

**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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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

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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

[9.38 am]

CHAIR: Ata mārie koutou, tēnā tātou katoa. Tēnā koe Mr Molloy.

MR MOLLOY: Morning ma'am. We have three witnesses this morning. Ms Joychild will be leading the first, she'll be reading from the evidence of Kevin Banks.

CHAIR: Thank you Mr Molloy. Tēnā koe Ms Joychild.

MS JOYCHILD: Tēnā koutou e ngā Kōmihana. The evidence I'm reading today is of Kevin Banks who is a survivor of Lake Alice and who is living in Australia and did not feel able to read his evidence.

CHAIR: May I ask is he going to be watching this evidence today?

MS JOYCHILD: Yes, he is, he may watch it afterwards or live.

CHAIR: If he's watching either now or later we'd just like to send him our warmest greetings and thank him for providing the evidence and wish him well while he's listening to it.

MS JOYCHILD: Thank you, he'll appreciate that. Just as a note for you at the beginning, it might be helpful to tell Commissioners, Kevin was 14 years old when he was first admitted. He was one of the longer ones there, he was there for one year 11 months, and he went in in March 1973. So he was one of the early ones into the unit as well.

CHAIR: Before the adolescent unit was started?

MS JOYCHILD: Yes, I think so. So because he's not here I'll just read through it.

CHAIR: Can I just ask you be very mindful of our signers please.

KEVIN BANKS

MS JOYCHILD: So, "I was born 62 years ago. Now I live in Australia with my wife. We have two sons, and have been together for 30 years. I also have two older daughters from previous relationships. I receive a Disability Support pension and have not been in the workforce since 1993.

I spent just over 24 months in Lake Alice under Dr Selwyn Leeks when I was between the ages -- and I apologise I've just said one year, 11, probably it's to do with counting months and weeks, the exact dates are there -- when I was between the ages of 14 and 16 years old. I had three admissions: 21 March 73 to 24 April 73; 9 July 73 to 27 August 73; and 20 February 74 to 10 December 75.

In between my second and third admission I spent two months at Epuni Boys' Home. That was hell. But Lake Alice was much worse. I never had a mental illness before or during my time at Lake Alice. The only mental conditions I now have are a result of my time in Lake Alice and Epuni. I suffer from memory loss, depression, anxiety and

1 Post Traumatic Stress Disorder. These conditions, plus chronic fear of failure and not
2 being good enough, have haunted me ever since I left Lake Alice. They created continuing
3 problems for me in holding a job until I could no longer be in the workforce. They have
4 ruined my quality of life.

5 I've always tried to get justice for those of us who had the misfortune to be in Lake
6 Alice while Dr Selwyn Leeks was in charge. Basically, our lives and potential were
7 destroyed in that place. I was broken by what Dr Leeks and other staff did to me and as I
8 have grown older, the impacts have got worse, not better. It is a deep grievance of mine
9 that Dr Leeks was never brought to justice in a criminal trial."

10 Kevin was one of the earliest ones to complain about Lake Alice and so he's made a
11 number of statements and I've set them all out on page 2. So there's a great deal of
12 consistency between what he's been saying since 1977 because of those statements.

13 **CHAIR:** Just for clarity, you don't have to read those, and to assure Kevin that the Commission
14 have a copy of his statement and have read it all.

15 **MS JOYCHILD:** Thank you. He was born on GRO-B 79 and "my birth father left while my
16 brother and I were very young. She re-partnered and her new husband, my stepfather,
17 adopted me when I was three and a half and then my mother had another child, a son.

18 My basic problem in childhood was that my stepfather and I didn't get on. He
19 seemed to be always picking on me and gave me many hidings and thrashings with an
20 Army belt. My brother had a more passive nature and didn't get into trouble like I did. I
21 had always got on well with my mother and felt loved and cared for by her, particularly
22 because I played drums in her jazz band. I was very close to my granddad and spent a lot
23 of time with him. As an older child, I spent most of my time practising snare drum
24 rudiments and playing with a Palmerston North band as their drummer. This was my huge
25 passion.

26 Then as a school boy I worked at 5.30 am cleaning windows before school. After
27 school I had a paper run delivering newspapers in the local area. In short, my life was full
28 during my youth. When I was about 12, my mother developed breast cancer which caused
29 a great deal of stress and problems within the family unit.

30 As I grew older, the tensions in the house increased. I would stand up to my
31 stepfather. I acknowledge I got caught in the wrong crowd but not to the extent it led to
32 any arrest or Police attention. It got to the point where it was either I leave home or my
33 stepfather would. I recall an incident when a physical fight broke out between us.

34 After that fight, a social worker was brought in. For a year or so I saw her on a

1 weekly basis but after another fighting incident with my stepfather I was told that I would
2 be going to stay at the Mariner Boys' Home in Palmerston North. That never eventuated as
3 the home was full. What happened was that one day I arrived home from school to see my
4 mother packing a suitcase with my clothes and telling me I was going away for a while. I
5 had thought it was to stay with a relative and was quite happy: however, instead of taking
6 me to an aunty, mum took me to Lake Alice. This was the first of three stays. I was there
7 for five weeks the first time, six and a half the second and one year 10 months for the third.
8 It was my social worker from the Department of Social Welfare who arranged with
9 Dr Leeks for me to be admitted to Lake Alice on each occasion."

10 So, here, we have a situation where although he wasn't a State ward, Social Welfare
11 placed him there. "On the third occasion I was taken there by the Police -- and he's already
12 said he never had any mental illness -- I told my social worker whenever she saw me that I
13 was being abused and shocked. She never did anything about it."

14 And for the Commissioners, his medical certificates say that he has antisocial
15 behaviour tendencies and later in one, Dr Leeks talked about an adolescent, schizophrenia
16 process. "Between the second and third stay in Lake Alice I was sent to Epuni Boys' Home
17 for two months. I was sexually abuse by a staff member. He was a predator. I was
18 physically and psychologically abused by the GRO-B teacher. He was so violent he
19 knocked me out on several occasions." Details of the abuse are in one of his exhibits in a
20 statement of claim.

21 So, on Kevin's first day of admission when he got out of the car, he says "I was
22 grabbed by two male nurses. My mother walked as far as the office but was cut off there. I
23 was walked into villas and a short time later I was taken upstairs by three staff nurses;
24 Johnnie Blackmore and either Steve Hunt or Terry Conlan. Dr Leeks was there and he
25 explained what the 'shock box' was and how it worked. He then gave me my first ECT.
26 There was no anaesthetic and the male nurses held me down while it was being given. On
27 my second and third admissions I also had no meeting or assessment. I was just taken
28 straight into the villa."

29 So he was put into the adolescent ward here, villa 11, and then he went into, in his
30 final stays, into villa 15, 13 and finally 8 where he remained until he left. From villa 8,
31 Kevin was sent to maximum security for two weeks and then back to villa 8.

32 Kevin has described his ECT experiences in several earlier statements. He
33 estimated for the Minter Ellison affidavit, and that was one sought by the Victorian Medical
34 Board who were going to prosecute Dr Leeks in 2006, in that, he said he thought he would

1 have, over his three stays, have been electrocuted about 60 to 70 times to his head, both
2 modified and unmodified; about once or twice a week to his legs and arms on a good week,
3 half a dozen times on a bad week; half a dozen times all up to his genitals and a couple of
4 times for asthma.

5 Yes, we'll put up exhibit number 008. This just shows the dates up to the present
6 time, it says, where he received ECTs.

7 **CHAIR:** Would you just tell us what the document is, please?

8 **MS JOYCHILD:** These are the nursing notes.

9 **CHAIR:** So this is not notes made subsequently, are they contemporaneous notes, do you know?

10 **MS JOYCHILD:** They are contemporaneous notes. In fact, ma'am, they were made in a report,
11 I'm just remembering, on one of his re-admissions when they had to report on him.

12 So to that, and Kevin says that that was -- he was given way more ECT than that.
13 But there is some records and we think that they're the modified ones. So at paragraph 16
14 he says "I can't put into -- I also can't put the pain of unmodified ECT into words. Nothing
15 compares with the intensity of the pain. Dr Leeks would start on low and then turn the dial
16 to high. On low, it was like little sledgehammers hitting my head and they got bigger
17 sledgehammers as the dial turned up. On high, the pain was like razor blades cutting
18 through my head. The head was worse for pain than the arms and legs, though getting it on
19 them was still enough to absolutely stun you. ECT on the genitals was horrific, like hot
20 needles going into your testicles. I still have sensations of the same pain in the areas I got
21 ECT."

22 He says "Apart from about six times, I always had ECT without anaesthetic. Most
23 was in my first year there. The unmodified day was usually a Friday and staff called it
24 Black Friday. Unmodified ECT was for punishment. You got it if your name was in
25 Dr Leeks' 'blue diary' and it was the staff that would put you down for this during the week.
26 You could get it for very small transgressions such as talking back to staff, smoking
27 cigarette butts, running down the road. I got it mostly for smoking, being cheeky to staff
28 and being rough and tough with other boys.

29 I would wet my bed with fear on Thursday nights because I was so petrified of
30 ECT. On the Friday morning the boys would all be gathered in the day room waiting in
31 fear to see if they were going to be called up for ECT. Staff would randomly single out
32 three boys to get ECT ready for when Dr Leeks would arrive. One would have to take a
33 small table upstairs for the shock box to sit on. One would carry the shock box and one
34 would be sent to the kitchen to fill the steel bowl with water and bring that, plus the rubber

1 gag that went into the mouth, upstairs. Then the boys would be sent back to the day room
2 and wait to see if they would be called up for ECT. The whole room, even the big tough
3 boys, were in terror and many would be crying in fear. Sometimes Dr Leeks himself would
4 come into the day room and say 'Who's for the zap' or 'Who's for the ride on the thunder
5 bolt' or 'Who's for the national grid?' And we heard yesterday Tyrone referring to the
6 national grid. It was a term of Dr Leeks.

7 When Dr Leeks performed his ECT sessions, the doors were left open upstairs and
8 downstairs. In the day room the boys could hear the screaming and cries of pain from those
9 who were getting it. Villa 11 was a boys' only unit. I recall some of the boys urinating in
10 fear when they were pointed out as ones that were going to have an ECT next. We could
11 also see the ones who had ECT coming out of the room. Just seeing them was terrifying.
12 Some had water drizzling down their temples, some had blood coming out of their mouths
13 and all of them were dazed. Sometimes they had to be carried downstairs and sometimes
14 they were unconscious. There were children aged 5 and 6 who received ECT with and
15 without the anaesthetic. I recall seeing ECT administered when I was on a cleaning duty to
16 a boy who was aged 9. I saw the marks on his temples after he had it, and heard his
17 screams.

18 Sexual assault. Once I woke up from ECT to find another boy bathing me and
19 fondling my genitals. We were often taken to the bathroom straight after because we had
20 soiled ourselves. ECT took away control of our bowels and bladder and we often vomited.
21 I would regularly wake up in one of the cell rooms after ECT, or if I was conscious,
22 I would be led downstairs back to the day room with the other boys.

23 ECT for asthma. I was given unmodified ECT on my left shoulder by Dr Leeks at
24 least twice. I'd had an asthma attack the day before. Before it started he said 'We'll see if
25 this stops your asthma.' After that, I never went to the office for my inhaler during an
26 asthma attack as I was terrified what would happen the next day." So, clearly, a staff
27 member had told Dr Leeks that he'd had an asthma attack.

28 "ECT for attempting suicide. I tried to kill myself once GRO-B
29 I thought I'd rather be dead than keeping living at Lake Alice. A couple of days later I got
30 unmodified ECT for punishment. I knew it was for the suicide attempt because two nurses
31 taunted me about it.

32 Extra long ECT. Sometimes I received ECT for up to approximately 2 to 3 minutes.
33 Dr Leeks would turn the dial on the shock machine up and down during this time. This
34 varied the intensity of the shock through the electrodes. Sometimes a nurse would sit right

1 on my body to prevent my body convulsing too much.

2 ECT when tied together with another boy. Once me and another boy were caught
3 smoking by a nurse. He smelled our breath. He strapped our arms crosswise to each other
4 by a trouser belt and placed the electrodes on each of our arms and Dr Leeks gave us a
5 shock. He played the dial for about 30 seconds.

6 Staff giving ECT when Dr Leeks was not present. Sometimes the staff gave us
7 unmodified ECT without Dr Leeks. They seemed to enjoy doing this and I recall one doing
8 it to me, going from one knee to the other with the electrodes, also on the legs and arms.
9 This was in the medical room next to the kitchen.

10 ECT to the genitals. I got this if I was caught playing with myself. Dr Leeks
11 always gave these treatments. He would start by putting the electrode on my thigh and then
12 slide it up my leg to my testicles. Yet I never interfered with other boys since I have never
13 been homosexual.

14 Modified ECT. This was better than unmodified ECT because I was anaesthetised
15 and completely unconscious. It was performed in the females' villa. You knew you would
16 get it because the kitchen staff would not give you breakfast that morning. You would then
17 be taken over to villa 6 and put into a cubicle and made to lie on the bed. The staff would
18 take your shoes and socks off and roll up your sleeve and give you an injection. However,
19 on several occasions the staff didn't give me an injection, so the electrodes were put straight
20 on to my head without anaesthetic. Villa 6 had cubicles which accommodated one patient
21 each. I recall walking into the wing of the unit where ECT was being administered once.
22 I witnessed people of all ages receiving or about to receive ECT.

23 Giving ECT to other boys. Dr Leeks got me and other boys to give ECT to two
24 different boys on different occasions. Both had sexually assaulted me and the other boys.
25 The first time was to a particular boy. I recall Dr Leeks calling about 10 of us into the day
26 room one day to find out if we had been sexually touched by this boy. I had been sexually
27 abused by him and another patient and I informed Dr Leeks about it. Without any other
28 explanation, some of us were tasked with getting the ECT machine and the bowl and salt
29 water and gags. We then were sent back to the day room of villa 11, all petrified that we
30 were going to get ECT.

31 Soon after, Dr Leeks came into the room and told us to follow him. We went to a
32 cell, a solitary cell at the far right of villa 8. It was almost completely dark and I remember
33 seeing that particular boy sitting in the corner on a plastic mattress wearing only his
34 underwear. Dr Leeks asked us to plug in the extension cord and said we were all going to

1 use the ECT machine on that particular boy. He told us we were to move the knob to the
2 right as far as possible.

3 I was second or third in line and there were a number of boys behind me. I didn't
4 really want to do it, but I remember that I did turn the dial as far as I could as I was afraid
5 that if I didn't do it properly, Dr Leeks would give me ECT. I recall the horror on the boy's
6 face who was receiving it. He looked like he was screaming but not a sound was coming
7 out of his mouth. After we had all given him ECT, Dr Leeks put the electrodes onto his
8 testicles and pushed the silver instant button which gives a really sudden shock. When he
9 did this, the particular boy went unconscious.

10 On another occasion, Dr Leeks lined us up to do the same to another boy who had
11 also been sexually touching some of the boys. He finished that session by placing the
12 electrode on his temples and using the knock-out button. Giving ECT to those two other
13 boys made me feel very sad. On the one side I liked it because they had abused me, but on
14 the other side I felt really bad for doing it."

15 Now moving on to drugs. "Paraldehyde injections. Sometimes I was given a
16 choice of ECT or Paraldehyde for punishment. Both were used to control us and keep us in
17 fear. The worst punishment was unmodified ECT but Paraldehyde injections were also a
18 feared punishment. You could get a Paraldehyde injection for anything at all such as
19 talking back to staff, hitting another boy, not making your bed properly or not getting up on
20 time. They were extremely painful. I believe I would have got a Paraldehyde injection
21 more than 50 times over my three admissions to Lake Alice. That's a bare minimum,
22 I guess.

23 When the injection first went in it was a very cold feeling but then the feeling turned
24 to very hot, burning acid. The injection would normally be put into the buttocks and the
25 pain would go down the whole leg. It would be very painful, very hard to walk. The leg
26 would feel dead and I would have no strength in it. It was painful to sit down for about
27 three days. When I had it in my arm it would hang limp for the day. Once I was given it
28 on the shoulder and on several occasions in the big muscle above my knees. This was
29 particularly painful to have it and the staff were aware of this. Paraldehyde had a foul smell
30 and would leave a sickening taste in my mouth for three days after.

31 I was on other medication nearly all the time I was at Lake Alice. I got Mellerrill,
32 Largactil, Pantacol, Stelazine, Priadel, Modecate, to name a few. I remember dribbling and
33 stumbling, the drugs completely changed me.

34 Sexual abuse. I was a blonde blue-eyed boy and this wasn't an advantage. I got a

1 lot of unwanted sexual attention. There was a staff member called John Blackmore.
2 Sometimes when he was meant to be giving me a Paraldehyde injection, he sexually abused
3 me instead. I believe he also abused other boys this way. While Paraldehyde was usually
4 done with the door open, so other patients could hear, he would close and lock it when it
5 was me, and this was justified with the excuse that I might run away.

6 You had to take your pants down to get a Paraldehyde injection in the buttocks. He
7 would take his own pants down and then he would either sodomise me or masturbate me
8 and himself at the same time. He did this often.

9 The school teacher at the time would walk around and sometimes press his groin
10 into my back and I would feel he had an erection. He would leave the classroom with a
11 particular boy and then take him out to the toilets. At times I was the one he asked to leave
12 the room with. He would make me pull down my pants and he would pull down his. I had
13 to go on to hands and knees on the floor and then he would masturbate himself from behind
14 me. He never raped me, but he did touch and push against me. He would threaten me with
15 the thunder bolt from Dr Leeks if I told. I understand he has now been convicted of sexual
16 abuse.

17 We were also sexual prey for older boys and there were two boys who were older
18 and bigger and competed with us -- each other to get to us and they were the two boys that
19 he gave electric shocks to. Lots of us boys were targeted. One of those particular boys
20 abused me regularly in the showers.

21 Other aspects of life at Lake Alice. Schooling. I went to school while I was in villa
22 11 for half a day several days a week. I think this was when they finally got a school set up
23 there. It looked nothing like a real school. I recall learning a lot of songs and sometimes
24 doing reading. I did not have any correspondence education. I did, however, play drums
25 with a couple of the patients who were also musical. Each year there was a staff reunion
26 and on one occasion my mother's band performed for the staff and I played percussion for
27 that.

28 My mother visited me a couple of times and my social worker also visited. I always
29 complained to them about what was happening to me. My mother never believed it and my
30 stepfather called me a liar. The social worker never took action.

31 Staff. I was constantly told by staff that I was bad and they were going to drum it
32 out of me. I was also told that I would be there for life. Some nurses were sadistic and
33 they participated in the torture of us. Some beat up patients, including me, and some
34 sexually abused patients, including me. There was one nurse called Dennis Hesseltine, he

1 was the only person I felt safe with. He was a very nice person, funny, young and had a
2 beard. He was the type of person I would have liked my father to be like. Even he,
3 however, was part of the torture as he never spoke up about it or tried to stop it.

