DISTRICT COURT
EL PASO COUNTY
STATE OF COLORADO

PEOPLE OF THE STATE OF COLORADO

v.

ERIC LAMONT BROWN

Defendant

* COURT USE ONLY *

Case No. 05CR1488
Div. 14

For the People:
DDA Donna J. Billek
Reg. No. 30721
DDA Deborah F. Pearson
Reg. No. 28081

For the Defendant:
DPD Cynthia J. Jones
Reg. No. 23034
DPD Todd M. Johnson
Reg. No. 28927

REPORTER'S TRANSCRIPT (Excerpt of Proceedings)

The Jury Trial in the above-captioned case concluded on Friday, February 17, 2006, before the HONORABLE KIRK S. SAMELSON, District Court Judge, and a jury of twelve.

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MORNING SESSION, FRIDAY, FEBRUARY 17, 2006

(The court reconvened at 8:52 a.m., with all parties present, and the following proceedings were had:)

(Further proceedings were had which are not herein transcribed pursuant to request of ordering counsel.)

(The following proceedings were held within the presence and hearing of the jury:)

JEAN MCALLISTER

called as a witness on behalf of the People, having been first duly sworn, testified as follows:

THE COURT: Have a seat.

THE WITNESS: Thank you.

DIRECT EXAMINATION

BY MS. PEARSON:

Q. Good morning, Miss McAllister.

A. Good morning.

Q. Could you please state your name and spell your last name.

A. Yes. Jean McAllister, M-C-A-L-L-I-S-T-E-R.

Q. And, Miss McAllister, were you traveling from Denver this morning?

A. Yes, I was, and I apologize for being so late. It took me a little over four hours to get here.

Q. Miss McAllister, what do you do for a living?

A. Currently I do training and consulting in the areas of

victim trauma, victim services, domestic violence, sexual assault, and offender management.

Q. And can you describe for the jury your educational background?

A. Yes. I have a Master's Degree in Social Work from the University of Denver, and a Bachelor's Degree in Sociology from the University of Northern Colorado.

Q. And are you -- do you have continuing education that you do?

A. There's no requirement for continuing education for social workers in Colorado; however, I continuously attend conferences and trainings. Most recently I attended a Colorado Organization For Victim Assistance statewide conference in Keystone, Colorado. That's a three day conference that covers issues related to victim trauma and victim services. And I have attended training regularly; usually I would say on an annual basis probably more than 50 hours a year of training on a regular basis.

Q. And, Miss McAllister, can you go through your job history as it relates to working with victims who have undergone trauma?

A. Yes, I can. Many years ago I initially started working in the field with adolescents who were in residential treatment, many of them as a result of either child abuse or sexual assault or sexual abuse of some form or another. I then did child protection ongoing case work and investigations for Arapahoe County Department of Social Services.

I then worked at a program called Gateway Battered Women's Shelter for about eight years. The first two years I was a caseworker, and I provided counseling and case work services, and the last about six years I served as what's called program supervisor, and so I supervised a staff of 15 who served women and children and some of the male clients who had been in domestic violence situations both in our residential shelter and in our out-client counseling program.

And then after that I worked briefly at the Jefferson County Senior Resource Center and set up a victim services program for the Jefferson County Senior Resources Center.

And then I worked at Lutheran Medical Center in the Assault Survivor Assistance Program as a psychotherapist for about eight years. And we served victims of serious trauma; primarily domestic violence and sexual assault, and we also provided supervision to the rape crisis volunteers that responded to Lutheran Medical Center's emergency department. And we provided, at the request of the psychiatry staff, inpatient trauma assessments for people who were in the hospital and in the inpatient chemical dependency program.

After that, I left and went to the Colorado Division of Criminal Justice, and I administered our state's Sex Offender Management Board for about five years. After that, I -- and actually during that time I responded to the Columbine shootings and took on a part-time position supervising the people who

responded to the victims of the Columbine shootings and their family.

I provided training and intervention with the school staff and trained the mental health people that developed the Columbine Connection Response Center for the first year after the shootings.

Then I went to the Colorado Department of Human Services, where I administered the Domestic Abuse Assistance Program, which is a program that funds all the battered women shelters in the state and sets standards for interventions with victims of domestic violence and domestic sexual assault.

And then most recently prior to what I'm doing right now, I was the Executive Director of the Colorado Coalition Against Sexual Assault, which is a statewide membership program of all the programs that respond to sexual assault victims in the state of Colorado.

And I've also done some work for the American Prosecutors' Research Institute, for the National Judicial Education Program, for the Ending Violence Against Women Training Team in Colorado, and for the Colorado Organization For Victim Assistance Academy, where they do training -- all of those agencies do training for people who respond to sexual assault, domestic violence, work with victims, and work with offenders.

Q. Miss McAllister, when you worked at the Gateway Battered Women's Shelter, did you have direct contact with victims of sexual

assault?

A. Yes, I did. About 40 percent of our clients -- of our adult clients and a somewhat higher percentage of the adolescents and child clients had experienced some form of sexual assault. And, actually, at the time that I worked there, there were very few services for domestic violence victims who had experienced sexual assault, and I was able to help develop some of the first groups that addressed that and two of the first training programs in Colorado to address the occurrence of domestic violence and sexual assault.

Q. And, Miss McAllister, can you kinda tell the jury what kind of therapy was held at the shelter, or did you provide individual or group therapy?

A. We did -- we did both individual and group, where the adult victims and the children who either witnessed or were involved in families where domestic violence was happening. We also did some counseling in conjunction with some of the abusers programs that was couples counseling in an effort to help people reunite when there was safety established.

And we provided those things both to people who stayed and lived in the shelter with their children and to people who came only for counseling. So we saw about 650 people residentially a year, and we saw a couple of thousand people in our out-client counseling program a year.

And I -- and during the whole time I was there, I carried

a direct caseload and did both group and individual counseling. When I was a supervisor, it was a smaller caseload than when I was a caseworker.

Q. And so when you were working at Gateway, did you, on a regular basis, talk to victims of sexual assault?

A. Yes, I did. I would say multiple times every week when I was there.

Q. And at the Lutheran Medical Center, kinda explain to us how -- how therapy worked there.

A. Okay. We were -- we were primarily an out-client program, which means that people came to see us for counseling. We worked with adolescent and adult victim survivors of serious trauma. I would say about 60 to 70 percent of my caseload was sexual assault survivors, I had another 20 or so percent that were domestic violence survivors, and then a smaller percentage that were people who witnessed murders, who had experienced attempted murder, who had been in serious natural disasters or other traumatizations.

I carried a caseload of individual clients, so I saw about 30 people individually every week. I did groups, and those ranged in size from probably five or six to ten or 12 people, depending, over time. And then I did probably two to three trauma assessments for inpatient clients while I was working there, which means a psychiatrist would be having difficulty with a client and would ask one of our therapists, who had expertise in working with

trauma, to do an assessment and make recommendations about that person's treatment course. And so worked some with the inpatient population as well.

And we did -- we worked with families and couples when there had been sexual assaults, because when they're adolescents, families often have great difficulty dealing with the fact that a child has been assaulted. Often in primary relationships between adults, there's also difficulty that comes up as a response to sexual assault.

Q. And so you had mentioned this specifically as far as doing trainings. Have you taught other professionals how to respond to victims who have been victims of sexual assault?

A. Yes, I have. For actually many years since the early '80s I have been doing training in a variety of different settings for people who are victim advocates, psychotherapists, law enforcement officials. At Lutheran I developed the training program for response to sexual assault and domestic violence for the medical personnel, the psychiatric personnel, and for the volunteers that responded to the emergency department sexual assault program.

And then I've done training at a number of different conferences and for different training academies and groups all over the state and probably 25 other states in the country on how to respond to sexual assault, victim trauma, and the kinds of things that result from those problems happening to people.

Q. Miss McAllister, I have two questions. The first being, why is there such a need for specialized training? What makes sexual assault different than other kind of trauma a person might experience?

