

**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

**Royal Commission:** Judge Coral Shaw (Chair)  
Ali'imuamua Sandra Alofivae  
Mr Paul Gibson

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Ms Karen Feint QC, Ms Julia White and Ms Jane Maltby  
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Lawrence Reid  
Mr Michael Heron QC for Dr Janice Wilson  
Ms Frances Everard for the New Zealand Human Rights  
Commission  
Mr Hayden Rattray for Mr Selwyn Leeks  
Mr Eric Forster for Victor Soeterik  
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  
414 Khyber Pass Road  
AUCKLAND

**Date:** 21 June 2021

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**TRANSCRIPT OF PROCEEDINGS**

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1 justice, she's been waiting, but we certainly need to take a break.

2 **CHAIR:** We'll take a very short break then and come back and hear from her.

3 **MR MOLLOY:** Shall we have 10 minutes ma'am?

4 **CHAIR:** Yes.

5 **Adjournment from 4.36 pm to 4.48 pm**

6 **CHAIR:** Good afternoon Ms Thomas.

7 **MS R THOMAS:** Thank you Madam Chair. We now have our next witness, Gloria Barr, and she  
8 is supported by her sister this afternoon.

9 **CHAIR:** Supported by her sister, hello, what's your name?

10 **SUPPORT PERSON:** Marion.

11 **GLORIA BARR**

12 **CHAIR:** Hello Marion. First of all can I just apologise we've held you far later and that we  
13 intended.

14 A. It's okay.

15 **Q.** But I'm afraid it's just the way these things go. I'm sorry if you've had an anxious wait up  
16 until now.

17 A. That's fine.

18 **Q.** So we'll get started, do you mind taking the affirmation please. That means I will read it to  
19 you and you can agree.

20 A. Good.

21 **Q.** Where shall I take it you thought?

22 A. Exactly, yes.

23 **Q.** Do you solemnly, sincerely and truly declare and affirm that the evidence you give today  
24 will be the truth, the whole truth and nothing but the truth?

25 A. I will.

26 **Q.** Thank you.

27 **MS R THOMAS:** And Madam Chair, just in terms of the embargo that was directed this  
28 morning, if that could be directed for this witness.

29 **CHAIR:** Same thing that occurred about the first witness this morning. There'll be an embargo on  
30 Ms Barr's evidence until further notice which is likely to be in the morning.

31 **QUESTIONING BY MS R THOMAS:** Thank you. Thank you Ms Barr, can you tell us when  
32 you first started to work at the Lake Alice Hospital?

33 A. In 1976 or 77, around about then, that's when I started.

34 **Q.** And you were employed as a hospital aide at that time?

- 1 A. Yes.
- 2 Q. What type of training does a hospital aide require or get before starting?
- 3 A. None.
- 4 Q. And can you tell us the difference between a hospital aide and a nurse aide?
- 5 A. They're the same, one and the same.
- 6 Q. And we have got your signed brief, which is fulsome, but for the sake of time we will be  
7 highlighting some paragraphs and shifting through some others, so I'd now like you to  
8 move on to paragraph 13 of your statement, which talks about the Lake Alice acute villa  
9 which was villa 6. How long did you work at that villa?
- 10 A. Not very long, I did a few shifts in there, might have been only over a period of weeks, but  
11 I didn't do very many shifts in that villa, a few.
- 12 Q. I think -
- 13 A. A shift being like four days.
- 14 Q. Right, four days on and two days off, is that the roster?
- 15 A. Four days on and two days off, yes, so a whole shift would be the four days, four days on,  
16 yeah.
- 17 Q. When you were working at that villa 6, did you ever witness ECT being given to anyone?
- 18 A. Yes.
- 19 Q. And was that to adults or children and adolescents?
- 20 A. Adults.
- 21 Q. When it was ECT at that villa, was that in the modified form or the unmodified form?
- 22 A. Modified, they had a general anaesthetic just like you would in a surgical operation.
- 23 Q. With registered staff, doctors?
- 24 A. Yes, anaesthetist, yeah, it looked just like a hospital setting, yeah.
- 25 Q. And -
- 26 A. Surgical operation.
- 27 Q. What was your understanding of the reason for this modified ECT being given to the  
28 patients that you observed?
- 29 A. It was usually given to people who were either really deeply depressed that they couldn't  
30 get out of it, or deep psychosis, and evidently ECT renders them - amnesia, you know, they  
31 have temporary amnesia and it seems to help them climb out of their current situation.
- 32 Q. And anyone at the Lake Alice Hospital who required modified ECT, what villa would they  
33 receive that from your observations?
- 34 A. Villa 6, only in villa 6.

