

1 Q Okay. But in this case do you recollect that  
2 you were not the outcry, correct?

3 A From my knowledge, I was not the outcry.

4 Q And you base that upon what you know about the  
5 case, correct?

6 A Excuse me? I'm sorry, I didn't hear you.

7 Q I say you base that on what you knew about the  
8 case when you did the forensic interview, right?

9 A No. Actually it was after the fact.

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

11 MR. DRIVER: I have no more questions of  
12 this witness.

13 THE COURT: You may stand down.

14 Any objections to this witness being  
15 excused?

16 MR. DRIVER: No.

17 MR. SCOTT: None, Your Honor.

18 MR. DRIVER: State calls Sinem Akay.

19 THE COURT: Proceed, please.

20 MR. DRIVER: *Thank you, Your Honor.*

21 **SINEM AKAY, PH.D.,**

22 having been previously duly sworn, testified as follows:

23 **DIRECT EXAMINATION**

24 Q (BY MR. DRIVER) Please introduce yourself to  
25 the ladies and gentlemen of the jury.

1 A Hi. My name is Sinem Akay.

2 Q And where are you presently employed?

3 A I am presently at Wellsource Clinic.

4 Q And what is Wellsource Clinic?

5 A And also I work at Children's Safe Harbor.

6 Q What other positions do you hold?

7 A I also adjunct as a professor at Sam Houston  
8 State university.

9 Q In what area?

10 A Counseling.

11 Q What -- can you explain what your occupation  
12 is?

13 A Well, I am a therapist. I am a professional  
14 counselor.

15 Q Do you have special education or background  
16 that allows you to do that?

17 A Sure. I have my undergrad degree in  
18 psychology, I have a master's degree in clinical  
19 psychology, I have a master's degree in counseling and a  
20 Ph.D. in counseling.

21 Q Where did you get all those different degrees  
22 from?

23 A I got my undergrad and first master's degree  
24 in Turkey, which is where I'm from, and I got my second  
25 master's degree in U.S., in Dallas, and my Ph.D. in U.S.

1 also.

2 Q At which school?

3 A University of North Texas.

4 Q And you are presently adjunct professor in  
5 counseling at Sam Houston State University?

6 A Yes.

7 Q And in addition to that, you have a clinical  
8 practice?

9 A Yes. I work as a professional counselor at  
10 Children's Safe Harbor and at Wellsource Clinic, which  
11 is a private practice.

12 Q So what specifically does that mean you do day  
13 to day?

14 A I see clients in Children's Safe Harbor. I  
15 see clients who are sexually and physically abused and I  
16 do trauma work with them. I help them to process their  
17 trauma and learn coping skills and be able to protect  
18 themselves from future trauma.

19 Q What about at Wellsource, what do you do  
20 there?

21 A At Wellsource I see clients also, but it's a  
22 diverse -- I don't see just one specific issue. I see  
23 kids with ADHD, kids with some other behavioral issues,  
24 emotional concerns. It's just depending on who comes to  
25 the clinic.

1 Q Sure. And does that mean it's more of a  
2 general counseling practice down there?

3 A Yes.

4 Q Do you only see children?

5 A I see mostly children. I also do parenting  
6 training. I also specialize in adults, but I prefer to  
7 work with kids most of the time.

8 Q How long have you worked at the Wellsource and  
9 at the Children's Safe Harbor?

10 A It's been almost a year in Children's Safe  
11 Harbor and Wellsource almost two years, and previous to  
12 that, I was doing my internship in the Dallas area.

13 Q And that was during the time you were getting  
14 the Ph.D.?

15 A Yes.

16 Q Have you taught any classes in the subjects of  
17 counseling?

18 A All the classes I teach are in the subject of  
19 counseling.

20 Q How many classes are you responsible for  
21 teaching?

22 A Each semester I teach two classes at this  
23 point. So I taught at Sam Houston State University, I  
24 taught around six so far. Before that, at UNT, at North  
25 Texas, I was teaching -- I taught two classes myself,

1 and before that, I had several classes that I just was  
2 teaching from time to time.

