

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
LAKE ALICE CHILD AND ADOLESCENT UNIT INQUIRY HEARING**

Under The Inquiries Act 2013

In the matter of The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions

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Ali'imuamua Sandra Alofivae
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Mr Lester Cordwell for Mr Brian Stabb and Ms Gloria Barr
Mr Scott Brickell for Denis Hesseltine
Ms Anita Miller for the Medical Council

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
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TRANSCRIPT OF PROCEEDINGS

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Hearing opens with waiata and karakia tīmatanga by Ngāti Whātua Ōrākei

[10.03 am]

CHAIR: Tēnā tatou katoa. Ata mārie ki a koutou. Good morning Ms Thomas.

MS R THOMAS: Good morning Commissioners. We start with our first witness this morning Mr Denis Hesseltine and he is supported today by his wife Vivienne and Mr Brickell.

DENIS HESSELTINE

CHAIR: Good morning.

A. Good morning.

Q. Thank you for coming to support your husband, it's an important day for him and I'm sure he appreciates having your comforting presence there. Denis, would you mind just take the affirmation which I'll read to you. Do you solemnly, sincerely, truly declare and affirm that the evidence you give today will be the truth, the whole truth and nothing but the truth?

A. Mmm.

Q. Thank you very much, I'll leave you with Ms Thomas?

QUESTIONING BY MS R THOMAS: Good morning Denis.

A. Good morning.

Q. Just to confirm you have signed a statement to the Commission and the Commissioners have had the opportunity to read that statement in advance so the evidence that I'll take you through today will be certain paragraphs but everything has been read. Just starting now with paragraph 6 of your statement, just to confirm you started work at the Lake Alice hospital in February 1973?

A. I did.

Q. That was as a trainee psychiatric assistant?

A. Yes, it was.

Q. What type of training did that involve, what training did you receive?

A. Lake Alice Hospital -- when I first went to Lake Alice 1973 the training school had just finished and there was no more training there, but I could go to Porirua and do my training there. So I -- naturally in my mind I was going to be a trainee psych assistant. It didn't eventuate, so the training I got was from in service within Lake Alice Hospital.

Q. So on the job training?

A. On the job training, yes.

Q. And you were a psychiatric assistant or like an aid?

A. Nurse aide, yeah.

Q. And we've also heard the term "hospital aide" yesterday?

- 1 A. Yes, it's all incorporating the same position, yes.
- 2 **Q.** In terms of your time at Lake Alice, you initially had the training but then I think it was in
3 1974 you were asked to start work at the Child and Adolescent Unit?
- 4 A. Yes, we were invited over there by the charge nurse at the time, Mr Steve Hunt, and there
5 was three of us that went, Sandra Holmes, Lance Pitcher and myself.
- 6 **CHAIR:** I'm sorry, this is nobody's fault but mine. I have forgotten to state that this evidence is
7 embargoed. That just means, Denis, that your evidence won't be live streamed, but it will
8 be available on the website once it's been checked which should be shortly after you've
9 finished.
- 10 A. I see.
- 11 **Q.** So it's embargoed from publication by anybody until I lift the embargo, which, as I say, will
12 probably be later on this morning. I beg your pardon for not doing that earlier. Sorry to
13 interrupt.
- 14 A. No. So I just answer accordingly.
- 15 **Q.** Yes, you can be free to answer.
- 16 **QUESTIONING BY MS R THOMAS CONTINUED:** So when you were asked to join the
17 Child and Adolescent Unit, what villa was that unit housed at at that time in 1974?
- 18 A. There was two villas, villa 10 and villa 11. They were known as the Adolescent Unit.
- 19 **Q.** And at some stage did the villas change, did it become -- did the unit move into a different
20 villa?
- 21 A. It did, when the number of children increased, the numbers, to 36 boys and 12 girls. Prior
22 to that they decided it should have a bigger villa, so it moved from there to villa 7 at the
23 time. It's quite confusing, these villa numbers, because along the way they changed their
24 numbers, so villa 12, it soon become villa 12.
- 25 **Q.** In terms of your employment at Lake Alice Hospital, you started your training in 73 and
26 you ended your time at the Lake Alice Child and Adolescent Unit, was that in 1978?
- 27 A. Yes, yes, and that was when villa 12 itself had closed also and were just transferred across
28 to villa 6 where there was a number of female patients in the female villa, a mixture.
- 29 **Q.** By the end of 1978, the Adolescent Unit itself was downsizing; is that correct?
- 30 A. Yes, that's true.
- 31 **Q.** So you were there at the Adolescent Unit between 74 to 78, but you had a period of about
32 eight months where you weren't working at the hospital?
- 33 A. That's true, yes.
- 34 **Q.** And those eight months were between the middle of 1977 through to approximately March

- 1 78?
- 2 A. Yes, yes, it was, yeah.
- 3 Q. In terms of your decision to join the Child and Adolescent Unit I think you said the charge
4 nurse, Steve Hunt, asked you to join. Why did you decide to take this on, to do this work?
- 5 A. Well, he asked the three of us, so the three of us met in his office, he had had permission
6 from the head nurse that he could choose three that might be suited to come into the villa,
7 and with his explaining that he wanted to make it a homely environment and the three that
8 he'd chosen, one for a father figure, one for a mother figure and myself as a big brother. So
9 I thought well, that's okay, I think I would perhaps enjoy that role with the others, so that's
10 really the reason that we had an opportunity to fulfil something that we might be able to do
11 rather well perhaps because of my age.
- 12 Q. Just how old were you at that stage, were you younger than some of the other staff?
- 13 A. Yes, in 1974 I'd be 23, 24. Yes, the other staff were old enough, like Steve, to be my
14 father's age, yeah, at the time.
- 15 Q. In your statement you've detailed the names of a number of staff who worked at the unit.
16 I won't go through all of those with you now because they're there, but if we turn to
17 paragraph 28. There you've listed some names of people who worked at the Child and
18 Adolescent Unit but you've said they were there before your time, so before 1974?
- 19 A. That's correct, the four names there, yes.
- 20 Q. Just in terms of the first name listed there, Mr Howard Lawrence, we heard evidence from a
21 nurse aide, Gloria Barr?
- 22 A. Right, yeah.
- 23 Q. And she gave evidence that during her time at the unit, which was around 1976 to 77 that
24 Howard Lawrence was actually at the Child and Adolescent Unit but he only worked a
25 nightshift?
- 26 A. Okay, that's why I haven't had knowledge of that, yes.
- 27 Q. So it's possible that he was there but you just didn't necessarily see him while he was on the
28 nightshift?
- 29 A. No, I guess it's possible that a lot of staff from the general pool of the nursing staff could be
30 rostered there for a night duty if one of the usual staff were sick or on holiday, so that's not
31 an uncommon thing to happen.
- 32 **CHAIR:** When you say "general pool", do you mean the general pool of nurses and others who
33 are working in the wider Lake Alice environment?
- 34 A. Absolutely, yes, yes.

1 Q. Thank you.

2 **QUESTIONING BY MS R THOMAS CONTINUED:** Just turning on to paragraph 34 onwards
3 of your statement where you talk about the patients at the Child and Adolescent Unit, what
4 was the age range of the children you observed when you were working there?

5 A. It wasn't always this range, it become between the ages of 8 and 16, but that 8 year old
6 come later when we shifted into the new villa 12. So possibly when we first went to villa
7 10 and 11 in 1974 there ages may have been from perhaps 10 to 16, yeah.

8 Q. But as the unit expanded later on, the age range also expanded?

9 A. Yes, so it went from the youngest was 8 right through to 16, yes.

10 Q. How were admissions made into the unit, where did these children come from, what
11 channels did they have to get into the unit?