4 Villa 8. In villa 8 I was with adults with serious mental problems. We called it the
5 nut house. I was 15. It was a very frightening and scary place. There were always patients
6 prowling around wanting to have their way with you. I had to learn quickly how to keep
7 other patients off me, but without injuring them, as if I did I got a Paraldehyde injection for
8 punishment. I often stayed awake at night, lying scared in my bed with the blankets tightly
9 tucked in to protect myself.

10 ECT in villa 8 was always unmodified. I witnessed it on occasions. It was used on
11 people like those two boys who engaged in sexual abuse. I never got it, but I would hear it
12 being given to the others who were screaming in pain and fear. I got Paraldehyde
13 injections in villa 8.

14 On one occasion when I was in villa 8 I was locked in maximum security for two
15 weeks. This was located at the rear of the hospital for the criminally insane. The reason I
16 was sent there was that I had refused staff member Howard Lawrence's order that I clear
17 the toilets with a toothbrush. I was allowed out into a tiny exercise yard for 30 minutes
18 every 24 hours. I was given a few books but otherwise there was nothing apart from a
19 mattress, blanket and bucket. Lawrence was a particularly evil guy who used to push his
20 knuckles into our temples and ask 'Do you bum boy?'

21 Work in villa 8. I was part of a gang doing labouring from 9 to 4. We earned \$1 a
22 week. I had no education when I was in villa 8. I had to bathe elderly patients who were
23 too old to wash themselves. I had to wash people's clothes and the dishcloths, etc.

24 One day a nurse -- and he gives the name -- gave another boy and I the task of
25 carrying a person on a stretcher. We had to be very quiet and carry him very carefully to a
26 particular destination. On the way the sheet blew up and I saw a tag on his big toe and
27 realised he was dead. Later I looked at his face. He was an older patient who had died. I
28 was very disturbed as I had never been around a dead body before. When I got back, that
29 nurse was laughing and thought it was a great joke we hadn't known the person had died. It
30 impressed upon me human life was of very little value at Lake Alice."

31 Ma'am, I realise I've done 30 minutes, so time is tight because I've been talking
32 slowly. I think I'll just pick and choose from here on.

33 **CHAIR:** Yes, full in the knowledge, as I said before, that we have it and have read it and of
34 course we'll read it again carefully after. So you just choose the matters. We're getting on

1 to impacts, aren't we?

2 **MS JOYCHILD:** Yes, just quickly going through life after Lake Alice. It's important, he was
3 just -- at 48, he says he was drove down by a nurse, never told that he was getting out of
4 Lake Alice, he thought they were actually transporting him to Porirua Hospital, but when
5 he drove past the exit he realised he wasn't. Then the nurse told him he was going to the
6 Woburn YMCA and that he was going to do a labouring job in a factory at Petone. And he
7 was 16 years then, he'd be 17 the following month.

8 So when Kevin left Lake Alice, suddenly all his drugs stopped, every single one.
9 And in his exhibits you'll see he's cleared, he's got no mental problems at all. Rather than
10 feeling dopey, he was full of nervous energy and after a highly regimented regime, being
11 woken to a siren, having all your movements organised, suddenly this was this kid living
12 alone in the YMCA and having to get to work on time every day. He had real problems
13 getting out of bed and he thinks that was as a result of a reaction to withdrawal from the
14 drugs and problems managing buses. Everyone knew he'd been in Lake Alice and made
15 fun of him. Eventually, he was dismissed for lateness. But he had various other jobs after
16 that and he developed a pattern that dogged him. He could manage the work well, often got
17 promoted as he presented well. And I'm pointing out a comment from the Director of
18 Mental Health when he first complained in 1977. The Director called him in for an
19 interview about his complaint, and the Director wrote, "Kevin is well dressed, well spoken
20 young man, he had employed as a salesman, playing regularly in a military band, living in a
21 house which he has rented himself with three friends, apparently well on his way to
22 establishing himself." And Kevin was. He played in military bands and Police bands in
23 Wellington but eventually it all caught up with him.

24 So he talks about being interviewed for petty theft and he left New Zealand, he was
25 so terrified of being taken back to Lake Alice. He moved to England -- Australia and then
26 to England, he met his first wife, brought her back to New Zealand, she opened a letter and
27 read the statement from CCHR, his first affidavit that he wrote, and then of course she
28 didn't trust him, she didn't trust him sexually, and she thought that she'd married someone
29 with mental health problems. So that relationship broke up. It was very bitter and difficult
30 because of his history that was played against him in the Family Court. But he did get
31 access to his child.

32 At paragraph 61 he talks about Victor Boyd coming to his house and him making a
33 complaint. He went to the Police and made a statement to the Police at that time. He notes
34 that he signed it without reading it. Some of the things in it are not quite accurate, but

1 mostly it is. He didn't know he could have the right to read it, he was just told sign.

2 Then he had the interview with the Director-General of Health. I thought that was
3 Dr Mirams, anyway, it's on the record. He said he would attend -- no, I think this is the
4 Mitchell Inquiry. He said he would go to it but only if he didn't have to see Dr Leeks.
5 "Yes, yes, that's fine." So while he's there, Dr Leeks is brought into the room with two men
6 in suits on either side. And Dr Leeks actually spoke to him and this is what he said in 1977.
7 "Not everything I did at Lake Alice was 100% right or correct." He said he gave the Māori
8 boys more ECT as he had to control the boys he took on from Kohitere Boys' Home. And
9 Kevin was not allowed to tell his story, he was asked just a few very pointed questions.
10 After that, they had not let him just talk, but were only focusing on a few points and
11 Dr Leeks coming in without his notice, he lost all faith in the Inquiry.

12 And Dr Leeks, then when a Medical Association asked Dr Leeks to respond to the
13 complaint, Dr Leeks wrote a very malicious letter about Kevin and it's set out there where
14 he tried to paint Kevin in the worst possible light and made up that he had a mental illness.
15 Kevin admits he was not an angel and got into bad company, but he never had disoriented
16 thinking. And that's confirmed by medical treatment since then.

17 Importantly, six years later he -- this is part of that Stockholm Syndrome -- he got
18 very depressed with his marriage breaking up. He actually rang everyone, all around the
19 world trying to find Selwyn Leeks, he became obsessed with him. Found that he was
20 working in the same city as he was living in, in Melbourne. He went and visited Selwyn
21 Leeks and he also wanted treatment for his depression. And then at paragraph 70 he --
22 Selwyn Leeks commented "Your name's familiar", and Kevin says "Do you remember
23 me?" Selwyn Leeks said "I remember that you were going through a hard time and that
24 your stepfather was a fairly unsavoury fellow." Kevin said "Why did you torture us?" At
25 71 Dr Leeks said "I had an open hand to do what I could do." Kevin asked "Why did you
26 make me give ECT to the other boys?" And Dr Leeks said that was quite legal in some
27 parts of the States. Later Dr Leeks said "I'll never do what I've done or most of what I've
28 done again" and Kevin felt he was remorseful. He spoke quietly and looked at the ground.
29 Part of Kevin wanted to hit him but he seemed so quiet and gentle it made Kevin feel like
30 submitting to him.

31 Yet, it was all going through Kevin's head that the other side of him had inflicted
32 horrendous pain on me and others while seeming so cool. Kevin felt Dr Leeks has a
33 mesmerising hold over him and he actually went to him for about six sessions before he
34 realised he was "just a puny little man and my terror of him had gone."

1 Kevin also worked with the media, Grant Cameron's class action, and with the
2 Victorian Medical Board. At paragraph 71 he talks about the impacts on his life. They
3 include memory loss, chronic pain and migraines.

4 **CHAIR:** 77, I think.

5 **MS JOYCHILD:** 77. Incessant fears terrors, nightmares, he has anal bleeding and he suffers --
6 it's so excruciating, it reduces him to tears and he cannot sit upright properly. That brings
7 back the memories and horror and emotions from sexual abuse at Lake Alice. He has huge
8 problems with trust and feelings of betrayal, and all those he's worked with to prepare his
9 case, he has ended up feeling betrayed by or let down and he explains those circumstances
10 there.

11 Then Kevin says what he wants from the Royal Commission. This is at paragraph
12 88. "I want the Royal Commission to delve fully and properly into what happened at Lake
13 Alice, to hear our voices and to make findings about what happened to us there. We need
14 to be validated for the hell we went through and the hell we live with since. I want it to
15 explain why we have waited this long. I want the Police to charge Dr Leeks, even if he is
16 over 90. He showed no sympathy for us in our vulnerability and he's had the benefit of a
17 good free life ever since he left Lake Alice. I want the Government to pay proper
18 compensation to me for the loss of my potential to earn an income, be happy and have a
19 good life. I want repayment of Grant Cameron's legal fees and I want there to be a legal
20 representative for every child and young person in care to make sure their side of the story
21 is told and always recorded in official notes."

22 One of the matters that has distressed Kevin the most is the really degrading,
23 horrible comments made about him in the notes, like he's sly and manipulative, and he
24 never -- and records of incidents that are wrong, but he never had the chance to have his
25 story about what happened put on those notes. "I want ongoing support to my family as
26 well as me with the trauma we have all lived with as a result of me being tortured in Lake
27 Alice."

28 And there's a lot of extra material in Kevin's exhibits, ma'am. That's his story.

29 **CHAIR:** Which we're grateful to you for recounting. I'm sorry that you felt constrained by the
30 time, but it's come through. Just a point of clarification and for the record, because this is
31 an important part of the common story of the survivors. He did receive compensation after
32 going through what's called the Grant Cameron action, but he paid a considerable
33 proportion of that back in legal fees.

34 **MS JOYCHILD:** Yes.

1 **CHAIR:** Or he lost a considerable portion, that's what he's seeking for. I wanted to make sure that
2 that was the case.

3 **MS JOYCHILD:** Yes. But like the others, because there was no accountability, Leeks was still
4 running around and no one told them why it had happened. He never could put it to rest.

5 **CHAIR:** Thank you very much. I'm just going to ask Sandra Alofivae to formally thank Kevin
6 for his evidence.

7 **COMMISSIONER ALOFIVAE:** Kevin, I'm hoping that you've been able to watch the
8 proceedings this morning and if you haven't, that you will be able at some time later on to
9 be able to access it. I want to thank your counsel, Ms Joychild, for reading it in such a way
10 and for highlighting the points that clearly are very, very important, salient, that you want
11 us to absolutely take note of. Kevin, I just want to reassure you, we have read your
12 material and everything else that you've submitted to the Commission. I want to thank you
13 for your honesty and your bravery like the other survivors that have gone on before you this
14 week.

15 There is such power in your words and the common themes and the parallels in the
16 descriptions are now embedded or seared, actually, in our own minds and our brains.
17 Kevin, we believe you and we accept everything that you've said. I'm grateful that you've
18 been able to find some peace and have been able to move on in some respect. But we're
19 also very, very grateful, Kevin, that you've been able to outline very clearly for us what
20 you'd like to see this Royal Commission achieve on behalf of all of the Lake Alice
21 survivors. It's certainly our intent to be able to make findings and recommendations that
22 will go a long way, hopefully, to be able to answer and put this Lake Alice part of our
23 history and our nation to rest.

24 So can I just thank you, Kevin, once again for the great and the generous aroha that
25 you have for our nation of Aotearoa, to be able to speak into this space so powerfully and to
26 speak up for those who can't come forward because they're no longer with us and for those
27 who aren't able to come forward because they don't have the strength. So thank you for
28 being their courage, and for being their friend.

29 **CHAIR:** Do you wish us to adjourn before we start the next matter or are we able to carry on?

30 **MS R THOMAS:** In your hands, ma'am. We are able to play the next pre-recorded straight away.

31 **CHAIR:** Then I think if that's all right and that's going to give, I think, our recorders a break
32 which I'm sure they'll be grateful for. Let's do that, then. Thank you.

33 (Video played)

34 **WALTON JAMES MATHIESON-NGATAI**

- 1 **QUESTIONING BY MS R THOMAS:** Good afternoon, Walton, you've met me before. My
2 name is Ruth Thomas, I'm from the Royal Commission of Inquiry. We're here this
3 afternoon to talk about the Lake Alice Child and Adolescent Unit. Before we do that,
4 would you like to introduce yourself?
- 5 A. Walton James Mathieson-Ngatai. I'm from Ruatoria and this is Caroline and Jennifer.
- 6 **Q.** Caroline is your health coach?
- 7 A. Health coach.
- 8 **Q.** And your friend?
- 9 A. And Jennifer is my disability navigator.
- 10 **Q.** Thank you Walton. Do you solemnly, sincerely and truly declare and affirm that the
11 evidence you will give before this Commission will be the truth, the whole truth and
12 nothing but the truth?
- 13 A. Yes.
- 14 **Q.** Thank you. Whereabouts are you today, Walton, where are we?
- 15 A. I'm in a rest home, it's called (bleeped).
- 16 **Q.** Can you tell us where you were from, where were you born?
- 17 A. I was born in Ruatoria in 1959. I was born in Ruatoria in Te Puia Springs.
- 18 **Q.** And you're proud of your birth place, that's where you've come from?
- 19 A. Yes, I am proud of it.
- 20 **Q.** Yes, and can you tell us about your -- a bit about your family?
- 21 A. My mother and father passed away. My aunty (bleeped) she looked after me and she
22 looked after some kids in the Wairarapa.
- 23 **Q.** So she looked after you and some of your brothers and sisters?
- 24 A. Yes.
- 25 **Q.** In the Wairarapa?
- 26 A. Yes, that's right.
- 27 **Q.** When you were quite little?
- 28 A. Little, yes.
- 29 **Q.** So that was your aunty (bleeped)?
- 30 A. Yes.
- 31 **Q.** Did anyone else look after you?
- 32 A. My grandmother and grandfather in Ruatoria.
- 33 **Q.** In Ruatoria?
- 34 A. Yes.

- 1 **Q.** And what about your learning Te Reo and learning about your whakapapa, who --
- 2 **A.** My grandmother taught me that.
- 3 **Q.** Your grandma?
- 4 **A.** Yes.
- 5 **Q.** And when you were growing up as a child before you started school, who did you live with
- 6 the most at that time?
- 7 **A.** My grandmother and grandfather.
- 8 **Q.** Okay. And what was life like for you at that time?
- 9 **A.** It was all right, but I kept on having seizures all the time when I was a little boy.
- 10 **Q.** When you were quite little?
- 11 **A.** Yes.
- 12 **Q.** Okay, I'm going to ask you about something that you told us about happened when you
- 13 were around about 5 years old. Can you remember something that happened to you?
- 14 **A.** Yes, I got stung by a beehive in the eyes.
- 15 **Q.** Stung by a beehive?
- 16 **A.** Yes.
- 17 **Q.** So what happened to your eyes when you were stung?
- 18 **A.** They went all yellow and pussy. So I went to Napier Hospital for an operation on my eyes,
- 19 one of my eyes went blind and I'm partially blind in eye.
- 20 **Q.** Partially blind in the other eye?
- 21 **A.** Yes.
- 22 **Q.** Since you were aged 5 you've been blind in one eye and partially blind in the other eye?
- 23 **A.** Other eye, yes.
- 24 **Q.** What kind of impact has that had on your life in terms of your schooling and --
- 25 **A.** I think quite hard. I went to Manutahi Primary School, I was in a backwards class there.
- 26 **Q.** So you were put in a backwards class?
- 27 **A.** Yes, at Manutahi by a teacher.
- 28 **Q.** Is that Manutahi Primary School?
- 29 **A.** Yes, Manutahi Primary School and then I went from there to Homai College.
- 30 **Q.** Okay. Just going back to the primary school, why were you put in a backwards class?
- 31 **A.** Because I couldn't read or write.
- 32 **Q.** Right.
- 33 **A.** And I was slow.
- 34 **Q.** Okay.

- 1 A. Slow at reading and writing.
- 2 Q. So the teachers put you in that class because they said that you were slow?
- 3 A. Yes.
- 4 Q. But actually what was the situation in learning, what was it more about to help you learn,
5 you needed help with?
- 6 A. Reading and writing.
- 7 Q. Reading and writing with your vision?
- 8 A. Yes.
- 9 Q. Okay. And you've just said that you then went to Homai College For the Blind?
- 10 A. Yes.
- 11 Q. Whereabouts is that?
- 12 A. In Auckland, Parnell.
- 13 Q. And you went there when you were 9?
- 14 A. Yes.
- 15 Q. So you left your grandparent's home?
- 16 A. Yes, I did.
- 17 Q. And who made the decision that you should go to Homai?
- 18 A. The school.
- 19 Q. To attend the school?
- 20 A. No, no, the school.
- 21 Q. The school made the decision?
- 22 A. Yes, yes.
- 23 Q. Why were you sent to Homai, what was the benefit of going there?
- 24 A. To learn braille.
- 25 Q. To learn braille?
- 26 A. Because doctor told me I was going blind.
- 27 Q. Right.
- 28 A. When I was aged 21.
- 29 Q. And so did you learn braille when you were at Homai?
- 30 A. Yes, I did.
- 31 Q. And how was that?
- 32 A. That was quite good.
- 33 Q. That was quite good?
- 34 A. Yes.

- 1 **Q.** When you were at Homai, you've mentioned already that you've had some seizures, did you
2 experience some epileptic seizure insures at Homai?
- 3 **A.** Yes, I did, I had some seizures there.
- 4 **Q.** Some seizures?
- 5 **A.** Yes.
- 6 **Q.** And did you then have to leave Homai and go back to live with your grandparents?
- 7 **A.** Yes.
- 8 **Q.** Where were they --
- 9 **A.** I left Homai to go back to my grandparents in Ruatoria.
- 10 **Q.** Right.
- 11 **A.** Yeah.
- 12 **Q.** And I think you were aged roughly 12 at this time?
- 13 **A.** Yeah, 12 I was.
- 14 **Q.** How were your seizures at that time in your life?
- 15 **A.** Still the same.
- 16 **Q.** Still the same?
- 17 **A.** Yes.
- 18 **Q.** How did your grandparents cope with the seizures?
- 19 **A.** My grandparents couldn't cope with me so I went to a psych hospital in Gisborne, it's called
20 Cook Hospital.
- 21 **Q.** The psychiatric hospital in Gisborne?
- 22 **A.** Yes.
- 23 **Q.** Why was that?
- 24 **A.** Because I was having seizures and they couldn't control me, so I went from Cook Hospital
25 to Lake Alice Hospital.
- 26 **Q.** Right. So you were put into Gisborne Hospital?
- 27 **A.** Yeah.
- 28 **Q.** And then from Gisborne Hospital to Lake Alice?
- 29 **A.** Lake Alice.
- 30 **Q.** Can you remember what happened before being put into Lake Alice, where did you try to
31 go? You were in the Gisborne Hospital.
- 32 **A.** Mmm.
- 33 **Q.** What did you want to do when you were in the Gisborne Hospital?
- 34 **A.** I couldn't do anything.

