
HISTORICAL INSTITUTIONAL ABUSE INQUIRY

being heard before:

SIR ANTHONY HART (Chairman)

MR DAVID LANE

MS GERALDINE DOHERTY

held at

Banbridge Court House

Banbridge

on Monday, 11th April 2016

commencing at 10.00 am

(Day 199)

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

1 Monday, 11th April 2016

2 (10.00 am)

3 (Proceedings delayed)

4 (11.30 am)

5 WITNESS HIA3 (called)

6 CHAIRMAN: Good morning, ladies and gentlemen. Can I remind
7 everyone to ensure that if they have a mobile phone,
8 that it is turned off or placed on "Silent"/"Vibrate".
9 I must also remind you that no photography is permitted
10 in here or in the premises generally.

11 Yes, Ms Smith.

12 MS SMITH: Good morning, Chairman, Panel Members, ladies and
13 gentlemen. Our first witness today is HIA3. He is
14 "HIA3". HIA3 wishes to affirm and he also wishes to
15 maintain his anonymity.

16 WITNESS HIA 3 (affirmed)

17 CHAIRMAN: Thank you, HIA3. Please sit down.

18 Questions from COUNSEL TO THE INQUIRY

19 MS SMITH: HIA3's statement is LIS042 to 47.

20 The Health & Social Care Board response is at LIS720
21 to 767.

22 Social Services' material can be found at 20001
23 through to 20163 and then 21286 to 21501.

24 There is also police material at 31290 to 31325.

25 Now, HIA3, you will see on the screen in front of

1 you there is your witness statement. I would just ask
2 you to confirm that this is the statement that you gave
3 to the Inquiry, that you signed that on 6th February of
4 this year, and it's the evidence that you want the
5 Inquiry to consider together with anything else that you
6 tell us this morning?

7 A. Yes.

8 Q. Thank you. Now, HIA3, you are now 41 years of age and
9 your personal details are set out here in paragraphs 1
10 and 2. You were sent to Lissue after suffering
11 a nervous breakdown when you were age 13. We know that
12 you were there for three and a half months from 1987 to
13 1988 and, in fact, the records show that you were
14 admitted on 2nd November '87 and you were there until
15 19th February '88 or at least that's when you were
16 discharged. You might have been home a little bit
17 before that. You were referred by Craigavon Area
18 Hospital. We know that you got home at weekends and the
19 periods at home increased until you were ultimately
20 discharged.

21 At paragraph 3 here you then go on to describe your
22 time in Lissue and you say that:

23 "A few of the nurses behaved in a way which was
24 unprofessional. I was mentally and physically abused in
25 Lissue. The staff grabbed and pushed me to get me to do

1 what they wanted. They grabbed my shoulders and the
2 back of my neck. They were physically rough with us.
3 One of the nurses in particular was a bully. He was
4 called ...",

5 and we have had a discussion about this, HIA3. You
6 gave two names, and as you were discussing with myself
7 a short while ago, you are not very good on names, and
8 you may not have got those names right, and when I was
9 talking to you about the man that you named as the
10 schoolteacher, I then gave you another name. I am going
11 to use the name now, but you are person you describing
12 here -- and you describe him as being in his 30s, thin,
13 cocky and with blond hair -- he was a man called LS44
14 . Is that correct?

15 A. Well, as you say, going back to the dates of being in
16 this institution, Lissue House, on the Ballinderry Road
17 in Lisburn, I thought that was -- I was admitted by
18 Christmas and I was admitted by -- I was let home for
19 Christmas, but I was officially admitted by February.
20 It is the same situation with -- I knew there was
21 a LS44 guy, but the LS44 guy was not the teacher.
22 He was LS1, and the LS44 guy was the guy -- the male
23 nurse that was abusing -- that did these -- these ...

24 Q. The things that you are complaining about in this
25 paragraph?

1 A. Uh-huh.

2 Q. As I say, you've described him here. You say that he
3 punched and shook you any time he saw you.

4 A. Yes.

5 Q. "He made fun of us and our problems and said things to
6 me like, 'Is your head still on your shoulders?'"

7 A. Uh-huh.

8 Q. Now just to explain that a little bit, you had gone in
9 because you thought that you were having a brain
10 haemorrhage. Isn't that right?

11 A. That's correct, yes.

12 Q. And that was --

13 A. This was -- he was belittling me in this way by saying
14 this, putting his hand on his head, "Watch your head
15 doesn't fall off your shoulders", and basically he
16 wasn't doing his professional job that he was appointed
17 by or trained as and was belittling me in a way, and
18 wasn't a very confident -- it wasn't very appropriate
19 for a man in this position to do by punching me, by
20 pushing me against the wall numerous times that -- when
21 I was in this institution, you know. I can picture him
22 in my mind, a tallish, thinnish, blond hair, and I knew
23 it was LS44 . This is going back to 1987, like,
24 thirty-odd years ago.

25 Q. Yes.

1 A. If I asked somebody in this room for their name, maybe
2 half an hour later I would be asking them the same
3 question, because I've a head on me like a sieve, but
4 LS44 stuck in my mind, and that's why I got it muddled
5 up with LS1 --

6 Q. The teacher's name?

7 A. -- the teacher's name, you know, and ...

8 Q. Well, as I say, now that we understand who you are
9 talking about, the Inquiry will take steps to try to
10 locate him and let him know what it is that you say
11 about him, HIA3.

12 A. Yes.

13 Q. You say that he always made sure no other member of
14 staff was watching. You saw him pushing and making fun
15 of another resident, whose name you give here. I will
16 just use his first name. That is LS41.

17 A. That's right.

18 Q. You knew LS41 from where -- you say he was from

19 .

20 "He walked around shouting out of the blue."

21 You think now as an adult he might have had
22 Tourette's Syndrome. You say:

23 "The staff, particularly this man, mimicked him.

24 They tortured him and made little of his problem."

25 You witnessed staff being physically abusive to him

1 and on one occasion banging him against a wall. It
2 really annoyed you and made you feel more depressed.
3 While you certainly didn't experience any sexual abuse,
4 the staff would make suggestive sexual comments to you.

5 I asked you a little bit more about that and you say
6 they asked you questions such as whether you masturbated
7 or not. You found that uncomfortable to be asked that
8 as a 13-year-old.

9 A. Well, as a 13-year-old and in a place to get better and
10 to -- it was very downgrading and very confusing. "Why
11 are these people in professional nursing or care workers
12 asking me this question? What's this got to do with my
13 recovery of alcoholism" -- sorry -- "of getting better?"
14 Sorry.

15 Q. You go on then in paragraph 4, HIA3, to talk about
16 a nurse. I am going to just use her first name. That's
17 LS34. You say that she was friends, and when we were
18 talking earlier -- I will use the name LS44 --

19 A. Yes.

20 Q. -- for this other staff member -- you say they were
21 always together.

22 A. Uh-huh.

23 Q. That's what you remember. You say she was nice, but at
24 times she was sharp in how she spoke to you. You also
25 remember a Canadian woman working there and a girl,

1 whose surname you give, who were nurses on night duty.
2 You say they were both nice. You can't remember the
3 names of any other members of staff in Lissue.

4 You go on then -- sorry. I should just say that the
5 records -- and we looked at these earlier -- show that
6 it wasn't just the night staff who were trying to help
7 you, but there were other staff during the day time who
8 were trying to help you with your anxieties, such as
9 helping you with relaxation techniques.

10 We looked at a couple of those at 20119 to 20120.
11 That's 20119. If we just look down at the bottom, this
12 first entry here was about at night-time whenever you
13 were upset and they managed to get you up, telling you
14 not to worry about not getting to sleep and giving you
15 a comic or letting you read your comic and you
16 eventually fell asleep.

17 But then this is on 3rd November and this is just
18 after you went in. This is straight after you went.
19 You went to school that morning after attending the
20 group meeting.

21 "A telephone call was received from LS1", who was
22 the teacher, "stating that HIA3 was complaining of a
23 headache and had become tearful. At break-time he was
24 observed to be having an anxiety or panic attack.

25 Relaxation was carried out, deep breathing and talking

1 through his worries, fears and innermost thoughts.
2 Stated he felt he was going mad. Reassured ++. Given
3 drink of milk. Said throat felt very dry. Out of
4 school for remainder of morning. Chatting more freely
5 after school. Participated in group debate, which he
6 enjoyed" -- sorry -- "group relaxation, which he
7 enjoyed. Later group had a debate. Was able to address
8 the chairperson, although under some stress, able to
9 control his voice and coped well. Praised and looking
10 a little more cheerful at teatime."

11 You will see that's signed by the Staff Nurse LS34.

12 A. Yes.

13 Q. There's another incident where you were brought from the
14 school. I think it might be this next one. You felt
15 homesick and wanted to go home. So the staff -- the
16 reason I am just showing you those documents, HIA3, is
17 to say it wasn't the only the night staff who were
18 trying to help, that there were other staff during the
19 day time who were trying to be of help to you. Would
20 you accept that?

21 A. Well, I got better. I stopped thinking I was taking
22 a brain haemorrhage, but these incidents happened during
23 the day with day staff and with this guy LS44 and
24 belittling me and punching me repeatedly, numerous
25 times, and making fun of my problem when I was there,

1 and it had an awful effect on me on my -- when I left
2 this institution. Yes, I was free from thinking I was
3 taking a brain haemorrhage. I was cured from that, but
4 still there was a lot of fear in my life, not --
5 I couldn't trust anybody with authority and -- because
6 these people was caring for me in this institution and
7 they weren't doing their job right, these specific
8 people, and that teacher LS1, he was -- he was --

9 Q. I will come back to him in a minute, if I may. If
10 we can go back to your statement first of all, HIA3, at
11 043, just before we move on to talk about the teacher if
12 we could just look at paragraph 5, where you say that in
13 November '87 there a man, who you name there,
14 , he
15 was captured and that was shown on the news. LS44 made
16 fun of you saying, "That boy is not far away from you.
17 He will be after you next". The other nurses laughed.
18 They were trying to scare you and you felt vulnerable.
19 You say you were in Lissue to get better, not to be
20 scared. The taunting went on and left you distressed.

21 "The people looking after me were not the
22 professional people they were supposed to be."

23 A. No. It came up in the television that time, LS43,
24 "LS43", and he lived
25 and he was captured in 1987,

1 October/November. That came on the television that
2 time, and that guy LS44 was standing in the sitting
3 room and looked over at me. "He's not -- he's from your
4 part of the country. Jesus! He'll be after you next.
5 What are you going to do? Watch your head doesn't fall
6 off your shoulders or take a brain haemorrhage", you
7 know, and belittle me in this way, you know, and just
8 scaremongering tactics and playing mind games with you.
9 I was in an institution here to try to get better, not
10 to be scaremongered by staff that was trained to look
11 after you till -- in a mental institution till get
12 better, you know.

13 This had an awful effect on me after even thinking
14 I had and went home from this institution. It still
15 made me feel who could I trust? Who could I speak to
16 till -- in authority? Like my father was
17 a schoolteacher too, and I'd more love for my mother
18 than my father, you know, and people with authority made
19 me feel I don't trust them anymore, because these people
20 was playing mind games with me, was abusing me
21 physically and mentally, and I was there to get better,
22 not to push me over the edge even more.

23 Q. Well, HIA3, just one of the things, as I was explaining
24 to you, is that we get a response statement from those
25 people who are -- the people who are speaking for those

1 who ran Lissue. Looking at the records, they referred
2 us to a page reference which you and I looked at
3 earlier. It is 20144. This is just about -- it is from
4 3rd December. I will just read it out. I don't think
5 we need to call it up. Well, it is there anyway:

6 "HIA3 unable to share a joke with his peers and
7 staff. He likes to sit and have a laugh at other peers
8 but doesn't like the joke to be on him. Tonight staff
9 teasing him and he was unable to take it. Ran out of
10 the room and began to cry. When spoken to firmly he
11 settled quickly. Parents and rest of family attended
12 for family therapy."

13 It is signed by a different Staff Nurse there. Now
14 we were talking about this, HIA3, and you made the point
15 to me that this -- as I put it, this was not just
16 ordinary banter. It was this kind of taunting and it
17 wasn't the kind of joking and sharing a joke that you
18 would have with other people. Is that right?