12 A. I think by memory, and that's because I wasn't involved with their admissions per se, that it
13 would be a lot through Social Welfare, boys' homes, private homes admission. So yeah,
14 I just can't remember all those places they might have come from, mainly Social Welfare
15 and boys' homes.

16 Q. I think in your evidence at paragraph 36 you've also mentioned that Dr Leeks, who was
17 working as a child psychiatrist in the area, also made arrangements for children to be
18 admitted into the unit?

19 A. That's right, yes, I guess for a child to be admitted to Lake Alice you would think that first
20 they'd go to their GP and then the GP would refer them to Dr Leeks, I'd imagine, and then
21 Dr Leeks would have them admitted to the child unit at Lake Alice, that was probably in
22 my mind.

23 Q. When you first started working at this Child and Adolescent Unit, what assumption did you
24 make in terms of the children's mental well-being?

25 A. I guess initially, because I didn't know the set-up, and I'd worked in the rest of the general
26 hospital for 12 months, so I wasn't aware of the adolescent unit. So when we arrived there
27 at that time, I presumed that these kids must have had some sort of mental condition that
28 would warrant them to be there. But after a few months I saw that perhaps many of them
29 were behavioural problems more so than mental health problems, yeah.

30 Q. Did children and adolescents come into this unit from all over New Zealand?

31 A. Yes, I can remember -- I can't remember the names, but from Christchurch. It would
32 appear that Dr Leeks must have had a lot of GPs referring children to him and I think it just
33 got too much for him to -- too many for him to see as outpatients, I guess in his mind he
34 must have thought to approach Dr Pugmire to see whether he could accommodate those at

- 1 Lake Alice.
- 2 **Q.** Was there one particular boy who was admitted at age 8 that had come from a different
3 place in New Zealand that you can recall his arrival?
- 4 **A.** Yes, that was the one from Christchurch.
- 5 **Q.** What was it about his arrival that you remember?
- 6 **A.** A few things, I guess, sad to see his age, the little fella, and him having to -- having to carry
7 his own suitcase with a kick in the bum for good measure, yes.
- 8 **Q.** Who kicked him in the bum?
- 9 **A.** I think it might have been his dad or one of -- I just can't get that clear in my mind but it
10 was clear back then, mmm.
- 11 **Q.** As a result of you seeing that, did you take this young boy under your wing when he was at
12 the unit and look after him?
- 13 **A.** Yeah, I did, I think there was a lot of staff there that did that anyhow, so yeah, yeah.
- 14 **Q.** If we move now to paragraph 43 in your statement where you talk about the daily routine at
15 the unit. Could you summarise for us what a day would look like at this unit?
- 16 **A.** It was quite a structured day. A big part of that structure was the school. When I arrived
17 there there was another villa being used identical villa to the ones that the boys were housed
18 in, but it was just further to one side, and they used the upstairs, which would have been
19 dormitories, they converted into school rooms. So the day was set off with arriving and
20 they'd be getting out of bed, they had a marking system so they'd make their bed and see if
21 they could get a good mark for that, and showered and bathed and then get ready for
22 breakfast, breakfast was around about 8, by 9 o'clock they were all set to go to school, and
23 school would go from 9 o'clock to 12 usual, and then come back for lunch, in the villa and
24 then go back at 1.30 to 3. After school a bit of free time and the evenings were sort of free
25 time, we had sports or games or other things that we might have, depending on the weather,
26 walks and outings and things like that. The school went on a lot of school trips, so that was
27 something for them to look forward to and get excited about, yeah. I went on a lot of those.
- 28 **Q.** Just talking about school trips and activities, I think in your statement you've mentioned
29 that you enjoyed photography and you used to take some photos of these activities and
30 trips?
- 31 **A.** I did. Although it was, I guess, wrong, against the rules to take photos of any patient in a
32 psychiatric hospital, this was different, we got permission because it was a school and
33 because that was my hobby, I took a lot of photos of the different outings and functions and
34 used them in school projects, yeah.

- 1 **Q.** And you've outlined in your statement at paras 46 and 47 a number of the different
2 activities that were undertaken to summarise things such as barbecues, movies, outings in
3 the van, Housie, some sports, but you've listed more detail there?
- 4 **A.** Yes, yeah.
- 5 **Q.** That's a summary of those?
- 6 **A.** Yeah. It didn't happen all in the same week of course, but over a period of a school term
7 that would have happened, yes.
- 8 **Q.** You've said that initially the school was, when you first started working there, in one of the
9 upstairs rooms of a villa. Did that change over time by the later part of the 70s, was there
10 an actual school pre-fab building?
- 11 **A.** Yes, but prior to that the hospital provided another pre-fabricated building, so we had three
12 classrooms and then beyond that the Whanganui Education Department who our area was
13 under, and they were the ones that provided us with the qualified school teachers, decided
14 to build a building which was an open plan building and at that time there may have been
15 three or four teachers, yeah.
- 16 **Q.** Did everyone from the unit go to school or did some children stay back at the villa?
- 17 **A.** The majority went to school. There'd have to be a reason they didn't go to school, they
18 might have had an appointment at the dentist or doctors, or not well. But other than that,
19 the villa was pretty well emptied out to school. With the three or four school teachers,
20 there was always a nurse present in the room, in the classroom with those teachers. So I did
21 a lot of my secondary school education at Lake Alice.
- 22 **Q.** Just before I move on to the next topic, one other thing in your statement here you've
23 mentioned that during your five years of employment at the Lake Alice Hospital,
24 sometimes you were assigned to work in other areas of the hospital?
- 25 **A.** [Nods].
- 26 **Q.** So you weren't always at the Child and Adolescent Unit?
- 27 **A.** Not absolutely 100%, no. There was -- I might have got an hour in the morning to go to
28 a -- to the geriatric wing and help them get the older ones up and out of bed and ready for
29 breakfast. I'd go back to the adolescent unit, then I might be called away for an evening
30 shift somewhere else or for a tea half hour while the staff that were going to work there
31 were having their tea, so I could be in and out. And I also went on a lot of what they call
32 escorts, taking patients out of Lake Alice to Whanganui Hospital or dentist to Palmerston
33 Hospital, yeah. So yeah.
- 34 **Q.** Moving now into paragraph 48 of your statement onwards, you talk about the use of

- 1 Paraldehyde. As an assistant or a psychiatric assistant or a hospital aide, were you trained
2 or authorised to give Paraldehyde?
- 3 A. No, no, not at all.
- 4 **Q.** What was the normal procedure for someone to receive Paraldehyde?
- 5 A. I guess in the first instance that medication, or any medication would have needed to be
6 charted so they'd be charted by a doctor. In the adolescent unit that possibly was Dr Leeks
7 or Dr Pugmire, and so that would be charted and put into place to be used when required.
8 Some of the -- I'm talking about Paraldehyde, sorry, yeah.
- 9 **Q.** Were you involved in this at all when someone was given Paraldehyde, what was your
10 role?
- 11 A. I was on a few occasions, yes. My role was just to be there. I think it was always good
12 practice that if any patient was receiving an injection or -- that two staff be present, and if
13 I was there I always went into the -- it was always given in the clinic, so I always liked to
14 go in there. Also with Paraldehyde, unfortunately what I hear, it can be very painful and
15 stinging, so with that in mind I always felt that this is where the big brother role came into
16 it. And I think they sort of, not making the one that gave it the baddy, but I was in a better
17 position to comfort them because I hadn't done it, I suppose. Yeah.
- 18 **Q.** Why did the children or the adolescents need comforting?
- 19 A. Because of the pain, I suppose, of the injection, yeah. I suppose it's like going to the dentist
20 when you're young, it's sort of the anxiety that builds up.
- 21 **Q.** What types of situations was Paraldehyde used at the unit that you observed?
- 22 A. I think the main that I understood and observed was for anxiety, or sometimes anxiety and
23 the level of the kid was just building up too much, they just couldn't manage themselves,
24 their minds just seemed to be just racing and this was sort of to relax them and take the
25 edge off that anxiety, yeah.
- 26 **Q.** How did the patients, so the adolescents, how did they perceive Paraldehyde from what you
27 observed?
- 28 A. I think looking back in hindsight it's very easy, but I guess they would be very anxious and
29 scared, I guess, yeah, although it was explained to them what they were going to -- yeah,
30 I guess at 23 years of age I didn't perhaps realise the anxiety level that they might have
31 been experiencing, yeah. But it wasn't -- it was given because they in themselves needed it,
32 they needed to have their mind rested.
- 33 **Q.** At paragraph 56 of your statement you refer to the charge nurse Dempsey Corkran.
- 34 A. Oh, yes.