- 1 **Q.** But where did you want to be?
- 2 **A.** Back with my grandmother and grandfather.
- 3 **Q.** Back with your grandmother and grandfather?
- 4 **A.** Yeah.
- 5 **Q.** So what did you do to try and see them?
- 6 **A.** I just ran away from Gisborne Hospital.
- 7 **Q.** So you ran away?
- 8 **A.** Yeah.
- 9 **Q.** And instead of being put back at Gisborne Hospital, where did you end up being put?
- 10 **A.** They transferred me back from Gisborne to Lake Alice Hospital.
- 11 **Q.** Right, so then they transferred you to Lake Alice Hospital?
- 12 **A.** Yes.
- 13 **Q.** And this was in 1972?
- 14 **A.** Yeah.
- 15 **Q.** You were about 12?
- 16 **A.** 12 years old.
- 17 **Q.** Okay. What can you remember about going to Lake Alice Hospital, what was that journey
18 like?
- 19 **A.** The journey is, I arrived there and I got a fright.
- 20 **Q.** Was any family member with you, did your grandparents go?
- 21 **A.** No, they couldn't go with me because they were too old.
- 22 **Q.** So how were you feeling on your way to Lake Alice?
- 23 **A.** All right.
- 24 **Q.** Did anyone tell you what Lake Alice was?
- 25 **A.** No, no, no.
- 26 **Q.** Did you know anything about it?
- 27 **A.** No, I didn't.
- 28 **Q.** When you first got there, to Lake Alice Child and Adolescent Hospital.
- 29 **A.** Mmm.
- 30 **Q.** What were your first impression, how did you feel?
- 31 **A.** I was frightened, I kept on crying all the time.
- 32 **Q.** And can you tell us why you felt frightened?
- 33 **A.** Because I didn't know where I was, they didn't tell me where I was, they didn't tell me
34 anything.

- 1 **Q.** You didn't know what it was?
- 2 **A.** No.
- 3 **Q.** Can you tell us, can you remember what it looked like at all for you? Could you see
4 anyone or anything when you arrived?
- 5 **A.** I saw a few young boys there.
- 6 **Q.** Right.
- 7 **A.** Because of the, yeah, young boys there, I saw them and staff members.
- 8 **Q.** And when you got into the Lake Alice Child Adolescent Unit, what was your day like, what
9 was your routine?
- 10 **A.** It was all right, but you had to do what they tell you to do, we had schoolwork.
- 11 **Q.** Right.
- 12 **A.** And gardens and gardening work.
- 13 **Q.** So you did gardening work?
- 14 **A.** Yeah, gardening work, a woodwork place there, where we used to make boxes.
- 15 **Q.** Right, okay.
- 16 **A.** We used to do that.
- 17 **Q.** When you were in the adolescent unit, where did you sleep, did you have your own
18 bedroom?
- 19 **A.** Yes, I was in the laundry -- in the laundry.
- 20 **Q.** Not the laundry.
- 21 **A.** No, the ward.
- 22 **Q.** The dormitory?
- 23 **A.** Yes.
- 24 **Q.** Right, in the dormitory. And when you were in the dormitory at night time, were you free
25 to move around or --
- 26 **A.** No, you couldn't move around. You're locked in there, yes, and they come and check on
27 you now and then.
- 28 **Q.** To check you stayed where you are?
- 29 **A.** Yeah, if you got caught out of your bed you were locked up so you had to stay in your bed.
- 30 **Q.** Okay.
- 31 **A.** Because if they catch you walking around you get locked up.
- 32 **Q.** Okay.
- 33 **A.** And put you in a cell room down the hall.
- 34 **Q.** Right.

- 1 A. They'll come and lock you up.
- 2 Q. They'll put you in a cell room down the hall?
- 3 A. Yeah, yeah, with a strait jacket.
- 4 Q. With a strait jacket?
- 5 A. Strait jacket.
- 6 Q. Right.
- 7 A. A strait jacket, like a blanket something down the middle and put on you.
- 8 Q. Right, that's all you had?
- 9 A. And a mattress, that's all you had, and a bucket.
- 10 Q. And a bucket, so if you need to go to the toilet it was the bucket?
- 11 A. Bucket.
- 12 Q. Did you ever get put in a room like that?
- 13 A. Yes, I did.
- 14 Q. Okay. Why was that?
- 15 A. Fighting.
- 16 Q. For fighting?
- 17 A. Yes.
- 18 Q. Okay.
- 19 A. Yeah.
- 20 Q. Okay. Can you recall you said you would get locked up if you tried to leave. Did you ever
21 try to leave Lake Alice?
- 22 A. Yes, I ran away from Lake Alice.
- 23 Q. You ran away?
- 24 A. Yes, the Police --
- 25 Q. The Police picked you up?
- 26 A. Picked me up and took me back to Lake Alice, I got locked up.
- 27 Q. And then you got locked up?
- 28 A. And got Paraldehyde.
- 29 Q. And Paraldehyde?
- 30 A. Paraldehyde.
- 31 Q. Can you tell us a little bit about Paraldehyde?
- 32 A. Yeah, it's like a stroke, you're paralysed on that side and you walk like this, you walk like
33 this.
- 34 Q. Right, so you walk lopsided because --

- 1 A. Yeah.
- 2 Q. Because you can't feel your legs?
- 3 A. Because you can't feel your legs and you can't feel your arm. It's like a stroke.
- 4 Q. Okay, it's like a stroke?
- 5 A. Yes, it's terrible, it's horrible.
- 6 Q. So when you ran away the Police picked you up, brought you back to Lake Alice?
- 7 A. Yes.
- 8 Q. You'd be put up into the lock-up room?
- 9 A. Lock-up room.
- 10 Q. And get Paraldehyde?
- 11 A. Get Paraldehyde. The same when you fight, if you fight each other, you're locked up, get
12 Paraldehyde.
- 13 Q. Okay. Can I ask you a little bit about something you've talked about at Lake Alice, there
14 was a -- you called it a patient swap?
- 15 A. Yes, yes, one patient from Kimberley Hospital, Kimberley.
- 16 Q. Kimberley?
- 17 A. Yeah, Kimberley Hospital would come over and go to Lake Alice and some Lake Alice
18 patients would go to Kimberley and they would get shock treatments.
- 19 Q. Okay.
- 20 A. Shock treatments.
- 21 Q. So some patients would be bought over from Kimberley Hospital?
- 22 A. Yeah, to Lake Alice Hospital.
- 23 Q. To the Lake Alice child and adolescent unit?
- 24 A. Yes. Some patients would be taken from Lake Alice Hospital and taken back to
25 Kimberley.
- 26 Q. Okay. Why were the patients brought from Kimberley over to Lake Alice?
- 27 A. Because they had would get straight-up shock treatments.
- 28 Q. To get straight out shock treatments?
- 29 A. Yeah, shock treatments, yes.
- 30 Q. Can you remember any of the patients that this --
- 31 A. Yes, I can remember a 5 year old boy getting straight out shock treatment and a boy in a
32 wheelchair, they couldn't put him upstairs so they had him downstairs.
- 33 Q. Okay. So there was a 5 year old boy that came from Kimberley?
- 34 A. Yeah.

- 1 **Q.** And he got straight out shock treatment?
- 2 **A.** Yeah, and the boy in the wheelchair --
- 3 **Q.** From Kimberley?
- 4 **A.** Yeah, got straight out shock treatment.
- 5 **Q.** So a boy from Kimberley in a wheelchair came over and got shock treatment?
- 6 **A.** Yes.
- 7 **Q.** And these boys and these other kids from Kimberley, how long were they at the Lake Alice
8 Child Adolescent Unit, roughly?
- 9 **A.** Probably about two months I think.
- 10 **Q.** Okay.
- 11 **A.** Yeah. I'm sure it was two months.
- 12 **Q.** And the child who was in the wheelchair, you've talked about you slept in the dormitory,
13 did these patients sleep in the dormitory with you as well?
- 14 **A.** Yes, they slept in the dormitory, some stayed in the dormitories, some stayed -- there was
15 two dormitories.
- 16 **Q.** Was there one upstairs and one downstairs?
- 17 **A.** No, there's two upstairs and a bed downstairs for the boy in the wheelchair.
- 18 **Q.** Right.
- 19 **A.** Because he couldn't get upstairs.
- 20 **Q.** So he had to sleep downstairs?
- 21 **A.** Yes.
- 22 **Q.** Right. Can I ask you some questions now about some of the staff that you met at the Lake
23 Alice --
- 24 **A.** Yes.
- 25 **Q.** -- hospital. Can you recall any people by name or nickname, do you remember any of the
26 staff?
- 27 **A.** Yeah, Colonel Klink.
- 28 **Q.** Colonel?
- 29 **A.** Klink.
- 30 **Q.** Why was this person called Colonel Klink?
- 31 **A.** Because he gave us a hiding.
- 32 **Q.** Give you a hiding?
- 33 **A.** Yeah, across the head, across the back and all that carry on.
- 34 **Q.** Right.

- 1 A. Across the backside. If you play up.
- 2 Q. Okay.
- 3 A. Yeah, he's called Colonel Klink, he was called Colonel Klink.
- 4 Q. He was called Colonel Klink?
- 5 A. Yes.
- 6 Q. Was there anything else distinguishing about this person as to why he was called Colonel
7 Klink?
- 8 A. No, but I'm sure he was the one that child molested us.
- 9 Q. He child molested you?
- 10 A. Yes.
- 11 Q. Do you know any --
- 12 A. I can't prove it but because they put a mask on your face so you can't see them.
- 13 Q. Okay.
- 14 A. But then the voice you can hear.
- 15 Q. So you've described this person as Colonel Klink. Did you use a name for this person just
16 before?
- 17 A. Howard Lawrence, Howard Lawrence.
- 18 Q. Howard Lawrence?
- 19 A. Yeah.
- 20 Q. Can you remember any other names of any other nurses?
- 21 A. No, Steve was all right.
- 22 Q. Steve?
- 23 A. Yeah, Steve Hunt.
- 24 Q. Right, so he was all right?
- 25 A. Yes, he was all right.
- 26 Q. When you were at the Child Adolescent Unit and you had experienced a seizure or an
27 epileptic seizure?
- 28 A. Yes.
- 29 Q. How you were treated at that point?
- 30 A. I was treated very rough.
- 31 Q. Very rough?
- 32 A. Yes.
- 33 Q. What happened to you?
- 34 A. You had to get upstairs in the shower and put in a room.

- 1 **Q.** And put in a room?
- 2 **A.** For a little while, yeah.
- 3 **Q.** Okay. Can you remember how any other children were treated if they had blackouts or
4 seizures, can you remember?
- 5 **A.** No, that's what they use to do to us.
- 6 **Q.** Right.
- 7 **A.** They sit us down and put us on in the room for a while.
- 8 **Q.** Put you in the room for a while?
- 9 **A.** A while, yes.
- 10 **Q.** In the lock up room?
- 11 **A.** Yes, in the sitting room they've got a lock-up room.
- 12 **Q.** Right.
- 13 **A.** In the sitting room.
- 14 **Q.** Walton, you've just talked to us about two staff members that you can remember.
- 15 **A.** Yeah.
- 16 **Q.** Can you remember the doctor or the psychiatrist who was at Lake Alice?
- 17 **A.** Yeah, I can't think of his name.
- 18 **Q.** Was it a Dr Leeks?
- 19 **A.** Yeah, Dr Leeks and there's another one.
- 20 **Q.** And another one as well?
- 21 **A.** Yeah, Dr Leeks was the bad doctor.
- 22 **Q.** He was the bad doctor?
- 23 **A.** He's the one who gave straight out shock treatments.
- 24 **Q.** He gave you the straight out shock treatment?
- 25 **A.** Yes.
- 26 **Q.** Can I ask you some questions about the straight out shock treatment?
- 27 **A.** Yes, yes.
- 28 **Q.** Can you remember the first time that you had that?
- 29 **A.** Yes, what happens is they lie you back and put a dummy in your mouth.
- 30 **Q.** Yeah.
- 31 **A.** Dummy in the mouth, and they go one, two, three, they push a button, you go like that, they
32 push it down, they push it, and, you know, it's terrible, it's like being hit by lightning, you
33 see lightning.
- 34 **Q.** So they put like a dummy in your mouth?

- 1 A. Yes.
- 2 Q. And you're lying down?
- 3 A. Yes.
- 4 Q. And do they press the button?
- 5 A. Yes, they did, yeah.
- 6 Q. And then you feel the shock?
- 7 A. Yeah, go like that, yeah.
- 8 Q. Are you awake at that time?
- 9 A. Yes, you are.
- 10 Q. Did you demonstrate that happened to you three times?
- 11 A. Yes, it did.
- 12 Q. How did it feel each time that that shock happened, was it --
- 13 A. It was horrible.
- 14 Q. -- the same or was it getting worse?
- 15 A. No, it was horrible, it was worse, by the third one.
- 16 Q. By the third one, right.
- 17 A. It's terrible.
- 18 Q. Okay. How did you feel after that treatment?
- 19 A. Terrible. My head was all wet.
- 20 Q. All sore?
- 21 A. Yeah, wet.
- 22 Q. Wet, and was that from the electrodes --
- 23 A. Yes, yes.
- 24 Q. -- that they put on your head?
- 25 A. Yes.
- 26 Q. Okay. When this happened to you, who was there?
- 27 A. I can't remember.
- 28 Q. Was Dr Leeks there?
- 29 A. Dr Leeks was there.
- 30 Q. Did he ever talk to you about what was happening or why he was doing this?
- 31 A. No, they call you up, they call you up and bring you down, they call you up. You wonder
- 32 why your mate goes up there, you know, but when they done my mate, he had shock
- 33 treatment, but he died.
- 34 Q. Right, so they call you up from downstairs upstairs to the shock treatment?

- 1 A. Yes, yeah.
- 2 Q. And you don't know why?
- 3 A. Yeah.
- 4 Q. But they called up one of your mates?
- 5 A. Yes.
- 6 Q. What was his name?
- 7 A. I can't remember. But he had shock treatment and he died.
- 8 Q. And he died?
- 9 A. On the bed.
- 10 Q. How do you know he died?
- 11 A. Because they locked us up, they locked us up because they didn't want us seeing it was in
12 one of those cupboards.
- 13 Q. Okay. So, your mate was having the shock treatment?
- 14 A. Yeah.
- 15 Q. And he died and they locked you up?
- 16 A. They locked us up.
- 17 Q. All of the patients?
- 18 A. The patients.
- 19 Q. All of you?
- 20 A. All of ourselves up.
- 21 Q. And in the day room?
- 22 A. In the day room, they locked us all up.
- 23 Q. Okay.
- 24 A. And, you know.
- 25 Q. Was this in the year that you were there?
- 26 A. Yes.
- 27 Q. 1972?
- 28 A. Yes, that's the year I was there.
- 29 Q. Did you ever see what happened to your friend?
- 30 A. No, we were downstairs, it was like a body.
- 31 Q. Right. He was never there again.
- 32 A. But I knew what was going on, we overheard one of the staff talking.
- 33 Q. You overheard one of the staff?
- 34 A. We knew that he had died, yeah.

- 1 **Q.** You knew that he died?
- 2 **A.** Yeah. On the theatre table.
- 3 **Q.** On the table?
- 4 **A.** Yes.
- 5 **Q.** When you were given this shock treatment, you said you were called up from downstairs,
6 did you ever know why you were chosen to have the shock treatment, was there any
7 reason?
- 8 **A.** No, my epilepsy, they were trying to help my epilepsy.
- 9 **Q.** They were trying to help your epilepsy?
- 10 **A.** Yeah, they were trying to help my epilepsy.
- 11 **Q.** Right.
- 12 **A.** I can tell you that's what they said.
- 13 **Q.** Epilepsy?
- 14 **A.** Yes.
- 15 **Q.** Did it help your epilepsy?
- 16 **A.** No.
- 17 **Q.** Did anything ever help your epilepsy later on?
- 18 **A.** No.
- 19 **Q.** After Lake Alice?
- 20 **A.** No, no.
- 21 **Q.** Was there any medication, did that help later on?
- 22 **A.** No.
- 23 **Q.** Okay. When you were at the unit you've talked about getting the shock treatment or the
24 ECT and you've talked about Paraldehyde?
- 25 **A.** Mmm.
- 26 **Q.** Did you ever get any other type of medication?
- 27 **A.** It's called the kill cock, a little blue pill we were given as medication and Largactil.
- 28 **Q.** Okay.
- 29 **A.** Largactil kept me calm.
- 30 **Q.** Okay.
- 31 **A.** They reckon.
- 32 **Q.** Did you ever get any therapy or any counselling while you were at --
- 33 **A.** No.
- 34 **Q.** -- the unit?

- 1 A. No.
- 2 Q. Okay.
- 3 A. I got talked to by a doctor, that's all.
- 4 Q. Sorry, what was that?
- 5 A. Doctor came and talked to us.
- 6 Q. A doctor?
- 7 A. Yeah.
- 8 Q. Was that in a group or --
- 9 A. No.
- 10 Q. Okay. Can you remember who that doctor was?
- 11 A. Dr Leeks.
- 12 Q. Would talk to you?
- 13 A. Yeah, after, but the day after shock treatment.
- 14 Q. The day after your shock treatment?
- 15 A. Yeah.
- 16 Q. Can you recall what he said?
- 17 A. No, he said "How do you feel?" How do I feel? I said "Why did you do that to me for? He
18 said "Because we're trying to help your epilepsy", said "it will help your epilepsy". I said
19 "That won't help me".
- 20 Q. That won't help you, no.
- 21 A. Nothing helped me.
- 22 Q. Nothing.
- 23 A. Not until I was 16, 17.
- 24 Q. What did help your epilepsy when you were 16?
- 25 A. Nothing, I grew out of it.
- 26 Q. You grew out of it, okay.
- 27 A. Yes.
- 28 Q. Thank you. Walter, I'm going to ask you some questions about sexual abuse.
- 29 A. Yes.
- 30 Q. So were you ever sexually abused while you were at the Lake Alice --
- 31 A. Yes, I was.
- 32 Q. -- Child Adolescent Unit?
- 33 A. Yes, I was. Our face was covered up.
- 34 Q. Right, your face was covered up?

