

Witness Name: Brian Stabb
Statement No: WITN0398001
Dated: 22 April 2021

ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

WITNESS STATEMENT OF BRIAN KENNETH STABB

I, Brian Kenneth Stabb, say as follows:

1. My full name is Brian Kenneth Stabb,
2. I reside at .
3. I am making this statement in relation to my employment as a Psychiatric Nurse in the Lake Alice Child and Adolescent Unit (LACAU) from 1974 to 1976. This statement is in addition to three previous statements I have made, the first to the Crown law Office signed and dated 5 February 2001 (**CRL0044461_00004**). The second statement was made to the Medical Practitioners Board of Victoria (**NZP0000378_00006**) and is signed and dated 14 January 2005. The third is a statement I made to the Childrens Commission on Human Rights (**HRC0000480**) dated 12 October 2010, the version I have been shown does not bear my signature but I did sign the statement at the time.
4. I have also been recently interviewed by Police in relation to my time at Lake Alice, I understand that a transcript of my video interview is not yet available.
5. I have worked in the area of mental health for in excess of 30 years. I originally trained in England as a Psychiatric Nurse, beginning at 18 years old. My qualifications are: R.M.N. (UK 1971), R.P.N. (NZ1973), Registered Comp. Nurse (NZ 1980), Advanced Diploma Nursing Psych. (Auckland 1983), N.R.T.T.C. (Waikato 1991).
6. I have held positions as a Clinical Nurse Specialist, Nurse Manager, Supervisor of District Nurses, Nursing Tutor, Educator/Family Advocate for The Schizophrenia Fellowship. I have a firm personal commitment to high standards of Mental Health care.

Early employment at Lake Alice Hospital (Jan 1974 – April 1974)

7. I emigrated to NZ from England arriving on 5th January 1974. I commenced working at Lake Alice Hospital on 7th January 1974 and was initially assigned to Villa 15. Villa 15 was home to long term adult psychiatric patients.
8. When I first arrived at Lake Alice I heard stories that there had been some trouble within the adolescent ward and some staff would be changed. These stories related to mistreatment of the residents.
9. As I recall there was an external enquiry into allegations of mistreatment. The enquiry was conducted by a J.P. and a Lawyer from Marton. They concluded that the allegations were unfounded, being based on the "malicious accusations of the disturbed children who resided there" (or words to that effect).
10. Whilst I worked in Villa 15 I was sometimes called upon to relieve for lunch and dinner in the LACAU, which was comprised of Villas 10 and 11. This was because staff worked 12 hour shifts, and as part of my duties I was required to relieve the LACAU staff for meal breaks. I would often spend two to three hours a day there. Staff from the rest of the hospital were usually treated as 'outsiders' by the LACAU staff.
11. I remember the following staff working there at the time: Charge Nurse Steve Hunt, Staff Nurses Terry Conlon and GRO-B and Nurse Aides Al Scholes, John Blackmore, Dennis Hesseltine, and Sandra Holmes. The Psychiatrist was Dr. Selwyn Leeks. Another name that I remember being associated with accusations of mistreatment was GRO-B although I never met him.
12. Between 1972 and 1974, the LACAU had built a reputation of being set apart and clandestine. The staff who worked there were ostracised, and none of the local staff wanted to work there. This is probably why immigrant staff tended to get posted there when they began working at Lake Alice.
13. I believe Dr Leeks wanted to keep the operations of the unit hidden from the other staff at Lake Alice Hospital. Despite this, all of the staff had an idea of what was going on in the LACAU, although it was never really admitted openly.

Specific incidents while relieving at the LACAU

Black Friday

14. I never personally saw or took part in the treatment programme. However, the conversations I had with staff and residents, as well as my personal observations, led me to believe that a programme of aversion therapy was being practiced. This included the use of the ECT apparatus.
15. I learned there was a culture of fear of what the kids would call "Black Friday". This was when Dr Leeks would come to administer ECT. I would often be called upon to clear up the ECT machine and the mattresses, and sometimes the soiled sheets that were in the rooms. I relieved on Friday afternoon around six to seven times.
16. On one occasion, I was relieving for tea about 4.00pm. Steve Hunt, [GRO-B-400], and Dr. Leeks were giving ECT treatment upstairs. I was asked to stay in the lounge downstairs with the residents.
17. I observed 10-12 of them watching a blank TV screen in the lounge. As the treatment of ECT was given upstairs, the residents downstairs could see the shock waves across the television screen. On each occasion, there were hoots and whistles and shouts of "give him another one!" and "serves them right!"
18. I cannot recall if I saw the TV interference myself, but [GRO-B] told me about it right after. It was clear from the frequency of the residents' yelling that this was not a standard ECT treatment. It lasted for a period of 15 to 20 minutes with around 20 to 30 separated shocks. Later I was sent upstairs to clean up the ECT room and the dormitory.

