



Derbyshire Constabulary

Operation Thalia
Aston Hall Hospital
Police Findings Report

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1 Executive Summary

- 1.1 This police investigation surrounds allegations of non-recent child sexual abuse at Aston Hall Hospital in Derbyshire during the 1950s, 60s and 1970s. The investigation is one part of a partnership inquiry led by Derbyshire Safeguarding Childrens Board.
- 1.2 Aston Hall Hospital was located at Aston on Trent in Derbyshire. It has now been converted into apartments and residential properties. There were two wards on the hospital, Laburnum and Beech, that accommodated children assessed to have learning or behavioural difficulties. The understanding and treatment was very different at that time and the way that children are dealt with now does not compare.

2 Investigation Introduction

- 2.1 The intention of the police investigation was to inquire into the alleged abuse of children in care in the former Aston Hall Hospital, whether sexual, physical and or as part of their treatment.
- 2.2 Review the medical or administrative records of Aston Hall.
- 2.3 To examine whether the treatment, and/or staff members administering the care amounted to a criminal act.
- 2.4 In the light of the examination, to consider whether the relevant caring agency discharged their functions appropriately, and, in the case of caring staff whether they could have prevented or identified the abuse at an earlier stage.
- 2.5 Investigation overview
 - a. Number of Crimes recorded; Total 73, 33 Physical, 40 Sexual
 - b. Number of persons attending Aston Hall to contact investigation team 114
 - c. Number of witness accounts taken; 140
 - d. Number of victim statements/third party including staff accounts taken; 37 / 26
 - e. Number of actions generated; 596
 - f. Number of officer reports; 178
 - g. The duration of the operation; Public Protection Major Investigation Team 25th Feb 2016 – Apr 2018
 - h. Number of police officers and staff working on the operation; 12 (SIO, Office Manager, Detective Sergeant, 4 Detective Constables, 3 Police Staff Investigators and 2 HOLMES administrators

3 Terms of Reference

- 3.1 To establish, understand and manage the wishes and expectations of victims and survivors
- 3.2 To ensure the victims and survivors are fully supported in partnership with other agencies involved in the Inquiry
- 3.3 To take any necessary safeguarding measures in relation to suspects
- 3.4 To identify any alleged crimes
- 3.5 To identify, investigate and prosecute any living suspects
- 3.6 To manage public and media interest in partnership with the other agencies

4 Summary of Findings

- 4.1 As a result of some initial complaints, and then widespread media interest 114 people have now come forward. The brief circumstances of the alleged abuse are that children were admitted to the wards from court appearances, local authority care and the family environment.
- 4.2 It is claimed that whilst patients at the hospital they were taken to a side room and administered with drugs that made them temporarily paralysed, and then unconscious. Some are reporting that they were then sexually abused.

5 Complaint Background

- 5.1 The investigation surrounds allegations of non-recent child sexual abuse at Aston Hall hospital, Derbyshire, during the 1950s, 60s and 1970s.
- 5.2 **Initial concerns** were raised to Suffolk Police by an individual on the 29th of June 2011; alleging she was forced to receive treatment at Aston Hall. These concerns were passed onto Derbyshire Constabulary who commenced an investigation. This investigation identified no allegations of sexual abuse and the individual was advised to contact the Primary Care Trust.
- 5.3 **Further concerns raised** – an individual made an allegation of rape whilst resident at Aston Hall to Derbyshire Constabulary in July 2014. This crime was marked off as undetected due to the suspect being deceased.
- 5.4 In September 2014 an unconnected individual was contacted by Nottinghamshire Police in response to Operation Daybreak (an investigation into non-recent child sexual abuse across Nottinghamshire). This individual also alleged non-recent child sexual abuse whilst a resident at Aston Hall. This was recorded for intelligence purposes as the suspect was deceased. This was subsequently registered as a crime when the investigation moved to Public Protection Major Investigation Team.
- 5.5 In July 2015 a further individual complained of treatment referring to injections, gas and waking up feeling sore between her legs. This mirrored allegations already recorded.

6 Investigation Team

6.1 On the 25th February 2016, the investigation was formally transferred to the then Derbyshire Operation Hydrant Team, subsequently re-named Public Protection Major Investigation Team and managed on the Home Office Large Major Enquiry System (HOLMES) under the name Operation Thalia.

7 Gold Group

- 7.1 A strategic Gold Group has been in operation during the course of the investigation. The Gold Group responsibility is to ensure the children and young people in Derbyshire today are no longer at risk of maltreatment reported by the victims to the police and mental health professionals.
- 7.2 Information obtained by the Gold Group has been used as part of the Aston Hall overview. The areas of practice and medical treatment within Aston Hall has been provided through research by Gold Group members and from accounts obtained from victim / patient accounts.
- 7.3 **Risk and support** -To ensure the victims and survivors are fully supported in partnership with other agencies involved in the Inquiry.
- 7.4 Health is the lead agency and is in contact with each victim to offer support. As part of the Victim Care Strategy, Health commissioned specialist resources which were made available to all those who wished to access them.
- 7.5 Officers from the PP MIT team dealt with any immediate safeguarding issues appropriately, and referred onto other support agencies as necessary.
- 7.6 All Derbyshire police call handlers were briefed on how to deal with any person reporting an issue to the police, particularly regarding immediate safeguarding concerns.