A. That's actually a very good question. One of the things that I do in my work is to stay current with the research and the literature, as well as to stay current with the best practices. And the research literature has for many years indicated that there are more myths and misconceptions, which means we have more misinformation about sexual assault as a crime than any other crime that happens. So -- and that includes people who work in the profession.

People really need specialized training to understand victim reactions, what's needed to help them be effectively served and recover well from the crime of sexual assault.

Q. Can you tell us some of those myths?

A. Yes. Actually, just right off the top of my head, we typically believe that a common sexual assault is committed by a stranger who has a weapon, who seriously injures a victim, and that the victim immediately outcries and reports to someone and looks horribly distressed while she -- and typically the victim is a she -- or he is reporting, and all of those things are grossly inaccurate. In fact, only about 16 percent of sexual assaults are ever reported at all.

The greater likelihood is that a person who is assaulted

is assaulted by someone they know, and the research says -- depending on the research that you look at -- somewhere between 80 percent and 95 percent of people are sexually assaulted by someone they know, not by a stranger who's broken into their home or chased them down an alley, and that of those people who are assaulted by someone they know, the younger the victims are, the least likely to report of the small percentage of people that do report.

The most common reporting scenario is that there's a substantial delay between the time the person was assaulted and the time that they actually report to someone.

Most victims are not physically injured. In fact, only about 4 percent of sexual assault victims have serious physical injuries. And fewer than 10 percent of sexual assaults involve an actual weapon, like a knife or a gun. Of course, offenders use their bodies as weapons and can use alcohol and other things to disarm victims, but the actual use of a violent weapon is rare.

And then victims often have traumatic reactions, which all victims of trauma have, but that looked confusing, because the only reaction is not one that is distress and crying and telling everybody right away.

And victims often have a variety of other symptoms, and, in fact, trauma includes a dual symptom set of things that look distressed and upset and things that look kinda shut down and like someone hasn't been distressed, and those are normal reactions, and I can talk more about those later.

Q. And have you testified as an expert in a sexual assault; the response a victim would have to sexual assault and sexual assault trauma?

A. Yes, I have.

Q. And how many times?

A. I would have to go back and count, but I know easily over 50 times.

Q. Okay. And when were you first qualified as an expert?

A. In 1985.

Q. And have you testified throughout Colorado?

A. Yes. Not in every judicial district, but in many judicial districts.

Q. Okay.

A. And many municipalities as well in domestic violence cases.

MS. PEARSON: Judge, the People would move to qualify Miss McAllister as an expert in the area of sexual assault, sexual assault victims' responses, and sexual assault trauma.

MS. JONES: May I just voir dire briefly?

THE COURT: You may.

VOIR DIRE EXAMINATION

BY MS. JONES:

Q. Miss McAllister, have you ever been qualified as an expert in El Paso County?

A. I don't believe that I have. If I have --

Q. So this would be the first time?

A. Yes, it would be. I've consulted on cases here, but I don't think I've ever testified.

MS. JONES: Thank you. No objection at this time.

THE COURT: All right. I'll accept Miss McAllister as an expert in those areas.

DIRECT EXAMINATION (cont')

BY MS. PEARSON:

Q. Miss McAllister, do you know LaAngela Bacchus Patton?

A. I do not.

Q. Do you know Eric Brown or, by another name, Anthony Brown?

A. I do not.

Q. Can you comment on the truthfulness of the victim in this case?

A. I cannot.

Q. And can you comment on the culpability of the defendant?

A. No, I cannot.

Q. Have you reviewed any of the police reports in this case?

A. I have not.

Q. Have you looked at any of the evidence?

A. I have not looked at anything related to this case except for a subpoena.

Q. Okay. And so can you kind of describe for the jury what is a blind expert?

A. My understanding of what -- what's called a blind expert is someone who can explain information to a jury that they might not have access to in the normal course of their daily lives, but that will help them evaluate evidence that they might be presented in a trial.

And the idea is that I would know nothing about this case, or a blind expert would not know anything about this case, but merely be able to offer you my expertise about the issue, and then you can take what you find valuable to help you assess the evidence that you've been presented.

Q. And, Miss McAllister, have you testified this way in other courtrooms?

A. Yes, I have.

Q. And how many times do you think?

A. Easily half of the times that I've testified have been without reviewing any case materials.

Q. Okay. Miss McAllister, I'm gonna ask you to describe whether a sexual assault -- what kind of trauma happens during a sexual assault.

A. Okay. I guess there are -- there are several ways to approach this, but the first one I want to say is that when you look at the literature that identifies the long-term negative impact, the likelihood of developing long-term negative symptoms and sometimes mental health issues related to the experience of trauma, the most serious in all of the literature is people who are

exposed to primary combat for longer that 242 days. And I have no idea why that particular amount of days is identified, but I assume it's a tour of some kind.

The second most likely to cause serious negative trauma of anything in -- in human experience, including horrible natural disasters, witnessing murders, terrorism, is sexual assault. So sexual assault is a serious, serious crime that creates horrific trauma for victims, and it creates trauma despite the fact that there often aren't additional serious injury or weapons used. So that's across the board, across all kinds of sexual assault.

In my experience working with victim survivors, most people who experience sexual trauma have kind of on the high end but very typical serious trauma responses. And there's a whole body of literature that I can refer to about human trauma response, and then they have a set of responses that are sort of unique to sexual assault as well.

And one of those is that most victims fear seriously for their life and -- and for the idea that they may be seriously injured. And one of the things that really kinda surprised me when I started doing this work is that people who knew their offenders were often more frightened than people who didn't. And I thought that was odd at first, but what many, many victims have said to me over the years is, this is someone I thought I was safe with. I -- I thought I knew this person, or, I thought this person would be nice to me for some reason. I knew them from work, or, I knew them

in a social situation, and so when I realized they were actually going to hurt me, I became so terrified that I thought they could do anything to me.

So part of the trauma of sexual assault is the level of fear that someone experiences, the profound lack of control, both over what's happening outside of them but what's happening to their body as well, and that it typically goes on for at least a period of time where someone else has complete control over what happens to them physically. And that's a terrifying experience to be profoundly helpless and not in control of our own body.

And then you have the added layers of because we have so much misinformation about sexual assault, many victims don't initially identify what's happened to them as a sexual assault, even if it's horrifically frightening. Some people don't believe that someone you know can sexually assault you, so they know that they were scared and something bad happened, but they might not identify it as a sexual assault.

Sometimes it's because they believe they did something wrong. They went home with someone. They had a drink with someone. They agreed to go on a date with someone. They agreed to kiss someone. I mean, there's a whole range of things that victims find themselves culpable for doing, when, in fact, you should be able to do any of those things and not experience a sexual assault as a result of it.

And -- and almost any of us would say if that happened to

our child or our partner, we would say, oh, that's not reasonable. This person did a bad thing; however, many, many victims feel that way, and many offenders understand that and tell victims that they asked for it for some reason.

So it's very common that there's shame, humiliation, the perception that the victim has done something wrong, which contributes to their feelings of fear and distress and inability to get help and assistance during a sexual assault.

Q. So is the over- -- what is the overriding emotion that a victim of sexual assault would fear -- would feel?

A. Typically extreme fear and powerlessness.

Q. And what does this extreme fear and powerlessness cause a victim of sexual assault to do?

A. Okay. Well, I think I should, if it's all right with you, at this point talk about what that does to anyone. That's what we would call a trauma reaction.

Q. Okay.

A. And common -- a common definition of trauma is the experience of an out-of-control event, an event that you're not in control of that is so powerful, harmful, threatening, or severe that it causes a human being to use what we call extraordinary coping skills, because their normal way of operating, their normal way of coping with stuff, even bad stuff, is overwhelmed.

And this means that there are actual changes in brain chemistry and body chemistry, and then changes in the way people

perceive their world and behave in response to their world both.

So the -- the kinds of things that we see when people experience trauma are there are two kinds of coping skills that are primarily used. What happens is that when people feel a serious threat, brain chemistry changes in response to try to protect us. Typically when some information comes to us or something happens to us, we use this part of our brain, the front of our brain, it's called the cortex, it's where thinking and judgment and prior learning and all that stuff happens in language, and we assess the situation and sort of compare it to other things we've been through and make decisions on what we're gonna do based on that.

