

-----  
HISTORICAL INSTITUTIONAL ABUSE INQUIRY  
-----

being heard before:

SIR ANTHONY HART (Chairman)

MR DAVID LANE

MS GERALDINE DOHERTY

held at  
Banbridge Court House  
Banbridge

on Thursday, 7th April 2016

commencing at 10.00 am

(Day 198)

MS CHRISTINE SMITH, QC and MR JOSEPH AIKEN appeared as  
Counsel to the Inquiry.

1 Thursday, 7th April 2016

2 (10.00 am)

3 (Proceedings delayed)

4 (10.55 am)

5 WITNESS HIA38 (called)

6 Questions from COUNSEL TO THE INQUIRY

7 CHAIRMAN: Good morning, ladies and gentlemen. Can I, first  
8 of all, as always, remind everyone if you have a mobile  
9 phone, please ensure it is either turned off or placed  
10 on "Silent"/"Vibrate". I must also remind you that no  
11 photography is permitted here in the chamber or indeed  
12 anywhere on the Inquiry premises.

13 For the benefit of those who are present, who are  
14 not perhaps familiar with our procedures, I want to  
15 emphasise that we give witnesses and people to whom  
16 reference is made anonymity by giving them  
17 a designation, a particular number, but from time to  
18 time in order for everyone to understand what is being  
19 said the names are used in the chamber. Those names  
20 must not be mentioned or referred to in any way outside  
21 the chamber in any circumstances. So in effect if you  
22 hear the name of somebody you think you know, you have  
23 to forget it.

24 Yes, Ms Smith.

25 MS SMITH: Good morning, Chairman, Panel Members, ladies and

1 gentlemen. Our first witness today is HIA38. He is  
2 "HIA38". HIA38 wishes to affirm and HIA38 is happy and  
3 content for his name to go into the public domain.

4 WITNESS HIA38 (affirmed)

5 CHAIRMAN: Thank you, HIA38. Please sit down.

6 MS SMITH: Now, HIA38, I am just going to tell the Panel  
7 Members where papers are in relation to you in our  
8 bundle of evidence.

9 HIA38's statement is at LIS048 to 058.

10 The Health & Social Care Board response statement is  
11 at 490 to 574.

12 There is police material in the bundle at 30001 to  
13 30003, then at 312... -- sorry -- 31326 to 31558 and  
14 again at 31769 to 32183.

15 HIA38 has also brought us material to the Inquiry.  
16 There is some of that in the bundle at 40002 to 40012  
17 and 40032.

18 Now, HIA38, I am just going to ask that your  
19 statement be called up on the screen. That's 048,  
20 please. You will see here, HIA38, although your name is  
21 recorded there -- you are happy for your name to be  
22 used.

23 A. Yes.

24 Q. You will see that nonetheless we have given you and  
25 other people anonymity. So can I just ask you, first of

1 all, to confirm that this is the statement of evidence  
2 that you prepared for the Inquiry and you want the  
3 Inquiry to take that into account together with anything  
4 else that's said this morning?

5 A. That's the statement, yes.

6 Q. And you signed that, in fact, on 15th February of this  
7 year?

8 A. Yes.

9 Q. Now, HIA38, you are now 45 years of age and your  
10 personal details are set out there in paragraph 1.

11 In paragraph 2 you talk about the school that you  
12 were at and how you were bullied there. You believe  
13 that you were sent to Lissue because you complained and  
14 asked for help when you were being bullied. That was at  
15 the age of 9.

16 Now we had a discussion earlier and you know that  
17 the Inquiry is not looking at how you came to be in  
18 Lissue, but rather what happened to you when you were  
19 there. I am not going to go into the details, but we  
20 know that you were referred to child psychiatry by the  
21 GP in August of 1979, and then ultimately, because of  
22 a deterioration in behaviour, the Out-Patient Unit at  
23 The Royal Victoria Hospital sent to you to their  
24 In-Patient Unit in Lissue. You went there on 3rd  
25 November 1980 and you were in Lissue until 10th

1 July 1981, which is about eight months roughly. Okay?

2 I am just going to tell the page reference numbers  
3 so that the Panel can look at them if they want to check  
4 that later. They can see at page 22172 the referral by  
5 the GP. There is an educational psychologist's report  
6 at 22170. There is another report at 22173. There is  
7 reports at 22229 and 22220. I have got those page  
8 references right hopefully.

9 If we can go back to your statement here, HIA38, at  
10 paragraph 4 -- if we could just scroll down, please --  
11 you talk about being taken to Lissue when you were about  
12 9 in 1979. You remember a nurse. I am just going to  
13 use the first name. As I have explained, we don't use  
14 names. You will see that she has been given the  
15 designation "LS7". She was called LS7. You say you  
16 will never forget her.

17 You say she gave you an injection once a fortnight  
18 and you were made to take two Ritalin tablets every day  
19 from the age of 9 and you were made to drink a brown  
20 liquid called Largactil at night. You were given a lot  
21 of medication and you don't know what it was for. You  
22 now believe it was anti-psychotic medication, which you  
23 have continued to be on for life. As a 9-year-old you  
24 should never have been given such medication, as your  
25 medical records show that you had no signs of a mental

1 illness.

2 I think it is true to say that you were displaying  
3 behavioural issues that caused you to be taken to the  
4 child psychiatrist in the first place, but one of the  
5 things that the Inquiry has heard is that medication was  
6 only ever given on prescription by the child  
7 psychiatrist in Lissue. It wasn't the case that nurses  
8 would have had discretion to give any medication without  
9 the consultants and the doctors having said that that  
10 medication was to be given to a child. Is there  
11 anything you want to say about that, HIA38?

12 A. That's completely untrue. Medication was given I call  
13 it willy-nilly all the time, not just to me, but to  
14 a lot of other people.

15 Q. There's some documentation -- and I will come back to  
16 one of those entries about this lady; I will come back  
17 to speak about this lady again, because you speak about  
18 her later in your statement -- but there is an entry at  
19 512, if we could just look at that briefly, and this is  
20 about -- this I should explain is taken from the daily  
21 nursing notes that were kept in Lissue. They were  
22 handwritten by the nurses. You can see there is  
23 a signature down there at the bottom. It is very hard  
24 to make out whose it was, but some nurse who was looking  
25 after you on 27th and 28th November 1980.

1           It describes you as being extremely restless at  
2           night. It talks about you being given a couple of  
3           thumps by a child, a girl child.

4           "He would still go back for more."

5           You were also very demanding at bedtime. You were  
6           in and out of your room and you wanted to read on and  
7           on. It describes you as being rather frightened by two  
8           children, whom it names here, and I am not going to give  
9           the names out, by their behaviour. You were reassured.  
10          You thought the doctor was coming to give you  
11          an injection and then you went to sleep after that.

12          So that's suggesting -- number one, first of all, do  
13          you remember those two children at all?

14    A. I don't, no.

15    Q. And you were reassured. You obviously seemed to be  
16          anxious that you thought you were going to be given an  
17          injection by the doctor and that was making it hard for  
18          you to settle, but you appear to be reassured in some  
19          way.

20    A. That's because we were injected all the time, so we  
21          were. I was always apprehensive, so I was. There is  
22          nothing fun about being sat on and having your rear end  
23          injected, so there's not, and that was it. You didn't  
24          know anything until the next morning. That was you. It  
25          was ...

1 Q. Certainly that seems to be -- I know there are a lot of  
2 these nursing notes and records -- that seems to be the  
3 only one that there's a reference to an injection in the  
4 nursing notes.

5 A. Uh-huh.

6 Q. I know there's the one about that particular nurse that  
7 we will come to in a short while.

8 If we go back to your statement at paragraph 5 at  
9 049, you talk at paragraph 5 -- you say:

10 "I was made to stand outside the doctor's room and  
11 smoke cigarettes. I think they were called Player's  
12 No.~6 cigarettes. A girl called" -- and I will use the  
13 first name -- LS47, who was one or two years older than  
14 me, was also made to do this. We were given three  
15 cigarettes a day to smoke, one in the morning, one  
16 around 12 or 1 o'clock and another at 4 o'clock.  
17 I believe it was just the two of us that were made to  
18 smoke. People watched us doing it and made notes. They  
19 told us it was to calm us down. I don't recall the  
20 names of these people or the roles they held within  
21 Lissue House."

22 Now you know from the discussion that we have had  
23 and something I will read out shortly that the Health &  
24 Social Care Board, who were responsible or the  
25 successors of those who were responsible for Lissue,



1 would say that there were no cigarettes given to  
2 children in Lissue. In fact, children weren't allowed  
3 to smoke. It wasn't the case that children were given  
4 smoke (sic) and that they were observed while they were  
5 smoking, although LS7 speaks to this in her statement,  
6 and I will come back to that in due course, but you are  
7 quite clear, HIA38, that this was something, that you  
8 were given cigarettes?

9 A. Very much so and, as we previously discussed before, you  
10 said that under parental permissions that it did happen  
11 with other unnamed -- one other woman, one other girl,  
12 and there was -- I think it's same one I was talking  
13 about, about me and her.

14 Q. You think -- yes.

15 A. I think it's exactly the same one.

16 Q. I'll come back to that shortly.

17 A. We were allowed to smoke and we were made to smoke.

18 Q. Were you someone who smoked as a child, as a 9-year-old  
19 child, before you went into Lissue?

20 A. No.

21 Q. I should probably -- I didn't ask this before. I do  
22 know that you became a smoker certainly in life. Isn't  
23 that right, HIA38?

24 A. For the rest of my life, yes.

25 Q. Paragraph 6 you say that you were in a single room. You

1 think it had a red door. You relate it to a modern day  
2 prison cell. It had bars on the window and the window  
3 only opened a few inches. There were rows of single  
4 rooms spaced out along the corridor and you say you were  
5 locked in your rooms at night.

6 Now again those responsible for Lissue would say  
7 that children weren't locked in at night; that there  
8 were night staff there and children had access to the  
9 night staff.

10 A. My memories and my flashbacks differ what they say,  
11 because I definitely remember they were like prison  
12 cells.

13 Q. Paragraph 7 you say if you behaved badly you were locked  
14 in your room and didn't get any supper. This was only  
15 an occasional punishment. It happened to you once or  
16 twice. Bad behaviour could have been walking too fast  
17 in the corridor, pushing the lift button, not coming in  
18 from outside or not sitting a certain way. You say:

19 "If you were very badly behaved, the staff  
20 threatened you with an injection. If you were difficult  
21 to control, they held you down, usually by sitting on  
22 you, and gave you the injection in your rear to sedate  
23 you."

24 You said it was the scariest thing in the world to  
25 you.

1 A. And still to this day. I would say in the last  
2 forty years I have had maybe one, possibly two,  
3 injections. I refuse them every time. The  
4 psychological pain never goes away. Still even talking  
5 about it I get a sore arm thinking about needles. That  
6 kind of thing doesn't go away.

7 Q. Just I have been reminded, HIA38, that other people who  
8 have spoken to the Inquiry, they don't recall bars on  
9 the window and they don't recall the doors being locked,  
10 but that's your memory. Isn't that ...?

11 A. Definitely, yes.

12 Q. Paragraph 8 you describe a typical day. You say that:  
13 "After breakfast we were taken into a room which had  
14 a big circle in the middle with cushioned seats around  
15 it."

16 Now I didn't ask you this before, because again it  
17 has just come back to me. We have heard that there was  
18 a children's meeting between breakfast and going to  
19 school. Now I know you don't really remember going to  
20 school in Lissue. Isn't that right?

21 A. Yes.

22 Q. That there was a children's meeting where children could  
23 air grievances. Do you remember that happening, where  
24 children could say, you know, "I fell out with  
25 so-and-so" or "So-and-so was not very nice to me" or "We

1 had a row", or, you know, "Can you not tell him off for  
2 doing any -- something?" Anything like that that you  
3 remember?

4 A. I was 9 years old. I don't remember that. I just  
5 remember the bad bits.

6 Q. Anyway you say along the back wall of the room there was  
7 a black mirror. There was a room behind the mirror.  
8 You remember on one occasion you got off your seat. You  
9 went and you ran into the room when the door was left  
10 open. In the room there were two men sitting on comfy  
11 chairs. There were three video cameras pointed at the  
12 glass. Along the back wall of this long room there were  
13 hundreds of labelled video tapes.

14 You say that because you did this, because you ran  
15 into that room, you were punished for three days by  
16 being locked in your room during association time when  
17 other residents were playing. That -- you explain  
18 association time was between 6.00 and 7.30 pm. During  
19 that time you were allowed to watch TV, or play games,  
20 or use the tuck shop.

21 So on three nights instead of being allowed to do  
22 those things you were locked in your room because of  
23 this incident?

24 A. That's correct, yes.

25 Q. Just the other thing that I just wanted to make clear,

1 and we discussed this, was that there was videoing of  
2 interviews with families as part of the process, the  
3 therapeutic process, in Lissue and that went on.

4 A. There was no families present during them -- during them  
5 meetings with the video recorders.

6 Q. Yes.

7 A. And the video tapes, there was hundreds of them lined  
8 against the wall, and they all had individual children's  
9 names on them as far from just the flash that I seen.

10 Q. Well, you certainly -- your memory was that this was  
11 something sinister, but what I am saying to you is that  
12 they -- those who worked in Lissue and who devised the  
13 therapeutic methods would say that this was all part of  
14 their work, that there was nothing sinister about it,  
15 that they did video not only to -- to inform their work  
16 really and to inform how they treated children in the  
17 unit. That's what was -- it was all part of the work of  
18 the unit, as it were.

19 A. What I have to say to that is when you are in trouble,  
20 you are going to do anything to get yourself out of that  
21 trouble. You are going to say anything to make yourself  
22 look good. My memories differ from their alleged  
23 memories.

24 Q. Well, paragraph 9 you go on to talk about this nurse  
25 LS7. You said she had a pick on you from day one. On

1 occasions she grabbed you by the scuff of the neck and  
2 she was rough with you and other residents.

3 I am going to now deal with the other things you say  
4 about her. Paragraph 17, if we could just go to that,  
5 you say that on one occasion she tried to take blood  
6 from you. She tried both arms and was unsuccessful, but  
7 kept tugging at you. The needle came away from the  
8 syringe and stuck in your arm. She called you a stupid  
9 bastard and gave you a slap across the head.

10 "The blood went all over her white coat. I have  
11 been petrified of needles ever since."

12 At paragraph 18 you describe her as evil. You say  
13 she would grab you by the scruff of the neck and shove  
14 you into your room if you annoyed her. You say:

15 "She could be quite nice to you if you did  
16 everything she told you to do and acted like the robot  
17 she wanted you to be. If you didn't draw her attention,  
18 she left you alone."

19 You have memories of hearing other residents  
20 squealing:

21 "... but I never witnessed abuse directly."

22 Now can I just pause there and say the memories of  
23 other residents, that's not necessarily directly related  
24 to this nurse or is it?

25 A. I am not too sure about other people's memories, but as

1 far as the injection and the needle coming away from my  
2 arm and stuff and blood everywhere, I actually remember  
3 a detail, so I do, which is not in here. I remember to  
4 the left there was like a number chart and you were told  
5 to turn your head and to read off that number chart and  
6 the table that you sat on was a stainless steel metal  
7 table, so it was. It's like yesterday. I remember it.  
8 Never forget it, and I have not done so for the last  
9 forty years.

10 Q. Well, HIA38, you know that the Inquiry has been able to  
11 locate this particular nurse and she has given  
12 a statement to the Inquiry. I can read what she said  
13 about you in that statement. It is at 1391. You will  
14 see that your name is there. She says:

15 "Pertaining to any allegations of misconduct on my  
16 part I respond as follows.

17 The medication (being Ritalin and Largactil) was  
18 prescribed by the medical staff in line with their  
19 experience as to the selection or dosage. These were  
20 matters for the doctors, though I saw nothing that would  
21 have indicated to me in my experience that their choices  
22 were anything other than proper. Some major drugs, in  
23 fact, had to be signed as received by two nurses when  
24 delivered by the porters from the pharmacy at  
25 Lagan Valley Hospital. Nurses had no ambit of

1 discretion in the administration of medication. This  
2 was a matter of clinical judgment by the doctors."

3 That's what I was saying to you earlier, that she is  
4 saying, you know, "We only gave out what the doctors  
5 prescribed. We couldn't have given drugs ourselves  
6 without that say-so".

7 A. Completely untrue and, as I say, if you don't mind me  
8 interrupting -- sorry -- in paragraph (b) it says there  
9 about if any cigarettes were smuggled into the unit,  
10 they were binned, but --

11 Q. I am just coming on to read that, HIA38, if you bear  
12 with me.

13 A. Okay.

14 Q. It says:

15 "As regards the smoking the cigarettes, this was  
16 actively discouraged and all cigarettes were put in the  
17 bin if any were smuggled into the unit. I recall on one  
18 occasion a father suggesting that his daughter's  
19 behaviour was improved by smoking cigarettes, and the  
20 unit agreed that she would be allowed to smoke, but this  
21 was never compulsory, quite the contrary. We would have  
22 preferred if she did not smoke."