8 Victims and Survivors

- 8.1 The objective of this strategy is –
- 8.2 To establish, understand and manage the wishes and expectations of victims and survivors
- 8.3 Each person who contacted Derbyshire Constabulary regarding Aston hall was spoken to by a member of the Major Investigation Team and a brief initial conversation recorded. The purpose of this was to establish the reason why they contacted police, to deal with any immediate safeguarding issues, inform them of the ongoing partnership inquiry, offer reassurance and then update regarding timescales for any future action.
- 8.4 A total number of 114 victims/patients of Aston Hall have been seen by the police.

9 Gold Group Multi-Agency investigation combined information

- 9.1 Aston Hall Hospital began life as a hospital for people with learning disabilities in 1925. Prior to this it had been used as a Red Cross Hospital during the First World War. It developed into a colony for people with learning disabilities and became a treatment centre for children with learning disabilities and mental health issues; children in care from across the country were placed there by the responsible Local Authorities of the time, both for long term treatment and weekend care.
- 9.2 Allegations have been raised with a number of different agencies about abuse, both physical and sexual, at Aston Hall Hospital between 1954 and 1979.
- 9.3 Allegations have been made against a number of alleged perpetrators.
- 9.4 During the period the alleged abuse took place, Dr Kenneth Oswald Milner ("Dr Milner") was Medical Superintendent of Aston Hall. He worked within mental health services, with a background in the adult prison service.
- 9.5 During his tenure, Aston Hall had a reputation as a treatment centre for children.
- 9.6 Treatment methods at Aston Hall Hospital are known to have included sedation; where young people were put to sleep to allow memory testing, often referred to as 'Narco-analysis'. This involved interviewing patients in a drug induced state in order that they recall and disclose thoughts and feelings that they would normally conceal.
- 9.7 This type of procedure would not be acceptable within today's medical standards. It is questionable as to whether it was acceptable during the period in question, particularly in the treatment of young people. (Professor Sir Michael RUTTER, see chapter 12).
- 9.8 Many patients were sent to Aston Hall without prior contact from clinical staff. There are a number of patients who have suggested that they were hand-picked to attend Aston Hall. No evidence has been identified which suggests any conspiracy or involvement in regards to this.
- 9.9 Complainants were under the age of 18 at the time they allege to have been victims of abuse at Aston Hall. The majority are now aged 49-79 years old. They live across the United Kingdom and internationally, as far afield as Australia.
- 9.10 The non-recent nature of the allegations has presented a number of complications; in terms of placing the alleged offences in the context of the era, establishing organisational responsibilities and if there has been a crime committed during the treatment.
- 9.11 The allegations of sexual abuse are clearly defined under the Sexual Offences Act 1956, Children and Young Persons Act 1933 and the Offences Against the Person Act 1861.

- 9.12 *The Narco Analysis Test:* A person is able to lie by using their imagination. In the Narco Analysis Test, the subject's imagination is neutralised by making them semi-conscious. In this state, it becomes difficult for them to lie and their answers would be restricted to facts they are already aware of.
- 9.13 Patients are injected with Sodium Pentothal or Sodium Amytal. The dose is dependent on the person's sex, age, health and physical condition.
- 9.14 The subject is not in a position to speak up but can answer specific simple questions. The answers are believed to be spontaneous as a semi-conscious person is unable to manipulate the answers.

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10 Summary showing the organisations thought to have responsibility for Aston Hall

•1946:-

Nottingham Hospital Management Committee No3 (local administrator of Aston Hall)

Sheffield Regional Hospital Board (oversight organisation and employer of Dr Milner)

•1974:-

Trent Regional Health Authority (oversight body – taking responsibility from Sheffield Regional Hospital Board)

Derbyshire Area Health Authority (local administrator having taken over from Nottingham Hospital Management Committee No3)

•1982:-

Trent Regional Health Authority

Southern Derbyshire District Health Authority (having taken over from Derbyshire Area Health Authority)

•1995:-

It is at this point where the line of responsibility becomes less clear, that is, it is not possible to find a Statutory Instrument which identifies where responsibility passes for the two organisations above: the Health Authorities Act 1995, section 1, abolishes the two above organisations and creates organisations known as Health Authorities.

•1996:-

Southern Derbyshire Health Authority

•2002:-

Trent Health Authority

•2006:-

East Midlands Strategic Health Authority

•2012:-

NHS Resolution

Secretary of State

11 Patient Accounts

- 11.1 The investigation team obtained a significant number of accounts from surviving Aston Hall patients. There are a number of similarities in the 'treatment' described by former patients.
- 11.2 Patients were notified during the course of the day that they were to be subjected to 'treatment' or were told to miss their next meal and taken to a treatment room.
- 11.3 Treatment consisted of stripping naked, bathing, administering of medication by injection – sodium amytal - before dressing in a heavy jacket described as similar to a 'strait-jacket' some patients recall a hospital gown being used.
- 11.4 A single mattress would be in the room.
- 11.5 Administering physician's arrival would often result in other staff members leaving the room whilst the 'treatment' took place.
- 11.6 Patient's often lying on the mattress, recall being asked questions about abuse they suffered, usually sexual, involving family members.
- 11.7 Administering physician would put a gauze mask over their face and drip liquid onto the mask, commonly believed by the patients to be ether.
- 11.8 Patients recollections of what happened vary; some describe themselves as having been so stupefied that they were unable to accurately say, others recall sexual touching including attempted rape. Many patients recall soreness around the genitalia, dampness and the presence of unknown liquids.
- 11.9 Physical restraint is also reported by patients prior to any treatment whilst other's report restraint during treatment as they lashed out and fought what was happening.
- 11.10 The psychological treatment used on children, in particular the strong doses of sodium amytal as part of 'Narco-Analysis' does not appear to be documented. The investigation team has not been able to find any reports, or published papers on this treatment.
- 11.11 Professor Sir Michael RUTTER (see chapter 12) has commented that he is unaware of any publications of this treatment methodology.
- 11.12 Victim and Survivor continued support and reporting**
- 11.13 Key to the investigation is the voice of victims and survivors reliving their experiences of Aston Hall. The information provided helps understand what happened in the past, so that steps can be taken to ensure children are better protected from physical and sexual abuse in the future.
- 11.14 A number of victims have spoken publically and on occasion published books of their experiences. Others have spoken privately within support groups and organisations.