- 1 A. Yeah, so we couldn't see them.
- 2 Q. You couldn't see them?
- 3 A. Or we don't know who they are.
- 4 Q. When you say "they", was it more than one person?
- 5 A. More than one person. I'd say about four, about three. One during the day and one during
6 the night and one during the evening.
- 7 Q. Sorry, can you repeat that?
- 8 A. One during the day.
- 9 Q. One during the day?
- 10 A. One during the night.
- 11 Q. One during the night and one in the evening?
- 12 A. And one -- yes.
- 13 Q. Okay.
- 14 A. I couldn't see the abuse because I have covered up.
- 15 Q. When this happened, so you were 12 years old at this time?
- 16 A. Yes.
- 17 Q. Did you have any idea what was happening to you?
- 18 A. No, I didn't.
- 19 Q. Was this at the -- in the hall at the Lake Alice Unit, is that where this happened?
- 20 A. Dormitories.
- 21 Q. The dormitories?
- 22 A. Dormitories.
- 23 Q. The dormitories, okay.
- 24 A. That's when it happened in the dormitories. They put you in a room.
- 25 Q. They put you in a room?
- 26 A. Room, you got covered, you don't know what's going on.
- 27 Q. You've said they covered up your --
- 28 A. Face, so you won't see the staff.
- 29 Q. So you couldn't see anything?
- 30 A. The staff member.
- 31 Q. Could you hear anything?
- 32 A. I could hear the staff, but I couldn't place who they are, it was quite hard. I'm sure, I can't
33 prove it, because I was covered up, but I'm sure it was Colonel bloody Klink.
- 34 Q. Right, so you can't prove it but you think it may have been Colonel Klink?

- 1 A. Yes. Because your face is all covered eh?
- 2 Q. Yeah. At that time when you were that age, and this happened to you, what were you
3 thinking, what were you able to do afterwards?
- 4 A. Couldn't do anything.
- 5 Q. Was there anyone you were able to talk to?
- 6 A. No, you had a strait jacket on you, you had nothing down below.
- 7 Q. Right, okay. Have you ever talked about this abuse, the sexual abuse to other people?
- 8 A. No, but I think my aunty I'm not sure. But no-one else, not in hospital no.
- 9 Q. So talking to the Commission, the Royal Commission, is this the first time you've talked
10 about this abuse at Lake Alice?
- 11 A. No, I think I talked to my aunty about it but that's about all.
- 12 Q. Okay. Your aunty and then us?
- 13 A. Yeah.
- 14 Q. Right.
- 15 A. Because I didn't know that you could get money for it.
- 16 Q. Right.
- 17 A. I don't want the money, I just want to tell my story and what happened to me.
- 18 Q. Yeah.
- 19 A. I want nothing from them, I just want them to know my story about Lake Alice Hospital.
- 20 Q. You don't want anything from them, you just want your story from Lake Alice to be
21 listened to?
- 22 A. Yeah, that's what I want, that's all I want.
- 23 Q. I'm going to ask you some questions now about the Lake Alice school while you were at
24 the unit.
- 25 A. Yes.
- 26 Q. Did you get to go to a school while you were there?
- 27 A. Yes, we had school there.
- 28 Q. And how was that school, how did you find that?
- 29 A. It was all right, because you went to school in the unit.
- 30 Q. In the unit, yeah?
- 31 A. And you had all the books there, they had schoolwork and books and you had a teacher
32 come in.
- 33 Q. How was it for you with your vision in terms of being able --
- 34 A. No good.

- 1 **Q.** No good?
- 2 **A.** No, no good.
- 3 **Q.** Were you given an opportunity to keep learning braille?
- 4 **A.** No, that was before -- after that.
- 5 **Q.** Right, so you're only able to learn Braille at Homai?
- 6 **A.** Homai, yes.
- 7 **Q.** Are you able to read braille now, did you ever get any opportunity to learn braille again,
8 later on?
- 9 **A.** Later on I did.
- 10 **Q.** Okay. After your time at Lake Alice, this is when you were 12, you were then -- was it
11 your aunty who helped you get out of Lake Alice?
- 12 **A.** Yes, it was aunty (bleeped). Yes.
- 13 **Q.** While you were in there, did you ever get visits from aunty (bleeped)?
- 14 **A.** Yes, I did.
- 15 **Q.** And from any other family members?
- 16 **A.** No, (bleeped).
- 17 **Q.** How were those visits?
- 18 **A.** Good, she used to take me out, take me down to town, have a cup of tea and then have
19 lunch, and take me back and say "I'll get you out boy, I'll get you out." She came and got
20 me out. That's how I got out of Lake Alice Hospital through her.
- 21 **Q.** Through her, that's how you got out of Lake Alice Hospital?
- 22 **A.** Yes.
- 23 **Q.** And then we won't go into too much detail about these other places, but after Lake Alice
24 Hospital you were put in a number of other institutions?
- 25 **A.** Yes, I was.
- 26 **Q.** And so I think for 14 years of your life you were put in a number of different psychiatric
27 institutions?
- 28 **A.** Yes, I was.
- 29 **Q.** All of your teenage --
- 30 **A.** Days.
- 31 **Q.** -- years and your early 20s?
- 32 **A.** Yes.
- 33 **Q.** And it was in around about 1984 you were actually put back into Lake Alice?
- 34 **A.** Yes.

- 1 **Q.** But not the Child Adolescent Unit?
- 2 **A.** No, no.
- 3 **Q.** In the other part of the hospital?
- 4 **A.** Yes.
- 5 **Q.** So when you went back into the main Lake Alice Hospital in the 1980s?
- 6 **A.** Yeah.
- 7 **Q.** What was that like, how did that --
- 8 **A.** That was good, that was good.
- 9 **Q.** It was good?
- 10 **A.** Yeah, we used to do garden work.
- 11 **Q.** Gardening work?
- 12 **A.** Woodwork. I used to be making boxes.
- 13 **Q.** Making boxes, is that where you were --
- 14 **A.** I used to look after the older people.
- 15 **Q.** And you used to look after the old people?
- 16 **A.** Yeah, because Steve Hunt, he was a charge nurse in one of the wards, and he used to get
- 17 me to come over and look after the -- help the staff, it was quite good, yeah, help look after
- 18 the old fellas.
- 19 **Q.** Okay, and when you were in the open side of the Lake Alice Unit in the 80s, did you ever
- 20 get any ECT?
- 21 **A.** No, no.
- 22 **Q.** Any Paraldehyde?
- 23 **A.** No.
- 24 **Q.** Any seclusion?
- 25 **A.** No. Because if you play up on the other side you get chucked back to ward 11, that's where
- 26 you get shock treatment, the Paraldehyde and --
- 27 **Q.** That was all at the Child Adolescent Unit ward 11?
- 28 **A.** Yeah, the big one, 80s and 90s. If you play up, right, you know, you go back.
- 29 **Q.** Okay. But that never happened to you?
- 30 **A.** No.
- 31 **Q.** When you were in there?
- 32 **A.** No, because I had work.
- 33 **Q.** Right.
- 34 **A.** I had to work in the cafeteria, canteen.

- 1 **Q.** In the canteen?
- 2 **A.** I had to do the hall.
- 3 **Q.** And working in the hall?
- 4 **A.** Clean the hall down there.
- 5 **Q.** Yeah?
- 6 **A.** So I had a lot of work then, it was quite good actually.
- 7 **Q.** Okay. I'm now going to ask you a little bit about your life coming out of these, once you're
8 out of the various institutions and the impact that that has had on your life, being in the
9 different psychiatric institutions.
- 10 **A.** Mmm.
- 11 **Q.** In terms of -- I think you've said that there were some significant impacts to your health,
12 you've had a number of strokes?
- 13 **A.** Yeah, I've had a brain tumour.
- 14 **Q.** And a brain tumour?
- 15 **A.** Brain tumour, I've three mild strokes.
- 16 **Q.** Three mild strokes?
- 17 **A.** Yeah, and my health hasn't been good. Now I'm in a rest home.
- 18 **Q.** Yeah, and now you're in a rest home?
- 19 **A.** Now I'm in a rest home.
- 20 **Q.** You would have dearly liked to come to Auckland to speak to the Commissioners?
- 21 **A.** Yes, I would. But I can't do it because I'm too sick.
- 22 **Q.** But you're here today letting them know your story?
- 23 **A.** Yeah, my story, yes.
- 24 **Q.** And after getting out of the Child and Adolescent Unit and the other psychiatric institutions
25 that you were in, did you ever get told about seeking compensation from anyone, were you
26 ever --
- 27 **A.** My aunty.
- 28 **Q.** Your aunty?
- 29 **A.** Yes.
- 30 **Q.** Can you remember what you did to try and seek some compensation or did your aunty help
31 you?
- 32 **A.** No, it was John Matheson, my lawyer in Gisborne.
- 33 **Q.** A lawyer in Gisborne?
- 34 **A.** Yeah, got \$900.

- 1 **Q.** Right.
- 2 **A.** 9,000, but 9,000, that wasn't enough.
- 3 **Q.** Okay.
- 4 **A.** Yeah.
- 5 **Q.** And did you --
- 6 **A.** I reckon it wasn't enough.
- 7 **Q.** Did your lawyer at that time ask you about Lake Alice Child and Adolescent Unit?
- 8 **A.** No.
- 9 **Q.** No?
- 10 **A.** He knew nothing about it.
- 11 **Q.** Right.
- 12 **A.** Only my aunty (bleeped). She told me.
- 13 **Q.** Okay.
- 14 **A.** John, I told John Matheson (inaudible).
- 15 **Q.** Sorry, I missed that.
- 16 **A.** That's when I told John Matheson, my lawyer.
- 17 **Q.** Okay.
- 18 **A.** That's (inaudible) he got money.
- 19 **Q.** So he got the money.
- 20 **A.** Yeah. Went through (inaudible) I think it was, and he signed the papers.
- 21 **Q.** Right, he had to sign the papers?
- 22 **A.** Yeah.
- 23 **Q.** And your aunty (bleeped) helped with you that?
- 24 **A.** Yes.
- 25 **Q.** Were you ever made aware you could have made a complaint to the Police about what
- 26 happened to you?
- 27 **A.** No. We had to keep quiet.
- 28 **Q.** Were you ever made aware that you could have asked for some help from ACC?
- 29 **A.** No.
- 30 **Q.** Were you ever made aware that you could have sought some compensation about what
- 31 happened at Porirua?
- 32 **A.** Yes, but no.
- 33 **Q.** But no. So no-one helped with you that?
- 34 **A.** No. I can't read or write so I don't know.

1 **Q.** Yeah. Walton, just coming to the end here. I just would like to know if there's anything
2 you would like to tell the Commissioners about Lake Alice and what you would like to
3 share with them about your hopes for the future?

4 **A.** My hopes for the future is hope other people don't get what I got and our kids, I just hope
5 they never go through it again, that's all I can say.

6 **Q.** Hope that it does not happen again?

7 **A.** Yes. Especially our kids eh, they're growing up, you know?

8 **Q.** Yeah.

9 **A.** I hope it never happens again.

10 **Q.** Hope it never happens again?

11 **A.** Yeah, hope it never happens again.

12 **Q.** Thank you, Walton, thank you for being courageous to come and speak with us today and
13 your energy to be here and share your account with us all.

14 **A.** That's all right.

15 **Q.** It's much appreciated, thank you.

16 **A.** It's all right.

17 **CHAIR:** Commissioner Gibson's going to thank Walton.

18 **COMMISSIONER GIBSON:** E hara te maunga e nekeneke, ko Hikurangi tērā Tēnā koe te
19 rangatira, Walton. Just acknowledging your mountain, Hikurangi, Walton. It doesn't
20 move, I think you've used those traditions to speak to us from a distance today,
21 acknowledging your mana, your tīpuna, your ancestors, everything that's brought you here
22 and brought you to the place where you can share your truth your story.

23 It's been a privilege to hear you in private session and hear some of your unique
24 perspectives of what went on there and your contribution to this kaupapa today and to
25 making a difference I believe for kids like yourself in the future. Kia ora, thank you
26 Walton, it's really, really appreciated.

27 **CHAIR:** Thank you.

28 **MS R THOMAS:** Now may be the appropriate time to take a morning adjournment.

29 **CHAIR:** I think we will take the morning adjournment. Just so that everybody knows, what time
30 do we expect or should we come back?

31 **MS R THOMAS:** I'll just check with Ms Joychild. 11.30.

32 **CHAIR:** 11.30, all right thank you very much, we'll take the adjournment.

33 **Adjournment from 11.00 am to 11.32 am**

34 **CHAIR:** Welcome back Ms Joychild.

1 **MS JOYCHILD:** Commissioners, I'd like to introduce Bryon Malcolm Nicol and his wife Jane
2 Nicol.

3 **BRYON MALCOLM NICOL**

4 **CHAIR:** Hello, hello Jane. Welcome, thank you for coming and I think you prefer to be called
5 Nic is that right?

6 A. Yes.

7 **Q.** Is it all right if you call you Nic?

8 A. Yes.

9 **Q.** Nic, I'm just going to ask you to take the affirmation, is that all right? When I say take the
10 affirmation, I'm going to read it to you and ask you to agree, is that all right?

11 A. **[Nods]**.

12 **Q.** Do you solemnly, sincerely, truly declare and affirm that the evidence you'll give before
13 this Commission will be the truth, the whole truth and nothing but the truth?

14 A. Yes, your Honour.

15 **Q.** Thank you, and don't call me Your Honour, please. I'll call you Nic if you don't call me
16 Your Honour, how's that, is that a bargain?

17 A. Yeah.

18 **Q.** All right, I'll leave you to Ms Joychild.

19 **QUESTIONING BY MS JOYCHILD:** Okay, Nic, you are going to read your statement aren't
20 you?

21 A. Yes, I am.

22 **Q.** So we will start at paragraph 2 but just before then to give the Commissioners an overview,
23 you were 12 when you went into Lake Alice?

24 A. Yes.

25 **Q.** You were there for six months?

26 A. Yes.

27 **Q.** And you went in in 1973, so again, one of the fairly early ones into Lake Alice?

28 A. I was born on **GRO-C** 1961. I'm now 60. Just had my birthday. I was seventh of eight
29 children. My sister who supported me in this claim is the oldest and, yeah, the oldest. And
30 my father was an alcoholic and **GRO-B**. We moved around a bit, a lot to various places in
31 the South Island. That made it hard to settle down and have friends. Basically I didn't have
32 a good family childhood.

33 What made it even worse for me was that I was super hyperactive child. I was

1 wired all the time, I was just about jumping off the walls, I had so much energy. I think it
2 would be called today ADHD. I was always being punished for it but I couldn't do
3 anything about it because of this, I had a very hard time at school. By the age 11 I was in
4 Child Welfare care, I was worried all the time and very emotionally insecure because of a
5 troubled family life. Two other siblings and --

6 **Q.** Two other siblings were in care also?

7 **A.** Yes, both -- two of my sisters, twin sisters were brought up by an aunt. I was in other
8 homes besides Lake Alice but Lake Alice was way worse. Being in care made me feel I
9 was just a piece of shit to the staff and authorities. There was never a caring environment
10 and I never felt cared for or that anyone valued me.

11 I had a disability. Instead of love and care and help I got cruelty, torture and was
12 made to feel a worthless human being.

13 My first placement was at Stanmore Boys' Home in Christchurch. I don't
14 remember anything that happened there. After a couple of months there I was moved on.

15 I next went to Holdsworth. I acted up even more than usual at Holdsworth
16 because of being so upset at being taken away from my family. I was homesick, I ran away
17 from there and was returned and put in a secure room.

18 When I was 12 I was back in the family for a break, I got into trouble breaking and
19 entering. There was also an incident when I climbed to the top of the Barbadoes Street
20 cathedral church in Christchurch. I was just being naughty. When I got to the top I thought
21 it would be funny if I called out and said I was going to jump, going to kill myself. I was
22 just trying to get attention, I was upset because my parents were taking my sister to see
23 husband in an Invercargill Borstal. I'd had a lot of troubles in my life. My parents were not
24 easy, were incapable of looking after us. I'd been in care and hated it.

25 I remember being taken to Lake Alice by a social worker from Holdsworth I think
26 it was because they did not know how to control me. I was only 12. I understood it was
27 going to because there was something wrong me and Lake Alice was going to fix it.

28 **Q.** Just pause you there, Nic. Could we put up document 002 which is the record of your
29 admission. The admission said that Bryon was admitted because he had a history of
30 hysterical suicide gestures. Bryon, how many hysterical suicide gestures had you done by
31 that time?

32 **A.** From what memory I've got left that's the only one I know of, yeah.

33 **Q.** Only one?

34 **A.** Only the once.

1 **CHAIR:** Was that at Barbadoes Street was it?

2 A. Yeah.

3 **QUESTIONING BY MS JOYCHILD CONTINUED:** And in there it also said on your
4 admission you were finding it hard to settle and you'd come to the adolescent unit for a
5 brief period.

6 A. Yes.

7 **Q.** Okay. So can we now start at paragraph 11. Can you go down to that third line, where you
8 say it was an informal admission.

9 **CHAIR:** Just is it possible to bring this up or are you having trouble? Just waiting to see if we
10 can get the paper up on the screen so everybody can see it, but it might not be possible. If
11 it's not we'll just carry on.

12 A. There is also a record that Dr Leeks saw me on 26 June 1973 and told me he wanted me to
13 come to Lake Alice. I don't have any memory of this. The first memory I have of seeing
14 him I had a rubber guard in my mouth and he was about to give me ECT for the first time.
15 I think I was there from 26 June to 20 December.

16 **Q.** Hang on, it's popped up. So just have a wee look there. So Nic, that's the document that
17 was written up when you were put into hospital where it talks about hysterical type suicidal
18 gestures.

19 **MS JOYCHILD:** And that the diagnosis was hysterical character disorder. And the only
20 background to that was the Barbadoes Street incident.

21 **CHAIR:** Thank you.

22 **QUESTIONING BY MS JOYCHILD CONTINUED:** So if you could start at paragraph 12 Nic.

23 A. I regularly received ECT at Lake Alice. The first time I didn't know what I was in for, so
24 when they called my name when we were all in the day room, I willingly climbed the stairs
25 with the nurse. After that, I was like the other boys. I had to be dragged up. I was terrified
26 all the time of getting it. I got it heaps of times.

27 The ECT was always unmodified. I never got any anaesthetic or muscle relaxant
28 beforehand. It usually happened on a Friday. I believed it was for punishment. If I did
29 something bad during the week I would definitely get it. Some weeks I got it even when
30 I didn't think I'd done anything wrong.

31 I would be in the dining room having lunch and if my name was called out I had to
32 stay. Once everybody else left, I would be called a second time and taken to the day room
33 where we were locked in so we couldn't escape. After a while, the nurses would come
34 down and drag me upstairs. I was often so petrified that I had soiled myself. They would

1 put a mouthguard in my mouth and hold me down while Dr Leeks gave me ECT.

2 The ECT would give me vicious pains in my head and make me feel dizzy. As it
3 continued the pain got worse, my arms and legs flailed about. It was absolute agony.
4 You'd have fuzzy lines running through your brain. I'm not sure how long the ECT lasted
5 each time. It was very hard to keep track of time. It seemed that how long you got it for
6 depended on how bad the staff thought you had been during the week.

7 After ECT I would be in a state of shock for several hours -- that is how long it
8 would take me to recover. I would normally be taken to the day room but if I was really
9 bad I'd be taken to my bed.

10 **Q.** Nic, I'm just going to pause you there, we'll have another attempt to bring up a document
11 which is one of the nursing notes, an entry in the nursing note. If we look at the note dated
12 6 September 1973, what a nurse has written is that:

13 "Bryon has been the cause of many upsets over the last few days. Has the habit of
14 showing off in front of the girls in class, annoying others during work periods and
15 extremely argumentative even when he's at fault. Perhaps a further talk with Dr Leeks and
16 a session of Ectonus Therapy is indicated."

