

Witness Name: Denis Howard Hesseltine

Statement No.: WITN0409001

Dated: 7 May 2021

ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

WITNESS STATEMENT OF DENIS HOWARD HESSELTINE

I, Denis Howard Hesseltine, states as follows:

Introduction

1. My full name is Denis Howard Hesseltine. I currently live in Marton.
2. I am providing this statement in relation to my employment as a psychiatric assistant in the Lake Alice Child and Adolescent Unit ("the Unit") in the 1970s.
3. I have previously made statements about my employment in the Unit to the Crown law Office in 2001 (**NZP0000362_00005**) and to Police in 2007 (**NZP0000362_00002**) and again in 2021 (**NZP0041549**).
4. This account is based on the contents of my previous statements and my answers to questions asked by the Royal Commission.
5. I should point out I am talking about events that occurred over 50 years ago. While I do have some diary notes and reference material to refer to, a good deal of my recall is from my memory of events that occurred all that time ago.

Employment periods in the Unit

6. I commenced work at Lake Alice Hospital on the 11th of February 1973 as a trainee psychiatric assistant.
7. On the 21st of March 1974, I joined the Child & Adolescent Unit (the Unit) at Lake Alice, which was then situated in villas 10 and 11. These were both the standard type of villa at Lake Alice which had two levels and slept 15 patients. Two dormitories upstairs at either end of the villa had 6 beds in each of them. There were also three single rooms upstairs.
8. On the 30th of June 1977, I left employment in mental health and commenced a private business as a driving instructor in Feilding.
9. During that approximate eight-month period, I was not employed in any way in mental health. At the completion of this venture, I returned to Lake Alice Hospital on 23rd of February 1978, where I continued my employment as a psychiatric assistant, working in other areas of the hospital.
10. On 7th of March 1978, I was transferred back into the Unit, which had downsized during my time away from Lake Alice. The Unit was now sharing the facilities of villa 6 (later renamed villa 14).
11. I continued working in the same role in the Unit until 11th March 1979. Up to this point the Unit had been down-sizing for some time until it was phased out altogether with the transfer of the remaining male adolescents to other areas of the hospital, or on release to other mental health care facilities outside the hospital.
12. The female adolescents remained in villa 6 along with the other female adult patients until they too were transferred outside the hospital.

Location of the Unit

13. For the first period I worked in the Unit, March 1974 until October 1974, the charge nurse of the Unit was a Mr Steve Hunt. He is now deceased. During this period the Unit was housed in villas 10 and 11.

14. In October or November 1974, Dempsey Corkran took over as charge nurse in the Unit. I believe Dempsey remained charge nurse until 1977.
15. In June 1975, the Unit moved from villas 10 and 11 (later renamed villas 4 and 5) and the Unit moved into villa 7 (later renamed villa 12).
16. The move to villa 7 was instigated by Dempsey Corkran because the numbers of child and adolescent patients were increasing, and the new villa was far better suited for the accommodation, care and treatment and security for the young patients. The move meant all the kids were housed under one roof instead of being spread between villas 10 and 11.
17. Once we had relocated to the new villa, patient numbers peaked to about 48 kids comprising around 36 boys and 12 girls.
18. The boys and girls were separated during the evening hours, with the boys remaining in villa 7, while the girls slept in villa 6. During the day, the girls and boys occupied villa 7.
19. When the Unit moved to villa 6 in 1978 that villa already had its own charge nurse, Vic Kemp. I do not now recall who took on the charge nurse position for the male adolescent patients vacated by Dempsey.

Joining the Unit

20. Dr Selwyn Leeks was the Child Psychiatrist in charge of the Unit. Dr Sidney Pugmire was the medical superintendent of Lake Alice Hospital.
21. Permanent staff assigned to the Unit were usually invited by the charge nurse to be part of that team, and although it was voluntary as to whether you chose to work in the Unit, we were paid accordingly and rostered four days on and two days off. This was the usual roster for all nursing staff at Lake Alice.
22. Prior to joining the Unit, I was not aware of its reputation other than knowing a lot of staff did not want to work with the kids as well as having to go home to their own kids at night.
23. In March 1974, I was invited by Charge Nurse Steve Hunt to join his team in the Unit along with several others replacing staff who were leaving the Unit. I joined because I was interested in helping those less fortunate than myself and being

only 23 or 24 at the time, Steve wanted me to fill the role as a big brother for the kids.