23 She goes on to say that she strongly disagreed with  
24 the view that any minor should be given cigarettes.

25 "I never allowed my children or my grandchildren to



1 smoke."

2 You were wondering if the girl that she is talking  
3 about was the girl LS47 who you say smoked cigarettes  
4 and was made to smoke cigarettes with you.

5 A. Yes, and it also shows that I in actual fact am telling  
6 the truth, that cigarette smoking did go on in Lissue  
7 Hospital.

8 Q. She goes on to say at paragraph (c) here:

9 "Our method of trying to create an orderly  
10 atmosphere was that if a child was beginning to lose his  
11 or her temper or behave in a manner that was disruptive,  
12 then they would be invited in reasonably firm terms to  
13 stand facing a corner."

14 Do you remember that happening to yourself or other  
15 children?

16 A. No, you were just pushed around and slapped, so you  
17 were. That's -- where did they read that from, a book,  
18 about standing on the naughty step and stuff? That  
19 didn't exist back in the 1970s.

20 Q. She says:

21 "That is entirely correct and true and it worked in  
22 most instances, as standing facing a corner for three  
23 minutes does have a calming and salutary effect upon  
24 a child. The second stage of that strategy is, if the  
25 first failed to produce calm, then the child would be

1 taken by two members of staff in an established planned  
2 method to his or her room and placed upon their bed.  
3 They would not be stripped of their clothing and would  
4 be told that they would return upon amendment of their  
5 behaviour."

6 If we could scroll down:

7 "I was trained in restraint techniques at that time  
8 and these would have been used if the situation required  
9 it for the safety of the child in question, the other  
10 children and the staff members, but a child would not  
11 have been struck by me, nor was a child struck in my  
12 presence. Equally children's hair was not pulled, nor  
13 were they nipped. I disagree entirely with any  
14 suggestion by any witness that this behaviour took place  
15 either through me or any of my colleagues."

16 She goes on she does not --

17 "I did not have any specific animosity towards  
18 HIA38. I found all the children that we worked with to  
19 be engaging to varying extents and almost all, save one,  
20 were capable of engendering affection and warmth from me  
21 and my colleagues."

22 She goes on to describe the other boy. She says:

23 "I did not take blood in a manner set out at  
24 paragraph 17, nor use the language suggested. I dislike  
25 the use of swear words and would not use them myself.

1           Equally I did not grab a child by the scuff of the  
2 neck and shove any child into its room, rather that  
3 a child would be restrained in the prescribed manner to  
4 remove that child from causing further disruption, upset  
5 and spreading his or her behaviour among the other  
6 children, which was unsettling for the entire unit. No  
7 children were abused and any squealing was outwith my  
8 experience. I do not believe it happened."

9           She goes on to talk about parents and she says:

10           "They were treated respectfully. We tried where we  
11 could to explain our various strategies to both parents  
12 of the in-patients and the day patients. Some parents  
13 took some time to understand the ideas that were  
14 coordinated by the medical/nursing staff to the benefit  
15 of their children."

16           She goes on to give an example about another child.  
17 So that is what she has said in response to your Inquiry  
18 statement. Is there anything more you want to say about  
19 that, HIA38?

20    A. My response to that load of rubbish, to be quite honest,  
21 is that it appears that this woman should be nominated  
22 to become a saint, and if I was up in court or faced  
23 with that sort of allegation, I would probably paint  
24 myself out to be like that as well. So it's her duty to  
25 -- it's her duty to try and deny it all now, so it is,

1 but myself and other people will probably confirm all of  
2 what I have said over the next few months or however  
3 long this Inquiry goes, but she's lying.

4 Q. Going back to your own statement, if we may, at  
5 paragraph 10, which is on page 050, just at the bottom  
6 of that page there it says that:

7 "Next to the video room there was an interview room.  
8 We were interviewed and asked lots of questions about  
9 our medication and how we felt. There were about four  
10 or five children present each time and the videos -- the  
11 interviews were video recorded."

12 So you do remember the video recording of the  
13 interviews?

14 A. Oh, yes.

15 Q. "During interviews there were a large -- there were  
16 a number of people in the room. There was a man in  
17 a suit, two larger man in white coats, who have been  
18 doctors or orderlies, LS7 and a Pakistani doctor."

19 You go on then, as you were explaining to us, about:

20 "Our bedroom doors each had a chart with stars or  
21 ticks for good behaviour. I think they were blue or red  
22 marks and points."

23 Certainly that's -- the Inquiry has seen such  
24 documents, and they are in your records which are in the  
25 bundle:

1 "At the end of the week they would give you  
2 a plastic toy if you were well-behaved. I did not get  
3 a toy very often."

4 I am going to come back now to talk about what your  
5 records show. You say you have seen your records from  
6 your time in Lissue.

7 "One of the documents states:

8 'Method: One member of staff to set tasks and give  
9 red points from 8.00 am to 5.00 pm, another from 5.00 to  
10 bedtime. All staff to give blue points.'

11 The points were for:

12 "'Compliance/co-op interaction/attention  
13 seeking/non-compliance/three blue points -- to in bed in  
14 pyjamas. Exchange: 20 red points in a day -- special  
15 attention for half an hour. 100 red points at the end  
16 of the week. HIA38 to receive a gift.'

17 That's basically what you are describing.

18 A. Yes.

19 Q. All staff were entitled to give blue points, which was  
20 for non-compliance and bad behaviour, if I can express  
21 it that way. The red points were the good ones to get.  
22 They were the ones that resulted in either special  
23 attention for half an hour or a gift at the end of the  
24 week. Isn't that right?

25 A. There wasn't very much red points. The staff seemed to

1 be over-generous with their blue points all the time.

2 Q. From the records we have seen, and it is as you have  
3 recorded it here, and I know that I have seen it and can  
4 confirm this is what it says, there was one member to  
5 staff to set tasks and give red points. So, in other  
6 words, your key worker was able to reward you, but all  
7 the staff were able to deduct from that -- those rewards  
8 in the sense that they could give blue points. Was that  
9 your recollection or understanding?

10 A. My recollection is being programmed like a robot  
11 basically. It wasn't -- it wasn't any sort of life, so  
12 it wasn't. It's hard to explain, but anybody can see it  
13 on the website.

14 Q. Well, you say that another record describes what feeding  
15 times were like, and you were to be treated the same as  
16 others during meals, and that's correct. I know from  
17 the medical records eating -- there was an issue  
18 regarding food and eating in your medical records.  
19 That's probably why that entry was there about you being  
20 treated the same as others during meals, in other words,  
21 not being given more food or less food or anything like  
22 that.

23 A. No. What it says is -- in that particular note that  
24 you're talking about is "HIA38 to be treated the same as  
25 all the other children. If he doesn't eat up, take his

1 plate away" --

2 Q. That's right.

3 A. -- "and he gets nothing".

4 Q. Yes. It goes on and says, "If necessary, be told once  
5 to eat up, otherwise the plate is taken away". You say  
6 that that demonstrate the harshness of Lissue, that you  
7 would either eat now or be starved.

8 A. That's exactly how it was.

9 Q. You say a record -- another record that you refer to:

10 "... shows that I as a 9-year-old was not allowed to  
11 have the staff's attention. It says:

12 ' usually demanding. HIA38 appears to bring out  
13 the worst in peers. Receives the odd kick and thump  
14 from the older peers. This does not discourage HIA38.  
15 He still goes back for more. Had his arm twisted by  
16 LS48 for no reason at all.'

17 This shows that the staff knew that I was being  
18 beaten by other children and they did nothing about it.  
19 If anything, the tone of this record would suggest the  
20 staff thought I deserved the beatings and I was beaten  
21 by other children almost daily. There is another  
22 similar record in my notes of 1st June '81:

23 'On the verge of trouble several times during the  
24 evening. Sometimes heedless of warnings which earned  
25 a few thumps from peers. Needed constant supervision.'

1           You think that also demonstrates that staff did not  
2           intervene to prevent other children from thumping you.

3           We were talking about this earlier, HIA38. You were  
4           saying they simply sat there, they observed and they  
5           took notes, but they didn't try to stop children --

6   A. No.

7   Q. -- hitting each other.

8   A. No.

9   Q. And you would say that those two entries that you refer  
10       to would confirm that.

11   A. It definitely does confirm that, plus other entries.

12       I was beaten my entire childhood and it was something  
13       I just grew used to.

14   Q. We looked -- when we were looking earlier, we looked at  
15       a couple of entries. I am going to call those up.

16       22290. This is from 26th March 1981. You know that --  
17       if we can just scroll on down to the bottom of that,  
18       please, you will see the entry in blue there for 25th  
19       and 26th. It says:

20       "Each and every peer tonight either complained about  
21       HIA38 or told him to leave them alone and not annoy  
22       them. Taken into meeting with peers on his own request.

23       Ended by peers asking to be removed from meeting. They  
24       then went to small day room where he tried" -- sorry --

25       "then went to small day room where he tried to cause



1 disruption. HIA172 even advising HIA38 to try to  
2 behave."

3 Now I am just going to pause there. HIA172 was  
4 someone you do remember from Lissue?

5 A. I remember HIA172 from Lissue, yes. He was my only  
6 friend. Although I don't -- I have not had contact with  
7 him or anything since Lissue, I do remember that he was  
8 the one who I would play with and who was my friend.

9 Q. Although you're saying that you haven't had contact with  
10 him, you mean you haven't physically met him. Is that  
11 correct?

12 A. Correct.

13 Q. Although you were telling me that you and he do  
14 communicate on social media. Isn't that right?

15 A. We do, yes, but just what you were saying previous to  
16 that about me being the disruptive 9-year-old child and  
17 always in trouble and basically my fault for getting  
18 beat up and things, prior to all of that I have  
19 educational reports that say I was a very pleasant,  
20 perky child. I was very kind. I done well with my  
21 school work, and it contradicts everything that is said  
22 in that particular record.

23 Q. Certainly in that one it does --

24 A. Yes.

25 Q. -- HIA172 -- HIA38. Sorry. I mean, I am not

1 highlighting this. This is an example of -- the Health  
2 & Social Care Board have drawn this to our attention  
3 because it is an example of the fact that there were  
4 tensions certainly between you and the other children in  
5 the unit. I don't think you would dispute that. You  
6 were saying, though, they were hitting you and the staff  
7 weren't intervening to help.

8 A. Like primary school -- like primary school being badly  
9 bullied, etc, etc, I was picked on and bullied in Lissue  
10 as well. So it was just the same. I wasn't a bad  
11 child. It was just the same sort of treatment,  
12 continuation on from primary school.

13 Q. And there's an entry -- if we can scroll back maybe  
14 to -- sorry. I am not sure if I have read out  
15 paragraph 14. No. I think we need to go back to your  
16 statement, first of all, please, at 051. At  
17 paragraph 14 you talk about another entry which I am  
18 going to look at in a moment from your records, which  
19 you say interestingly shows your fear of staff from 4th  
20 March 1981:

21 "HIA38 had enough points to gain half an hour with a  
22 member of staff. Took to trains with again HIA172.  
23 They both played well together. HIA38 seems to watch  
24 staff through play as if he was afraid of doing  
25 something wrong or turn his back in case he would get

1 a slap. Very edgy."

2 You say you think this entry shows that staff hit  
3 you:

4 "Otherwise why would I be in fear of getting a slap  
5 from staff if it hadn't happened before?"

6 You have seen another entry from your record:

7 "... which again states that I was thumped by  
8 another resident and I was frightened the doctor was  
9 coming to give me an injection."

10 We looked at that last entry a short while ago.

11 A. Yes.

12 Q. That entry, just to be clear, can be seen at LIS22289.  
13 If we can scroll down there. Yes, that's the entry  
14 there:

15 "HIA38 had enough points to gain half an hour with  
16 a member of staff."

17 I just wondered about the train set. You do  
18 remember a train set in Lissue. Isn't that right?

19 A. It was like Lissue's holy grail. It was a room the size  
20 of the interview room we were in just a while ago and it  
21 had about the length of these tables a big set-up. It  
22 had papier mache hills and things, and that was like the  
23 child's, as I say again, the holy grail. It was the  
24 train. You done everything to get to the train room.

25 Q. It was seen as a treat and a privilege --

1 A. Oh, yes, yes.

2 Q. -- to be able to go and play with the trains?

3 A. And, yes, genetically that's passed on to my son,  
4 because he is train mad now, so he is. He loves trains.

5 Q. So on this particular day you and HIA172 going to play  
6 with the trains was something that was good for you?

7 A. Oh, yes, yes, apart from having to watch the staff in  
8 case they beat me round the head again.

9 Q. Well, paragraph 15, going back to your statement at 052,  
10 you talk about:

11 "On the grounds of Lissue there were barns and  
12 stables with horses. There was a wooden hut with  
13 a giant sandpit and some of us would try to dig tunnels  
14 to escape."

15 This was obviously child's play to get out, maybe  
16 with a serious purpose, but you never really were going  
17 to get a tunnel out of the sandpit. Isn't that right?

18 A. The 9-year-old's version of The Great Escape.

19 Q. And you remember on one occasion a boy had to be taken  
20 to hospital because a tunnel collapsed on him.

21 A. LS49. Yes, I remember that.

22 Q. Forgive me, but that sounds as though you actually  
23 managed to dig down to a degree where something could  
24 collapse on him. I mean, was this just something --  
25 a pile of sand that fell on him?

1 A. It would probably reflect probably my knee height now,  
2 being over 6'0". So it would probably be to my knee  
3 height, but he did get himself a wee bit trapped and in  
4 trouble. It was never anything serious.

5 Q. Paragraph 16 there you talk about:

6 "Two or three of us always tried to escape."

7 LS47 was one of them. You think one of them might  
8 have been HIA172. You have had no contact with LS47  
9 since you left Lissue. Then you realised that you could  
10 walk out through the stables, which brought you out on  
11 to the main road, which was in the country surrounded by  
12 fields. You say the police always brought you back.  
13 This happened about three or four times. You think the  
14 police were from Lisburn, but you don't remember any of  
15 their names.

16 A. Uh-huh.

17 Q. I was able to confirm for you that the Inquiry has seen  
18 records of children absconding and being brought back,  
19 and certainly staff recall them being brought back by  
20 either the police or the army, but there is no specific  
21 record of you being brought back --

22 A. Yes.

23 Q. -- in any of the notes that I have looked through.

24 A. Would I be right in saying there are no specific record  
25 of actually any names of anybody being brought back?

1 Q. Well, I wouldn't go -- there was no -- there was no need  
2 to keep absconding records in Lissue, if I can put it  
3 that way, but there is evidence that there is a note of  
4 a child being brought back who had absconded that I have  
5 seen in respect of another person.

6 A. Okay.

7 Q. Paragraphs 17 and 18 we have already addressed. If we  
8 go to paragraph 19, you talk about the only toys you can  
9 remember in Lissue were in a room next to the interview  
10 room. That's where the train set was and you say you  
11 had to be extremely well-behaved to get into that room.  
12 You were allowed ten or fifteen minutes to watch the  
13 train go round.

14 Paragraph 20 you talk about your parents coming to  
15 visit. You say your parents were given the best china  
16 cups. They were told that it was for your -- best that  
17 you were in there. LS7 and the head doctor were usually  
18 parent -- present when your parents came to visit.

19 You only got home every few weeks for one night or  
20 two nights. You say when you visited home, your dad  
21 said you were always lethargic and tired like a zombie  
22 and not the hyper HIA38 that went away.

23 Now you have seen records, and I am not going to go  
24 through them, but there are evidence of you going home  
25 at weekends and your mother finding it difficult to cope

1 with you at home at the weekends, HIA38. You have seen  
2 those?

3 A. I have and I also -- I also really do know that I was  
4 heavily drugged and the notes that dictate -- that  
5 dictate I was hard to manage and things, I have  
6 contradictory evidence to that, as I showed you as well.  
7 It says that I had a really good family life and I was  
8 well cared for and well looked after.

9 Q. Yes. I know that -- if I can maybe just summarise this,  
10 HIA38, I know that an issue for you is how you ended up  
11 in Lissue and whether or not you were misdiagnosed and  
12 were properly treated and whether you ought to have been  
13 given the medication. That's something that you are  
14 continuing to look into. Isn't that correct?

15 A. I know a million per cent I should never have been put  
16 in Lissue House. I was heavily bullied in sometimes  
17 primary -- sorry -- in primary school. That was the  
18 reason for any childhood bad behaviour or anything, or  
19 not being able to be managed at home is because I was  
20 a scared 7, 8 and 9-year-old child. As I say, if the  
21 Panel or anybody has access to my website, they can see  
22 all the actual proof.

