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CONSULTATIONRE: SUTTON, BROTHER GREGORYIDENTIFYING DATA:

Brother Gregory stated that he felt a little apprehensive about being here and he still does not feel that comfortable. I noted that he had a cough throughout our interview and he stated that he might have caught a bit of a cold or the change in climate since his arrival. He is a 38 year old man born in a rural area just outside of Sidney, Australia. He has been living in Sidney Australia for the past three years with his Marist Brothers Community, about 35 of them. That order is well known for its teaching. He has been functioning as the administrator of the Theological College for those past three years.

CHIEF COMPLAINT AND HISTORY OF PRESENT ILLNESS:

He told me that his Provincial had decided that he should come to Southdown for assessment two weeks ago. This was due to the fact that investigations were occurring on himself for school activities five years ago regarding his child abuse. When I asked him about the investigations he stated that they had not finalized their results.

As such, I asked him to tell me instead then about the child abuse. He told me that this occurred about five years ago, involving two girls ages 11 who were pretty pubertal. These were students that he taught and it involved his naked fondling of their breast areas and their genitals. One of the girls ended up fondling his own genitals and this occurred over a period of one month. It stopped at the end of the term although he continued to teach them for at least one other term.

The first time any such activity ever took place was in 1975, and he was 24. This was with a 13 year old pre-pubertal boy, again a student, who he fondled on one occasion. On the next occasion it was two years later, a pre-pubertal boy of 12 years that involved mutual

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masturbation for about 14 weeks. Again all of these were students at different schools. In 1981, there was an 11 year old boy and the patient fondled him on three occasions. In 1982, there was another 12 year old boy that involved mutual masturbation for 14 weeks. The last occasion was in 1986 that involved an 11 year old girl. This involved fondling but also an emotional involvement that spanned two terms of about a total of 20 weeks. He was masturbated by this girl, but he is uncertain whether or not he successfully masturbated the girl. It came around to the patient asking himself to be removed from the school because he was quite shocked by the emotional involvement. By this he meant that there was a strong bond physically and mentally and that he saw her as a lover.

Furthermore, about this last involvement was that the parish council had asked him if he knew anything regarding this girl as she had become quite withdrawn. He then told them that he had an emotional and physical bond with this girl, but did not get into details, and as such he would support that she get into counselling in order that she would not have ongoing psychological trauma from this. He then asked his provincial to remove him from this school, and told him in detail what the involvement was. At the provincial's suggestion, he sought out a psychiatric assessment something similar he said to here at Southdown for about one week. The end result was that he was told that he was homosexual and that he needed ongoing continued therapy. Due to the fact that he had renewed himself in the situation he did not feel it was necessary to pursue this therapy and as such did not.

I asked him how he felt about telling me this information, and he stated that he has accepted the fact that it is done. He feels guilty about it and has a concern for the children and he knows that there may be repercussions for himself and the order. At the time he stated to my questioning that he realized that he was wrong, but he felt that he was looking for emotional support from the kids, rather than his own community and this is in fact what led him into this sexual activity. Furthermore, as to my question as to what bothered him the most he stated without hesitation that it was his concern for the kids. He has had occasion to speak with two adult women who have come to him for help who have had a history of the same in their past, and he has done a lot of reading on the psychological trauma of sexual abuse in the past three years. He realizes that if the children don't get help there will be a cycle of problems for them.

Sexually he denies any unusual or distressing occurrence in his own life. He described homosexuality, peer group activity that occurred in an all boys school, which in fact is all that he ever attended ever since grade 1 up until the end of high school. At age 13 there was mutual masturbation with an older boy by two years and this went on for a period of two years. When he was in his formation at the age of 18 years, mutual masturbation occurred on three occasions with a 28 year old man. He has never had any long term sexual relationship and he has never had intercourse. In fact the longest emotional Re:

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involvement was with this young girl back in 1986.

He states that he masturbates, but that it is decreasing although the average is about five times per week and this has been going on for the past 20 years. Although previous testing that he had a couple of years ago said that he was homosexual, he thinks that he is bisexual. When I asked him why he felt that he told me that based on the instances that it probably had to do with environment as he was always exposed to boys but then once he started to teach girls it involved girls. I in fact told him that this was not so as they were young prepubertal girls and I am quite confident that his sexual orientation is clearly homosexual. I asked him whether or not this bothered him in any manner, and he said again without any hesitation that he can accept this and that this did not bother him.