3 Q And have you done research on your own or  
4 published any papers on your own?

5 A Yes, I did.

6 Q And what kinds of papers have you published?

7 A The one that I published at Safe Harbor  
8 focused on children and their emotional well-being. I  
9 have five articles that I have published and I have two  
10 book chapters.

11 Q So would you say that you have a lot of  
12 knowledge and experience in dealing with children and  
13 counseling children?

14 A Yes.

15 Q When you have a client that you're counseling,  
16 is part of your job to make a diagnosis?

17 A It is.

18 Q So I want to ask you specifically about  
19 Timothy and Ashly Storemski. Are those two of your  
20 clients that you have treated?

21 A Yes, they are.

22 Q And when did you first see them?

23 A I did an intake with mom in May and I believe  
24 I started seeing them in the beginning of June.

25 Q And that was this year, 2014?

1           A       This year, uh-huh.

2           Q       And the reason they felt they needed to come  
3 in or mom felt they needed to come in and start talking  
4 to a counselor is what?

5                   MR. SCOTT:  If it please the Court, we  
6 would object.  It calls for hearsay on the part of this  
7 witness.

8                   THE COURT:  Sustained.

9           Q       (BY MR. DRIVER)  What were the concerns that  
10 you needed to address?

11                   MR. SCOTT:  If it please the Court, we,  
12 once again, object.  It would only be based on hearsay  
13 is the only way she can have this knowledge, Your Honor.

14                   THE COURT:  We'll just go with the  
15 concerns she did address.

16                   Overruled.

17           Q       (BY MR. DRIVER)  What concerns did you  
18 address?

19           A       With Timothy I addressed the concerns about  
20 him being sad most of the time, not being interested in  
21 the activities he was interested in before.  For both of  
22 them, they were having nightmares frequently, having  
23 hard time sleeping at night.  Timothy had anger  
24 problems.  He was getting angry really easily.  Ashly,  
25 in my observation, she was extremely anxious in general

1 in the sessions, and according to the mother --

2 MR. SCOTT: Objection. It would be based  
3 on hearsay.

4 THE COURT: Sustained.

5 Q (BY MR. DRIVER) Now, as part of your work-up  
6 of any particular client, do you take into account  
7 history that either the client themselves or a parent  
8 has given you?

9 A Can you repeat it?

10 Q In other words, do you just talk to the kids  
11 or do you get some background from their parents?

12 A Well, I do intake first with the parents  
13 without the kids being there, so I get some information  
14 from parents.

15 Q What I want to do, let's not talk about what  
16 the mother told you.

17 A Okay.

18 Q We're just going to talk a little bit about  
19 what Timmy and Ashly -- what you dealt with them in the  
20 sessions about. All right?

21 A Okay.

22 Q With regard to, let's talk about Timothy  
23 first. What kind of diagnosis did you make for Timothy  
24 during your sessions?

25 A Timothy, I diagnosed him as Post-Traumatic

1 Stress Disorder.

2 Q And what did you base that on?

3 A Well, I based that on his anger related to  
4 what he said happened. Can I talk about that?

5 Q Yes. And what did he tell you had happened?

6 MR. SCOTT: If it please the Court, I'm  
7 going to object. This would be hearsay.

8 THE COURT: It's overruled.

9 Q (BY MR. DRIVER) Go ahead. What did he tell  
10 you had happened?

11 A He told me that his father took him and his  
12 sister to a hotel room and he put his mouth on  
13 Timothy's, he said tee tee, but when I asked him what  
14 tee tee is, he showed his penis and he said that he put  
15 his mouth on his penis.

16 Q What exactly is it -- how exactly is it that  
17 you're communicating with these kids? Are you just  
18 sitting them down in a chair and talking to them? What  
19 are you doing?

20 A No, of course not. Because for kids play is a  
21 natural way of communicating, I have a playroom in both  
22 settings that I'm working. At Wellsource we have a  
23 playroom. We have toys that they can use to express  
24 themselves. Or sometimes if when they're playing with  
25 toys, I ask them questions or I do skills training. But



1 I don't just don't sit them down and talk to them.

2 Q How many people are in the room with you?

3 A Just me and the kid.

4 Q So you said you take them into the playroom.

5 Do you just kind of let them go or do you direct them in  
6 some way?

7 A Well, it's a mixture of those two things. I  
8 ask them questions, of course. I want to get to know  
9 them. I ask them questions about their family members,  
10 their friends, their school. And actually Timothy came  
11 up with what happened to him when I was asking him about  
12 his family members.