23 Q. Okay.

24 A. Sorry to interrupt there.

25 Q. No, no. You are okay. We did talk about this before.

1 As I say, I have explained to you that while  
2 I appreciate and I am not being dismissive of the fact  
3 that that is an issue for you, the Inquiry can only look  
4 at what happened while you were in Lissue.

5 A. That's very, very unfortunate, so it is, because  
6 everything that I say is 100% backed up.

7 Q. To before you went in there?

8 A. And the misdiagnosis and the wrong drug and ... sorry.

9 Q. Okay. Well, paragraph 22 you do say that you have no  
10 good memories of Lissue. There were no good times and  
11 no outings, although the train set playing was a good  
12 memory.

13 A. Train.

14 Q. You say there was a mobile classroom, but you don't  
15 remember doing any school work. You give the name of  
16 the teacher that you remember and you also remember  
17 a nice German woman, whose name you give, but you are  
18 not sure if she was in Lissue or another place you went  
19 to afterwards. You remember her teaching you some  
20 German phrases, which you still remember.

21 A. Yes.

22 Q. I think, just to be clear, that lady was I think in  
23 Lissue.

24 A. LS50?

25 Q. That's the first one. The second one, LS51, was also



1 I think in Lissue.

2 A. Right.

3 Q. I think there's recollection of her being there. We  
4 also -- there's -- and I was showing you these. You  
5 don't have any -- apart from this you don't have any  
6 great memory of any teaching at the school, but there  
7 are school reports that must have followed on with you  
8 after you left Lissue from the Lissue school. They are  
9 at 569. I don't think we need to look at them, but I've  
10 shown them to you. There was a record being kept of the  
11 kind of school work that you were doing when you went to  
12 the school in Lissue.

13 A. Whenever -- after my adventures round the UK trying to  
14 learn by myself and find out who I was in life after  
15 what they had done to me in care I actually did try to  
16 blend in, be normal and hold down a job and stuff, and  
17 part of my problem was I tried to have a CV done on  
18 myself, and there is no educational records of any kind  
19 on me. I didn't get even the basic 11 Plus examination  
20 or I had no education -- that's what I'm saying --  
21 between Lissue and the other place. I don't know if you  
22 are mentioning that or not.

23 Q. I will mention it briefly. I am going to come to that  
24 now actually, because apart from paragraph 24 here,  
25 where you say that you believe there were many children

1 including yourself were experimented on in Lissue. You  
2 say Lissue changed you. The experiences had an effect  
3 on the rest of your life. You say you didn't have the  
4 life you were supposed to have:

5 "I know I was supposed to be something better than  
6 what I became."

7 That effectively sums up what -- the effect that  
8 Lissue had on you.

9 A. My diagnosis for the last thirty-odd years has been one  
10 of personality disorder and of emotionally disturbed.  
11 Lissue and the primary school before that were the root  
12 cause of that. They made them illnesses in me, and  
13 there's not much more I can say about it, because, as  
14 I~say, it is all black and white. It is all proof.  
15 I have all the evidence in proof in their own  
16 handwriting.

17 Q. Well, coming back to your statement, at paragraphs 25 to  
18 28 -- to 38 -- sorry -- you talk about another  
19 institution that you were in, and that was a boarding  
20 school, a special school that you went to, Fallowfield.  
21 I am not going to go into the details of that, but you  
22 can be assured that the Panel have read what you  
23 say about there. It's simply to say you suffered more  
24 serious abuse when you went to that institution. Isn't  
25 that correct?

1 A. It's all on my website.

2 Q. It's in your statement also.

3 Now you spoke to police in 2010, on 22nd February  
4 2010. That's at LIS30001 to 30003. Now I am not going  
5 to look at that statement, because most of it is --  
6 deals with what occurred when you were in Fallowfield.  
7 The only complaint at that time when you were speaking  
8 to police that you made about Lissue was that LS7 was  
9 hitting you when she was trying to draw blood.

10 You again spoke to police again on 24th November of  
11 2011. That statement is at 31555 to 31558. Again you  
12 complained about LS7 in that statement. I was telling  
13 you and I showed you that she was, in fact, interviewed  
14 by police. We can look at that in 31777. That was in  
15 2... -- the date is not actually on that, on this  
16 interview, but I think from the context of your  
17 statement in November '11 it was obviously an interview  
18 that occurred after November '11. You just see there  
19 the question:

20 "In relation to HIA38, he was about 9. He says he  
21 was -- there he was given Ritalin every day and  
22 an injection every couple of weeks. Once there was one  
23 time whenever he was getting an injection you couldn't  
24 get a vein and was crusted", I think that might be, "and  
25 stuck it in. There was blood everywhere. You yanked

1 his head. He said he was given cigarettes as well."

2 Her response to that to the police was:

3 "No. I would have given injections all right, but  
4 that didn't happen. I don't really remember HIA38  
5 anyway. Most of the children would have smoked, but  
6 they weren't allowed and I never gave any of the  
7 children cigarettes. Whenever the children came back  
8 after home visits, they would have been searched, and if  
9 any found, they would have been taken off them and  
10 interviewed the parents how the weekend went. Any  
11 cigarettes found would have been destroyed."

12 And then -- sorry.

13 A. See, the problem I have with that bit is any cigarettes  
14 that were found were confiscated and destroyed. Then  
15 how come me and the other girl who has already been  
16 proven were allowed to smoke? That's it.

17 Q. Well, that's what she said when she was asked about the  
18 matter by the police.

19 A. She's obviously going to -- if I was accused -- I will  
20 reiterate what I was saying -- if I was accused of such  
21 things and I wanted to protect myself, I would probably  
22 come off with that spiel myself.

23 Q. Well, HIA38, I am not going to go into other matters.

24 A. Okay.

25 Q. I know you spoke to the press on occasions. You have

1 a particular grievance about one particular journalist.  
2 You wrote to Mr Poots when he was Health Minister. We  
3 know you have a website and you've posted and do post on  
4 the web about your experiences.

5 Your life after care you describe in paragraphs 39  
6 to 44 of your statement. I will just go to the last  
7 line of your statement, which is at 058, where you say  
8 that your:

9 "... life was destroyed by being placed in these  
10 institutions and I have been left to suffer."

11 Essentially that -- I am not going to go into the  
12 details, but I have assured you that the Inquiry Panel  
13 have read what is in your entire statement and have read  
14 about the course that your life took after you were  
15 eventually put out into the world, as it were.

16 One other question that we ask of everybody that  
17 comes to speak to us is about Inquiry recommendations.  
18 You may have received a questionnaire from the Inquiry  
19 and you may have completed it. I forgot to ask you that  
20 when I was speaking earlier.

21 A. I didn't originally -- I didn't originally receive it as  
22 part of the Inquiry. I had to go to some group meeting  
23 where I got a photocopy. I got a copy off somebody and  
24 I posted it back to you.

25 Q. I apologise on behalf of the Inquiry for that, because

1           you ought to have received one, HIA38. We will  
2           certainly look into why you didn't.

3    A. I'm not -- I'm not mindful, because, as I say, I am not  
4           financially motivated in any way.

5    Q. You certainly ought to have received one. In any event  
6           what I am asking you now is when we conclude our work,  
7           the Panel in its report will have to make  
8           recommendations to the government about what should  
9           happen in respect of what happened to children who were  
10           in institutions, and they are interested in hearing from  
11           everyone who speaks to us what their views are. So what  
12           would you like to see happen? What would you like to  
13           see those recommendations include?

14   A. My number one recommendation is I would love to have eye  
15           to eye contact with some of the people that are still  
16           alive from Lissue, especially LS7, and I just want to  
17           look into their eyes and I want to see it, see them  
18           denying it. With my own eyes I want to see. I want  
19           an explanation as to why they took a 7 and 8 -- a very  
20           badly bullied 7 and 8-year-old child out of primary  
21           school and locked him up in a mental hospital and why  
22           they decided through drugs to destroy my life.

23           Other questions -- I call it the stupid  
24           questionnaire -- other questions on it was about  
25           financial issues, etc, etc. I am not financially

1 motivated in any way, shape or form, so I'm not, and if  
2 anything comes out of it at the end -- as I say, it is  
3 on my website -- it already says half of it is going to  
4 go to an abused children's charity and the other half  
5 will be for my son. I want nothing for myself. Just  
6 know that I speak -- every word I speak is the truth.

7 Things I have heard on the news recently about -- I  
8 am not going to go into it and I am not going to name  
9 anybody, but things I have heard on the news about  
10 Lissue were not my experiences. I can't confirm any of  
11 what has previously been said, but only myself just, and  
12 what you see in my statements and on my website is all  
13 backed up by their own handwriting and it's all true.

14 Q. Well, HIA38, thank you for that. Is there anything more  
15 that you feel we haven't covered either in terms of your  
16 statement or in terms of the responses that you have  
17 given to me this morning that you want to say about  
18 Lissue? Now is the opportunity to do that.

19 A. They were just very, very bad people, so they were. In  
20 my case I should never have been there and they did get  
21 it wrong.

22 Q. Well, thank you, HIA38. I have nothing more that I want  
23 to ask you, but the Panel Members may have some  
24 questions for you.

25

1 Questions from THE PANEL

2 MS DOHERTY: Thanks very much, HIA38. Can you hear me okay?

3 A. Yes.

4 Q. That has been very helpful. Could I just clarify when  
5 you talk of memories of hearing other children  
6 squealing, are you linking that to LS7 or are you saying  
7 that generally staff were rough with children?

8 A. In general.

9 Q. Generally they were. So it wasn't just about one member  
10 of staff, that there was general...?

11 A. No. As I says, I never directly seen an awful lot of  
12 it. I seen the odd people getting slap, kicks and thumps  
13 and fighting among other people, but I never witnessed  
14 any heavy abuse.

15 Q. By anybody else?

16 A. By anybody else.

17 Q. So it was amongst children that you saw that?

18 A. I always heard it from a distance.

19 Q. Okay. That's helpful. Can I just ask: can you remember  
20 any occasion when a staff member intervened when you and  
21 other children were having a fight or other children  
22 were hitting you? Can you ever remember?

23 A. None whatsoever at all. It happened every day, all day,  
24 every day. All they seemed to do by my recollections is  
25 document it.



1 Q. Okay.

2 A. Because, as I say, if I was fighting, if I was like,  
3 say, fighting with that lawyer now, you are not just  
4 going to sit there and write it down. Somebody is going  
5 to stop it, are they not, and take preventative measures  
6 to stop it happening again, but in Lissue that never  
7 ever happened.

8 Q. Can I just add on to that did anybody -- can you ever  
9 remember anybody sitting down and talking to you about  
10 how you got into fights with other children or how that  
11 might be avoided?

12 A. No. Their answer was another couple of tablets and ...

13 Q. Okay. Just the last thing. In relation to the train  
14 set and the room that the train set was in, could you go  
15 into that by yourself or did you always have to go in  
16 with a member of staff?

17 A. Always with a member of staff. It was locked.

18 Q. It was locked. Okay. Thanks very much, HIA38.

19 MR LANE: Carrying on about the train set, were you allowed  
20 to actually move the track around and play with it  
21 actively or did you just go in and watch it?

22 A. You went into the room, and set up all along the middle  
23 of the floor, as I says before previously, it was all  
24 papier mache hills and a big track and all, things you  
25 would see at like one of the train exhibitions now. It

1 had the wee junction boxes already on the -- on the wood  
2 and the only thing you were allowed to touch was to turn  
3 the trains on and off.

4 Sorry. Could you say your question again just  
5 because I ...?

6 Q. That's fine. I just wonder how much you were allowed to  
7 actually play with it or whether it was just to watch?

8 A. No, you weren't allowed -- the only bit you were allowed  
9 to touch was the junk box and things.

10 Q. And the staff presumably had set it up, had they?

11 A. It was all previously -- it was all -- it was set up all  
12 the time. The room was specially for the trains.

13 Q. Okay. You mention the group meetings where you -- four  
14 or five of you were with the doctors and nurses and you  
15 had to say what the drugs' effect had been and that sort  
16 of thing. Could you just say a bit more about those  
17 meetings? I mean, were you questioned in turn or was  
18 there a group discussion? What were they like?

19 A. Well, I seem to remember -- I seem to remember the  
20 doctors or orderlies, whatever they were, asking me,  
21 "How do you feel, HIA38?"

22 Q. Uh-huh.

23 A. "Are you tired today? How did you sleep last night?  
24 Did your medication help?" It was all them sort of  
25 questions all the time.

1 Q. And why did they have four or five of you together doing  
2 that?

3 A. I have no idea.

4 Q. You didn't -- you didn't have group discussion about  
5 general --

6 A. I don't remember talking about any day-to-day daily  
7 problems or anything.

8 Q. Right. Okay. One last question. I think in your  
9 statement -- I haven't got the reference here -- I think  
10 you said that you were experimented on. Is that  
11 correct?

12 A. I think in the '70s -- in the '70s and '80s it's my  
13 personal opinion I think we were all experimental  
14 learning tools, not just me. I think like if you allow  
15 me to explain that -- is the word I am looking for  
16 "hypothesis", is it?

17 Q. Uh-huh.

18 A. If you allow me to explain that is my 9-year-old son is  
19 autistic and he lives with me full-time, so he does. My  
20 family for years and years have been telling me that  
21 I display all of the same traits as him. I am vigorous  
22 with my routines in the house. I eat the same food  
23 every week, I do the same shopping and I walk funny.  
24 Experimental learning tool in them days, even though  
25 autism has been diagnosed since 1943. In my primary

1 school placement and in Lissue they made no tests and  
2 they made no -- they made no effort to have me  
3 diagnosed, which I am currently in the process of  
4 investigating now, and, as I says, with me I was  
5 a learning tool, because they didn't know what was wrong  
6 with me. So therefore it probably would have been the  
7 same with a lot of other children is they hadn't a clue  
8 what was wrong with us and they just gave us tablets and  
9 medication. Like Ritalin I should never have been on,  
10 because that's used to completely treat a different  
11 medical illness as to what autism is. Like my son is  
12 not -- my son is sometimes hard to manage, so he is, but  
13 he is on zero medication. He sleeps well without it and  
14 stuff. So they did. Back in them days they used us as  
15 experimental learning tools.

16 Q. Thank you very much.

17 CHAIRMAN: Well, HIA38, that's the last question we have of  
18 you. Thank you very much for coming to speak to us  
19 today.

20 A. I appreciate the time.

21 (Witness withdrew)

22 MS SMITH: Chairman, I am taking all of the witnesses today.  
23 So I will need some time before we are ready to proceed  
24 with the next one.

25 CHAIRMAN: Yes. I see there are quite a number of documents

1 relating to the next witness.

2 MS SMITH: Yes.

3 CHAIRMAN: So if we say not before 1.30.

4 MS SMITH: It might be sooner. Maybe if people would take  
5 an early lunch and we could maybe sit at 12.45, would  
6 that be a possibility?

7 CHAIRMAN: I can't see you being ready by 12.45.

8 MS SMITH: Very well. 1.30 then.

9 CHAIRMAN: Not before 1.30.

10 (11.45 am)

11 (Short break)

12 (1.30 pm)

13 WITNESS HIA119 (called)

14 CHAIRMAN: Well, ladies and gentlemen, just in case there  
15 are any students who were not here this morning, can  
16 I just remind everyone to ensure their mobile phone is  
17 either turned off or placed on "Silent"/"Vibrate" and  
18 also remind you that although we may on occasion refer  
19 to people by name who have been given a designation by  
20 the Inquiry, that name must not be used outside the  
21 chamber.

22 Yes, Ms Smith?

23 MS SMITH: Chairman, Panel Members, ladies and gentlemen,  
24 our first witness this afternoon is HIA119. He is  
25 "HIA119". HIA119 wishes to take the religious oath and

1 he also wishes to maintain his anonymity.

2 WITNESS HIA119 (sworn)

3 CHAIRMAN: Thank you, HIA119. Please sit down.

4 Questions from COUNSEL TO THE INQUIRY

5 MS SMITH: Now HIA119's statement can be seen at LIS001 to  
6 006.

7 The Health & Social Care response statement is at  
8 LIS965 to 1066 and there are Social Service records,  
9 including documentation from Lissue, which can be found  
10 in the bundle at 20539 to 20552 and then 21502 to 21745.

11 Now, HIA119, can I just ask you to confirm that the  
12 document on the screen is the witness statement that you  
13 have given to the Inquiry and it is what you want the  
14 Inquiry to take into account as your evidence together  
15 with anything else that you say this afternoon?

16 A. I was talking about (inaudible).

17 Q. This is the statement that you wrote you see.

18 A. Aye. Yes.

19 Q. If you just scroll up a bit, it will say "The Witness  
20 Statement of HIA119". That is the witness statement  
21 that you signed for the Inquiry.