When you experience trauma, which is perceived by the psyche as a serious threat, the brain kind of shuts down and uses the amygdala, what people typically call the fight or flight response, and there's actually in the medical research three responses, flight, fight, or freeze, but it's the part of our brain that acts immediately, and because the threat is always perceived as something that could be life-threatening -- whether or not it is -- when there's a trauma, then people react in that way, and they use the part of their brain that is designed to react quickly without thinking about things.

During most traumas that's very adaptive, and that means it helps people survive. If you're being attacked, you want to be able to either fight somebody off or get away if you can, and then freeze if you can't. So that's useful during a trauma.

And what happens as a result is information that's taken in during a trauma is stored differently than most information that's taken in. And this comes directly from Vessel Vanderbilt's research, who's a researcher at Harvard Medical School, and we've observed this for years, but now we have a whole body of research since 1995 that really varies.

People don't store information with long stories and exact timelines when they're traumatized. They store information as images and pictures, physical sensations, like being hot or cold or in pain or numb feelings; so intense emotion, usually negative, helplessness, fear, anger, distress, and then behaviors.

And a typical kind of thing to describe that is what you might see in a Vietnam vet who's been home for 25 years. He might be in his backyard having a picnic with his family, and if -- if the kid next door shoots off an M-80 in a trash can, he will hear the pound of the explosion and smell the gunpowder, so those are physical sensations, and probably be under the picnic table before he can stop to think, because he's conditioned to understand those sounds through trauma's danger cues, and he will react.

So when I say "behaviors", it's that kind of -- he goes under the table. Now, he might be able to crawl out 10 seconds later and go, sorry. I know I'm not in Vietnam. But at the moment that it happens, those cues are so strong because of how that information is stored, that he feels like that's happening again.

And you often see that in victims of sexual assault, that

they continue to feel terrified or frightened or afraid of things that they think are gonna happen again, even if they're not happening again to them. That's characteristic of trauma.

Q. And is that -- so how is sexual assault different? Is it unique as far as these trauma responses?

A. No. It is actually experienced in much the same way that people, all human beings, experience any kind of serious, what they perceive at life-threatening trauma. It's very common.

The other thing that happens as a result of trauma is there are these two primary coping skills that take over. And, again, they make a lot of sense during the trauma and they're very similar to what happens physiologically with physical pain and physical shock.

Physical pain is designed to give our bodies feedback when they're being hurt, that something is wrong and we need to do something about it. And physical shock is designed to slow down and shut down bodily functioning so we don't absorb the full impact of a serious injury quickly enough to bleed to death or do something else. It's protective. Pain let's us know the bad thing happened, and physical shock protects us from the full impact of the bad thing until we can get help.

And psychologically we have two very similar functions. We have a set of symptoms called the intrusive symptoms. It shows up as what is called the expressive style in crimes, and that's where we see people being afraid, upset, distressed, shaky, crying,

and the kind of thing where people will say, that person looks like they've been hurt. And those are the things that are telling our psyche something bad happened. Do something. Get help. Tell somebody.

The other symptom set is also protective, and it's called the avoidant set of symptoms, and the response that victims sometimes demonstrate is called a controlled response, and that avoidant symptom set helps us back away from or not feel the full impact of the psychological harm of the trauma. It helps us kinda protect ourselves from how overwhelming and how bad it feels.

And a lot of people describe feeling kinda numb or like they're in a bad dream or like they're just waking up from a dream. And at some point they're gonna think, well, this didn't really happen.

Sometimes people actually don't have access to some of the information that happened to them at a given time because it literally hasn't been integrated into their normal long-term memory yet. It's still just stored as a sort of disparate piece of information.

People will often look either kind of flat or shut down, like they don't have much emotion. Sometimes they can tell you stuff, and they're telling you something and it looks kind of -- people will describe it as crazy. And I've heard law enforcement officers say to me, she didn't look like she'd been very hurt because she looked real flat and she was just reporting facts, or

she was kind of acting normal like nothing had happened and engaging in conversation with people.

What we know from the trauma literature is when somebody's stuck in that sort of controlled or avoidant response, they're actually more likely to have long-term negative impact. Part of the reason is because they're so overwhelmed by what happened that they can't tolerate knowing it or feeling it. And so those responses, while some people will say, that looks like that person wasn't as hurt, can indicate the person is actually more seriously disturbed and not able to address the actual feelings they have.

And in a normal recovery from trauma, people will go in and out of the intrusive symptoms and the avoidant symptoms until they can tolerate knowing and feeling all of what happened to them without either being completely overwhelmed and distressed or completely shut down and trying to avoid the feelings. So you kind of see this fluctuation between these two symptom sets.

And victims will often report feeling crazy, because they feel really upset or really angry, and angry sometimes at someone they aren't even mad at. That they're much more likely to be angry at someone that's trying to help them or a family member than they are of the offender, often because they're afraid of the offender, and many offenders threaten people if they tell or report anything or do anything like that.

Q. And may I interrupt?

A. Yes.

Q. And in -- from what you've seen, have you seen that after a sexual assault occurred, that the victim continues to have contact with the perpetrator?

A. Often that is the case. It's much more often the case when the victim knows the offender from some sort of a social setting or event, and often victims will -- in an attempt to reestablish some sense of control -- try to pretend like nothing is wrong and they're not afraid of the offender.

So they will go to class, if they're in school with the offender, and not say anything to anybody, or they will show up at work if it's someone they work with. They may talk to the person on the phone and not say anything. And, again, this is in a sort of a distorted attempt to feel like they have some control over what's happening to them again, not to feel the profound fear that they feel.

And, again, people often misinterpret that as, oh, nothing happened, they're totally okay with what went on, and that's actually often a part of that avoidant set of symptoms.

Q. And, Miss McAllister, we would think that it seemed -- it would make more sense that a person would immediately call 911, immediately reach out for help when they went to a public place if the sexual assault happened in one area and then they went -- perpetrator and victim went to another area, first chance they got to reach out to somebody. Is that common?

A. That's actually the least common scenario in sexual assault is an immediate report. It almost never happens, even in stranger assaults. And the people with whom that happens, where there's an immediate outcry as soon as the victim is able, is when there's serious physical injury, which is in less than four percent of the sexual assaults. So --

Q. What about just calling out to the nearest person for help?

A. That is -- that is very uncommon. Again, victims are often trying to cope with what's happened to them. They are often still engaged in some kind of self-blame. They may be very shut down, so they may not even be experiencing the need to call out. If someone has that shut down feeling during the trauma, they may not say anything.

And you can see that in other people. Some people after a serious car accident will kind of wander around and walk around even if they've been thrown from the car and not really ask for help. One of the things we train people to do in serious mass disasters is to go to the outskirts and look for people who are walking around and look like people who need help, because those are the people that are most seriously traumatized and they won't ask for help. They'll try to walk away and act like things are normal.

I have worked with one woman who was sexually assaulted by a group of three men in a parking lot. She didn't tell anyone.

She went home. She decided she needed to paint her house. She was trying to establish a sense of control. And it wasn't until a week later that she started feeling what she described as crazy, and showed up at the hospital saying she was going crazy, and still didn't tell anyone she'd been sexually assaulted until I was called to interview her, because they called me when people acted strange and they couldn't explain it.

And I asked her what had happened, and she told me, in a very matter of fact voice, about a sexual assault in a parking lot in Black Hawk and three men who had sexually assaulted her. But when she presented at the hospital, she had been very distressed and couldn't say why.

So people very often don't have enough connection between the bad thing that happened and their shut down response to be able to tell anyone. And then, again, they're afraid of being blamed. They feel ashamed. They feel like somebody is gonna say that they were crazy. They feel like people are gonna say, why didn't you run away? Why are you still with this person? And so there are many, many layers about why victims don't report.