13 Q Did you see any of the indication -- actually,  
14 what is Post-Traumatic Stress Disorder?

15 A Well, it's a diagnosis that we give whenever a  
16 person, it can be a child, teenager or an adult,  
17 experiences a significant stressor, such as physical  
18 abuse, sexual abuse, expressing disasters, and after  
19 that, they have emotional and behavioral issues related  
20 to traumatic events.

21 Q In Timothy Storemski's case, did you believe  
22 that the behaviors and the other issues that you were  
23 seeing, like the anger issues, were related to a  
24 previously stressful event or traumatic event?

25 A Yes.

1 Q And what was, in your opinion, that traumatic  
2 event?

3 A In my opinion it was what he told me happened,  
4 which is the -- his father taking him to the hotel room  
5 and putting his mouth on his private part.

6 Q So how many times did you end up working with  
7 Timothy in clinic?

8 A I worked with both kids, including the one  
9 this month, it was five times.

10 Q And was part of the concern that you wanted to  
11 address, that the court date was coming up soon and they  
12 were going to have to be talking about it again?

13 A Yes.

14 Q So when they first came in, did both of them  
15 tell you what happened right off the bat?

16 A No. Timothy told me what happened the first  
17 session and Ashly didn't talk until the second one.

18 Q So it took her a little while to trust?

19 A Uh-huh.

20 Q And she was a little reluctant.

21 A Yes.

22 MR. SCOTT: If it please the Court, I  
23 object to leading questions by the prosecutor.

24 THE COURT: Sustained.

25 Q (BY MR. DRIVER) Tell me about the second

1 session when you were talking with Ashly, what  
2 ultimately got her to speaking and talking about this?

3 A We were, again, talking about how things are  
4 going, because I usually ask them that question, how are  
5 things going, and she told me that she cannot sleep that  
6 well, she has nightmares. And I asked her what are the  
7 nightmares about and she said that she doesn't want to  
8 talk about it. And then as we were playing together and  
9 talking about other things and I asked her again, "Can  
10 you tell me what happened? What bothers you? I want to  
11 be able to help you," and then she told me what  
12 happened.

13 Q When you said you were playing with toys, were  
14 there particular toys that she was focusing on or that  
15 you were playing with her with?

16 A Whenever a child has hard time opening up, I  
17 sometimes use puppets and I ask them to choose one  
18 puppet for herself and I pick one for me. So we were  
19 talking with puppets and she made the puppet talk when  
20 she was telling me the story.

21 Q What story did she tell you?

22 A She told me that her dad took them, her and  
23 her brother, to the hotel room and she told me that her  
24 dad licked her private part. She told me private part  
25 and then she showed me her vagina.

1 Q And you're doing this through puppets?

2 A Yes, we are.

3 Q Do some kids -- is that a common thing for  
4 children to want to be able to talk through puppets or  
5 toys?

6 A Yes, and that's one of the reasons we use  
7 toys, because they want to be able to put some distance  
8 between them and the issue. So when they use puppets,  
9 it's easier for them to talk because it's the puppet  
10 talking rather than them talking.

11 Q In Ashly's case did you end up making a  
12 diagnosis as well?

13 A Yes. After I saw her, I believe three times,  
14 I was able to diagnose her with Post-Traumatic Stress  
15 Disorder also.

16 Q And why did it take three times for her?

17 A Because of her anxiety in the session, I was  
18 not really able to get a lot of information from her in  
19 general.

20 Q So she didn't talk right away?

21 A No.

22 Q And sometimes was it harder to get her to  
23 express herself?

24 A Yes, it was. She was very distracted in  
25 general whenever she was anxious.

1           Q     And how did that anxiety display itself to  
2 you?

3           A     Whenever I asked her a question, she would  
4 just get really jumpy and walk around the room and try  
5 to distract me from the subject and she would tell me  
6 other stories that is not related to the subject.