24. When we all joined the Unit, Steve invited us into his office where he explained that the Unit had been established by Dr Selwyn Leeks around 1972.

25. My understanding was that Dr Leeks worked out of the Manawaroa Clinic in Palmerston North and because of all the patient referrals he was getting from the Department of Social Welfare and private homes, Dr Leeks felt he needed to establish an inpatient Unit. I believe Dr Pugmire offered to house the Unit in Lake Alice Hospital's villas 10 and 11.

26. The staff that joined the Unit in my group included:

- Lance Pitcher (Psychiatric Assistant/Nurse Aide)
- Sandy Homes (Psychiatric Assistant/Nurse Aide)
- Terry Fountain (Staff Nurse)
- Brian Stabb (Staff Nurse)
- Orma Cribb (Health Assistant/Hospital Aide)
- Anne Watt (Staff Nurse)

27. In addition to those staff, and to the best of my recollection now, the following staff were also employed in the Unit during my time there:

- Terry Conlan (Nurse) (deceased)
- Charlie McCarthy (Psychiatric Assistant/Nurse Aide)
- Pat O'Connell (Nurse)
- Jack O'Connell (Nurse)
- Ernie Thompson (Nurse)
- Anna Natusch (Teacher)
- Victor Soeterik (Psychologist)
- Dr Derek Quigley (Child Psychologist)
- Maryanne Quigley (Child Psychologist)
- Sheila Daily (Teacher)

- Helen Glasgow (Nurse)
- Wayne Russell (Nurse)
- George Rainey (Staff Nurse)

28. Others known to me to have been employed within the Unit earlier but not in my time included:

- Howard Lawrence (Nurse) (deceased)
- John Blackmore (Nurse) (deceased)
- Alan Scholes (Nurse)
- Les Fairburn (Health Assistant) (deceased)

Other Staff

29. Dr Leeks' wife Priscilla Leeks was sometimes in the Unit as a play therapist. She was a very gentle and quiet lady and nice with the kids. She would often speak with the kids in the kitchen area of the villa. There was not really another space for available for this purpose. Because she was gentle, I think the kids found it easier to open up to her.

30. I can recall several of the teachers who worked in the Lake Alice Hospital School. One was Sheila Dailey who was a good teacher. There was also **GRO-B** who was a bit different, she did not always appear to be focused on what her job was. I believe I can make this observation because I spent a considerable time in the classrooms with the kids as there was always a psychiatric assistant present in the classrooms in case the kids played up and we had to manage them.

31. Dr Murray Benson, who had a medical practice in Marton, would attend to deal with any purely medical issues with the patients in the Unit. He was a nice gentle man.

32. I recall that the head nurse at Lake Alice was a regular visitor to the Unit. He would visit each Unit in the morning, afternoon and often in the evening.

33. Dr Pugmire was very seldom seen in the Unit.

Patients in the Unit

34. The age range of the patients was between the ages eight to 16.
35. The patients were assigned to the Unit primarily by Dr Selwyn Leeks.
36. I am not aware of what the exact process was, but most of the admissions came through boys' homes and the then Department of Social Welfare. I think there was some arrangement between Social Welfare and Lake Alice for their admission. I am not aware of what that was. I suspect that because Doctor Leeks was a child psychiatrist and had access to Lake Alice, arrangements were made for kids to be assessed and treated at Lake Alice.
37. At some stage, I am not sure when or why, we stopped receiving boys from the former social welfare homes in the same numbers. As for social workers visiting the hospital, I can remember some coming to drop kids off at the hospital, but I do not recall occasions when social workers came to visit kids in the Unit.
38. There were other patients who were referred to Dr Leeks and admitted from their own homes and there was another group that were committed patients under the then Mental Health Act.
39. We had kids from all types of backgrounds, many with behavioural problems, mental health problems, or a combination of both. The adolescent's behaviour and energy were demanding and working twelve-hour shifts required constant vigilance and commitment to the young patients. Because of the challenging work, there was a high turnover of staff within the Unit on some shifts.
40. When I first arrived in the Unit, I presumed that all the kids had mental health issues. However, overtime, I came to believe that the kids had more behavioural issues than psychological issues with around 80 percent admitted for behavioural reasons.
41. Dr Leeks received patient referrals to the Unit from all over the country and it seemed to me the Unit was a place of last resort for the young people. For that reason, I came to regret the fact that the Unit was based in a psychiatric hospital.
42. For example, I can remember a young boy called GRO-B who arrived at the Unit when he was 8 years of age. I took him under my wing because when

his parents dropped him off, one of them gave him a kick in the backside as he walked in the villa carrying his suitcase. That was sad to see.