19 A. That's correct, and like they belittled me in a way and
20 teased me of my problem of being there in the first
21 place, and this was all -- there was a certain amount of
22 sectarianism in it too, you know, and I just -- I just
23 felt very uncomfortable and I couldn't trust these
24 people a certain amount. They weren't all like this
25 now, but the people that I have mentioned -- the person

1 that I have mentioned and plus this schoolteacher, LS1,
2 you know.

3 Q. Yes. I am just going to come on to him now, if we can
4 look at 044. You say at paragraph 7 that:

5 "We went to school in a Portakabin and the teacher
6 was a man who I think was called ..."

7 We know that name that's given there is wrong, but
8 we can correct that.

9 "He would have been in his late 20s and I felt he
10 was very effeminate. He would ask us suggestive
11 questions."

12 You say:

13 "He was a bully. If you didn't learn or answer any
14 questions, he would threaten to make you stay behind
15 after class or put you in detention or prevent you from
16 getting home at the weekend."

17 I was saying to you that you did get home at the
18 weekend, but it wasn't a case of him stopping you
19 getting home at the weekend, but threatening to do that.
20 Isn't that right?

21 A. Yes. Scaremongering tactic again. Not very competent
22 person, as I say. He spoke with a feminine voice and
23 very -- he seemed a gay. I am not gay myself, thank
24 God, and -- but he came across this sort of thing and
25 would -- wee elements of suggestions of sexuality

1 throughout in the class, you know, and it made me feel
2 very uncomfortable, and yet again who can I trust?
3 These people in authority, a schoolteacher, a nurse, a
4 nurse that's trying to look after you, and you're
5 putting your life and your trust in them and they're not
6 doing their job.

7 In all my life, all my whole 20s, when I got out of
8 this place, and early teens I was let go to the
9 for the first time at 16. That's when
10 I was introduced to alcohol. That's how I coped with
11 all through my 20s by blocking out this situation and
12 trying to cope with life and used it as a crutch.

13 Q. HIA3, if I might just go back to the schooling, because
14 we have seen the school records. I am not going to call
15 them up, but just so the Panel know they can see them at
16 20102 to 20109. Those records show that certainly by
17 20th November, after you had been in about two weeks or
18 so, when you first went in, your behaviour in the school
19 wasn't very good, but after that it had improved, so
20 much so that you won the school cup for three weeks in
21 a row. Twice you won it sharing it with somebody else
22 but once you actually won it on your own.

23 You go on then in paragraph 9 to talk about:

24 "Every so often my family and I had to attend family
25 group therapy. It was held in a big glasshouse at the

1 back of the main building."

2 You remember on one occasion your brother walked out
3 in the middle of a session:

4 "... because they were asking many degrading
5 questions about our personal lives. They asked my
6 family personal questions and asked me about my
7 sexuality. I felt the questions were too deep and were
8 humiliating."

9 A. Uh-huh.

10 Q. "The sessions left me and my family feeling very
11 uncomfortable. My parents never queried this, because
12 they thought it was part of my therapy and they trusted
13 that Lissue were doing the right thing for me."

14 Certainly I have talked to you about the family
15 therapy notes that I have seen. They appear to have
16 been -- the questions that I have seen would be more
17 about how you behaved at home or how your siblings
18 interacted with you. Your brother, there is no record
19 of him actually walking out of the therapy, although
20 there is a note of him being sick on one day. That's --
21 I don't need to call it up, but it is 20149.

22 So your memory, though, of these sessions was that
23 they were humiliating and degrading. It certainly would
24 seem that there were tensions within the family dynamic
25 with regard to your mother's view being different to

1 your father's view and that kind of thing.

2 A. Uh-huh.

3 Q. That would be about right?

4 A. Uh-huh.

5 Q. So you talk about your parents coming to visit you.

6 Sorry. Just at paragraph 10 there -- I almost neglected
7 that -- you say there was a consultant psychiatrist, and
8 you think he may have been called LS39 , but
9 again names are really not your strong point, HIA3.

10 A. Well, this guy would have been in his 60s and he would
11 have been the head of that psychiatric -- there was only
12 one -- the top floor. The bottom floor was -- got to do
13 with mentally handicapped children, and we were on the
14 top floor with the mentally ill children, which I was
15 part of, and this person -- I asked LS34 one day to get
16 seeing him, and she says back to me that, "He's not in
17 a very good mood today. It just wouldn't be very
18 advisable to see him now". When I did get to see him,
19 he asked me did I masturbate and to drop my trousers and
20 I told him I didn't. I wouldn't do it. "I don't want
21 to see you anymore", and I walked out through the door
22 very quick. I repelled it. It wasn't very professional
23 and I was ask... -- was thinking to myself, "What's
24 a person like this asking me these sort of downgrading
25 questions when I am in a place -- what's this got to do

1 with my recovery?" Like a question like that is very --
2 it's going to put a child's mind the opposite, more even
3 worse, you know, and I didn't think it was part of
4 recovery anyway.

5 Q. Paragraph 11 here, HIA3, you go on to say that:

6 "My mother and father were allowed to come and visit
7 me during the week. I used to get home every Friday and
8 my parents took me back the following Sunday. I always
9 cried when I was being taken back on a Sunday. I didn't
10 want to go back. My parents wouldn't listen to what it
11 was like in Lissue."

12 Your father was a very straightlaced schoolteacher,
13 who refused to believe anything bad of professional
14 people. You say one Sunday night when you were refusing
15 to go back, your father:

16 "... lost his temper with me to such an extent that
17 his cousin and wife had to take me back to Lissue."

18 I was telling you that there is a record -- and we
19 can look at that at 20125 -- which shows that your
20 mother, in fact, did speak to staff about a complaint.
21 If we can scroll down, please, to the red writing, it
22 says:

23 "HIA3 watching TV with obvious enjoyment, but did
24 become restless watching out for parents. Mother asked
25 to speak to staff. She said HIA3 said that the staff

1 had written that he was angry. Mother was informed of
2 what had actually been written in report. She said that
3 HIA3 would often have been angry at home when he didn't
4 get his own way. His complaints had affected the
5 household and his mother seemed relieved that HIA3 was
6 in hospital. She was happy about him being here and had
7 confident that staff wanted to -- would help him. HIA3
8 not talking freely to them and she wondered if anything
9 specific had happened. HIA3 not unduly upset when the
10 visitors left. Listened to radio cassette and joined in
11 group again."

12 So it seems that you were complaining at home about
13 Lissue and your mother was bringing those complaints to
14 staff attention, at least on this occasion.

15 A. That's why she was saying getting my own way. I had
16 a voice. I was 13. I was still under their care. They
17 weren't listening. I was stating a fact here. This is
18 what it was like in Lissue House. Everybody was --
19 I was in a mental -- I was in a mental hospital. "He's
20 mad. This is all ..." It was brushed under the carpet.
21 This was -- "Pass no remarks on him. There is some wee
22 thing wrong with him." This was all brushed under the
23 carpet. I was trying to tell them this is how it was in
24 Lissue House. I had a voice and nobody was listening to
25 me.

1 Q. Well, paragraph 13 of your statement you talk about your
2 parents not understanding what it was like and you say
3 it was like a concentration camp. You had to go to bed
4 at a certain time. That is at 045.

5 "I think I was in a room on my own when I first went
6 and then I moved into a dorm with about five other boys.
7 Sometimes I couldn't sleep at night with so much going
8 on in my head and I would have got up in the middle of
9 the night and walked around. The staff shouted at me
10 and grabbed me by the shoulders to put me back to bed.
11 I felt there was little understanding or care shown to
12 me."

13 I am going to look at some documentation about you
14 getting up at night. If we look at 20147, and if we can
15 scroll down, please -- on down to just there:

16 7th/8th December '87. Played table games this
17 evening. Interacted -- interactive with peer. Peer
18 cannot take criticism easily. At bedtime settled into
19 bed as normal but not asleep. Observed by staff from
20 corridor, but HIA3 was not aware of this. After other
21 people were asleep HIA3 got out of bed and quietly went
22 out of room. Just as he was about to waken another peer
23 he was spoken to by staff. When asked what he was
24 doing, he replied 'Nothing'. He then went back into
25 room but", something, "getting into bed he put his hands

1 on his head ..."

2 Sorry. I think that's:

3 "... before getting into bed he put his hands on his
4 head and started to complain of being afraid and not
5 knowing what came over him. He was quite -- it was
6 quite obvious that HIA3 had been caught on and was
7 attempting to redeem himself. Spoken to firmly by
8 staff, went back to bed and settled with no problem."

9 I know you would say that "speaking to him firmly"
10 was -- in other words, that was him shouting at you?

11 A. Shouted at me and pushing me into the wall and not being
12 very -- being very professional, like, what they should
13 have been doing their job, you know. There was verbal
14 abuse and physical abuse, and this is why I got into bed
15 in an awful state holding on to my head, because I just
16 -- I just -- I couldn't take it anymore.

17 Q. There is another couple of entries. 20153. If we can
18 scroll down then to:

19 "Sat watching television with peers. Appeared in
20 good form. Little interacting with peers this evening.
21 After going to bed HIA3 got up and told staff he felt
22 funny all over, but could not say what was wrong. Sent
23 back to bed and was soon okay. Slept well all night."

24 Then at 20157 --

25 A. This would have been -- got to do with a certain person

1 just --

2 Q. This is in January:

3 "HIA3 did not mix with peers tonight. Doesn't have
4 much in common with them. Read a book while the others
5 watched TV. Mood pleasant on approach. At bedtime
6 settled well. At 11.15 complained of having a bad
7 dream. Dreamt about ghosts. Felt frightened. Talked
8 to staff for a while. Then felt more relaxed. Says
9 that recently he has been dreaming about having
10 a few minutes to live and when he wakes up he still
11 thinks about it. Has dreamt this a few times. After
12 chatting he was content to settle with the lights
13 dimmed. Settled back to sleep from 12 midnight and
14 slept well the remainder of the night."

15 So those are the entries -- some of the entries in
16 relation to the nursing notes that were kept relating to
17 you getting up at night-time.

18 A. Uh-huh.

19 Q. Now, HIA3, in your statement you talk in paragraphs 17
20 to 21 about your life after care. In paragraph 17 you
21 say that the first time that you talked to anybody about
22 what you experienced in Lissue was when you came to the
23 Inquiry; that your father and mother wouldn't understand
24 what was eating away at you, as you put it, and they
25 kept telling you just to put it all behind you

1 essentially and forget about it and get on with your
2 life. Isn't that right?

3 Then you spoke to police in 2013. I am not going to
4 call this up, but it is at 31322. Essentially it was
5 about the two boys assaulting you, but you told police
6 at that stage you didn't want to proceed with any
7 complaint.

8 Then again you spoke to police on 20th April 2015.
9 That's at 31309 to 31310. I am not going to pull it up,
10 but you told the police then when you spoke to them in
11 2015 that you had said to LS34 in Lissue about what the
12 boys had done to you that led to the breakdown and that
13 she had told you she would document that.

14 A. Uh-huh.

15 Q. Now there's nothing in the records -- the police told
16 you they had seen nothing in the records that you told
17 her or anyone about the two boys. That's at 31313, but,
18 in fact, you had told staff in Lissue. If we look that,
19 please, it is 20126. You will see if we scroll to the
20 bottom -- and it is not long after you went into Lissue;
21 it is about six days later -- it says:

22 "Talked to child this pm. Stated in August last
23 a boy, 14-year-old, and HIA3 were

24

25 gathering stones and throwing them

1 into a trailer. They were reseeding fields, gathering
2 stones before land level. One stone thrown on trailer
3 by LS38 accidentally hit HIA3 on the head, resulting
4 very sore head. Felt dizzy and faint. This caused fear
5 of brain haemorrhage. Did not get parents, because dad
6 is quite quick tempered and would have went to the boy's
7 house. Child does not want dad to know of this
8 incident. Complained of slight headache this afternoon,
9 but feels happier in unit, although still feels homesick
10 and not out now" -- sorry -- "but now accepts
11 separation -- but can now accept separation."