Resident tied up in laundry bag

19. On another occasion, I went into the lounge and there was a resident tied up in a laundry bag. I let him out. His name was [GRO-B] I can't remember his second name. He wouldn't speak and wouldn't move without being led. I attempted to give him a drink, but he could not hold the cup and any water would dribble out of his mouth.

20. When **GRO-B-400** returned from tea I asked him what was wrong with the boy. He told me that he had behavioural problems and that this was part of his treatment. He returned him to the bag. On another occasion a short time later I let **GRO-B** out of the bag. Nothing was said to me about that.

ECT as punishment to adult resident

21. On another occasion when I first started at Lake Alice, I was approached by Terry Conlan who was carrying the ECT machine. He asked me to assist him in giving ECT to **GRO-B** an elderly patient from one of the adult wards. Dr Leeks had asked Terry to do this because he had found out that **GRO-B** had been sexually interfering with the LACAU patients during their leisure time on the cricket pitch.
22. I refused because it was my understanding that nurses were not meant to administer ECT on their own. Terry Conlan was only a staff nurse at the time. I believe that Terry administered the ECT over in the recreation hall.

Aversion therapy at LACAU 1972 – 1974

Experience with aversion therapy pre-Lake Alice

23. I had two experiences of this sort of therapy in England prior to emigrating to New Zealand. I think it worth describing them in detail, so that a comparison can be drawn with the aversion therapy programme in question at Lake Alice.
24. The first occasion was at Rainhill Hospital in Liverpool UK in 1966/67. Adult patients would volunteer for the treatment. The time that I saw this it was being used to treat the condition of homosexuality (then categorised as a form of mental illness).
25. The client would sit in front of a slide projector screen. In one hand he would have a box with a button on it, and on the other wrist would be a bracelet with a wire attached. A series of photographs of naked men and women would be flashed onto the screen at regular intervals.
26. The client was able to hold the pictures on the screen by pressing his button, or recall a previous picture on to the screen. Each time he held or recalled a picture

- of a naked man he would receive an electric shock to his wrist. This treatment would occur for hourly sessions, twice a day, for several weeks
27. The second occasion I saw aversion therapy was in Cane Hill Hospital in Coulsdon Surrey. There was an in-patient facility for alcoholic clients. Again all would volunteer to come on the programme, which as I recall ran for six weeks.
 28. The lounge of the ward was done up like the inside of a pub complete with fully stocked bar. At certain times during the day the bar was opened, the nurse on duty donning a waiter's coat complete with bow tie. The clients would sit at the bar and don a necklace, which was wired and ran under the bar to a control panel inside the bar.
 29. They would order drinks, whatever they wanted, and the first drink would go down without consequence. However, on the second drink, the nurse behind the bar would wait until the client was in the act of swallowing and then would press a button giving the client an electric shock on the throat. I remember that some would cough and splutter at first, but they would soon learn to endure the discomfort and drink anyway.
 30. As bizarre as these 'treatments' sound they were acceptable and legitimate within the context of the times. However, several things should be noted when comparing this with what happened at Lake Alice:
 - They were all adult patients
 - They all volunteered for treatment.
 - The electric shock apparatus was a portable device powered by torch batteries.
 - This was administered as an organized, documented, and regularly monitored team process.

Aversion therapy at LACAU

31. I never personally saw or took part in the treatment programme, but the conversations I had with staff and residents and my personal observations led me to believe that Dr Leeks conducted a programme of aversion therapy, which included the use of the ECT apparatus. I believe this occurred at the LACAU between 1972-1974 and was practiced on 12-16 year old youths (all males).