Unit Routine

43. The normal daily routine for the Unit's patients and staff was as follows:
- i) Some staff including myself, usually arrived at 7am to the boy's villa. There were usually six staff rostered onto the Unit per shift, with two registered nurses always present. This included the charge nurse. There may have been around two or three staff on at night.
 - ii) We got the boys up, made their beds, got them showered and clothed. The boys then attended breakfast in time for the rest of the staff to arrive around 8am. The villa had a dining room downstairs where staff could sit and eat with the boys during meals. This provided an opportunity for staff to speak with the boys and teach them table manners, how to eat well and how to think well of themselves. That was something Steve Hunt encouraged us to do with the boys.
 - iii) After breakfast, the kids went to the school located in a nearby villa. Every classroom had a teacher and nurse or nurse aide present. I often accompanied the children to school during the week.
 - iv) The kids finished in the school around 12pm and would come back to the Unit. They would then have a quiet period before lunch was served at 12.30pm.
 - v) The kids returned to school from lunch at 1.30pm and remained there until school finished at 3pm.
 - vi) The kids then came back to the Unit and had some free time playing games or sport until dinner. They had dinner then TV or games then went to bed later in the evening.

44. During my five years of employment within the Unit, there were periods I was assigned to work in other parts of the hospital. This included working as an escort officer or doing night duty in other villas.

Patient Activities in the Unit

45. Photography is my hobby and so at Lake Alice I took photos. They were available for use in school projects or at functions, as part of the history of Lake Alice. I kept them and have them today. Some of the photos are exhibited to my statement. They include aerial shots of Lake Alice that I took when flying with Arthur Vosper. There are also photos of staff and patients together at Lake Alice functions as well as group and some individual photos of patients on outings. They were all taken in the 1970's, during my tenure in the Unit.
46. Some of the outings that I recall going on with the Unit's patients were: -

- Barbeques and swimming at Duddings Lake.
- Going to the beach at Santoft.
- Planting trees at Santoft forest.
- Going to Ohakea airbase.
- Going to 2ZA Radio Station.
- Going to the Evening Standard newspaper office.
- Going to flock house and horse riding on the farm.
- Going to the rodeo in Wanganui, annually.
- Going to the movies at both Palmerston North and Whanganui.
- Weekend trips to the Pohongana valley in conjunction with the Bulls Scout camp.
- Many van outings.

47. Forms of entertainment we organized at Lake Alice for the kids were:

- Movies.

- Housie.
- Swimming.
- Cricket.
- Soccer.
- Church.
- Disco dancing.
- Sports days.
- Christmas concerts.
- Bed painting (different colours) during holidays.

Patient Treatment: Use of Paraldehyde Intramuscular Injections

48. As a psychiatric assistant I was not trained in or authorised to administer Paraldehyde.
49. I was present during some of the injection applications by authorised staff, which was always a qualified registered nurse. The use of this drug had to first be prescribed by either Dr Pugmire or Dr Leeks to be given to the identified patient.
50. Normal procedure for the administration of paraldehyde would be for the patient to first be taken to the medical clinic within the villa. There the registered nurse or qualified staff member (there were always two staff members present) would explain to the patient the purpose of the medication to be injected and generally the procedure that would occur and what the outcome would be. The way I saw it administered was with an injection into the side of the patient's buttocks. I always saw it administered in a gentle manner by the staff.
51. I was also involved in the after-treatment dealings with the patient, giving the patient assurance where it was required that he or she had not received the injection as a form of punishment, but as a form of treatment. I would go to great lengths to explain that to put the patients mind at rest. I believe, because I was not involved in injecting the drug, I was in a better position to console the patient after they got the injection.