12 That's signed by a different staff member who is
13 named there from the one who was normally looking after
14 you.

15 A. Uh-huh. Uh-huh.

16 Q. So it is clear that you did -- as you told police, you
17 did speak to somebody.

18 A. Uh-huh.

19 Q. You thought it was LS34, but it looks as though it was
20 this other staff member --

21 A. Uh-huh.

22 Q. -- and told her about the incident.

23 A. Yes. Well, she could have been present at the time too.

24 It was in the kitchen in Lissie House, and I remember
25 specifically telling them, you know, and that's how it

1 was. Everything from start to finish, from how I got
2 into Lissue House till in Lissue House for them months
3 on the end of '87, was all brushed under the carpet. As
4 I say, I was 13. I was still in my -- I was a child,
5 still in my mother and father's care. My father was
6 a schoolteacher

7 . His prerogative or outlook on
8 these things would say, "Go on about your business.
9 These people are trying to help you".

10 I was saying to him one Sunday night before he left
11 me down, "This is what it was like. This is how it is".
12 He lost the head, grabbed me by the back of the neck,
13 told me to get into the car and a few other bad words
14 behind it. That's how his cousin, , ended
15 up taking me down, because there was a full-scale blown
16 row, because I wanted him to tell that the people down
17 there wasn't treating me well and I didn't want to go
18 back, but the row broke out and this was what happened,
19 you know, and it's -- my father was a schoolteacher, as
20 I say. If you had said bad about a priest or --
21 -- and if you had said
22 badly of a priest or a schoolteacher in my primary
23 school, you would have been sent to bed and you would
24 have got a hiding by my father. I was slapped by my
25 father, you know. You daren't do that now, you know.

1 He was that sort of person. He was an authority
2 himself, a schoolteacher , and you
3 daren't belittle these people, you know, because -- but
4 that's what happened and that's --

5 Q. Well --

6 A. -- that's --

7 Q. That's what you remember about that time in Lissue?

8 A. Yes. I was trying to tell them how it was and nobody
9 would listen, and I was 13. I was still in their care.
10 They called the shots. They were playing me like a wee
11 puppet on a string and I had no -- I had a voice, but
12 nobody wanted to listen to me until this past couple of
13 years when numerous other people has come out from
14 different institutions, plus Lissue House, to state
15 that, "These people weren't doing their job right"
16 and I says to myself, "At least somebody is starting to
17 listen, you know, because I have other people here to
18 say that I am not on my own". Do you know what I mean?

19 Q. Well, HIA3, thank you for that. One question we ask
20 anybody when they come to this stage in their evidence
21 is that when the Inquiry finishes its work, it will make
22 a report to the Northern Ireland Executive --

23 A. Uh-huh.

24 Q. -- about what should happen in terms of perhaps marking
25 what has happened to children in institutions. What is

1 your view, HIA3? What would you like to see happen?

2 A. Sorry isn't good enough from -- yes, it's a help, but
3 them years that has been wasted -- the rest of my
4 siblings, my brothers and sisters, went on to do degrees

5

6

7

8 and I just left at fourth year, no qualifications,

9 wasn't happy with -- couldn't settle to study, couldn't

10 settle to get on with my life, was a very lonely person,

11 never really went out.

12 I know I was let out at 16 and I was

13 introduced to alcoholism. I am off drink now nine years

14 and I attend AA, but all them years in between I never

15 really -- I was afraid of crowded places. I could never

16 really -- I was very shy. I didn't trust anybody in

17 authority. I didn't know how to trust anybody, full

18 stop, and fearful, and I thought the IRA was after me.

19 I am not in any paramilitary organisation, but this was

20 my head. I thought the IRA was out to get me and the

21 UVF, all the paramilitaries of the day, full of

22 paranoia, and I used drink to block it out all through

23 my -- my whole 20s was a black-out with drink and into

24 my early 30s. I am off it now nine years this August,

25 which is the only good thing that's come out of it. As

1 I say, my father died there three weeks ago

2 .

3 What I would like to get out of this, money won't
4 get back the years that has been wasted by this -- this
5 happenings at that time, and money doesn't pay peace of
6 mind, but it would help, but it doesn't -- it won't make
7 much difference to me.

8 I would rather get back to my education, back --
9 rewind the clock back to second year

10 , and not left in fourth year, went on
11 to do GCSEs and 'A' levels and maybe went on to
12 university, but this was -- this was -- affected my
13 life.

14 I have tried to tell them that from start to finish,
15 but I was always pushed to the side. "There's something
16 -- there's a wee thing wrong with him. Pass no remarks
17 on him." I was in a mental institution, and this stigma
18 has still stuck with me to this day. "Pass no remarks
19 on him. There's some wee thing wrong with him", you
20 know, or "He's an alcoholic", all these wee jabs.

21 Q. I know, HIA3, from talking to you that you are still
22 having some problems and I can see that this has been
23 a difficult process for you, but is there anything more
24 that you want the Inquiry to know about what happened in
25 Lissue, when you were in Lissue? Is there anything that

1 we haven't said when we went through your statement or
2 anything that you haven't had the opportunity to say,
3 anything more than what you have said already? Is there
4 anything more? Now is your chance.

5 A. No. Just them -- it was more sexual -- it was more --
6 it wasn't sexual abuse. It was more physical and mental
7 abuse and, yes, they would have threw these sexual
8 downgrading comments about masturbating and "Drop your
9 trousers" and all this -- "Will you drop your
10 trousers?", but there was no sexual contact.

11 There was -- there was when -- at these two boys
12 in -- where --

13 but --

14 Q. Yes. I know you have spoken to police about that.
15 Isn't that right?

16 A. Yes.

17 Q. Yes. Well, look, I've nothing further that I want to
18 ask you about, but the Panel Members may have some
19 questions for you.

20 A. Uh-huh.

21 Questions from THE PANEL

22 MS DOHERTY: Thanks very, HIA3. Can I ask: do you remember
23 other children being teased about things?

24 A. There was a politician

25 , and his son was in this institution at

1 this time, and I think you called him LS94 , and he
2 would have been mistreated too.

3 Q. And in particular teased, that notion of teasing?

4 A. Well, he would have been -- he would have been made fun
5 of his problem and pushed and shoved about the place.

6 Q. Okay. Do you remember time out being used? Do you
7 remember being given time out if you ...?

8 A. I remember a form teacher , LS45, she
9 came down. They were letting me go downstairs. The
10 pool table was downstairs in like a room under the
11 stairs. I was let go down there for a time, if you want
12 to call that time out, and chilled off.

13 Q. No, but you don't remember, you know, time out being
14 given like, say, if you got upset or annoyed about
15 something, being given some time out to stand like maybe
16 in a corner or ...?

17 A. Well, that's the reason why I sat quietly and I wouldn't
18 speak to other peers, because they have -- the staff was
19 belittling me, and I did a lot of thinking to myself and
20 studying and looking round to see, "Who is right and who
21 is wrong here?", and that's what kept me quiet.

22 I wouldn't speak to anybody and I had to weigh up the
23 situation myself here, "Am I in the right place?"

24 That's what caused me confrontation and friction
25 with my father one Sunday night when he says, "You'll

1 have to go down the road again", and this was

2 a full-scale blown row, because --

3 Q. You didn't want to go back?

4 A. No. This is not the place for me.

5 put me into this place because St. Luke's in
6 Armagh wouldn't ca er for teenage children with mentally
7 ill problems.

8 Q. Can I ask you --

9 A. That's why I ended up in Lissue House.

10 Q. Uh-huh. Did you -- in terms of -- just the last
11 question. Did you ever talk to any of the doctors or
12 the senior nurses?

13 A. Well, this would have been a sort of a -- this guy --
14 I call him LS39 --

15 Q. The consultant?

16 A. -- but I don't -- he was LS21 or something you
17 called him.

18 Q. LS21?

19 A. A consultant. He was -- he was a man in his 60s and
20 this is the person that would have said, "Do you
21 masturbate?" or -- and "You wouldn't mind dropping your
22 trousers". That's when I says to myself, "No, you're
23 all right. I don't want to speak to you", and walked
24 out through the door, you know.

25 Q. Okay.

1 A. There was no physical contact, but I thought, "Hang on
2 here. This man" -- it made me think, "What -- am I in
3 the right place here, these people throwing these
4 questions at me, and I am in a mental state here of
5 mental breakdown, and why are they throwing me this
6 seduced", or whatever way you want to put it, "or
7 seductive or" -- it wasn't right. Put it that way --

8 Q. Okay.

9 A. -- and it wasn't normal, and I sat quietly and wouldn't
10 speak to nobody, but I was mistreated, and I tried to
11 talk to my own parents. I was 13. I was still under
12 their care, but nobody was going to do nothing about it.

13 Q. Okay, HIA3. Thanks very much. That has been very
14 helpful.

15 MR LANE: When you were in the unit, did you have any
16 dealings at all with the children who were in the other
17 unit or were they kept entirely separate?

18 A. No, they were entirely separate. They were mentally
19 handicapped children --

20 Q. Uh-huh.

21 A. -- and they were downstairs. This was -- there was no
22 contact with them at all.

23 Q. Right. Okay. Just one other question. You mentioned
24 how you lost out in terms of education and so on. Do
25 you still have any hopes or wishes for something you'd

1 like to do along the lines of education?

2 A. I'd like to get into -- I come from the countryside

3

4

5

6 Q. Uh-huh.

7 A. -- and then I always had a great -- a great fondness for

8 farming, and I'd like to get into the Department of

9 Agriculture or testing cattle or something like that

10 there.

11 Q. Uh-huh. Right. Thank you very much.

12 CHAIRMAN: Well, HIA3, that's the last question we have for

13 you. Thank you very much for coming to speak to us.

14 I am sure you felt that you have waited a long time now.

15 You see, you were the third person who applied to the

16 Inquiry, but it does take time before we can work

17 through each of the cases we are looking at, but thank

18 you very much for coming to speak to us today.

19 A. Thanks very much, your Honour.

20 CHAIRMAN: Thank you.

21 (Witness withdrew)

22 MS SMITH: Chairman, there was one other witness to give

23 evidence this morning. Unfortunately he is unable to

24 come today, but we intend to reschedule him for 26th

25 April. So just to let the core participants know that.

1 Then we have a witness this afternoon.

2 CHAIRMAN: Yes. Well, we will rise now. Not before

3 2 o'clock.

4 (12.20 am)

5 (Lunch break)

6 (2.40 pm)

7 WITNESS LS21 (called)

8 MS SMITH: Good afternoon, Chairman, Panel Members. There

9 is an appearance to be announced this afternoon.

10 MR MONTEITH: Mr Chairman, I appear on behalf of LS21.

11 MS SMITH: Our next witness is LS21. LS21 wishes to take
12 a religious oath and he also wishes to maintain his
13 anonymity, Chairman. He does have some mobility issues.
14 So it might be easier for him to sit while taking the
15 oath.

16 WITNESS LS21 (sworn)

17 CHAIRMAN: Thank you, LS21. Please sit down.

18 Questions from COUNSEL TO THE INQUIRY

19 MS SMITH: Now, LS21, I am just going to tell the Chairman
20 and Panel Members where there are some documents
21 relevant to your evidence in our bundle.

22 LS21 has given two statements of evidence to the
23 Inquiry. The first is at 60514 to 60521 and
24 an additional statement is at 60526.

25 The statement of HIA220 is at LIS021 to 029, and the

1 transcript of his evidence on Day 197, which was
2 6th April, is at 70009 to 70058.

3 There is police material in the bundle at 31559 to
4 31608 and at 3058... -- sorry -- ...98 to 31006 and
5 finally 31274 to 31289.

6 Now if LS21's statement, which is at 60514, first of
7 all, could be put up on the screen, you will see, LS21,
8 that we have blanked out personal details, but could
9 I just ask you to confirm that this is the first witness
10 statement that you gave to the Inquiry?

11 A. Yes, it is.

12 Q. And you signed that statement on 7th April 2016?

13 A. That's correct.

14 Q. And then you gave us a second statement, which is at
15 60526, and that was signed on 7th April 2016. Now
16 although the names are given here, I can assure you that
17 before that goes outside of this chamber it will be
18 properly redacted.

19 Can I also just remind everyone that although
20 documents will be shown or names may be used, that those
21 names are not to be used outside of this chamber.

22 A. Thank you.

23 Q. Now going back to your first statement, LS21, your
24 career and qualifications are set out in -- to some
25 extent in that statement in paragraph -- the first

1 page there, but you were in Lissue from
2 shortly after it opened. You were engaged, first of
3 all, as a and then you
4 became .