- 1 **Q.** At the time when he took over the unit you've said here that Paraldehyde was one of the
2 treatments which he tried to minimise or reduce because he was concerned it could be
3 mistaken by the patients as being given for punishment?
- 4 **A.** Yes, I guess with his experience. I think it's true with any changeover of charge nurse, like
5 changing ownership of a house, one can see things that the other may not have, or they can
6 see things that could be better. I think with the -- when he come to be in charge of the
7 adolescent unit, he might have thought in his mind that if it was absolutely necessary to sort
8 of settle their minds that perhaps he could have given an oral form which would take away
9 the sting and the stigma of an injection, yeah. So I think -- and he's also one that he would
10 follow through perhaps quite thoroughly and find out whether they could be settled by a
11 one-to-one or a chat or something, yeah, so just a different approach I think.
- 12 **Q.** So from the time that Dempsey took over the unit, was that in roughly 75 that he became
13 the charge nurse?
- 14 **A.** I thought it was before the end of 74, I think it was perhaps I may have thought it was
15 October/November 74.
- 16 **Q.** From the time he took over he was attempting other options rather than Paraldehyde at the
17 unit as the primary --
- 18 **A.** Yes, that's sort of what I'd remembered.
- 19 **Q.** There is some evidence that the Commission has received in the form of statements and
20 exhibits that have been filed. We've heard from various survivors over the last week. One
21 example of a statement and an exhibit attached to a survivor's statement which has nursing
22 notes attached.
- 23 **A.** Okay.
- 24 **Q.** Dated March 1976. So this is the time when Dempsey was in charge of the unit?
- 25 **A.** Yes.
- 26 **Q.** And the nursing notes states that the patient has been bludging cigarettes from another
27 patient, throwing butts from ashtrays after lunch, Paraldehyde given and removed to the
28 secure room.
- 29 **A.** That should have never been happening. Does it have a signature on the bottom?
- 30 **Q.** The nursing note?
- 31 **A.** Yeah.
- 32 **Q.** I haven't got that in front of me here but it would have been a --
- 33 **A.** Okay, well that obviously happened on perhaps on one of Dempsey's days off. I think it's
34 an interpretation of each of the registered nurses of what their interpretation, but what

1 you've read is not what the Adolescent Unit was all about, it wasn't about, I think -- we
2 always tried to think rather than punish them for the bad thing let's reward them for the
3 better thing I think, it was Dempsey's sort of concept of what should happen, yeah.

4 **CHAIR:** Denis, can I ask you, do I take it from what you've just said that that description from the
5 nursing note sounds more like punishment than treatment.

6 A. It does really, I'm disappointed in that.

7 Q. Yes, thank you.

8 **QUESTIONING BY MS R THOMAS CONTINUED:** Thank you, Denis, we'll move on now to
9 the part of your statement about Ectonus.

10 A. Yeah.

11 Q. This is paragraph 58.

12 A. Yes.

13 Q. In that paragraph you've talked about Dr Leeks coming in to the unit on most Friday
14 afternoons to give what he called Ectonus Therapy?

15 A. Yes.

16 Q. And there you've said that he's spoken to Steve Hunt who was the charge nurse at that time?

17 A. Yes.

18 Q. To talk about what's been happening with the patients that week before giving any
19 treatments?

20 A. We always presumed that, I was never in the office, but I presumed he come to have a chat
21 about the boys, yes.

22 Q. So when was the first time that you learned about Ectonus?

23 A. When I first witnessed it. I won't be able to give you an exact date on that, but we went --
24 moved in there in March 74, so I should think by April I would have been witnessing what
25 he described to me as Ectonus.

26 Q. Before you witnessed any of this, did Dr Leeks or anyone else talk to you about what it
27 was, what the procedure was for?

28 A. Steve Hunt ran through it with me when he suggested that I should come to that -- the
29 session in the afternoon. So and, yeah, he ran through and then when I -- when we arrived
30 there, Dr Leeks and Steve both were on the same page as what Ectonus is all about, about a
31 behavioural modification therapy.

32 Q. So Dr Leeks and Steve Hunt told you it was a --

33 A. Yes.

34 Q. -- behavioural modification therapy. In your statement you've noted that Dr Leeks

- 1 explained to you that it was designed to stimulate the brain?
- 2 A. Yes.
- 3 Q. What does that mean?
- 4 A. I don't know exactly back then. I thought to stimulate the brain and he said when it's
5 happening it's given and the current is below the level of -- below the threshold of pain and
6 it's therapeutic. So just arriving on the scene and having Dr Leeks there and two senior
7 charge nurse and staff nurse, I accepted that as gospel.
- 8 Q. So you understood from what you'd been told by Dr Leeks that this was therapy.
- 9 A. Yes.
- 10 Q. What situations did you observe that would result in an adolescent or a child receiving
11 Ectonus, what would happen prior to this?
- 12 A. I can't really answer that. Yeah, I can't really answer that because I don't know, I wasn't in
13 there, I wasn't one of the deciding ones really. I saw quite a few of the Ectonus therapies
14 being done by Dr Leeks, but that went on just for a few months I saw 10 or 12, but by that
15 time other nursing staff had come, staff nurses had been rostered to villas, to the unit, so
16 I didn't get to anymore of those sessions really.
- 17 Q. And the sessions that you were there and observed, were they generally on a Friday when
18 Dr Leeks came in on a Friday?
- 19 A. Tended to be a Friday. It must have worked in with -- I think he worked out of Manawaroa
20 Psych Unit in Palmerston North and he must have had a rooms there where initially he'd
21 seen these boys, and he just -- he must have finished for the week there and then come to
22 Lake Alice. He lived at Lake Alice, he lived in a home at Lake Alice, so come home at
23 lunch time and via the villa, seemed to be the -- and then to his home seemed to be the
24 pattern, mmm.
- 25 Q. What did Dr Leeks tell you about the level of pain of these shocks or Ectonus?
- 26 A. It was below the threshold of pain.
- 27 Q. Did you ever experience the shock yourself or did he ever show any of the nurses?
- 28 A. No, no. I've wondered that for years, I think somewhere I mentioned in one of my earlier
29 statements that I would have liked an electrician and -- to check that out and find out if it's
30 current or volts or amps or whatever, I've never known that.
- 31 Q. If we turn to, this is paragraph 64 onwards of your statement, you've outlined there the
32 procedure that you observed for the Ectonus.
- 33 A. Yes.
- 34 Q. And you've said there Dr Leeks said this was for behaviour modification therapy?