22 A. Yes.

23 Q. You signed it on 13th January 2016.

24 A. Yes.

25 Q. HIA119, you are now 41 and your personal details are set

1 out there in paragraph 1. Now I am not going to go into  
2 those, but after your father died you were admitted to  
3 Lissue in 199... -- sorry -- 1984. You were admitted on  
4 an emergency admission. You were placed there by the  
5 NSPCC.

6 There is documents relevant to this which --  
7 I'll tell the Panel Members where they are in the  
8 bundle. They are at 20544, 20552 and 20555. We know  
9 from those records that you were in Lissue until  
10 December 1985, so a period of six months. We can see  
11 that there was a letter to your GP from Lissue in  
12 December '85. That's at 20539 to 20540. Now I am not  
13 going to look at those, but the Panel Members will want  
14 to look at those documents.

15 What I am going to look at, though, are public  
16 documents that show us the kind of records that were  
17 being kept on children in Lissue. If we look, first of  
18 all, at LIS20577, this is described as a physical  
19 examination. I am just going to scroll down it quickly.  
20 It gives details of your height and your complexion and  
21 so forth and your nervous system. If we can just keep  
22 on scrolling down, it seems it be a very full physical  
23 examination that was carried out on you, and over to the  
24 next page as well, whenever you were admitted to Lissue.

25 First of all, do you remember having a physical

1 examination by a doctor when you went in?

2 A. No.

3 Q. If we can just scroll on down, there's even a history of  
4 the fact that you had warts on both hands.

5 A. Yes.

6 Q. You still do you're indicating.

7 A. Still there.

8 Q. Certainly that was -- and the person who examined you  
9 has recorded their name on that document.

10 Another document that I am going to at is the  
11 nursing assessment that was made when you were admitted.  
12 That's 20626. You see the "Nursing Assessment on  
13 Admission". Again it is giving the details of your  
14 consultant and the registrar. Your social worker's name  
15 is recorded there, the teacher who we know was the  
16 teacher at Lissue school, the outside agencies who were  
17 involved in your care, what primary school you had been  
18 to and so forth.

19 Then if we can scroll on down, there's physical  
20 data. It's noted there that your sleep was disturbed.  
21 Any scars that you had, and then there's an entry made  
22 at a later date about you returning wearing a Claddagh  
23 ring. Your appearance is described.

24 If we can scroll on down, then it is recorded that  
25 you -- how came to be in Lissue, and it is signed by the



1 person that we know was the Nurse Manager at that time,  
2 who was LS21. That's a name that you recall. You  
3 described him as being in charge at Lissue.

4 If we can just scroll on down through that, please,  
5 there was a weekly weight record kept. We can see that  
6 that's showing your weight increased from I presume  
7 that's 37 kilos, but I am not terribly sure, right up to  
8 42 when you were leaving in December of '82. So you  
9 were being weighed each week. Do you even remember that  
10 happening?

11 A. No.

12 Q. Okay. There's also a treatment plan that was created  
13 for you that can be seen at 20628 as part of the nursing  
14 plan. It says they were to assess and record your  
15 interaction with your peer group, with staff, what  
16 social skills you had and what your sleep pattern was.

17 There was also then -- we can see, and I am not  
18 going to call them up, but there were sleep charts that  
19 were kept from 20629 to 20635. You obviously were  
20 presenting with disturbed sleeping patterns when you  
21 went into Lissue. So it was important that they kept  
22 a good note of how you were sleeping, and I will look at  
23 some of the entries about that in due course.

24 A. Yes, yes.

25 Q. So that's the kind of documents -- I am just using your

1 documents to show the Inquiry the kind of documents that  
2 were being kept on children in Lissue.

3 At paragraph 3 of your statement then at 002 you  
4 describe how you were in a dormitory when you first went  
5 in and then you were moved to your own room when you  
6 were there for a while. You think there were about four  
7 or five beds in the dorm. You recall about eighteen to  
8 twenty children of all age groups.

9 "During the day we were put into two groups, a red  
10 group and a green group."

11 You were in the green group. We have heard that the  
12 children were grouped according to their age. Red would  
13 have been the younger children and you were in the older  
14 children's group.

15 A. Yes.

16 Q. "We stayed in our groups during meal times and  
17 recreation. There were three members of staff who  
18 looked after the green group and three looked after the  
19 red group."

20 Then you go on to talk about -- paragraph 4 here --  
21 during your time at Lissue:

22 "... I was subjected to physical and mental abuse on  
23 a daily basis by three members of staff."

24 Now, HIA119, you will see that we have given them  
25 designations to protect their identity.

1 A. Yes.

2 Q. I am going to use the first names so you know who I am  
3 talking about, and the first one was LS34, LS7 and a man  
4 called LS35. Now we know that LS34 worked in Lissue  
5 between 1982 and 1988, but we have -- the Inquiry have  
6 been unable to locate her and to contact her directly.

7 LS35 has not been identified. You say that -- yes,  
8 and we have -- we will come to talk about LS7 in due  
9 course. You say:

10 "The abuse started a couple of weeks after  
11 I arrived."

12 You say:

13 "There were staff who were nice and they were called  
14 LS36 and LS6",

15 I think was the other one.

16 A. Yes.

17 Q. You say:

18 "They witnessed the abuse, such as the slaps and the  
19 pulling of ears, but they didn't intervene or tell the  
20 other staff to stop. All they did was stand beside me  
21 and say, 'You will be okay'",

22 and they comforted you.

23 A. Yes.

24 Q. Now, as I have indicated to you, we have not been able  
25 to identify anybody who worked there by the name of LS35

1 and I know from talking to you, HIA119, that's the name  
2 you remember. It is quite fixed in your head, that  
3 name.

4 A. Yes.

5 Q. You were very surprised to know we were able to identify  
6 the other staff members, but not him.

7 A. Yes.

8 Q. We know that LS36 was a school liaison officer who  
9 accompanied you to Lissue and the other people were  
10 nurses who worked there. You remember LS36 being in  
11 Lissue regularly.

12 A. Yes, yes.

13 Q. You described LS35 to me. You said he was bald and you  
14 remember him travelling in a minibus with you.

15 A. Yes.

16 Q. He wasn't the minibus driver.

17 A. No.

18 Q. He travelled in the back with you.

19 A. Yes.

20 Q. He came to the hospital with you when you were collected  
21 from home.

22 A. Yes.

23 Q. Paragraph 5 you go on to describe being slapped, kicked  
24 and nipped by LS34, LS7 and LS35. You say LS7 was the  
25 worst. You suffered constant abuse.

1 "They were always shouting and saying things like  
2 'Don't you be a smart ass'."

3 At night when you couldn't sleep you ended up  
4 wetting the bed.

5 You talk about being slapped around the legs by  
6 three staff, which was very painful.

7 "During meal times if you were caught talking or  
8 laughing, you were slapped around the head and pulled  
9 from your chair by the ears and sent to your room  
10 without anything to eat. Sometimes we were locked in  
11 our rooms."

12 You go on to talk -- I am going to come to that in  
13 a moment, but the Health & Social Care Board have given  
14 a statement in response to the allegations you make  
15 about your time in Lissue. They say children would have  
16 been confined to their room with a loss of privileges,  
17 but there would have been a member of staff who would  
18 observe their behaviour in the room and it wasn't --  
19 they weren't locked in, but you remember being locked  
20 in?

21 A. Yes.

22 Q. And they also say that physical chastisement was not  
23 permitted at all in Lissue, that staff weren't allowed  
24 to hit children.

25 A. That's a lie.

1 Q. You go on to talk about while you were playing football  
2 in the recreation area, which was in the basement, you  
3 fell. LS35 came over and stamped on your hand. You say  
4 he stamped so hard -- he stamped on your hand several  
5 times. Later that day you were in so much pain that you  
6 complained to staff and he eventually brought you to  
7 Lagan Valley Hospital and told you on the way to say  
8 that it was an accident.

9 "He told the doctors that I had an accident",  
10 and you had a hair line fracture in the finger of  
11 your left hand. I am going to come back to what the  
12 medical notes show about that.

13 Paragraph 8 you say:

14 "On another occasion I was on a roundabout in the  
15 adventure playground, which was at the front of the  
16 home. LS35 was spinning the roundabout. He spun the  
17 roundabout very fast and I begged him to stop, as I was  
18 getting dizzy. He didn't stop and I was going so fast  
19 I fell off. I had to be taken to Lagan Valley Hospital  
20 again and my wrist was broken. Again I was told to tell  
21 the doctors it was an accident."

22 Now we can see in your patient medical notes the  
23 injuries are recorded at LIS20579. This is part of your  
24 medical notes. We will see there "11th July '87".

25 I think that should be '84:

1 "Right little finger trampled on. Restricted  
2 movement. Refer to casualty."

3 It's signed it looks like "F. Brown", but I'm not  
4 quite sure if that's the actual signature. So that --  
5 somebody took you -- I mean, you complained about it and  
6 somebody examined you and then they took you to  
7 casualty, but it is recorded that your finger was  
8 trampled on. It doesn't say by whom or how it came  
9 about, but that is recorded there.

10 A. Yes.

11 Q. Then on 7th August:

12 "Scotch cast long arm plaster for ..."

13 I can't make out that word:

14 "Too tight round his left hand. Referred to  
15 Lagan Valley Casualty to release it slightly."

16 CHAIRMAN: Is it "fractured ulna"?

17 MS SMITH: Yes, "fractured ulna", "broken ulna", yes, or  
18 "broken ulna". Then there is other indications there.  
19 Then if we can scroll on down, if we can scroll on down,  
20 please, just there is on 29th August:

21 "Scotch cast loose around left wrist. Referred to  
22 Lagan Valley Casualty for reinforcement."

23 So there certainly is a record of you sustaining two  
24 injuries during your time in Lissue, HIA119.

25 A. Yes.

1 Q. At paragraph 9 of your statement, going back to that,  
2 please, at 003, you describe at night and you say when  
3 you felt scared and frightened, you got out of bed, and  
4 you could never find a member of staff.

5 "There should have been staff on duty, but I could  
6 never find them. I used to dread each day, because  
7 I didn't know which staff member was going to be  
8 working. I lived in fear of being physically and  
9 mentally abused. Every day I was treading on eggshells  
10 in fear of being beaten."

11 Now we have been told that there were two night  
12 staff and a Ward Sister. The records show that  
13 certainly you had trouble getting to sleep, but that  
14 after you managed to get to sleep, you did sleep well.  
15 I will just give an example of that at 20633.

16 You will see here that there's a daily record of  
17 each night being kept and, you know, what time you maybe  
18 fell asleep at and then the number of hours that you  
19 slept. You seem to certainly be sleeping -- there was  
20 one day you slept ten and a half hours and others sort  
21 of in and around eight and a half hours that you were  
22 sleeping. If we just scroll on down through that.

23 There's -- you just notice there, HIA119 -- you will  
24 see 20th/21st September you must have got up at some  
25 staple to go to the toilet because it is recorded there.



1 Do you see just where the little -- the red writing in  
2 the middle?

3 A. Yes, yes.

4 Q. So those were the kind of records, the sleep charts that  
5 were being kept by the night staff. If we look at  
6 LIS20588, this is an entry on the summaries about your  
7 time in Lissue. If you see "Sleep history and  
8 observation", it says:

9 "He is very insecure at bedtime and frightened of  
10 wakening during the night. Likes his light left on and  
11 door open. Requires reassurance of staff presence. Has  
12 been more unsettled recently thinking about death. Also  
13 very anxious re fostering and will often discuss his  
14 fears of the future at bedtime. Usually sleeps well  
15 when settled for the night."

16 So it seems, HIA119, certainly they are keeping  
17 an eye on your sleeping patterns and they note that you  
18 find it hard to get over, but once you get over, you are  
19 able to sleep.

20 A. Yes.

21 Q. That is signed by a charge nurse whose first name  
22 I think is LS78 . You don't remember him?

23 A. No.

24 Q. Paragraph 10 of your statement you talk about school and  
25 that's 003. You said you had class in portacabins and

1           you remember the teacher's name. That's recorded there.  
2           You say if you didn't listen in class or misbehave, the  
3           teacher phoned the main building and one of the staff  
4           came and dragged you out of the classroom by the ears  
5           and slapped you on the back of the head.

6           Certainly there are records that we can see that you  
7           were taken from class on two occasions. They are at  
8           1032 and 1034.

9           Paragraph 11 you -- and you and I looked at some of  
10          your school records, which show that actually you were  
11          well thought of in school, that your behaviour settled  
12          down and the school reports were very positive --

13   A.   Yes.

14   Q.   -- from the teacher. You liked the teacher in the  
15          school. Isn't that right?

16   A.   Yes, I did. He was a nice fella.

17   Q.   Paragraph 12 you say:

18                 "There were people in Lissue who had special needs.  
19                 On one occasion a girl got hyperactive when eating her  
20                 lunch. I do not want to give her name, but LS7 grabbed  
21                 her by the hair and shook her and put her in the corner  
22                 and made an example out of her in front of people. If  
23                 it wasn't her getting abused, it was someone else, and  
24                 if it wasn't someone else, it was me."

25          You say you thought LS21 was a psychiatrist and was

1 in charge of Lissue. You think you saw him once. You  
2 think you were given tablets, but you don't know what  
3 kind of tablets they were and you don't know what kind  
4 of medication you were on in Lissue. The medical  
5 reports certainly show you getting Paracodol for  
6 possibly the injuries that you sustained.

7 You go on -- just about the man LS21 who you thought  
8 was a psychiatrist and we know was actually a nurse in  
9 charge, did you ever have any interaction with him? Did  
10 he have any -- apart from we know he made that record  
11 when you went into Lissue?

12 A. When I went -- I remember when my brother took his own  
13 life -- God have mercy on him -- and I was pulled into  
14 his room by another member of staff and it was him that  
15 broke the news to me and that was it.

16 Q. So that was the just the one occasion that you had some  
17 sort of dealings with him that you remember?

18 A. Yes.

19 Q. And you talk then about your family visiting. They came  
20 to visit you about once a week. You couldn't tell them  
21 what was going on because there was always a member of  
22 staff watching you:

23 "... to ensure that I didn't say anything about the  
24 abuse. Staff would tell my family, 'Oh, he's doing  
25 great'. I didn't get the opportunity to talk privately

1 to my family. I couldn't tell them that I hated the  
2 place. When my family left, the staff's attitude  
3 changed."

4 You think it was all for show.

5 You go on then in paragraph 15 to talk about:

6 "Sometimes if I was walking in the corridor past  
7 staff, they would have kicked me or gave me a slap.  
8 They beat me and other children for no reason and  
9 sometimes laughed when they did it. For example, if we  
10 were in the TV room laughing, I would be pulled out or  
11 dragged out by the staff and I would have got shouted at  
12 and the video we were watching would be stopped and  
13 everyone would be punished. This went on constantly."

14 You say:

15 "LS7 always made an example out of you if you were  
16 caught talking at breakfast time. She made you stand in  
17 the corner and she would have told everybody, 'See this  
18 is what happens to people who talk too much'."

19 You describe her -- if I can go just down there to  
20 paragraph 19, you describe her as a very --

21 "She was very wicked. She did a lot of beating,  
22 slapping and pulling hairs. She hit you by the hand or  
23 pulled your air and ears and slapped you on the back.  
24 She was a big woman."

25 She threw you out of the dormitory many times.

1           You know that we have received a statement from her  
2           and that statement is at 1393, where she talks about the  
3           allegations that you make about her, HIA119. If we can  
4           go to that. That's 1393. You see she said that she  
5           entirely rejects:

6           "... the allegation of physical or mental abuse by  
7           myself or my colleagues. I saw nothing of concern in  
8           the behaviour of my colleagues when I worked at the unit  
9           that would have given rise for concern or led me to have  
10          made any formal complaint.

11          I do not recall the specific incident at  
12          paragraph 12 of                HIA119's statement. Certainly  
13          a child that became disruptive as above would have been  
14          brought to a corner to try to induce calm. I know that  
15          I would not have grabbed a child by her hair and shook  
16          her. I entirely deny that this took place. I know my  
17          own ambit of behaviour and am completely certain that  
18          this would not have ever happened.

19          Of paragraph 16 the conversation between the  
20          children at the table was not discouraged as a general  
21          rule, unless it was abusive of other children, was  
22          insulting or that bad language was being used. Children  
23          were encouraged to interact with each other and members  
24          of staff in order to assist in their recovery. There  
25          would not have been, therefore, an attempt to make

1 an example out of a child, but rather if a child was  
2 misbehaving, it certainly was the case that the child  
3 would have been encouraged to calm down using the  
4 methods as set out above.

5 As to paragraph 19 I completely deny any beating,  
6 slapping or pulling of hair, pulling of ears or slapping  
7 on any part of the body by me or other member of staff."