52. Paraldehyde was very rarely used in the Unit to my knowledge. When it was given, it was used as a calming effect to take the edge of the patient's deteriorating mental condition at the time. You could always tell when someone had been given the drug because of the smell that was exuded in his or her sweat and on his or her breath.
53. The types of behaviour I saw justifying its use was someone who was agitated, loud or boisterous, by that I mean violent or hearing voices. As far as I witnessed it was never given for things like a patient running away from the Unit or for any other punitive purpose. Had I become aware at the time that it was being used as punishment I would have objected to it.
54. Looking back, while we as staff can say that the injection was not intended as punishment, the use of the injection was I believe quite painful and could well have been believed by the patients to have been given as a form of punishment.
55. In later years I was aware that the drug was administered orally, therefore preventing the use of the injection in most cases.
56. When Dempsey took over the Unit, the use of paraldehyde probably was one of several treatments he attempted to minimize or look for alternatives because Dempsey was concerned the use of paraldehyde could be mistaken by the parents for being given as punishment instead of for treatment. Dempsey preferred to focus on group therapy to address a patient's behaviour rather than resorting to paraldehyde.
57. Paraldehyde was used a lot in villa 8, where the most aggressive and psychotic patients were.

Patient Treatment - Ectonus

58. Dr Leeks would come in on most Friday afternoons for around an hour for treatments to give what he called Ectonus therapy ("Ectonus"). Upon arriving in the Unit, he would go into Steve's office and discuss what had been happening in the Unit with the patients. I first heard in discussions with Dr Leeks and Charge Nurse Steve Hunt about a behavioural modification therapy described by them as the Ectonus.

59. I had no knowledge of this form of treatment prior to it being explained to me by Dr Leeks with Steve Hunt. Dr Leeks explained that the Ectonus was designed to stimulate the brain, which is what I believed. I had my belief confirmed by Steve Hunt when I discussed Ectonus with him.
60. As far as I can recall, Ectonus did not involve the patient being shocked into a seizure or being rendered unconscious as happened with modified and unmodified Electro-Convulsive Therapy (ECT).
61. I believe both Dr Leeks and Steve Hunt also said that while the patient was receiving Ectonus, the so called electric shock remained below the level of pain and was therapeutic. Dr Leeks advised me and presumably others of the nursing staff, that even at full voltage the treatment would remain below the level of pain threshold, albeit it may still be regarded as an intensive stimulus.
62. In hindsight, my understanding was that Ectonus was still a rather intensive stimuli and perhaps the feeling and/or level of that stimuli may have been differently interpreted by each of those patients who received Ectonus. I can only comment on what I saw, and not on what I experienced, having never received Ectonus.
63. I believe that the Ectonus machine used in the Unit was the silver one on the left of the 1977 Police photograph 6 (**NZP00001452**). The other machine in the picture is not familiar to me. The silver machine I believe could be used for both ECT and Ectonus. I believe that Dr Leeks brought this to the Unit where it remained covered with a pillowcase in the clinic. I never used the machine so do not know exactly how it was operated. However, I believe the machine had a dial that would rotate and govern various levels of milliamps.
64. From my recall Ectonus would involve the following:
- i) The Ectonus machine was kept downstairs in the villa in a room called the 'clinic', with a white pillowcase over the top of it. It was not used in the clinic because there was no bed there, so the machine would be taken upstairs. The clinic is the room that appears in the 1977 Police photographs 2 to 4.

- ii) The patient would arrive for treatment in an upstairs room in the Unit's villa. I believe it is the room with the windows located in the middle of first floor of villa 11 in the 1977 Police photograph number 7.
- iii) Ectonus was always applied by Dr Selwyn Leeks, and he was always the person who controlled the dial or setting. Also, usually present at Ectonus would be Steve Hunt and staff nurse, Terry Conlan.
- iv) Dr Leeks would explain the behavioural modification therapy to the patient and why he thought it may be necessary and beneficial for the patient to receive Ectonus.
- v) As with unmodified ECT, a patient receiving Ectonus was given it without muscle relaxant or anaesthetic.
- vi) The patient would be administered a milliamp dosage below the threshold of pain. The patient remained conscious throughout the procedure. There was no visible reaction from the patient when the Ectonus was applied.
- vii) After a patient received Ectonus they would be able to walk back to the day room.