32. This treatment would be called "ectonus" treatment by Dr Leeks. I know of no treatment in psychiatry specifically known as ectonus. Ectonus was the brand name of the apparatus used to administer ECT, not a form of therapy.
33. Boys would apparently be taken from the lounge area to an upstairs side-room which was dark, shuttered, and when the door was closed, virtually sound-proof. Sometimes this would be done forcibly.
34. Inside the room, Dr. Leeks would apparently administer electric shocks to various parts of the boy's body over a period of 20 minutes. A mouth gag was placed in the boy's mouth for him to bite on whilst the shocks were administered.
35. During this time Dr. Leeks would apparently maintain a reprimanding-type monologue, whilst the boy was held down by the nurses. At the end of the time, Dr. Leeks would give a full unmodified ECT, rendering the boy unconscious. The boy would then be taken to a dormitory area, placed on a bed and left alone to recover.
36. The ECT machine which was kept in the room ECT was conducted in was unusual in that it had a twist regulator on it, with which the operator could directly control the intensity of the current to the headset electrodes. I had not seen an ECT machine like this before, or used in this way. Further, I believe this was an improper use of an ECT machine.
37. I believe that this was done in a last ditch attempt to break patterns of extreme acting-out, which were seen as inevitably leading these young people into life styles of criminal/delinquent behaviour and institutional care. I believe that this was done without the consent of the individuals most of whom I recall were wards of the state.
38. The residents who spoke to me about it, about 12, all told me consistent stories over a long period of time. They described it as torture in the sense they would protest, resist, and scream, as anybody would who was being tortured.
39. Some staff in fact boasted to me that they themselves had administered the electric shocks and this had been approved by Dr Leeks in his absence. I believe that this was a significant role of some of the nurses who practiced in the LACAU between 1972 and 1974. I heard about this treatment from Steve Hunt, Terry Conlan, GRO-B-400 and GRO-B also.

40. I believe that this regime was conducted in an air of secrecy, neither being documented, controlled, nor monitored. There were no records kept by Dr Leeks, including records of nursing procedures essential for the safe administration of ECT. Dr Leeks kept medicine charts but I don't recall ever seeing a medical note written by him in all my time at Lake Alice, in my experience was very unusual.
41. I consider this to have been a barbaric cruel practice, which would have been as damaging to those who administered it, as it was to those who received it. I can only speculate as to the motivation and mindset of those who administered such treatment. Such practice was not in context with the times and it could never be argued as being so.
42. There is no way that this treatment can be rationalised in a civilised society as legitimate treatment. It was torture, nothing less. I believe registered doctors and nurses would recognise it in the same way.

Employment in the LACAU (April 1974 - 1976)

43. In April 1974, I was assigned to Villa 11. This was part of a major change of staff in the LACAU. The new Charge Nurse was Dempsey Corkran. GRO-B was also assigned to Villa 11. The three of us formed the mainstay of the trained staff for the LACAU.
44. I was in the LACAU for two years. Other staff I remember during my time in the LACAU were Wayne Russell, Sandra Holmes, Oma Cribb, Bill Dally, Charley McCarthy, Bruce Shears. There were other staff members that came and went during that time. It did not appear to me that the Adolescent Unit was a popular place to work. I believe there was a general feeling in the hospital that the residents were out of control and undisciplined.
45. There was a fairly low experience amongst the qualified nurses. Most nurse aides had no training, and had been just placed in the unit and expected to pick it up as they went.
46. Around July 1976, we moved from Villa 11 to Villa 7, a much larger building with about 36 beds. The treatment programme grew accordingly and included regular group therapy sessions, which were sometimes facilitated by Dr. Leeks and Vic Soeterik, a regular visiting psychologist from Palmerston North.

47. At the time, upsizing the unit seemed like a good idea. Dempsey and Dr Leeks both supported it. However, in hindsight, I believe the number of residents was too much to manage and provide meaningful support to.
48. I became very involved in the group therapy process and Dr. Leeks and Vic Soeterik spent many hours coaching and supervising Dempsey and I in this area. Another visiting psychologist I remember was Craig McDonald although I think he was more involved with educational issues rather than clinical issues.
49. Later, group discussions became a regular part of the weekly routine. As I recall, the approach was essentially psycho-analytic being based around the assumption that insight led to behaviour change. Dr. Leeks was very Freudian in his approach.
50. Sometime later female adolescents, who resided in Villa 6, were integrated into the day programme of the LACAU. This brought the numbers in the programme up 45 or so at times.
51. A large number of the patients were wards of the State. Dr Leeks duly assumed Guardianship and carried out treatment that he felt appropriate. It was unusual for parents to visit the Unit and it was unusual for Dr Leeks to interview the parents.
52. The administration of medication was a normal routine of the Adolescent Unit. At any one time the maximum number of nursing staff during the day was four. It was considered to be a national facility and referrals came from all over New Zealand, even one or two from overseas.

The LACAU under Dempsey Corkran

53. Dempsey Corkran was one of the most progressive charge nurses to work there, and really believed he could straighten out the place. Prior to his arrival, I believe the unit was a much worse place to be for the patients. He was given more free rein than a charge nurse usually would.
54. One of his initiatives was creating a programme of behaviour modification which was reward focused. It involved a system of daily assessment of each individual young person's behaviour. Specific behaviours were given an A, B, C, or D grading at various times during the day. This related to aspects of daily living such

as, bed-making, personal hygiene, dress and grooming, dining habits, school work, personal chores, etc.

