

2 August 1995

Mark G Bramich
Barrister & Solicitor
Suite 4, 47 Douglas Street
NOBLE PARK 3174

Dear Sir,

I write to you regarding Mr John Kevin O'Donnell whom you asked me to see on Monday 31st July. I understand that Mr O'Donnell is to present for a plea with regard to a number of past paedophilic activities to which he has pleaded guilty, and that there is the possibility that he may be sent to prison in relation to these offences.

I will not direct my attention to the offences as such because I have had insufficient time to carry out a formal and detailed assessment in that regard. Suffice it to say that at present Mr O'Donnell - presumably associated with his age, if nothing else - has little or no libido and there are no inclinations, much less opportunity, to offend again.

He does express contrition for his past behaviour. This far he has coped reasonably well with the strain associated with the legal proceedings. He has always had some problems with sleeping and this has continued since these matters came to light and he has required a higher dose of his normal sedative. He has been upset but no more than would be proportional to the current stresses under which he is placed. His appetite is reasonably good, his weight is stable, his general energy level is reasonable considering his age. His range of activities is appropriate for his age and position. He has a reasonable ongoing social life.

There are a number of matters from a medical point of view which warrant some consideration. In general his physical state has been good. Thirty or so years ago he had gall bladder problems and some (query) inflammatory intestinal disease plus a hiatus hernia, for which he required major abdominal surgical intervention on one occasion. He also had some steroids for a while which put him into a somewhat peculiar mental state but that was a matter of some weeks or a little longer. He has suffered from elevated blood pressure for some years and this is said to be adequately controlled. He has had two inguinal hernias required and had a lens replaced in his left eye just at the beginning of this year, which has made his vision markedly better. The other eye will need doing at some stage in the future. More important, he has a variety of food allergies which have caused him trouble in the past and, also, he has an allergy to antibiotics, particularly penicillin. In the light of these it is possible that if incarcerated there might be problems from a dietary point of view and if he should need any medical treatment in that context.

2

From a psychiatric point of view there is no history of major depression but having led an essentially independent existence all of his life, I feel that he might be precipitated into more severe depression by incarceration and the multitude of differences in the prison context. Furthermore, I think he is likely to cope badly with the potential harassment by other prisoners because of the nature of his offences, such as does occur in the prison context. Even more in the light of his particular role and profession.

With regard to his mental status at the present time, there is certainly no evidence of any abnormality of any thought form or content. His affect is essentially within normal limits: there is no pathological level of depression, there is no lability of incongruity and it is appropriately responsive to variation within the context of the interview. There are certainly no conceptual anomalies and there is no evidence of any cognitive impairment or other features suggestive of organic disorder other than, perhaps, the mildest of appropriate ageing processes. In the time available that is as far as I could go.

In the light of his age and his reduced libido, I think there is little to be gained by any formal approach to his sexual inclinations, of either an interpretive or a behavioural/cognitive nature, and do not think that he would, in that case, benefit from exposure in the custodial context to the sexual rehabilitation unit. If not given a custodial sentence, it is also too late for any such counselling with regard to his past sexual behaviours, but he may need ongoing supervision with regard to his mood.

I am dictating this in some haste so that it can be faxed and then posted to your office to meet your timetable. I have had no time to edit this report. It will be sent as is by my secretary to your office.

Kindest regards and best wishes.

Yours sincerely,

RICHARD BOLL

Lately Professor of Psychiatry University of Melbourne at St. Vincent's Hospital
and Director Department of Psychiatry at St. Vincent's Hospital.
Past President R.A.N.Z.C.P.
Past Censor & Chief (Chief Examiner) R.A.N.Z.C.P. etc.
Currently Part-Time Professor of Forensic Psychiatry, University of Melbourne
Department of Psychiatry.