8 Now I think I probably missed out on paragraph 16,  
9 which was when -- if we can go back to that, please.  
10 Your statement is at 004, and paragraph 16 -- sorry.  
11 I did. I have read that out. Paragraph -- sorry,  
12 HIA119. I should have said that is what she has said  
13 about your statement, about the allegations that you  
14 make in your statement about her. Is there anything you  
15 want to say to the Inquiry about that?

16 A. She's a liar.

17 Q. Paragraph 17 you talk about the member of staff LS34.

18 You say:

19 "She took us to the marches in Lisburn on 12th July.  
20 The other children who were in the home and I didn't  
21 want to go, but she made us and said 'You're going  
22 whether you like it or not, because there's nobody else  
23 to look after you'. She was laughing and cheering while  
24 the people were marching. We didn't want to be there."

25 You would only have been in Lissue on one 12th July

1 -- isn't that right, HIA119 -- because you were only  
2 there from the June to December of that year?

3 A. Yes.

4 Q. You don't know the jobs the staff who abused you  
5 performed.

6 "I don't think they were medical staff. They didn't  
7 wear a uniform. They wore ordinary clothes."

8 The Inquiry has been told that all of the staff in  
9 -- all the nursing staff, all the medical staff all wore  
10 ordinary clothes in Lissue. It was just part of the  
11 operation of the unit that that's what they wore.

12 A. Yes.

13 Q. Then paragraph 20 then you say:

14 "The other children in Lissue were pleasant and  
15 I witnessed them getting slapped and punched."

16 Paragraph 21 you say you got out of Lissue for  
17 visits home.

18 "I was out for about two hours and then went back  
19 again."

20 We know from the records that, in fact, you went  
21 home not just for a couple of hours, but you actually  
22 went home on occasions over the weekend. Do you  
23 remember that, HIA119?

24 A. I remember going out visiting, but I don't remember  
25 staying at the weekends, no.

1 Q. Certainly the records -- and I am not going to call it  
2 up -- but at LIS20547 there's a court report, which is  
3 a social work report, and it suggests that you did  
4 actually go home for about five weekends in a row and  
5 then unfortunately that had to stop --

6 A. Yes.

7 Q. -- not because of anything you had done, but that had to  
8 stop, and at that stage then there was plans made as to  
9 what should happen to you and we know that you then were  
10 fostered.

11 A. Yes.

12 Q. You say you don't remember any social worker coming to  
13 see you, but we were looking at some documents and there  
14 was a social worker involved in your life when a Fit  
15 Person Order was obtained in November 1984, and she did  
16 come to Lissue at some point. You remember her first  
17 name being LS93 .

18 A. LS93 , yes.

19 Q. But you say they never explained to your family the  
20 medical reasons for why you were kept in Lissue.  
21 I think it is fair to say, HIA119, that in your case you  
22 were put in on an emergency placement. So it wasn't  
23 a medical reason that was keeping you there. It was  
24 because of the behaviours that you had been exhibiting  
25 at that time you were placed there and then



1           unfortunately there was nowhere you were able to go back  
2           to that you could remain. So that's when fostering was  
3           considered as an option for you.

4    A.   Yes, yes.

5    Q.   As you say, that didn't work out and you left about  
6           1985. In fact, it was in December '84 that you left  
7           Lissue. You were moved to another children's home in  
8           the Somerton Road. It was fine there. Staff were  
9           brilliant and you got on well with them. Then  
10           eventually you end up in St. Pat's. The records show  
11           that you were in St. Pat's on 8th May 1987, when you  
12           were aged 14.

13   A.   Yes.

14   Q.   Now you describe your life after care in paragraphs 24  
15           and 25 of your statement. I am not going to go into the  
16           details of that, but you can be assured that the Panel  
17           have read --

18   A.   Yes.

19   Q.   -- what you say.

20           Paragraph 27 you talk about how it was when you saw  
21           an article or your sister brought to your attention  
22           an article in a newspaper you told her about what had  
23           happened to you in Lissue.

24   A.   Yes.

25   Q.   And you have since spoken to the rest of your family

1 about your time in Lissue, and you never reported the  
2 abuse to police, and the first people that you spoke to  
3 outside of the family was to the people you spoke to in  
4 the Inquiry.

5 A. (Nods.)

6 Q. Well, HIA119, that's all I want to ask you about your  
7 time in Lissue. We have gone through the statement, but  
8 there is one question, as I was explaining to you, that  
9 we ask everyone and that is about what recommendations  
10 the Inquiry should make at the end of its work about  
11 those people who were in institutions, and what is your  
12 view about that? What recommendations should the  
13 Inquiry be making?

14 A. I don't understand the question.

15 Q. Sorry. I probably asked it in a very convoluted way.  
16 I apologise.

17 When the Inquiry has finished and we have heard  
18 everybody that we need to hear from, the Panel will then  
19 write a report for the government.

20 A. Uh-huh.

21 Q. In that report they will be making recommendations to  
22 the government that the government should do something,  
23 whether in terms of an apology, compensation, some sort  
24 of memorial, something to acknowledge what happened to  
25 children who were in institutions perhaps. What's your

1 view as to what the government should do?

2 A. At the minute I am full of anger at the minute. So  
3 I would only be saying -- you know, going off on one,  
4 like, but, I mean, an apology and I leave it up to the  
5 Panel and after that you can make your own minds up.  
6 I have my own mind made up and all.

7 Q. That's fair enough, HIA119. Thank you for that.

8 A. Uh-huh.

9 Q. Now I know that I have done most of the talking, because  
10 that's what you and I agreed --

11 A. Yes.

12 Q. -- I would do. That's how you would get through your  
13 evidence, but is there anything that I haven't covered  
14 either in terms of your statement or anything that  
15 I have asked you about that you want to say about your  
16 time in Lissue?

17 A. The time I felt?

18 Q. Anything more that you want to say to the Inquiry.

19 A. The time I felt that I was in Lissue?

20 Q. Anything you want to tell us about your experience of  
21 Lissue.

22 A. I have had enough, to be honest with you. I have had  
23 enough, you know.

24 Q. Well, thank you, HIA119. I am not going to ask you  
25 anything more, but the Panel may have some questions.

1 A. That's grand. Thank you.

2 Questions from THE PANEL

3 CHAIRMAN: HIA119, can I just ask you something more about  
4 what you've told us about being kicked or given a slap  
5 or anything like that? You have said you saw other  
6 children being treated in a similar way. Were they  
7 treated exactly the same way as you or did you think  
8 maybe you were picked out to be treated more harshly  
9 than they were?

10 A. No, your Honour. Some of them got worse. It was like  
11 me walking past you and, you know, your foot kicking and  
12 slapping you and hair pulled.

13 Q. Yes.

14 A. But other members of -- younger ones got it worse than  
15 that, like, arms up their back, heads turned and threw  
16 against the walls and, you know, you could hear them  
17 crying. You could not do a thing about it, like, you  
18 know.

19 Q. When that happened to any child, when you saw it  
20 happening, did there appear to be a reason for it? Were  
21 the staff reacting to something that had been done or  
22 were they just doing it for no reason as far as you  
23 could see?

24 A. If you were talking too loud at the breakfast table or  
25 lunch table -- you know, there was people there worse

1 than what I was -- you know, you were told to shut up,  
2 you know, pulled out and just stood in the corner, poked  
3 and all like that there. They would have made  
4 an example out of you in front of everybody, you know,  
5 in front of the staff. They made you feel that low.  
6 That's how bad these people were. You know, there was  
7 a lot worse went on, yes.

8 Q. Thank you very much.

9 A. Yes.

10 MS DOHERTY: Thanks very much, HIA119. Can I just ask one  
11 thing? In relation to when you were in Lissue did  
12 anybody sit and talk to you about what had happened, why  
13 you were there, what could be expected?

14 A. Just what's on that.

15 Q. Just what's in that?

16 A. What happened in the past, like, you know.

17 Q. But nobody actually sat down and tried to help you  
18 through it or talk you through it or ...?

19 A. They might have had meetings with -- you know, like the  
20 way you have meetings --

21 Q. Uh-huh.

22 A. -- you know, like doctors' meetings about, say, Tom and  
23 John and, "How are they getting on? How are they  
24 behaving?", like that there, you know, but not a  
25 one-to-one like we get counselling now, like, no, no.

1 Q. Okay. That's what I wanted to check.

2 A. No.

3 Q. Can I say -- I mean, in relation to the staff hitting,  
4 was that general? I mean, you name three staff in  
5 particular. Was it them in particular or was it  
6 a general approach?

7 A. Well, they were the three. They were the three most,  
8 you know, and it was constant shouting and shouting in  
9 your face and poking you, you know. This was all the  
10 time, and keys on them. They were bullies. They were  
11 parasites. Everywhere you went they were there, you  
12 know, and then when your family came up, sitting close  
13 by, you know, like that there. They would have sit and  
14 dirty looks -- everybody got dirty looking. I would get  
15 dirty looks.

16 Q. You say that in your statement. You had no privacy when  
17 your family came to visit.

18 A. No. You definitely couldn't tell your family. I didn't  
19 know any different. I wasn't well with behavioural  
20 problems. I know now what I know -- I didn't know then,  
21 if you understand that way, you know.

22 Q. No, I understand. I understand.

23 A. They're going that way like. You know, two weeks ago  
24 I went on a week's bender and I self-harmed at the  
25 thoughts of even coming here to give evidence --

1 Q. I know.

2 A. -- you know, again, you know, and me and my life.

3 I don't care about this place no more, to be honest with  
4 you --

5 Q. I appreciate you coming.

6 A. -- you know.

7 Q. Thanks very much.

8 A. That's no problem.

9 MR LANE: No. Thank you very much.

10 CHAIRMAN: Well, HIA119, thank you very much for coming to  
11 speak to us today. We can see and understand it hasn't  
12 been an easy experience for you, but thank you for doing  
13 it anyway.

14 A. You are welcome, your Honour. It has been hard. So  
15 I just hope it just helps other people, you know. Just  
16 that there was a lot worse went on, you know. So ...

17 Q. Thank you very much.

18 A. Am I free to go?

19 (Witness withdrew)

20 MS SMITH: Chairman, if we could take a short break, there  
21 is one more witness this afternoon, but I would  
22 appreciate some time.

23 CHAIRMAN: Yes. Very well.

24 (2.10 pm)

25 (Short break)

1 (2.55 pm)

2 WITNESS LS81 (called)

3 MS SMITH: Chairman, Panel Members, our next witness this  
4 afternoon is LS81. She is "LS81". LS81 wishes to take  
5 a religious oath and she wishes to maintain her  
6 anonymity.

7 WITNESS LS81 (sworn)

8 CHAIRMAN: Thank you, LS81. Please sit down.

9 Questions from COUNSEL TO THE INQUIRY

10 MS SMITH: LS81's statement, Chairman, is at LIS1196 to  
11 1207. If we could look at that, please. That's 1196.  
12 Can I just ask you to confirm, LS81, that this is, in  
13 fact, the witness statement you have given for the  
14 benefit of the Inquiry? I am not going to go through  
15 it, as I explained to you, word for word, but you set  
16 out your career history in paragraph 1. You were in  
17 Lissue between 1984 and 1986. You refer to your  
18 qualifications and training. That included becoming  
19 a Registered Mental Health Nurse, but that was later.  
20 Isn't that correct?

21 A. No. My Registered Mental Health Nurse training happened  
22 before I worked in Lissue.

23 Q. Apologies. Sorry. You subsequently obtained a later  
24 qualification.

25 A. Yes.



1 Q. But just in respect of training generally paragraph 12  
2 you talk about what training you actually got when you  
3 went to Lissue. I will just check the page reference  
4 for that. That's page 1199 at the bottom of that. You  
5 said:

6 "There was a manual on the ward and printed out  
7 copies of guidance that you would be expected to read  
8 and be up to date on. I recall that when I started,  
9 I spent the first few days having the time to read that  
10 folder, which was part of the induction period. If you  
11 later had any doubt, you would be directed back to the  
12 office to refresh your knowledge and practice. Other  
13 training involved a planned period of observation of  
14 senior staff, for example, the consultant or social  
15 worker. After the observation a discussion would then  
16 be held with a senior nurse to discuss what had been  
17 observed and what you had learnt as a result. Training  
18 also included going to The Royal Hospital or on home  
19 visits. It would have been akin to shadowing and  
20 considered work place learning. Later continued  
21 professional development and mandatory training were  
22 also in place."

23 Now just a couple of things around that, if I may.  
24 Home visits, how many staff would have gone on a home  
25 visit ordinarily?

1 A. Normally the individual who was working with the family,  
2 but on occasion where you would go as an observer that  
3 would have been a second person, and the key worker  
4 would have asked the family, "Is it okay for that  
5 learner to come?"

6 Q. Just in terms of key working -- I was going to deal with  
7 this later -- but from your statement it is clear that  
8 each child was assigned a member of staff as a key  
9 worker.

10 A. Now there's two key workers. Sorry for the confusion.  
11 As a nurse you were a key worker within the ward for  
12 a set number of children, but if you were actually going  
13 out on a home visit, it was often the social worker or  
14 indeed the medical person or psychologist that would be  
15 going out to the home visit, and they were staff from  
16 The Royal Hospital, and you would have been going out  
17 with them, because there were two units.

18 Q. Can I just check? The reason I ask this is because of  
19 something we have heard from one of the witnesses. I am  
20 going to ask you later about some of the staff you  
21 worked with. Just I am going to use names, but remind  
22 people that we won't be using those names later on, but  
23 we heard I think it was yesterday that LS21, not Roger  
24 McAuley, would have gone on a home visit. Would that  
25 have been your experience?

1 A. I don't remember that, but that -- you know, I actually  
2 went out on home visits. So it may have happened.

3 Q. So nurses did actually go on home visits?

4 A. Yes, if you were the key nurse and that was part of the  
5 plan.

6 Q. Just I was wondering about how you -- about supervision  
7 in terms of your work. You talk here about observing  
8 other people's work, but were you yourself as part of  
9 the training observed in how you were carrying out your  
10 duties?

11 A. That would have happened, yes.

12 Q. In terms of specialism, if I have understood the  
13 discussion that we had and from what you have said in  
14 your statement, every nurse who was trained had this  
15 element of mental health training as part of the  
16 training as standard. Is that correct?

17 A. My understanding is that as -- when I made the  
18 application to work in Lissue, it was a requirement for  
19 me to have my registered mental health nursing training.  
20 So therefore I can only think that each of the other  
21 nurses needed that qualification to be there.

22 Q. Or certainly from 1984 when you were applying --

23 A. Certainly from 1984, yes.

24 Q. So it may be prior to that a general nursing  
25 qualification might have been sufficient. We will hear

1 I am sure more from somebody other than yourself about  
2 that.

3 A. Yes.

4 Q. But that certainly was something you needed to apply for  
5 that job?

6 A. Absolutely. I was told in the information pack, and  
7 I know that from other information packs, that if you --  
8 it's a requirement, you wouldn't get shortlisted unless  
9 you had it.

10 Q. That was -- but it wasn't something that was a standard  
11 qualification that every nurse would have had or was it?

12 A. You -- well, there are several fields of practice in  
13 nursing, and one of them is mental health, and that has  
14 a registration which is known as the Registered Mental  
15 Health Nurse.

16 Q. I presume a midwife would have had a different  
17 qualification?

18 A. A midwife would have had a midwifery qualification, and  
19 then your adult nursing would have had an adult nursing,  
20 and learning disability would have the learning  
21 disability qualification, and then the children's nurse  
22 would have had a children's qualification --

23 Q. Thank you.

24 A. -- and that would have been registered.

25 Q. One of the things you talk about and we have heard from

1 others is the multi-disciplinary team that operated in  
2 Lissue, and we haven't as yet, and I know we are going  
3 to hear from someone next week about this, and that's  
4 the social workers' involved in Lissue, but we have  
5 heard that social workers were involved, and certainly  
6 you speak about that too, but I just wondered what kind  
7 of interaction you recall social workers having with the  
8 children? They wouldn't obviously have been involved in  
9 the day-to-day care of them in the way the nursing staff  
10 would have been?

11 A. No, they wouldn't have been in the nursing care side of  
12 it, but it would not be unusual for me to work with the  
13 social worker with the child in relation to the care  
14 plan that had been designed by the multi-disciplinary  
15 team.

16 Q. And so it wouldn't be true -- it would be true to say  
17 that the social workers weren't there separate from the  
18 children; they would have been interacting with them  
19 also?

20 A. Yes.

21 Q. Continued training. The Mental Health Commission report  
22 that the Inquiry has seen talked about nursing staff  
23 going on courses and social workers being able to attend  
24 those also. Can you tell us a little bit more about  
25 what continued training you would have received?