- 11.15 Retaining confidentiality and privacy of individual accounts remains a high priority to ensure that all personal and sensitive information is safely stored, and made available only to those who need to see it.
- 11.16 The Impact of non-recent physical and sexual abuse in childhood manifests in different ways as people reach adulthood. Individual disclosures may be made at different times and not necessarily within the period associated within a criminal investigation.
- 11.17 Media coverage both locally and nationally can prompt recall at different periods. People should be encouraged to come forward with experiences, either good or bad, regardless as to whether a criminal investigation is still ongoing.
- 11.18 With this in mind it is highly likely, owing to the size and number of patients within Aston Hall, people will continue to make reports either to the police or support organisations.
- 11.19 The priority is to ensure an effective support service provision (that provides care, treatment, counselling, therapy and support) meets the needs of people who have experienced child physical or sexual abuse.
- 11.20 Any new information or victim account will be reviewed in line with the investigation aims and objectives.
- 11.21 All new allegations will be recorded.

12 Expert Opinion

12.1 Professor Sir Simon Charles WESSELY

- 12.2 On the 13th of December 2016 the investigation team sought advice from Professor Sir Simon WESSELY. Prof Sir Wessely had appeared on a radio 4 programme in relation to non-recent abuse.
- 12.3 Although the advice was never formalised, Professor WESSELY provided an opinion based upon the information he received;
- There were no consent issues in the 1960s, a doctor would do what he /she felt necessary.
 - Use of sodium amytal was common practice and remembers using it on children in the 1980s.
 - Patients are more likely to talk of sexual matters when under sodium amytal but it is highly suggestable. Patients could make things up.
 - He could not understand the use of Ether with Sodium Amytal.
 - Couldn't explain why one would use a strait jacket.
 - Doesn't think Dr Milner was doing research due to the lack of papers he has produced.
 - He spoke about Electroconvulsive therapy (ECT) as a possible treatment which would explain the patient being put on a mattress and put in a strait jacket but this treatment would knock them out.
 - He spoke about Largactil, a major tranquilliser, as being used a lot on children in the 60s and 70s. He also spoke about Carbamazepine but couldn't remember when that was introduced into medicine.

- 12.4 Professor Sir Simon Wessely directed the investigation team to Professor Sir Michael RUTTER.
- 12.5 Professor Sir Michael RUTTER** is a Professor of Developmental Psychopathology at the Institute of Psychiatry at The Maudsley, one of the world's leading centres of excellence in psychiatry.
- 12.6 The Senior Investigating Officer (SIO) set parameters and commissioned an expert medical opinion from Professor Sir Michael RUTTER. This covered a number of non-recent areas identified by the victims.
- 12.7 These included:
- Treatment
 - Restraint
 - Physical Abuse
 - Sexual Abuse
 - Security of patients
- 12.8 Professor Sir Michael RUTTER was asked the following questions about treatment;**
- 12.9 What are/were the recognised clinical uses of Sodium Amytal?
- 12.10 Are there any recognised side effects of Sodium Amytal?
- 12.11 What are/were the recognised clinical uses of Ether?
- 12.12 Are there any recognised side effects of Ether?
- 12.13 Is it, or was it, a recognised practice to combine them together during treatment?
- 12.14 What would be the effect of their combined usage?
- 12.15 Are there any recognised/ potential side effects of their combined use?
- 12.16 Specific side effects described by victims are that they suffered soreness or bleeding from the genital areas following treatment. Would this be a recognised side effect or is there any medical explanation for it?
- 12.17 What would have been the recognised practice for administering drugs? i.e. superintendent instructs nurse to administer drug, drug removed from cabinet and administered by nurse who records its use.
- 12.18 In particular to Children**
- 12.19 Is it, or was it, a recognised treatment to use Sodium Amytal on children?

12.20 It is described by victims that they were given Sodium Amytal to help recollection of sexual experiences and physical abuse. Is this a recognised use/treatment using Sodium Amytal?

12.21 On occasions a strait jacket was used. Was this normal or accepted practice?

12.22 Whose consent would have been required to use Sodium Amytal on children?

12.23 Whose consent would have been required to follow the treatment path described re drugs and/or restraint?

12.24 Superintendent of Residential Treatment Location

12.25 Dr Milner is recorded as holding the title of Physician Superintendent of Aston Hall, what would this entail and how would it translate into the actions and instruction towards other staff?

12.26 Would the governing body have any influence or knowledge of the agreed practice?

12.27 Would the governing body have any influence over any experimental procedures?

12.28 Regarding Sodium Amytal and Ether combined is there evidence of any experimental treatment this nature? If so who would have commissioned this and would the results have been published?

12.29 The opinion sought is to clarify, were possible, the legal and ethical nature of the practice at the time reflected in the allegations.

12.30 Response summary

12.31 Professor Sir Michael Rutter has provided a report in response to the questions raised and information provided;

12.32 The combined use of sodium amytal and ether is highly unusual. Sodium amytal was used to encourage memories whereas the use of ether obliterates them.