55. At the end of each week, a points system would be toted up and various rewards such as cinema trips, lollies, canteen vouchers etc would be divvied out to those who excelled. Progressive improvements would result in periods of trial leave. At the other end of the scale, an accumulation of Ds during the day would result in certain penalties such as going to bed early, or extra chores.
56. I strongly believe that the culture of the LACAU during my time there with Dempsey as the Charge Nurse was one of caring. The mainstream staff were committed to doing their absolute best to help a group who were not well serviced by the mental health care system. It was very much a family type environment with the regular staff being cast in family roles.
57. One instance of positive change I remember was how Dempsey worked with GRO-B to encourage him to place himself in timeout when he got worked up. By the end of GRO-B's time there, he would go to his room without a fuss when required to calm down.
58. In many ways it was a truly therapeutic community way in advance of its time, and I was deeply saddened to see it so denigrated and maligned in the years following its closure.

Typical day at the LACAU

59. The nurses would head upstairs before the kids got up, wake them and get them to make their beds. Following our grading assessment of their bed, we would take them to breakfast, before giving them their medication between 8 - 9am.
60. From 9 – 11.30am, most residents would go to school. Some of the more difficult children would instead remain in the LACAU. They would return around midday for lunch, before heading back to school or having some leisure / sports time.
61. From 4pm onwards, the nurses would take group sessions with the residents, as well as play various games and events, or watch television. In these group session, we would talk to them about their own personal issues. This would usually cover how they were getting on, not complaints about the LACAU. If they were going to complain about anything, it would probably be to do with separation from parents or lack of contact with family.

62. Between 9 – 11pm, residents would go to bed depending on their age. There would be one staff member on duty overnight.
63. The door to the LACAU would be locked late at night, and was unlocked during the day. Apart from seclusion, there was not many locked doors used. This is because not many kids tended to run away, as it was a fairly isolated location, and residents often came from outside the immediate region.

Residents of the LACAU

64. There was a real mix of residents and I don't recall any referral ever being turned away. Some were behaviourally disordered due to earlier abuse, others were mentally ill in the traditional sense and displayed all the signs of florid psychosis, and there were a small group who were intellectually challenged.
65. I believe that around half of the residents had more behavioural issues than actual psychiatric disorders. There were definitely some patients who did not belong there, but had nowhere else to go. I think that CYFS thought the LACAU was a great place to unload difficult cases.

GRO-B

66. I remember **GRO-B** as a large lumbering boy who was somewhat intellectually challenged, of endearing personality, but who had a very 'short fuse' when it came to impulse control. He was often the brunt of teasing from others who would deliberately wind him up and then he would do serious damage to anybody or anything within arms length.
67. I don't believe that **GRO-B** ever had ECT. In fact as I recall he responded particularly well to the programme and towards the end of his stay there I remember him roaring and bulling his way down the corridor to 'his room' for a spell of totally self-imposed isolation, till his temper had cooled off.

GRO-B

68. I remember **GRO-B** as a small good-looking boy with long hair who would go into the most demoniacal rages. I remember him as being extremely violent and I can recall wrestling him into a seclusion room on at least one occasion. I

remember him grimacing inappropriately, seemingly preoccupied with imaginary voices. I also remember him biting me and I still bear the scar.

69. I do not remember him having ECT although he may well have been so treated. I remember it being debated if he were psychotically disturbed or intellectually challenged, or both.

GRO-B

70. I remember **GRO-B** as a sexually deviant boy who had spent time in a number of borstal type institutions before coming to the LACAU. I recall him sexually assaulting one of the other kids there. I do not recall or believe that he had ECT during his stay.

GRO-B

71. I remember **GRO-B** well. He was at the Unit prior to my time, when Steve Hunt was the Charge Nurse. As I recall he may well have been one of the kids 'watching TV' in the incident I described. I am sure he didn't have ECT during my time but he might well have done earlier.
72. I remember him as an articulate intelligent boy with a dry sense of humour who was pre-occupied with bizarre and macabre ideas. I can recall him designing a contraption, which was to be attached to a toilet seat for the purpose of murdering his sister.
73. I remember him having a particular attachment to Dr Leeks and I recall Dr Leeks spending hours with **GRO-B** in therapy. **GRO-B** must have spent close to two years or longer there, and I recall that towards the end of his time he was elevated to 'old boy' status and would be responsible for making the staff tea at smoko.

GRO-B

74. I remember **GRO-B**. She was a loud, energetic, streetwise teenager, who had come from a dysfunctional family and had been on the streets from an early age. She was not a violent, disturbed person, more a mixed up girl who had been through a hard time as a child and was looking for limits on her behaviour and

GRO-C

direction in her life. To my knowledge she never had ECT or paraldehyde injections.