17 So you've seen that note, haven't you; have you got any comment on it?

18 **A.** No, I -- no, I don't.

19 **Q.** So you were never told you were getting it because you were showing off to the girls?

20 **A.** No, you just got what was given to you, had no control.

21 **Q.** Thank you. We'll now continue, paragraph 17?

22 **A.** I tried to run away once and Dr Leeks gave it to me on my feet as punishment. I recalled
23 this memory of this when I was being interviewed by the Police last year. In some ways,
24 the pain was worse because it ran up into the rest of my body, whereas when you had it in
25 the head, it stayed there. I believe this is why I have trouble with pins and needles in my
26 legs. My nursing notes say that I received ECT three times. I received it way more than
27 that.

28 Not long after being admitted to Lake Alice another patient who was about 14 or
29 15, I won't name him, came on to me and made advances. He asked me to perform
30 indecent acts on him. I wouldn't and told staff but they punished me for lying by making
31 me have more ECT.

32 A few days later said person raped me. He did this about three times over the next
33 six weeks. When I told staff they just laughed and called me a liar. He stopped when he
34 found somebody else to do it to. All the boys knew what he was up to and cringed when he

1 walked by.

2 I don't remember being given any drugs at Lake Alice, however there is mention
3 in my medical notes that I received Paraldehyde. I believe this is true as I know I have
4 blocked out so much. The worst things I recall was getting ECT and being raped.

5 Except for being locked in the day room before ECT, I don't recall ever being put
6 into seclusion or cells.

7 Dr Leeks. I only met Dr Leeks when he gave me ECT. I was terrified of him. I
8 would see his Combi van pulling up to the grounds and terror would run through me. I
9 don't remember meeting him at any time on a one-to-one.

10 I don't remember the names of any other boys. I didn't make any friends. I was in
11 such a state of terror and misery every minute of the day the only thing I could focus on
12 was survival.

13 **Q.** Just take a deep breath.

14 **A.** I don't remember the name of any of the staff for the same reason. I do remember being
15 one who was nice to me who took me out a few times on outings and he took me to
16 Wellington. However, now I wonder if he was just grooming me for sex.

17 I don't remember ever going to school at Lake Alice. I left my final school and
18 could not read or write. I only learned to read in jail, I taught myself.

19 I vaguely remember getting credits if we were good that we could spend at the
20 shop. I will always vividly remember once at meal time a mentally disabled boy was
21 masturbating under the table and all of a sudden a staff member came over and injected him
22 in his penis right there in the middle of the dining room. It was the same table I was --
23 I saw the whole thing, the boy screamed the most horrifying screams I have heard apart
24 from those of having ECT. It was the most horrible thing. It is one of the memories that
25 won't go away.

26 I remember another mentally disabled boy who would laugh all the time.
27 I remember watching him get ECT and he was laughing even after it. Then Dr Leeks
28 pushed the button and knocked him out completely.

29 I don't recall thinking that Māori boys were treated any different to the rest of us.

30 You were allowed to call home. I rang mum often. I told her what they were
31 doing to me but she didn't believe it. I would also complain to mum when I went home for
32 the holidays. I told anyone and everyone what was happening to me.

33 **Q.** I'll just pause you there Bryon. We will put up a letter that your mother wrote, document
34 005. If we can start at the beginning of it. Perhaps, Bryon, if you read paragraph 31 first.

1 A. Read paragraph 31 first. My mum wrote to Dr Leeks to complain about the lack of
2 information about my progress when I was in Lake Alice. There is no date on the letter, but
3 it would have been when I was there.

4 Q. Okay, we'll just pause you there. That's a letter that -- is that your mother's handwriting?

5 A. I assume so.

6 Q. It's got your mother's name on it?

7 A. Yeah.

8 Q. She writes, "As you have our son, Bryon -- and it's written to Dr Leeks, although you can't
9 see that at the top -- as you have our son Bryon Malcolm Nicol under your care we were
10 wondering if there was a possibility of our obtaining any information as to his illness and
11 possible future well-being. Our area Child Welfare Officer does not seem to receive very
12 much of any information about Bryon. He did not even know he was in hospital until I
13 rang him after receiving a letter from Bryon.

14 Also, Bryon has told us that he has had ECT. Whether this is true or not we don't
15 know. Mr Manther could not enlighten us as he didn't know whether it was true or not.
16 I wondered if you knew that Bryon had had an ECG at Dunedin Public Hospital in 69,
17 would have been between February or thereabouts." And then he(sic) said "My husband
18 remembers you when he was a patient at Cherry Farm" and discusses that.

19 Then later on if we go to paragraph 3. So mum is wondering if Bryon has had
20 some problems based on his past and her pregnancy. Then at the end of paragraph 3 she
21 says, mum says that:

22 "Bryon, until he became a State ward no-one took any notice of me. Lack of
23 security and also the fact that he was actually taken before a Magistrate in the Children's
24 Court have not helped him at all. In fact I would consider it all to have been major factors
25 in his emotional disturbance.

26 I know Bryon is very sensitive, thin skinned, but he has never had the
27 opportunities to develop what skills he does possess. He stayed with friends in Wellington
28 twice and never had a moment's trouble. Stayed with friends and nothing but trouble.

29 I only hope you may be able to give us some information and tell us if he would be
30 allowed home for a holiday. I know he's a State ward but after all, I am his mother and I've
31 carried the burden while doctors -- and she gives an exception, Dr Kincade in particular --
32 and other officials with the exception of the public health nurse in Mosgiel laughed about
33 Bryon needing some expert help and attention."

34 So your mum's written a letter to Dr Leeks explaining a bit about you and why you

1 are the way you are.

2 A. Yes.

3 Q. She's not said anything about you having a mental illness, has she?

4 A. No.

5 Q. Okay. Now you were up to paragraph 31 and we were at the third line.

6 A. Third line. There is a 1977 letter to Dr Pugmire, the medical superintendent at Lake Alice,
7 from Dr Mirams asking about an allegation that mum called Lake Alice at Christmas 73
8 and was told my care was none of her business, I was a State ward. The response from
9 Dr Pugmire accepts this is the sort of thing she would have been told at the time.

10 Q. Okay, we'll pause you there and look at the letter. So obviously your mum's been upset that
11 she hasn't got news from Dr Leeks, she's written to the Director-General of Health, she's
12 asked the superintendent, Dr Pugmire, to reply and explain the story. And Dr Pugmire
13 writes:

14 "Replying to your inquiry, our records show the above patient was admitted
15 informally and discharged on such and such a date. At the time he was 12 years of age and
16 diagnosed as suffering from hysterical character disorder. Once again, the fact that you had
17 a history of suicidal gestures is repeated when it's not true. Plus a great deal of breaking
18 and entering and petty thieving."

19 So he goes on and describes your history and then he says in the second paragraph.
20 Regarding the mother's allegation that at Christmas 1973 she rang the hospital to inquire
21 whether her son was a patient and she was told 'he is a State ward, it's none of your
22 business' Dr Pugmire writes:

23 "Although the quotation of the words may not be quite accurate, I would think that
24 is the sort of thing that would be said at that particular time because the theoretical basis of
25 therapy was that children's illnesses were caused by their parents and parents, children and
26 therapists should be under no delusions as to the truth of this matter. The intensity of
27 hostility towards parents was very high and it was because of complaints of this nature that
28 I tried so hard and so continuously to bring about changes."

29 Then he talks about the fact that there are now changes, this is in June 77, four
30 years after Bryon was there. Now Bryon, we now understand your mother wrote to Lake
31 Alice many times, didn't she?

32 A. Yes.

33 Q. And she was told by a social worker that you had not had ECT?

34 A. Yeah, Lewis Marshall, Department of Social Welfare at the time. He laughed at mum. He

1 laughed at me.

2 **Q.** How do you feel about that now?

3 A. I don't know, I'm angry, wild, you know, upset, been degraded. Yeah.

4 **Q.** Okay.

5 **CHAIR:** Are you all right to carry on Nic?

6 A. Yeah, I'm all right.

7 **QUESTIONING BY MS JOYCHILD CONTINUED:** We'll just read now from paragraph 32,
8 about your life after Lake Alice.

9 A. I was discharged from Lake Alice on 20 December 1973. I was 12 years old. I was
10 released to a foster care in Levin. That didn't last very long before they asked for me to be
11 removed.

12 I was sent to Hokio Beach Boys' Home. I think I was sent there because my
13 behaviour had still not improved. I was irritable and angry because of what happened to
14 me. When I first arrived there I was rolled in a blanket and the other boys beat the shit out
15 of me.

16 I remember at Hokio I had done something wrong. I may have broken into a staff
17 member's car. I was made to be in a push up position holding my body at half mast for
18 over an hour. It was agony.

19 Kohitere. I was then sent to Kohitere Boys' Home in Levin. Again, I had an
20 initiation ritual. This one did not involve a blanket, I was beaten up pretty badly. I still
21 have scars on my face from it. I did about 18 months there, the staff knew it was happening
22 but they turned a blind eye.

23 I lost a finger at Kohitere, it was in a woodwork shop. Someone came up behind
24 me and said, "All going okay?" And gave me a slap on the back. My hand went through
25 the blade on the bench saw I was using at the time. I got ACC cover for it, but it was only
26 \$1,400. After the incident I tried to do a runner and ended up being put in the pound for it.

27 At the age of 15 I was sent back to my parents in Gore. I remember again telling
28 my parents about the ECT in Lake Alice, but they never believed me. They thought I was
29 making up stories.

30 I went to St Peter's College but only lasted a few weeks before getting expelled.
31 I rebelled against authority because of Lake Alice. I tried to run a teacher over in my
32 friend's Mini because the teacher threatened to cane me which I saw as a form of authority.
33 The Police were involved.

34 Lookout Point Boys' Home, Dunedin. Social Welfare then sent me to Lookout

1 Point Boys' Home in Dunedin. Eventually I was sent back home.

2 Family visits when in boys' homes. In all my time in boys' homes apart from
3 Stanmore Road I can only remember two family visits.

4 **Q.** Can I pause you there, Bryon. Was part of that because you were -- your family was in the
5 South Island?

6 **A.** Yeah, I think so, I had a brother down in Wellington, my oldest brother at the time. And he
7 was the only one I saw there. It was Kohitere.

8 **Q.** Right.

9 **A.** I just -- yeah, sorry, it's --

10 **Q.** No problem.

11 **CHAIR:** I think the point is, Nic, that you hardly saw your family when you were at boys' homes,
12 is that right?

13 **A.** I hardly saw them at all.

14 **Q.** At all, yeah.

15 **A.** Yeah, the only time I saw family members was, as I say, when I was at home on holiday,
16 or, as I say, my brother came and see me once and my sister came and seen me once at
17 Kohitere. That's the only family visits that I know of.

18 **Q.** That's over some years?

19 **A.** It was over a couple or three years, yeah, something like. So I never saw my family
20 members or anyone.

21 **Q.** It's very tough, isn't it.

22 **A.** It was -- yeah, I shouldn't have been put through it, none of us should have been.

23 **Q.** No. I agree. Are you okay?

24 **A.** Yeah, yeah. Where are we.

25 **QUESTIONING BY MS JOYCHILD CONTINUED:** We're at paragraph 41.

26 **A.** Leaving State care. When I first started working I worked twice as hard as anyone else as I
27 was always trying to prove myself. I was always trying to please people too. I would do
28 anything for anyone. Later that was to the detriment of my family. I also couldn't handle
29 stress. I started heavy drinking and taking drugs. I was trying to block out everything that
30 happened to me.

31 In 77 I was imprisoned for 11 months for driving while disqualified. I went
32 through so many hidings at borstal, I can't remember why. My head smashed by another
33 boy at the time -- one of the times.

34 Drinking and wandering. For the next seven years I roamed up and down the

1 South Island. I was really lost because of what my childhood and especially Lake Alice
2 had done to me. Over those seven years I got one driving conviction for drink driving and
3 jail term for driving while disqualified.

4 My eldest child, stepdaughter, was born in 83. In 85 I voluntary went to
5 Claremont Recovery Centre to sort out my alcohol problem. I spent four or five months
6 there and decided to start a new life in Oamaru. I did spent one last time in jail Christmas
7 85 for failure to pay fines.

8 While in Oamaru in 1986 I met my wife. She has been in State care as a teenager,
9 forced to give up her baby which she conceived while in care. She understood me. She
10 was endlessly patient with me. I believe I would be dead long ago if it wasn't for her.

11 Our son was born in 1987 and I got married on 11 June 88. Things really began to
12 settle down for me. My youngest child, my son was born in 89. I spent most of the 90s
13 working in construction, transformer maintenance and dairy farming. We moved to
14 Southland in 95. I loved dairy farming and was very good at it. You would have to work
15 80 hours a week in the spring but only 15 to 20 hours a week in the winter.

16 Taking a claim about Lake Alice. I was working in a cow shed in 97 when I heard
17 on the radio that some people were taking a claim about their time in Lake Alice. I listened
18 again that night and rang the station straight away. I was put on to GRO-B GRO-B
19 eventually he handed the case over to Grant Cameron as there were too many of us.

20 **CHAIR:** Can I just check the date?

21 A. 1977.

22 **Q.** It can't have been 1977.

23 A. 97.

24 **MS JOYCHILD:** 1997 apologies.

25 A. 97, sorry.

26 **CHAIR:** That makes much more sense, doesn't it.

27 **MS JOYCHILD:** That's my mistake not yours.

28 A. That's why I corrected it as I went through it.

29 **CHAIR:** Good thank you.

30 A. Where am I?

31 **QUESTIONING BY MS JOYCHILD CONTINUED:** Paragraph 48.

32 A. In October 2001 I received \$64,912 settlement from the Crown for my abuse at Lake Alice.
33 Grant Cameron charged me \$27,556 in legal fees. I thought it was way too much and

- 1 unfair and thought the Government would pay for them in the settlement. Later I learned
2 that the Government had paid for the second lot of claimants but not ours.
- 3 **Q.** Just pause you there. We'll look at the statement you got from Grant Cameron, document
4 007. So this shows that a total of 65,000 was paid to you and the fee on the attached
5 invoice is 25,900 and then there were disbursements of 1597. So the amount that you got
6 was 36,839. How did you feel about getting that amount when so much was taken off?
- 7 **A.** Really the money wasn't an issue. He took what he took, but my output from the start has
8 always been public apology to us for what was done to us and an assurance it would never
9 happen to a child again, because we were only kids, we were babies. Money's not an issue.
- 10 **Q.** You have said in your statement, though, that it was unfair that the Government didn't pay
11 your legal fees?
- 12 **A.** Yeah, they should pay the fees. We were only a trial case, I can't even say we won. It was
13 a deal brokered between him and the Government at the time.
- 14 **Q.** How involved were you with the opportunity to settle your case? Were you involved in the
15 negotiations? How did you find out what the offer was?
- 16 **A.** Just by letter and then my sister, Mary, she's the one that, as I say, did all the work and,
17 yeah, it just didn't seem fair, it didn't seem right, you know, what was taken from us can
18 never be replaced.
- 19 **Q.** Okay, now at paragraph 49?
- 20 **A.** After giving my statement for the case I had a break-down. I was reliving all the trauma.
21 My doctor -- I was reliving all the trauma. My doctor at the time gave me an antidepressant
22 Aropax 20 -- sorry, Aropax, and his attitude was that shit happens and I had to get on with
23 my life. I had a severe allergic reaction to the Aropax.
- 24 **Q.** Did you stop taking it?
- 25 **A.** Yeah, well, I moved from the size I am now to like a balloon, I just -- my whole body just
26 swelled up, so I was lucky to walk away from that one.
- 27 **Q.** Paragraph 50?
- 28 **A.** 20/20 documentary. I took part in a TV documentary on what happened in Lake Alice in
29 2001. Grant Cameron had asked if we wanted to talk to the media and I had said yes. The
30 TV people flew me up to Lake Alice. I showed the crew around the buildings and what had
31 happened in the buildings. There was a nurse and a journalist and a woman who had been
32 in Lake Alice as a teenager. We pointed out dormitories, the day rooms and the ECT room.
33 I fell to pieces after visiting Lake Alice again and doing the documentary. I had a total mental
34 break-down this time. I went from being a healthy, fit dairy worker to being an old man

1 almost overnight. I was a human wreck. I had lost lots of weight, I had a very
2 understanding boss but I just couldn't handle the stress. I would go overboard, I could not
3 work. I had to go on an invalid's benefit. I have been on Income Support ever since.

4 ACC. In January 2002 I was granted ACC cover for the rape on me in Lake Alice
5 but nothing for anything else that happened there. I remember an assessor telling me that
6 they would only cover me for the rape and made me repeat that the cover was only for the
7 rape.

8 Effects of Lake Alice on my life. Nerve and body pain. My life had been totally
9 screwed up following the treatment I got at Lake Alice. I have lots of pain all the time. It
10 started when I came out of and has got worse over time. I have terrible pins and needles in
11 my feet and over the years they have gone up my legs. Often the only way I can get relief
12 is to sit on my legs and feet tucked up behind me for my legs to go numb so I wouldn't --
13 yeah. My muscles are all knotted up, they start knotting up in Lake Alice and have never
14 stopped.

15 Intrusive memories. I am still haunted by the trauma of Lake Alice. I live it in my
16 mind and body daily. In particular the memories of being raped, of the mentally disabled
17 boy being injected in his penis, the site and smell of urine, faeces swelling up in our pants
18 dripping down our legs while waiting for ECT and begging for help from being sexually
19 abused but being called a liar and being punished for it. These are the worst memories.
20 They flash up daily.

21 Severely damaged memory. My memory has always been totally shot, really
22 screwed up since Lake Alice. I can't remember the simplest things. I believe this is
23 because of the ECT. I will forget how to do simple things all the time, even when I have
24 seen my wife doing it 100 times. I forget what she said to me. I've been through so much
25 trauma it's difficult to recall everything that happened to me.

26 Lack of trust. I have a huge trust issue with people. My wife has suffered for this.
27 It is very hard to be a trusting inmate -- hard to trust to be intimate. I was taught to protect
28 myself no matter the cost to those around me.

29 We have been married since 88 and up until recently I haven't told her much about
30 Lake Alice at all. I've told her the details about three years ago for the first time. Because I
31 was taught that telling the truth was wrong and I was punished with ECT for it -- where
32 am I.

33 **Q.** Paragraph 58 second line?

34 **A.** I have gone through life lying to those I love. Because they, the Government, taught me to

1 lie. I have unknowingly taught my children to lie and they have done the same to their
2 children.

3 My kids -- inability to parent well, impact on children. My kids suffered for this.
4 I have led a very unsettled life with 30 moves while the kids were at home. I wasn't a good
5 father. Nobody ever taught me how to be a father. I found the noise difficult and I wanted
6 to withdraw from them all the time. I couldn't cope with their needs because I wasn't able
7 to cope with my own. I was coping with my trauma all the time.