12.33 So far as children are concerned sodium amytal was not a recognised treatment.

12.34 Neither soreness nor bleeding would be an ordinarily expected side effect of either sodium amytal or ether.

12.35 The use of strait jackets with young people would not be either a normal or accepted practice even at that time.

12.36 During the period under investigation there was not the same concern over consent as there would be now.

12.37 The title of Physician Superintendent, people holding these posts had a great deal of power both with respect to their own actions and the instructions of other staff.

- 12.38 Professor Sir Michael RUTTER was asked to provide his opinion and answer questions posed by Derbyshire Constabulary. He was provided with a number of papers authored or co-authored by Dr Milner and the summary reports of some 74 or so victims of treatment at Aston Hall.
- 12.39 Since the original advice there are a number of lines of enquiry identified requiring exploration. The answer to these questions is potentially relevant to the 'lawfulness' of any treatment had Dr Milner still been alive. To answer these queries further advice has been obtained from Professor Sir Michael RUTTER.
- 12.40 **Further questions**
- 12.41 Was the use of Ether a recognised treatment in psychiatric practice for children in the period we are concerned with?
- 12.42 Professor Sir Michael RUTTER response: No.
- 12.43 Was rendering a child unconscious through the use of Ether (either alone or in combination with any other drug) a recognised treatment in the period we are concerned with?
- 12.44 Professor Sir Michael RUTTER response: No.
- 12.45 Sodium Amytal was used as a "truth drug" (albeit not in children as per your previous report) and is a well-established sedative or anti-anxiety drug. To what extent do the circumstances in which it was being used, correlate with acceptable practice?
- 12.46 Professor Sir Michael RUTTER response: It was not being used appropriately.
- 12.47 There are occasions in "medical crime" where a doctor can and will use a recognised technique, but the circumstances in which it is used render the use highly questionable e.g. the totally unnecessary (but technically properly performed) intimate examination. In this case, we have, potentially, the use of an appropriate medication, and so need an expert to say whether the circumstances in which it was being used were acceptable or not.
- 12.48 Professor Sir Michael RUTTER response: Not acceptable.
- 12.49 Finally, were these considered to be in accordance with acceptable practice during the period we are concerned with?
- 12.50 Professor Sir Michael RUTTER response: No.
- 12.51 **Credibility / reliability of the patients accounts**
- 12.52 There are a number of suggestions from various sources that some of the complainants may have made false allegations motivated by the desire for compensation, or, indeed, publicity.
- 12.53 With this in mind, some commentators may observe that the very medication which was being used by Dr Milner has sub-consciously provoked the complainants in to having "false" recollections of what happened to them at the time of their treatments.

- 12.54 Would the medication which the complainants were given be capable of giving them a false memory of something physically occurring during treatment which was not in fact happening to them? In other words, could they have been hallucinating? Or, could they now, years later, be misremembering (genuinely but mistakenly) as a result of the medication.
- 12.55 Professor Sir Michael RUTTER response: You also ask whether the medication would give a false memory. In my opinion, it would not.

13 Allegations and Crime Recording

- 13.1 The allegations from former patients fall into a number of different categories, including treatment and alleged crime.
- 13.2 The preparation of patients for treatment including the use of strait-jackets and injections by staff members involved in primary care could be considered to be Common Assault under Offences Against the Person Act 1861. However, assault requires intent, meaning that there has been a deliberate, unjustified interference with personal right or liberty of another in a way that causes harm. In criminal law, intent means acting with a criminal or wrongful purpose. The junior medical staff preparing patients for treatment will have been ordered to do so by the superintendent and there would be an expectation that it would be done.
- There is no evidence of intent or acting negligently by deviating from the standards of normal conduct by staff in these circumstances.
- 13.3 The psychological treatment used on children, in particular the strong doses of sodium amytal as part of Narco-Analysis in children, does not appear to be documented.
- 13.4 Sexual Assault – Defined as Rape and or Indecent Assault in the Sexual Offences Act 1956 and Offences Against the Person Act 1861. S.4(1) and (2) of SOA 1956 Administering drugs to obtain or facilitate intercourse.
- 13.5 Physical Assault – Defined as Common Assault including the use of restraint on hands/arms and physical strikes by staff involved in primary care. Common Assault Section 39 Offences Against the Person Act 1861. S.8(1) of SOA 1956 Intercourse with defectives. S.22 of OAP 1861 Administering a stupefying or overpowering drug
- 13.6 Physical restraint is reported during treatment as patients lash out and fight what is happening. S.1 Children and Young Persons Act 1933 Cruelty to person under sixteen
- 13.7 Several patients report being hit or struck whilst resisting treatment.
- 13.8 There are 33 allegations of physical and 40 allegations of sexual abuse.
- 13.9 The allegations of physical assault are directed towards other members of staff involved in the primary care of patients, including nursing assistants and nurses of varying professional standing.
- 13.10 There is no corroboration of injury to the victims and no reported or recorded significant injury.