GRO-B

75. I remember **GRO-B** and the incident in which he stole money from the front office. I can remember **GRO-B** being in the bath and the money notes appearing in the bath water. He had secreted the stolen money in his anus.
76. I remember him as being none too pleased about me discovering his stash, but I don't recall giving him an 20cc paraldehyde injection as punishment, as **GRO-B** **GRO-B** (a fellow resident) claimed he witnessed. Injections of paraldehyde were meant to be for incidents of aggressive disturbed behaviour, not stealing.
77. However, I do recall another incident where I discovered **GRO-B** pinioning a smaller boy, one hand over his mouth to prevent him from screaming, whilst he burnt him with the other. Immediately subsequent to the ensuing fracas in which he attacked me, I believe I may well have given him an injection of Paraldehyde, but this was a different incident entirely.

GRO-B *and the Ombudsmen's Inquiry*

78. I remember **GRO-B**. During his time in the Unit he was prescribed ECT by Dr Leeks. He was given unmodified ECT on a number of occasions. I recall his father spending a lot of time in the Unit protesting about his son's treatment.
79. I believe the Ombudsmen's inquiry was a result of his father's complaints. I was not on duty the day the Ombudsmen representative visited. However, the next day, I was told that an hour before they arrived at Lake Alice, Dr Leeks insisted on giving ECT to **GRO-B**. As a result, **GRO-B** was not in a fit state to answer the questions of the representative.
80. This was pointed out to Dr Leeks, but he supposedly replied that political expediency should not give way to psychiatric treatment.
81. After the conclusion of the Ombudsmen's inquiry, I remember Dr Leeks calling in and jokingly saying he had put his affairs in order as he was expecting to go to prison. Some months after that, he left for Canada.

The use of Electro-Convulsive Therapy at the LACAU 1974 – 1976

82. Right from the outset of his employment, Dempsey made it clear that treatment would involve no form of physical punishment or use of ECT other than the legitimate form used in mainstream psychiatry as prescribed or administered by a psychiatrist at that time. Dr Leeks was still responsible for this. It is my understanding that one of the conditions Dempsey laid down when he took over the unit was that he would not allow any unmodified ECT that was not therapeutic.
83. ECT was usually prescribed for residents diagnosed with depression and schizo-affective behaviours.
84. Dr Leeks usually came to the adolescent unit on a Friday and ECT treatment was scheduled for then. Occasionally he would visit on a Monday. This scheduled treatment was usually modified (given after the administration of intra-venous anaesthetic and muscular relaxant), and often took place in Villa 6. The girls were given ECT in Villa 6 and the boys in Villa 7 from memory. Certainly, if it were to be modified ECT as all the anaesthetists equipment was in Villa 6 and this was traditionally where the anaesthetist worked out of.
85. During an ECT treatment, Dr Leeks and two nurses would be present, sometimes with a second doctor or an anaesthetist also present. There would not usually be any external visitors or staff in training.
86. The nurses would restrain the patient during ECT treatment. They were also responsible for maintaining the patient's airway. We would stay with the patient after the treatment, until we felt they were recovered.

Unmodified ECT treatment

87. Sometimes ECT treatment was not scheduled in advance, and if Dr Leeks considered it necessary, it would be given in Villa 7 unmodified (direct administration of high voltage electric shock to the head causing instant unconsciousness and seizure). I witnessed about a dozen unmodified ECT treatments.
88. For unmodified ECT, one treatment or application of ECT would be given for about five to ten seconds. Once seizure was achieved, the treatment was completed.

89. Unmodified ECT is not an easy or pleasant business to view or assist with. The patient's shoulders and knees had to be restrained to avoid injury as the convulsions were often quite violent. They would often yell and scream. Any claim that unmodified ECT was quick and painless is not true.
90. After any ECT treatment, it was like the patients had been hit by a train. They were confused, disorientated, and had aching limbs.
91. Two unmodified treatments that I can vaguely recall were GRO-B and GRO-B GRO-B. Both of these youths presented as solitary withdrawn individuals who appeared to be suffering depressive illness. It did not seem unusual to me that this should be prescribed.
92. They were given an explanation of the treatment and the reasons for it by Dr Leeks and both had co-operated. I never felt comfortable about it but I had seen unmodified ECT before and assisted with it on numerous occasions in England, and I considered it a part of my nursing duties.
93. I recall finding it peculiar that there was a lack of medical notation by Dr Leeks. I don't recall notations of the visits that he paid to the unit. However, during his time there, Dempsey updated many protocols, particularly the documentation of ECT.
94. Nursing notes were also taken, covering what had happened and why treatment was being given. However, these were not always kept well.
95. Unless the child had been committed under the Mental Health Act or was a ward of the state, I would have expected consent to be obtained from the child's parents or guardian prior to them being given ECT treatment or participating in a course of Aversion Therapy. Consent was not usually an issue raised during my time in the LACAU.