5 A. Yes.

6 Q. You stayed there until you went to work in
7
8 .

9 A. That's correct.

10 Q. We were talking earlier about what qualifications you
11 had in psychiatric child care. If I have understood
12 what you told me, you spent six years in training as
13 a nurse and three of those years were in psychiatry --

14 A. Uh-huh.

15 Q. -- not solely child psychiatry, but you were based then
16 in general psychiatry in . Is that
17 correct?

18 A. That's correct, yes.

19 Q. Paragraph 11 on the next page of your statement, if we
20 can just scroll on down, please, you say that:

21 "In Lissue there would have been two staff members
22 for every child and I worked with the Child and Adult
23 Psychiatric Department."

24 The Psychiatry Department, as we know, there were
25 two units within Lissue House.

1 "Our primary function was records. We had to
2 develop relationships with the children. We had to
3 record their views, their feelings, how they were and
4 how they were interacting. We had to act as liaison
5 with the teachers and the other team members and much of
6 our work was in meetings and then with the children from
7 perhaps 3.00 in the afternoon to 7.00 pm or perhaps 7.30
8 pm. We had to be in a position to implement the
9 therapies that were assigned and determined for each
10 individual child on a daily basis. Everything we did
11 was designed to have detailed records prepared for
12 meetings. The meeting involved the multi-disciplinary
13 team, which included psychiatrists, social workers,
14 nurses, head teachers and psychologists. That meeting
15 was every morning from 9.30 to 11.30. Determinations
16 about the progress of each child was then assessed. We
17 moved on from these determinations. Any change in any
18 child which was apparent was noted and determined on
19 a daily basis."

20 Now the Inquiry, as we were discussing, has seen
21 some records that were kept in the unit and largely in
22 your case and that of your staff it would have been the
23 in-patient nursing notes --

24 A. That's correct.

25 Q. -- that would have been recorded. The -- sorry. I lost

1 my train of thought there. You were saying when we were
2 talking earlier that every morning the staff would have
3 attended these. They would have fed into the general
4 meeting, the discussion about the child. So if anything
5 had happened the night before, that would be recorded in
6 the nursing notes and would be brought to the meeting's
7 attention the next day.

8 A. May I make a point that -- I am sorry -- I have
9 forgotten?

10 Q. Yes, of course.

11 A. The day began with a meeting with night staff covering
12 the previous twelve hours handing on --

13 Q. The handover.

14 A. -- handing over to day staff coming in.

15 Q. Yes. So there was a handover. We know -- and I will
16 come back to it -- there was a children's meeting that
17 took place. Then, once the children went to school or
18 were otherwise occupied, staff attended these
19 multi-disciplinary team meetings.

20 A. Yes, yes.

21 Q. Just to be clear, at the team meetings was every child
22 in the unit discussed or was it only certain children?

23 A. The -- as I recall, the children depending on which
24 psychi... -- which consultant psychiatrist, his patients
25 were dealt with, and then any issues with the other

1 consultant's patients would have been discussed, so that
2 all of the children would have been dealt with.

3 Q. So it was not the case that both psychiatrists attended
4 every morning?

5 A. No.

6 Q. They took it in turns?

7 A. No. They -- Dr McAuley had a meeting on a Monday
8 morning and Dr Nelson on Friday morning --

9 Q. So these multi-disciplinary meetings --

10 A. -- as I recall.

11 Q. -- with the consultants were only at either end of the
12 week, as it were, but I presume the senior registrars
13 would have attended the meetings on a daily basis?

14 A. Oh, every day, yes, and may I point out as well that the
15 consultants, both of them, had occasions during the week
16 when they attended for specific and special therapies.

17 Q. Okay. Yes. They might have come for a family therapy
18 --

19 A. Tuesday afternoon or Thursday afternoon.

20 Q. We have heard -- the Inquiry has seen statements -- we
21 weren't talking about this -- but we have seen
22 statements from Dr McAuley and Dr Nelson. Dr Nelson
23 would say he was in Lissue daily.

24 A. Yes.

25 Q. Would that be your recollection?

1 A. Yes. He would have left the parent hospital in Belfast
2 and come to Lissue.

3 Q. Just called in?

4 A. Yes.

5 Q. You might not have known when he was arriving, for
6 example?

7 A. No. I put the kettle on when he arrived.

8 Q. Paragraph 12 here you go on to say that once you became
9 you undertook the training of your staff
10 and maintaining their progress records. You had
11 evaluations to do on each of them, prepare them for
12 different courses they might have undertaken and
13 evaluate the reports and records that were made by each
14 of the staff.

15 "Although I would have observed the staff with the
16 children, I had an enormous amount of administrative
17 work to do and my involvement directly with the children
18 would have been in therapy. In particular, I was
19 involved with systems theory. In it I would direct
20 sessions that were taking place between a family, child
21 and psychologist, and a session would be looking at the
22 issues that were presented and ways of how to cope with
23 it."

24 You remember working with Drs Nelson and McAuley.
25 Some of your other duties attended -- involved attending

1 at the main hospital and meeting with other hospital
2 managers, nursing managers presumably.

3 Just in respect of training we were talking earlier
4 and your recollection is that the eighteen staff, with
5 one exception, had been trained and obtained the RMN --

6 A. Yes.

7 Q. -- although when we discussed that a little bit further,
8 that might not quite have been the case, but certainly
9 anybody who came to Lissue in the '80s would have had
10 that as a requirement of acceptance in the post.

11 A. Yes.

12 Q. So it is possible that maybe some of the original staff
13 who had come from The Royal might not quite have had
14 that RMN qualification?

15 A. That's not my memory, but -- I'm sorry -- I can't
16 elaborate on that.

17 Q. You do remember there was in-house training, that
18 Drs Nelson and McAuley trained staff in what would be
19 called CBT, cognitive behavioural therapy --

20 A. Behavioural therapy.

21 Q. -- or in this systems therapy, the family therapy that
22 you are talking about, as those innovations developed.

23 A. Yes.

24 Q. Did they ever go outside of Lissue for training? Can
25 you recall?

1 A. Not -- I'm sorry. I can't be -- I can't remember.

2 Q. That's fine. Well, we have heard that you were, in
3 fact, answerable to LS8 and that he was in overall
4 charge. You said that he was the Nursing Manager and
5 that he was in Lissue daily.

6 A. Yes. Assistant -- yes, yes. I would have had meetings
7 with him every day.

8 Q. And you also talk about the fact that staff worked in
9 teams.

10 A. That's right.

11 Q. Every child was assigned a key worker, who was their own
12 special therapist. That person was supposed to develop
13 a relationship with the child, and there was other
14 members of staff, though, who would have worked with
15 that child as well.

16 A. What was called a primary and secondary therapist, two
17 nurses assigned to each child.

18 Q. And children were divided into groups --

19 A. That's right.

20 Q. -- the red, the green and blue groups according to their
21 age.

22 A. Yes.

23 Q. So, if I have understood you correctly, there would have
24 been a group for the youngest group, which was the blue
25 group --

1 A. Yes.

2 Q. -- and red and green might have been the same age
3 groups, but just split between two groups?

4 A. Yes, yes. Puberty, post-puberty.

5 Q. Just -- I am just checking one -- yes. We were just
6 talking about -- when we were talking about staff
7 qualifications and that, you remember someone -- and
8 again I am going to use the name, but again not to be
9 used outside -- that was a LS7 , who you said
10 you forcefully applied for her status to be upgraded,
11 because of her competence and skill.

12 A. Uh-huh.

13 Q. And is that possibly because she did not have the RMN
14 qualification?

15 A. My initial memory is that she was a general trained
16 nurse, but really -- I'm sorry -- I can't remember.

17 Q. I appreciate, LS21, that we are talking about a very
18 long time ago --

19 A. Yes.

20 Q. -- but doing the best we can.

21 A. She was a very competent individual.

22 Q. I was asking about student nurses. We know that there
23 were records kept in respect of permanent staff --

24 A. Uh-huh.

25 Q. -- in their personnel file and that, but student nurses,

1 how long would they have spent in the unit?

2 A. Between four and six weeks, as I recall.

3 Q. And is it possible then that their records, such as they
4 were, might not have been kept in Lissue; they would
5 have been kept with the training hospital facility?

6 A. Facility, yes, yes. The tutor from the hospital they
7 were assigned from would have been -- would have come to
8 see me from time to time.

9 Q. The other thing that I was asking about is we know from
10 what has been said before to the Inquiry that staff just
11 used first names with the children.

12 A. That's right.

13 Q. They weren't known as "nurse".

14 A. Nurse, no.

15 Q. Known as LS21.

16 A. Informality.

17 Q. Informality. So equally then a child would maybe
18 remember a first name, but not necessarily know the
19 second name, or if they did, then they did.

20 A. Uh-huh.

21 Q. But they would be more likely to have, the student
22 nurses, only have known them by their first name
23 perhaps?

24 A. Yes, by and large, as I recall.

25 Q. Okay. Well, we know about this morning meeting that

1 there was for the children, and you talk about this in
2 your statement that you have given to the Inquiry, but
3 in the police material it becomes clear -- and we don't
4 need to call it up, but it is at 30627 -- that you, in
5 fact, were responsible for devising and developing and
6 setting up those morning meetings.

7 A. Yes, yes.

8 Q. You explain that the reason you did that was that there
9 was a lot of conflict and aggression between children,
10 and one way of focusing their attention was to have this
11 meeting before they went to school.

12 A. Settling time.

13 Q. Settling time?

14 A. Yes.

15 Q. And what kind of things would have taken place during
16 those morning meetings with the children?

17 A. The meetings were attended by members of staff who were
18 on duty, plus the psychologist might have come in and
19 joined us or the registrar, depending on their workload.
20 All things that were of any particular impact on a child
21 for the previous twelve hours or some attitudinal
22 problem that they had had with each other, we would try
23 and resolve that with support and encouragement. It was
24 a way of settling things down and it worked extremely
25 well. I believe it's still carried on.

1 Q. You did say that the teachers commented to you that you
2 made their job a lot easier --

3 A. Yes, yes, yes.

4 Q. -- because by the time they got to school they had
5 settled.

6 A. They had settled.

7 Q. One just small example. I was asking whether or not
8 there was just complaints by the children about other
9 children --

10 A. About staff.

11 Q. -- but you recall they also complained about staff.

12 A. Yes.

13 Q. You gave an example of one child who had been offended
14 when a member of staff broke wind in their presence when
15 that member of staff didn't know the child was present.

16 A. Yes.

17 Q. That had to be discussed at length.

18 A. Yes.

19 Q. In the police statement -- sorry. I think I have missed
20 a page. Yes. Sorry. Did staff have any -- we were
21 talking about medication of children.

22 A. Yes.

23 Q. I was wondering whether staff had any discretion about
24 medication. For example, there's records in respect of
25 a particular boy that the Inquiry has seen that shows

1 that after he had been particularly -- misbehaved
2 I suppose, had climbed on to the roof and caused uproar
3 within the unit, he was subsequently sedated. I was
4 asking what the position was with regard to sedating
5 children that you recall.

6 A. That potential behaviour would have been evaluated and
7 assessed and pre-determined at our meetings and some
8 contingency plans had to be put in place or set up in
9 order to respond. I'm worried about the word
10 "discretionary", although I suppose strictly
11 I interpreted that as, if needed, it has to be given,
12 but that would have been already designed by the
13 consultant.

14 Q. So if I've understood our discussion earlier correct --

15 A. Yes.

16 Q. -- and I don't want to get this wrong --

17 A. Yes.

18 Q. -- because -- but the situation was that a child's
19 treatment plan would have been in position, as it were,
20 for the child --

21 A. Yes.

22 Q. -- and that might have included "Sedate as required" --

23 A. Yes.

24 Q. -- based on what was known about the child's behaviour
25 and whether that might prove to be necessary.

1 A. I think one important point is that it wouldn't have
2 been a reaction to a behaviour. It would have been in
3 order to prevent or ameliorate a difficult situation.
4 You wouldn't want to sedate a child who is already
5 sedated and settled.

