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MR. WHITWORTH: That is all I have,
your Honor.

MR. JONES: I don't have anything.

THE COURT: Mr. Jones?

MR. JONES: I'm sorry, Judge, I don't
have any questions.

MS. SHIPWAY: Nothing further of this
witness. May he be excused?

THE COURT: Yes, he may. Detective --
Deputy, you are excused. Used to be detective.

I think we are ready for the cross-examination
of Amy Cichowski; is that right?

MR. JONES: Judge, I just got this.

THE COURT: Okay, that is fine.

MR. JONES: And I need to put it up to
the light to kind of see the marked out places.

THE COURT: It is kind of dim over
there.

MS. SHIPWAY: Your Honor, I think what
he is referring to is legally DHS has to redact
some -- the victim's names out, even though they know
at this point what the victim's name is. They just
wanted to do that before we turned them over.

THE COURT: Call your next witness and
let's keep going.

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MR. CASE: We will call Dr. Mouw.

THE COURT: Doctor ---

MR. CASE: Mouw.

THE COURT: Dr. Mouw, you were not here and sworn in as a witness, were you not?

THE WITNESS: No, sir.

THE COURT: Raise your right hand.

(Witness sworn.)

THE COURT: Have a seat right there.

DR. MICHAEL MOUW,

called as a witness and having been duly sworn, assumed the stand and testified as follows:

DIRECT EXAMINATION

Questions by Mr. Case:

Q Could you state your name for the record, please.

A Michael Mouw.

Q And how are you employed, sir?

A I am an emergency physician at Brackenridge Hospital.

Q And how long have you been so employed at Brackenridge Hospital?

A Five years.

Q And have you been an emergency physician for all that period of time?

A Yes.

Q And before that, were you also an emergency physician?

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1 A Yes, I was.

2 Q And for how long and where?

3 A I was residency trained at Charity Hospital in New
4 Orleans, so I was there for two years. I practiced
5 emergency medicine in Dallas for a year prior to that.

6 Q During the course of your tenure as an emergency room
7 physician, have you examined people for alleged sexual
8 abuse of one type or another?

9 A Yes, I have.

10 Q Both children and adults?

11 A Yes, I have.

12 Q Do you have any kind of estimate as to how many
13 examinations you may have conducted during your whole
14 career, I guess, where there has been an allegation of
15 sexual abuse of some kind?

16 A On adults or on children?

17 Q All -- all of them.

18 A Over a hundred.

19 Q Okay. What about children?

20 A 30 or thereabouts probably.

21 Q Okay. Were you working on the evening and night of
22 August the 15 of 1991?

23 A Yes, I was.

24 Q And did you have an occasion to do an exam on a child
25 by the name of Christy Chaviers?

1 A Yes, I did.

2 Q And do you have any recollection off the top of your
3 head about what time that got going?

4 A I have no independent recollection. I would need to
5 see the records.

6 Q Have you refreshed your recollection of that? Was it
7 in the evening sometime?

8 A I honestly don't remember independently. If you might
9 have a copy of the record I could review, that would
10 help me refresh my memory.

11 Q Okay, I will. Let's do that.

12 MR. CASE: May I approach the witness,
13 your Honor?

14 THE COURT: Yes.

15 Q It is just right up here at the top. I think ---

16 A 23:16, so, yeah, about 11:15 in the evening.

17 Q Okay. And how was -- what was the child's demeanor
18 when you conducted your examination?

19 A I don't have any independent recollection. I would
20 have to review the record.

21 Q Okay, I thought maybe we had -- I can give it to you
22 again. I will give you my copy of this one here,
23 Doctor.

24 A I wrote that she was cooperative, pleasant and in no
25 acute distress.

1 Q Did you proceed to conduct an examination looking for
2 evidence or -- of trauma in a sexual assault type
3 manner?

4 A I did.

5 Q And how did you go about that examination of this
6 child?

7 A The first part of the examination is to take a brief
8 history from any adults or relatives that are present,
9 and then to attempt to interview the child with the
10 parent out of the room after the initial history
11 taking is accomplished, then proceed to just a general
12 physical examination looking for any evidence of
13 trauma, and from there, proceed to a genital
14 examination, just a direct visual examination of the
15 genitalia and taking specimens for evidence.

16 Q Okay. So you did interview the mother, correct?

17 A Yes, I did.

18 Q Without going into any of that hearsay at this point,
19 could you -- and you also attempted to interview the
20 child; is that correct?

21 A Yes.

22 Q And were you successful in any interview with the
23 child?

24 A I did not state in my record that any information was
25 specifically obtained from the child, so I apparently

1 didn't get any information directly from the child
2 about what had happened.

