

## FORMAL STATEMENT

..... states:

1. My full name is...
  
2. I am a registered medical practitioner, qualifying...
  
3. I am...
  
4. I am familiar with the Code of Conduct for Expert Witnesses and agree to abide by it.

### History

5. Josephine Bloggs, date of birth 7 July 2013, age 8 years, was brought to see me on the afternoon of 8th February 2022 at 2.15pm .
6. Josephine was brought by Sharon Cooper from Oranga Tamariki and accompanied by her parents Richard and Vanessa. I conducted this assessment with the assistance of Allie Fyfe, nurse specialist.
7. Vanessa told me that 2 weeks previously Josephine had complained of pain on passing urine. Vanessa had taken her to the GP for a urine test, and the GP had noted that Josephine had some redness around the vaginal entrance. The GP prescribed a course of antibiotics, but the urine test was subsequently normal.

8. On the way back home from the GP, Josephine allegedly told her mother that "*Uncle Sam*" had been putting his fingers in her bottom, and it hurt. ("*Uncle Sam*" is reported to be the cousin of Vanessa's father Richard, who has been boarding with the family for three years).
9. I understand that Josephine has subsequently alleged repeated episodes of penile penetration beginning at the age of 5 years.
10. Josephine's past medical history was normal. She had not begun to have periods, and there were no other symptoms of the onset of puberty. There was no family medical history of note. She attended Sunny Heights Primary School, where she was doing well.

### **Examination**

11. On examination, Josephine was calm and co-operative. She weighed 25 kg and was 125 cm tall, average measurements for age.
12. Josephine's general physical examination was normal for age. There was no breast development and no pubic hair.
13. On genital examination she was Tanner Stage 1. That is she had no signs of puberty at all.
14. The vestibule (vaginal entrance) was mildly inflamed with some yellowish discharge pooling in the fossa navicularis (immediately outside the hymen, in the part of the vestibule closest to the anus).
15. Josephine had a normal crescentic pre-pubertal hymen, with no bruising, tearing or bleeding.
16. Genital photographs were taken for the purpose of peer review. Screening for sexually transmitted infections was negative. Urine sample was negative for urinary tract infection.

### **Summary**

17. Josephine is an 8-year-old girl who presented with an allegation of repeated sexual abuse by her father's cousin.
18. The alleged sexual abuse included repeated episodes of digital and penile penetration.
19. Her genital findings (some redness and a small amount of discharge) are non-specific. They may be seen in inflammation from any cause, whether from trauma (in which case they could be consistent with the alleged sexual abuse), or from other causes.

20. These genital examination findings therefore neither confirm nor refute the allegations.
21. That is, the non-specific findings could mean that the alleged sexual abuse never occurred.
22. They could also mean that the abuse occurred, but either caused an injury which had healed by the time of the examination, or never caused an injury at all.
23. It is important to understand that in most cases of sexual abuse in children, the medical examination is normal.
24. I refer the court to the most recent guidelines issued by the American Academy of Paediatrics (AAP). Specifically, the guidelines state: *“Most sexually abused children have normal anogenital examinations”*. (Jenny C, Crawford-Jakubiak JE; Committee on Child Abuse and Neglect; American Academy of Pediatrics. The evaluation of children in the primary care setting when sexual abuse is suspected. Pediatrics. 2013 Aug;132(2):e558-67).
25. Similarly, the equivalent guidelines in the United Kingdom state that: *“a high proportion of children who have been sexually abused do not have anogenital signs at examination.”* (The Physical Signs of Child Sexual Abuse. An evidence-based review and guidance for best practice, Royal College of Paediatrics and Child Health, 2015).

I confirm the truth and accuracy of this statement. I make this statement with the knowledge that it is to be used in court proceedings. I am aware that it is an offence to make a statement that is known by me to be false or intended by me to mislead.

Dated at Auckland this 5<sup>th</sup> day of December 2022