6 Q. No.

7 A. Sedation was only used if a child was completely out of
8 control and had injured himself or others.

9 Q. Yes, and in this particular instance where a child is on
10 the roof throwing down slates or glass --

11 A. Aggressive, abusive.

12 Q. -- once the child is brought back into the unit, then
13 that would be an appropriate time?

14 A. If necessary. I mean, it might not have been necessary.
15 Sometimes it can be ... (gestured downwards).

16 Q. So, I mean, what I am saying is the facility was there
17 for the staff to use if it was necessary?

18 A. Yes, if necessary.

19 Q. When we were discussing this earlier, you were saying
20 that if such sedation was administered, it would have
21 been recorded and been the subject of discussion at the
22 next morning's team meeting.

23 A. Yes, indeed.

24 Q. You also made the point to me there were senior
25 registrars on site. So if it was not part of a child's

1 care plan, as it were --

2 A. Uh-huh.

3 Q. -- then you could go to the doctor and say, "Look, this
4 is ..."

5 A. "What do we do?" Yes.

6 Q. Another issue that we have heard about in the Inquiry is
7 the use of restraint for children.

8 A. Yes.

9 Q. We were discussing this earlier and I just wondered what
10 your recollection of the use of restraint in Lissue was.

11 A. Separate -- if it was, you know, children in conflict,
12 separate the children, and the easiest way to describe
13 it is a hug usually from behind, safer from behind,
14 a hug, and, you know, things settle quickly when there
15 was no escalation.

16 Q. We have heard -- I mean, you were saying to me that it
17 was -- you had some training in the use of restraint.

18 A. Yes, yes.

19 Q. You said that in the altercation between the children
20 the staff were obliged to hold them as you describe
21 until they calmed down.

22 A. Uh-huh.

23 Q. But I was wondering if you ever had to use more than
24 just a hug. Children have described maybe being pinned
25 on the ground or being pinned on their bed. Is that --

1 do you have a recollection of that?

2 A. Yes, but there's a direct way and an indirect way.

3 Confronting a child face-to-face is very threatening.

4 So the tactic was behind, hold, hug, sit. I remember on

5 one occasion having to wrap my legs around the child's

6 legs on the floor until the tantrum had passed.

7 Q. Uh-huh.

8 A. It usually didn't take very long.

9 Q. What about holding a child down on the bed? Do you ever
10 remember that being part of the treatment -- of the
11 reaction to a situation?

12 A. I can imagine situations where that might have been, but
13 I can't be specific. I'm sorry.

14 Q. That's fine. Another issue then is the use of time out.

15 A. Yes.

16 Q. When you were describing when time out was used, you
17 said to me that it depended on the extent of the level
18 of an individual's behaviour how long they were placed
19 in time out for.

20 A. Yes. Uh-huh.

21 Q. I had suggested that, you know, one minute for each year
22 of the child's life, but you don't remember it being
23 that prescriptive?

24 A. Not prescriptive, no. Time out is only an advantage if
25 the required behaviour is attained. There's no point in

1 having a child stuck in the corner when he's settled.

2 It's only while the screaming, shouting, cursing passes
3 and back.

4 Q. Well, from recollection, LS21, can you say what kind of
5 period of time we might be talking about on average that
6 it might have taken for a child to calm?

7 A. Yes. The rule of thumb was five to ten minute.

8 Anything excess of that was regarded as unnecessary.

9 Our advice would have been a couple of minutes until
10 things settle, the message being, "We can't tolerate
11 that uncontrolled behaviour anymore. So when you
12 settle, it's over" and that -- those words, "When you've
13 settled, it's all over".

14 Q. Generally it was an effective means of --

15 A. Oh, yes.

16 Q. -- defusing the situation?

17 A. Oh, yes. It was all we had and we used it effectively.

18 Q. You also talk in your statement about the reward system
19 that operated --

20 A. Yes.

21 Q. -- the point system. Now it wasn't a general reward
22 system that operated for every child.

23 A. No, no.

24 Q. It was only for certain children.

25 A. Those children who found it not to their advantage to be

1 settled. That's wrong. Those whose behaviour was at
2 a level of out of controlness that required some
3 response in order to get a message through. There are
4 consequences to all behaviour and the consequence in
5 this case might be a denial of privilege and that
6 worked, a very sensible response I think.

7 Q. And equally we have seen records of some children who
8 could gain points and maybe get some extra time with
9 staff on their own or have a gift at the end of the week
10 or something like that?

11 A. Yes. There were all kind of ways of using that in
12 a positive way.

13 Q. When we were talking about the whole issue of the
14 removal of privileges, you made the point that children
15 weren't denied going swimming, for example, because they
16 hadn't acquired enough points. The denial of going
17 swimming would have been because of a particularly bad
18 piece of behaviour or non-compliance with what was
19 expected, something like that.

20 A. My particular advice and counsel to my own staff would
21 have been there is very little to be gained by denying
22 a child access to a particular privilege in the
23 long-term, but if a child has been disruptive,
24 disruptive in class and had to be removed, or disruptive
25 on the ward, requiring staff intervention, that's not

1 the time to send them swimming.

2 Q. Uh-huh.

3 A. So there would have been a denial -- a withdrawal of
4 that privilege.

5 Q. Yes.

6 A. I'm sorry. I can't be more ...

7 Q. That's fine. I was also asking you, LS21, whether some
8 staff might have been stricter than others about either
9 the removal of privileges or in how they dealt with the
10 children.

11 A. Yes. I'm -- I wasn't -- I can't be on everybody's side
12 -- you know, tail, on their shoulders. So I'm only able
13 to talk about the principles, and there is a principle
14 which is rewards get conforming behaviours. Punishments
15 tend not to. So the philosophy the way it works is that
16 a carrot is better than a stick.

17 Q. Yes. Can I just -- I didn't ask you this, but it just
18 occurs to me as I stand here. You were there for the
19 entire operation of the Child Psychiatric Unit while it
20 is in Lissue, and I know you went on afterwards, but
21 during that time did things change in the sense did it
22 become maybe less strict, or did people adapt their ways
23 of dealing with children as new theories were developed
24 by the consultants, for example?

25 A. Yes, inevitably. We grow and we learn and we modify,

1 depending on the level of input, and I am going back to
2 that point about a multi-disciplinary team. It's not
3 just what I think or he -- it is what we all think and
4 throw into the pot in the continual daily interaction
5 that we had with each other as a competent team. We
6 modified, changed our deliberate interventions in order
7 to go along in a more progressively improving way, and
8 that was the great thing about that contact that we had
9 as a contemporary team. All of us wanted "A child is
10 in. We need him out".

11 Q. And that was a --

12 A. Punishment is not the way.

13 Q. It was a collaborative approach to the work.

14 A. Collaborative, yes.

15 Q. We have heard -- sorry. Just one other question about
16 -- I think you have already answered this. Staff did
17 intervene if other children were hitting each other, for
18 example? They wouldn't have just sat back and recorded
19 it?

20 A. Inevitably, yes.

21 Q. I think you made the point to me that it would have been
22 irresponsible not to have done so, because it was
23 a volatile situation which would have escalated had they
24 not done so.

25 A. Yes.

1 Q. You have heard -- we have heard -- the Inquiry has heard
2 that staff generally were rough with children.

3 A. Generally?

4 Q. Rough with children.

5 A. That's not --

6 Q. I mean, grabbing them by the neck or by the hair,
7 pulling them by the arm.

8 A. No, no, no, no, no. Not my experience, nor would I have
9 tolerated it.

10 Q. Just turning to another matter, which is about staffing
11 levels, paragraph 25 you say that there were fifteen to
12 twenty-five children in the unit at any time. We know
13 that would have included the five day patients --

14 A. Yes.

15 Q. -- although some record that we saw at the start of
16 looking at this model showed in one case there was
17 twenty-one in-patients in Lissue.

18 A. Yes.

19 Q. You remember that? It would have been mid-'80s I think.

20 A. Yes.

21 Q. At any stage in Lissue did you consider the staffing
22 levels to be inadequate?

23 A. There were times when staff reduction through leave or
24 legitimate -- pregnancies and then holiday -- so there
25 were occasions -- and sickness, of course -- there were

1 occasions when I had concerns, and I passed this on to
2 my own manager, line manager, that I had worried that
3 perhaps our resources were being stretched with the
4 admission of a new individual with the potential for
5 violence. That was my greatest worry, bringing in
6 children who were potentially likely to intensify the
7 ambience.

8 Q. One of the suggestions that we have seen -- the Inquiry
9 has seen is as time went on, Lissue was used by Social
10 Services to place those children who could not be
11 contained in a children's home or couldn't be contained
12 in their own home and really were not perhaps
13 psychiatric patients as such. Would that have been your
14 experience, that -- I am using very emotive language and
15 I don't mean to, but was Lissue something of a dumping
16 ground for some children, do you think?

17 A. I would not have been happy with that, and I am trying
18 to remember if that -- if a child in a children's home
19 setting had been proving difficult, the first thing
20 would have been to refer that to The Adolescent and
21 Child Psychiatry Department at RBHSC, where
22 a determination would have been made whether this child
23 is psychiatrically, emotionally out of control and
24 needing help. In that case it would be a legitimate
25 resource to use the in-patient unit. I don't --

1 I can't -- I'm unable to recall any direct lifting of
2 a child by Social Services and leaving it with our
3 Department. No, no. They would have had to go through
4 the channel.

5 Q. Well, I mean, certainly there is one person who has
6 spoken to the Inquiry and his records suggest that he
7 was an emergency admission to Lissue.

8 A. Right.

9 Q. And I think we have seen another one who was admitted on
10 an emergency basis because there was maybe no other
11 children's home or training school, for example --

12 A. Yes.

13 Q. -- for him to go to. You don't remember that?

14 A. I am afraid I can't comment on that. I have no
15 recollection.

16 Q. Just a couple of small points and I will come to talk
17 about some other things.

18 A. Yes.

19 Q. Other staff do remember that there was a pony at Lissue.

20 A. Yes.

21 Q. The other thing is, and I wanted to ask you about this,
22 because you say in your statement and I think you said
23 to the police that the dormitories had glass panels in
24 them.

25 A. Yes.

1 Q. That isn't the recollection of someone else who I told
2 you about --

3 A. Right, right.

4 Q. -- who worked there. She was there from '84 to '86.

5 A. Okay.

6 Q. I wondered is it possible that you might have got
7 confused between Lissue and maybe glass panels in doors
8 in or what is your memory?

9 A. I am afraid I can't -- I can't be specific. It may or
10 may not -- my impression was of glass with wire --

11 Q. Panels?

12 A. -- and reinforced.

13 Q. Now, LS21, you know and you have come to speak to us
14 because certain allegations have been made against you
15 personally. I just going to tell you about one that
16 arose this morning, which you hadn't obviously been told
17 about in advance. That was in relation to someone who
18 spoke to us this morning, who in his Inquiry statement
19 indicated that there was a consultant psychiatrist in
20 Lissue, and he thought at that stage he might have been
21 called LS39 . I read out the paragraph from his
22 statement about that.

23 When he gave evidence this morning, he said that
24 this man had made -- had asked him questions such as did
25 he masturbate, did he -- and asked him to drop his

1 trousers. He described him as a man in his 60s, which
2 -- we know from the time this boy was in Lissue you
3 would have been about 45, but he also gave your name,
4 gave your surname, which is reasonably distinctive.

5 I mean, I asked you, first of all, if you remembered
6 him. You did I think --

7 A. Uh-huh.

8 Q. -- maybe remember this boy, or maybe I have got confused
9 now, but his first name was HIA3. I am not going to
10 give his second name, but he was in certainly for a few
11 months in Lissue, and I just am giving you the
12 opportunity to say whatever it is that you want to say
13 about that allegation. It may or may not relate to you,
14 but just in case it does.

15 A. Well, very, very simply I would not have addressed
16 a child in that direct way. I -- in my life, my
17 professional life, I never ever -- I am absolutely
18 certain I never asked a child whether or not they
19 masturbated. That's a complete other planet. That's
20 not my way and I'm not sure about what else the ...

21 Q. Basically -- I will read the paragraph from his
22 statement --

23 A. Yes.

24 Q. -- just so I will be fair to you. He said:

25 "There was a consultant psychiatrist in Lissue."

1 Well, we know that wasn't your status, and he
2 thought he might have been called LS39 , but
3 then, as I say, when he gave evidence, he corrected the
4 name.