1 A. The training that I would have received during the time  
2 I was in Lissue --

3 Q. Yes.

4 A. -- I would have gone to classes on behavioural  
5 modification. I would have gone to training around  
6 family therapy and particularly a model with Minuchin,  
7 which was a structural family therapy that was very of  
8 its time then. I would have been expected to go to  
9 continued professional development around particular  
10 medical conditions such as enuresis, encopresis and then  
11 that would have given you the information about what  
12 that condition was and indeed then the methods of  
13 improving treatment.

14 Q. One of the things that has not been clear to the Inquiry  
15 to date is who was in overall charge of Lissue.

16 A. My memory of it was that from the nursing perspective  
17 that was LS21 as the Charge Nurse of the unit, who then  
18 was responsible -- so from my perspective as a junior  
19 Staff Nurse he was in charge, and then he would have had  
20 to report to LS8, who was the Nursing Officer. So  
21 I would have understood that LS8 was the in charge --  
22 was the most senior person from a nursing perspective.  
23 I'm aware there was a Director of Nursing, but as  
24 a junior Staff Nurse I wouldn't have been in  
25 relationship with her at that stage, and then from the

1 patient's point of view the consultant was the lead  
2 practitioner around the admission of that patient and  
3 indeed the care plan of that patient, and I would have  
4 delivered the care on behalf of that consultant.

5 Q. But there was not sort of one overall administrator, as  
6 it were, of the unit or was there?

7 A. My understanding was LS8 was the ...

8 Q. Was the administrator?

9 A. Yes, yes.

10 Q. I think when we were talking earlier you said that he  
11 had an office in Lisburn, but you would have seen him  
12 every day in Lissue.

13 A. Yes. He also had an office in Lissue.

14 Q. In paragraph 3 of your statement you talk about LS21, as  
15 you said, being your line manager and the fact that you  
16 worked in teams. To the best of your recollection there  
17 were maybe three teams.

18 A. That is my recollection. There was the junior team. My  
19 memory tells me that it was the blue team and that was  
20 children up to the age of five, and then there was the 6  
21 to 8, and then there would have been the really 9  
22 through to 13. So it was the green, red and blue group  
23 as I remember it.

24 Q. And obviously divided according to the age group of the  
25 children?

1 A. Yes.

2 Q. How many people would have been in a team, can you say,  
3 to look after those children?

4 A. My memory was there was -- so, for example, my memory is  
5 that I would have been allocated four children as a key  
6 nurse. There would have been another nurse working with  
7 me, and there would have been an assistant healthcare --  
8 now known as healthcare assistant, but it was nursing  
9 auxilliary they would have been known as then.

10 Q. You talk -- just coming back to the type of staff that  
11 were in Lissue, apart from the Registered Mental Health  
12 Nurse qualification that you had to have, it wasn't the  
13 case that there were specialist or specially trained  
14 child psychiatric nurses there?

15 A. That wasn't a qualification that was in the UK at that  
16 stage in the early '80s when I was there.

17 Q. But not in Northern Ireland?

18 A. It was not in the whole of the UK.

19 Q. Oh, sorry. Sorry. Yes. I beg your pardon. Right.

20 Paragraph 4 you said that you liked working in  
21 Lissue and found the approach that was being taken to  
22 treatments innovative and of its time. I am not going  
23 to go, as you know, into the actual treatments or that  
24 that are discussed in some detail in your statement, but  
25 a couple of things.



1 Staff used first names in Lissue. Isn't that right?

2 A. Yes.

3 Q. They didn't wear a uniform?

4 A. That's right.

5 Q. Is it possible that a child might have known the first  
6 name of a member of staff but never got to know the  
7 surname?

8 A. It is likely.

9 Q. You also say in paragraph 5 that staff moved between The  
10 Royal and Lissue and there was --

11 A. Now when I say that, that would have been the social  
12 workers, the psychologist and the consultants and the  
13 doctors in training.

14 Q. But the nursing staff were permanently in Lissue?

15 A. Yes.

16 Q. They weren't ...? I am not going to ask you about the  
17 Paediatric Unit. You didn't work or have anything to do  
18 with the Paediatric Unit. Isn't that right?

19 A. The only occasion I would have been asked if they were  
20 short of staff maybe to assist with meal times, but that  
21 was very rare.

22 Q. I was asking a little bit about handover time. Doing  
23 the best you can remember, you think that the -- you  
24 came on shift as a day staff member in or around  
25 8 o'clock and that's when the handover took place.

1 A. Yes.

2 Q. If -- that could have -- it depended -- the handover  
3 took as long as was needed --

4 A. Yes.

5 Q. -- depending on what the situation was, but in and  
6 around half an hour would have been the norm. Would  
7 that be right?

8 A. Yes. It changed. You know, if they were giving us  
9 a report on fifteen children or a report on twenty  
10 children, that would have changed the time.

11 Q. Okay. You felt communication was good between the  
12 disciplines and you speak about that in paragraphs 13 to  
13 17. You give examples which relate to the treatment for  
14 children and how you took steps to try to improve that  
15 in the examples that you give.

16 You describe in paragraph 18 that it was  
17 a challenging place to work, particularly given the  
18 situation in Northern Ireland, the age groups that you  
19 had to deal with and the needs of the individual  
20 children themselves.

21 Paragraph 21 you talk about punishment and say that  
22 was not the ethos of Lissue. You -- would you accept  
23 that some children may have seen some aspects of their  
24 treatment as punishment?

25 A. I would accept that.

1 Q. For example, one of the examples that I would use would  
2 maybe be time out. They might have seen that as being  
3 punished.

4 A. They may have.

5 Q. Although, as you described it to me, that wasn't the way  
6 it was meant to be.

7 A. No, and certainly my practice, I would have explained to  
8 the child and indeed the family or the carer what  
9 treatment models would be happening and what that meant  
10 and the purpose of that.

11 Q. In paragraph 22 -- I am just going to look at this,  
12 because it was something that was causing me confusion.  
13 We will come back to it. You talk about:

14 "The concept of holding was another part of their  
15 behavioural regime where you were aiming to contain the  
16 aberrant behaviour being presented. This was not  
17 considered restraint."

18 Now from -- holding -- can you just please explain  
19 -- and I am not going to read through what's in your --  
20 the next -- that paragraph and the next paragraph,  
21 paragraph 23, where you talk about restraint. If we can  
22 just scroll down to it, you say you didn't see restraint  
23 being used in Lissue. I just wonder what was holding,  
24 what was restraint, and what do you see as the  
25 distinction between the two?

1 A. The reason I said that I didn't see holding as restraint  
2 was I had worked in Purdysburn Adult Mental Health Unit  
3 prior to coming to Lissue, and in that establishment  
4 adults would have been restricted into a room of  
5 isolation and that would have been named as restraint.  
6 So -- and in other examples that individuals as adults  
7 would have been expected to be in bed and confined to  
8 bed and supported to stay in bed.

9 So when I went to Lissue, we were taught about  
10 holding. Holding was about containing the very  
11 challenging temper tantrum behaviour that would be  
12 self-destructive and indeed potentially put other  
13 children at risk. So that would be how you would hold  
14 a child. It was meant to be a firm gentle hold with  
15 open hands and the child -- you would have expected to  
16 hold the child's hands across their chest such as this  
17 (gesturing) and then you were expected to sit behind  
18 them and quietly say to them, "Take a deep breath. Calm  
19 down", and when they began to calm, you would release  
20 their arms, and you would then take them and talk to  
21 them about what was going on, and encourage them to try  
22 and say in words -- to use words to describe what had  
23 caused them the distress that they were demonstrating in  
24 the behaviour.

25 CHAIRMAN: So we can see what it is you're demonstrating,

1 LS81, but to turn it into words what you have shown is  
2 the hands being folded across the chest of the person  
3 concerned.

4 A. Yes.

5 Q. Is that right?

6 A. Yes.

7 Q. And does it mean that a member of staff had their arms  
8 round that -- the child in that position to hold the  
9 arms in place?

10 A. Yes, yes. You would have held your hand here and you  
11 would have held your hand here in an open position  
12 (gesturing).

13 Q. On the elbows?

14 A. Yes -- sorry -- just, you know, when your hands are  
15 crossed here (gesturing).

16 Q. Yes.

17 A. It is very difficult for me to do it. I would then have  
18 my hand here (gesturing).

19 Q. If one suggested the staff member is behind the child --

20 A. You would have been behind the child.

21 Q. -- behind the child --

22 A. Yes.

23 Q. -- putting their arms --

24 A. Yes.

25 Q. -- right round them in a bear hug type position, if

1 one can visualise it in that way (gesturing).

2 A. One could describe it as that, yes.

3 Q. And then that pins the crossed arms of a child in the  
4 crossed position. Is that right?

5 A. Well, we wouldn't have used the word "pinned". We would  
6 have just held.

7 Q. Well, restricted, kept it in that position. Is that  
8 right?

9 A. Yes.

10 MS SMITH: LS81, the Inquiry has seen documentation where  
11 a former member of staff said that there was  
12 an inconsistent approach taken to what he termed  
13 restraint and others who say that it was used. We have  
14 heard complaint from former residents about its use.

15 You have also -- I was asking you when we were  
16 speaking earlier did you ever see anyone use this  
17 holding technique or a different type of technique or  
18 use more -- be more physical I suppose with children in  
19 trying to restrain them?

20 A. Not holding, but certainly I did see staff move quickly  
21 to time out, and that would have then been  
22 a professional discussion with the person and within the  
23 professional team with the Charge Nurse and then also  
24 with the medical team.

25 Now what I mean by that is that each child needed

1 a personal understanding of our care plan. So, for  
2 example, time out, often you would actually do  
3 a diversionary technique first for a child. So that  
4 would give them the message that the behaviour they are  
5 engaging in is not an acceptable behaviour and could  
6 that be stopped. You possibly would ask -- direct them  
7 into another activity or another place so that could  
8 de-escalate, or your next option was then to remove the  
9 child, you know, to support the child to be in  
10 a different place so that they could be calm. That  
11 would have been the time out.

12 What would have happened is occasionally some  
13 members of staff would have gone straight to time out,  
14 asking the child to leave rather than try the  
15 diversionary technique first, and then what you would  
16 have done is brought it to that member of staff's  
17 attention, brought them back to the care plan, had  
18 a discussion with the Charge Nurse, and if any changes  
19 were required, then that would be -- that would be made,  
20 and certainly I know that that did happen. The changes  
21 happened.

22 Q. Was it your view that maybe some members of staff were  
23 too quick to go to time out, as it were, too quick to go  
24 there without considering the diversionary option?

25 A. On occasions there were staff who made -- there were

1 a couple of staff who would have made a decision on the  
2 same shift as me, because I can only speak about that --  
3 would be that they would have moved quickly to -- they  
4 would have used that as the first option. So maybe  
5 "quickly" is the wrong -- but they would have used that  
6 as the first option.

7 Q. And you say -- we have heard about children being placed  
8 in the corner. Did you witness that being done?

9 A. That would have been only with the little ones and what  
10 would have happened is they would have been asked to  
11 stand in the corner and really again it was removing  
12 them from what had been happening, and the idea was that  
13 they had one minute per year of age, and then they would  
14 have been asked then to come back out of the corner.

15 Q. And what about being taken to their rooms and being  
16 placed in their rooms? Did you see that being -- was  
17 that part --

18 A. With the younger children?

19 Q. With any age group did you see that happening?

20 A. Yes, that would have. That could have happened, yes.

21 Q. Are you suggesting it was only with the younger children  
22 or did it happen --

23 A. No, no. The younger children were generally kept in the  
24 same room that they were in. They weren't -- not from  
25 my memory where they were taken to another room. It was



1 the older child that would have been taken to another  
2 room.

3 Q. How -- you were describing to me when we were talking  
4 earlier how they were taken to the room for time out.

5 A. Well, again what would you try to do is you would ask  
6 the child to come, and if the child wasn't coming, then  
7 what would happen is you and the nurse that were working  
8 together would have supported the child by holding the  
9 arm here and at the back of the upper arm.

10 Q. So at the top of the arm and lower arm?

11 A. Yes, but again in an open movement that you were  
12 supporting them physically to come with you. What you  
13 would find 99% of the time is when you moved to do that,  
14 then the child moved without you having to physically  
15 touch them.

16 Q. But on occasions they did have to be physically taken  
17 out?

18 A. Yes.

19 Q. And we have heard complaints from people that that could  
20 be quite physical, that there was a degree of grabbing  
21 and pushing and so forth. Did you witness that at all?

22 A. No, I didn't. If I did, I would have reported it  
23 immediately.

24 Q. Paragraphs 26 and 27, you don't remember the doors ever  
25 being locked.

1 A. Now -- well, I remember there was a door between the  
2 kitchen and what would have been the stairway down to  
3 the ward downstairs and that door became locked. We  
4 had -- when I first went there, that door was always  
5 open and the older children were allowed to go round to  
6 the kitchen to make toast. After several fire alarms  
7 and the Fire Brigade being with us -- because the toast  
8 sometimes went -- well, smoked, and then the smoke  
9 alarms went off, and then we had fire training, and we  
10 were advised then that that door needed to be secured.  
11 Now when I say "locked", the door wasn't physically  
12 locked, but there was some mechanism that went on the  
13 door that, you know, you couldn't get through.

14 Q. Can I just ask about the dormitories? Were there locks  
15 on the dormitories at all?

16 A. I have no recollection of locks on the dormitories.

17 Q. What about glass panels in the doors of the dormitories?

18 A. I can't remember that.

19 Q. You don't --

20 A. I remember there were dormitories downstairs and  
21 I remember there were single rooms upstairs, and one of  
22 the single rooms upstairs had a double glass window for  
23 observation of sick children, and the nursing staff  
24 would have sat in the observation room so that the child  
25 had some privacy, but that they could be observed, and

1 that was where the night staff would have sat.

2 Q. That was just one particular room?

3 A. One room.

4 Q. Just in terms of night staff, you were here when our  
5 witness -- the last witness gave evidence, and one of  
6 the things was about getting up in the middle of the  
7 night and not seeing any staff members there. During --  
8 because of the layout of Lissue, it is possible that  
9 night staff, while obviously on duty, might have been  
10 doing something else when a child got up at night and he  
11 might not have been able to locate them?

12 A. There is a chance of that, and certainly night staff  
13 would have -- some would have stayed downstairs with the  
14 children in the rooms downstairs and some would have  
15 stayed upstairs. I didn't do night duty, but it may  
16 have been.

17 Q. And I think you were telling me that the lights in the  
18 unit would have been dimmed at night --

19 A. Were dim.

20 Q. -- so that, therefore, it wouldn't have been that easy  
21 to locate someone.

22 The other thing I wanted to ask you about, you talk  
23 in paragraph 30 of your statement about a number of  
24 issues that I am going to look at, if we may.

25 The first of these is about smoking. You say that

1           you don't remember children being provided with  
2           cigarettes or being allowed to smoke.

3           "Some children would have been smokers on admission.  
4           We would have asked them to give up their cigarettes."

5           You don't recall nursing staff ever holding  
6           cigarettes for a patient.

7    A.   No.

8    Q.   We have heard from one person that he was effectively  
9           forced to smoke, that he was given three cigarettes  
10           a day and made to smoke.  Would that have been your  
11           experience?

12   A.   No, and certainly the issue about the cigarettes, that  
13           was again the safety officer around fire had asked us to  
14           remove cigarettes, and it would have been possibly the  
15           older children who were smokers, and then what would  
16           have been -- they would have been asked could they  
17           surrender the cigarettes.  They would have been held for  
18           them and given back to them or their parents when they  
19           were going home, but not -- they weren't facilitated to  
20           smoke, and certainly I have no recollection of children  
21           being forced to -- ever witnessed children being forced  
22           to smoke.

23   Q.   We have a statement from another member of staff who  
24           said she recalled a particular child, a girl whose -- it  
25           may not have been during your time, but she remembers

1 that the child's father suggested that allowing the  
2 child a cigarette helped to calm her down and improved  
3 her behaviour. Therefore cigarettes were given to her  
4 as part of the care plan. Do you ever remember that  
5 happening?

6 A. No.

7 Q. You go on to talk in terms of bedwetting. You say:

8 "There was a bell and buzzer system. If the child  
9 wet the bed, he or she would be encouraged to help the  
10 nurse take the bedsheets off and then the nurse would  
11 remake the bed for the child to get back into."

12 You say you understand the policy of children  
13 helping to take the sheets off the bed is still  
14 a practice recommended today.

15 "Charts were used to see whether there were patterns  
16 and some children had enuresis in relation to  
17 psychological issue and some had a physical issue in  
18 respect of it."

19 They were also used, as we have seen, to build up a  
20 pattern -- a sleep pattern of the child.

21 You go on to describe how children -- patients were  
22 not expected to engage in chores. Chores would not have  
23 been given as a punishment. They might have been  
24 expected to keep their room reasonably tidy.

25 Bullying was not condoned. That is something I want

1 to ask about. You say you remember arguments on the  
2 ward, but that would have been managed by staff with the  
3 patients or children.