7           Q     But after you were able to talk to her a  
8 couple of different times and play with the toys, she  
9 did come forward and tell you what happened?

10          A     Yes, she did.

11          Q     Did you make any recommendations with regard  
12 to their further treatment?

13          A     Yes. In our treatment plan I told the mom  
14 that we are going to need to focus on the emotional and  
15 behavioral issues. For Ashly, her anxiety is, like I  
16 said, really high and she has frequent nightmares  
17 related to what happened, according to what she told me.

18          Q     How about with Timothy?

19          A     With Timothy, when I started working with him,  
20 he had extreme anger issues. The last time I saw him,  
21 he was getting a little better with the anger problems,  
22 but he still has nightmares also. Having hard time  
23 sleeping. Not eating that much.

24          Q     And are you aware of whether Ashly or Timothy  
25 has mental health care with anybody else in addition to

1 your health care?

2 A I'm not aware of it.

3 Q How do children end up in your office? Do  
4 they get referred to you, do they just come in, is it  
5 like a walk-in or what?

6 A They usually call the clinic. We have a  
7 website. People usually when they Google the clinicians  
8 in our area, they find our website, or they're referred  
9 by their doctors. And when we get a call, the person  
10 who answers the phone decides who the kids should be  
11 seeing depending on our speciality areas.

12 Q Sure. So other physician referral is kind of  
13 a common way for you to get a patient?

14 A Yes.

15 Q Do you know how these particular children were  
16 referred to you?

17 A I don't remember.

18 Q That's all right.

19 MR. DRIVER: I will pass the witness.

20 THE COURT: Could you two approach just a  
21 moment about a scheduling issue?

22 MR. DRIVER: Yes, Judge.

23 (Discussion off the record)

24 THE COURT: Mr. Scott, proceed, please.

25 MR. SCOTT: Thank you, Your Honor.

**CROSS-EXAMINATION**

1  
2 Q (BY MR. SCOTT) I'm sorry, could you tell me  
3 your name again?

4 A Sinem.

5 Q Tina?

6 A Sinem, S-i-n-e-m, but you can call me Tina.

7 Q And your last name?

8 A A-k-a-y.

9 Q Do you go by Doctor?

10 A Some people call me Doctor.

11 Q Some people call you Doctor. I think that's  
12 kind of a specialist, so I'll call you Doctor.

13 A Okay, that will work.

14 Q Now, when you talk about counseling, maybe for  
15 some of us uninformed, is that kind of like psychiatry  
16 or psychology or some extension of that? You indicated  
17 you had some of that background training.

18 A Uh-huh. Yes. I have commonly called psycho  
19 D. master's degree in addition to counsel master's  
20 degree. They're pretty similar, psycho D. doing  
21 counseling, but their approach to treating clients is  
22 different.

23 Q I gather, though, and I don't know this -- I  
24 guess you'll probably correct me if I'm not accurate on  
25 this -- but it's basically to reach the same conclusion

1 generally, correct?

2 A Correct.

3 Q Its manners and means might be the difference,  
4 correct?

5 A Correct.

6 Q So when you're talking to people, more  
7 particularly, children, the gist of it is, I gather, is  
8 to find out if something is bothering them. If it is,  
9 what it is and why it is, correct?

10 A Correct.

11 Q And then help them through that if there is a  
12 problem, right?

13 A Right.

14 Q Now, you talked about first seeing Timothy and  
15 Ashly on what date?

16 A I saw them first on July 19th, I believe. I  
17 actually saw them right after the parents intake,  
18 because they were together, but I didn't see them  
19 together. I saw the mom, if I remember correct. Then I  
20 spent some time with the kids.

21 Q And the date was?

22 A May 24th.

23 Q Of what year?

24 A 2014.

25 Q This year?



1           A       This year.

2           Q       I think you told us through direct examination  
3 that you don't know exactly how they got to you, but  
4 they did and you saw them, correct?