- 13.11 Patient accounts refer to discomfort following any alleged assault.
- 13.12 Common assault and battery are summary offences only; six month time limit for prosecution.
- 13.13 Normally, a prosecution for a summary offence (which has to be prosecuted at the magistrate's court) must be commenced within six months of that offence being committed.
- 13.14 Therefore based on the information provided in the patient accounts any physical assault is out of time for prosecution.
- 13.15 General limit on offences which are summary only
- 13.16 Unless expressly provided by other legislation, a magistrates' court shall not try an information (or hear a complaint) unless it was laid within six months from the date when the offence was committed (Section 127 of the Magistrates Courts Act 1980).
- 13.17 The allegations of sexual abuse are clearly defined.
- 13.18 Patients describe lying on a mattress, recall being asked questions about abuse they suffered, usually sexual, involving family members.
- 13.19 Attending physician would put a gauze mask over their face and drip liquid onto the mask, commonly believed by the patients to be Ether.
- 13.20 Patients recollection of what happened vary; some recall being so stupefied they are unable to accurately say, others recall sexual touching, penetration including attempted rape and rape.
- 13.21 Many patients recall soreness around the genitalia, dampness and or presence of unknown liquids.
- 13.22 Any identified sexual offence is considered against the legislation at the time; Sexual Offences Act 1956 and Offences Against the Person Act 1861.
- 13.23 There are no identified prosecution time limits for the identified sexual offences under this Act.
- 13.24 The majority of the sexual abuse allegations relate to one individual. There are allegations of sexual abuse against unknown members of care staff, some under the direction of others as well being in his presence.

Number of individual allegations	Suspect identification	Type of allegation	Suitable for Interview under Caution	Prosecution time limit	Outcome
14	Staff member	Rape	Yes	No	Suspect deceased. Had they been alive they would have been interviewed under caution.
1	Unidentified patient	Rape	Yes	No	Had the suspect been identified they would have been interviewed under caution.
19	Staff members	Sexual other	Yes	No	Principle subject deceased. Had the other suspects been identified they would have been interviewed under caution.
30	Staff members	Common Assault	No	Summary Only 6 months	Outside of prosecution time limits.

14 Aston Hall Staff

14.1 Consideration has been given to the requirement / failure by a member of staff to report actual or suspected physical or sexual abuse of a child by another member of staff. Included in this would be the actions of individual staff members preparing patients for treatment and on occasion the use of strait-jackets or restraints.

14.2 Expert opinion by Professor Sir Michael RUTTER provides some clarity of the title of Physician Superintendent of Aston Hall.

“People holding these posts had a great deal of power and in respect to their own actions and instruction of other staff, so much so there would have been no confidence in questioning the actions of a senior physician. Nowadays, governing bodies would certainly be expected to have knowledge and influence, on agreed practices but that was less the case in the 1960s and 1970s”.

15 Primary Care Staff

- 15.1 The investigation team collated names from the Complex Inquiry Team, Social Services and the NHS staff lists collectively identifying several hundred Aston Hall staff members.
- 15.2 A high percentage of people contained within the list relate to staff members not involved in the primary care of patients, such as cooks or gardeners. The list was reduced further focusing on those solely involved in the primary care of patients and in particular staff members named in patient accounts.
- 15.3 An investigative decision was made to address this and the problems associated with seeing the sheer number of staff members. One such problem is establishing whether they are still alive given the time period under investigation. A student nurse aged 20yrs old in 1954, the start date of the period under investigation, would now be aged 83yrs. The descriptions of staff provided in the patient accounts indicate those involved in the treatment would have been middle aged and older.
- 15.4 167 Actions have been created on HOLMES for officers to obtain accounts from surviving staff members. This is by no means an exhaustive list but gives an indication of the scope of activity.
- 15.5 **Section 17** of this report covers legislative considerations, identifying what offences have been considered.
- 15.6 The Sexual Offences Act 1956 and Offences Against the Person Act 1861 collectively cover allegations made by patients against staff members.
- 15.7 The majority but not all of the sexual assault allegations are against one individual. There are allegations of sexual abuse against a few staff members. It is not possible to identify staff members from partial name, description and or gender. Records and accounts obtained simply do not contain sufficient information.
- 15.8 The physical assault allegations against staff amount to an offence of common assault and beating under Section 39 of the Offences Against the Person Act 1861, there is a six month time limit for prosecution.
- 15.9 Examples of allegations;
- 15.10 Whilst receiving treatment a female patient recalls an unknown male member of staff touching her breasts, other places and pressed his erect penis in her back.
- 15.11 Patient had her head forced into a basin of water dunking her repeatedly.
- 15.12 Patient woke with hands bound and complained about soreness down below to a nurse who slapped her around the head, gave her some cream and told her she must have a urine infection.
- 15.13 Patient states sister/nurse used to pull her hair to make her take the medication.

15.14 Accounts from Members of Staff

- 15.15 A staff member spoken to who worked on Laburnham Ward at Aston Hall Hospital as a 20yr old student Nurse.
- 15.16 She recalls Dr Milner and the 'Narco- analysis' treatment he administered. She also mentions an additional form of treatment known as abreaction, whereby children were 'taken back' into their childhood and re-lived their experiences. A large number of these children had been sexually or physically abused prior to Aston Hall, which she found witnessing their accounts very distressing.
- 15.17 The treatment would take place in a secluded side-room. There would be a window with a shutter and a mattress on the floor. The door to the room featured a window.
- 15.18 The patient wore a strong gown with nothing underneath for their own safety. Hands and legs would be free and they would be lying down on the mattress during treatment.
- 15.19 Some children got very distraught during their treatment and there was a concern they could rip their clothing or utilise it for self-harming.
- 15.20 Initially they would be given a drug intravenously to make them sleepy. Another drug would then be introduced to make the truth or subconscious "come up". Sodium Amytal or similar would be the initial drug and also Ether on a mask but not always. The girls would then be asked questions and taken back to a younger age asking what age they were, what they could see. The girls would regress, often physically distraught some of the non-recent sexual abuse which the children disclosed during regression involved serious sexual offences.
- 15.21 The staff members believed they were doing it to help the children. This particular staff member did not witness or ever hear of any inappropriate behaviour. If she had then it would have been reported. She witnessed the treatment on approximately 12 occasions. To her knowledge, only one girl had the treatment twice.
- 15.22 The following day after treatment, the girls would be spoken too about what had occurred the previous day.
- 15.23 The staff member did not hear anything detrimental about the treatment. In her opinion the children looked up to Dr Milner.
- 15.24 The girls from Laburnham Ward came from everywhere although they mainly came from courts or approved schools. On arrival they would be bathed and often required medical treatment. The girls had to do chores during their time at Aston Hall and go to school. The staff and residents were in charge of keeping the wards clean and doing the cooking.
- 15.25 A further staff member worked on Beech Ward at Aston Hall as a student nurse for a six week period in 1963/1964/1965.
- 15.26 He worked alongside Dr Milner and the treatment used on the boys was 'narco-analysis' and abreaction, but he did not believe that it happened as often as with the girls.