4 "The nurse would have engaged with the children  
5 involved in the argument to resolve the issue and  
6 re-engage them in cooperative play. Any serious  
7 concerns were discussed through the multi-disciplinary  
8 team meetings."

9 We have heard that children were involved in  
10 altercations and staff just sat down -- sat by, rather,  
11 taking notes and didn't intervene. Is that your  
12 experience?

13 A. No, that's not my experience.

14 Q. If a child was being physical towards another child,  
15 what would staff have done?

16 A. Well, certainly I can speak for myself, and what I would  
17 have done is I would have said in a firm, loud voice,  
18 "Please stop this" and then I would have moved towards  
19 them and encouraged them to stop the fighting. I have  
20 to say in my experience and memory the children then  
21 would have still been saying things to each other, but  
22 they had stopped the physical, and then we would have  
23 went to a quieter room where we could sit down and talk  
24 about what had happened.

25 Q. You go on to talk about you had no awareness of peer

1 sexual abuse being a difficulty on the ward. Now the  
2 Inquiry has seen papers, as I was explaining to you,  
3 that there was certainly an incident in 1983, which  
4 would have been just before you came to Lissue, but you  
5 say you were aware of the need to be vigilant, given  
6 some of the experiences of the children.

7 I take it by that you mean they were coming into  
8 Lissue because they had maybe been sexually abused in  
9 the community or had themselves been engaging in  
10 activities that would have led you to be wary and watch  
11 them. Is that right?

12 A. Yes. We had the training about child sexual abuse and  
13 again there would have been some children who would have  
14 experienced abuse. So, for example, one of the things  
15 that we would have been encouraged to do was about  
16 dignity and respect and privacy for changing for the  
17 children so again that other children weren't in the  
18 environment so that they could be perceived to be  
19 abusive. So again that idea of privacy and dignity,  
20 because some children will take their clothes off and be  
21 happy with that, and then that might not necessarily be  
22 a good thing to do. So it was always about dignity and  
23 respect for the child.

24 Q. Just one thing we have heard about. There was  
25 a children's morning meeting between breakfast and

1 school. What can you remember about those meetings?

2 A. That would have been a collection of the children and  
3 again age group would have been specific. So the  
4 younger children wouldn't have been in that group. That  
5 would have been play for the younger children, but the  
6 7-year-olds upwards would have joined in and that would  
7 have been -- some of it would have been about daily  
8 activities that were going to happen. It may have been  
9 about how they cooperatively got on the evening before,  
10 and also if they had any issues that they wished to  
11 discuss about what was happening for them and for each  
12 other, that they had an opportunity to do that, and that  
13 lasted usually fifteen, twenty minutes.

14 Q. One other thing just about the layout of Lissue. I know  
15 that you drew a small plan for me, which is -- I still  
16 haven't got my head around it, but, for example, we have  
17 seen photographs of the large mansion house, the former  
18 mansion house that it was. It was built on different  
19 levels. Is that correct?

20 A. Yes.

21 Q. So you have talked about being upstairs. We have heard  
22 that the Psychiatric Unit was on the first floor. There  
23 was access to the ground level from that first floor.  
24 Is that right?

25 A. The -- when you came up to the front of the building, it



1 looked like a Victorian two-level house, but when you  
2 went in, the downstairs was where -- sorry -- my  
3 downstairs was where the physically disabled children  
4 were, and there were other offices down there, and then  
5 you would have went upstairs to the main area of Lissue,  
6 as I would have known the ward for child and adolescent  
7 psychiatry. Along that corridor there was a conference  
8 room on one side. There were some offices. Then there  
9 would have been the nurse in charge office, and there  
10 would have been then a communal television -- two  
11 communal television rooms and a communal eating area,  
12 and from that corridor there was a dormitory area with  
13 bathrooms. Then you would have further went up the  
14 stairs to a landing where there were single bedrooms.

15 From the dining area you went out into a court area,  
16 courtyard, and around the courtyard on one side there  
17 was a veranda with pillars. Looking out from the door  
18 from the dining room, there would have been the  
19 therapeutic video conferencing room with a small  
20 observation room. There was a small room that was for  
21 children -- the younger children's play area and play  
22 toys, and then there would have been another room, which  
23 was the billiard room, which was very popular with the  
24 older children. Then there were a range of other  
25 outhouses on this side that were used for storage and

1 other -- other activities, and in the centre then there  
2 would have been the play area, the green area, green  
3 space. So it was an enclosed courtyard. Possibly it  
4 used to be stables in the past.

5 At the front of the building there were a tiered  
6 garden of grass and to the side there was a play area.  
7 Then there was a field and there was an orchard where  
8 there was a pony. So from -- the children loved being  
9 outside with free space and many of the children hadn't  
10 experienced seeing a horse or cows. So that used to be  
11 a great source of entertainment for the children.

12 Q. We were discussing the horse, and the horse in your time  
13 there was a dappled grey one?

14 A. Yes.

15 Q. Was the horse actually owned by Lissue?

16 A. I don't know. Sorry.

17 Q. But certainly there was a horse --

18 A. Yes.

19 Q. -- in the area.

20 Did -- I am going to ask a little bit now about some  
21 of the staff that you worked with. You will appreciate  
22 that we have heard names and the Inquiry has contacted  
23 as many of those as we have been able to do. Some have  
24 provided statements. A lot of them we have not been  
25 able to actually locate, but I am going to use the names

1 so that we know who we are talking about, and I'd just  
2 like if you would to say something about them, because  
3 they are people against whom allegations have maybe been  
4 made.

5 One the last witness spoke about was LS34. You did  
6 work with her.

7 A. I did.

8 Q. Is there -- when we were speaking earlier, you said you  
9 were surprised to hear what was said about her.

10 A. I was very surprised.

11 Q. And that's not how you remember her behaviour.

12 A. No, it is not.

13 Q. And you certainly never witnessed her behaving in the  
14 way described.

15 A. No.

16 Q. And you would have reported that if you had noticed  
17 that?

18 A. Immediately, yes, not only just as a person, but as  
19 a nurse and a registrant my regulatory code, which is  
20 a public safety issue, expects me to identify acts or  
21 omissions, to actually report it to the now known as the  
22 NMC, but it would have then been the UKCC.

23 Q. I am just asking you that, because, LS81, we have heard  
24 allegations made that staff knew what was going on, how  
25 other staff were behaving, and they just turned a blind

1 eye to it.

2 A. I can only speak for myself, but I did not turn a blind  
3 eye to any, and I have to say I have been very  
4 distressed what I have read the reports that were shared  
5 with me, for that's not how I remember Lissue. There  
6 were many children and many families that were helped  
7 and certainly there were a lot of very good activities  
8 that happened in that unit.

9 Q. I know -- I am going to come and ask you a little bit  
10 about the Stinson review, which I know is what you're --  
11 the reports that you are talking about, but if I might  
12 just ask about another couple of members of staff.

13 You do remember an LS87 I think is the ...?

14 A. Yes.

15 Q. I am using names because we need to know who we're  
16 talking about, but just to remind people they are not to  
17 be used outside the chamber. She was a Staff Nurse?

18 A. Yes.

19 Q. When we were talking, you say you occasionally saw her  
20 as being firm with children in that she would have  
21 abided by the letter of whatever the care plan was  
22 without maybe using some discretion. Would she be  
23 a person who you might have been referring to when you  
24 said that they might have gone to time out as a first  
25 resort?

1 A. Yes.

2 Q. Another person you have described is LS6.

3 A. Uh-huh.

4 Q. You describe her as mother -- a motherly lady and being  
5 very caring. You also remember LS7.

6 A. I do.

7 Q. You say that again she would have been motherly,  
8 compassionate, but firm. So again another person who  
9 might have used time out as a first resort?

10 A. Yes.

11 Q. And again if you had seen any of them behaving  
12 inappropriately towards a child, from what you have just  
13 said you would have reported that?

14 A. I would.

15 Q. We -- one of the -- as I was saying, in the police  
16 material one of the members of staff who was spoken to  
17 said that the older staff would have been firmer and  
18 stricter than the younger staff. Would that have been  
19 your experience?

20 A. Yes.

21 Q. And when we were also talking you talked about the  
22 distinction between using your discretion about going to  
23 time out or using a diversionary tactic, which would --  
24 in your case you would have assessed that on the basis  
25 of what risk the child was posing to themselves or to

1 others.

2 A. Yes.

3 Q. I think when we were -- the expression that I used when  
4 talking to you about how a child would have been taken  
5 for time out --

6 A. Uh-huh.

7 Q. -- it was guidance rather than force that was used.

8 A. Absolutely, and that would have come from the training  
9 that I would have been exposed to. You know, it was  
10 definitely that it was meant to be a supportive  
11 activity, not a forced activity.

12 Q. Just coming on to the Stinson review -- and I am not  
13 going to go into the details of it, but obviously you  
14 read that -- you worked in Lissue at a time when that  
15 review was -- sorry. I should say the review was much  
16 later, but it was relating to the period of time you  
17 worked in Lissue. Were you yourself ever approached --

18 A. No.

19 Q. -- about any of the case notes --

20 A. No.

21 Q. -- or case studies? To your knowledge were any other  
22 members of staff asked about anything before the review  
23 was published?

24 A. Not that I'm aware, but certainly I wasn't approached.

25 Q. But certainly some of the scenarios that are given in

1 that report were of a time when you were working there?

2 A. Yes.

3 Q. Is there anything more that you want to say about the  
4 review and the subsequent -- I know the subsequent  
5 review looked back at the 1970s and what happened there,  
6 but Stinson did look at the period of time you were  
7 working there. Is there anything more you want to say  
8 about the Stinson review to the Inquiry?

9 A. Well, as I -- I think I may have said this, but it  
10 really distressed me, because that is not how  
11 I experienced or indeed witnessed in Lissue, and when  
12 I was made aware of the Stin... -- I was surprised that  
13 staff who -- ie I was surprised I hadn't been asked to  
14 give a view.

15 Q. Well, LS81, thank you. I am sure the Panel Members may  
16 have some questions that they want to ask you, but I am  
17 not going to ask you. I will just reiterate the fact  
18 that your statement in its entirety has been read. The  
19 fact that I haven't referred to parts of it does not  
20 mean to say that we haven't had regard to it.

21 A. Okay.

22 Q. So unless there is anything else that you specifically  
23 want to say about anything that I have asked you about  
24 or anything else about Lissue and --

25 A. Well, most of -- well, a big chunk of my career has been

1 about working with children and their families. It  
2 distressed me professionally that children have this  
3 perception and allegations. So it was very important  
4 for me to be here today as a nurse.

5 Q. Well, LS81, we appreciate it. Thank you very much. The  
6 Panel Members may have some questions for you.

7 Questions from THE PANEL

8 CHAIRMAN: LS81, can I ask you a little bit more about,  
9 first of all, time out and then holding? How long in  
10 your experience would a time out period last? You know,  
11 are we talking about five minutes or could it have  
12 extended in some cases for as long as many hours or even  
13 a day?

14 A. Not a day. In my -- in my experience of applying time  
15 out if I was working with someone who was 13, at the  
16 most it would be fifteen minutes that they would have  
17 had, and the reason the extension from thirteen minutes  
18 to fifteen minutes would have happened, it would have  
19 been maybe the time that it took me to support the young  
20 person to go to the room that we were going to be in,  
21 but it would have been no longer than the prescribed  
22 time, but what might have happened, if you believed that  
23 the situation was calm and the child was calm and you  
24 returned the child to the social environment, it may  
25 have been that there was something in the social



1 environment and what might happen is the child might  
2 begin to behave challengingly again. You might have  
3 asked them to be calm and it might be that you take them  
4 to the room for a few minutes for calm, but it wouldn't  
5 have been that you were establishing time out, but  
6 I would understand that a child might think that you are  
7 taking them back into time out.

8 Now that may have taken five, maybe ten,  
9 more minutes just to say an explanation and then to see  
10 if they could put in words what was it about the social  
11 environment that you took them back to that started the  
12 process off again of being angry, but it wouldn't have  
13 been another time out.

14 Q. You used the expression "prescribed period". Was there  
15 a prescribed period of fifteen minutes as the maximum or  
16 ...?

17 A. No, no, no. The prescription was one minute per age or  
18 year. So if I was 2, it would be two minutes. If I was  
19 5, it was five minutes. If I was 10, it was  
20 ten minutes. If I was 13, it was thirteen minutes.

21 Q. I see.

22 A. And the idea was that you had a little bit of time but  
23 not too much time just to calm down. "De-escalate" is  
24 the term that would have been used in the training.

25 Q. And then there may have been in the eyes of the child

1 added on to that a few more minutes if you had --

2 A. An explanation.

3 Q. -- if you are talking through with them what had led to  
4 this situation?

5 A. Yes. One memory I have of one child who got very upset,  
6 another boy who he was very friendly with had started  
7 talking excitedly about what he had done at the weekend  
8 and it was in reference to a Northern Ireland  
9 celebration, and he got very distressed, because he  
10 hadn't known that the child was from a different  
11 religious background, and they became very distressed  
12 with one another and were verbally saying things to each  
13 other, and it was escalated very quickly, and I took one  
14 child to the side to talk to them about that and he got  
15 very upset about that he now has no friend and we talked  
16 culturally about what was going on.

17 Q. I see.

18 A. So there would have been occasions that that would have  
19 happened, but that wasn't a time out. That was more  
20 where you were actually intervening and supporting the  
21 child to put into words what was happening rather than  
22 getting into physically fighting with one another.

23 Q. Yes. Then if I could turn to the question of holding,  
24 now again you demonstrated, and if I could turn it into  
25 words as best I can what I think you were seeking to

1 convey, but please correct me if it is not the right way  
2 of describing it, you are essentially, are you, saying  
3 that the member of staff would put their open hand to  
4 cup the back of the upper forearm (gesturing)?

5 A. Yes.

6 Q. Now sometimes one does that to direct someone in  
7 a particular way to another part of the room, but, of  
8 course, it can be done over a spectrum of amounts of  
9 effort that are used. At the very top you grip somebody  
10 by the arm and you propel them. Other times you might  
11 just give them a gentle push in a particular direction.  
12 Where in that sort of spectrum would be the motion that  
13 you are describing?

14 A. It would have been the gentle push.

15 Q. So you didn't actually grip the person?

16 A. No, no.

17 Q. Cup the hand and fingers?

18 A. It was the cupping and the opening, yes.

19 Q. I see. You were in Lissue for I think about two years  
20 altogether. Isn't that right?

21 A. Yes.

22 Q. 1984 to 1986. If someone were to use the expression  
23 about the place during your time as being "harsh", how  
24 would you regard that characterisation of it?

25 A. I would find that very difficult to believe. That's not

1           how I experienced Lissue when I was there.

2    Q.   Now, of course, we appreciate that all of this is  
3           happening in an environment where many of the children  
4           in the Psychiatric Unit were very difficult to deal  
5           with.  Isn't that so?

6    A.   There were --

7    Q.   You described it as challenging.

8    A.   It was challenging.  The challenge was you had young  
9           people who were coming from families that were  
10           experiencing very severe difficulties and possibly the  
11           breakdown of family relationships and then needing to go  
12           into care, which is extremely distressing for the child  
13           and the family.  You would have been working with  
14           children who were coming from care homes, who were  
15           finding the circumstances they were in very, very  
16           difficult.  You would have been working with children  
17           who came from broken down foster care homes.  You then  
18           would have been working with children from -- some  
19           children from deprived areas and then some children from  
20           highly professional parents but quite naive about some  
21           of the behaviours that were happening at home.  So there  
22           was quite a mix, plus you had children from both sides  
23           of the community and you had children from all over  
24           Northern Ireland.

25   Q.   It functioned as a regional centre at that time.  Isn't

1           that so?

2    A.   Yes, yes.

3    Q.   I think we have seen at least one reference in the  
4           documents -- I can't remember if it was Dr Nelson --  
5           perhaps saying the child was there primarily for  
6           educational reasons.  Were all of the children obviously  
7           suffering from what you would in your experience have  
8           identified as some form of psychiatric condition or were  
9           some of them perhaps simply there because nowhere else  
10          could cope with them?

11   A.   There certainly was one or two children that were with  
12          us because there were no other environments that were  
13          finding it easy to work with them.  They were with us  
14          for a period of time to assess and to see if there's any  
15          of the models of work that happened there that could --  
16          what we talked about from the behavioural point of view  
17          was habit reversal.  So if you had developed  
18          a particular behaviour that others found socially very  
19          difficult to manage, what we tried to do is have  
20          an education programme of social reconditioning and  
21          changing behaviours so that the child could find -- they  
22          could be reintroduced to the social environment or the  
23          school environment.