- 1 A. Yes.
- 2 Q. And the dosage was below the threshold of pain?
- 3 A. Yes.
- 4 Q. What did you observe when you were in the room in terms of the patient's reactions to this
5 Ectonus?
- 6 A. I guess initially Dr Leeks would discuss with whichever boy was there what he was about
7 to do, I can't remember what he was talking to them about. I think initially it was all new to
8 me, and to see what was going on initially, and by then the machine -- after he'd spoken to
9 them he'd switch the machine on and he'd put the electrodes on to their -- on the side, their
10 temple, their head, and he seemed to touch the machine or set the machine, but -- and the
11 kid just still remained conscious. I can only wonder now because I've heard just recently
12 and Dr --
- 13 Q. Dr --
- 14 A. Bruce Parsonson.
- 15 Q. -- Parsonson?
- 16 A. Yeah, that his Ectonus Therapy was a different interpretation of what Dr Leeks had shown
17 me and said. Yeah, so always Ectonus was stimulate the brain in a way. So I can't get my
18 head around that one.
- 19 Q. So it wasn't clear to you what the behaviour modification was for, it wasn't made clear to
20 you, for example, what the target behaviour was?
- 21 A. No, or the result, even results or whatever, no.
- 22 Q. Even though you were sometimes in the room, you weren't sure what the behaviour --
- 23 A. I think we -- I think any questions I asked, both Steve and Dr Leeks were always willing to
24 answer and I would have had questions, but I wouldn't have seen it as I know now, was that
25 punishment? There's lots of things I never -- I never wanted to see that again, because
26 again at my age I didn't realise or appreciate the discomfort or the anxiety and the thoughts
27 that must have been racing through those kids' minds and I've always been saddened by
28 that.
- 29 Q. You've mentioned Dr Parsonson, he was the clinical psychologist that gave evidence --
- 30 A. Yes.
- 31 Q. -- at the Commission last week and he talked about a behaviour modification therapy had
32 set criteria that needed to be met, and to be effective the target behaviour needed to be
33 identified and then the electric shock needed to be almost simultaneous with that targeted
34 behaviour.

1 A. Yes.

2 Q. But from what you observed --

3 A. No.

4 Q. -- is that what was happening?

5 A. No. Of course I didn't see them being shocked anyhow, so the first real ECT modified that
6 I saw was when I was rostered into villa 6 where they did lots of ECT modified ECT. So,
7 and I saw that, I saw it dozens of times. And in the late 70s and beginning of 80s, so I can
8 look back and thought no, those kids didn't get shock treatment because this puts them into
9 a convulsion. But I didn't see that.

10 Q. But you did see the Ectonus which was the electrodes on the temples?

11 A. Yes.

12 Q. And then Dr Leeks turning the machine on?

13 A. Yes.

14 Q. At that time?

15 A. And having little or no effect, so here I am today with the knowledge I've got through the
16 doctor and through my other experience in the hospital, Lake Alice Hospital villas, where
17 they did the ECT, I don't know exactly what Dr Leeks was doing. And I think now that,
18 and I summarised it somewhere, that he may have been able to use an ECT machine for
19 whatever treatment that he chose for that day or the occasion, and give it a name that he
20 chose, he may have been able to carry out. If the ECT machine modified, as I've seen it, if
21 it puts someone into a convulsion naturally an unmodified ECT will put someone into a
22 convulsion. The only difference is that the unmodified they're not given a muscle relaxant
23 or, what's the word?

24 **CHAIR:** Anaesthetic.

25 A. Anaesthetic, so yeah, so I think, and then the aversion treatment that I've heard about, he
26 must have been able to carry out those, all those things with one machine, mmm.

27 **QUESTIONING BY MS R THOMAS CONTINUED:** But what you've described as witnessing
28 was the electrodes being put on a person's temples?

29 A. Yes.

30 Q. And it being turned on and the patient remaining awake?

31 A. Yes.

32 Q. Or remaining conscious and not having a convulsion?

33 A. No, so that's why when my time was to do other duties, and the treatment was still being
34 given in the villa during my time, I always assumed in my mind and minds that they were

- 1 receiving Ectonus. And so when the Royal -- whatever the first inquiry is.
- 2 **Q.** The inquiries back in the 70s?
- 3 **A.** Crown Law, when they first arrived and said we've received allegations of shock treatment,
4 I just couldn't exactly get my head around that, so mmm.
- 5 **Q.** So you've said in your statement that what you observed you didn't see a big reaction, a
6 visible reaction?
- 7 **A.** No, no.
- 8 **Q.** So during the inquiry last week we've heard from survivors and they've talked about
9 receiving either unmodified ECT or Ectonus, it was sort of --
- 10 **A.** Yes.
- 11 **Q.** -- sometimes an interchangeable term?
- 12 **A.** Yes, obviously.
- 13 **Q.** And some of the survivors have described the pain of that as being like a sledgehammer
14 and coming up off the bed and going back down during that treatment.
- 15 **A.** Yeah.
- 16 **Q.** So --
- 17 **A.** I never seen that, but although -- I have to say that when I've seen the modified ECT given
18 where the muscle relaxant's been given and anaesthetic, that's not the reaction of coming off
19 the bed. Yes, they rise a bit, a bit like someone's heart being shocked effect really.
- 20 **Q.** That's in relation to modified?
- 21 **A.** That's in relation to modified. I haven't seen unmodified given to know whether they're not
22 relaxed, and whether they do come up off the bed, mmm.
- 23 **CHAIR:** Do you mind if I just ask some clarification questions?
- 24 **A.** Yes.
- 25 **Q.** Just to be quite clear, so this treatment on Black Friday?
- 26 **A.** Yes.
- 27 **Q.** Where was that given, which villa?
- 28 **A.** Villa 11, which was the -- which is where the charge nurse, charge nurses' office was.
- 29 **Q.** And was that given in a clinical situation or was it on the bed?
- 30 **A.** It was upstairs in the middle single room and there was a bed there, and they'd be given in
31 the bed. There was -- because I didn't know this at the time, and (inaudible) moving on to
32 the rest of the hospital, but at that time there was no muscle relaxant, there was no
33 anaesthetic, there was no oxygen there, it was just --
- 34 **Q.** Is that how you know it was unmodified?

- 1 A. No, I've only known it as unmodified because other staff have told me or I've read, yeah.
- 2 Q. Okay. So you're in villa 11?
- 3 A. Villa 11.
- 4 Q. Just in a clinic but without all the usual --
- 5 A. No, it's not in a clinic, it was in one that could be used as a bedroom.
- 6 Q. Oh I see, like a small bedroom?
- 7 A. Yes, small bedroom. There was a dormitory at each end and there was three single rooms,
8 that was upstairs, and it seemed to be just the one, the middle one that seemed to be chosen.
9 On the times that I've got there I guess Steve Hunt had already put the ECT machine into
10 place, yeah.
- 11 Q. So you didn't actually witness any of that happening, is that what you're saying?
- 12 A. No, I didn't, no. I -- no. Years later Lance and I went in with Sandra at the same time and
13 I asked, I said to Lance about it when all this was becoming public, and he said "I don't
14 think that would have done much use." I said "No, it would stimulate the brain", "Yeah".
15 So he may have obviously seen that as well. The difficulty he had is because it's so long
16 ago, those other staff around the period I was there, they're now deceased.
- 17 Q. Yes.
- 18 A. Yes, I wish I could bring Lance back and I wish I could bring a whole host of ones I could
19 name to say hey is this the same interpretation? But thinking now, which I can do because
20 I've got so much information brought to my attention, I think that perhaps Dr Leeks may
21 have been rather cunning, yeah. He may have chosen the particular therapy that he wanted
22 me to see or Lance to see or others to see. I was one of several but they're now deceased,
23 yeah.
- 24 Q. Thank you for clarifying that.
- 25 **QUESTIONING BY MS R THOMAS CONTINUED:** Thank you Denis. We'll now move on
26 in your statement through to paragraph 73. This is just to confirm that you -- this relates to
27 modified ECT.
- 28 A. Yes.
- 29 Q. Which you've already talked briefly about. Just to confirm, have you observed modified
30 ECT?
- 31 A. I have witnessed modified ECT in villa 6.
- 32 Q. In villa 6?
- 33 A. Yes.
- 34 Q. When you observed modified ECT in villa 6, was that with adults or with adolescents?