- 15.27 He believes it was the same procedure, a single room with a mattress on the floor and a shutter on the window. From knowledge he believes Dr Milner only used ether. He did not see the treatment but it was accepted practice. The majority of the children admitted to Aston Hall were very naughty.
- 15.28 He cannot recall any inappropriate behaviour and nothing untoward was reported to him. The boys used to queue up requesting treatment. They seemed to realise Dr Milner was their meal ticket out and knew to behave. Some had repeated treatments.
- 15.29 The majority of staff members have no or little recollection of Dr Milner and the treatment methods he used. There are number of reasons for this, ranging from the time period they worked at Aston Hall or their role within the hospital.
- 15.30 There are staff members who report very positive experiences of Dr Milner at Aston Hall.

16 SIO Policy decision regarding Staff Members

- 16.1 Purpose** – To identify, trace and evaluate all staff members who may have any relevant information/evidence in relation to the investigation into non-recent abuse at Aston Hall Hospital between 1947-1975.
- 16.2 Decision** – Matrix of all staff members between 1947-1975 to be prepared. This will be reviewed against the following filtering in order to identify those staff deemed most relevant to the investigation.
1. Employed at Aston Hall between 47-75
 2. Employed in a primary care role
 3. Worked solely or partly on Laburnum and/or Beech Wards. OR
 4. Named in any individual's account.
- 16.3 Rationale:** To ensure all witnesses are assessed as to their relevance to the investigation being cognisant of Article 8 Right to Private Life Human Rights Act 1998.
- 16.4 There have been a number of difficulties identifying and tracing staff members who worked at Aston Hall. The NHS trust provided handwritten ledgers of names and dates of births relating to all care staff within the NHS during the time period of investigation. Witness statements and ledger entries provided by the Complex Enquiry team have been manually cross referenced against each other. Despite this, owing to the record keeping at the time, there is no way of knowing that we have been able to trace all relevant staff members, defined within the criteria set by the SIO.
- 16.5 A media appeal asking for ex-staff members of Aston Hall provided some response, none which assisted the investigation. It is not unreasonable owing to the continued media coverage that people including staff members may continue to contact the Police in the near future.

17 Legislative considerations

- 17.1 Reported offences pre-date the Police and Criminal Evidence Act 1984 (PACE) and Sexual Offences Act 2003.
- 17.2 Home Office Counting rules for recorded crime: In May 2004 the Sexual Offences Act 2003 became law and repealed much of the previous legislation. Whilst it is not possible to prosecute offenders under the new legislation for offences committed before the new act became law, the Home Office require police to crime, for statistical purposes, under the new legislation. Where previously recorded offences under the old legislation are assigned outcomes, forces should return the outcome information as if recorded under the new legislation.
- 17.3 The primary legislation for identified offences would fall within the Sexual Offences Act 1956 and Offences Against the Person Act 1861.
- 17.4 There are a number of difficulties caused by the difference and limitations of the Sexual Offences Act 1956 and the current 2003 Act.
- 17.5 The new legislation provides offences that were not available to be considered at the time of the alleged offending. Any evidential review and consideration of prosecution would be made based on the 1956 Act.
- 17.6 When considering the standard and type of care provided at Aston Hall, a common misconception a common misconception would be to apply what is expected today against what would have been expected at the time.
- 17.7 SIO Policy decision on considered offences**
- 17.8 Where victims have reported being restrained or assaulted during treatment these will be recorded as a crime under Common Assault Sec 39 Offences Against the Person Act 1861.
- 17.9 Where victims have described soreness or discharge from genital areas, and/or there is an indication they may have been, or suspect they have been involved in sexual intercourse, these will be recorded as crimes; Rape Sec 1 Sexual Offences Act 1956. (Pre 1956 - Rape Section 48 Offences Against the Person Act 1861)
- 17.10 Where victims have reported sexual touching and there is no corroborating evidence, as per number 2, these will be recorded as Indecent Assault Sec 14 and 15 Sexual Offences Act 1956. (Pre 1956 - Indecent Assault upon a female Section 52 Offences Against the Person Act 1861)
- 17.11 There are a number of additional offences which have been subject to consideration albeit these may not be reflected in today's crime recording standards.
- 17.12 The Sexual Offences Act 1956 provides as follows**
- 17.13 Administering drugs to obtain or facilitate intercourse contrary to Sec 4(1) and (2) of the act

17.14 Intercourse with girls under sixteen contrary to S5 and 6 of the Act

17.15 Intercourse with defectives contrary to S8 of the Act

17.16 Alternative offences and legislation

17.17 Administering a stupefying or overpowering drug contrary to S22 of the Offences Against the Person Act 1861

17.18 Cruelty to persons under sixteen contrary to S1 of the Children and Young Persons Act

17.19 Buggery contrary to Section 12 of the act

18 Evidential Review

18.1 Approach to evidence

18.2 The nature and scope of the allegations have given rise to a number of special, but not unique, evidential problems. One obvious difficulty is that most of the witnesses have given evidence about events that occurred many years ago. The majority of the complainants of abuse are now in the age range of 49 to 79 years and beyond giving evidence about events that occurred in the first half of their teens or earlier. Moreover, all but a few of them had not made any complaint of abuse before the police investigation began in 2015 and some had not complained until later than that.