Q. And with -- looking at if the victim was a teenager, 17 years of age, would that victim be concerned about what her family would say?

A. Absolutely. And, actually, we -- there's a large body of research across the country on victim responses and why they don't report. Very consistent information about small numbers of people

who actually report. Almost all reports are delayed.

And we replicated that in Colorado through our Colorado Department of Health and the Coalition Against Sexual Assault, and the primary reason victims don't report is because they perceive they won't be believed. And the second reason is that they are worried about what their family or their friends will think of them, and that they'll be blamed in some way if they -- if they try to report.

So those are the two most common thoughts that victims have, according to both research in our state and national research.

Q. And then, Miss McAllister, once a sexual assault is reported, can you talk about how a victim of sexual assault is likely to be able to communicate what happened to her.

A. Okay. Well, there are -- in my experience, it's rare, even when there's a report, that a victim just picked up the phone and calls law enforcement. That's the most rare kind of report. Often a report comes out of a victim will tell a friend, sometimes a family member that they trust, and say, oh, this bad thing happened to me.

And often then the friend or the family member will say, well, you got to tell somebody about that. Because they're not traumatized. They're not thinking unclearly. They get that this is a bad thing that somebody should report. And often the victim will say, I don't really want to do that, or, I don't think so, or

will reluctantly do it.

Sometimes a friend or family member actually makes the initial call, although not always. Sometimes if they tell a friend, the friend will tell a parent, who ends up calling. I've worked with adolescents who have the most roundabout reporting thing; a friend will tell a parent, who calls a therapist, who says, you have to report this. That kind of thing is the most likely scenario.

And then, again, because you have that sort of need to shut down and not feel everything and not experience everything, often initial reports will be kind of short, not a lot of detail. My experience, even working as a therapist where people were coming to ask for help, is that I would hear the things that were least distressing first, and if there were really shameful parts of the sexual assault, if there was anything that the victim felt was really particularly distressing or overwhelming, often an oral assault or anal assault, something like that, that might come out weeks later, even to someone like me, much less to someone they didn't know and were reporting to in the process of a law enforcement or a medical report.

So -- and usually, again, because that's the most distressing, most overwhelming, most shameful part of the report. So -- and we have research that verifies that you have very likely kind of -- comes out in pieces with small bits of information, and over time someone may be able to tell more and more of what

happened.

Q. And is that related back to the trauma of the -- of the assault?

A. Yes, it is. And, actually, if you look at people who have other forms of serious trauma or who have experienced other things, people I've worked with who have witnessed murders, some of the people that were in the school during the Columbine shootings, often their first report looks very different from what they are able to tell you later.

Again, because part of it is that they're still so defended against the information, that all of that doesn't even come in consciously. And it's another symptom of trauma that while material is still experienced by a victim as traumatic, they don't always have voluntary recall over all of the information. And sometimes they're avoiding thinking about it so much that it doesn't even come into their consciousness.

Q. And is that the case when a case could begin with a 911 call, and then the case goes to trial a couple of years later?

A. Absolutely. That someone may, over time, be able to tolerate knowing more, feeling more, and talking more about what actually happened to them in a full way. And that is, again, most consistent with a trauma reaction. It's a rare person who experiences a serious trauma who can go through every detail immediately with complete recall and not too much emotion, to shut down and avoid some of the information. That's the least common

presentation.

Q. And in your experience, when a victim has to repeatedly talk to police, investigators, getting ready for a trial, do they become frustrated with the repeated questions?

MS. JONES: Objection to the leading.

THE COURT: Sustained.

MS. PEARSON: I can rephrase it, Judge.

Q. (BY MS. PEARSON) What is your experience as far as when -- as the victims of sexual assault work through the court system?

A. Well, often victims feel like they are experiencing two things: One, they're exposed to a huge number of people who they don't know, and they have to retell their story over and over again.

I actually helped design a -- helped design an exercise we use when working with people who respond to victims of sexual assault called "Who Do You Have to Tell?" And we ask people to think about their most recent sexual experience, which is usually voluntary, and then we ask them to imagine telling the number of people; that would include a 911 operator, a friend, a nurse at the hospital, a doctor at the hospital, a law enforcement officer who responds on scene, a detective, and you go through until there are literally sometimes 30, 40, 50 people.

And most of us would resist that, even about something that wasn't traumatic, but most especially about something that's

traumatic.

We also do training about prevention of secondary trauma, because the fact that our system does require so much retelling, so much exposure for a victim, and often repeated questioning and repeated difficult questions, victims sometimes experience what we call secondary trauma. They become very frustrated with the system, and they feel like they're being harmed again.

I have literally had victims tell me they feel like they're being sexually assaulted again by the system. The medical exam they have to go through, if they report soon enough to have medical evidence available, feels like a retraumatization; not to mention being explicitly interviewed by numbers of people over time. And, again, the younger the victim, the more intrusive that feels and the more difficult for them.

Q. And have you observed victims of sexual assault testify in court?

A. I have, although less often than I have testified, but, yes.

Q. And so can the -- when a sexual assault victim is relating what happened to her, are -- is it common for the witness to appear maybe unconcerned? controlled? Can the same things happen as you've described previously happened when they're testifying?

A. Absolutely. Those sets of symptoms, either the intrusive one, where someone looks kind of upset or overwhelmed or looks

controlled and not in touch with negative feelings at all about something they should have negative feelings about, that's indicative -- those suppressed or controlled responses can happen at any time until the victim has fully, fully what we call integrated the trauma where they -- where they're able to tolerate all the feelings and not protect themselves against the negative feelings and the overwhelming feelings of fear and distress.

And there are some studies that say with sexual assault, for some victims they experience some of those responses up to 20 years post an assault. And that is another indicator of how serious the trauma related to sexual assault is. The least serious traumas are more likely to integrate quickly, and people have what we would call appropriate affect or an appropriate emotional response. That if something is a couple of years old, might be sad or upset or a little bit angry, but not very distressed or very shut down.

Q. Okay. Now, Miss McAllister, how does the fact that the perpetrator's in the courtroom relate to how a victim may feel?

A. That can have a huge impact on victim's feeling of safety, so they're much more likely to revert to one of the two symptom sets that I described, and the feeling of being more in control is that controlled response where you're not feeling any emotion and you don't feel so frightened.

One of the things that I found most distressing in helping victims prepare for going to court was thinking about what

it was gonna be like to see this person who had harmed them and who they were terrified of and who they were confronting.

It's very different when you live in a community where you see the person on a regular basis, and you kinda get used to acting like nothing happened, but when you are in a courtroom and you have to tell what happened, all of the fear related to the event can come up again, and many, many times victims will shut down and try to act like they don't feel anything as -- in an attempt to protect themselves from that kind of real intense fear that they experienced during the trauma.

Q. And is it common for the perpetrator to contact the victim after the case has been reported to the police?

MS. JONES: Objection, I don't think that falls within her area of expertise unless we have some further foundation.

THE COURT: Miss Pearson.

MS. PEARSON: Well, Judge, Miss McAllister already testified that she worked for five years with the Sex Offender Management Board. I can -- I can lay more foundation if the Court would prefer.

THE COURT: Why don't you.

Q. (BY MS. PEARSON) So, Miss McAllister, can you kinda describe for the jury the contact or -- and the training you've received on the perpetrator of a sexual assault?

A. Yes. As I said, I administered the Sex Offender Management Board in our state for five years. During that time, I

was responsible for a number of things. One was administering a 22 member board of experts from around our state that set standards for assessment, evaluation, treatment, and behavioral monitoring initially of all convicted adult sex offenders in Colorado.

Later we set standards for the lifetime supervision law for -- we assisted the judicial branch in setting standards for probation of convicted sex offenders. We were charged with developing standards for juvenile sex offenders. We had the first standards in the country that were statewide applied to sex offenders, and I wrote those standards, and rewrote them three times while I was there, and they're still being rewritten.