- 1 A. With adults, yeah.
- 2 Q. So have you ever observed modified ECT with children?
- 3 A. No, I haven't, no.
- 4 Q. When you did observe the modified ECT, was that set up with a psychiatrist or a doctor and
5 an anaesthetist and staff?
- 6 A. Yes, that was all very clinical, very professional, well planned. Dempsey Corkran was the
7 charge nurse in villa 6, I think that was an admission villa, it was a new villa in recent years
8 when I started, and he was there and opened that as the charge nurse. So we'd have
9 Dr Jacquerie from Whanganui who was the anaesthetist, so nothing was done until he
10 arrived and either Dr Pugmire or Dr Siriwarden would be the ones that operated the
11 machine.
- 12 Q. Moving on to paragraph 77 of your statement which is titled "Unmodified ECT", did you
13 ever observe unmodified ECT?
- 14 A. No, I have not. Nowhere.
- 15 Q. You've talked about the Ectonus Therapy and that Dr Leeks told you that was a Behaviour
16 Modification Therapy?
- 17 A. Yes.
- 18 Q. At paragraph 78 you talk about Aversion Therapy. Were you ever told about Aversion
19 Therapy and what that was?
- 20 A. No, no, it was never discussed and I didn't find out about that until later in years when it
21 was explained to me that the electrodes were used on different parts of the body other than
22 the temple, the head. So -- and the other things I've heard since, it shames me for ever
23 being part of Dr Leeks' team, because of what was going on without my knowledge. I don't
24 know whether -- often I've thought in years past, and even now, that was Dr Leeks in
25 cahoots with some of the nursing staff, I don't know that. But sometimes that flashes
26 through my mind.
- 27 Q. So you never observed any procedures that would deliver shocks to a patient's legs, for
28 example?
- 29 A. No. Being me, and there'll be others too, would question that, if we saw that, yes.
- 30 Q. Moving on to paragraph 80 of your statement, you talk about group therapy. Did you ever
31 attend group therapy sessions with the adolescents?
- 32 A. Yes, I attended a few of those, yes.
- 33 Q. Were they run by the psychologist Victor Soeterik?
- 34 A. Yes, this seemed to be up and running after Dempsey had taken over and so these group

1 sessions, therapies, were taken in villa 12 in the bigger villa, yeah. And often that was
2 during the week. Because there were a number of kids in the age range, Dempsey set up a
3 big boys group therapy and a junior one, so they could sort of connect or relate better,
4 mmm. I attended a few of those, but Vic Soeterik, the psychologist, was good at running
5 those. As was Dempsey, Dempsey had a gift in that area. So with that in mind I was happy
6 to do the other duties that were required around the villa during those times, yeah.

7 **Q.** So you weren't at all of those group therapies --

8 **A.** No, no --

9 **Q.** -- just sometimes?

10 **A.** -- no.

11 **Q.** And you never heard of being forced to talk in those sessions when they didn't want to?

12 **A.** About anything?

13 **Q.** Or being forced to talk at the sessions and if they didn't talking about threatened by some
14 form of punishment?

15 **A.** No, I've never been aware of that. Dempsey, the idea of the group therapy was to build up
16 a trust. I think that come through, so that they could -- that's why the big group therapy was
17 separated from junior and senior, because what the little fellas might have been
18 experiencing and want to talk about might have been chucked off by the bigger boys and
19 what the bigger boys might have wanted to talk about is maybe something that these boys
20 haven't reached for whatever reason, just their age thing. So separating those into junior
21 and senior, as to speak, was a good idea and they could build up a trust and trust each other
22 that what was said in there stayed in there and through it they could be -- become more well
23 and overcome whatever the situation was for them really, yeah, for their well-being.

24 **Q.** We heard evidence from another hospital aide yesterday, Gloria Barr and she talked about
25 these group therapy sessions. She said from her observations it seemed that the patients
26 would sort of dob each other in for things they'd done wrong to get the other kids in trouble,
27 do you recall that?

28 **A.** I can't confirm or deny that. Because here we have 36 boys and 12 girls, they're teenagers,
29 they're always trying to, you know, outdo each other or have each other on and that might
30 have been part and parcel. I never heard it was formalised or it was said in the group
31 therapy, yeah. They were normal -- they were perceived as normal kids running around
32 with lots of energy and lots of mischief they could get up to and have each other on,
33 including the staff, so yeah, so those sort of things would have been easier, someone could
34 pick that up, yeah.

1 **CHAIR:** Again, can I just ask another question to clarify.

2 A. Yeah.

3 **Q.** You said they're divided into two groups and you said junior boys and senior boys, so were
4 you just talking here about the boys' therapy sessions?

5 A. Yes, sorry, yes. They were still in the villa and because it got too big and because of what
6 I just stated about the little ones want to talk about things that the big boys wouldn't, vice
7 versa, that they might have, say, the junior boys on a Tuesday and other staff like myself
8 would look after the other ones, whatever they're doing around the villa, and then on the
9 Thursday would be the big boys.

10 **Q.** What I'm interested to know is the size of those groups, how many, can you say, I mean
11 don't say if you don't know, but can you say approximately how many boys in each group?

12 A. Yeah, I hadn't thought of that for a long time. I think sometimes the girls were there too, I
13 can't remember that, sorry, but there may have been, there may have been a dozen to 15
14 perhaps, just sort of trying to imagine the downstairs in the lounge area, in the side room,
15 open side room. It would house 10 easy, yeah, then the staff, Dempsey and Vic Soeterik,
16 and, yes, yeah, 12 or 15.

17 **Q.** 12 to 15 in each group roughly?

18 A. Roughly, yes.

19 **Q.** Thank you.

20 **QUESTIONING BY MS R THOMAS CONTINUED:** Thank you Mr Hesseltine. I'm going to
21 ask you some questions now about seclusion which you refer to at paragraph 90 of your
22 statement. In that paragraph you talk about seclusion was not used often and only patients
23 who were physically violent and needed time-out, and it was not used for punishment but
24 instead used to calm patients down.

25 A. Mmm-hmm.

26 **Q.** So during the evidence we've heard and evidence that's been filed with the Commission, we
27 have nursing notes, and this is a note taken in July 1976 that I'll read out to you, it's from a
28 witness -- from a survivor we've heard from last week, and it starts:

29 "Caught red-handed in the office stealing cigarettes this morning. His behaviour
30 over the last few days has been completely uncontrollable, he is oblivious to any form of
31 reprimand and our only deterrent at the moment is seclusion, 50 mms Largactil given
32 intra-muscular. Dr Benson filled in required seclusion form for 21 July 76 to 23 July 76",
33 so for two days.

34 Are you able to make any comment on that example of an adolescent being put in

1 seclusion for stealing cigarettes?

2 A. Not for that. Perhaps they think, they think that perhaps everything starts up in the brain
3 box, so what caused him to have that desire to want to pinch that and it must have been
4 over a range of things that that one did. We did have some very big well-built boys and I
5 can remember in villa 12 having to seclude him accordingly because -- and often if they're
6 presenting in a way that is going to be harmful to themselves and to others, then they need
7 to have a doctor come and assess them. But it shouldn't be in relation to pinching a
8 cigarette because the theme was not for punishment, for therapeutic use, yeah.

9 Q. So you accept it shouldn't have happened because it was for punishment, but it did happen?

10 A. It could well have happened for the safety of that patient or other patients around or even
11 staff.

12 Q. But in terms of the stealing cigarettes, that wouldn't meet any of those categories, would it?

13 A. No. Because they were very cunning and they're always having you on and often we'd
14 catch them doing something and think oh well full marks for initiative to have carried that
15 out. On top of villa 12 was an area that was locked, gate locked and staff could go up there
16 and sunbathe or whatever, there was an area up there and here I missed one particular
17 patient and I went looking for him and he'd climbed over the fence and he was up there
18 enjoying the sunshine and reading his bible. And so when I got closer to him he said "Oh
19 well I'll come down now", I said "Where were you reading from, what chapter, what
20 book?" I took the book from him and opened it up and here he had carefully cut out the
21 shape of a cigarette packet and the depth and he had a packet of 20 taylor-mades in that
22 book. So they were cunning, and I didn't take him down and say to them "Hey look at this,
23 you can't have this", he was just taken down and the cigarettes taken off him and carried on.
24 So no, full marks for his initiative for however long he took to cut that out.

