



Jurors hear conflicting medical opinions in sex abuse trial

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Editor's note: The following story contains a description of an alleged crime of a sexual nature. Readers are encouraged to use their own discretion when reading. Commenting has been disabled.

Jurors in a sexual abuse trial on Friday heard conflicting testimony from two medical experts on whether a sore found on the alleged victims's vaginal area was from trauma.

The state's witness, Dr. Carolyn Brown, whose credibility was grossly undermined under cross-examination, held it was, while the defense called an expert to the stand, Carol Klamser, who said the sore was not caused by abuse, but by a medical skin condition, possibly a combination of vaginitis and Lichen sclerosus.

Pictures of the now 9-year-old girl taken during her medical exams were shown to the jury, as first Brown, then Klamser described what they saw in the photographs during the third day of the trial against defendant Joseph Randy Dennis, 27.

Dennis is on trial for two counts of sexual abuse of a minor, which can each be punishable by up to 99 years in prison. The trial began Wednesday in Juneau Superior Court after the jury panel was selected on Tuesday.

Dennis is accused of digitally penetrating an 8-year-old girl on New Year's Eve 2011. Dennis was the boyfriend of the girl's mother and lived in their home in Juneau at the time. The Empire is withholding the names of the mother and daughter.

The girl complained of an injury to her vaginal area to her mother, while also telling her mother that Dennis helped change her into her pajamas, on New Year's Day, according to testimony. The mother immediately called police, who began investigating and took the girl to the Child Advocacy Center in Jordan Creek for her first of three medical exams that would be done over the next several months.

Meanwhile, police arrested Dennis on Jan. 4, three days after the incident was reported. He was later allowed out on bail on an ankle monitor and in the custody of a third-party custodian.

All three medical exams were conducted by Brown, who is a semi-retired physician and is one of the three doctors who conduct forensic medical exams for the CAC. Brown has been a physician since 1964 with a specific focus on women and children's issues. She has conducted thousands of sexual assault exams in her career and also currently works part-time as a gynecologist for Planned Parenthood.

Under direct examination from Assistant District Attorney Angie Kemp, who is prosecuting the case for the state, Brown testified during the first exam she found a small, "mild to moderate" lesion between the girl's labia majora and labia minora "about the size of a nickel," Brown said.

The three-by-three centimeter area was described by Brown as being red and raised but there was no bleeding, lacerations or discharge.

"It's like it was generalized trauma," Brown told the jurors, adding, "The best I could say is it was trauma."

Brown examined the girl again two and a half weeks later on Jan. 17 and found that the area of the lesion was reduced to about the size of a dime, or about two-by-three centimeters. Brown described this as being the healing stage.

A third exam conducted by Brown on June 1, six months after the alleged assault, showed the girl's vagina to be normal, and there was no sign of any lesion, Brown said.

That third exam would not have normally been done, but Brown testified she learned the defense was planning on presenting evidence that the lesion was not from trauma, which prompted Brown to do the third and final exam.

"I couldn't accept that might be the case," Brown said. "I wanted to look at this kid one more time."

Brown submitted multiple reports to the court summarizing her findings, saying the lesion was consistent with and "highly suggestive" of sexual abuse. In her last report after the third exam, she more strongly asserted that nothing but trauma could have caused the lesion.

But under cross-examination from public defender Eric Hedland, who is representing Dennis, Brown admitted that she previously testified in a prior trial that doctors rarely find any evidence of physical child abuse unless it's a "horrific, traumatic experience."

When pressed on how then she could say that this lesion on this girl in this case was from trauma when it was only "mild or moderate," Brown admitted that more important than any medical findings is the alleged victim's "history."

"Most of the time, the child's history ... is infinitely more important than medical findings," Brown said.

The word "history" in that context does not refer to the girl's record of medical history, but what the girl says happened and what the girl reported to forensic interviewers at the CAC, who then brief Brown.

The girl was interviewed at CAC for about an hour before Brown's first medical exam. The girl told Brown that Dennis had "messed with her privates."

Brown conceded under cross-examination that the location of the lesion was not a normal place to find evidence of sexual abuse, as opposed to a hymenal injury or an injury inside the vagina.