- 1 **Q.** Thank you. I'd now like to move on to questions about the Child and Adolescent Unit, this  
2 is paragraph 21 of your statement onwards. During your time at the Lake Alice Hospital,  
3 so this is either 76 or 77, you were assigned to work at the Lake Alice Child and  
4 Adolescent Unit?
- 5 **A.** Yes.
- 6 **Q.** Do you know how many months or how long you worked there?
- 7 **A.** I was there several months. Like it wasn't a year, but I was there quite a few months.
- 8 **Q.** And what was the villa number at that time that you were working there?
- 9 **A.** 7.
- 10 **Q.** And can you tell us a little bit about that villa. Was it for girls and boys, or just for the boys  
11 at that time?
- 12 **A.** The villa itself during the day was for girls and boys.
- 13 **Q.** What about the children being free to move, were the doors locked or unlocked?
- 14 **A.** The doors were locked, the doors to the outside, and some internal doors were locked too.
- 15 **Q.** In terms of dormitories, were they upstairs or downstairs in villa 7?
- 16 **A.** They were upstairs.
- 17 **Q.** And what other rooms were upstairs in addition to the dormitories?
- 18 **A.** There was, I think there was two lock-up rooms at the end of each dormitory, the far end of  
19 each dormitory, and in between the dormitories, the two separate dormitories, there was a  
20 nurses' station. Mostly with glass, you know, you could see right into it, yeah.
- 21 **Q.** You've talked about lock-up rooms. What did they look like?
- 22 **A.** They were just a bare room of about maybe 10 by 12, maybe a wee bit bigger, just solid  
23 room with a window with I think it was either shatter proof or had bars on it, I can't  
24 remember that, but it just had a mattress in there with a plastic cover, that's all.
- 25 **Q.** So not a bed, just a mattress?
- 26 **A.** No - yes, I mean.
- 27 **Q.** Did you ever see anyone being put in those lock-up rooms?
- 28 **A.** Yes.
- 29 **Q.** What were they put in there for?
- 30 **A.** Might have been if there was a couple of them fighting or one of the kids was sort of losing  
31 the plot a bit and, you know, starting to have a, I suppose could be called a tantrum but they  
32 weren't tantrums, I mean they would sort of just lose it really, yeah. So they'd be just sort  
33 of like time-out but it was time-out in a lock-up room. And it was a safe place too, because  
34 there was nothing in there to harm themselves with.

