



Special Commission of Inquiry into LGBTIQ hate crimes

SUPPLEMENTARY SUBMISSIONS OF COUNSEL ASSISTING

24 October 2023

IN THE MATTER OF WILLIAM ROONEY

Introduction

1. These submissions are filed on behalf of Counsel Assisting the Special Commission of Inquiry into LGBTIQ hate crimes (**Inquiry**). These submissions supplement the written submissions filed on behalf of Counsel Assisting the Inquiry on 16 May 2023.
2. This matter was the subject of a hearing by way of documentary tender on 18 May 2023.

Expert Report of Professor David Ranson

3. On 23 October 2023, Professor David Ranson produced an expert report to the Inquiry (**Ranson Report**).

Purpose of a forensic autopsy examination

4. In the Ranson Report, Professor Ranson observes the purpose of a forensic autopsy examination as part of a medico-legal death investigation is often not limited to a determination of cause of death.¹ Professor Ranson states that there are many purposes of an autopsy examination. One such purpose is to record any findings as to fact in such detail so as to ensure that the autopsy report is “technically, medically and scientifically reviewable”.²

Shortcomings of the autopsy report

5. Professor Ranson states that he considers Dr Vincent Versoza’s autopsy report is inadequate. However, Professor Ranson does note that, in his opinion, the injuries received by Mr Rooney “would have been modified/changed as a result of the body’s normal healing processes by the time he died and the autopsy findings described in the report need to be read with this in mind”.³ Nonetheless, Professor

¹ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 17 (SCOI.86368).

² Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 17 (SCOI.86368).

³ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 17 (SCOI.86368).

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Ranson identifies the following shortcomings which he considers interferes with his ability to adequately review the autopsy examination of Mr Rooney:

- a. The report is of a “limited nature” in that it is short and inadequately considers the circumstances involved in Mr Rooney’s death. Professor Ranson acknowledges that any omissions in the report do not necessarily establish that Dr Versoza failed to examine those areas of Mr Rooney’s body, but that it makes it impossible to determine whether such areas were examined.⁴
 - b. The report “lacks any significant analysis of the factual findings with respect to forensic injury interpretation or injury reconstruction”.⁵
 - c. The autopsy template form is generally of an antiquated style and is problematic because it appears to have limited the provision of information by Dr Versoza.⁶
 - d. The report is handwritten and handwritten reports can be difficult to evaluate. In Dr Versoza’s report, for example, certain words are underlined but the significance of this is unclear.⁷
 - e. The descriptions of Mr Rooney’s skull and fractures are made without reference to any measurements, diagrams, and/or photographs which makes it difficult to understand the circumstances in which Mr Rooney sustained his injuries and the extent of those injuries.⁸
 - f. There are limited observations of Mr Rooney’s period of treatment in hospital. There is little comment on the healing of injuries.⁹
6. Despite the above matters, the Ranson Report concludes that although the autopsy report is less than ideal, the report was “representative” of some autopsy reports prepared at the relevant time.
 7. Professor Ranson also notes that the report does not disclose what information Dr Versoza was provided with and the extent to which Mr Rooney’s prior hospitalisation was taken into consideration when the autopsy was performed (i.e. in relation to the utility of collecting forensic swabs). However, Professor Ranson notes that “if in doubt it is always important that any forensic examination to speculatively collect potentially forensically significant samples even if the information yield is likely to

⁴ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 17 (SCOI.86368).

⁵ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 17 (SCOI.86368).

⁶ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 18 (SCOI.86368).

⁷ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 18 (SCOI.86368).

⁸ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 18 (SCOI.86368).

⁹ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 18 (SCOI.86368).

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be low or non-existent and this is even more relevant when the case may involve an unknown alleged perpetrator”.¹⁰

Influence of police investigators

8. Additionally, Professor Ranson observes that any discussions between police investigators and Dr Verzosa as to the type of investigation and scope may well have influenced the procedures performed during the autopsy examination.¹¹ This is because understanding a persons medical history and/or background is an essential part of planning what medical examinations are to be undertaken.¹²

Transformation of the forensic pathology practice in New South Wales

9. Professor Ranson states there has been a significant transformation in New South Wales forensic pathology practice over time. The greater employment of sufficiently experienced and trained forensic pathologists (with the appropriate specialist postgraduate qualification and widely available technical resources)¹³ has resulted in a more independent service which has clear forensic medical protocols and quality systems to support a modern forensic pathology service.¹⁴ This aids forensic pathologists to undertake sophisticated forensic medical death investigations.¹⁵
10. Today, forensic pathologists are not directly employed by police agencies and have far greater operational linkage with coroners than with police, resulting in a more mutual team-based approach to investigation (as opposed to those investigations being police-led).¹⁶

Submissions

11. At [48] of Counsel Assisting’s submissions, it is submitted that “there appears to have been no examination of the anus or genitals during the post-mortem. It may be that the original investigators did not provide Dr Verzosa with with any reason to conduct an anogenital exam, such as specifying the circumstances in which Mr Rooney's body was found”.
12. That submission can now be supplemented with the submission that there also appears to have been no examination of the anus or genitals in the course of Mr Rooney's hospital treatment, and likewise

¹⁰ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 19 (SCOI.86368).

¹¹ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 19 (SCOI.86368).

¹² Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 19 (SCOI.86368).

¹³ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, fn 12 (SCOI.86368).

¹⁴ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 15 (SCOI.86368).

¹⁵ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 13 (SCOI.86368).

¹⁶ Exhibit 22, Tab 53, Expert Report of Professor David Ranson, received 23 October 2023, 15 (SCOI.86368ss).

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that it may have been that the original investigators did not provide Mr Rooney's treating doctors with a reason to do so.

13. The Ranson Report also identifies various inadequacies in the autopsy report prepared in relation to Mr Rooney. However, it also supports the proposition that many of these inadequacies were a product of the time at which the autopsy report was prepared, and that these inadequacies are unlikely to be found in any such report prepared as at the current day.

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