I was invited to the Attorney General's Second National Meetings on the Management of Sex Offenders in Washington, DC, as an invited guest. A hundred people in the country who had expertise in working with sex offenders. I was invited to the First National Nonstranger Sexual Assault Symposium that was sponsored by the Office For Victims Programs through the national government.

I worked with our Department of Public Safety's Office of Research and Statistics on developing research on which we based our sexually violent risk assessment. I read hundreds of files in the prison system to help develop the research where we looked at risk factors for sex offenders reoffending in Colorado.

We were selected, when I was the director of the -- of the Sex Offender Management Board, by the National Center For Sex

Offenders Management through the Office of Justice Programs as a national resource site for excellence and were taken to other states to train how to work with sex offenders, how to understand their behavior, and how to monitor them effectively. I can go on, but that's a sampling.

Q. And so -- and so would it be common for a perpetrator to contact the victim, if it's a nonstranger sexual assault, after the case has been reported to the police?

MS. JONES: Judge, I'm going to object. I don't think that the proper foundation for that particular question has been laid. I mean, certainly this witness has done a lot of things in terms of policy and setting up certain things, but it doesn't sound like she's had any contact with perpetrators or talked to them as part of any research.

THE COURT: Objection is overruled. You can go ahead and answer.

THE WITNESS: Thank you. Actually, I would not say it's the most common, but it's not uncommon. Offenders -- and, again, it's more common when offenders know their victim -- will often recontact the victim, either in an attempt to threaten or manipulate them into not reporting, reminding them that it was their fault or their -- or their problem. They may contact the victim to try to gauge whether the victim is very distressed and going to tell someone and threaten again.

One of the things that we learned in our -- about

offenders and that I have done in my work, both directly dealing with offenders when I did family reunification assessments, which is another program we developed through the Assault Survivors Assistance Program, and then later in developing standards for how all offenders in Colorado were monitored, was to understand how profoundly thoughtful and manipulative offenders are in getting victims to not report.

And one of the techniques they sometimes use is continuing to be present in the victim's life. If the victim was frightened of them during the initial assault, their very presence is perceived by the victim as a threat. It's sort of like, I can still get to you.

And a lot of people initially assumed that those things were sort of not what the offender was thinking, but when we did our research, we, in Colorado, do post-conviction extensive interviewing and requiring offenders to disclose lots and lots of information, which we verify in a number of ways, but when we have done that, almost all of those offenders, unless they have developmental disabilities, are thoughtfully using their presence to either threaten or control the victim in some way.

And -- and I -- it was really eye-opening to a number of people in the field how profoundly thoughtful offenders can be about looking like things are just normal when they're actually either planning an assault or in this case -- in a case that may look similar to this, this type of scenario, doing something to

maintain the victim's silence.

MS. PEARSON: If I can have just a moment, Judge?

Q. (BY MS. PEARSON) Miss McAllister, you've already talked about how victims of sexual assault communicate the crime that has happened. Is it common for them to use kind of generic terms; not really wanting to express the details of the crime?

MS. JONES: Judge, I believe that's been asked and answered. I would object.

THE COURT: Overruled. You can go ahead and answer.

THE WITNESS: In my experience, victims will do almost anything to avoid very specific detail. They will use euphemisms, generalities, they will say things like, you know, and then, you know. They -- and if you think about it, I think it's -- it makes sense.

Most of us in the United States don't talk about sexual assault at all. Maybe we talk about it with the person that is our primary sexual partner, but beyond that, we don't have much language, other than slang and swear words, to talk about sexual assault at all.

And, again, the younger the victim, the less likely they have any capacity to do that in any way other than with kind of inference and euphemism and kind of indirect language. And, frankly, most of us would do that if we had to talk to someone we didn't know about a sexual experience. Someone who's been traumatized, who's experienced a sexual assault, and who's young is

even more likely for all of those reasons to communicate in that way.

And then, as I said, the more detail you have, the more -- the closer they are to the distress that they experienced during the trauma. So that is another reason for kind of avoiding until they can tolerate.

And it sometimes, even in the therapeutic situation, will take months before someone can actually tell you what happened to them physically during an assault in great detail, which they ultimately need to do, but it's very painful and scary and overwhelming and distressing and embarrassing. All of those things.

Q. (BY MS. PEARSON) And if a teenager, a 17-year-old, was involved in a conventional sexual relationship with the perpetrator, and then the violence started to increase, would that teenager immediately run to a family member and say, I'm scared? I don't want to -- I don't know what to do?

A. Actually --

MS. JONES: Judge, I'm gonna object without further foundation.

THE COURT: Overruled. You can go ahead and answer.

THE WITNESS: Actually, the -- people in primary relationships who experience any kind of violence -- and that's adults and teenagers -- are not likely to tell people close to them for a long period of time that something is getting worse. And --

and, as I said before, people who perceive that they're going to be blamed are the least likely to tell anyone. And teenagers who are engaging in voluntary sexual behavior usually don't have permission of their families and are not talking about it with their families.

It's rare that that happens. It's great when it can, but it's almost never true. And so they are not only not wanting to share that there's violence going on, but they don't want to get in trouble for things that they think they'll be in trouble for anyway.

And -- and they don't understand that often parents, when they think their child is being hurt, are gonna overlook some things to try to protect them. Kids don't understand that. Their first thought is, I'm not supposed to be doing this. I can't ever tell anybody. And I think we see that with kids. They don't want to tell when they think they're gonna get in trouble.

And then when you add to that that it's some sort of sexual violence or that it's in a relationship with somebody that people either like or that they're not supposed to be seeing, they have a real difficulty disclosing that kind of information.

Q. (BY MS. PEARSON) And are they likely to just pretend everything is normal? everything's fine? I can handle all of this myself?

A. That is the most likely response of almost all sex assault victims, especially teenagers. And, actually, in the rape trauma literature, there's a whole series of research about the

phase called the pseudo adjustment phase, and it means the large amount of time after an assault during which the victim tries to act like things are normal, again, trying to establish a sense of control and normalcy in their life, to pretend like this bad thing didn't impact them so horribly.

Q. And is there any specific time period? Could this wanting to act normal happen immediately after the assault or several years after the assault? Is there any specific time?

A. It's much more individual depending on the response of the victim. And, actually, the literature is -- I mean, this sounds ridiculous, but it can be from several days to several years post-trauma depending on the experience of a particular victim.

Q. Can it happen as soon as an hour after the assault?

A. I would consider that an acute trauma reaction, but remember that being controlled and appearing that nothing happened is -- is a normal acute trauma response to any trauma, not just sexual assault.

MS. PEARSON: Judge, I have no other questions at this time.

THE COURT: Miss Jones.

MS. JONES: Thank you.

CROSS-EXAMINATION

BY MS. JONES:

Q. Good afternoon (sic), Miss McAllister.

A. Good morning.

Q. Now, you have a Master's in Social Work?

A. Yes.

Q. And have done individual and group psychotherapy with a variety of different people; is that right?

A. Yes.

Q. A lot of the work that you have done is with domestic violence people, right?

A. Yes.

Q. You spend time at the shelter, which is -- involves also some sexual assault but primarily domestic violence?

A. Yes.

Q. And you taught and worked on a number of different things around the domestic violence programs that are now established in Colorado?

A. Yes.

Q. Now, you worked for the -- I think you said the Coalition Against Sexual Assault?

A. Yes.

Q. And that primarily deals with some of the programs set up for people who report sexual assaults or are victims of sexual assault; is that right?

A. Yes. Both people who report and who don't. Most of the programs provide support or advocacy to victims who report through the criminal justice system, and all of them provide some sort of crisis assistance to those who just call for psychological help or

counseling help, and many of them provide ongoing counseling whether people report or not.

Q. Okay. Now, when you're talking about trauma -- and you talked a lot this morning about trauma -- trauma basically means injury, right?

A. In physical terms it means injury. In psychological terms it means psychological injury that's related to the experience of a serious threat.

Q. Okay. But it still means injury, some sort of injury, whether physical or psychological or mental, correct?

A. I think you can frame it that way. The language is not always identified as injury, but I think you can frame it that way if you use a broad definition.