In fact, most injuries to or around the labia are from "straddle injuries," such as hitting the crotch area on a see-saw, Hedland asserted with Brown's agreement.

When asked if Brown considered whether a straddle injury was the cause of the lesion, Brown said, "That's inconsistent with her history."

Brown also said she could not tell how old the lesion was. It was tender to the touch, so Brown knew it wasn't "ancient," she said.

Hedland took issue with the timing of the healing process, as evidenced in the chronological photographs. Testimony showed injuries to the vagina heal quickly because of the vascularity of the area, which means it's rich in blood vessels. Brown says that's why evidence of sexual abuse is usually difficult to find and why doctors recommend victims of sexual assault receive a medical exam as soon as possible.

Still under cross, Hedland cited a study that said contusions, including injuries of varying degrees of severity to the labia in pre- and post-pubescent girls, were completely gone within 23 days in 13 out of 13 cases. Only one in 40 cases was detected after 18 days, he said.

For abrasions to the labia, the same study said all the injuries were fully gone in five days in 20 out of 20 cases.

Hedland cited another article which said that general practitioners have a lack of awareness of skin conditions that are often be misdiagnosed as child sex abuse.

When asked how her own work was reviewed in this case, Brown said she showed the pictures to doctors in a peer review group once after the first exam and another time after the second exam. But it was not a blind review, and Brown told the other doctors that she thought the pictures were evidence of sexual abuse. No one disagreed with her, she said.

"If I was totally incorrect, I'd be called on it," Brown insisted.

Hedland then cited a 2008 study that showed color photographs of urethral vaginitis to residents and faculty members and found that 42% of residents and 58% of faculty members incorrectly identified it as an injury from sexual abuse.

"Medicine isn't perfect," Brown injected.

When Hedland asked if that was an acceptable error rate, Brown dejectedly suggested it was better than it was 20 years ago.

Immediately after Brown's testimony, Hedland called Klamser, who flew to Juneau from Homer to testify, to the stand.

Usually the prosecutions will present its case in its entirety, then the defense gets its turn, but Friday was the only day Klamser had available to testify.

Klamser is an associate professor of the nursing program at the University of Alaska in Anchorage and a nurse practitioner who does sexual assault examinations. She does consulting work for civil and criminal cases that involve forensic medicine. She has her doctorate in nursing practice, but is not a medical doctor.

She told the jurors she was contacted by the Public Defender Agency to review the photographs in this case, as well as the girl's interview at CAC, a transcript of the grand jury proceedings and police reports, and was asked to render her opinion.

Klamser said she thought the lesion was not a traumatic injury, but rather by a medical skin condition, such as possibly a combination of vaginitis — which is an inflammation in the vaginal area — and Lichen sclerosus.

Lichen sclerosus is a chronic skin condition in the genital area most commonly found in children ages 6 to 9 years old. It can be triggered by poor hygiene, or something as simple as bubble baths, and can be accompanied with symptoms such as itching, pain and discomfort. It's treated with steroid cream.

Brown said she ruled Lichen sclerosus out since the child did not report any itching, burning while urinating or pain while defecating, it was gone within six months and because of the girl's history.

Pointing to the photographs, Klamser showed the jurors a whitish coloration in the formation of a halo that she said was typical of Lichen sclerosus.

Klamser said she conducted a blind consultation with another doctor on the East Coast about her findings.

Under cross-examination from Kemp, Klamser said she was sexual assault nurse examiner for adult women, not pre-pubescent girls, and that she has not testified on the side of prosecutors since she moved to Alaska in 2002, although she has prior to moving here.

Klamser said under cross that she is not making a judgment either way on whether the girl in this case was sexually assaulted and that she is just providing her medical opinion.

Klamser also agreed with Kemp that it is better to examine a patient in person for the best information rather than looking at photographs.

The state will continue presenting its case on Monday, then the defense will present the rest of its case.

Judge Philip Pallenberg, who is presiding over the trial, said he wants the case to go to the jurors before the Thanksgiving holiday. He said jurors can continue deliberating after Thanksgiving if need be.

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