Unmodified ECT on GRO-B

96. I recall one particular incident around 1975 clearly, where a youth named GRO-B GRO-B had ran away from the Unit to his home in Foxton several times earlier in the week. I knew him well and had a good rapport with him. From my perspective he had not presented as depressed in any way at all. He was an active, boisterous, 15 year old boy, always involved, not at all withdrawn, and quite sociable.

97. Dr Leeks was visiting the Unit and conducted a ten minute interview of [GRO-B] [GRO-B] had run away from the LACAU and had been returned the previous evening. Dr Leeks then decided to administer unmodified ECT. He said it was for [GRO-B]'s depression.
98. [GRO-B] did not cooperate and had to be restrained. It was a prolonged episode in which [GRO-B] broke away from us at one point, and we had to chase him through the villa. During the chase I recall Dr Leeks running around the dormitory with the ECT machine under his arm. He was joking with us all in the process. It was bizarre.
99. When we caught [GRO-B], he was taken upstairs fighting and screaming and given unmodified ECT. It was deeply distressing. The whole experience left me shaky, nervous, giggly, and close to incontinence. Immediately afterwards, I approached Dr. Leeks expressing my discomfort and querying the treatment.
100. In response, he reprimanded me and told me very clearly that it was not my place to question his clinical judgment and that if I continued to do so he would arrange to have me transferred to another Villa. He also told me that I should consider my position in the hospital and my reliance upon hospital housing.
101. I was very much affected by this conversation, which is why I recall it so clearly. Following this encounter, I was never on duty again when ECT was given. My relationship with Dr. Leeks was also affected from that point onwards.
102. A few weeks after the incident, I was transferred to the Maximum Security Villa at Lake Alice. Dr Pugmire and myself thought it would be a convenient transfer. Dempsey also thought it was time for me to move on and have a break from the LACAU.
103. I do not believe it was a direct result of me questioning Dr Leeks. However, if I had wanted to take things further, my only option would have been to go public. Any internal complaint in hospital would not have gone far, as in those days you would've gotten side-lined and moved on from the hospital.

ECT as punishment in grading system

104. ECT was never given as a punishment for getting a D in Dempsey's grading system. If you got a D, you would instead lose privileges and other benefits in order to motivate the resident to try better the next day.

105. However, if a resident was regularly getting D's, Dr Leeks could prescribe ECT on the basis that the repeated poor performances were indicative of psychological symptoms that ECT was an appropriate treatment for.

Unmodified ECT to genitals and arms

106. I recall hearing about ECT being applied to the genitals and arms of patients. However, I do not believe that this would have happened during the time that Dempsey was in charge of the unit. On one occasion, I tried the ECT machine on my arm to see how it felt. It hurt. I could not imagine having that feeling on somebody's genitals.

The use of paraldehyde intra-muscular injections in the LACAU 1974 – 1976

107. Paraldehyde was a drug I had seen used copiously in England. It was preferred by psychiatrists because it was very fast acting, safe, and had very few side-effects. However, it was a painful injection to receive.

108. At Lake Alice there was a standing order in every Ward signed by the Medical Superintendent for intramuscular paraldehyde in emergency situations when sedation was needed for disturbed behaviour. The prescription sheet for the same was at the front of every Ward Medicine Chart, signed by Dr Leeks. It was a practical, well-intentioned script designed for the realities of life at Lake Alice. Unfortunately, such blanket prescriptions gave rise to abuse.

109. I believe it would not be prescribed by a blanket prescription (for episodes of violent and aggressive behaviour) nowadays. However, back in that time it was quite usual and acceptable. The standard dosage range was 2 – 10 cc. The amount you chose to administer depended on the state of the patient.

110. The use of this drug during my time was minimal. I administered paraldehyde a few times, but it was never as form of punishment. Dempsey in particular was loathe to use it, as it was open to being interpreted as punishment by the residents as indeed was the administration of any injection. This was contrary to the programme of positive reinforcement for desirable behaviour which we all tried so hard to adhere to.

111. I think one has to be realistic about the perceptions of the residents in the Unit. Many had come from abusive backgrounds or had been in strict borstal type

institutions prior to coming to Lake Alice. Punishment had been an integral and dominant part of their lives for many years. I am sure that any youth who was administered a drug by injection, subsequent to an outburst of violence, would interpret it as punishment. I am equally sure that this would be no different with a similar group nowadays as it was then in 1974.

