

8. Sep. 2011 16:45

CARHU

No. 0044 P. 2

**Statement****Attachment 3**

Statement in the matter of [REDACTED] (dob [REDACTED] 2005)

**Name** Catherine Sansum  
**Occupation** Medical Practitioner  
**Employer** ACT Health  
**Home Address**  
**Work Address** Building 5, The Canberra Hospital, Garran, ACT, 2605  
**Home Phone**  
**Work Phone** 6244 2184  
**Date** 23/08/2011

**STATES:**

This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give in court as a witness. The statement is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I will be liable to prosecution if I have wilfully stated in it anything that I know to be false or do not believe to be true.

My name is Catherine Sansum and I am over the age of eighteen. I am currently employed by The Canberra Hospital as a Staff Specialist.

Attached to this statement is a report dated 23/08/2011 that consists of three pages. The report relates to my expert opinion in relation to [REDACTED]. The statement and report have been read and signed by me.

[REDACTED]

Catherine Sansum

23/08/2011

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(SEEN BY: Dr Catherine Sansum)

**MEDICAL REPORT**

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NAME: [CDE]

D.O.B: [REDACTED] 2005

AGE: 6 years

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ACTPAS: 18236917

**PRESENTATION:**

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I reviewed [CDE] in the Child at Risk Health Unit (CARHU) at The Canberra Hospital (TCH) at 4.30pm on Sunday the 14<sup>th</sup> of August 2011. The medical examination had been requested by Constable Amanda Johnston of the AFP SACAT Team. [CDE] was accompanied by his parents, [REDACTED] and [CDB]. Written consent for the examination was provided by [REDACTED].

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**SOCIAL BACKGROUND:**

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[CDE] lives at home with his parents and two older brothers, [CDC] aged 12 and [CDD] aged 8. Both [CDC] and [CDD] have significant medical issues; [CDD] has a chromosomal disruption and suffers with autism. [CDC] suffers with Asperger's and significant anxiety issues. As a result they sometimes have a respite carer in the home whilst [REDACTED] and [CDB] go out.

**HISTORY OF PRESENTATION:**

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[CDB] and [REDACTED] told me that they had gone out the night before the examination. The boys were looked after by a respite carer by the name of [CDA]. [CDA] has looked after the boys before. When they arrived home [CDE] told them that [CDA] had touched him on his penis whilst watching "Charlie and The Chocolate Factory".

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[CDE] told me that [CDA] has done this to him before "just two times". Since this has happened [CDE] has been complaining of a sore penis, it hurts to do a wee and it hurts sometimes when he's not doing a wee. On specific questioning [CDE] denied touching [CDA] on his penis and he denied that [CDA] had touched or hurt his bottom.

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**PAST MEDICAL HISTORY:**

50 [CDE] has had significant medical issues mainly involving serious infections. Last year he suffered with influenza A complicated by pneumonia necessitating a two week admission to Canberra Hospital. Despite his immunisations being up to date, he has also suffered from mumps, whooping cough, rotavirus, giardia, has required his tonsils and adenoids to be removed and grommets inserted. He was delivered at term after a healthy pregnancy. [CDE] is currently in kindy at [REDACTED] School and doing quite well. He takes no medications on a regular basis, has no known allergies and his immunisations are said to be up to date.

**MEDICAL EXAMINATION:**

60 [CDE] was appropriately dressed; he was cooperative and articulate during the examination.

65 Weight: 25kgs  
Height: 121cms

Examination of his cardiovascular, respiratory and gastrointestinal systems was normal. Examination of his ears, nose, throat and teeth was normal. A grommet was visible in the canal of his right ear.

70 Examination of his skin revealed several bruises across the anterior surface of both shins.

75 Genital examination revealed him to be a pre-pubertal boy. The penis was uncircumcised, both testicles were present within the scrotum. The foreskin was not able to be fully retracted - it was able to be partially retracted. This examination revealed the distal glans (tip of the penis) and foreskin to be slightly reddened. There was no discharge nor was there any bleeding.

**The following swabs were taken for forensic examination:**

- 80
1. A wet swab of the distal glands and foreskin.
  2. A dry swab of the distal glands and foreskin.
  3. A wet swab of the anterior shaft of the penis.
  4. A dry swab of the anterior shaft of the penis.
  - 85 5. A wet swab of the posterior shaft of the penis.
  6. A dry swab of the posterior shaft of the penis.
  7. A buccal swab for victim DNA.

90 These samples were labelled and sealed into MEK number 15032011-11. This was signed in and locked into the secure CARHU fridge at 6 pm on the 14<sup>th</sup> of August 2011.

**CONCLUSION AND FOLLOWUP:**

95 [CDE] is an articulate 6 year old boy who was examined approximately 21 hours after an allegation of inappropriate genital touching from a carer named [CDA]. The examination today revealed non specific inflammation of the distal foreskin and glans. This is a nonspecific finding. I would not be expecting to find any specific genital abnormalities or injuries after the touching as described by [CDE].

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100 I have suggested to the parents that we organise a concerns interview through the therapeutic team at CARHU. I will refer them to this service for their follow-up. I have not organised to see <sup>CDE</sup> [redacted] again although this can be arranged if there are ongoing or further concerns.

105

REDACTED

110 Dr Catherine Sansum  
Staff Specialist  
23/08/2011

115 Copy to: Constable Amanda Johnston SACAT  
Centralised Intake Services - Care and Protection Services  
CARHU notes