5 "He was an evil man. One day I asked LS34" -- that
6 was another staff member -- "if I could see him and she
7 said, 'No, he's not in a good mood today'. I felt that
8 he didn't make himself available depending on his
9 temperament and that was wrong. He was supposed to be
10 there to help me when I needed him. I don't think he
11 was very professional. When I did see him, he was not
12 very pleasant or helpful. He would ask me degrading
13 questions" -- and he expanded that was, "Do you
14 masturbate?" -- "which belittled me and affected my
15 self-esteem."

16 A. That is a complete fabrication.

17 Q. Well, certainly in terms of it relating to you it's
18 a fabrication --

19 A. It is --

20 Q. -- is what you are saying.

21 A. -- and I cannot for the life of me imagine any of the
22 medical staff, the consultants, behaving in such a way.
23 Inconceivable. I'm sorry.

24 Q. Another allegation -- set of allegations that I am going
25 to come to is that of a girl called LS66, LS66. That

1 dates back to 1993. Now she spoke to police when she
2 was an adult and her statement is at 31575. If we could
3 just look at that, if we may. You will see again names
4 are here. I am not going to go through it. They will
5 be redacted in due course. Her statement is dated 29th
6 May 1993.

7 She talks about how she came to Lissue and she says:

8 "I remember a nurse called LS21. The second day
9 I was in Lissue I was having my dinner. LS21 stood and
10 stared at me. I don't know what it was, but I got
11 a terrible feeling about the way he looked at me.
12 Because of my illness I was kept heavily sedated.
13 I remember that I was very weak and would have fainted.
14 LS21 grabbed me by the hair because I fell and pulled me
15 along. My hair was much longer than it is now.

16 A couple of weeks after I had arrived in Lissue
17 I was lying in a bed in the first dormitory. This was
18 the dormitory for younger children. I remember LS21
19 coming into the dormitory and he lay down on top of me."

20 She describes what she says you were wearing:

21 "He was always well dressed. While he was lying on
22 top of me, he gave me a passionate kiss on the lips.
23 I remember him touching my chest. This was on top of my
24 clothes. I remember these things through a haze,
25 because of the tablets I was on. LS21 was always

1 hanging about the girls' dormitories. I remember seeing
2 him dry his hair in one of the girls' rooms. The girl
3 wasn't in the room at the time."

4 Then she goes on to talk about another member of
5 staff and she said:

6 "If they had done anything wrong ..."

7 She said:

8 "LS21 and another nurse", who she names, "were
9 always violent with the children, especially children
10 over six years of age. If they had done anything wrong,
11 LS21 or the other nurse would grab them by the hair and
12 pull them down the corridor. There were times when
13 other staff were present when the other nurse or LS21
14 would grab the children by the hair. The staff never
15 ever done anything about it.

16 During the stay at Lissue I got injections. Usually
17 LS21 gave me them, but sometimes the other nurse did.
18 I always got the injection in the hip. One day when
19 LS21 was taking me to school, I said to him about how
20 violent he was to the younger children. I will always
21 remember his answer: 'I'm sure I'll be forgiven for
22 that'. There was no need for the violence LS21 and the
23 other nurse used, especially on children as young as
24 six.

25 I remember one day all the staff were at

1 a conference. I was in the day room. Although I was
2 heavily sedated, I can remember lying on the floor in
3 front of the settee. LS21 was lying beside me. He
4 opened the zip on his trousers and took out his penis.
5 He made me touch it. Because of the medication I was
6 on, I was unable to control my hands to masturbate him.
7 I just fondled him. I had never seen a penis before
8 that day. He had an erection. At first when I thought
9 back, I thought LS21 may have been wearing a Durex,
10 because of the knob at the end of his penis, but I now
11 know the difference. I think LS21 may be circumcised.
12 I remember there was semen. So I take it he must have
13 come. I then went to the toilet, which was beside the
14 day room. Again because of medication I could not do up
15 my trousers when I had been at the toilet. I remember
16 standing at the door and LS21 fixing my trousers. I was
17 discharged when I was 14 years of age."

18 Now I can see that even me reading that, LS21, has
19 caused you some distress, and it wasn't my intention to
20 do so. As I explained to you, this material has not
21 been opened to the Inquiry before and that was why
22 I felt it important just to put it on the record, but if
23 you feel you need a break, please just say. We can take
24 a short break.

25 A. Please may I ask for a short time?

1 Q. Yes.

2 CHAIRMAN: Yes. We will rise for a few minutes.

3 (3.15 pm)

4 (Short break)

5 (3.25 pm)

6 MS SMITH: LS21, do you feel able to continue all right?

7 A. Yes. Yes. Thank you.

8 Q. Well, as we say, LS66 spoke to the police and that's
9 what she said. Now as a result of that you were put on
10 precautionary suspension from your employment.

11 A. Yes.

12 Q. That was in May 1993 --

13 A. Correct.

14 Q. -- until August 1993.

15 A. Correct.

16 Q. You were interviewed by police, and I am not going to go
17 through your interviews --

18 A. No.

19 Q. -- but they are at 31588 to 31589.

20 A. Yes.

21 Q. The summary of what you told police is there. You
22 denied all of the allegations --

23 A. Yes.

24 Q. -- that are recorded in that statement.

25 Police also spoke to other staff members. Nurse

1 LS7 said at 31583 that, first of all, you were never
2 left alone with children. She saw nothing that would
3 have made her suspicious of you and you would have been
4 on duty with other female staff.

5 LS25 -- and again I am using names that aren't
6 to be used outside -- in her statement at 31585 said
7 LS66 never complained to her. She said you were good
8 with children and some of the children were very fond of
9 you.

10 Your line manager, LS8, at 31586 said he never had
11 any reason to complain about your skills. You were
12 a highly regarded role model and he never had any reason
13 to be suspicious. He said you may have given LS66
14 injections. That wasn't unusual and it would have been
15 with the help of other staff.

16 In their police -- one of the things, though, in
17 their statements that they did say was force was used on
18 children, but only what was reasonable.

19 Ultimately the PPS directed no prosecution. It
20 would have been the DPP then. That's at 31564. That
21 was on 4th October 1993.

22 Now in your Inquiry statement, the additional
23 statement you gave, which is at 60526, you deny the
24 allegations again in that statement.

25 A. Yes.

1 Q. It is clear from your personnel file that the Inquiry
2 has seen that the allegation appears to have affected
3 your ability to work, and after a second precautionary
4 suspension, which was for other matters entirely -- it
5 wasn't as a result of an allegation made by a child or
6 anything like that against you -- and that's at 60525,
7 but again we don't need to look at that, because of the
8 effect you applied for early retirement and you retired
9 on .

10 A. Yes.

11 Q. At that time the Director of Human Resources wrote
12 thanking you for your service. That really concluded
13 your time working in the field that you had been
14 working.

15 A. Yes.

16 Q. Now you know and you were provided with the statement of
17 HIA220. That's a boy called HIA220.

18 A. Yes.

19 Q. He also spoke to police and made a statement where he
20 alleges that he was sexually abused by you and by two
21 other members of staff that he named, and I am not going
22 to call it up, but it is at 31280 to 31285.

23 You were interviewed by police about his allegations
24 and your interview is at 30602 to 30625. Again you
25 denied the allegations, as you did in your Inquiry

1 statement, and again I am not going to go through the
2 details of your Inquiry statement.

3 A. Thank you.

4 Q. But you didn't remember him and you sort of -- you
5 suggested to police and in the Inquiry statement that
6 you would have remembered him if he had been in Lissue
7 for any length of time.

8 A. It seems a logical conclusion. I can't be absolutely
9 certain. There were varying lengths of tenure for each
10 of the children. I can't remember. I am sorry.

11 Q. Well, the records show that he was in Lissue for
12 intensive therapy. He was there aged 7 between '75
13 and -- in fact, he went there on 4th November 1975 until
14 30th June 1976, which is a period of eight months. He
15 then went in as a day patient from 4th August '76 to
16 1/9/76, although he had to spend another spell in as
17 an in-patient just for five days between 10th and 15th
18 August of that year.

19 A. Uh-huh.

20 Q. Those records are in the bundle at LIS1169 and 1189.
21 But ultimately there was no prosecution directed in
22 respect of the allegations he made to the police. That
23 was 15th October 2015 and that's at LIS31279.

24 Now he came to the Inquiry and gave evidence, in
25 fact, earlier this week or last week. I have lost

1 track. I think it was last week. I know that you have
2 seen what he has said in evidence and I am just going to
3 briefly summarise some of that and read a little bit out
4 so that you can comment on what he had to say in his
5 evidence.

6 The first is at page 70018. He was talking about
7 the children's meetings, but he said:

8 "You could say things, but on the abuse side of it
9 you couldn't, because there was a fear factor there."

10 Now would a child have been able to bring this to
11 the attention --

12 A. Everything and anything, as I have already described,
13 and how would we have concealed that directive from
14 psychologists, social worker, other team members? They
15 would all have had to be party to that exclusion, that
16 philosophy: "You shall not say anything". It's
17 inconceivable.

18 Q. Well, he also went on at 70021 to talk about -- I'd
19 asked him why -- he had said in his statement that he
20 knew other children were abused and he thought staff
21 knew about it. I asked him why he thought that and he
22 said:

23 "I thought it was only me and then there was other
24 children in my own mind who were sitting and keeping
25 themselves to themselves. They would have been -- they

1 wouldn't have been outward. They were just keeping
2 themselves to themselves."

3 That's why he thought they were abused. I asked him
4 why he thought staff knew and he said:

5 "Because at that time in my own opinion it was turn
6 a blind eye. "I didn't" -- didn't want to get involved,
7 saying, "I didn't see" -- "Did you see that?" "I didn't
8 see that". Deny all liability."

9 So I was asked if this was something -- asking if
10 this was something that he thought, or something he
11 heard staff say, or was it just something that he
12 thought now, and he said:

13 "It's my own opinion. That's what I think.

14 Q. But there was nothing at the time that led you
15 to believe that they knew this was going on?",

16 and he said "No".

17 I pointed out to him that the Health & Social Care
18 Board had no record of the two members of staff that he
19 named, and that you certainly didn't remember anyone of
20 that name working in Lissue, but those were the names
21 that he definitely remembered.

22 He agreed -- when I read your statement to him, he
23 agreed with your description of the layout of Lissue,
24 and he said in response to -- I suggested to him that
25 maybe what he had witnessed in respect of the boy -- the

1 other boy LS14, who was anorexic, that maybe that had
2 been some treatment that he had witnessed, and he
3 accepted that it may have been, but that as a child he
4 just thought it was cruel and didn't realise that it was
5 treatment, but when we were talking, LS21, you said that
6 that -- there was no such treatment ever given to this
7 particular boy.

8 A. Absolutely not, no. That's abuse. That -- I'm sorry.

9 Q. It's okay. I can see that you're finding this
10 distressing, but certainly you didn't feel that there
11 was anything of that nature that went on?

12 A. I had a relation... -- I'm sorry. I had a relationship
13 with his parents and I visited them. This child was
14 very ill. He subsequently died.

15 Q. Yes.

16 A. So they needed a lot of support and I -- they would have
17 been aware if he'd been mistreated like that.

18 Q. Well, at 0034 I was reading out for him the record that
19 I have already shown to you that is at LIS1182, which is
20 the record of him having absconded on 7th June 1976.

21 Maybe if we just call that up, because I know you want
22 to comment on it. It is 1182, please. That's it now.

23 Now if we can scroll down, it is not terribly clear, but
24 you will recall when we were looking at it, it is 7th or
25 8th June 1976:

1 "Absconded from unit at 8.10 pm accompanied by", and
2 the name is blocked out, but he gave the name. "Brought
3 back by LS21. Thought it was great fun. No remorse
4 shown and f***ed and blinded all in sight when he was
5 put to bed."

6 Now there's a signature underneath that.

7 A. Can I say that's not mine and I know why? The date you
8 will see is "7/8".

9 Q. Uh-huh.

10 A. I don't -- my 7 is a European 7. That's not my writing.

11 Q. It is not clear whose handwriting it is.

12 A. It is not mine.

13 Q. You don't recognise it?

14 A. I can just say it is not mine.

15 Q. No, I appreciate that, but it doesn't ring a bell with
16 you as to whose it might have been even?

17 A. No. I --

18 Q. But certainly when we were talking earlier, you would
19 confirm that you were the only LS21 --

20 A. Yes.

21 Q. -- on staff --

22 A. Yes.

23 Q. -- and so therefore this is likely to have been you who
24 brought him back on this occasion when he absconded?

25 A. Yes.

1 Q. We were again talking about it. You had no recollection
2 and you make the point that you wouldn't have gone out
3 to bring a child back in a vehicle without another
4 member of staff with you.