5           A       Correct.

6           Q       And where would that have physically been  
7 where you saw them?  Where were they with you?

8           A       It's --

9           Q       Houston, Dallas, Corpus Christi, San Antonio?

10          A       Kingwood.

11          Q       Is where?

12          A       Kingwood, Texas.

13          Q       Kingwood?

14          A       Uh-huh.

15          Q       And you indicated they were -- that you had  
16 some contact with their mother before you saw them; is  
17 that correct?

18          A       Correct.

19          Q       So when you start talking to the children, you  
20 have a certain amount of lead-in information of history  
21 possibly given to you by the mother that I assume is  
22 given to you to aid and assist as to issues and what  
23 you're looking for, correct?

24          A       Correct.

25          Q       Now, when you were doing that and you later

1 talked to the children, they talked about certain  
2 conduct that had occurred to them, correct?

3 A Correct.

4 Q And that was the basis of your PTSD finding;  
5 is that correct?

6 A I couldn't understand the last question.

7 Q I'm sorry?

8 A I couldn't understand the last question.

9 Q You came up with a diagnosis, didn't you?

10 A Yes, I did.

11 Q And you came up with that talking to the  
12 children, correct?

13 A Correct.

14 Q And you also based part of that, though, at  
15 least on a little bit of the history given to you by the  
16 mother, correct?

17 A Correct.

18 Q Now, did the mother tell you that she and the  
19 father of the children had been divorced?

20 A I don't recall if she said the word "divorce,"  
21 but I recall her saying we are not living together.

22 Q Well, I don't know, I heard a lot about  
23 impacts that divorces have. Do they not have any impact  
24 on children or not?

25 A Of course, yes. Divorce has some impact on

1 kids or may have impact on kids.

2 Q Have you ever found in your work that children  
3 from divorces or during divorces or after divorces have  
4 the same diagnosis that you came up in relation to these  
5 two children?

6 A Well, PTSD, divorce does not necessarily cause  
7 PTSD in kids.

8 Q My question is, have you found it in kids that  
9 came from divorced families?

10 A PTSD?

11 Q Correct.

12 A I think I saw maybe a couple of kids having  
13 that issue.

14 Q Doctor, would you agree with me the answer  
15 would be, yes, then, that you have seen it in children  
16 of divorced parents?

17 A Yes.

18 Q All right. When you're talking about PTSD,  
19 that's one diagnosis. Did you find any other definable  
20 issues with either Timothy or Ashly that have clinical  
21 titles?

22 A In my experience with them, that was the only  
23 thing that I diagnosed them with.

24 Q And when you diagnosed that, did you tell the  
25 mother that also, when you were talking to her, that

1 "This is what I found about your children"?

2 A Yeah, I told the mother that I think they're  
3 struggling with trauma and they are going to need to do  
4 some trauma work.

5 Q You said they did mention divorce. They come  
6 in on May the 24th of this year and I think the  
7 prosecutor mentioned it was getting ready to go to  
8 trial, correct?

9 A Yes.

10 Q So they were up there making sure they were  
11 ready to go to trial in front of a jury at some point is  
12 your understanding, correct?

13 A Correct.

14 Q In your understanding was there any other  
15 counselor such as yourself with your expertise that had  
16 seen the children before you got to see them?

17 A I don't have that information. I don't know.

18 Q If the divorce happened back in 2011, that was  
19 never told to you, correct?

20 A I'm not sure. I cannot say yes or no, because  
21 I don't remember that information.

22 Q When you were talking to either the mother or  
23 the children, when in point of time was this motel  
24 situation supposed to have occurred, do you know?

25 A The date of?

1 Q Yes. When was it supposed to have occurred?

2 A The kids didn't give me the date of that.

3 Q You don't know whether it was recent, current,  
4 close in point in time to May of this year or when it  
5 was, correct?

6 A I didn't get information from the kids,  
7 correct.

8 Q I think you told us -- maybe I just  
9 misunderstood -- that based on your diagnosis and your  
10 counseling, that Timmy has improved. Is that what you  
11 said or not?

12 A Well, I don't know if he improved with the  
13 treatment or, you know, by nature by himself, but he was  
14 not as angry as the last time I saw him. The anger  
15 issue was decreased.