8 I am a recovering alcoholic. I started drinking to numb memories. I am proud that
9 I haven't drunk alcohol for 14 years, thereabouts.

10 Because of the very limited food we were given in care, meat and three veg, I have
11 difficulty trying new foods. It has taken 30 years to let my wife use garlic in cooking, let
12 alone herbs and spices.

13 What I want from the Royal Commission. For me this case has always been about
14 a proper apology from the Government and to make sure it never happens to a child again.
15 That is my priority.

16 I have had years of lost income as a result of my so-called treatment. I think the
17 Government should compensate me for this. I also want my legal fees returned with
18 interest. They should have been paid by the Government.

19 And I want legal proceedings instituted against those who perpetrated these
20 atrocities against myself and other residents at Lake Alice.

21 **Q.** Thank you. If you just sit there and Commissioners may ask you questions.

22 **A.** Yeah.

23 **CHAIR:** Nic, we're not going to ask you anymore questions, you've been eloquent and everything
24 you say here has just leapt out of the page because of your courage in coming to say it
25 directly to us. It's quite obvious to all of us that you tried so hard to put Lake Alice behind
26 you and the other awful times you had in residential homes. But that you were severely
27 triggered by bringing it to light and that is the worst irony for me, that is the worst thing.
28 You suffered so badly, you succeeded in your life, your description of life on the farm and
29 your success at that time, and yet it was all brought down by trying to seek justice.

30 **A.** Yeah.

31 **Q.** And that seems to be the most inherently unfair thing. And so just to let you know that we
32 recognise that coming here today is probably going to harm you again.

33 **A.** It will do for sure.

34 **Q.** And for that we are deeply sorry but enormously grateful. Because it's only your courage

1 and those of your other survivors who suffered that we can tell this story at last in the open.
2 All I can say is that I hope you take whatever well-being support that we can offer you and
3 that maybe some lasting effects from that can be felt. But I just urge you to look after
4 yourself. I'm sure your loyal wife is going to help, but take strength, I mean you -- in all
5 this awfulness, two big things have stuck out for me. And you've done both by yourself.
6 One, when the Government or the State failed to give you an education, you taught yourself
7 to read.

8 A. And write.

9 Q. And write. And the second thing, the alcoholism which overtook you, you have defeated
10 that by yourself.

11 A. Not by myself.

12 Q. Well, you were helped, but you did it, you can't do it without yourself being right at the
13 centre, and that shows real resilience and courage, and again, demonstrated by coming here
14 today. So, our grateful thanks to you and, as I say, do take care and take whatever
15 well-being we can help you to see you through this next few difficult days.

16 A. Thank you.

17 Q. Many thanks.

18 A. Thank you.

19 **CHAIR:** I think we'll take a brief adjournment and I think will we continue then with the next
20 evidence?

21 **MS R THOMAS:** I think we will need the luncheon adjournment before the next witness, but we
22 can come back much earlier.

23 **CHAIR:** We're going to take a break now, is that right?

24 **MS R THOMAS:** Yes, a lunch break.

25 **CHAIR:** Good, lunch, that's a good thing. Maybe you'll even have some garlic with your lunch
26 today.

27 **MS R THOMAS:** Should we perhaps come back at 1.30?

28 **CHAIR:** Yes, I think we'll come back at 1.30. Before we go, Commissioners are very tired of
29 giving people standing up and sitting down every time we come in and out, we think it's
30 unnecessary. So if you can restrain yourselves, when we leave, please do not stand up, and
31 please do not stand up when we come in again. You will be invited to stay sitting.

32 I saw some of you instinctively leaping up. It's time to learn that is not appropriate.
33 We will stand at the beginning of our day for the waiata karakia and we will do the same at
34 the end, but otherwise, please remain seated if you can discipline your selves to do that.

1 We'll take the lunch adjournment and we'll come back at 1.30.

2 **Lunch adjournment from 12.25 pm to 1.34 pm**

3 **CHAIR:** Ms Thomas.

4 **MS R THOMAS:** Thank you. The next witness is a Dr Barry Parsonson. He's seated here with
5 his wife Jane-Mary.

6 **BARRY SINCLAIR PARSONSON**

7 **CHAIR:** Dr Parsonson, thank you for coming and thank you for supporting your husband. It's
8 very brave of you to sit out there in full public glare.

9 Before we begin, I'm going to ask if you'll take the affirmation. Do you solemnly,
10 sincerely and truly declare and affirm that the evidence you'll give before the Commission
11 will be the truth, the whole truth and nothing but the truth?

12 A. I do.

13 **Q.** Thank you very much.

14 **QUESTIONING BY MS R THOMAS:** Thank you. Dr Parsonson, can you please tell us your
15 full name?

16 A. Barry Sinclair Parsonson.

17 **Q.** And you are a clinical psychologist?

18 A. Yes.

19 **Q.** Just confirm for everyone's benefit that you have provided the Commission with a signed
20 witness statement and that the Commissioners and everyone has read that statement and
21 have it before them, so there may be some parts that we will highlight and other parts that
22 we will move over, but just to know that it's been read.

23 A. Thank you.

24 **Q.** In terms of your qualifications and expertise, they are outlined on the first few paragraphs
25 of your statement. They show your qualifications, your career and that you are a
26 New Zealand registered clinical psychologist and you have published a number of articles,
27 reviews and textbook chapters in relation to applied behaviour analysis?

28 A. That's true.

29 **Q.** Would you be able to please start your evidence by telling us all what Aversion Therapy is?

30 A. Essentially the aim of Aversion Therapy is to provide unpleasant consequences for
31 behaving in a particular way. And in a sense it was developed in relation to Pavlov's theory
32 of the conditioning and in the 1950s it became more popular as an approach to trying to
33 change a range of behaviours, including alcohol consumption in terms for alcoholics, and in
34 terms of homosexuality and some other behaviours that were considered inappropriate and

- 1 undesirable in society.
- 2 **Q.** They were considered that way, that was back in the 1950s, did you say?
- 3 A. That was the late 40s, 1950s, through into the 60s, it was becoming more increasingly used
- 4 in that way, yes.
- 5 **Q.** Then into the 70s and 80s, what was the status of Aversion Therapy at that stage?
- 6 A. Well, as time moved on, there were a number of issues that arose. Some of them were
- 7 ethical and some were in relation to the fact that it wasn't as effective as people had hoped.
- 8 They found, for example, with alcoholics that using drugs to induce an emetic response
- 9 after the consumption of alcohol, the delay was too great in order to effectively reduce a
- 10 person's alcoholism. The result's very patchy.
- 11 **Q.** Moving on to paragraph 9 of your brief, could you tell us what types of behaviours has
- 12 Aversion Therapy been applied to?
- 13 A. Typically these were behaviours, again homosexuality, transvestitism, alcoholism and
- 14 paedophilia were some of the behaviours that were attempted to be treated using Aversion
- 15 Therapy. Those typically, apart from alcoholism, tended to use electric shocks as the
- 16 treatment.
- 17 **Q.** So some aversive stimuli have been electric shocks, what other types of aversive stimuli
- 18 have been used in this treatment?
- 19 A. Chemical aversion, which was primarily the method that was used in relation to alcohol,
- 20 because they use an emetic drug, Disulfiram and even trying to encourage people to have
- 21 aversive thoughts was another method. Another chemical method was waving ammonia
- 22 under the nose, a nasty sort of sensation.
- 23 **Q.** Now in your brief you have gone through some of those different types of aversive stimuli,
- 24 but for today's purposes we will focus primarily on electrical Aversion Therapy?
- 25 A. Sure, yes.
- 26 **Q.** So at paragraph 12 of your brief you talk about Electrical Aversion Therapy as a mild but
- 27 painful electric shock to be used. How are they used, how does it work?
- 28 A. Well, the idea was that you had the person either behaving or thinking about the behaviour
- 29 of concern and at some point when they signalled that they were engaging in that, you gave
- 30 them a shock because the shock had to be really closely related to the behaviour of concern.
- 31 So, for example, someone with paedophile or homosexual thoughts had to signal that they
- 32 were thinking about those things and then they'd deliver a shock.
- 33 **Q.** So that's in a situation where this is set up in a specifically targeted Aversion Therapy
- 34 programme?

- 1 A. Absolutely, yes.
- 2 Q. And I think in your statement you've used the word by "pairing" the delivery of the shock.
3 What do you mean by that word?
- 4 A. Well, it has to be virtually simultaneous in order to ensure that the person identifies that this
5 shock is being delivered in relation to that specific behaviour, because if you make it too
6 dissimilar in terms of time, some other event may be going on in their head, or they may
7 think it's being given to them for some other reason, and there's no association developed
8 between the shock and the behaviour of concern.
- 9 Q. So the shock needs to be given effectively simultaneously with the target behaviour?
- 10 A. Absolutely.
- 11 Q. So in terms of the delay of minutes or hours or days, for example, if someone is behaving
12 badly during the week and then waits for the Friday to be given an electric shock, how does
13 that impact with the effectiveness of Aversion Therapy?
- 14 A. Well, I suspect that what happened is the person comes to -- the person who's given the
15 shocks comes to feel quite antagonistic towards the person who's delivering it, so in fact,
16 you know, you're training them to hate you.
- 17 Q. How does it impact on the target behaviour if someone, for example, has wet the bed and
18 then the next morning or hours later they receive an electric shock and they're told this is
19 for wetting the bed, how does that impact?
- 20 A. Well, first of all electric shocks for wetting the bed is not an effective bed wetting
21 treatment. So it's inappropriate to deliver shocks for that. But also the delay means it's
22 inappropriate, it's not going to work.
- 23 Q. So if someone is caught smoking, for example, and then along comes Friday and they're
24 given some electric shock and told "This is for you smoking", how does that impact on
25 their behaviour, the target behaviour of smoking?
- 26 A. Well, I suspect what they might do is learn to smoke in places where that person isn't
27 present or other people aren't going to see them.
- 28 Q. It doesn't actually stop that behaviour?
- 29 A. It doesn't actually extinguish the smoking behaviour.
- 30 Q. Thank you. In terms of moving to paragraph 15 of your statement, you talk about
31 equipment that's used in Electrical Aversion Therapy?
- 32 A. Yes.
- 33 Q. Can you tell us, take us through what types of equipment would be used when this is a
34 therapeutic programme?

1 A. Certainly. By the late 50s early 60s the type of equipment was usually battery powered. So
2 usually something in the order of 3 C-cell batteries, torch batteries would power the
3 equipment to deliver a painful, an unpleasant shock, of maybe quite a lot of voltage, maybe
4 700, 1500 volts, but very low amperage, so it wasn't as if they were getting a huge electric
5 shock, but it was enough to be painful and unpleasant.

6 **Q.** And whereabouts would that shock generally be delivered to the participant's body?

7 A. The typical location was on the leg. I don't know which leg, but one leg or the other, most
8 people had two.

9 **Q.** In your brief at paragraph 16 you refer to a quote from Marshall?

10 A. Yes.

11 **Q.** Who's written a book on Electrical Aversion Therapy. Could you read out those sentences
12 that you've quoted from Marshall to us please?

13 A. Sure. "Marshall advises against the use of very intense or very painful shocks as both
14 dangerous and therapeutically ineffective. Marshall notes that 'on no account should
15 electrical stimuli be applied to the trunk of the body or the head'."

16 **Q.** Just in relation to Marshall's comment around the trunk of the body, would that include
17 someone's groin and genital area?

18 A. I should think so, absolutely.

19 **Q.** And why, in your opinion, is Marshall saying that an electrical shock as part of Aversion
20 Therapy should never be given to the head or the trunk of the body which includes the
21 groin and genitals?

22 A. Well, the essence of the concern there I think would be that any cross-body shocking,
23 shocking the brain isn't much -- in any way relevant to the Aversion Therapy. But also
24 across the trunk the potential exists perhaps for disturbing heart rate and maybe causing
25 harm.

26 **Q.** If electrodes are placed on a person's groin or genitals to deliver a painful electric shock, is
27 that Electrical Aversion Therapy?

28 A. No.

29 **Q.** What is that?

30 A. It's a form of torture.

31 **Q.** To your knowledge has that ever been used as Aversion Therapy, have you seen any
32 research on that?

33 A. There is no -- nothing that I've ever read in the literature, and at the time when I was
34 studying as a student this was -- the literature was fairly prominent, and afterwards when I

1 was teaching in psychology I maintained an interest in the literature, there was never any
2 publication that would have included that. I mean the only people who did that were state
3 Organs of terror, namely the Gestapo is a good example.

4 **Q.** That would give someone electric shocks to their genitals?

5 **A.** Yes. I've read of people who received that sort of treatment from the Gestapo.

6 **Q.** Thank you. There is evidence before the Commission about boys receiving electric shocks
7 to their genitals if they were caught masturbating or for homosexual acts. Can you confirm
8 even when Electrical Aversion Therapy has been used historically to treat homosexuality,
9 that the electrical shock paired with the behaviour, would it have been applied to the
10 person's leg, historically?

11 **A.** Well, it certainly wouldn't have been applied to their genitals. The most likely location
12 would be the leg or maybe an arm in some instances.

13 **Q.** Thank you. If we could turn to paragraph 17 of your brief. Over the next few paragraphs
14 you outline some criteria that must be met in order to make Aversion Therapy actually
15 therapy. I think you list four key criteria. Can you take us through those?

16 **A.** Certainly. I mean obviously the first one is that the person should be fully trained and they
17 need to be both familiar with the literature and/or experienced in the application and in the
18 procedures that are used. So that's a necessary first criterion. Secondly, there needs to be
19 an assessment process so that there's a clear understanding and a definition of a behaviour
20 to be treated, so that everybody's clear on exactly what this therapy is for.

21 **Q.** Would that be discussed with the patient in advance?

22 **A.** Normally it would require both discussion with the patient and also direct observation
23 where appropriate of the behaviour of concern, so that you actually understand what we call
24 the topography of the behaviour; what does this behaviour look like so that we know what
25 it is we're treating.

26 **CHAIR:** Doctor, can I just ask a question, sorry, just intervening. When you say that there must
27 be discussions with the patient and direct observation, is that direct observation by the
28 person administering the treatment or could that person rely on third-hand or second-hand
29 accounts of the behaviour?

30 **A.** Ideally it would be the person who's planning the treatment, because they need to
31 understand exactly what it is they're treating. If necessary, under other circumstances,
32 someone who was trained in observing behaviour could in fact observe it, describe it
33 appropriately, but they'd need to be trained in how to do that.

34 **Q.** And I take it those observations would have to be carefully documented in a rigorous way?

1 A. That was my next point. I think there need to be a description, records of the observations,
2 and then there need to be, during the treatment process, data maintained on how effective it
3 is. Because at the end of the day, if it's not effective you stop doing it.

4 Q. Yes. Thank you.

5 **QUESTIONING BY MS R THOMAS CONTINUED:** Thank you Dr Parsonson. So just to
6 clarify, the four key criteria was that there must be a trained therapist, there must be a
7 determination as to whether the treatment is justified and that to be observed and discussed?

8 A. And consent.

9 Q. And the third one is this consent?

10 A. Yes.

11 Q. Can you tell us about that?

12 A. Well, the standard procedure is to ensure that the person has given informed consent, that is
13 that treatment has been explained to them, any risks or hazards have been explained to
14 them, and the potential benefits they understand so that in fact they are giving consent to
15 treatment that they believe will be appropriate to their own needs.

16 Q. And then the fourth is the consideration you've discussed with the Chair, that things -- there
17 needs to be records made and monitoring in terms of checking whether this is working?

18 A. Absolutely. I mean the essence of, you know, under which Aversion Therapy was
19 developed in the 1950s was that this was a scientific intervention and so that it was
20 essential to have data to demonstrate that in fact the treatment was efficacious.

21 Q. Just moving on to that as the next point in your brief at paragraph 22. In particular focus on
22 Electrical Aversion Therapy here; does it work, is it effective?

23 A. Well, it was really being mainly tried on people with sexual deviations, as they were
24 thought of in those days, and also people with very challenging behaviour. And so the
25 outcomes were not necessarily always beneficial to the clients. It became less popular as a
26 consequence of the fact that this lack of ongoing and regular evidence of effectiveness
27 wasn't available. The fact that in essence the social morays were changing, people's
28 understanding of treatment increasingly became the need to develop positive behaviours
29 rather than trying to get rid of problematic behaviours, and also the fact that people in
30 society change their views and opinions in relation to some aspects of sexual behaviour,
31 whereas there wasn't so much of a challenge around transvestitism or homosexuality. It
32 eventually became legal.

33 Q. In terms of ethical issues, this is at paras 23 and 24, of your brief, what are the ethical issues
34 just in general associated with Aversion Therapy?

- 1 A. Well, I think those who were using Aversion Therapy began to realise that it was fairly
2 unpleasant causing people pain. Additionally, in essence there was a concern that a
3 therapeutic relationship typically has to be a positive one between the therapist and the
4 patient, and giving people electric shocks didn't actually contribute much to a positive
5 relationship between the therapist and the client. And I think that basically the lack of
6 consistent effectiveness along with those things eventually made people realise that this
7 wasn't really going to be an effective programme of treatment.
- 8 **Q.** You've said that Aversion Therapy was typically used as a last resort?
- 9 A. Yes.
- 10 **Q.** As a form of treatment. Why was that, was that for the reasons you've just outlined?
- 11 A. In part, it was a treatment of last resort primarily because people didn't have any idea what
12 else to do. And so sometimes the alternatives were either, you know, a person's behaviour
13 was life-threatening to themselves or others, or causing them personal damage, like serious
14 head banging, huge, high levels of aggressiveness and so forth. And they were trying to
15 manage those using Aversion Therapy where other types of therapy had failed.
- 16 **Q.** If Aversion Therapy is misused in a non-therapeutic way, what ethical concerns does that
17 raise?
- 18 A. Well, I think this was another problem, is that it emerged in various places, particularly in
19 the United States, that there was -- people were using aversion therapies in an unscrupulous
20 and inappropriate fashion, and that also led to quite considerable concern about whether
21 this was appropriate.
- 22 **Q.** Thank you. I'm now going to ask you some questions in relation to the evidence you've put
23 in your brief about Operant Punishment?
- 24 A. Yes.
- 25 **Q.** But before I do that, the term that we've heard a bit about in, and the Commission has
26 received evidence on, is this term "Aversion Therapy"?
- 27 A. Yes.
- 28 **Q.** Why have you talked about "Operant Punishment" in your brief?
- 29 A. Because my reading of the survivors' own descriptions of what was happening to them
30 made it clear that they were in an environment which was heavily imbued with punishment
31 and for some of them, in fact most of them, they associated either the so-called ECT or the
32 shock treatments that they were receiving and the Paraldehyde and sometimes the
33 seclusions, they were perceived as punishments. And so, I thought it was important to
34 include some information in relation to Operant Punishment.