65. We as nursing staff had no hands-on assistance with the application of Ectonus. Our role was one of observation. Speaking personally, the only physical contact that we may have had with any of the adolescent boys during Ectonus, would have been a reassuring pat on the shoulder and/or a few words of comfort if it were felt that this would lessen their level of anxiety, and help relax them or whatever if that were the case. It was nothing more, nothing less.
66. No patients that I observed undergoing Ectonus would react in a way indicating to me that they were suffering pain or torment during that treatment. There was no adverse patient reaction ever witnessed by me, if there had been I would say so.
67. I could only really estimate that I witnessed between eight and 12 Ectonus applications in the Unit. All the patients I witnessed were male. I am not aware of any of the girls getting Ectonus or ECT. That may have happened in villa 6.

68. To my knowledge the Unit was the only Unit in Lake Alice, aside from villa 6 that had its own ECT machine. My best guess is this was because the Unit operated separately from the rest of the hospital.
69. The occasions where I witnessed Ectonus was in villa 10 and 11 prior to the transferring of the Unit to villa 7. So, the period that I am talking about would be in that time frame March 1974 to June 1975.
70. I cannot recall ever having witnessed Ectonus in the Unit when it relocated to villa 7.
71. I have been shown an undated Lake Alice Hospital Treatment booklet which describes how treatments, including Ectonus, were to be administered. **(WHB0048154)**. I do not remember seeing this document before nor does the Ectonus method it describes correspond with the method I remember Dr Leeks used.

Patient Treatment: ECT

72. I believe over the years, there were different ECT methods used to treat mental health conditions or illness. The two methods I am aware of are modified ECT and unmodified ECT.

Modified ECT

73. I have witnessed the application of modified ECT on many occasions in villa 6 in villa 6 just with adults however, I never witnessed nor was involved in any way in the modified application of ECT during my five years in the Unit.
74. The occasions on which I have witnessed this application occurred in villa 6 (later renamed villa 14) while villa 6 was occupied by adult patients. I had also seen the application of this therapy at Mid Central Health on two occasions when applied in one of the wards.
75. Modified ECT was the usual form of ECT and was used almost universally when such treatment was required in the places I have worked. Usually present for this

treatment was the psychiatrist, which at Lake Alice was normally Dr Pugmire, an anaesthetist, two nurses and psychiatric assistants.

76. Modified ECT involved the following procedure:
- i) The patient prior to treatment received an injection of muscle relaxant from the psychiatrist or charge nurse. The patient then received a general anaesthetic from a registered anaesthetist Dr Jacquerie. This would send the patient to sleep.
 - ii) The electrodes were then placed across the temple, a mouth guard was placed in the mouth, the electrode was activated at a predetermined amperage and timing set by the psychiatrist. It did not matter how long the button was pressed on the ECT machine, the current only went for a fixed period.
 - iii) This would result in a controlled seizure which would last for a brief period and render the patient unconscious. The mouth guard would be taken out and an air way inserted for breathing. Oxygen was then applied.
 - iv) The patient would then regain consciousness, usually after about 20 minutes, and would be placed into a recovery position.
 - v) The patient was then monitored by a staff member until completely recovered. The patient would then routinely be given a cup of tea and light refreshments. Sometimes the patients would say the treatment gave them a headache afterwards.

Unmodified ECT

77. I have never witnessed nor assisted in the application of unmodified ECT on any occasion during my five years in the Unit. I therefore cannot be specific in my knowledge on it. However, I do know unmodified ECT means ECT given without muscle relaxant injection and without an anaesthetic.

Patient Treatment - Aversion Therapy

78. I understand aversion therapy relates to applying the ECT procedure to areas of the body, such as a patient's leg, and not to the temple area of the head.
79. I never witnessed aversion therapy in any form in the Unit. I therefore do not know the aversion therapy process or what it was intended to be used for. I really cannot comment any further on the aversion therapy.

Patient Treatment - Group Therapy

80. Dr Leeks often conducted group therapy with the patients in the Unit on Tuesdays and Thursdays. During these sessions patients were encouraged to speak about their past experiences, good and bad, including at home.
81. Dempsey was also particularly good at conducting group therapy as were some others. I did not feel I could contribute to any large degree so would often undertake other work.
82. In the sessions I did attend, a lot of work went into building up trust among the young patients in the group. I never heard anyone being forced to talk in these sessions or threatened with ECT or anything else if they did not want to talk. I suppose some kids may have told other kids that might happen to scare them.
83. A psychologist called Victor Soeterik who worked in the Unit would also attend some group therapy sessions. He was certainly a big part of it.
84. I do not remember Mr Soeterik doing any one-on-one sessions nor do I remember him ever saying a patient should get ECT or paraldehyde.