112. I do recall some years ago the police showing me nursing notes which they thought had my initials against the entry essentially saying paraldehyde was given for aggressive behaviour and smoking. This was not my handwriting and was an entry by another staff member with the same initials. I remember thinking this was inappropriate use if given for smoking.
113. Male staff were not meant to give injections to female residents of the LACAU. If such an occasion arose, they would be taken back to Villa 9 and female staff there would administer it.
114. However, I recall an incident where a female resident called GRO-B, who was about 14 or 15, had misbehaved. Terry Conlan removed her trousers and given her an injection of paraldehyde in front of nine other male residents and two other female residents. This was witnessed by Sheila Daly, the Lake Alice school teacher at the time, and was during a school camp offsite in late 1975 or early 1976. I remember feeling really disturbed by the incident, both at the indignity of it and the inappropriateness of what had been done.
115. There were also other drugs that were administered intra muscularly, those were often anti-psychotic drugs prescribed by Dr Leeks.

Seclusion

116. During my time in the LACAU under Dempsey, we would usually not use seclusion for longer than an hour. I do recall a couple of occasions where a patient would spend a morning or afternoon in there. Dr Leeks could prescribe seclusion, but I don't recall it happening.

General treatments

117. Despite their medications, the majority of the patients did not appear or act as "zombies". However, I do believe a couple of the patients were either overmedicated, or mis-medicated.

118. During group therapy, Dr Leeks would offer counselling to the group as a whole. However, Vic Soeterik tended to take the lead on most sessions. I recall a couple of occasions where the children would complain about ECT during these sessions, but Leeks' response would just be that it was a necessary treatment. Sometimes he would describe it to the children as "ECT is just measuring you for a new hat", referring to the structure of the electrodes and how they wrapped around the head.
119. On another occasion of group therapy, I recall Dr Leeks administering an intravenous injection of methedrine (which was similar to Pentothal the truth drug) to a patient, who I believe was called GRO-B. I remember hearing this was done as a form of abreaction therapy. Right after, Dr Leeks placed him back in the group to see how he would react. He spent the whole session petrified and would not speak. Methedrine would normally be given on a one to one basis to assist in memory or repressed memories.

Violence and physical abuse in the LACAU 1974 – 1976

120. Violence did occur in the LACAU and I witnessed it on a number of occasions. At times there were over 30 or so youths, many of whom had histories of violent acting out, so inevitably there were incidents of bullying and fighting amongst them. But this was minimal.
121. On the occasions when it happened we would separate the combatants and they would each spend time-out in a seclusion area for 30 minutes to an hour, no longer, and that would be duly recorded in the nursing notes. On the occasions when this violence was of a particularly serious nature, paraldehyde would be used, but such occurrences were relatively rare.
122. It should be noted that on such occasions there were often just two male staff on duty. There was no alarm system. There was no training in calming and restraint, de-escalating procedures, or the process of defusing incidents. There was also no process of debriefing staff after such violent incidents occurred.
123. I do not believe that there was any sexual abuse between male and female patients as they were too closely monitored. However, it could have happened

between male patients. I believe that if it happened during the pre-Dempsey era (1972-1974), that Dr Leeks would have responded with aversion therapy.

124. At no time did I see or hear of any incidents of deliberate beatings or physical abuse being perpetrated upon a resident of the LACAU during my time as a permanent staff member. Occasionally there were attacks upon staff, but such incidents were dealt with in a professional and civilized manner and duly recorded. Cruelty and abusive behaviour by nursing staff was simply not a part of the culture of the LACAU and would not have been tolerated by Dempsey or any of the mainstream staff.
125. I recall one time a kid threw urine over Dempsey, he reacted very professionally and dealt with it very calmly which was a credit to him.

John Blackmore sexual abuse

126. Subsequent to my departure from the LACAU, I recall hearing rumours about incidents of sexual abuse that John Blackmore committed against the residents. I can easily see how this could have happened as John was effeminate. He was quite a big lad in his 50s. I understand that Dr Pugmire removed him from the unit and reinstated him in an adult unit. I only heard about that years later. I do not recall any other incidents of staff sexual abuse during my time in the LACAU.

GRO-C

Miscellaneous incidents

Placing LACAU residents in Maximum Security Villa

128. I remember one time where GRO-B got caught after absconding. I believe he had been misbehaving quite regularly prior to this latest incident. In response, Dr Pugmire had him placed in the Maximum Security Villa with the patients there. I think he thought this was his last resort to change GRO-B's behaviour.
129. I also think that GRO-B had the same happen to him. This occurred during Dempsey's lead of the LACAU. However, I believe he would not have been happy about this course of action.