- 1 **Q.** I'd just like to - we've got an infographic or a picture of this villa I'd like to put up on the  
2 screen if possible, and just takes a few seconds and then we'll watch that and then I'll ask  
3 you some questions. This is villa 7.
- 4 **A.** Yes, it is.
- 5 **Q.** (Infographic played).
- 6 **A.** That upstairs, can I just comment on that?
- 7 **Q.** Yes.
- 8 **A.** Where it's got, it looks like another dormitory in the middle there, I don't ever recall there  
9 being a dormitory there, I just recall there being the end ones but not that one there.
- 10 **Q.** So there's three dormitories marked there, but you recall two dormitories?
- 11 **A.** Yes, yeah. And the time-out rooms, lock-up rooms at the end, as drawn, yeah.
- 12 **Q.** Right, so just in terms of the - they were noted as seclusion rooms, there's two of those at  
13 each end of each dormitory?
- 14 **A.** Yes.
- 15 **Q.** So a total of four seclusion rooms or lock-up rooms?
- 16 **A.** Upstairs, yeah, there was also a couple downstairs off the day room, I can't remember  
17 whether - when you showed that graphic, whether they were on there.
- 18 **Q.** I don't think they came up as a separate room. I'd like to ask you about the - you called it  
19 the nurses' station I think just before, where was that?
- 20 **A.** That was upstairs between the two dormitories, a bit like you'd see in an ICU in an ordinary  
21 hospital in New Zealand where the nurses can observe critical, you know, patients. And  
22 I guess this was for the person who was on night duty there to keep an eye on the  
23 dormitories which were in darkness, of course, so unless there was a big hullabaloo,  
24 probably things could happen in there that they wouldn't see or know about.
- 25 **CHAIR:** Can I just ask a question here. Ms Barr, we've seen various plans and things, people  
26 have drawn hand sketches and the like, and it seems to me, but to confirm, that the plan  
27 changes over time, so sometimes it's got dormitories at one end and other things and nurses'  
28 stations. Is this representation that we're looking at now, the first floor for example, does  
29 that accord with your memory, or is it different from what you remember?
- 30 **A.** It's a little bit different. That - where you can see the dormitory in the middle there.
- 31 **Q.** Yes.
- 32 **A.** I don't recall there being a dormitory there.
- 33 **Q.** Yes.
- 34 **A.** I'm not quite sure what rooms were there. Unless the nurses' station was back further than

1 on this drawing, because there was quite a largish area, floor area between the nurses'  
2 station and where the bathroom is. I certainly recall that bathroom, yeah, because I used to  
3 supervise -

4 **Q.** So where on that would the nurses' station be, according to your memory?

5 **A.** Where it says dressing room, that would be there. Now if there was - yes, look I sort of  
6 can't comment any further, I'd only be speculating.

7 **QUESTIONING BY MS R THOMAS CONTINUED:** In terms of that nursing station in  
8 between the two dormitories that you remember, the left and the right winged dormitories,  
9 if that nurses' station was based where it says "dressing room", did you describe that as a  
10 room, a glass room like a watchhouse effectively for the night nurse?

11 **A.** There was glass above the desk height, you know, sort of sit around like this and there was  
12 glass.

13 **Q.** How many nurses were rostered to be on nightshift?

14 **A.** I only ever knew of one being on, one registered staff.

15 **Q.** Okay.

16 **A.** Yeah.

17 **Q.** And they would be based in that room?

18 **A.** Yes.

19 **Q.** Thank you.

20 **A.** That was once everybody was in bed, yeah.

21 **Q.** I'll ask for that to come off thank you. I'd like to ask you some questions about the school  
22 at Lake Alice that you saw when you were there. So this is in sort of 76 or 77. I  
23 understand you went to the school with some of the adolescents, you escorted them there to  
24 effectively help if need be in the school room?

25 **A.** Yes, I did. Myself and a couple of other hospital aids or nurse aides. We were in civvies  
26 too, we didn't wear our nurse's uniforms to make it - so it made it look less institutionalised.

27 **Q.** What was your impression of the school and the teachers in that room?

28 **A.** I thought the school was very good, it was just an ordinary pre-fab that had obviously just  
29 been put there, but the teachers, particularly the one in particular, and I sort of have said to  
30 you I think her name was Sarah or something like that, but she was lovely and she was one  
31 of those rare, not rare, there's probably a few, but those teachers who have good command  
32 over their class and everyone respects them and everybody listens and nobody plays up and  
33 nobody did play up in those rooms. I never ever recall her having to stop proceedings to  
34 deal with anybody, you know. Everyone just - it seemed very peaceful actually.