Use of Force

85. Physical force and restraint were used with the larger boys in the Unit but only when they were bullying younger boys. This was when they were so wild and revved up that they would hit anything. I used force to take them to the ground to save others from injury.
86. I never liked doing this but always did it to stop the kids harming other patients or themselves.

Recording of Treatments

87. In those days I carried a notepad around with me and wrote down whatever I heard Dr Leeks and senior nurses speaking about regarding treatment to help me learn.
88. I cannot recall seeing Dr Leeks writing notes regarding Ectonus.
89. When Paraldehyde was given to patients it was recorded on the patient's medication chart.

Seclusion

90. In the Unit, seclusion was not used often and only patients who were physically violent and needed time out. They would only be placed in seclusion for a matter of hours. Seclusion was not used for punishment but to calm patients down.
91. The rooms used for seclusion already existed in the villa before the Unit moved in. There were three rooms designed for seclusion, on the first floor, and each had shutters. They are the three rooms that appear in the middle of the upstairs of villa in the 1977 Police photograph 11.

Maximum Security Villa & Villa 8

92. I do not remember any kids being transferred to the Maximum-Security Villa from the Unit. The only patient I considered could have been sent there was GRO-B GRO-B who was a large and boisterous teenager, but we were able to manage him ourselves.
93. I do not remember any of the events related to the Ombudsman's investigation into the complaint made by GRO-B's family regarding his treatment at Lake Alice.
94. Villa 8 was a secure villa for remands, transfers from other psychiatric hospitals and those with serious mental health illnesses or those that needed more management because of their physical and or mental state. I do not recall anyone from the Unit going to villa 8 because this was not considered a safe environment for the kids because of the risks from the adult patients. If it occurred it would have been as a last resort.

Tenure of Steve Hunt as Charge Nurse

95. Steve Hunt was the charge nurse when the Unit was established and seemed to be a nice guy.
96. During my time working under Steve, he ran the Unit well. There was a lot of entertainment and activities for the kids as I have described above. I was not then aware of any issues or mistreatment of any patients.
97. Steve wanted to focus on continuity of care for the young patients by having the same staff working there shift after shift. This was to prevent the kids having strange staff coming in who were not aware of the Unit's routines or patient's tendencies.

Tenure of Dempsey Corkran as Charge Nurse

98. Dempsey's period in charge was different to how the Unit ran under Steve Hunt. Dempsey would give the kids time and talk to them about their problems or behaviour. It was a good place for these troubled kids.
99. I believe Dempsey also put an end to Ectonus being used in the Unit. I think that was because he would rather deal with the patient on a one to one basis or in group therapy. I do not recall Dempsey being supportive or involved Ectonus.
100. If any ECT was required to be given during Dempsey's tenure it was to be done in Villa 6 with an anaesthetist. Villa 6 was where all ECT in the hospital was meant to take place. The room there had all the necessary equipment for ECT such as oxygen bottles, muscle relaxant and anaesthetic.
101. The room where Ectonus took place in the Unit only had an iron framed bed and mattress in it. It did not have equipment such as oxygen bottles or that used to administer anaesthetic or muscle relaxant.
102. Dempsey started a points system in the Unit in which the patients were given marks from A to D for things like good behaviour, attitude, and hygiene. It was about rewarding good behaviour rather than punishing bad behaviour and there were weekly prizes for the highest points scored for individual patients. I considered it to be a good system.

103. Where fights and behavioural problems did arise, these were dealt with in short periods of time out, loss of privileges or with the patient talking one to one with staff members.
104. The difference I saw between the Steve Hunt era and the Dempsey Corkran era was Steve and Dr Leeks worked together and seemed to think the same way.
105. Dempsey thought some of the kids might need medication but would first look for other ways to settle them such as talking with them or group therapy.
106. For Steve and the patients, no meant no while Dempsey seemed more prepared to speak with the patients and try and find out why they were acting in a certain way.
107. I have been shown a December 1974 memorandum from Dr Pugmire in which he described his understanding of the disciplinary regime of the Unit. What he describes does not correspond with my understanding of how the children's behaviour was managed in the Unit. My recollections are outlined above in regards to Dempseys approach. **(WHB0016480)**