I cannot detect any history of major depression in this man's life. Furthermore, he is not depressed at this time.

PAST MEDICAL HEALTH:

He has no allergies and is not on any regular medication. He has had bouts of gallbladder attacks over the past ten years, and last year it was diagnosed as such. He is due to have surgery next week in Chicago and is not upset by the anticipation of this event. He has never been hospitalized. He smokes a package of cigarettes per year and this is around report time in his schooling. There is no history of street drug or over the counter drug abuse. He has never had a head injury with a loss of consciousness, nor has he ever had any trouble with the law.

FAMILY HISTORY:

He has a younger brother and he tells me that his parents are alive and he made a point of stating that he is very close with his whole family. They had a poor background. He stated that they knew why he was here at Southdown. He described all of them as being rather quiet and reserved. His mother, he said, was very caring, considerate, lovable and loving and was a private secretary to the Marist Brothers. His father he described as a very sensitive, knowledgeable and caring man, who was a foreman, a shopsteward and also a technical teacher. There is a history of his maternal grandfather being an alcoholic and two first cousins on his mother's side being alcoholics.

It is interesting that he had given an understanding as to why he had acted the way he did with these children, as due to the fact that he lacked emotional support and was looking for it from them as opposed to his community. I made a point that from his description of his family, which is often the major factor contributing to a nurturing emotionally stable environment in an individual's life, that his was

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quite stable and from this history there should be no reason why he should be looking for emotional support elsewhere. In answer to this he stated that his father took on a second job and was away a lot, and also although he had always attended private boys elementary school that he was sent away from home at the age of 14 and he found that somewhat difficult. In the same breath he said, however, it wasn't that bad because there were nine others who were in the same position as he was.

PERSONAL HISTORY:

He was born by cesarian section but this had no impact on him in terms of how he feels about that. There was no perinatal abnormality or difficulty in achieving hard mile stones, although he does tell me that he was a bed wetter until he was eight years of age. His grades he said were pretty good both in elementary and in high school. There is an absence, however, of a latency youth chum. Due to the fact that he grew up on a farm and based on his history I inquired about any sexual activity with animals which he denied.

He tells me that he was quite active in a rugby league which he played for the school and also swimming. His interest is still that he referees in a rugby league and coaches teams of boys under six to up to the age of 16. He denies ever having been involved physically with any of these boys. He took his teaching certificate after high school and eventually got his Bachelors of Education and also a certificate in financial management.

He tells me that he does have two or three very close friends. He rarely expresses anger publicly and tends to swear to himself when he does get angry. He sees as his chief problem that being an emotional and sexuality problem.

CONFERENCE MEETING:

He has apparently an average I.Q. and psychological tests certainly do not reveal a classic psychopathic picture. There is clear evidence for marked sexual preoccupation and he can be quite evasive. There is also a point made several times of a certain performance anxiety that he had and that he may as well be extremely anxious in interpersonal relationships. He had a certain obsessive rumination about one woman in particular. There may also be an issue in the fact that he may surreptitiously be out of the country. In the same token his parents had been treated with Valium at one point. His rigidity in a number of areas was also quite manifest. Medical tests revealed that his iron was low, and his Alkphos was elevated.

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THE MENTAL STATUS EXAMINATION:

This reveals a portrait of a short somewhat husky caucasian male with short cropped hair. He had a very restricted range of affect, almost bland and was certainly affectively very reserved. I think that there is a clear degree of Alexythymia with him. He had a certain guarded stance as well. However, there was no overt psychotic symptomatology and no formal thought disorder. He was not, however, that volunteering with information and the interview had to progress with a question and answer approach. Cognitively there was no gross impairment based on the interview process.

DIAGNOSIS:

AXIS I: Paedophilia.

AXIS II: Obsessive Compulsive Personality Disorder with Immature Personality Traits.

AXIS III: Scheduled for Cholecystectomy.

RECOMMENDATIONS:

I suspect that the abnormal medical problems are associated with his gallbladder difficulty and they can be repeated six months after his surgery.

This man is affectively quite withdrawn and reserved and I think lacks insight into the degree of his actions not only why he involved himself the way he did, but even the severity of the consequences of the same. He needs residential treatment and I would think that Southdown would be an appropriate place for him to receive such help.

The conflicts that he has around anger and sexuality are quite clear.



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