- 1 **Q.** Did all of the children from the unit get to go to school or did some of them stay back at the  
2 unit?
- 3 **A.** Most of them got to go to school. It was only if they had been playing up or they had to  
4 stay back just for a doctor's appointment or for any reason like that but otherwise they went  
5 to school.
- 6 **Q.** Was school for a whole day or half a day?
- 7 **A.** No, it was just for the morning, yeah. I'm just - actually I'm not quite sure whether it was  
8 even the whole morning, because I can't visualise stopping off to have morning tea or  
9 anything like that, maybe they did, but I can't - that doesn't stick in my mind. But they may  
10 have been there from 9:30 until 11:30 or something like that, yeah.
- 11 **Q.** I'm going to ask you some questions now we've moved on to paragraph 27 of your  
12 statement, about other staff that worked at the unit when you worked there. I think you've  
13 mentioned you recall a nurse aide called Denis?
- 14 **A.** Yeah.
- 15 **Q.** And what was he like, what's your memory of him?
- 16 **A.** Denis Hesseltine was a lovely man, he was just a very lovely man, yeah, very pleasant, very  
17 kind to the kids, and he was almost a bit of a mentor in lots of ways, yeah.
- 18 **Q.** In that paragraph you've gone on to note that the atmosphere in general at the unit could  
19 often be hostile and confrontational. Can you tell us a bit more about that, why was the  
20 atmosphere hostile?
- 21 **A.** It could be because if you could imagine a whole group of young people of those ages,  
22 I mean just in a normal family if you had children fighting and squabbling over things and  
23 it was no different there. And I think a lot of them were perhaps tired or stressed and all of  
24 those things, and so there would be conflict, and of course, you know, some would be  
25 egging others on and, yeah, it was just, just as I say, yeah, they would - there would be  
26 fights, the odd fights break out and, you know, a kid having a meltdown and so it went on,  
27 yeah.
- 28 **Q.** Paragraph 29 of your statement you talk about the charge nurse, Dempsey Corkran?
- 29 **A.** Mmm-hmm.
- 30 **Q.** Can you tell us a little bit about him, what was your impression of him?
- 31 **A.** He always seemed to me quite detached, he was very serious, and he just went about his  
32 business but he wasn't - he wasn't sort of really a kindly sort of person, it was sort of just -  
33 he was quite austere really and just did what he had to do without any frills type of thing,  
34 yeah.



- 1 **Q.** And then at paragraph 30 there's another staff member you've mentioned the name of  
2 Howard Lawrence?
- 3 **A.** Yes, Howard just worked the nightshift.
- 4 **Q.** So did you work with him yourself?
- 5 **A.** Only on cross-overs. Meaning when we were - the ones who were working until 8 o'clock  
6 at night were knocking off and obviously there had to be a period of cross-over, and the  
7 registered staff would, you know, maybe give any information they needed to to the person  
8 coming on nightshift, and - but as far as I was concerned I didn't really need to have any  
9 interaction with him, I just observed him and he was there and he pretty much ignored the  
10 likes of me. I was inconsequential.
- 11 **Q.** Right. So he would always work nightshift was your memory?
- 12 **A.** Yes.
- 13 **Q.** Of that time.
- 14 **A.** Yeah.
- 15 **Q.** And did you ever observe his manner with the adolescents at all, how he interacted with  
16 those children?
- 17 **A.** What he really wanted to do was get them all to be into bed as quickly as possible, there  
18 was no niceties and no dilly dallying, it was once he was there, he just wanted them all  
19 upstairs and in bed.
- 20 **Q.** Moving on to paragraph 32 of your statement you talk about the psychologist Victor  
21 Soeterik?
- 22 **A.** Mmm-hmm.
- 23 **Q.** Can you tell us what you remember about him and the group therapy sessions?
- 24 **A.** Yes, well, he - group therapy sessions were run a couple of times a week by, what I recall,  
25 and he was the one who mainly ran them. I was only ever present in a few times the whole  
26 time I was there, and it seemed - do you want me to say a little bit more?
- 27 **Q.** What were the purpose of these sessions as you understood them?
- 28 **A.** Well, obviously they were there for - maybe not obviously, but they were there for therapy,  
29 I would have thought, but to me they always seemed like places where each - children  
30 could dob each other in, you know, point the blame at others and then, you know, several  
31 would wade into, you know, agreeing with them or whatever, and, yeah, to me it didn't  
32 seem very therapeutic, in fact they seemed counter-productive to what the whole aim was,  
33 yeah, I didn't see them as very useful at all. I would have thought if there was any therapy  
34 going to be done in that way it would have been done one-on-one, would have been a lot