ECT machine at pantomime performance

130. During my time at the Lake Alice, myself and Sheila Daley (the teacher) organised a full pantomime performance called the 'Caliph of Baghdad.' We did three months of rehearsal with the adolescents and then performed it before the open side patients and the staff families.
131. I have since heard claims that at the end of the staff performance, somebody wheeled in an ECT machine in front of the audience. This never happened.

Experience with staff members*Dr Selwyn Leeks*

132. I knew Dr Selwyn Leeks well and I have already expressed my abhorrence at some of the methods I believe he employed as treatment prior to April 1974, namely aversion therapy. I also believe that his use of unmodified ECT during my time there was sometimes questionable, and on the fringes of acceptability even for those times.
133. I believe however that he had a genuine concern for his charges. I believe he considered the treatment he employed to be a last ditch attempt to change the lives of young people whose previous abusive history had them destined for lives of misery and tragedy. He considered many of them to have been 'written off' by both family and society. In the early 1970s, the cyclic nature of childhood abuse and its profound significance on adult behaviour was not as fully understood and considered as it is nowadays.
134. I think that Dr. Selwyn Leeks put himself above being personally affected by administering such treatment, and in so doing, failed to recognize the development of his own sadism and that of some his staff. There was no such thing as supervision back then, so he did not have the input or oversight of other psychiatrists.
135. On occasions I experienced him as omnipotent and unreasonable. At other times I experienced him as a quiet, gently spoken man who, when he visited the Unit, would spend hours with the residents both in the group and individual situation. Sometimes the children would even welcome him to the LACAU and follow him around.

136. He took a personal interest in my further education and he spent hours with the staff of Villa 7 both in a supervisory and educational capacity. This was by no means the norm for psychiatrists of that era.

Victor Soeterik

137. I remember Victor Soeterik began coming out with Leeks to the LACAU around the start of 1975. This was when the group therapy sessions began, where Dr Leeks would accompany him. However, he wasn't a very frequent visitor to the LACAU, and was not as involved in the clinical treatments as such. He would also hold individual sessions.

138. Victor was a very clinical individual, compared to Dr Leeks. I remember him trying to psychoanalyse the staff, which they didn't often like.

Sidney Pugmire

139. I remember Dr Sidney Pugmire as being a decent fellow, and a bit of an oddball, but he was always supportive of staff at the LACAU. However, he didn't come into the LACAU very often.

140. I don't believe he would've sanctioned what went on in the LACAU. I also don't think he fully knew what was going on, but this was probably due to him deliberately avoiding Leeks' business.

Allegations

141. I understand that there is an allegation from GRO-B who I remember was the son of another staff member at Lake Alice, that I gave him and a number of others Paraldehyde for 'boisterous behaviour'. I do not recall this but if I did I would have recorded it in the notes and signed for it as I always did when administering drugs to patients.

142. What needs to be noted here is that what might be stated or written as boisterous behaviour would likely be aggressive behaviour by these teenagers as opposed to what would generally be referred to as boisterous behaviour.

143. I also understand that there is an allegation from Paul GRO-B (Zentveld) that I gave him Paraldehyde, again I have no memory of this but if I did it would have been written up.

Conclusion

144. My time at Lake Alice Hospital was the most rewarding two years of my psych-nursing career. I learnt a significant amount, in particular relating to group therapy, to the extent that I went on to become a psycho-dramatist.

145. I do think that some of the patients' complaints are unreasonable. In my opinion, I believe that some have legitimate complaints, but others have jumped on the bandwagon.

146. From the professional perspective of a Registered Nurse I make the following observation: the principle flaw in the system was the inordinate amount of power afforded and entrusted to the psychiatrist, the total lack of accountability and absence of monitoring or supervision of his practice, and the total willingness to hand over such responsibility for the residents to Dr. Leeks, by both parents and the State.

147. In addition, I believe the professional conduct of some individual staff members was highly questionable, particularly those that were Registered Nurses in that period 1972 – 1974.

148. I also wonder about the role of the Medical Council during the LACAU's tenure. In my opinion, they seemed very protective of Leeks post the LACAU's closure, even of the aversion therapy aspect. Similarly, the Nursing Council never made comment or raised concerns with Lake Alice. What I mean by this is that these are the groups that oversee the registration of their members, I believe they were at fault of not appropriately dealing with allegations and in particular allowing Dr Leeks to continue his practices with little control despite concerns having been raised over a long period. The nursing council also could have investigated as there were clearly claims made against us as nursing staff which they ignored. They could have inquired into whether the practices of nursing staff were or weren't appropriate.

149.

GRO-C