25 Q. You didn't, therefore, put that boy into seclusion but --

26 A. No.

27 Q. -- from what I've described, would you --

28 A. Yes.

29 Q. -- accept that staff at the unit did put children into seclusion for punishment?

30 A. Yeah, I can't answer that. It's difficult to know whether that was one of many other
31 incidents over a period of time. If it was just by itself and I would have caught him
32 pinching cigarettes, time-out, that's wrong. But if it was in association with other things
33 that he just can't calm himself and he's wanting to fight and have everyone on, then it has to
34 be looked more of a mental health condition, yeah. Obviously he was concerned to get

1 Dr Benson in, Dr Benson was the general practitioner from Marton, and he looked after the
2 general side of the health, yeah, so that's all I can comment on that really.

3 **Q.** I'm now going to ask you some questions about Steve Hunt as the charge nurse in
4 comparison to Dempsey Corkran as the charge nurse. This is paragraph 95 onwards of
5 your statement. Can you tell us please how did their leadership approach differ?

6 **A.** I think all charge nurses have their own style and their own way and it's like -- a bit like
7 when you're buying a house, the person buying the house comes in with a fresh set of eyes
8 and ideas and we drive past, that looks good, that's a good idea. I think that's how charge
9 nurses come in. And into the Adolescent Unit, not saying anything that Steve was a good
10 charge nurse, he was a nice guy, this is from the time I worked with him and my knowledge
11 of him at that time. He always liked to tell us there was a homely atmosphere, he always
12 explained communications to the staff. But he may have been -- he may have been --
13 perhaps if something's in place he might have been more direct on that being carried out,
14 not harshly or incorrectly, it was just his style.

15 Dempsey come in and Dempsey come in with a new set of eyes and thought well,
16 what's upsetting these kids? One thing was perhaps the Paraldehyde and having it an
17 injection form. And Dempsey being an adult, old enough to be my father, could see it
18 through older eyes and wiser eyes and thought if they do require that, it's necessary on
19 medical grounds, why not give it to them in oral form so it took away -- mightn't have
20 tasted very nice but it took away the sting and just the fear of injections. And often he
21 would do a lot of one-to-one, find out what actually caused you to act in that way.

22 **Q.** Just in terms of Dempsey Corkran coming in with fresh eyes, you've referred to here at
23 paragraph 100 that under Dempsey's tenure that if ECT was required to be given during his
24 tenure it was to be done in villa 6 with an anaesthetist. So that was his preference
25 obviously?

26 **A.** Yes.

27 **Q.** I'm just going to read you a piece of --

28 **A.** I'll talk about that in a minute.

29 **Q.** Evidence that came from nursing notes, once again from a survivor at the time that
30 Dempsey was in charge. So this is in April of 1976 and the nursing notes state,
31 "Unmodified ECT today. The ECT course booked in villa 6 has been cancelled and
32 treatments will be given by Dr Leeks in villa 7. ECT record unmodified per Dr Leeks."

33 So how do you reconcile Dempsey's rule or requirement that any ECT was to be
34 carried out in villa 6 with anaesthetic when here that nursing note that --

1 A. Yes.

2 Q. -- the villa 6 ECT that was booked in was cancelled and moved over to villa 7 for Dr Leeks
3 to have unmodified ECT?

4 A. As we know it now it was a bad choice. But that must have -- depending -- didn't matter
5 whether the charge nurse was on or a registered staff nurse was on. If Dr Leeks was going
6 to do treatment that would happen. So it's quite possible Dempsey wasn't rostered on that
7 time or Dempsey had left the villa on his days off or whatever with the understanding that
8 that particular boy was going to villa 6. I guess if he had known that or he did know, he
9 might have been disappointed in that. But Dempsey, Dempsey was the charge nurse of the
10 admission and at the admission we had a lot of inpatients and outpatients. These ones who
11 were to receive modified ECT come in as the morning patients. And Dempsey was in
12 charge of all that, so he was up with all that, he was in charge of all that, make sure it was
13 all set up and correct, and in place for the patients to arrive and the anaesthetist to arrive
14 and the two doctors, and Dr Siriwarden or Pugmire.

15 In my mind for Dempsey to have that mindset that all ECTs to be modified, I can
16 see what his thought was when he was asked to come over and be in charge of the kids
17 villa, that no, I don't think that Ectonus or whatever treatment that was explained to him
18 should happen and he thought that perhaps if they required ECT that villa 14, the official
19 place should have been the place there. So I don't know that sorry.

20 Q. So the official place for ECT should have been villa 6 as per Dempsey's preference?

21 A. Yes.

22 Q. But you accept that in fact Dr Leeks could and did carry out ECT at villa 7 unmodified?

23 A. No, not villa 7.

24 Q. Sorry, that's what the nursing notes refer to?

25 A. I think we've moved -- I think we were still in villa 10 and 11 in 76.

26 Q. But at the Child and Adolescent Unit?

27 A. Yes, yes, yes. I guess Dr Leeks was supposedly in charge of that unit, or patients'
28 well-being. Yeah, be interesting why that didn't -- wasn't carried out.

29 **CHAIR:** Again, can I interrupt briefly.

30 A. Yes, certainly.

31 Q. In terms of charge nurses, these are the senior nurses in the unit?

32 A. Yes.

33 Q. I just want to know what their relationship was like with Dr Leeks. I mean if Dr Leeks
34 came in and said "I'm going to do A, B and C", and one of the charge nurses thought I don't

1 think that's right or wouldn't like it, were they in a position to be able to question Dr Leeks?
2 A. They should have been in a position to question him, because they were the charge nurse,
3 but I don't know if that ever happened. I only know through working more time with
4 Dempsey, because I only worked with Steve really throughout all my Lake Alice time,
5 I only worked with him from March through to about October before he'd moved. So I
6 don't know, he seemed to have a good relationship with Dr Leeks, but with Dempsey
7 regardless of whether the doctor said they're not -- Dempsey was always one who would
8 question it and he had the guts, I suppose, in those days to say "No, listen, I don't want that
9 here or do this way." So yeah.

10 Q. Did you observe him, did you see that happening?

11 A. I -- no, that was part of Dempsey's make-up.

12 Q. So you would expect that that's what he would have done?

13 A. I would expect that, because that's just been his pattern to have things right, not for anyone
14 else except the patients. So he always had -- Dempsey always had the patients at heart, and
15 if he thought something was wrong I would even see him, you know, express himself
16 because he thought something was bad.

17 Q. Thank you.

18 **QUESTIONING BY MS R THOMAS CONTINUED:** Thank you Mr Hesseltine, if we could
19 move on now through to paragraph 114 of your statement where you've made some
20 comments looking back now at the experience of observing Ectonus.