- 1 more respectful, yeah.
- 2 **Q.** What did you think about these teenagers or these adolescents being brought together into  
3 this one space in general?
- 4 **A.** It seemed to me, it was a most unnatural situation for a whole group of children to be in,  
5 because there were - there weren't any loving adults there, you know, apart from probably  
6 myself and Denis and Sandra, but - and maybe one or two others, but, you know, I know,  
7 I observed them being very kindly with the kids and I know I certainly did my best, but  
8 having had - having three boys myself at that time, and they were around about nine or ten  
9 years, eight and five years old, I couldn't imagine my children having to be in this sort of  
10 situation with very tense, very stressful and not very loving, you know. I used to think  
11 some of these kids just need a big hug from a mum and loving mum and just be told they  
12 were okay, you know, they're okay.
- 13 **Q.** You mentioned that at these group therapy sessions the kids would sometimes dob each  
14 other in. If that happened, did you observe any consequences for that type of - if a child  
15 said "so and so did this", what would happen?
- 16 **A.** Well, I did observe consequences, whether they were specifically for what transpired in the  
17 group therapy sessions, I mean they could quite possibly have been. There were probably  
18 quite a few complex situations going on all the time, and - but I certainly observed children  
19 being punished in ways that were really, in my view, not appropriate and not very nice.
- 20 **Q.** Just in terms of the punishment, in your brief at paragraph 34 you've said that patients who  
21 complained would get a further dose of punishment veiled as treatment. What do you mean  
22 by "veiled as treatment"?
- 23 **A.** Well, unmodified ECT, the word ECT is electroconvulsive therapy, you know, it's therapy,  
24 meant to be therapeutic. But of course it was anything but there, and you know, the  
25 children, the kids knew that and they would talk amongst themselves, you know, and they  
26 were pretty fearful most of the time, a lot of the time actually, of that or having a  
27 Paraldehyde injection. And they were hideous, because, you know, apart from it zonking  
28 the child out for goodness knows how many hours, it might have been 24 hours or more,  
29 but then when they were wandering around they were like zombies, literally like zombies  
30 and a horrendous smell was emanating from them because of this Paraldehyde, it was really  
31 hideous, yeah, it was terrible. I, you know, I just used to - it was not good.
- 32 **Q.** Can you tell us your memory of Dr Leeks, what was your impression of him when you  
33 were working at the unit?
- 34 **A.** He was cold and detached. For the people like myself, he really pretty much ignored me,

1 you know, because I didn't - I wasn't part of the, you know, of the therapies, the "therapies"  
2 that he did there in the main, you know, I was just there. But yeah, he wasn't that - he  
3 wasn't very friendly, that's for sure, yeah. He was just detached.

4 **Q.** You've talked about children receiving punishment or unmodified ECT as punishment.  
5 Can you recall a particular occasion where you observed this happening?

6 **A.** Yes. I was actually on duty one day and I had observed on other occasions children being  
7 taken upstairs and by what other kids there were saying, they knew they were being taken  
8 up to have ECT to be given ECT. But anyway, on one occasion I was asked to come too,  
9 and so I went up, and it sort of turned out that they had to have several people there because  
10 the child who was having ECT was having it unmodified and not been given a muscle  
11 relaxant either so the jolt could actually dislocate their shoulders, their hips, their knees,  
12 their ankles, and so people needed to hold on to those joints of the body when the ECT was  
13 administered, and - which was by two things on the side of the head, and the child was  
14 awake, so okay, this is what I saw this day, a young boy called **GRO-B**, I can't think of his  
15 other name, and he was absolutely petrified, he was just absolutely petrified and of course  
16 he got zapped in the head and then he starts shuddering and, you know, it was pretty nasty.

17 **Q.** Before this boy was taken upstairs for this ECT, what had happened to him just prior to  
18 this?