1 Operant Punishment is derived from Skinner's theory of Operant Conditioning.
2 So, whereas Pavlov's theory of Classical Conditioning was the basis of Aversion Theory.
3 I thought it probably important to introduce the notion of Operant Punishment because it
4 relates primarily to behaviours which are not reflexes or -- but which are voluntary
5 behaviours, like smoking, like fighting, those sorts of acts that were some of those that were
6 punished by electric shocks and Paraldehyde and seclusion in Lake Alice.

7 **Q.** So at its simplest level, can you tell us what are the basic elements of Operant Punishment
8 Therapy when it's used as a therapeutic programme?

9 **A.** Sure. Some of the people who were engaging in operant -- using Operant Punishment were
10 using electric shocks in the early days. I'm talking here, the publications that I've read and
11 the people that I've talked to, it was mainly somewhere in the late 60s.

12 The fact is that punishment is part of human life and it's used in a whole lot of
13 environments, but in terms of the Operant Punishment there are a number of techniques that
14 were developed that were to include things like time-out that would include response cost
15 where you'd take something away. "You've been naughty, you can't have access to your
16 bike for a week", that sort of thing, or you can't, you know, "You can't watch your favourite
17 television programme", that's a response cost for being naughty. And there were some
18 other techniques that were used like restitution, where you damaged something you had to
19 help fix it.

20 **Q.** Was one of the techniques in terms of Operant Punishment Therapy also electrical --

21 **A.** Yes.

22 **Q.** -- stimulus?

23 **A.** In the early days that was tried. I think I've read probably about three studies in which it
24 was used with young children who were putting themselves at high risk of harm and it was
25 an attempt to try to stop that behaviour and replace it with alternatives.

26 **Q.** If we look actually on to paragraph 43 of your brief, you've outlined for us there the
27 equipment used when it's an electrical Operant Punishment Therapy?

28 **A.** Yes.

29 **Q.** Can you take us through that, how is the equipment used here?

30 **A.** What people were using in those days was stock prods.

31 **Q.** Like a cattle prod?

32 **A.** Cattle prods. They delivered a painful, a brief painful shock, so again, powered by torch
33 batteries typically, and probably somewhere between again, 1100, 1500 volts, but quite
34 sharp and short. And those using them at the time described it as like a painful sting.

- 1 I guess my experience has been with electric fences because I've worked on a farm where
2 the farmer thought it was a joke if he turned the fence on while I was setting it up. He
3 didn't enjoy the same joke when I played it back on him, but, you know, it's a painful jolt.
- 4 **Q.** And in terms of that jolt, if this is an Operant Punishment treatment, what about delay in
5 terms of the behaviour, what's the situation with that?
- 6 **A.** It's the same problem as with the Pavlovian conditioning that it has to be contingent on the
7 display of the behaviour. In the studies that I've read they waited for the person to engage
8 in the behaviour that was problematic, then they would deliver the shock while they were
9 engaging in that behaviour to get them to stop behaving in that way.
- 10 **Q.** When this has been set up in a therapeutic programme, whereabouts would these shocks be
11 delivered to the person's body, whereabouts on their body?
- 12 **A.** Well, in this case, as I understand it, it was typically on the legs or arms.
- 13 **Q.** Legs or arms. You've told us already in terms of the Aversion Therapy there were four key
14 criteria that are essential to make sure the actions are therapeutic as opposed to anything
15 else. Does this apply to Operant Punishment Therapy as well?
- 16 **A.** Absolutely.
- 17 **Q.** And are they the same four criteria?
- 18 **A.** Same four criteria.
- 19 **Q.** How effective was Operant Punishment Therapy?
- 20 **A.** Well, the persons who were using it at the time described it as -- one found it had some
21 effect and enabled them to access the person's behaviour in such a way that they could
22 change it in a more positive way, but they found that they didn't like giving a child shocks.
23 In the case of Bimbrauer, who was one of the other authors, he found that it was initially
24 effective but then it failed and so -- because they were trying to improve the circumstances
25 under which a person with very severe disabilities, intellectual disabilities was being very
26 aggressive and it managed to stop it briefly but it didn't continue to maintain that change in
27 behaviour.
- 28 **Q.** And just like your evidence about Aversion Therapy in terms of Operant Punishment, are
29 there any ethical issues with this?
- 30 **A.** They're very much the same ethical issues, because I think the challenges are that you can't
31 build a positive relationship with a client, you can't actually use Operant Punishment as a
32 means of producing positive behaviour. You have to actually start building new behaviours
33 to replace the behaviours that are challenging.
- 34 **Q.** I'm now going to turn to the part of your brief which is at paragraph 49 in terms of

1 electroconvulsive therapy. Just from the outset you've noted there you are not a psychiatrist
2 and you were not an expert in electroconvulsive therapy but you were asked to and you
3 have made some comments on ECT in this brief to contrast the methods of ECT in
4 comparison to Aversion Therapy and Operant Punishment?

5 A. That's true, yes.

6 **Q.** So just moving to paragraph 51, what was electroconvulsive therapy primarily used for in
7 the 60s and 70s?

8 A. Well, I was training in a psychiatric hospital in the 1960s as a clinical psychologist and I
9 was supervising students in the 1970s and working in a psychiatric hospital. And
10 essentially, the primary use for ECT was persons with depression, and I suspect from only
11 hearing from other people, that it's sometimes given to people who had some form of
12 psychotic disorder as well.

13 **Q.** Turning to paragraph 54 of your brief, in relation to ECT, how was ECT used when its an
14 applied as a standard medical procedure?

15 A. I didn't actually personally observe this, but I've spoken to former psychiatric nurses in
16 relation to what they would consider to be appropriate ECT procedure, and essentially the
17 person was -- A, they had to sign a consent form to receive the treatment, they had it
18 explained to them what the treatment was about, and they also, prior to the application of
19 the electrodes, they would receive a muscle relaxant injection and an anaesthetic and be on
20 oxygen for recovery.

21 Sometimes the electrodes were put on both temples and sometimes they were
22 unilateral, like putting it on the forehead on one side. It was sometimes throughout that
23 unilateral had less effect on the person's confusion and memory problems after the
24 application of the ECT.

25 **Q.** And when that procedure is carried out in that standard way that you've described, would
26 the person lose consciousness during that treatment?

27 A. Well, they would lose consciousness with the anaesthetic, so they were unconscious at the
28 time that the electrodes were activated using the equipment. That was regarded as, I guess,
29 modified ECT. Unmodified ECT wouldn't include either the anaesthetic or the injection,
30 the muscle relaxant.

31 **Q.** And in terms of unmodified ECT, at what point would the patient lose consciousness?

32 A. At the point at which a sufficient electrical impulse would pass through the electrodes.

33 **Q.** And if that was to be done in a standard procedure would the intention be that would be at
34 the beginning, from the outset?

- 1 A. Normally, because, as I gather, people have different thresholds for induction of seizures
2 from my reading of the literature. And therefore, sometimes what they did was they could
3 increase the intensity of the shock just to establish where a person's shock threshold was so
4 that subsequently they could deliver the shock at the threshold that would cause the seizure.
- 5 **Q.** I'm now going to move on to the next part of your brief. You have given us more evidence
6 here in relation to ECT, but we'll just, in terms of time constraints, we'll move on to the
7 next section which is you were asked to review some medical notes and some statements
8 from complainants who had been in the Lake Alice Child and Adolescent Unit?
- 9 A. That's right, there were 11 of them.
- 10 **Q.** In the documents that you reviewed, and the medical notes, what treatments were recorded
11 in the notes and reported in the statements? And you've listed those in paragraph 61(a).
- 12 A. Yes, they were sort of, I suppose, termed Ectonus Discussions. They were, you know,
13 referral to Dr Leeks for Ectonus Discussions for Ectonus Therapy, or for Special Therapy,
14 ECT Ectonus Discussions. It was sort of rather, I suppose, hiding the fact that these people
15 were being given electric shocks for one reason or another.
- 16 **Q.** I think you've noted there in your brief that the use of electric shock was identified by
17 Dr Leeks as Aversion Therapy?
- 18 A. Yes.
- 19 **Q.** But then these other subsequent -- this terminology was used, was Aversion Therapy like
20 an umbrella term for these?
- 21 A. Aversion Therapy may have been what Dr Leeks thought he was using, he wasn't. And I
22 think they were sort of umbrella terms to sort of hide the fact that these young people were
23 being given shocks.
- 24 **Q.** Just on that point, you've talked to us so far about the standard procedure for Aversion
25 Therapy, the standard procedure for Operant Punishment and the standard procedure for
26 ECT. What, if any, of those, or particularly Aversion Therapy and Operant Punishment,
27 was happening at Lake Alice from the information you've read?
- 28 A. Neither, neither of those, it was neither Operant Punishment nor did it meet the criteria for
29 Aversion Therapy. It was just plain punishment.
- 30 **Q.** Over the next few pages of your brief you've gone into some detail around the medical
31 notes that you've reviewed, but I'm going to ask you to turn to paragraph 107.
- 32 A. I'd just like to say I found those records of people's experiences very harrowing.
- 33 **Q.** Thank you.
- 34 **CHAIR:** You're not alone in that, doctor.

- 1 **QUESTIONING BY MS R THOMAS CONTINUED:** From paragraph 107 you've gone
2 through and talked about the target behaviours that were recorded in the medical notes and
3 in the complainants' statements.
- 4 A. Yes.
- 5 **Q.** Can you take us through those -- summarise what the target behaviours for treatment were?
- 6 A. Yes, typically misdemeanors like swearing, arguing, fighting, not complying with staff
7 instructions, being cheeky or tardy, not eating meals, kicking a ball near the windows, some
8 reported being punished for leaving the villa, absconding, for bed wetting, and for sexual
9 behaviour such as masturbation and engaging in homosexual acts.
- 10 **Q.** So from your review of the records, those types of behaviours would result in what?
- 11 A. They would result in so-called ECT or shocks or Paraldehyde and sometimes seclusion.
- 12 **Q.** When you say so-called ECT, why do you refer to it in that way?
- 13 A. Because I think sometimes the equipment was misused.
- 14 **Q.** Now you've referred to punishment by ECT. When there was reference to punishment by
15 ECT, what was that?
- 16 A. Well, it was unmodified ECT to the temples, but also shocks delivered to their knees, their
17 thighs, their shoulders, hands or genitals. That doesn't really seem to me to be ECT, it may
18 have been delivered by a machine that was designed for ECT, but it certainly wasn't ECT.
- 19 **Q.** And also, just in terms of Aversion Therapy, receiving shocks to someone's genitals area, is
20 that Aversion Therapy?
- 21 A. No.
- 22 **Q.** What did you note from your review of the records, with relation to Paraldehyde?
- 23 A. Well, Paraldehyde wasn't given for medical reasons. Paraldehyde is an injectable
24 medication which was used to, tranquillise patients who were either seriously aggressive or
25 seriously disturbed. And it's very painful, it's very oily so when it goes into the muscle it
26 stays there for some time and then begins to be distributed through the body, through the
27 blood system. It was simply used as an instrument of pain, not as a medical treatment.
- 28 **Q.** What did you note in relation to seclusion based on the notes that you reviewed?
- 29 A. Well, seclusion was being placed in a bare and shuttered room with a mattress on the floor
30 and a bucket for a toilet if you were lucky. And the behaviours described were for
31 swearing, fighting, food refusal and disobedience, they range from half an hour of seclusion
32 to several days. And sometimes transferred to the hospital's maximum security unit, at
33 least in the case of one patient, for two to three weeks because they escaped. I think, you
34 know, the "therapeutic", in inverted commas, regime itself encouraged escaping. I wouldn't

- 1 have wanted to stay there, that's for sure.
- 2 **Q.** In terms of the procedural issues or the treatment at this adolescent unit.
- 3 **A.** Yeah.
- 4 **Q.** You've said that it involved a regime dominated by punishment. Why do you say that?
- 5 **A.** Well, that's simply what it appears to have been. It didn't matter that they -- how they
6 behaved inappropriately in the views of the staff or Dr Leeks, but the result was always
7 some form of punishment. It wasn't until eventually a psychologist was appointed to the
8 unit that they set up a sort of reward programme, which was quite amateurish from my
9 reading of his description, but at least -- so primarily the whole organisation of the way the
10 staff treated these young people was focused on punishing them for what was considered to
11 be misbehaviour or inappropriate behaviour.
- 12 **Q.** And in terms of the four key criteria that must be metaphor something to be therapeutic, so
13 whether it's Aversion Therapy or Operant Punishment Therapy, was there any evidence in
14 the notes that you read to show that those criteria were met at the Lake Alice Child and
15 Adolescent Unit?
- 16 **A.** No, I don't think any proper records were kept. I mean most of what we saw or what I was
17 able to see was from nursing notes. There was no medical notes that I came across. I don't
18 know whether they had somehow passed into the furnace at the hospital or whatever, but
19 there was nothing available that suggested that the word "therapeutic" should be applied to
20 what was happening.
- 21 **Q.** And in terms of ethical issues -- we're on paragraph 114 of your brief now -- did you note
22 anything in relation to ethical issues of what was occurring from your reading of the notes?
- 23 **A.** There's no evidence of formal and proper diagnosis and assessment to justify the treatment
24 that was given. There was no planned intervention. There was no evidence of any
25 treatment data having been systematically recorded, analysed or reviewed in order to
26 monitor the efficacy and to demonstrate benefits or harms of this treatment.
- 27 **Q.** In terms of Aversion Therapy in the 1970s, you said it was becoming a treatment of last
28 resort. What was your opinion about whether that was true for Lake Alice?
- 29 **A.** Well, it wasn't Aversion Therapy, as I understand it. I can't actually believe that Dr Leeks
30 was trained in Aversion Therapy and I don't believe that if he empowered the staff to be
31 able to use this type of approach that they would trained in any way in Aversion Therapy.
32 In fact, one of the nurses who had experienced programmes of Aversion Therapy in the UK
33 made it perfectly clear that from his or her point of view they did not consider that there
34 was anything appropriate about the way it was being done at Lake Alice.

- 1 **Q.** Paragraph 119 you've said that the regime was dominated by punishment -- a regime
2 dominated by punishment cannot be justified as therapeutic.
- 3 **A.** No, because it's more likely to generate fear and anxiety and a wish not to be there. A
4 feeling of hatred and anger towards those who were delivering it, and the fact that those
5 people in authority represent the society out there make it difficult for any adjustment in the
6 future to authority figures or medical services and so forth. So in fact it was preparing them
7 for a life of rather nasty consequences for themselves.
- 8 **Q.** So as a result of this regime, people may subsequently have chosen not to seek out doctor's
9 help, for example?
- 10 **A.** Yeah, I mean I think that -- I think the message at the time in terms of ethics was do no
11 harm. Well, I think they failed on ethical grounds in that purpose. Left behind a whole
12 series of people completely traumatised by their exposure to whatever was offered at Lake
13 Alice.
- 14 **Q.** Just coming on to your summary of these three therapies, Aversion Therapy, Operant
15 Punishment and electroconvulsive therapy at para 120 and 121, how did the procedures of
16 the Lake Alice Child and Adolescent Unit compare with the procedures of a standard
17 clinical application of Aversion Therapy?
- 18 **A.** They were nothing like it. There was no comparison at all.
- 19 **Q.** And is that because none of the elements or the essential elements that you've listed were
20 present?
- 21 **A.** That's right, I mean it failed on all grounds. It could not have been a therapeutic process
22 because it wasn't delivered in a manner which met any standard of therapy.
- 23 **Q.** And in relation to the delay aspect, you've noted at para 123 that sessions being arranged
24 for the Friday when Dr Leeks was around. What do you have to say about that?
- 25 **A.** Well, you couldn't possibly establish any conditioned responses. And, you know, once a
26 week isn't the way that proper Aversion Therapy, even when it was used, would be
27 delivered. I mean it was done as a treatment over a period of time probably on a day-to-day
28 basis rather than once a week, you can't have somebody anticipating, you know, unpleasant
29 pain and so forth on a weekly basis as a therapeutic model.
- 30 **Q.** So if it wasn't therapeutic, what was it?
- 31 **A.** I think it's torture. I can't think of any other word to describe it. I mean Dr Leeks was an
32 employee of the State, so in fact it probably matches a definition of torture from the United
33 Nations.
- 34 **Q.** In terms of your paragraph 125, that's where you've mentioned in your opinion this was

1 closer to torture.

2 A. Yes.

3 Q. Than any known ethical form of therapy?

4 A. That's right.

5 Q. Just before we go on to your summaries in relation to Operant Punishment and ECT, I'd just
6 like to bring up a document please which is NZP000308. This is a document, that's the first
7 page of the document dated 14 September 2009.

8 A. Yes.

9 Q. It's sent from the -- it's on Police letterhead. If you could go to the last page just to show
10 the author of the document. So this a document written by Detective Superintendent
11 Malcolm Burgess.

12 A. Mmm-hmm.

13 Q. If you could go back please to the paragraph I'd like to bring up. I'll just read these
14 paragraphs out so they're part of the record. "The third treatment which appears in the
15 notes is what has since been charactered as Aversion Therapy. It appears this is referred to
16 in the nursing notes as ECT, Ectonus or Ectonus Therapy. This apparently entailed the
17 ECT machine being used on a different setting to the setting that would be used to deliver
18 ECT. It involved the patient receiving an electric shock at a lower level of electric current
19 as a means of modifying behaviour.

20 The location in which the electric shock was delivered during these treatments was
21 apparently determined by the sort of behaviour that led to the application of the electrodes
22 in the first instance. For example, boys who ran away might expect to have the electrodes
23 applied to their legs, boys who were caught masturbating or offended in a sexual fashion
24 could expect to have the electrodes attached to their penis or their testicles, and boys who
25 were fighting might expect to have the electrodes attached to their shoulders. These
26 applications of electric shocks are not recorded in the ECT notes but are often referred to in
27 the nursing notes."

28 So this is a document authored by the officer in charge investigating this case back
29 in 2009. Do you have any comment on these paragraphs which refer to Aversion Therapy?

30 A. It's not Aversion Therapy. It doesn't -- in fact, you know, it's no point in putting the
31 electrodes on the parts of the body that were somehow related to the behaviour of concern.
32 That isn't a standard procedure in Aversion Therapy and it still doesn't justify using shocks,
33 especially on the genitals. It is not a therapeutic procedure, it's not Aversion Therapy.

34 Q. I'd now ask to bring up the next document please, which is ending in 19. Thank you. That

1 document we've just seen was then provided to some legal advisors to provide an opinion
2 for the Police in terms of whether or not to continue with the prosecution. So the document
3 we're looking at here is dated 14 December 2009.

4 But if you could go to the final page of the document please. So we're actually
5 looking into a legal opinion that was written by a barrister in Christchurch, Mr Pip Hall,
6 and if you could go to the paragraph to call out. I'll just read this into the record. Starting
7 at the second sentence starting with:

8 "Dr Leeks will be able to call medical opinion that his use of ECT as Aversion
9 Therapy was justified in the treatment of young patients in the 1970s who exhibited the
10 mental and/or behavioural problems of the alleged victims."