Q. Now, you did some work with adolescents early on in your career; is that right?

A. Yes. And during the time I worked at Gateway and during the time I worked with the Assault Survivors Assistance Programs and during the time I worked with the Sex Offender Management Board and with Columbine.

Q. And certainly during the time working with the Columbine situation and with the Sex Offender Management Board, one of the things you found was that you have to deal with adolescents a little bit differently; is that right?

A. Absolutely.

Q. You can't -- and by "adolescents", we're talking about

the age group of 12 to 17?

A. Typically people say 12 or 13 to 17.

Q. Okay. And most of the research, when they're using the term "adolescents", that's sort of the age group we're talking about?

A. Roughly. Some go to 18, but roughly that's the age group.

Q. And the reason that you deal with some of the adolescents differently is because they may have different developmental maturity levels, things like that; is that right?

A. Absolutely.

Q. And certainly they may not react in the same way as an adult; someone over the age of 18?

A. In some ways they will react differently. There are some similarities in trauma across the board from little kids to adults, and then there are some differences based on developmental differences.

Q. Okay. And there is differences from kids who are under 12 to kids who are 12 to 17, right?

A. Yes.

Q. And also then difference to adults, right?

A. Yes.

Q. Okay. Now, one of the sort of basic premises we start with is that people react differently, right?

A. Yes.

Q. People react differently to different things no matter what happens, whatever kind of experience that they're having?

A. I would say that people -- yes, that's an accurate statement, and that there are also patterns in how people react to typical situations, and one of the things that I've studied is the patterns of how people react.

Q. And those patterns and the research sort of gives you a general basis for things like testifying in court and the trainings that you do, right?

A. Yes.

Q. But certainly we can't always use that generalization to fit to a specific person; would you agree with that?

A. That's true.

Q. Okay. And the work that you did on the Sex Offender Management Board was primarily some research and developing the standards, right?

A. Research, developing standards, interviewing offenders, working -- we -- we approved all of the treatment providers who did any treatment with sex offenders in the state of Colorado. So we interviewed them, reviewed their case notes, reviewed their evaluations. All of the people who did behavioral monitoring, we approved them, evaluations, all of those things. And then we did a lot of training with other professionals who worked with both offenders and victims about how to intervene, what the most effective ways of intervention were.

Q. Did you, yourself, participate in the interviews with -- as you term them -- perpetrators?

A. Yes, some of the interviews I did. Not all of them obviously.

Q. And these were people that were already convicted and had been in prison and in treatment; is that right?

A. The people that I interviewed at the Sex Offender Management Board were convicted offenders. When I worked for Arapahoe County Social Services, not all of them were convicted. And in our Family Reunification Assessment Program at the Assault Survivor Assistance Program not all of them were convicted either.

Q. Okay. The bulk of your work, however, has been done with victims, right?

A. Absolutely.

Q. Have you done any research or reviewed research on false reporting or false accusations?

A. I have not done specific research. I have reviewed research and information about false reporting, yes.

Q. And false reporting can also create a traumatic situation for all of the people involved; is that right?

A. I -- I suppose it could create trauma. It certainly can create harm when false reporting happens.

Q. Okay. And you certainly agree that false reporting does happen?

A. Yes, it does.

Q. And false reporting of sexual assault does happen?

A. Yes, it does.

Q. And there can be many different reasons why someone would make an accusation that's not true; is that right?

A. Actually, in the literature I've seen in my experience and in all the research I've reviewed, there are fairly common themes about false reports. They're not a huge variety of different reasons.

Q. Okay. But certainly individuals have their own individual motivations for saying the things that they say, true?

A. Yes.

Q. Now, when you talked about the trauma and the serious traumatic responses and in using the example of the Vietnam veteran, those people generally are suffering from posttraumatic stress disorder; is that right?

A. Someone with a response that far out would be suffering from posttraumatic stress disorder, yes, likely.

Q. And posttraumatic stress disorder is often one of the consequences of having a traumatic experience?

A. About a third of the time in any experience of human trauma, PTSD is a result. About a third of the time there is a fairly reasonable resolution. About a third of the time there is some acute trauma. And there may be other sequela, but they're not as serious as a full-blown, long-term posttraumatic stress disorder. And about a third of the time you see full-blown

posttraumatic stress disorder.

Q. So in order to determine whether or not someone is having that posttraumatic stress disorder, they need to be seen by a mental health professional and diagnosed with that; is that correct?

A. Yes, that's accurate.

Q. And you're not able to diagnosis someone without talking to them or reviewing their situation; is that right?

A. That's accurate.

Q. In fact, it would be unethical for you to make a diagnosis without ever meeting someone?

A. Absolutely it would be.

Q. You also would not be able to make that diagnosis by watching someone testify in court or reviewing a videotape, for example?

A. No. No.

Q. Now, the coping skills that you talked about will vary by individuals. Although there may be some patterns, you can't specifically say that a certain individual is going to have a certain response; is that true?

A. That's accurate.

Q. And you talked about how the information gets stored in your brain differently. That also would vary by individual response, correct?

A. How it's stored is varied. The fact that it's stored --

what is stored varies. The fact that it's stored differently when trauma happens is consistent across human beings.

Q. So the fact that it's stored differently is something you see a lot?

A. That is -- yes. And there's very strong body of medical research that indicates that literally different parts of the brain are used, different brain chemistry take place, so the brain functions differently when trauma is experienced. And that is across the board. The actual content of what might get stored is gonna be individual.

Q. Okay. And that's true for people say who have gone through a hurricane, a car accident, as well as some sort of physical assault?

A. Yes, that's accurate.

Q. So that's not unique to sexual assault?

A. No, that's unique to trauma of any sort.

Q. And that also applies to any trauma, the kind of shock that you talked about and having either a suppressive reaction, the crying, shaking, being emotional, or the quiet, controlled response?

A. Yes, that's accurate.

Q. So that applies to all trauma?

A. Yes.

Q. Now, you talked about that it was a rare person who could relate details and specific details immediately; is that right?

A. That's accurate.

Q. Based on the research and your own experience?

A. Yes. And that's related to sexual assault. A lesser level trauma might -- might be easier to do, depending on what the trauma is, but that is consistent with serious trauma and sexual assault specifically.

Q. So given that statement, it would be unusual then for someone to be able to recall specific details, such as the address or the route, colors, clothing, things like that?

A. No, I think you've misunderstood. There may be specific pieces of information that people remember, but they are not likely to be complete and in a -- in a sequential time order, like somebody is telling all the details of a whole story. They're more likely to have little bits and pieces of things as they're talking about it.

So they may have some details and then missing some details, not that they would have none. It's most rare that somebody would have no -- no detail of their experience at all. That does happen, but that's very rare.

Q. So it's rare that they have no detail, it's also rare that they have lots of detail; would that be true?

A. Yes, that's accurate.

Q. Now, you talked about the immediate reporting or lack of reporting. When you talk about immediate reporting, do you mean reporting say after the incident, or is there a timeframe that

you're using when you talk about immediate reporting?

A. Actually, in -- in the -- I think what -- when the literature is referring to immediate reporting, they're usually talking sometime within a few hours after the assault when the victim is first away from the offender. We consider it pretty immediate reporting if a victim -- in my field in general, if a victim reports within the first couple of days.

Q. So it can be anywhere from an hour to 48 hours?

A. Absolutely.

Q. And you would still consider that to be an immediate report?

A. Well, I don't think it would be considered immediate, but it would be much quicker than is common with sexual assault.

Q. Is it common, with regards to a false accusation, that there is a immediate report?

MS. PEARSON: Objection. I don't think there's been a foundation laid for that.

THE COURT: Sustained.

MS. JONES: Judge, I think she testified that she had reviewed --

THE COURT: If you can lay a better foundation, I'll allow the question.

Q. (BY MS. JONES) Have you reviewed the literature and research on false accusations?

A. There is a small body of literature on false accusations,

and I have reviewed much of it, but it is -- it's a relatively small body of literature, comparatively to other things.