Patient Allegations

108. In the previous Police inquiry in 2007, I was shown a list of patients identified as making allegations of mistreatment in the Unit. Back then as is the case now, it is exceedingly difficult for me to accurately remember each patient and link them to the allegations made. In 2007, I was asked to respond to these allegations without reference to medical or nursing notes applicable to each of the patients named. My responses appear in my 2007 Police statement exhibited to this statement.
109. We put a tremendous amount of time and effort into these kids, and it was disappointing to find out years later that some of the ex-patients look back on their experience within the Unit, of which I was a part, as a terrible place of torture and punishment.
110. While I worked in the Unit, the staff were totally committed to the care of these young patients. We looked after them, we were their family, and I was like an older brother to many of the adolescents.

111. Patients have claimed they were herded into a holding pen, prior to treatment, were so petrified they lost control of their bowels and their urine functions and were then herded up a flight of stairs where ECT treatment was applied without any explanation to the patient concerned, that the entire process was a process of physical mental torture, treating human beings as if they were animals, my response is to the contrary.
112. I do remember the patients were collectively assembled in the villa's downstairs day room prior to receiving Ectonus where they were at all times accompanied by staff. I never saw any loss of bowel or urine functions, screaming and yelling, or patients attempting to escape or any situation where I believed the patient was in extreme state of fear. The patients were always treated with respect as human beings prior to receiving Ectonus, and the reasons why and the procedure itself was always explained to them accordingly.
113. The allegations, that patients either before or after treatment could view a television set in the downstairs day room and watch lines flashing across the screen when Ectonus was given, are ridiculous and did not occur.
114. Looking back, I do believe that the whole experience of Ectonus must have been rather unpleasant and perhaps at times scary for patients. A big part of that would have been not fully knowing or comprehending what exactly was going to happen, although it had been explained to them. They could perhaps only imagine the worst. It was wrong of us to put them through any form of fear.
115. In hindsight I would never like to see young folk go through this experience again. If Ectonus was still being used currently, I would not be part of it, simply because of the anxiety and apprehensiveness that may have been caused to those young patients, and certainly because of how they misinterpreted the Ectonus.
116. I honestly never thought of this at the time fully and did not realize that because of their age, they indeed may have been somewhat more than apprehensive during these treatment sessions. Having said this, I always had a feeling of Christian love towards my fellow human being, and I always attempted to speak words of comfort to them in the hope of trying to relax them. I have always done this with hospital patients regardless of age or the treatments they were receiving.

117. I do not remember there being a formal code of ethics at Lake Alice that I read. However, I believe I could have challenged a superior if they were doing anything wrong.
118. I am positive and very, very sure in my mind and heart that what I saw during each of the Ectonus sessions was not torture or what some of the ex-children of Lake Alice refer to as punishment.
119. I have always suggested to those investigating the claims made by former patients, that they should test the Ectonus machine and find out what type of current the machine emits and whether it would be painful. I have heard patients say they were left with scars from the electric shocks. Based on what I witnessed, I do not think the machine could leave scars or burn marks.
120. In 2001, about four months after completing the statement for the Crown Law Office there was a newspaper article about claims by ex-patients and their lawyer Grant Cameron claiming a victory about matters that are alleged to have occurred at the Unit. This was in the Evening Standard on 14 July 2001 (NZP0000362_00004).
121. I contacted Mr Grant Liddell of the Crown Law Office on behalf of myself and Dempsey Corkran, as we wanted the opportunity of speaking with Justice Gallen to put the staff side of the story to him. We were extremely disappointed that we never had a response or were given the opportunity to give our side of the story which I feel is important given the allegations in the public arena. I made a note of this call to Mr Liddell at the time (PSY0000734).

Change of Nursing Staff

122. Prior to the staff change in 1974, my view was that some of the staff in the Unit were less caring or had a different approach. It was not that these staff were cruel, they just did not follow the Unit's rules. For example, I recall that a nurse Bruce Pearson believed that the kids should get cigarettes if they wanted them. That was not the view of the rest of us and was not allowed. Another staff member, Howard Lawrence probably had a harder approach to patients than others. He was a tougher guy.