16 Q So by talking to you then or possibly some  
17 outside source you're indicating, that from May of this  
18 year Timothy has improved, correct?

19 A Compared to the first time I saw him, correct.

20 Q That would be an improvement, correct?

21 A Correct.

22 Q All right. So in approximately four months  
23 he's improved, four, five months, right?

24 A Only for his anger issue, correct.

25 Q Is he autistic?

1           A     I don't have enough information to diagnose  
2 him with autism.

3           Q     I'm sorry?

4           A     I don't have enough information to diagnose  
5 him with autism. The mother told me that he has  
6 pervasive developmental disorder, but it is a previous  
7 diagnosis, I believe.

8           Q     That was a previous diagnosis to your seeing  
9 him, correct?

10          A     Uh-huh. Correct.

11          Q     And is that directly related to the allegation  
12 in this case, and that is, that supposedly his father  
13 placed his mouth on Timothy's penis?

14          A     The pervasive developmental disorder, is it  
15 related to that?

16          Q     Yeah.

17          A     I don't think it is related.

18          Q     So if he's autistic or if he has these issues,  
19 they don't have anything to do with each other  
20 necessarily, correct?

21          A     Well, I'm not the one diagnosing him with the  
22 pervasive developmental disorder, so I don't know if I  
23 can answer that question.

24          Q     Well, but if it was diagnosed, would that in  
25 your professional opinion be the causation of that? Not

1 your diagnosis, but the other person's diagnosis?

2 MR. DRIVER: Objection. She just  
3 testified that's beyond her expertise.

4 THE COURT: If you understand his  
5 question, you may answer it.

6 A Can I have the question again?

7 Q (BY MR. SCOTT) By placing the defendant's  
8 mouth on Timothy's penis, it caused Timothy to become  
9 autistic?

10 A That wouldn't be possible.

11 Q That would not be possible, would it?

12 A Huh-uh. No.

13 Q Is Timothy bipolar?

14 A Not in my opinion he is not.

15 Q So he is neither autistic or bipolar, correct?

16 A I didn't see him enough to diagnose him with  
17 autism and bipolar. Kids are not usually diagnosed with  
18 bipolar that early. That's why I don't diagnose kids  
19 with bipolar.

20 Q Deficit disorder, did he have that?

21 A Attention deficit disorder? Well, sometimes  
22 trauma may cause similar symptoms. But he was not able  
23 to focus on things as much, but I don't think he had all  
24 the symptoms to meet that criteria.

25 Q Was he on medication, to your knowledge?

1           A     I don't know.

2           Q     Well, would that be something you might like  
3 to know?

4           A     Probably it's in the file. I just cannot  
5 recall it right now.

6           Q     You don't remember? But if he were on  
7 medication, you certainly would have taken take into  
8 consideration when you were doing this analyzation,  
9 correct?

10          A     Depending on what I'm focusing on.

11          Q     I'm sorry?

12          A     It depends on the issue I'm focusing on.

13          Q     You're focusing on the issue that the mother  
14 brought them in there for you to focus on, I assume,  
15 correct?

16          A     The trauma, correct.

17          Q     So the mother is the one that set the  
18 standards or the thrust of the investigation that you  
19 were to do, at least originally, correct?

20          A     Incorrect.

21          Q     Well, she gave you the history as to what  
22 obviously came to her as a reason for her to be there,  
23 correct?

24          A     Correct.

25          Q     So I think you already told us, though, that



1 you relied on that to a certain degree when you're  
2 dealing with the child, trying to perceive whether or  
3 not any of these things are impacting that child's  
4 condition, correct?

5 A I do intakes with parents, but I don't  
6 consider that information to make my diagnosis. Usually  
7 I consider the information I get it during the session  
8 to make a diagnosis.

9 Q But the lead-in is what she's told you,  
10 correct?

11 A I had that information when I was seeing the  
12 kids, that's correct.

13 Q Did she also, though, and I guess when you're  
14 talking about getting ready to go to trial, did she tell  
15 you that, she was getting ready to go to trial? Is that  
16 why --

17 A She did.

18 Q She did, she told you they were getting ready  
19 to come down here and go to trial. All right. Did she  
20 tell you how long this condition or these conditions of  
21 these children had been in existence to her knowledge?