Q. Compared to the literature on --

A. Traumatic responses.

Q. And sexual assault responses?

A. Yes.

Q. Now, regarding the false accusation literature, do they discuss the time of making the accusation in that research?

A. What I have seen -- they don't discuss it in terms of hours or amount of delay. What I have seen in instances of false reporting and -- first thing I should say is it's very rare to find false reporting in sexual assault.

The most common scenario is the report of a stranger sexual assault that the victim cannot identify, and that it is usually made when the victim is usually a young woman who's doing something she's not supposed to be, or someone who is in a relationship where they feel like they are going to be harmed if they don't. At the time that they're late or caught or whatever is the most common false reporting scenario.

And -- and everything I've seen indicates that false reports are no more common in sexual assault than they are in any other kind of crime, and that they are never directed at a -- a specific individual who someone can name. That's the least common.

Q. Let's talk about something you just said here. You said that one of the situations, according to the research that you've

seen, is that when false accusations are made, it's, you know, a young woman who's doing something she's not supposed to be doing; is that right?

A. Instances I've seen have been a young woman who was -- who went to a party she was told not to go to by her parents, and ended up coming home very late, and told someone she was abducted by a stranger in a van with a ski mask. And those things, you can pick them out fairly quickly because there are a lot of inconsistencies.

Q. And certainly with regard to the stranger, could it be someone who is maybe just an acquaintance, not well-known, or a family member?

A. In my experience and what I've seen in the literature, almost never is a person named. It's a complete stranger that they cannot name or identify.

Q. But certainly that can happen?

A. I suppose it could. I am not aware of a circumstance of it having happened.

Q. But certainly that is a possibility?

A. Yes.

Q. And, again, when they make the report is when they get caught?

A. Yes, most commonly. I couldn't say always, but most commonly.

Q. Based on what you've seen in the research done in that

area?

A. Yes.

Q. Which, again, is a fairly small body of research?

A. Yes.

Q. Now, you've done some research and writing on what you called, I believe, secondary traumas. It relates to treatment providers, doctors, nurses, therapists, things like that, right?

A. Curriculum development, yes, and looked at the research.

Q. And you've actually written an article about that for the Colorado Coalition of Sexual Assault, right?

A. That's -- that's a different type of secondary trauma. Yes, I've written an article for the Colorado Coalition Against Sexual Assault, and that is rather than trauma caused to a victim by the system, the trauma that people who provide response to people who are victimized over time can experience. How it can impact their functioning.

Q. And you call that vicarious trauma?

A. Yes.

Q. And you've actually done a lot of work recently in terms of working with the Denver District Attorney's Office and various people on how to deal with the vicarious trauma?

A. Yes, I've done that in a number of different circumstances.

MS. PEARSON: I object, relevance.

THE COURT: What's the relevance?

MS. JONES: Well, Judge, I'm getting there.

THE COURT: I'll give you a little bit of leeway.

MS. JONES: I'm --

THE COURT: Go ahead.

Q. (BY MS. JONES) And, Miss McAllister, some of the things that you have written about with this vicarious trauma are the same things that you've talked about with regards to the person who actually experiences the trauma; is that right?

A. That's accurate. The research literature indicates that there are three types of trauma exposure. The first is -- is called a single incident, short term exposure, Type 1. Type 2 is long-term, repetitive exposure, like combat or someone who experiences terrorism or incest over a period. And the third is vicarious exposure.

We used to believe that someone who wasn't the actual victim of something terrible wouldn't experience the same kind of trauma, and initially, based on research with children who witness domestic violence, but more recently on people who have witnessed people be murdered or other kind of horrific crimes, we know that exposure to trauma over time can cause a traumatic reaction or trauma symptoms regardless of whether you're the primary victim of the trauma or hearing about it or witnessing it.

Q. And the work that you've done most recently is related to that particular issue; is that right?

A. Some of the work I've done most recently. I've done some

training around that. Recently I also coordinated the Victim Advocacy Response to the evacuees that came to Colorado from Katrina and -- and Rita. And so I worked with about 3,000 people who came through our Victim Advocacy Response out at Lowry that were primary victims of a serious trauma in August, September of this year.

Q. And when you say you're doing that, you're working with the professionals, you're not doing the actual therapy with the victims?

A. No, we actually did on-site response with the --

Q. I'm asking what you did.

A. Yes, I did that.

Q. Okay.

A. I did on-site response and coordinated the volunteers on site who did the victim advocacy response.

Q. Thank you.

A. I did both.

Q. Now, you indicated earlier you haven't reviewed any of the information in this case; is that right?

A. That's accurate.

Q. And you've never met Angela Bacchus?

A. No.

Q. You've never talked to Mr. Brown?

A. No.

Q. Never reviewed any of the videotapes or other statements

made in this case?

A. Nothing about this case except for a subpoena.

Q. So you are not able to say the type of experience that Miss Bacchus may have had; is that right?

A. That's accurate, I can't say that.

MS. JONES: That's all I have. Thank you.

THE COURT: Miss Pearson?

MS. PEARSON: Just briefly, Judge. Thank you.

REDIRECT EXAMINATION

BY MS. PEARSON:

Q. Miss McAllister, we've used a couple of terms that have a specific meaning when you're talking about victims of crime. Domestic violence. Can you just briefly tell the jury how -- how that -- what we're talking about when we're talking about domestic violence?

A. Yes. Typically the definition that we use when we talk about domestic violence in Colorado -- some states have different definitions -- is the -- the -- in an intimate relationship, a pattern of power and control by one party over another that uses physical violence, sexual violence, psychological intimidation, isolation, and threats to control the other party for the purpose of power, coercion, control.

And -- and basically it's -- it's a pattern of that kind of behavior over time. It would not be a single incident. And it is typically that one party is, over time, more controlled by the

other party and more victimized, and one of the parties uses those techniques to control the other.

Q. And what is the motivation of most sex offenders?

A. There are two motivations. The primary one is power and control. People perceive that it's a sexual motivation. There is commonly a sexual component to sex offending, but actually a very small number of offenders, those who are primarily sadists, which mean they arouse to physical harm of other people, sexually arouse. Most offenders, power and control is their primary motivator, and they act it out sexually and have an arousal component. Sadists, the arousal component is about physically harming other people.

Q. And, Miss McAllister, the information you've given us about sexual trauma and trauma, is that applicable to adolescent human beings?

A. Yes, it is.

Q. Is there anything that we haven't already talked about that is unusual with adolescents?

A. One of the things that I didn't address is that with both adolescents and younger children, one of the things that you may see are periods of time where they look what we call asymptomatic.

Kids are more likely, because they have fewer resources to cope with trauma, to try to act like things are normal when they've been harmed. And you may see, when you see symptoms with adolescents, some what we call regression, either -- and typically that's referred to as regression developmentally. That means they

kinda move backwards.

So if they're doing well in school, they may do more poorly in school. If they're becoming more independent or more self-assured, they may become less independent, less self-assured. Or they may do a set of behaviors that are sort of reactive behaviors. Sometimes they get in more trouble, they end up hanging out with the bad kids or dropping out of sports or doing things, again, that look like, well, why are you doing this?

And -- and psychologically the function is to try to be in control of the things that happen to them. And, unfortunately, adolescents sometimes have bad judgment about how to do that. I mean, all adolescents have a characteristic lack of good judgment about some things, but when you traumatize adolescents, that can be increased.

Q. And you talked about the extreme fear that a victim of sexual assault experiences. Does this -- does this look like extreme fear right after the assault?

A. It can, but can also look shut down and like someone -- the experience that I've heard people describe is they were so terrified they couldn't even let themselves feel it. So you may see, again, that suppressed response where they look distressed and are crying and upset and are telling you they're afraid and shaky, or you may see that controlled response where they are trying to look like nothing is wrong, either by being really shut down or by trying to act normal, and, again, in the literature, people who are

doing the acting normal piece often are really more frightened than the people who are allowing themselves to feel their fear.

And that's one of the things that's most important to understand about trauma survivors, they don't always look just like we expect an upset person to look. They often look shut down, and that is often because of the level of fear.