21 A. Yes.

22 Q. What do you think about that experience now?

23 A. With Ectonus, the way I described it being seen and what I've just stated, no, I wouldn't
24 want to be part of that now because I wasn't old enough at the time to see or to appreciate
25 what those kids must have been going through and I wouldn't want to be part of that
26 procedure, although I didn't see them being shocked. So the ones who claim that they've
27 been shocked, well I'm sorry, but that has to be laid at the feet of Dr Leeks forever
28 wanting -- in my mind in recent days and getting all this together, you know, what I've been
29 hearing, because I did mention in an earlier statement that I thought that the major
30 disadvantage to start with was that the kids' villa was in a psychiatric hospital grounds and
31 that was always a stigma for those kids which I felt sorry that they were in a mental
32 institution, a nut house, whatever they call it, I always felt sorry for that. And I think now
33 to sum it up that Dr Leeks should never have asked Dr Pugmire for permission to set up an
34 adolescent unit knowing that there were majority 80% behavioural problems and

1 Dr Pugmire perhaps, as a good a person he tried to be, perhaps should have said no. I do
2 know in all fairness to Dr Pugmire, he did attempt to find a building or a place in Marton
3 that this may have been better to be situated. But that's just sort of in the back of my mind,
4 I don't know more than that, but I do know he did try.

5 **Q.** If I could ask you to move on to paragraph 118 of your statement. You've made some
6 comments about what you saw and from -- you're saying what you saw did not amount to
7 punishment or torture?

8 **A.** No. It amounted to anxiety and I don't know, did they dream about those things in days to
9 come? Must have. But no, I didn't, but at the time I didn't interpret that as punishment. I
10 believe it was therapeutic and here we have Dr Leeks and two senior staff and I was there
11 to observe and I accepted that, yeah.

12 **Q.** With the benefit now of the further information you've had and observing and watching
13 Dr Parsonson's evidence last week.

14 **A.** Yeah.

15 **Q.** Has your view changed on that somewhat in terms of whether the Ectonus as you were told,
16 as Dr Leeks told you about it, do you now look back and think that was therapeutic or
17 something else?

18 **A.** I don't believe anything like that's therapeutic. I'm pleased I wasn't there to see them, it
19 would have only been once but I would have said no. But I wouldn't be any part of Ectonus
20 as I saw it, because of the very fact that they could see that there's an ECT machine sitting
21 on whatever it was, trolley or table, there was a cord running to the 240 volt mains, and
22 here they could see the head piece and the electrodes, and that was going on to the side of
23 their heads, that would have been the maximum fear that any kid could ever reach.

24 But it's something that I just assumed that when I took them in to have an ECG or
25 EEG, that this is what's happening, this is how they do it. So I just accepted what Dr Leeks
26 was doing and believed it to be therapeutic. But no, my mind's changed and to think that,
27 as I've said, he might have been perhaps more cunning than we'd ever known, he might
28 have chosen his staff, chosen his therapy depending on the staff, chosen his name that he
29 called it, depending on whatever he wanted. Yeah, my view of Dr Leeks has to the extreme
30 changed now.

31 **Q.** Yesterday Gloria Barr gave evidence to say that it was common knowledge among the staff
32 in the unit that ECT was given as punishment. Do you have any comment about her
33 evidence?

34 **A.** No, only to say that what I saw as Ectonus continued on, or the treatment therapy continued

1 on, and I always imagined in my mind that what I'd seen is what was continuing on. There
2 was a lot of talk about the ECT machine per se, but there was all sorts of sort of chatter and
3 -- but nothing that rang alarm bells. I think this here is we've got to get a bigger picture of
4 this situation where in the last week or so we've heard so much horrendous things that
5 appear to have happened and the Commissioners and everyone here has had all that
6 condensed into one week and it must be so much to take on.

7 But if we could imagine our minds that we looked at the situation and as if a forest
8 and just cleared the forest a bit of all those supposedly evil things and have a look at some
9 of the good channels going through, and these sort of things it would be over a longer
10 period of time and because that longer period of time it gives people an opportunity I think,
11 like Dr Leeks, to perhaps do things and become a bit over the radar, as to speak, and not be
12 observed that all of a sudden he might be doing something that is not therapeutic and that
13 I've missed or other staff have missed. So Ectonus Therapy carried on and I carried on with
14 all this forest to one side, the school and the sports and the outings and all the entertainment
15 that I tried to provide for them. But hey, there could have been other things going on here
16 that did come under the radar that others might have heard, others might have seen that
17 I didn't.

18 And I'm sure I can say this, that when the three of us were invited there was --
19 initially, to follow that there was a lot of other staff who came and they would have
20 witnessed Ectonus also, and these staff, they were homely mums and well-respected
21 people, that they just sort of loved working there for them with the kids. But sadly they're
22 deceased, so we've really just the three or four of us that are just giving us different views
23 of things there, which I could call my old friend Lance who moved in together because
24 years later we, when all this was coming out, and he was in his late 80s, we talked about it.
25 And when he went through it was sort of what I had in my mind, he said "I don't know
26 whether we did much harm or not, didn't appear to", and I said "Did they ever, you know,
27 up there like unmodified", because he had seen modified? "No, not much good" and sort of
28 laughed it off as what I saw he saw. So how many other people may have seen that and
29 others seen more. So I can only really comment on what I saw or heard at the time really
30 sorry, mmm.

31 **Q.** You've said you chatted to your friend, Lance. Did you keep in contact with Steve Hunt
32 and Terry Conlan after Lake Alice?

33 **A.** I did more so Terry Conlan. Steve Hunt retired then he went to live out of town, and -- but
34 I did have the opportunity to talk to both of them and --

- 1 **Q.** Did you ask Steve Hunt about this time and about the experiences at the unit?
- 2 **A.** Yes, I did, and -- where was my comments?
- 3 **Q.** This is looking at paragraph 127 onwards of your statement.
- 4 **A.** After the 2001 or 2007, one of those, Steve was still alive -- what number sorry?
- 5 **Q.** Paragraph 127.
- 6 **A.** Oh, yes.
- 7 **Q.** And you asked him about the staff change in the 1974 change.
- 8 **A.** Yes, and he didn't go into detail on that, just said that nothing different, he said he couldn't
- 9 answer except to say other staff had given the patients the best life they could and they'd
- 10 moved out to the other pool of the hospital, and I talked about the allegations that were
- 11 before us and didn't go into any detail about that.
- 12 **Q.** Did you also talk to Terry before he died in a similar way about various allegations that had
- 13 come up by then?
- 14 **A.** Yes, when I saw him from different times after these allegations had been made, he said he
- 15 had been interviewed somewhere along the line, didn't compare notes on that, I just -- but
- 16 I talked about the ECT and what they were claiming, but Terry denied that that perhaps had
- 17 ever happened in the way I was describing it to him and what I'd read or been told in those
- 18 inquiries, mmm.
- 19 **Q.** In the preparation of your statement for this Commission of Inquiry --
- 20 **A.** Yes.
- 21 **Q.** -- have you been made aware and shown some statements that Terry Conlan and Steve
- 22 Hunt made to the Police in 1977?
- 23 **A.** Yes, I was made aware of those.
- 24 **Q.** And in those statements it's recorded they're saying that they had been given authority by
- 25 Dr Leeks --
- 26 **A.** Yes.
- 27 **Q.** -- to give Aversion Therapy without Dr Leeks present.
- 28 **A.** I had no knowledge of that, that come as a rather saddened surprise.
- 29 **Q.** Were you also made aware of a statement that Terry Conlan had provided to the Police in
- 30 2006 where he said he had witnessed Dr Leeks apply electrodes from the ECT machine to
- 31 the thigh and genitals of a boy in the unit?
- 32 **A.** Yes, I was made aware of that.
- 33 **Q.** And prior to that you had no knowledge of that?
- 34 **A.** It didn't come up in our discussions with him, no.