19 **A.** He had soiled his pants, he was probably about 13, 12, 13, I think he was about 13 years  
20 old, he had soiled himself and I think he had done that on previous occasions, but this time  
21 he'd soiled himself and so he was being given unmodified ECT for soiling himself. I don't  
22 quite make the connection myself as to how that's going to fix it, but I did - I used to think  
23 that - you haven't asked me this question yet, but I was just going to say about me thinking  
24 that Dr Leeks and Vic Soeterik and even registered psychiatric staff had had training in  
25 these things and they must know what they're doing, and even though it looked hideous to  
26 me some of these sort of behaviours, but maybe they were bona fide treatment methods,  
27 you know, but I wasn't - yeah, that's - so it was a bit, you know, it was very uncomfortable.

28 **Q.** So you weren't trained in this, but you were following what you believed was - these people  
29 were trained, the psychiatrist, the registered nurses, this is what you were led to be was  
30 acceptable?

31 **A.** Yes, yeah. I don't know whether it was actually voiced in that way, but that was the  
32 assumption, you know, they're trained doctors and trained nurses, we trust them, they  
33 should know what they're doing, they should be doing things that are correct and right,

1 mmm.

2 **Q.** I'm just going to ask for a document to be put up on the screen now which is ending 00774.  
3 Just to orientate you to this document, Ms Barr, this is a document that comes from the  
4 Police investigation in 1977, and at that time the Detective Butler was speaking to Dr Leeks  
5 about a person at the unit who was at the unit in 1973. So I'll just read this into the record,  
6 so Leeks says:

7 "The pet referred to is actually - redacted - had a brief course of Aversion Therapy.  
8 He was quite a soiler of his trousers and nothing seemed to stop this and I think after one or  
9 two sessions of this of about half a minute he stopped soiling." Then Detective Butler says  
10 "Note reference - redacted - aged nine years admitted 73 discharged 73."

11 So that is a document that refers to a child and adolescent patient in the unit in 73  
12 who also received, in Dr Leeks' words there, Aversion Therapy for soiling his pants and  
13 you've just told us that this was still ongoing when you were in the unit?

14 **A.** It must have been, because I see this boy was nine years old, my God. Yes, he must have  
15 been using the same treatment.

16 **Q.** Or technique.

17 **A.** Sorry, or non-treatment, yes, technique, the same, yeah, he did the same thing.

18 **Q.** Thank you, just moving on to paragraph 42 of your statement, I'll just actually ask you to  
19 read that paragraph out to the Commissioners.

20 **A.** It was common knowledge among the staff in the unit that ECT was given as punishment.  
21 The kids knew this as well. Whenever a patient was taken upstairs the rest knew what was  
22 going to happen. It was awful.

23 **Q.** In terms of your opinion that it was common knowledge, how was it common knowledge,  
24 how did the staff know what was going on?

25 **A.** You couldn't help but know, because all the registered staff were involved in it, and us  
26 hospital aids or nurse aides there were - if we weren't personally involved doing what I did,  
27 and some of them probably had done it as well, you know, had to assist with holding joints  
28 if there weren't enough registered staff around, then you would know that a child had been  
29 taken upstairs, and several people had gone and that was the reason why somebody got  
30 taken upstairs. And of course this wasn't done in any sort of a hospital room or a clinical  
31 setting, it was done in the dormitory on one of the beds, just in the dormitory, yeah.

32 **Q.** In terms of Paraldehyde you've said in your statement that that was also given as a  
33 punishment. What makes you say that?

34 **A.** Because of the effects, well, talk about the effects first, the effects on the person who's had

1 the Paraldehyde were horrific, they were terrible. It's not - and it was the times in which  
2 they were administered. I mean normally if you've been prescribed something for a  
3 particular condition there's certain protocols around when you have that done and so on.  
4 You'd be in the clinic and so on, but these could be administered in the hallway or  
5 anywhere, you know, and that's where I observed one particular day, you know, a kid got a  
6 jab in the arm, it was in his arm, you know, and he had - yeah, that's what happened there.  
7 So it was common knowledge.

8 **Q.** I'm going to ask you a question about your - at paragraph 47 of your statement you've said  
9 "I never thought these teenagers were treated respectfully." What makes you say that?