123. When most of the staff were moved out in around October 1974, I asked Steve Hunt what had brought about the change, he told me it was time for a change for some of the staff. He said the staff wanted to pursue other areas of nursing.
124. Sometime after I started in the Unit, I recall that Dr Pugmire conducted some sort of investigation into the Unit. He called me into his office and asked me about what was going on in the Unit. It was after this investigation that Dempsey Corkran took over as charge nurse of the Unit. I think he was concerned about the Unit and treatment pertaining to the ECT machine in the Unit. He recorded the meeting.
125. In the course of the preparation of this statement for the Royal Commission, I have been told of a letter Dr Pugmire wrote to a Don Brown the then Chief Psychologist of the Dept. of Education regarding the administration of the Unit and treatments therein. Dr Pugmire describes an investigation he conducted into this matter which he says resulted in a change of the nursing staff in the Unit. It makes sense to me now that the conversation that I had with Dr Pugmire would be connected to the inquiry described to Don Brown. **(WHB0004126)**

Police Statements of Terry Conlan and Steve Hunt

126. I remained in close contact with both Steve Hunt and Terry Conlan in their retirement years before they died. In particular, I would help Terry and his wife with things like groceries. It was my way of saying thank you to them for all the help they had given me when I first started at Lake Alice.
127. When former patients started making allegations in the media in the late 1990s, I asked Steve again what brought about the staff change in 1974. He told me nothing different. He said he couldn't answer except to say that he and the other staff had given the patients the best life they could. He said the patients had been sent to Lake Alice as a last resort, but the staff looked after them as family.
128. I also asked Terry before he died, whether he had even been present when patients in the Unit were allowed to administer any form of ECT to other patients. This had been a claim made by several former patients. Terry denied this had ever happened.

129. During the preparation of this account for the Royal Commission, I have been told of statements Terry made to the Police in 1977 (NXP0000766) and in 2006 (NXP0000341) as well as a statement Steve Hunt gave to Police in 1977 (NXP0000766).
130. In 1977 Terry and Steve both told Police they had been given oral authority by Dr Leeks to give aversion therapy to the boys in the Unit.
131. I understand Terry also said he had been present when Dr Leeks allowed boys to give aversion therapy to another boy. In his 2006 statement, Terry went further and told Police he had witnessed Dr Leeks apply the electrodes from the ECT machine to the thigh and genitals of the boy in the Unit. I am also aware Terry told Police he had questioned Dr Leeks about these incidents at the time and the legality of the treatment. I have also been informed that the 1977 Police investigation determined that no criminal conduct had occurred within the Unit.
132. Nonetheless, I find it disappointing neither Steve nor Terry ever told me about all of this. It was not good learning of this material and in some ways has changed how I look at this whole case. Neither Steve nor Terry should have been given authority to give electric shocks as aversion therapy.

Dr Selwyn Leeks

133. When I worked with Dr Leeks, I honestly believed he had every good intention of attempting to have these young boys think and behave more positively, that Ectonus could work towards this, and in turn they would start to feel better about themselves and their behaviour.
134. At the time, Dr Leeks presented and appeared to me personally as a nice, quiet all round good guy, honest, sincere and very helpful to both the children and the staff who were working with the children's individual problems and concerns. I remember there was one child who had some brain damage or neurological condition, and Dr Leeks explained to the group about why he was behaving the way he was so the kids would understand and not pick on him.
135. During the preparation of this account for the Royal Commission I have been told of statements Dr Leeks has made acknowledging he allowed boys to administer

electric shocks to the boy in the incident described by Terry. He also acknowledged he had given boys electric shocks as aversion therapy.

136. Again, it was disappointing to learn all of this only now. Dr Leeks may have felt that was the best therapy available at the time. However, I would not like to have seen it.

Conclusion

137. I still feel let down and rather saddened by the fact that there are a number of these ex-children who were in the Unit, now claiming that their time at the Unit was nothing but torture and punishment. All I can say is I saw no form of punishment, torture or sexual abuse towards these ex-children of Lake Alice Hospital while I was rostered and working in the Unit.
138. I am also disappointed to only recently learn what Steve, Terry and Dr Leeks acknowledged happened in the Unit before I worked there.
139. My reaction to learning all of this is that if Dr Leeks were here now, I would tell him I wish I were never part of his Unit.

STATEMENT OF TRUTH

This statement is true to the best of my knowledge and belief and was made by me knowing that it may be used as evidence by the Royal Commission of Inquiry into Abuse in Care.

Signed:

GRO-C

Dated: 7 May 2021