18.3 In these circumstances any documentary or other supporting evidence of incidents to which they referred was likely to be difficult to trace and patchy at best. Social Care notes have been examined, where available, to try and corroborate accounts.

18.4 As for members of the care staff at the hospital against whom allegations of abuse or neglect have been made, difficulties have arisen in establishing their current whereabouts and whether they are still alive or not.

18.5 Having regard to these difficulties and the scale of the alleged physical and sexual abuse that has emerged in the evidence; we do not consider that it would be either practicable or appropriate for us to attempt to reach firm conclusions on each specific allegation.

18.6 The majority of the physical and sexual allegations are made against one individual. There are further allegations unrelated to the above allegations made against two unknown members of care staff (Nurse). The evidence gathered would suggest the allegations are unrelated and demonstrate individuals acting alone.

18.7 The investigation showed the nature and volume of evidence from former children in care has been such as to enable us to reach firm conclusions about the pattern of behaviour of the more prominent member of the care team.

18.8 Reliability of patients accounts

- 18.9 In reaching those conclusions we have in mind the criticisms by staff, family and media that have been levelled against the complainants both generally and individually.
- 18.10 It has been suggested that their complaints have been made belatedly because they have become aware of the possibility of compensation and comparatively, recently that there has been collusion between them to fabricate similar complaints against particular individuals.
- 18.11 A few people report positive experiences at Aston Hall, though most describe negative experiences.
- 18.12 It has been well-established that people can have false beliefs, either positive or negative. Factors that can influence false memory include misinformation and misattribution of the original source of the information. Existing knowledge and other memories can also interfere with the formation of a new memory, causing the recollection of an event to be mistaken or entirely false. People can feel completely confident that their memory is accurate, but this confidence is no guarantee that a particular memory is correct. Everyone has false memories, even among people who typically have very good memories.
- 18.13 Research in America suggests that Sodium Amytal or “truth drug” induced confessions are coerced. Elizabeth F Loftus is an American cognitive psychologist. She has conducted extensive research on the malleability of human memory.
- 18.14 There are a number of questions about the treatment. Sodium Amytal, during the relevant time period was thought to be a “truth drug”.
- 18.15 The drug is a well-established sedative or anti-anxiety drug with no particular side effects.
- 18.16 Ether, a light anaesthetic therefore the combined use of both ether and sodium amytal is seemingly self-contradictory.
- 18.17 Sodium Amytal was used to encourage memories whereas the use of ether obliterates them (Professor Sir Michael RUTTER).
- 18.18 The use of Sodium Amytal with children is not a recognised treatment albeit there will be local variations in its use ordered by a superintendent, although its use would ordinarily be recorded.
- 18.19 Professor Sir Michael RUTTER comments in his report regarding the combined use of drugs and the lack of experimental evidence of this treatment.
- 18.20 Aston Hall is the subject of several social media websites and user group discussions including Facebook. Two books from former residents have been published for sale within the public domain;
- 18.21 ‘The Hospital’ by Barbara O’Hare became available during February 2017.
- 18.22 ‘Am I Not A Person?’ by Sylvia Hunt published several years before.

19 Achieving best evidence

- 19.1 Research and review of previous investigations indicate that sexual abuse can impact upon individuals in childhood and later adulthood in a variety of ways, and these effects have implications for any investigation into non-recent abuse.
- 19.2 Impact is often worse when an individual's disclosure (whether as a child or an adult) is met with disbelief, lack of support and/or a response which pays little attention to their thoughts and feelings. Impact is also typically worse when a child has also experienced other forms of abuse, when they are abused by multiple perpetrators, frequently and/or when the abuse involves penetration, and when perpetrators were trusted.
- 19.3 Victim strategies during the investigation were devised to address the risk that any investigation could trigger difficulties such as the above, by disrupting fragile coping mechanisms and providing support as necessary.
- 19.4 Ultimately 114 witnesses, of whom 70 were people who alleged they had been abused in Aston Hall, were seen or spoken to by the investigation team.
- 19.5 Of these 114 witnesses, 81 were female and 33 were male.
- 19.6 Crimes were recorded for the 70 who alleged abuse; of these 54 were female and 16 were male.
- 19.7 Many victims talk of the psychological relief through telling their story of abuse, finally being believed as providing a cathartic release.
- 19.8 The media attention generated in the earlier stages of the investigation led to increased reporting, in particular following articles in the local Derby Telegraph, BBC Radio 4 and the Victoria Derbyshire television programme.
- 19.9 Collusion of evidence. The investigation team is aware of a victims group on Facebook where a number of victims, not all, share their experiences of Aston Hall. Comments placed on media coverage have also been reviewed. There is no evidence to suggest they have colluded in their accounts, despite remarkable similarities.

20 Other matters of investigative relevance

20.1 Rampton Hospital

- 20.2 A witness who worked at Aston Hall from 1964-1968 mentioned that he recalled Dr Milner working at Rampton Hospital before Aston Hall. He states that some of the patients were brought to Aston Hall from Rampton for treatment, although he did not know who.
- 20.3 Enquiries were made to recover Dr Milner's employment records and details of his employment, but none are available.
- 20.4 A media appeal requesting former staff or residents of Aston Hall to come forward failed to provide any additional information.