10 **A.** The way they were handled and spoken to sometimes by the registered staff and often the  
11 registered staff, unless they were doing specific things for them, you know, to do with  
12 clinical sort of stuff and maybe the group therapy sessions or something like that,  
13 sometimes they wouldn't be around so much, you know. Sorry, what was that question  
14 again?

15 **Q.** It was just around whether these patients or these teenagers were treated with respect at the  
16 unit.

17 **A.** Right, okay. So just the fact that there was very little kindness shown that I could see, and  
18 they were sort of, you know, all lumped together and, you know, had herded into meal  
19 times together, even bath and shower times. Shower times, for example, I think teenage  
20 boys particularly, you know, should be showering in private, but they would be just in the  
21 main bathroom as well, of course I or any other staff are in there. And I thought actually  
22 this is not really very respectful of these people. And bearing in mind this is only the boys  
23 because the girls slept in villa 6, they didn't sleep in villa 7.

24 **Q.** And during the day the girls came into villa 7?

25 **A.** During the day the girls came from villa 7 but they went into villa 6 after tea. So it was just  
26 the general way they were treated, and it didn't seem as if anybody was advocating for  
27 them. I mean I can't say I ever saw any parents, and I know quite a few of these kids were  
28 foster children and from other homes-type situations, institution-type situations, but there  
29 was never relatives or parents or people coming to visit them, nice things happening.

30 **Q.** In terms of what you've told us about the ECT that you observed, or the unmodified ECT as  
31 a punishment, or Paraldehyde as a punishment, were you ever in a position, were you ever  
32 able to raise this or complain to anyone what you had seen?

33 **A.** I wasn't in a position because I didn't have any knowledge of any process to follow, and  
34 bearing in mind that I was sort of thinking, you know, these are trained people, Dr Leeks

1 and the psychologist and the staff, as I said before, maybe this is okay, but it doesn't look  
2 okay to me. But at the hospital I just knew, if I said anything to anybody they would close  
3 ranks. There was nobody I could identify at that hospital who I could say I didn't think this  
4 was right, yeah.

5 And in retrospect or in hindsight, if that happened with me today, I would  
6 probably go to a human rights lawyer or somebody like that. I wouldn't do it within the  
7 institution itself, I'd go out, yeah, and then put somebody between me and the institution  
8 sort of thing, yeah. But I would complain if it happened nowadays, I definitely would.

9 **Q.** With the benefit of hindsight?

10 **A.** With the benefit of hindsight, absolutely, I would advocate, I would stick my neck out,  
11 yeah.

12 **Q.** Was there any an occasion where you did say something to the charge nurse, Mr Dempsey  
13 at some point in relation to one matter?

14 **A.** There was actually, there was this woman that started working there at exactly the same  
15 time as me, she was a sort of friend of mine, a sort of friend, she wasn't, you know.  
16 Anyway, she worked in the adolescent unit quite often too, and one day she had arranged  
17 for, I think there was two or three, no more than two, two or three of the teenage boys were  
18 going on town leave into Marton, and she had invited them around to her house, so she had  
19 these boys at her house, and she told me that this had happened, she said they'd come, you  
20 know, she'd had them around. I have no idea what they did there or whatever, whether they  
21 had lunch, I have no idea. But the very fact they went to her house rang real alarm bells  
22 with me, I thought no, that can't be right, you're not meant to have the patients, take them  
23 home with you to your own home.

24 But I was now in receipt of this information, I thought well, I can either say  
25 nothing to anybody, or I can at least tell Dempsey Corkran, who was in charge of villa 7, so  
26 that at least he's aware that that happened. And so that's exactly what I did, I went and hold  
27 Dempsey and he listened to me and he sort of acknowledged what I'd told him, and that  
28 was that and I never heard anymore about it.