5 A. Yes, yes.

6 Q. And you believe that would have been a female member of
7 staff, not someone called LS27.

8 A. No.

9 Q. We know there was no-one called LS27, but again
10 I wondered might it have been a student nurse?

11 A. I would be unlikely to take a student with me.

12 Q. Again putting your statement to him in detail, when
13 I read it out, his comment -- his response to that was
14 that you -- what he said was that basically you were
15 lying.

16 I asked him about easels in the craft room and he
17 didn't remember those. He did say there was a small
18 kitchen on the upper floor in the -- in Lissue House,
19 and I think when we were talking, you confirmed, yes,
20 there was such a kitchen, but there would have been
21 a fridge in it, but not a freezer.

22 A. No need for a freezer.

23 Q. So there wouldn't have been a facility to get ice cubes
24 as he describes. He said there was no physical signs of
25 the abuse that he says he suffered, because he wasn't

1 physically examined.

2 He said there were no glass panels in the dormitory
3 doors and the doors were lockable in the dorm, and he
4 said there was a bed in the arts and craft room, and
5 any -- I was asking you then when we were talking about
6 this whether there was any other room that was used for
7 arts and crafts at all?

8 A. No.

9 Q. And I know -- I mean, your artistic skills are evident
10 in a photograph that you have brought to the Inquiry,
11 which I will let the Panel look at, which you yourself
12 painted, which is a panel at the back on the way to the
13 school. Is that correct?

14 A. It's in a playroom.

15 Q. In a playroom?

16 A. A playroom I decorated for the children.

17 Q. Maybe if you just hand that up to the Panel, please, so
18 that they can see. (Handed.)

19 This was a mural -- is that right -- on the wall?

20 A. Yes. I thought it would brighten the children's ...

21 Q. Whenever I put to him, LS21, that basically you were
22 saying that none of this -- the allegations that he made
23 could have happened and that he had taken forty years to
24 complain about it, his response to that was:

25 "It's taken me forty years to get the courage to

1 come out, because I couldn't have approached my father
2 or mother, because I lived -- I lived in a violent
3 household, and so if I had come out with that statement
4 at seven years of age, my father would have killed me.
5 There's no doubt in my mind."

6 He says:

7 "Now what LS21 is doing here today, he's telling
8 barefaced lies, and he's lying to himself too, and he's
9 stating that he never -- he was accompanied by a female
10 staff to go out and get children. That's a lie, because
11 he caught me and LS29, and it was him and LS27 who
12 caught me and brought me back, and there was two
13 bathrooms on the first floor of Lissue House. One down
14 the main corridor, as he states, passes four
15 dormitories. There was a bathroom in the -- just off
16 the day room, which is -- you come into my dormitory,
17 turn right, past the glass panel doors and turn -- the
18 glass partition -- sorry -- and then turn right and you
19 were in the day room that he describes. Off that day
20 room was the bathroom".

21 and I asked:

22 "And that was the bathroom that you described him
23 taking you into" -- sorry -- "[someone else] taking you
24 into?"

25 I say, well, you say that it would have been

1 impossible for him -- for you to have put ice in a bath
2 without somebody being suspicious as to what you were
3 doing.

4 He says:

5 "That there is a question you asked me earlier on
6 and it is simple -- that more simple. When ..."

7 He goes on to talk about:

8 "What we have heard over the years of abuse in
9 different institutes, they were turning a blind eye, and
10 it was quite easy in the 1970s to turn a blind eye
11 because The Troubles of Northern Ireland were in full
12 flow. So every day on the news in the '70s, '80s was
13 occupied by a police officer being killed, a prison
14 officer, a civilian. So the whole of Northern Ireland's
15 focus with on The Troubles. Their focus wasn't on
16 protecting children from pure evil.

17 He got quite angry when I told him that you were
18 upset at the police interview. In response to that he
19 said:

20 "What about my life? Upset? My whole life has been
21 totally destroyed by the Lissue Hospital and the
22 institutes that were supposed to protect children, and
23 he was upset?"

24 He got quite upset when I suggested to him that you
25 had been upset at the police interview.

1 He said that you had gone on a home visit to his
2 mother's. First of all, can I just ask: did you pay
3 home visits to people's house?

4 A. I -- there were occasions when I did home visits to
5 the -- as I said before, to the anorexic child's
6 parents, who needed support. Not often, but certainly
7 not in in the '70s.

8 Q. Yes. I think you made the point in mid-1970s this was
9 not an area that you personally would have gone to.

10 A. No.

11 Q. You think that if any home visit was carried out, it may
12 have been a social worker who did that?

13 A. It would have been a social worker, who would have had
14 contact with the family in any event.

15 Q. He remembered the teacher LS20, but you have still no
16 recollection of any teacher of that name.

17 A. I am sure I can find out.

18 Q. Thank you. Well, I was asking you then -- moving on
19 from what HIA220 had said, I was asking you about some
20 other matters that the Inquiry has learned of in respect
21 of Lissue. One was an incident of peer abuse, as it is
22 now known, where one child abuses another child, from
23 1983. That was a boy LS71 -- I will use his first name,
24 LS71 -- who was put into Lissue, then went back to the
25 children's home perhaps for weekend leave and then was

1 due to go back to return to Lissue, and complained to
2 the staff in the children's home that he was in that he
3 didn't want to go back. When they probed a little bit
4 further, he disclosed that he had been sexually abused
5 by another boy who was two years older than him in
6 Lissue. Police investigated that and the boy who was
7 alleged to -- the older boy admitted that he had done
8 what was alleged.

9 LS8, who we know is no longer living, he was spoken
10 to by police at the time. He said that he found it
11 surprising that this was able to happen, because of the
12 monitoring that went on --

13 A. Yes.

14 Q. -- of the dormitories at night --

15 A. Uh-huh.

16 Q. -- and said that there were fifteen-minute checks.

17 A. Uh-huh.

18 Q. What I wondered from you, LS21, was did LS8 ever discuss
19 that with you or with any of the other staff in the home
20 as to, "Look, you know, this incident has happened and
21 it is something we need to be careful about, something
22 we need to be alert about"?

23 A. Not to my knowledge. I don't remember him telling me,
24 and I find it hard to accept, because of the -- where
25 were all the other twenty-odd children or seventeen,

1 eighteen children? Where were they all when all this
2 was going on? It would have been observed, shared,
3 understood, recognised at some level, and given the
4 amount of attention that each child was given by all the
5 disciplines with their one primary locus of, "How are
6 you in here today?", it's inconceivable that all of this
7 would have been underground. It's beyond me. I'm
8 sorry.

9 Q. But you certainly didn't in the mid-'80s receive any
10 training about peer abuse or anything like that --

11 A. No.

12 Q. -- as a result of this?

13 A. No.

14 Q. The Inquiry is also aware of another complaint being
15 made in 1986 by another girl. She told police that she
16 was sexually abused in Lissue by another member of
17 staff, although it is true to say that might not have
18 actually resulted in a police complaint and might not
19 have gone anywhere.

20 Lissue was described by someone else who worked
21 there as a challenging place to work and I think you
22 would agree with that description.

23 A. Very challenging.

24 Q. You told me that it was extremely stressful, but equally
25 joyous at times.

1 A. At times, yes, at times.

2 Q. There were other allegations that came to light after
3 you had retired and I wonder did anybody ever make you
4 aware of those personally other than maybe what you
5 picked up in the media?

6 A. No.

7 Q. I gave you a copy of the Stinson report to look at
8 today, and I know you have only really had a cursory
9 glance at it, but it relates to the time when you would
10 have been working in Lissue in the 1980s. It describes
11 instances of what were peer abuse, children abusing
12 other children, and perhaps staff not passing on that
13 information to the appropriate social worker. It also
14 describes -- or certainly there being no evidence of
15 that having been done from the records that were looked
16 at, to be absolutely clear about it.

17 Did anybody ever ask you about any of those records?
18 I mean, they would have been records kept by your
19 nursing staff. Were you ever approached to comment on
20 it?

21 A. No.

22 Q. And you never saw that --

23 A. No.

24 Q. -- before I showed it to you this morning?

25 A. No.

1 Q. It has been accepted by the Health & Social Care Board
2 that what the Stinson report reveals was a harsh regime.

3 Is that your recollection --

4 A. No.

5 Q. -- of Lissue?

6 A. No.

7 Q. Is there anything you would like to say to the Inquiry
8 about that, LS21?

9 A. I think it depends on how you define "harsh". It had
10 rules and limits, what we call boundaries, and children
11 were con... -- within those boundaries any incursion
12 which threatened the stability of that regime, that
13 milieu couldn't have been tolerated. We took steps,
14 ongoing, even by instinct to ameliorate, to change, to
15 reduce any potential violence, aggression, tension.
16 That was what it was all about. So I didn't consider
17 that to be harsh.

18 I have three children of my own at the same age as
19 all these children are talking about, and I got them all
20 to university and they don't feel that they have been
21 restricted, and my behaviour there was the way I managed
22 my family.

23 There were rules. We had to have rules, and
24 encouragement was used: "Keep within those rules".

25 Q. Well, did you ever yourself see staff behave

1 inappropriately towards children?

2 A. No.

3 Q. Or did you ever have any other member of staff come as
4 their line manager to say that anything untoward had
5 occurred?

6 A. No.

7 Q. Well, LS21, you will be glad to know that that's all
8 I want to ask you, but before I hand you over to the
9 Panel is there anything else that you would like the
10 opportunity to say about Lissue, about any -- either
11 about the allegations that have been made against you
12 personally or about any of the general matters that we
13 have been looking at?

14 A. My whole experience of this is one of shock and anxiety,
15 concern. What we are describing is not my work
16 environment experience. When I -- staff arranged
17 a dinner for me on my retirement and gave me some
18 recognition for my contribution to their training and
19 their work practice and their -- yes, their
20 relationships. I was proud of that. Now I'm the last
21 couple of years feeling I chose the wrong profession.

22 Q. LS21, thank you very much. As I say, the Panel may have
23 some questions for you.

24 A. Thank you.

25

1 Questions from THE PANEL

2 MS DOHERTY: LS21, thanks very much for that. Can I just
3 ask you a few questions? We have heard about time out
4 being used for quite extended periods, much more than
5 five to ten minutes, up to an hour, and of children
6 being kept in their pyjamas or kept in their beds as
7 a way of restraint.

8 A. No.

9 Q. You have no ...?

10 A. And may I say when we talk about five to ten minutes, we
11 have to bear in mind that the time of exclusion from
12 activities was primarily determined by the individual's
13 behaviour and by their -- whether they were settled or
14 not settled. Now if a child is being disruptive,
15 screaming, shouting, cursing, swearing, banging doors,
16 banging things, that -- you don't say, "Five minutes.
17 All right. Five minutes banging. Now you can come
18 out". It will continue until the individual is settled.

19 Q. Do we understand that the time out didn't actually start
20 until the child settled? So there was an expectation
21 that the child would settle and then the time out would
22 begin, so that the actual measurement of time ...? No?

23 A. No. Time out was a settling period. It could be
24 settled in two minutes, three minutes, ten minutes. It
25 was determined by the child's return to a normal ...

1 Q. And when the child didn't return or the child refused to
2 go into time out, what would happen?

3 A. They -- that's not my experience, but I'm trying to
4 imagine a scenario where that would occur. In extreme
5 situations, as we have already discussed, children who
6 were violent and aggressive had the option -- had the
7 opportunity of sedating and that happened from time to
8 time. It's a very violent scenario. I don't know
9 whether you can imagine a child in a tantrum. Maybe
10 you've not --

11 Q. I have had experience.

12 A. Well, if you have had experience, you will know that it
13 is not a safe place to be not only for the child himself
14 but for all around him, and I include staff. I have
15 sent home staff with injuries following incidents
16 occurring between out of control children.