22 A I believe I asked her that. I just don't  
23 remember it right now.

24 Q Is it in your file?

25 A It should be in my file.

1 Q Would you look and see if you can locate that,  
2 please?

3 A I don't have the whole file with me right now.  
4 We have an intake package that they fill out and we have  
5 all those questions in there.

6 Q But that's not available here and you don't  
7 have that memorized or in memory, correct?

8 A Correct.

9 Q Would that be something that might be of  
10 interest to you, though, when you're talking to the  
11 children starting on May the 24th of this year?

12 A Sure. Probably. I mean, more than likely I  
13 looked at the information when I started the treatment.

14 Q So if this had been lasting for four years or  
15 three years or something like that, that might have been  
16 of interest to you, correct? That is, the condition  
17 that you're trying to investigate?

18 A That would make a difference, yes.

19 Q But you don't recall that, correct?

20 A No. It was in May. I don't recall that.

21 Q Did she tell you that there was a child  
22 custody question being handled this year as to the  
23 custody of those two children?

24 A I don't recall that. I don't think she did.

25 Q Did she tell you that she had custody of those

1 children?

2 A She said that she's the primary caregiver.

3 Q Now, when you're talking about change of  
4 conditions or change of circumstances, as you have in  
5 relation to Timothy as to his improvement or however you  
6 exactly phrased that, you talked about the same thing  
7 with Ashly. Has she improved or has she not improved?

8 A The main issues she is struggling with, she  
9 still struggles with those: Nightmares, being anxious,  
10 not being able to sleep, and trying to avoid  
11 conversations about her dad is another thing.

12 Q She tells you about this as well as the  
13 mother, I would assume, because the mother gave you a  
14 history, right?

15 A During the intake, yes, she did.

16 Q Do you do any type of cognitive skill testing  
17 on the children at all?

18 A Cognitive skills testing?

19 Q Uh-huh.

20 A No, I don't do testing with kids.

21 Q Well, if you don't test them, do you talk to  
22 them to form an opinion about their ability as to  
23 cognitive skills or not?

24 A When I talk to them, I have some idea, of  
25 course, about their skills.

1 Q And you said that Ashly was quieter, correct,  
2 less vocal?

3 A Ashly was not quiet. She would talk, but she  
4 would avoid the answer to my questions about her family  
5 or school. She would just talk about other things.

6 Q So she was not as freely an outgoing speaker  
7 as Timothy was, correct?

8 A I don't -- I don't think I can answer that  
9 question. I don't know what that means.

10 Q Well, some people are more talkative than  
11 others, wouldn't you agree?

12 A Yes.

13 Q Was she more talkative, it seemed to you, than  
14 Timothy was talkative to you?

15 A I thought both of them were talkative.

16 Q They were both talkative?

17 A Uh-huh.

18 Q All right. So it was just subject matter that  
19 seemed delayed or hesitancy on the part of Ashly,  
20 correct?

21 A Yes. She didn't want to talk about her dad.

22 Q So if she had been told these kind of things  
23 by her mother, all you're doing is relying on what she  
24 tells you, correct?

25 A What Ashly tells me or mom tells me?

1 Q If her mother tells Ashly what she says and  
2 Ashly says what her mother says, you're hearing what  
3 Ashly is telling you, correct?

4 A In theory, that would be correct.

5 Q Pardon me?

6 A In theory that would be correct. If you're  
7 making an assumption, that assumption would be correct.

8 Q Correct. And it would be the same thing with  
9 Timothy, correct?

10 A Uh-huh.

11 Q So if a child is able to recall and reflect  
12 and deal with one adult in speaking, say, harshly about  
13 the other adult, that could happen, could it not?