3 Q Okay. So after that, my understanding is you began a
4 physical examination?

5 A That's right.

6 Q And would it possibly aid in conveying the results of
7 that examination to the jury if you were to draw out
8 the results with a -- on this chart over here?

9 A Yeah, I could copy the drawing that I made the night
10 of the exam.

11 Q Okay. And tell the jury what the different parts are.

12 A Sure.

13 Q And what the findings were.

14 A Sure.

15 MR. CASE: Your Honor, could the
16 witness approach ---

17 THE COURT: Sure. Let me ask you
18 about -- is the diagram going to be large enough so
19 that the jury can see from that distance or we can
20 move that chart over if you would like.

21 THE WITNESS: Well, I can try to make
22 it large enough.

23 Q Can you try to make it pretty large?

24 A Sure.

25 THE COURT: Members of the jury, if

1 you have difficulty seeing or hearing -- Doctor,
2 please talk loud enough so the jury can hear.

3 THE WITNESS: Certainly.

4 Q The jury is seated behind you. If you could maybe
5 explain after you get to a certain point.

6 A Okay. This is sort of a standard schematic diagram
7 that we use for sexual assault examinations. This is
8 the genital surface as we view it externally. This
9 would be what we call the perineum, or the area
10 between the legs. This would be what we call the mons
11 pubis or the visible external genitalia, the labia
12 majora. The labia minora would be on the inner
13 surface here, and this shaded area would represent the
14 hymen with the circle representing the opening of the
15 hymen.

16 Q Doctor, could I interrupt you and ask you to draw a
17 line, and I want you to distinguish labia majora and
18 labia minora. Does that outer oval shaped circle ---

19 A Yeah, okay. Well, we could draw another concentric
20 line. It is sort of difficult to draw because it is
21 not -- not really the way it looks, but the labia
22 majora are the outermost and then the labia minora are
23 the innermost. The inner lips is what the Latin
24 translation is, and then the hymen is the membrane
25 that covers the introitus or the entrance to the

1 vagina.

2 This opening, in other words, is normal. I
3 observed the hymen itself to be reddened. I observed
4 some redness of the labia minora here.

5 Q Could you point that out a little better possibly
6 exactly where that redness was?

7 A Well, it is within this concentric area right here.

8 Q Okay.

9 A And I observed a tear of the posterior fourchette.
10 Where the labia minora meet down here at the bottom,
11 this area between the vagina and anus is called the
12 perineal body. Where the labia majora and the labia
13 minora come together, in other words, the apex of the
14 V at the opening of the vagina is called the
15 fourchette, and I observed a tear right there, and
16 what appeared to be lacerations of the hymen at three
17 and 9:00.

18 Q Okay, could you write three and 9:00?

19 A Sure.

20 Q And were these -- could you tell anything about how
21 old these injuries were?

22 A I would have to say they were probably less than 24
23 hours.

24 Q Is that what you think?

25 A Yes.

1 Q So it appeared to be of recent origin?

2 A Yes.

3 Q What about -- you did mention that there was redness
4 around the labia minora, correct?

5 A Right.

6 Q And is your answer the same as far as how old that
7 type of injury may be?

8 A Yes.

9 Q And is that -- did you draw a little representation of
10 the anus down there? Is that what that is?

11 A Yes, this is the anus.

12 Q Okay, Doctor. You can have a seat if that is all.

13 A Okay. (Witness resumed the stand.)

14 Q Doctor, you say that you have examined children
15 before, correct, looking for evidence of sexual
16 assault?

17 A That is correct.

18 Q Is this a usual or unusual type of result for a sexual
19 assault examination?

20 A I would say it is unusual.

21 Q And why is that?

22 A Most sexual assault examinations I am asked to do on
23 children, I don't find anything at all.

24 Q Okay. What would you say this is evidence of, Dr.
25 Mouw?

1 A Trauma to the hymen and to the vaginal introitus.

2 Q And when you say trauma, are you talking about just
3 the tear at the fourchette or are you talking
4 about ---

5 A Yes. And the lacerations.

6 Q And the lacerations?

7 A Yes.

8 Q What about the redness?

9 A Redness is sort of nonspecific.

10 Q Sort of nonspecific, but nevertheless ---

11 A Not normal.

12 Q Not normal.

13 A It is not normal.

14 Q Could it be of a traumatic origin?

15 A Yes.

16 Q And are your findings consistent with an allegation of
17 sexual abuse?

18 A Yes.

19 MR. CASE: I will pass the witness.

20 CROSS-EXAMINATION

21 Questions by Mr. Jones:

22 Q Dr. Mouw, my name is Lewis Jones and I represent
23 Frances Keller. We have never met before, have we?

24 A No.

25 Q I didn't think so. Your last statement was that the