MS. PEARSON: Thank you, Miss McAllister. I have no other questions, Judge.

THE COURT: Ladies and gentlemen, any questions for Miss McAllister? Counsel.

(The following proceedings were held at the bench:)

THE COURT: Question No. 1.

MS. JONES: I guess I'm not sure what relevance that has, but --

MS. PEARSON: I mean, I -- I don't have a specific objection, Judge.

THE COURT: Do you object, Miss Jones?

MS. JONES: I don't think it's relevant, but I -- you know, other than that --

THE COURT: Are you objecting to it, or do you want me to ask the question?

MS. JONES: That's fine. You can ask.

THE COURT: Okay. No. 2.

MS. JONES: I think she answered that already, but --

THE COURT: Any objection, though? I mean, obviously the

juror didn't --

MS. JONES: No.

MS. PEARSON: No.

THE COURT: And No. 3?

MS. PEARSON: Sorry, Judge.

THE COURT: Any objection?

MS. BILLEK: No, Judge.

THE COURT: Thanks.

(The following proceedings were held in open court:)

THE COURT: Miss McAllister, several of the jurors had questions. I'm gonna read those questions to you one at a time, and then I'll allow the attorneys to follow up if they have any follow-up questions.

First question, after a sexual assault, would a person be able to have a normal sexual relationship?

THE WITNESS: Thank you. That's actually a very good question, and one that we have misinformation about. That is another circumstance where about 30 percent of people, post sexual assault, adjust relatively quickly to normal sexual relationships with people that they trust. About a third have a period of time where they have difficulty with sexual contact, even with someone they care about and trust. And another third have pretty serious long-term disturbance in their capacity to have sexual relationships.

And it really depends, in my experience and the people

I've treated, on the degree to which they associate the assault internally, in their experience with what they experience as sexuality, or if they experience more as violence that's not about sex. And, again, that depends on their personal experience.

Some people describe it being very healing. I've worked with women, for instance, who are married and they really trust their husband, and they say it felt so good to be with their husband, who wasn't hurting them. But that was part of a healing experience for them, and so they adjusted very quickly.

People who felt some sort of injury that they experienced as part of their own sexuality sometimes will have real difficulty being sexual later. But it's not an across the board. It's kind of a split bag in the response in the literature and also in my experience in the victims I've worked with.

THE COURT: Miss McAllister, what are the reasons why someone would false report?

THE WITNESS: Okay. Typically the reasons that have been identified that I know of, both in the law enforcement literature from the FBI and from the victim literature and kind of across the board, are typically that there is something that they think they're gonna get in trouble for, that they are trying to cover up by saying that this sexual assault happened.

So, again, the most common scenarios are kids who are doing drugs or going to a party they're not supposed to be at, sometimes it's women who are in violent relationships who are late

coming home or afraid that they're gonna be harmed by their husband for having been late or being somewhere or being accused of seeing someone that report a sexual assault.

And in almost all the information that I've seen and in my experience with all but one exception out of the over 3,000 sexual assault victims I've worked with, people don't name a specific individual. That almost always is a -- a person who is a complete stranger, often will describe having a ski mask or being behind them with a weapon that they can't identify.

THE COURT: Miss McAllister, the last question really has two parts. After a sexual assault, how long does it take to recover physically and mentally if you are a 17-year-old girl? Will you need treatment?

THE WITNESS: Again, that is -- that's gonna be somewhat individual. Adolescents tend to initially do that sort of pseudo adjustment thing often, and will sort of look like they're a little better for a while, and then may fall apart later.

One of the things we know about adolescents who are sexually assaulted, that when they go through adult development, sometimes the -- the impact of the sexual assault will resurface at later times in their lives. Sometimes when they get married, sometimes when they have children of their own, because they're afraid for their children, and so things will resurface. That's not uncommon.

Even in adult victims you see sometimes when their kids

get to the age they were when they were assaulted, they will have symptoms resurface again. Sexual assault is more likely to cause long-term negative impact and things like posttraumatic stress disorder, depression, than other kinds of trauma, as I said early on.

But, again, not everyone who experiences trauma needs treatment, depending on their social support system, how accepting and supportive their family is, whether they have a good supportive faith community that can support them. But probably in an adolescent, because of the developmental issues not being completely fully developed yet, they're more likely gonna need treatment at some point in their life.

And, again, sexual assault is more likely than many other kinds of trauma to cause the need for treatment, but that is going to be individual. So I can't answer that for certain about any given adolescent.

THE COURT: Miss Jones.

RECROSS-EXAMINATION

BY MS. JONES:

Q. Miss McAllister, you said about a third of people that have a sexual assault happen to them, a third of them can adjust fairly quickly?

A. I said a third of people who experience trauma. Sexual assault is on the high end of trauma, so it's probably more than a third of -- I mean less than a third of people who experience

sexual assault would adjust quickly. The third, third, third applies to trauma in general.

Sexual assault has more long-term negative consequences, so you're gonna see -- it's on the high end of long-term negative consequences for trauma experience overall. So more likely you'll see more people have longer term negative effects than a third.

Q. So the question was, if -- can someone return to a normal sexual relationship after?

MS. PEARSON: I object to relevance, Judge.

THE COURT: I'm allowing follow-up to the questions that the jury asked, so go ahead, Miss Jones.

Q. (BY MS. JONES) The question talked about after someone experiences sexual assault, can they have a normal sexual relationship. And I guess I'm now not clear in terms of the third.

A. About the normal sexual relationship, that's accurate. Post sexual assault, being able to experience a normal sexual -- normal for the person sexual relationship, that's about a third, a third, a third.

Q. Okay. Thank you. Now, in talking about the false reporting, you said something that typically people will make false reports if they're going to get in trouble for something they're not supposed to be doing already, right?

A. Uh-huh.

Q. You have to answer for the court reporter.

A. Yes, that's accurate.

Q. And one of the reasons people would false report is they're trying to cover -- whatever they were doing, they're trying to cover it up?

A. That's one of the reasons they can be false reporting, yes.

Q. Now, you talked a couple times about people don't necessarily name a specific person if that happens, right?

A. That's accurate.

Q. And just logically thinking, that it may be more believable if they don't name somebody, do you agree with that?

A. Well, typically if someone is named -- in the -- as I understand it, there are two reasons for not naming someone, and you're asking if it -- I don't know if it would be more believable or not. The reality is law enforcement could probably disprove it much more quickly if they named someone specific and there was no evidence to support it.

Q. But you also talked earlier about one of the myths being that, you know, sexual assault is a stranger assault, right?

A. Right.

Q. And so in talking about the myths, we're talking about sort of society, in general, including, you know, people, friends, and family, right?

A. Yes.

Q. And so if someone is making a false accusation and they don't name a specific person because of that myth, they're playing

into that myth, right?

A. Absolutely.

Q. And that may be one of the reasons that they think if I say this, it might be more believable because this is what people think?

A. Typically people -- in my experience, the false reports that I've seen and that I've read about in the research, people aren't that thoughtful about it. It's because they believe the myth that they say it's a stranger typically.

Q. That's my question.

A. That they're not that thoughtful, that they're thinking about what people believe, it's just they think that's how sexual assault happens.

Q. And so because they think that's how sexual assault happens, they think if that's what they say, someone would believe them?

A. Yes.

Q. Now, in talking about the adolescents and the long-term effects, one of the things that's true, whether it's an adolescent and/or an adult, it's gonna depend on the individual and their situation; is that right?

A. Yes.

Q. Not only whatever they've experienced, but their support system, their personality, all those things, right?

A. Yes.

(Further proceedings were had which are not herein transcribed pursuant to request of ordering counsel.)

(The court adjourned.)

REPORTER'S CERTIFICATE

The transcript in the above-captioned case was produced from my stenographic notes taken in my capacity as Official Reporter, District Court, County of El Paso, State of Colorado, at the time and place above set forth.

Dated at Colorado Springs, Colorado, this 5th day of April, 2006.

Rebecca E. Lucas, RPR