14 A It's possible.

15 Q And you were paid to do this analyzation; is  
16 that correct?

17 A Paid to do what?

18 Q The clinical interviews and the play theory  
19 and these kind of things, you are making a living doing  
20 that?

21 A Correct.

22 Q Does the client pay you or does the State pay  
23 you or who pays you?

24 A The clinic pays me.

25 Q Who pays the clinic?

1 A The clients pay the clinic.

2 Q So in this case then, we're assuming that  
3 Mrs. Crawford paid you? I'm sorry, paid the clinic and  
4 they passed whatever money they made that were able to  
5 clear their expenses on down to you, correct?

6 A That's correct.

7 Q And did you get paid on every session or is it  
8 a package or turnkey, or how do you define your --

9 A I get paid for each session.

10 Q You get paid for each session. So the more  
11 sessions, the more you make, correct?

12 A Correct.

13 MR. SCOTT: I'll pass the witness, Your  
14 Honor.

15 **REDIRECT EXAMINATION**

16 Q (BY MR. DRIVER) Have you seen -- have you  
17 dealt with kids who have been coached to say something  
18 before?

19 A Yes.

20 Q Can you tell when they do that?

21 A Yes. It's usually pretty clear.

22 Q So in a clinical setting, you have experience  
23 with children who have been told what to say?

24 A A couple of times. But, yes, I did.

25 Q And it was real clear to you that they were

1 doing that?

2 A Yes.

3 Q What are some of the things that you saw or  
4 that you see in those situations?

5 A Well, whenever kids are coached to tell me  
6 things, they usually have like a statement or statements  
7 in their minds, and right after they get in the  
8 playroom, they start saying it. Let's say if the mom  
9 said the kids would tell me bad things about dad, right  
10 after we sit down to play together, they usually tell me  
11 my dad is really bad and this is why.

12 Q And it sounds like a prepared statement?

13 A Yes.

14 Q Is that what you experienced with Timothy and  
15 Ashly Storemski?

16 A No.

17 Q So in your clinical experience and in your  
18 professional opinion, was this a situation where the  
19 kids were coached to tell you something?

20 A In my clinical experience, no.

21 MR. DRIVER: Pass the witness, Judge.

22 **RECROSS-EXAMINATION**

23 Q (BY MR. SCOTT) Are you telling us, Doctor,  
24 that you have the capabilities to sit and talk to a  
25 child and determine whether or not that child is telling

1 the truth or not?

2 A I'm telling you that I have enough experience  
3 to make an informed guess.

4 Q So if law enforcement could take every child  
5 that says they were molested or in some way mistreated  
6 and brought them to you, you would be able to validate  
7 the statements of the child so the police could rely on  
8 that every time, correct?

9 A Not every time.

10 Q Thank you.

11 MR. SCOTT: No further questions.

12 THE COURT: You may stand down.

13 Any objection to this witness being  
14 excused?

15 MR. DRIVER: No, Judge.

16 THE COURT: You may be excused. Thank  
17 you.

18 We're going to take a short break,  
19 bathroom break. If you would stand up and go back to  
20 the jury room for a few minutes.

21 (Recess taken)

22 (Jury seated)

23 THE COURT: Please be seated.

24 Call your next witness, please.

25 MR. DRIVER: The State calls Dr. Marcella



1 Donaruma.

2 THE COURT: Ladies and gentlemen, this  
3 witness has been previously sworn.

4 **MARCELLA DONARUMA, M.D.,**

5 having been previously duly sworn, testified as follows:

6 **DIRECT EXAMINATION**

7 Q (BY MR. DRIVER) Please introduce yourself to  
8 the members of the jury.

9 A Good morning. My name is Marcella Donaruma.

10 Q And where are you presently employed?

11 A I work with Baylor College of Medicine, Texas  
12 Children's Hospital and the Children's Assessment  
13 Center.

14 Q And what is your background and medical  
15 education and experience?

16 A Well, I'm a child abuse pediatrician. I went  
17 to college at Texas A&M; I went to medical school at  
18 Baylor College of Medicine; I went to St. Louis for my  
19 pediatric internship, my pediatric residency; and then I  
20 was asked to be chief resident in pediatrics, so I  
21 stayed there for one more year; and then I did a  
22 fellowship and went back in what's called child abuse in  
23 forensic pediatrics, and have since remained in child  
24 abuse pediatrics.

25 Q And how long have you been in the field that