- 1 **Q.** How do you feel now being told about this evidence?
- 2 **A.** I feel very saddened and disappointed and I think that if I had have known all that, if Steve
3 had have revealed exactly what might go on from time to time, or why those others were
4 moved out before or moved in, I probably would have stayed there the three months that we
5 were allocated to and then returned to the rest of the hospital. I was -- yeah.
- 6 **Q.** And similarly in relation to Dr Leeks, in the preparation of this statement were you shown
7 some more information about statements he had made back in the 1970s, where he
8 acknowledged he had allowed other boys to administer electric shocks --
- 9 **A.** Yes.
- 10 **Q.** -- to another boy?
- 11 **A.** And when that was made -- I was made aware of that by the Commission, I wish I had have
12 known all that and I said somewhere along the line I wish I'd never been part of Dr Leeks'
13 unit.
- 14 **Q.** Is that what you've said in your concluding sentence at paragraph 139?
- 15 **A.** I can read that perhaps.
- 16 **Q.** Yes.
- 17 **A.** Shall I?
- 18 **Q.** Paragraph 139.
- 19 **A.** 137 or 139?
- 20 **Q.** At 139 is where I think you said that --
- 21 **A.** My reaction to learning all of this is that if Dr Leeks was here right now I would tell him
22 I wish I were never a part of his unit, yes.
- 23 **Q.** Mr Hesseltine, we're almost finished now, I've just got two more matters. One of them is in
24 relation to a comment made by another survivor who made -- we've heard a lot of evidence
25 over the course of the week --
- 26 **A.** Sure, I'm sure you have.
- 27 **Q.** -- about yourself being a kind, positive and funny person in the unit; energy, and one of the
28 survivors have said that you were the type of person that he would have liked his father to
29 be like.
- 30 **A.** I did read that.
- 31 **Q.** That survivor has gone on to say that you never spoke up about it or tried to stop it. Do you
32 have any comment in relation to that comment?
- 33 **A.** The only comment I challenge that particular young man on that statement he made, no, I
34 was not aware of any punishment or torment to them. I see here that he mentioned some

1 beat up the patients, including himself, and some sexually abused patients, including
2 himself. And my only answer to that can be that I asked the question who beat him up,
3 name that person, was it a staff, was it a patient? Again, ask the question who sexually
4 abused him, who sexually abused you? Name that person, was it a staff or patient?
5 Because I had a good relationship with most of the boys really, this particular one was a
6 good drummer and I always made sure he could -- had the use of the unit's drums. Yeah, so
7 no, I dispute that, no sorry.

8 **Q.** Do you have a document there that you have typed up yourself that you'd like to now read
9 to the Commissioners in relation to Dr Leeks?

10 **A.** Just take a minute and I'll be with you.

11 **CHAIR:** Just take your time, please.

12 **A.** Right, here we go. This is my interpretation of Dr Selwyn Leeks right now. Because I am
13 now in receipt of information shown to me by the Royal Commission of two statements
14 made by ex-staff members who were in the unit during 1972 and 1973 plus with now
15 having also heard the evidence given to the Royal Commission by the kids who were in the
16 unit during that time, I now -- I believe now, that Dr Selwyn Leeks was perhaps a very
17 cunning operator.

18 After hearing expert witness, Dr Barry Parsonson, give evidence last week re
19 Ectonus Therapy I think and believe now that Dr Leeks was perhaps able to use the ECT
20 machine for whatever treatment he chose at whatever level he chose and in whatever name
21 he chose to call those treatments.

22 If the above is the case, then I think Dr Leeks and co, I don't know, Ectonus
23 Therapy, I then think that Dr Leeks and co -- chose, rather, chose, I'll read that again. If the
24 above is the case, then I think Dr Leeks and co chose Ectonus Therapy, the therapy
25 I witnessed, to deceive the new or certain staff. Very evil and deceitful. And he made --
26 probably made a fool of us in doing so, but I didn't know that, but very evil and deceitful.
27 And the only comment I've got is it's a pity this hearing wasn't in Australia where we could
28 face Dr Leeks and see him face-to-face and ask him all these questions.

29 **Q.** Thank you Mr Hesseltine. If up just remain there and see if there may be some other
30 questions from the Commissioners.

31 **CHAIR:** Commissioner Alofivae will ask you a question.

32 **A.** Thank you.

33 **COMMISSIONER ALOFIVAE:** Good morning Mr Hesseltine.

34 **A.** Good morning.

1 **Q.** Thank you for your evidence this morning. One question, and I know you can only
2 comment about what you saw and what you heard as what you've said.

3 **A.** Sure.

4 **Q.** We've heard a lot of evidence from survivors last week that when it was their turn for
5 Ectonus or ECT --

6 **A.** Yes.

7 **Q.** -- that the terror it would lead to loss of bowel motions, there'd be screaming and yelling,
8 having to be dragged essentially for the treatment. Do you have a comment about that, do
9 you recall seeing that?

10 **A.** No, I've been asked about that in the different times, and I don't know what period of time
11 they were referring to, it was early days or -- it can't have been the later times, but all I had
12 seen when we first arrived in the villa 10 and 11 was they seemed to have Dr Leeks and
13 them seemed to have this procedure where all the kids -- because it wasn't a great number
14 then, remember that, it wasn't 36 or 48, it may have only been 20 or something like that --
15 they were all sort of encouraged to go into the day room and from there they were just
16 invited to go upstairs, not all of them, but what I've seen and heard, no, I didn't witness that
17 at all.

18 But as I've already said, it must have been very terrifying or anxiety, even to arrive
19 to have Ectonus treatment as I describe it, let alone the thoughts in their mind, am I next for
20 this? You've got to appreciate the fact also that the bigger ones there had access to TV and
21 radio and other patients who might have had ECT and whether they related all these things
22 to what was happening, it may have been true, I can't answer that, but in my time, but when
23 looking back now, no, why do all that from the day room? It's ridiculous.

24 **Q.** Thank you for that Mr Hesseltine.

25 **CHAIR:** Mr Hesseltine or Denis, I have asked questions throughout and I'm not going to ask
26 anymore. But I do want to thank you very much. You've borne this, it seems to me, from
27 the 70s.

28 **A.** [Nods].

29 **Q.** And you've been through questioning after questioning Police and the Inquiry and goodness
30 knows who else.

31 **A.** Yes.

32 **Q.** It's plainly a burden that you've carried. It's clear from the evidence of many survivors who
33 gave evidence that they liked you, you were a nice man, I think you were the big brother to
34 some of them.

1 A. Good.

2 Q. And that must be acknowledged. But the other thing I want to acknowledge is that today
3 you have publicly expressed reservations in the light of what you've heard.

4 A. Absolutely.

5 Q. That takes courage and insight to acknowledge that what you thought was right at the time.

6 A. Sure.

7 Q. What you believed was in the interests of these children --

8 A. Yes.

9 Q. -- may not well have been.

10 A. May not have been.

11 Q. And I want to acknowledge that you have --

12 A. Thank you.

13 Q. -- had the courage to actually change your mind in light of what you've seen. So you
14 haven't stuck steadfastly to a point of view.

15 A. No, thank you.

16 Q. So I appreciate that. And I appreciate that it's been a hard yard for you. So I'm happy to
17 say that it is now at an end.

18 A. Thank you.

19 Q. Thank you, Vivienne, for sitting with your husband, and you can now go and have a break
20 as the rest of us will do. We'll take a break.

21 A. Thank you very much.

22 Q. Thank you.

23 **Adjournment from 11.32 am to 11.50 am**

24 **CHAIR:** Good morning Mr Heron, welcome to the Commission.

25 **MR HERON:** Thank you very much, good morning Commissioners, thank you. [**Mic turned on**]
26 I had even practised that a number of times. Thank you Mr Molloy.

27 **CHAIR:** Don't worry, we all make mistakes. And I've just about made another mistake. I am
28 supposed to say before we go any further that the embargo placed on Mr Hesseltine's
29 evidence is now lifted and is able to be published. Right.

30 **MR HERON:** Now Your Honour, Dr Janice Wilson is in the witness box. I understand you do
31 the formalities.

32 **JANICE WILSON**

33 **CHAIR:** Yes. Good morning, Doctor. It's Dr Wilson is it?

34 A. [**Nods**].