITNESS: Thank you, Your Honor.

22 THE COURT: Mr. Jordan, call your  
23 next.

24 MR. JORDAN: State of Texas rest, Your  
25 Honor.