24                 For example, some children who were excluded from  
25                 school, and at that time in Northern Ireland there

1 weren't a great range of areas to support the child to  
2 go back to the school, they may have come to Lissue, and  
3 then indeed they would have been going into the  
4 classroom part of Lissue to see if they could be  
5 supported, and it might have been that their educational  
6 needs needed to be assessed. So again back into the  
7 educational environment with a prescription of how to  
8 meet that child's needs, because again a child who is  
9 having problems with learning might demonstrate their  
10 difficulties with behaviour.

11 Q. Yes.

12 A. So there was a wide range.

13 Q. I am sure many of the boundaries between one category  
14 and another might have been pretty fuzzy at times.

15 A. Yes.

16 Q. The last question I have for you at the moment is we  
17 gather that over its life the Psychiatric Unit had  
18 a very large number of children pass through its doors.  
19 Would that be your experience?

20 A. Certainly.

21 Q. Children there for perhaps only a matter of two or three  
22 weeks at a time?

23 A. Some children were there for short periods of time.  
24 Some children would have been there for longer.

25 Q. Yes.

1 A. Subsequently later in my career I was working in the  
2 community side of child psychiatry with Dr Noel McCune  
3 and the Southern Board, and I would have had on  
4 occasions times where we needed to support families to  
5 go to Lis... -- it would have been then Forster Green  
6 for assessment and treatment, but supported by ourselves  
7 in the community on their return.

8 Q. Yes. Thank you very much.

9 MS DOHERTY: Thanks very much. Can I just go back to the  
10 issue of holding and restraint? I understand how you  
11 are describing holding, but if you attempted to hold  
12 a child and to support them to the room and they are  
13 kicking out and physical response to that was such that  
14 you needed to restrain them, what would happen in those  
15 situations?

16 A. I have to say any time I actually used the activity  
17 I didn't actually have a child that was kicking out with  
18 me. Now that may have been because the training I went  
19 to would have asked me to stay a little distance away,  
20 to lower my height so that I was in visual contact with  
21 the child when I gave the instruction. The instruction  
22 needed to be clear and with language that the age group  
23 of the child could understand it. So I would have been  
24 very particular about the way I would have approached  
25 the child, and then I would have spoke very softly to

1 the child. I have to say that, you know, I didn't have  
2 a child kicking out.

3 Q. And you didn't observe ever a child kicking out?

4 A. Oh, yes, I did.

5 Q. And what would happen in those circumstances?

6 A. Again what the member of staff would have done is  
7 actually, you know, got down in height, try to have the  
8 eye contact, and then they might have actually supported  
9 the child to be there, but I didn't see the gripping or,  
10 you know, the shoving.

11 Q. And you never observed children bodily being removed  
12 from a room to be put into another room --

13 A. I haven't, no.

14 Q. -- at any time?

15 A. Not during the time I was there, no.

16 Q. Can I ask was there --

17 A. Now I am not saying it didn't happen, but while I was on  
18 shift and while I was there I didn't see that.

19 Q. Can I ask -- I mean, the children observed a difference  
20 between older members of staff and the more experienced  
21 members of staff and younger staff. Would you have  
22 noticed that difference as well in terms of approach to  
23 children?

24 A. Yes. I've said that earlier, that yes, the older and  
25 senior staff had a more firm approach. I would have



1           been considered then one of the younger staff and we  
2           were being taken through some training programmes. Now  
3           the senior staff would have also been expected to go  
4           through those training programmes. So again what you  
5           would have found is the professional discussion would  
6           have happened and then a discussion with the medical  
7           team to readjust how -- so that consistency would come.

8    Q.   But was there a tension between -- I mean, you give  
9           a good example of where you actually refer to your  
10          senior managers that you feel that time out, you know,  
11          there wasn't being the proper use of it. Were there  
12          tensions between nursing staff in terms of the approach  
13          to take with children?

14   A.   There wouldn't have been tensions, because it would have  
15          been understood that, you know, again going back to my  
16          registration, the expectation is that you do have that  
17          conversation that challenges behaviours and actions  
18          and/or omissions that other staff that you are working  
19          with would or might engage in. So even to this day as  
20          a nurse, you know, I wouldn't see a conversation looking  
21          at the application of a particular practice as tension.  
22          It would be, "Let's review this in a professional  
23          discussion to see if it needs to be modified so that it  
24          is in keeping with the standards of practice that's  
25          expected".

1 Q. But on that occasion you referred it to a senior manager

2 --

3 A. Oh, I did.

4 Q. -- rather than talk to the person directly?

5 A. No. I talked to the person directly and then asked for  
6 the two of us to speak it over -- to talk it over with  
7 Roger and we did. Then that particular case we did talk  
8 it over with Roger McAuley, and then we would have  
9 looked at how we modified that in a care plan for the  
10 child --

11 Q. Okay.

12 A. -- and then it would have changed.

13 Q. Can I ask you just some practical things? In the  
14 upstairs was there a small kitchen upstairs we have  
15 heard? There has been differing views about whether  
16 there was a small kitchen beside the office or the  
17 sleeping in room upstairs.

18 A. No, there was no kitchen.

19 Q. No kitchen upstairs.

20 A. There was a clinical room upstairs and that would have  
21 been where medication -- and there would have been  
22 a fridge in that room, but that was for the clinical  
23 medical --

24 Q. So there was a fridge in that room, but no cooking  
25 facilities?

1 A. No cooking.

2 Q. Okay. In relation to the staff:child ratio did you  
3 think that that was adequate?

4 A. At the time that I was there, yes.

5 Q. Do you remember a staff member by the name of LS35?

6 A. No.

7 Q. In relation to LS7, would you have been regularly on  
8 duty with her?

9 A. I would have been on occasions, yes, but not necessarily  
10 regularly, but certainly during the week I would have  
11 been on at least maybe three out of five. So, yes, you  
12 could say regularly. Regular enough.

13 Q. So you would have been regularly -- there would have  
14 been regular contact. In terms of supervision you  
15 talked about supervision and being observed, but were  
16 there formal supervision sessions that you --

17 A. Yes.

18 Q. Who were those with?

19 A. That would have been with LS21, and/or if I was working  
20 closely with Roger McAuley and/or Billy Nelson, they  
21 would have offered supervision, but from a nursing point  
22 of view I would have had my nursing supervision with  
23 LS21.

24 Q. With Dr McAuley would that have been about particular  
25 cases --

1 A. Yes.

2 Q. -- and the management of particular cases?

3 A. Yes.

4 Q. You say no physical chastisement at all.

5 A. No, no.

6 Q. That was wasn't part of the policy or procedure --

7 A. No.

8 Q. -- and you never saw that happening?

9 A. No.

10 Q. Was force feeding used for children?

11 A. For someone who came into the unit with a diagnosis of  
12 anorexia nervosa, and often the child that would have  
13 come to us would have been extremely ill, and they would  
14 have been very dehydrated. Then may have experienced  
15 muscle wastage. So you could have described that  
16 individual as requiring medical intervention, and on  
17 occasions a nasogastric tube would have been -- but that  
18 would have been part of the rehydration and the need.

19 Q. Sure. It would have been part of the medical treatment  
20 was the addition --

21 A. Yes, because they were very ill and very deteriorated.

22 Q. Yes, but any notion of children being forced to eat just  
23 because they weren't wanting to eat particular food or  
24 food being kept for them to eat the next day or ...?

25 A. What would have happened is there was a feeding

1 programme. What would have happened is the dietician  
2 would have prescribed what they believed needed to  
3 happen for the nutrition of the child to improve the  
4 nutrition on the physical bloods and the tests that were  
5 done. So when the child was past the stage of  
6 a nasogastric tube and they were voluntarily taking some  
7 food, there was still a huge reluctance to take food.  
8 So what would have happened is whatever the dietician  
9 had asked to happen for the child, you would have then  
10 taken that to them, and then you would have sat with  
11 them, supporting them to eat that food, but you wouldn't  
12 have actually lifted the spoon or the fork and put food  
13 into their mouth. I certainly didn't.

14 Q. In relation -- in relation to children that weren't  
15 suffering from anorexia, just children generally, the  
16 notion of being required to finish food or to eat  
17 particular food or to clear a plate of food ...?

18 A. What would have been -- what would have happened at meal  
19 times is that what was considered reasonably nutritious  
20 would have been provided by the establishment, and there  
21 would have been round about three-quarters of an hour  
22 that was given over to that meal time, but that would  
23 have been kind of because that's part of the routine  
24 within the hospital ward. That would have been served  
25 to the children. There was usually a small amount of

1 choice, and the child then would have taken that to the  
2 table and they would have been encouraged to take that.

3 Now what you would have found is some children had  
4 a very poor experience prior to coming into hospital and  
5 may have only eaten chicken nuggets or only eaten sweet  
6 and hadn't had a range of food options provided to them  
7 for whatever reason. So often what would have happened  
8 is those particular individuals then would have been  
9 encouraged to sample different pieces of food with the  
10 idea of beginning to think about the palate and  
11 nutrition, but there wouldn't have been an expectation  
12 that they cleaned the plate.

13 Q. And if they refused to try it at all?

14 A. Well, again you would have tried your best to encourage  
15 and persuade, and often that was quite a challenge and  
16 maybe the food would have been thrown at you. Certainly  
17 on one occasion one little boy thought it was great fun  
18 to give me a bottle of tomato sauce that he had already  
19 shaken open and said he couldn't open it, and I did and  
20 I got tomato sauce from head to toe, but you wouldn't  
21 have kept food off them and you wouldn't have sat and  
22 fed.

23 Q. Fed them?

24 A. No.

25 Q. Or you wouldn't have forced them to clear their ...?

1 A. No.

2 Q. You didn't see that happening?

3 A. No.

4 Q. Some of the other things we have heard about children  
5 being sent to their rooms and being put into pyjamas as  
6 a form of punishment or having all their clothes taken  
7 off them and being put into their room.

8 A. A child who absconded from the unit might be asked to  
9 take their clothes off and put pyjamas on, but more to  
10 act as a deterrent to running away again, but again that  
11 wouldn't have been -- that was very rare, very rare, and  
12 again it might have been with a child who was engaging  
13 in behaviours that would have been described as very  
14 risky to themselves.

15 Q. Okay, and children's clothes being taken off them  
16 completely?

17 A. No.

18 Q. Okay.

19 A. That would not be an acceptable way of behaving with  
20 children.

21 Q. Okay. Thanks very much.

22 MR LANE: You mentioned that any medication would have been  
23 prescribed by one of the psychiatrists --

24 A. Yes.

25 Q. -- rather than nurses.

1 A. Yes.

2 Q. Would that ever have been a sort of what you might call  
3 an open prescription, that it was known that in the  
4 event of certain things happening the nurses could use  
5 medication rather than it being prescribed for specific  
6 incidents?

7 A. My memory is that it was prescribed, you know, for  
8 particular times of the day, not for free use for me to  
9 interpret as a nurse.

10 Q. So how do we explain the evidence of people who said  
11 they had injections to -- you know, to quieten them  
12 down? What would have happened in those instances?

13 A. I can only speculate, but from a factual point of view  
14 what would have happened, from a factual point of view  
15 if something was happening that required medication that  
16 was not on prescription, the first port of call was you  
17 needed to communicate with the doctor, and then and only  
18 then would you have taken the prescription, but there  
19 would have needed to be that discussion with the doctor.

20 Q. So would the doctor have been on site or would somebody  
21 have rung the doctor?

22 A. There were doctors on site.

23 Q. All the time?

24 A. Yes. Registrars -- well, no, not at night-time, but you  
25 had the HSOs and the senior registrars on duty.



1 Q. So one of those would have been consulted and would have  
2 prescribed it --

3 A. If --

4 Q. -- if that was required?

5 A. Yes, but that would have been a known practice. I am  
6 not saying that happened during -- you know, I have not  
7 needed to do that during that time I was there.

8 Q. Right.

9 A. So I just know that as a nurse there was no way you  
10 would have given any medication without it being on the  
11 cardex and being prescribed and there would have been  
12 the time of the day that that would have been prescribed  
13 for. You wouldn't have just had the freedom to make  
14 a decision to apply a particular medication.

15 Q. As I understand it, during much of the time there were  
16 at least two psychiatrists working with the ward --

17 A. Yes.

18 Q. -- and they had different sort of theoretical emphases.  
19 Now I can understand how in relation to an individual  
20 one might apply one particular approach, because that  
21 was what was needed for that particular child, but did  
22 this affect the way -- the running of the unit, that  
23 some people were more behaviourist and some people more,  
24 you know, therapeutic or whatever? Did it make -- do  
25 you see what I mean, affecting the group as a whole?

1 Did that create any problems?

2 A. What you would have found is that if the nurse had  
3 a preferred style, they may have been orientated more  
4 toward a particular approach than the other, but  
5 certainly with the children, the children may have  
6 noticed that there was a difference. Not that that came  
7 up in conversation, but -- and it wouldn't have been  
8 that you would have been making the difference. You  
9 would have been following the care plan as prescribed.

10 Q. Right. Okay. Thank you. The RMN training that you  
11 mentioned, did that include training concerning child  
12 and adolescent psychiatry?

13 A. It had elements of where you would look at all age  
14 groups. Now -- so, for example, they would have focused  
15 on interpersonal relationships and interpersonal  
16 dynamics.

17 Q. Uh-huh.

18 A. They would have looked at the activities of living,  
19 which again would have been scoping the age group. At  
20 that time it was deemed that registration was actually  
21 all-encompassing for age. Subsequently people learned  
22 that there were other parts that were important to  
23 include --

24 Q. But there wasn't --

25 A. -- at that time.

1 Q. -- there wouldn't have been a sort of compulsory  
2 section of the RMN where you look just at the child and  
3 adolescent bit?

4 A. One module where you would have looked at some of that,  
5 yes.

6 Q. There would have been?

7 A. Yes.

8 Q. Oh, right. Okay.

9 A. So in your training you may have had a placement in the  
10 Child Psychiatric Unit.

11 Q. Uh-huh. Right, and the course that you spoke of being  
12 devised --

13 A. Yes.

14 Q. -- the specialist one --

15 A. Yes.

16 Q. -- how long was that and what did that cover?

17 A. It was over -- it was just over the twelve months. It  
18 was fourteen months to complete, and that would have  
19 been the child care and the law, and it would have  
20 looked at care and it would have looked at conditions in  
21 relation to the ICD-10 at that time, which was the  
22 diagnostic manual that the medical staff would have  
23 used. So very much looking greater at the psychological  
24 and indeed the medical presentation of the child.

25 Q. And that was full time, was it, or was it day release?

1 A. It would have been again day release. You would have  
2 actually gone out on placement.

3 Q. Right. Last question is that we have heard about  
4 children getting up on the roof.

5 A. Yes.

6 Q. What action was taken to stop that happening?

7 A. Well, what staff would have done is you would have tried  
8 to have all of the children involved in activities so  
9 that that wouldn't have been a choice that they would  
10 have made. If it was known to you that a child would  
11 have chosen that kind of behaviour from home or another  
12 environment, then you would have been more conscious  
13 that you would have been trying to have that child  
14 engaged in activities that were away from areas. So,  
15 for example, the field that I was talking about, you  
16 might more likely take children there who were likely to  
17 climb on to roofs, but often it was a very spontaneous,  
18 immediate behaviour and often happened within seconds of  
19 you standing right beside them and they were scaling and  
20 up on the roof, and the roof I am talking about, because  
21 it was the courtyard --

22 Q. Uh-huh.

23 A. -- it was one level up. So it was quite easy for  
24 an agile child who decided he wanted to -- primarily  
25 male -- would have got up and it literally happened

1 within seconds that they would have been up on the roof.

2 Q. Okay. Thank you very much.

3 A. Thank you.

4 CHAIRMAN: Well, LS81, that's the last question we have for  
5 you. Thank you very much for coming, particularly since  
6 there are a lot of very detailed things we have not felt  
7 it necessary to ask you about, but which you very  
8 helpfully set out in your statement about structures and  
9 matters of that sort. We can see that there have been  
10 aspects of what you have had to say that you found  
11 difficult, but thank you very much for coming to us,  
12 particularly I think at relatively short notice.

13 A. Thank you.

14 Q. Thank you.

15 (Witness withdrew)

16 MS SMITH: That concludes today's evidence, Chairman.

17 CHAIRMAN: Yes. Monday.

18 (4.00 pm)

19 (Inquiry adjourned until 10 o'clock

20 on Monday, 11th April 2016)

21 --ooOoo--

22

23

24

25

I N D E X

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

WITNESS HIA38 (called) .....2  
    Questions from COUNSEL TO THE INQUIRY .....2  
    Questions from THE PANEL .....40  
  
WITNESS HIA119 (called) .....45  
    Questions from COUNSEL TO THE INQUIRY .....46  
    Questions from THE PANEL .....68  
  
WITNESS LS81 (called) .....72  
    Questions from COUNSEL TO THE INQUIRY .....72  
    Questions from THE PANEL .....104