20.5 Operation Hydrant (National) has been contacted and asked to research any link between Rampton, Aston Hall and Dr Milner. There was no information available to provide any evidential link between establishments or individuals.

20.6 Rampton Hospital does not form any part of the Operation Thalia investigation.

20.7 Pastures Hospital

20.8 A relative of a former employee at Pastures Hospital in Mickleover, Derby told police that Dr Milner used to go to Pastures 'regularly' and do the same to the children there as he was doing at Aston Hall. She also made allegations of abuse against other staff at Pastures Hospital.

20.9 A police investigation confirmed the suspects to be deceased and identified no link to Dr Milner.

20.10 Operation Hydrant (National) holds no information relating to Pastures Hospital.

20.11 Pastures Hospital closed in 1994. It has since been mostly demolished and turned into a residential flats and a housing estate.

20.12 Pastures Hospital does not form any part of the Operation Thalia investigation.

20.13 Cedars and Southall House

20.14 A number of the children came to Aston Hall from The Cedars care home at Breadsall, Derby. Witnesses also mentioned that Dr Milner used to visit Southall House in Nottingham and he would get children from there as well as from The Cedars suggesting people running these homes were providing Dr Milner with children. The investigation identified that children were sent to Aston Hall by a number of different authorities including courts.

20.15 The investigation obtained information that identified children had been sent from The Cedars to Aston Hall were staff felt they would benefit from psychiatric help and support. Dr Milner did attend The Cedars as well as a number of similar establishments.

20.16 There is no evidence or information to support claims of providing children for abuse.

20.17 Bodies of children buried in the grounds of Aston Hall

20.18 A witness states she had heard that bodies of children had been buried in the grounds of Aston Hall. She did not know the source of the information and put it down to rumour.

20.19 Information obtained during the course of the investigation indicated that during the early 1970s resident Barry Wright drowned whilst absconding from Aston Hall Hospital. He was buried in an unidentified grave before being transferred to a Loughborough cemetery at the request of his mother.

- 20.20 Enquiries with Derby HM Coroner reveal limited records dating back to the 1940s - 1970s. Information within these records included name, date of birth, address and cause of death only.
- 20.21 Operation Hydrant (National) confirmed there is no link to the enquiries at a care home in Tuam in the Republic of Ireland or at Smyllum Park orphanage in Lanarkshire in Scotland.
- 20.22 Jimmy Savile** – A witness states in the report she gave to the police, that Jimmy Savile was present and that he had been ‘invited to Aston Hall by Dr Milner’. There is no other reference to Savile in witness accounts.
- 20.23 Operation Winter Key and Operation Yewtree have been contacted and enquiries have taken place which confirms there is no information about Jimmy Savile and his attendance at Aston Hall.
- 20.24 Operation Winter Key received anonymous information alleging that Dr Milner performed experiments on children.

21 Conclusion

- 21.1 The role of the police in any criminal investigation includes recording statements of witnesses and collecting all the evidence related to the case. It is not to reach a conclusion of the guilt or innocence of a person who is the subject of allegations.
- 21.2 Police investigations have to be conducted in accordance with law and with full respect for human rights.
- 21.3 The investigation into Aston Hall is unusual in that, from the outset it was soon established that Dr Milner was deceased.
- 21.4 In an investigation into a deceased suspect, there is no potential for a criminal trial.
- 21.5 Operation Hydrant (National) guidance for investigating deceased persons recommends that it is not the role of the police to draw conclusions as to the likely guilt or innocence of the deceased suspect. This would include making any comment as to the action of the police or potential action CPS would have taken in respect of a decision to charge had the suspect been alive.
- 21.6 With this in mind, there can be no hypothetical charging decision and no inference can be drawn as to Dr Milner’s guilt.
- 21.7 The investigation collated information and identified numerous allegations of a similar nature against Dr Milner.
- 21.8 There is no record of Dr Milner ever being interviewed or providing an account of the practises within Aston Hall.

- 21.9 The Police and Criminal Evidence Act 1984, codes of practice, Code C 11.1A, specifies that the questioning of a person regarding their involvement or suspected involvement in an offence must be carried out under caution.
- 21.10 The interview under caution of a person suspected of an offence, especially against children will often happen at the early stage of investigation.
- 21.11 An interview allows the police to assess whether a suspect presents a current safeguarding risk to children and vulnerable adults. It provides the police an opportunity to secure and preserve evidence, direct an investigation and gather material, which in turn can lead to a prosecution or early release of an innocent person.
- 21.12 The suspect is provided with an opportunity to give an account in relation to the allegations that have been made against them and to identify any supportive or corroboration information and evidence to assist their account. In doing so, provides additional investigative decisions.
- 21.13 Conducting investigative interviews is, therefore, a crucial element of the process of investigation.
- 21.14 The importance of a suspect interview cannot be underestimated. The evidence obtained during this process is equally as important as any other obtained during the course of the investigation.
- 21.15 In relation to allegations against other staff members, they have either been traced or eliminated, found to be deceased, or due to the limited information provided unable to be identified.
- 21.16 Having taken everything into consideration the SIO is of the opinion that there would have been sufficient evidence to justify interviewing Dr Milner under caution in relation to a number of potential offences, namely Rape, Indecent assault contrary to the Sexual Offences Act 1956, Child Cruelty and Assault contrary to Children and Young Persons Act 1933 and Offences Against the Person act 1861 respectively.
- 21.17 No inference should be drawn because it is likely he would have been questioned.