17 Q. So that would have required some holding of the child --

18 A. Yes, yes.

19 Q. -- in order to administer the sedative?

20 A. Yes, yes.

21 Q. Okay. One of our witnesses talked about being taken and
22 described it as more or less being manhandled to a room
23 and that you intervened and took him into your office
24 and allowed him to play with toys in your office?

25 A. I didn't have toys in my office. I'm sorry.

1 Q. So you had no --

2 A. I on a -- on one occasion I remember two children
3 fighting and I brought the two of them into my office
4 and I suggested, "Look, I will tell you what. I can
5 deal with this. I can settle it. I can use, you know,
6 sanctions, or withdrawal of privilege, or loss of points
7 or whatever, or you can settle it yourselves. I give
8 you that opportunity", and I remember a new staff nurse
9 who had just arrived and I came in and afterwards he
10 said to me, "I have just learned something today".

11 Q. But you have no memory of intervening when a member of
12 staff was taking a child to time out? You have no
13 memory of having to intervene with staff when they were
14 dealing with children?

15 A. You are talking about nearly a thousand children. I'm
16 sorry. I ...

17 Q. But as a senior member of staff that wasn't --

18 A. I can imagine that, if that had occurred, I would have
19 been responding. I -- if my staff were not following
20 the dictate or programme, my duty, my responsibility
21 would have been to intervene and to change.

22 Q. Okay.

23 A. That's inevitable. I was -- I was in charge.

24 Q. We heard from a former colleague of yours last week who
25 indicated, and some of the witnesses have indicated,

1 that staff took different approaches and that some of
2 the older members of staff might have been more quick to
3 use time out or to use restraint than some of the
4 younger members of staff.

5 A. I would have put it in the other context. My experience
6 would have been that those with least experience would
7 have been less contained, less skilled, less able to
8 respond to out of control situations. The older staff
9 to my knowledge and memory, and I remember most of them,
10 had developed the capacity and the skill to do the job
11 that they were required to do on a daily basis.

12 Q. We have heard a lot about children on the roof, getting
13 up to the roof, and throwing down slates.

14 A. Yes.

15 Q. Do you remember that? Was that a ...?

16 A. With discussion of it I do remember an occasion when
17 a child was throwing down slates on the cars. We had to
18 move the cars out of car park. I remember -- yes,
19 I think I remember that.

20 Q. But that was a one-off you remember? You don't remember
21 it being a common problem?

22 A. Not a common problem, no, no. It was one child in
23 particular who found that he could scale the wall, found
24 a way of getting up.

25 Q. And used that. Just the -- one of the things that we

1 have heard from the Board's statement was about the use
2 of gloves in beds to restrain children.

3 A. No, no knowledge of that.

4 Q. No knowledge of that and no knowledge of children in any
5 way being strapped down in bed?

6 A. No, no, no. That would be unacceptable.

7 Q. Can I ask just a final question? Did you ever receive
8 a complaint from a child about how they were being
9 treated?

10 A. Not to my own memory, no. Not to my knowledge.

11 Q. You never had to deal with that?

12 A. No.

13 Q. Okay. Thank you, LS21.

14 MR LANE: Going back to the position about the staffing,
15 were the night staff also qualified as RMNs or something
16 else?

17 A. Yes, there would have been two qualified staff, one
18 nursing auxilliary --

19 Q. Right.

20 A. -- on average -- by and large.

21 Q. Was there --

22 A. At a weekend -- I'm sorry -- at a weekend there might
23 have been one trained, one untrained.

24 Q. Yes. Was that in case there were problems at night or
25 were they actually expected to provide any of the sort

1 of treatment plan during the night?

2 A. Yes, yes. We had a number of enuretic, wetting --

3 Q. Uh-huh.

4 A. -- encopretic, soiling, who would have had to have been
5 checked on a regular basis, changed, if necessary.

6 Q. And observing sleep patterns and things like that?

7 A. Yes, yes, yes. We had how -- a sleep pattern is part of
8 the evaluation on a daily morning basis. We had to know
9 children who were distressed, maybe not sleeping.

10 A necessary bit of information.

11 Q. It was just those who had sleep problems, was it, or
12 were all children observed?

13 A. All children would have been checked. I mean, just
14 imagine it. A four-bedded dormitory. You've got one
15 target child or one high profile child. You are heading
16 in there to check on their progress and their stability.
17 You can't fail but pay attention to the other three in
18 the room.

19 Q. Sure.

20 A. So that you are able at the end of the day when you are
21 writing your reports for the day staff coming in every
22 morning at 7.30, 8 o'clock, "So-and-so slept well.

23 So-and-so didn't fall asleep until -- was awake from
24 such ..." We needed that information passed on to the
25 medical team and other members of the staff.

1 Q. In terms of line accountability you are responsible to
2 LS8, as I understand it.

3 A. Yes.

4 Q. Was there also somebody responsible for the unit
5 downstairs who was also accountable to anyone?

6 A. Can I make this point, and it's a bit confusing. Lissue
7 is a house --

8 Q. Uh-huh.

9 A. -- but there were two separate floors sectioned or
10 separated by a flight of stairs.

11 Q. Uh-huh.

12 A. We had no contact with the Paediatric Unit. The
13 Paediatric Unit had no contact with us.

14 It's been said -- another thing which I remember,
15 someone said that the military came in to show films.
16 That didn't happen. I don't -- no, that didn't happen.
17 No, there was no connection.

18 Q. Right, but he was responsible for the two units, LS8
19 was?

20 A. Yes, yes.

21 Q. How much was he around then? How much freedom did you
22 have as the head of the upstairs unit?

23 A. Well, I would have seen him daily and access at any time
24 to his office.

25 Q. So did he take all the key responsibilities and all key

1 decisions to do with the running of the place or was
2 that delegated to you?

3 A. That was my responsibility, and there were other --
4 I mean, there was another Charge -- you know, Ward
5 Manager as well as me for a period of time. I had help.
6 My pressure -- the pressure for me personally and
7 professionally was when I had no help, and the
8 administrative pressures kept building up and building
9 up and building up, and finally I couldn't manage it.

10 Q. So the other Ward Manager shared the responsibility with
11 you --

12 A. Yes, yes.

13 Q. -- for the Psychiatric Unit?

14 A. It was corroborative.

15 Q. Sure.

16 A. None of us were independent.

17 Q. There has been mention made about the registrar.

18 A. Yes.

19 Q. Was the registrar attached solely to the unit --

20 A. Yes.

21 Q. -- or -- didn't have any hospital responsibilities at
22 all?

23 A. Not to the Paediatric Department. Only for Child
24 Psychiatry.

25 Q. Right, and spent the whole working week with you then?

1 A. Yes, Monday to Friday.

2 Q. Right. Okay. Just to make sure that I have understood
3 it properly, you were questioned earlier on about the
4 authorising of sedation and things like that. Now that
5 would have been, as I have understood it from what you
6 have said, that when you were planning the care of
7 a particular child, you would have said, "Right. If he
8 has a big problem, then we will use sedation". Is that
9 the way it would have been planned?

10 A. It -- my responsibility was to record, provide and
11 inform the team.

12 Q. Uh-huh.

13 A. Now it was their -- I mean, the ultimate responsibility
14 of the consultant and the registrar, the medical staff
15 within that team to decide, "This is the treatment we
16 will pursue".

17 Q. Yes. Uh-huh.

18 A. They would have determined what course of medication or
19 intervention was required or necessary.

20 Q. So --

21 A. My responsibility was to implement that.

22 Q. But they would have decided on this in advance rather
23 than at the time that there was the crisis?

24 A. If the potential on admission history was for violence
25 --

1 Q. Yes.

2 A. -- we would have to make plans --

3 Q. Sure.

4 A. -- to accommodate that, and for the most part changes in
5 implementation of treatments and therapies was post
6 occurrence.

7 Q. Right.

8 A. Right. I mean, we didn't know the child who climbed on
9 the roof was a climber. We just learned it when he did
10 it.

11 Q. So on an occasion like that would the registrar have
12 decided sedation was what was needed?

13 A. Yes, on occasion, yes. I mean, that was the advantage
14 of having medical staff as part of -- you know,
15 contemporary.

16 Q. So it wasn't the nurses --

17 A. No.

18 Q. -- enacting what had been decided earlier?

19 A. Inevitably, yes, of course, yes. I have given children
20 injections as part of a treatment scenario --

21 Q. Right.

22 A. -- with the -- never alone, always with the assistance
23 of other members of staff.

24 Q. Yes. Right. Okay. Thank you very much.

25 A. Thank you.

1 CHAIRMAN: LS21, I would just like to follow up that last
2 question, because I am not entirely clear in my own mind
3 about this.

4 A. Can you repeat that? I'm sorry.

5 Q. Yes. The issue about sedation being given by the
6 nurses, as I understand it, there are two possible
7 situations that can arise.

8 A. Yes.

9 Q. One is a situation which may be foreseen because of the
10 history of the child when he or she is admitted --

11 A. Uh-huh.

12 Q. -- to Lissue --

13 A. Yes.

14 Q. -- and a plan be put in place that if that eventuality
15 occurred, then authority had already been given for
16 a particular type of sedation to be administered by the
17 nursing staff. Is that right?

18 A. Uh-huh. Yes. Uh-huh.

19 Q. That's the first scenario.

20 A. Basically, but --

21 Q. Or, to put it another way, even if there had been
22 thought given to the situation beforehand, did you
23 always, no matter what the circumstances were, have to
24 get the authority of a senior or of a registrar to
25 administer intramuscular sedation before you did it no

1 matter what had been talked about beforehand?

2 A. Yes. No. In the event that the senior reg was on site,
3 you know, just there available -- I mean, the registrars
4 and the psychologists had other -- I mean, they had
5 contact and interactions and intermingling with other --
6 with the parent unit at Belfast. So my responsibility
7 would have been to accept the determinant that out of
8 control behaviour or a child with epilepsy had to
9 receive an intramuscular injection. That was my
10 responsibility to implement the treatment which had been
11 prescribed.

12 Q. Yes. So in one scenario the doctor had said, "If this
13 happens, you can do this" and then you do it. Is that
14 right?

15 A. Yes. If my -- if it turns out -- if it transpires that
16 there are no other recourse.

17 Q. Yes, I understand that --

18 A. Yes.

19 Q. -- but were there sometimes occasions, such as a child
20 going on the roof and throwing slates down or whatever,
21 when a totally unforeseen situation had arisen and it
22 was felt necessary to administer some form of sedation?
23 Did you have a certain -- a practice whereby you would
24 do it first and get approval afterwards, or did you
25 always have to go and find a registrar, whether he was

1 or she was on site in Lissue or in Belfast and say,
2 "This is the situation. Can I administer an injection?"
3 A. I would have not needed approval for a treatment plan
4 already -- as part of that treatment. If a child is out
5 of control, I can't wait to get a doctor from an office
6 in the corridor or call for that kind of ... My
7 responsibility was to implement that treatment plan.

8 Now there are other ways. There were occasions in
9 the event of an individual being out of control
10 behaviourally occasionally you can settle that without
11 intervention, but I think I've already stated or
12 suggestion or described my primary responsibility was
13 the safety of the children and the safety of the staff.
14 In the event of loss of control of behaviour, this is
15 a very violent act. Things get hurt. People get hurt.
16 I couldn't take that kind of responsibility and I had to
17 use my training and experience to evaluate these
18 situations, and those who worked with me had that same
19 potential. I am a bit disturbed by the thought that
20 this is a restrictive regime intent on causing harm.
21 I find that offensive. I'm sorry.

22 Q. Yes.

23 A. I apologise.

24 Q. Well, thank you very much for coming to speak to us
25 today, LS21. We are very grateful. We can see how it

1 was not an easy experience for you to have to deal with
2 some of the more unpleasant nature of the allegations
3 that were made, but thank you for coming.

4 (Witness withdrew)

5 MS SMITH: Chairman, that concludes today's evidence.

6 CHAIRMAN: Usual time tomorrow.

7 MS SMITH: Yes.

8 (4.10 pm)

9 (Inquiry adjourned until 10 o'clock tomorrow morning)

10 --ooOoo--

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WITNESS HIA3 (called)2
 Questions from COUNSEL TO THE INQUIRY2
 Questions from THE PANEL28

WITNESS LS21 (called)33
 Questions from COUNSEL TO THE INQUIRY33
 Questions from THE PANEL81