29 So I have no idea whether he chastised **GRO-B**, this lady's name was **GRO-B**, the  
30 nurse, or whether anything at all happened. But in my mind I thought if somebody finds  
31 out, and sure as eggs somebody would find out, somebody would know and it would get  
32 back to Dempsey, **GRO-B** could have then said to Dempsey "Well Gloria knew", and then  
33 I would have been in the gun because, you know, he then might have said to me "Well, you

- 1 knew, why didn't you tell me?" Yeah, so I did, I had to, I did tell him.
- 2 **Q.** So you told him but you didn't observe anything change per se?
- 3 **A.** No, I didn't observe anything. **GRO-B**, I think **GRO-B** carried on working there and no,  
4 I never observed, nothing more happened about that, yeah.
- 5 **Q.** If I could just ask you to move to your final sentence at paragraph 51 of your statement and  
6 just read that out to the Commissioners.
- 7 **A.** Okay. I believe it is important former staff members of the adolescent unit speak out about  
8 what they witnessed there as it was not right.
- 9 **Q.** Thank you. If you could just remain there and answer any questions if the Commissioners  
10 have any.
- 11 **A.** Okay.
- 12 **CHAIR:** Just a quick question from me. You describe some of the children being terrified about  
13 these ECT, that "it was an atmosphere that wasn't very respectful and I get a feeling of  
14 tension and not a very pleasant place to be for the children", is that right?
- 15 **A.** Yes.
- 16 **Q.** And it also seems to me it wasn't a very pleasant place for staff either, would that be right?
- 17 **A.** No, well, it wasn't in lots of ways. I think, I know people like myself would be trying to  
18 compensate and I would just be kindly, just chat with the kids and give a little bit of  
19 kindness to them because they didn't get much of that. But generally no, it wasn't, it was  
20 quite shocking really. The fact that I had three sons myself, I would often think back,  
21 I couldn't bear any of this happening to my boys, it was pretty horrible, it was pretty  
22 horrible. And I actually - I wrote my - I've written my memoirs, I haven't told you this, but  
23 I've written a book about my life and there is a chapter in there about Lake Alice Hospital,  
24 and actually that's the chapter that Mike Wesley-Smith got in the beginning.
- 25 **Q.** So that was the trigger for -
- 26 **A.** That was the trigger, yes, because a lot of these things, you know, stayed in my mind that a  
27 lot of these happenings they never leave you.
- 28 **Q.** Yes.
- 29 **A.** They're vivid, they're vivid things and just the boy that had ECT that day, his name was  
30 **GRO-B**, he was like a frightened rabbit, the look in his eyes, you can imagine all these  
31 adults around him holding him, Dr Leeks is there with the ECT machine, they put the  
32 electrodes on his head, you know, and he's going to get zapped. I mean how would you  
33 feel like if that happened to you unmodified? It is torture, it is severe abuse, not okay in

1 anyone's language. I wish I had done something about it more then, but I really didn't know  
2 who to go to, yeah.

3 **Q.** Well, you're doing something now. I'm going to hand you over to my colleague,  
4 Commissioner Alofivae.

5 **A.** Okay.

6 **COMMISSIONER ALOFIVAE:** Gloria thank you, all the questions have been asked and  
7 I really just - we're indebted to you, we're grateful for your patience in waiting very kindly  
8 to the end of the day to give your evidence.

9 **A.** That's okay.

10 **Q.** We've heard it said before off and that once you see something you can't unsee it.

11 **A.** That's right.

12 **Q.** So we're very grateful to you to you for your recall and how you've placed your evidence  
13 before the court. Thank you also to your team, Marion, your sister, your counsel,  
14 Mr Caldwell, thank you for coming in support and of course to our well-being person who's  
15 right here to be able to offer you support. So thank you for formally putting this on the  
16 record for us.

17 **A.** It's okay, I'm happy to do so, yeah.

18 **CHAIR:** Many thanks. That brings our proceedings for the day to an end. We do have a  
19 kaikarakia. Mr Molloy?

20 **MR MOLLOY:** No, indeed ma'am, I was just going to confirm that.

21 **CHAIR:** You were just standing up to say (inaudible). Kei a koe e pa.

22 **Hearing closes with waiata and karakia mutunga by Ngāti Whātua Ōrākei**

23 **Hearing adjourned at 5.31 pm to Tuesday, 22 June 2021 at 10 am.**

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