11 Do you have any comment in relation to that statement made by the opinion
12 writer?

13 A. Well, it concerns me that in fact only medical opinions were being sought, because most
14 medical people, including some psychiatrists but not all, were not actually well informed
15 about the nature of Aversion Therapy. But also, I guess the Mental Health Act 1969 and
16 section 20 of the Crimes Act provided some sort of out in a legal sense. I'm just concerned
17 that opinions were sought from people who didn't probably -- did not themselves use
18 Aversion Therapy, or were not aware necessarily of all of the issues that relate to it.

19 Q. So reading this sentence, the one I read out and the paragraphs on the previous document, is
20 there anything in those statements that would satisfy you that an Aversion Therapy expert
21 had provided any advice?

22 A. Well, someone may have provided advice, but I'm not sure how -- I'm not informed enough
23 about sections of the relevant acts to know how you could legally justify or claim immunity
24 in relation to those. There must have been somehow it was seen to be possible.

25 Q. I'm asking more in relation to, for example, the previous document which referred to if
26 someone is caught masturbating, therefore put the electrodes --

27 A. That couldn't be justified. I'm sure -- I can't understand how anyone who knew anything
28 about Aversion Therapy could feel that that could be justified.

29 Q. Thank you. You can take those down now. Just coming back to your brief, your summary
30 of Operant Punishment at paragraph 127, you've said that Operant Punishment involves
31 contingent and contemporaneous application of the punishing stimulus. Is that what
32 occurred at all at Lake Alice that you notice from the --

33 A. Well, I don't know how immediately sometimes Paraldehyde might have been delivered,
34 but in terms of the electric shocks, certainly not.

- 1 **Q.** So you've said this treatment programme did not correspond or was certainly not Aversion
2 Therapy?
- 3 **A.** It didn't reduce or eliminate the behaviours of concern because they kept doing punishment
4 for it. So if it keeps happening it's not being effective as a treatment.
- 5 **Q.** And what you'd read from the notes, would that meet any of the criteria or the necessary
6 criteria of an Operant Punishment --
- 7 **A.** No.
- 8 **Q.** -- therapy?
- 9 **A.** It would not.
- 10 **Q.** In terms of ECT, were the procedures at Lake Alice consistent with standard ECT
11 procedures? This is at para 135 of your brief?
- 12 **A.** Well, from my understanding, again I emphasise I'm not an expert on ECT, but from my
13 understanding of what would consider to be standard methods, it doesn't seem to be that Dr
14 Leeks was conforming with it, and it seems very atypical that nursing staff were not
15 supervised by a medical officer during the delivery of ECT, if that's what was being given.
- 16 **Q.** And you've talked about the use of unmodified ECT to deliver repeated and varied intensity
17 shocks?
- 18 **A.** Yes.
- 19 **Q.** From your understanding does that conform with the standard ECT procedure?
- 20 **A.** No, it does not. So and also putting electrodes on other parts of the body than either the
21 temples or unilateral is not ECT, it's delivering shocks to the person as an attempt to induce
22 pain and discomfort as punishment.
- 23 **Q.** As punishment?
- 24 **A.** Yes.
- 25 **Q.** At paragraph 136 you've referred to the term "Ectonus Therapy" and "Ectonus
26 Discussions"?
- 27 **A.** Yes.
- 28 **Q.** "Special Therapy". What have you noted about those terms?
- 29 **A.** Well, I thought it was just a cover term for the interventions that Dr Leeks was providing
30 young people to justify this therapy.
- 31 **Q.** What do you mean by a "cover term"?
- 32 **A.** Well, I mean anyone reading the notes wouldn't necessarily know that this was a matter of
33 delivering shocks to other parts of people's body as punishment.
- 34 **Q.** As punishment?

- 1 A. Yeah.
- 2 **Q.** A staff member from the Lake Alice Child and Adolescent Unit has provided the
3 Commission with a signed statement. In that statement the staff member refers to a
4 behavioural modification therapy described as the Ectonus. This staff member says that the
5 Ectonus did not involve being shocked into a seizure or being rendered unconscious. The
6 staff member said that Dr Leeks had said the electric shock was below the level of pain, and
7 was therapeutic. And that staff member went on to say they are sure in their mind that what
8 they saw during the sessions of Ectonus was not torture or punishment. Do you have any
9 comment to make about that statement given your evidence about Ectonus being a cover
10 term?
- 11 A. Well, it concerns me. If it's not going to be a painful shock, if it's below the threshold of
12 pain it's not aversive, so it's not Aversion Therapy, that's for sure. And if it's below a
13 certain level, it's not going to induce a seizure so it's not ECT. So I'm just wondering what
14 that person thought they were providing in the way of a therapeutic outcome for this
15 person.
- 16 I think the term Ectonus came from the company itself because the founder of the Ectron company,
17 Dr Russell, included in the machine a way of varying the intensity of the shock which
18 probably was meant to enable one to establish the threshold of -- at which one could induce
19 a seizure. And I think the Ectonus Therapy was part of the process of altering the intensity
20 to see at what level a shock could be induced.
- 21 **Q.** During that process the person's awake?
- 22 A. Possibly.
- 23 **Q.** Moving on to just finally now your conclusions at para 144. What is your opinion about
24 the Lake Alice procedures that you've noted there?
- 25 A. Well, I've said there from a clinical and ethical perspective there are no scientific medical
26 or therapeutic justifications for the use of electric shock, Paraldehyde or seclusion in the
27 practises adopted and abused by Dr Leeks and the senior nursing staff at the unit in their
28 treatment of children entrusted to their care.
- 29 **Q.** Have you made that statement from today's perspective or is it also reflective of the medical
30 treatment standards of the 70s?
- 31 A. It should be considered in relation to the 70s as well, because the Hippocratic Oath requires
32 people not to do harm, and harm is being done.
- 33 **Q.** If you could go on to read your conclusions at para 145 for us?
- 34 A. "At the very least, the actions of Dr Leeks and the unit staff was an abuse of power and

1 medical authority, an unjustified assault on the human dignity and rights of the young
2 persons and an inhuman regime of maltreatment that induced fear, anxiety and terror as
3 well as causing lasting emotional and physical harm to those forced to suffer the ordeal of
4 Lake Alice Hospital at that time. In my opinion, the intended aim of these actions by
5 Dr Leeks and senior nursing staff was not therapeutic, but as a means to punish a range of
6 behaviours they deemed as undesirable, through the intentional use of force to induce pain
7 as a punishment."

8 **Q.** Just if you could read through para 146 for us.

9 **A.** "In summary, there's no evidence in the Lake Alice documentation available to me that the
10 procedures to which these children and young persons were in any way consistent with
11 either Aversion Therapy or Operant Punishment procedures available from the published
12 literature of the time. One way to describe what was done to these young persons in the
13 name of treatment is that it was cruel and unusual punishment applied in ways that fit the
14 UNCAT definition of torture set out below." [Applause]

15 **Q.** You've outlined the definition of torture from the UNCAT in your brief here. I won't get
16 you to read that out, but can you read out paras 147 to us please.

17 **A.** "In my opinion, one issue for deliberation is where on the scale from maltreatment to
18 torture does this unjustified exposure to institutional violence reside."

19 **Q.** And para 150.

20 **A.** "This is a matter for the Royal Commission of Inquiry to consider as it determines the
21 outcome of its deliberations in respect of the treatment of the young persons sent to Lake
22 Alice Hospital and the consequences of that maltreatment on each of them."

23 **Q.** Thank you Dr Parsonson. If you could just remain there, I understand that Ms Feint has a
24 few questions for you.

25 **A.** Thank you.

26 **QUESTIONING BY MS FEINT:** Tēnā koe Dr Parsonson. My name is Ms Feint and I'm
27 appearing for the Crown. I want to thank you for your helpful evidence. It's illuminated a
28 lot of the background on Aversion Therapy and Operant Punishment and other
29 psychological therapies.

30 And I was interested in what you said about the development and evolution of
31 psychological research and academic thinking over the decades, and if I take you to
32 paragraph 6 of your evidence, this is where you're giving some of the background into the
33 development of Aversion Therapy and you say it was first developed in the late 1920s, and
34 then you go on to say there was a resurgence which peaks between 1950 and 1970.

1 And then you say, "By the 1980s Aversion Therapy had become controversial on
2 ethical and humanitarian grounds. You've already explained a bit about why that happened
3 in answers to questions from my friend, but I wanted to ask you about how that happened.
4 Is it a cumulative process of knowledge being developed by the academics and research
5 scientists?"

6 A. I think what began to happen was that, you're correct, it was a cumulative process of
7 realisation that the consequences of Aversion Therapy weren't as therapeutic as had been
8 hoped in the initial rush to actually try to introduce a new and scientific approach to
9 treatment, and that there was an increasing level of ethical concern both within the
10 profession and in the community in relation to using painful shocks as a way of treating
11 people. And the consequences for the therapist and the patient weren't always the sort of
12 outcome that anyone would have wanted.

13 Q. So I'm interested that both in your evidence and in what you've said today, you quite often
14 compare the ethical concerns with developing social norms. Do the two go hand in hand?
15 Do changing social and community attitudes drive changes in understanding about what's
16 ethical over time?

17 A. I think there's two things. One is that the therapists themselves found that being a person
18 that's delivering unpleasant painful stimuli doesn't endear one to the client or make one feel
19 good necessarily about one's self. But yes, I think then once the community began to get
20 information on what sort of treatments were involved, there became a sort of wider
21 discussion, that led to changes in ethical standards and concerns.

22 So certainly, most ethical standards at the time in the 1970s mentioned not doing
23 harm. They didn't necessarily ban at that time Aversion Therapy, but they did say do no
24 harm, which meant you had a responsibility to demonstrate that you weren't doing harm.

25 Q. Well, I guess that's why I ask, because looking at it through today's eyes, the idea of giving
26 electric shocks to anyone as a means of modifying their behaviour appears abhorrent, I
27 think everyone in this room would agree that. But it wasn't necessarily regarded as
28 unethical until it seems the thinking coalesced by the 1980s; would that be accurate?

29 A. It certainly became much less evident in the 1980s. But I think really the question I've got
30 is that Dr Leeks didn't use Aversion Therapy, Dr Leeks -- it doesn't match any of the
31 criteria that one would consider appropriate for either Aversion Therapy or Operant
32 Punishment. So we can't be talking about whether, you know, Aversion Therapy was
33 becoming less talked about or was okay at the time, we have to think if he was doing
34 Aversion Therapy it should have met at least basic criteria for being Aversion Therapy,

- 1 which it never did.
- 2 **Q.** And your evidence is that the methods he applied did not equate to the understanding of
3 what Aversion Therapy was?
- 4 **A.** Absolutely. At no point did I see in any of the medical evidence any concern expressed
5 about whether or not he had ever had any training in it.
- 6 **Q.** So if I can take you to paragraph 41 and 42 of your evidence. These paragraphs weren't
7 referred to by you earlier. Could I ask you to take us through what you say there please?
- 8 **A.** In 41 I say, "The emergence and efficacy of alternative operant reinforcement and
9 punishment procedures along with ethical and societal changes effectively led to the
10 termination of the use of electric shock as a means of punishing behaviours of concern in
11 published Applied Behaviour Analysis research and treatment programmes by 1972. It's
12 doubtful that in the 1970s medical professionals, including psychiatrists, would have been
13 aware of the extant Operant Conditioning research or of the fact that behavioural
14 psychological research was increasingly demonstrating that behavioural alternatives to
15 aversive shock therapies were more effective in facilitating behaviour change.
- 16 **Q.** So if I could summarise my understanding of what you're saying there, you're saying that
17 there's a lag effect in terms of clinical practitioners adapting to the research that's coming
18 out of the research scientists and academics who are publishing in the field, would that be
19 right?
- 20 **A.** What I'm saying there is actually that in relation to Operant Punishment, is that Dr Leeks
21 wouldn't have been any way informed by that research, because typically the research was
22 published in journals that wouldn't have been read by the medical profession.
- 23 **Q.** Right. But also in terms of the timing, is it right to think of the late 1960s, the early 1970s
24 as being on the cusp of change in psychological methods in terms of moving towards more
25 positive behavioural modification therapies?
- 26 **A.** Yes, there were practitioners who went on using aversive shock in one way or another into
27 the 80s and even into the 90s. But those were pretty, either infrequent or in common or
28 only used in life threatening behaviours. I don't think anyone at Lake Alice was in a
29 life-threatening situation.
- 30 **Q.** Can I take you now to a document that's in the document bank and I'll give the number for
31 the sake of the record, it's CRL000827900011. When you prepared your evidence, did you
32 look back at the opinions provided by psychiatrists in 1977 concerning Lake Alice?
- 33 **A.** I looked at -- well, I was given some, for example by -- one by Dr McLachlan, but I wasn't
34 given this particular document.

1 **Q.** So this document, if we just orientate ourselves, it's from the psychiatric unit of Wellington
2 Hospital dated 18 November 1977. And then if we go down to the end we can see it's
3 signed by Professor FJ Roberts who's a professor of psychological medicine. So you
4 haven't reviewed this document?

5 **A.** I've read it, I was only given it today.

6 **Q.** If we can go to the bottom of the first page please and maybe if I read this out, to read it
7 into the record. I wanted to ask you to comment on what he says here, so he's been asked
8 by the Medical Council to prepare an opinion based on a complaint from a Lake Alice
9 patient. And he says here:

10 "There are a number of comments which I would make on the account which we
11 have of the particular treatment in 1973. Around the time when this treatment was carried
12 out, there were still a number of enthusiastic practitioners of these methods around the
13 world. The majority of leaders in this field worked in university situations where they were
14 able to bring a degree of scientific rigour to their methodology. Various claims were being
15 made around this time which led many psychiatrists to believe that this form of treatment
16 was indeed effective for a number of conditions, including homosexuality. There are few
17 people today who are writing in the same enthusiastic way and many of the previous
18 enthusiasts now write with great caution, pointing to the many other factors which have an
19 effect in this kind of treatment situation."

20 I should have said, so that I don't completely confuse everyone, that it's clear from
21 the body of the letter that he's talking about Aversion Therapy. So what I wanted to ask
22 you was, do you agree with his summation of the position as at 1973?

23 **A.** I'm sure he was well-informed in relation to that. The only question I've got is of course
24 that Dr Leeks wasn't providing Aversion Therapy, he was providing electric shocks, but
25 wasn't in any therapeutic sense, it didn't meet any of the criteria of therapy. So I can't
26 dispute the good professor, but he's also a bit concerned in this letter about some of the
27 things that Dr Leeks has done.

28 **Q.** So if I understood your answer correctly, you're not disputing what he's saying about
29 Aversion Therapy, but your argument is that's not what Dr Leeks was applying?

30 **A.** Exactly.

31 **Q.** Although it's not clear that Professor Roberts thinks that, is it? He seems to have some
32 concerns, but he's not --

33 **A.** I'm not sure that Dr Roberts had read anymore than one or two of the survivors'
34 documentation, so I don't know from which base he's giving his opinion. He's obviously

1 not enthusiastic himself about Aversion Therapy, but I think he's set out very clearly that in
2 fact what should happen if you were doing Aversion Therapy, it's just that Dr Leeks wasn't.

3 **Q.** But he also -- let's just step through this. If we go to the next paragraph, so Professor
4 Roberts goes on to say:

5 "Dr Leeks talks about the amount of current which he used as the noxious
6 stimulus. Unfortunately he does not tell us of the voltage concerned and therefore we
7 cannot make any accurate assessment of the amount of energy which was used at any one
8 time. The amount of energy is the critical factor in producing the stimulus."

9 That's correct, isn't it, that we absolutely -- we actually don't know what current
10 Dr Leeks was using in his treatment?

11 **A.** Well, he has, Dr Leeks in various places has said it's between 120 and 170 volts, but not in
12 some of the other documentation when he's made statements. But I don't know what the
13 amperage would be, so again, it's the intensity of the shock that is important. But Dr Leeks
14 typically says that it's below the threshold of pain. That's not consistent with what the
15 survivors say.

16 **Q.** Did you review Dr Leeks' statements in preparing your evidence?

17 **A.** Yes.

18 **Q.** So were you aware that in his letter to the Medical Council he identified aversive stimulus
19 of between 5 and 10 milliamperes?

20 **A.** Yes, that's the amperage, yeah.

21 **Q.** So if he's telling the truth about that -- and I accept that's a big if -- would that be an
22 appropriate stimulus in terms of --

23 **A.** It's probably consistent with what the equipment would deliver. Because you're not really
24 trying to give people powerful -- it's not like sticking your fingers into the, you know, into
25 the light fitting without the bulb there and turning the switch on. So the amperages are
26 managed in order to not deliver huge electric shocks, but that didn't -- the intention is that
27 while the voltages are high, they're painful and unpleasant, but it's not life-threatening.

28 **Q.** So is it your understanding that between 5 and 10 milliamps is consistent with the research?

29 **A.** That's probably reasonably consistent with what others were using, yeah.

30 **Q.** All right, thank you. So then my next question was if we go down two paragraphs to the
31 bottom of the page he goes on to say:

32 "I think it is also of some significance that the boy identified the machine used by
33 Dr Leeks as the ECT machine. That this machine was modified to give a different kind of
34 electrical stimulus was not clear to the boy from his account and this of course raises the

1 problem of exactly what the boys thought they were doing."

2 So are you able to explain for us whether its known that the machine was modified,
3 because there seems to be some suggestion or some evidence that's been put forward to the
4 effect that there were two different modes of operating the machine?

5 A. I think, you know, one would really want to see the machine itself. Dr Leeks implies that
6 there was a different aspect to it. The boys describe turning the voltages up and down, so
7 that was part of the Ectonus-type treatment component. But I don't know what other
8 variations there would have been in the equipment, so I'm not really a competent person to
9 answer that.

10 **Q.** Right. But when you analysed -- you've analysed the treatment of 11 of the survivors?

11 A. Yes.

12 **Q.** And so you've reviewed their statements and also the medical notes to the extent that they
13 are available; correct?

14 A. I've had mainly nursing notes, very little in terms of medical notes, yes.

15 **Q.** And that's because many of them are missing?

16 A. Exactly, yes.

17 **Q.** And the medical notes that were available, how -- they were -- the ones I've seen are very
18 sparse, there's no information on the way the treatment's administered; correct?

19 A. No, and one worries, you know, sparse notes suggest not much wants to be disclosed.

20 **Q.** Yes, because there's no information on what current was used in the notes, is there?

21 A. Exactly, yeah.

22 **Q.** And in fact it's not even really possible to tell, is it, whether ECT was being administered or
23 so-called Ectonus or Aversion Therapy, because the notes don't appear to distinguish
24 terribly well between those?

25 A. Exactly.

26 **CHAIR:** Are you going to leave this document Ms Feint?

27 **MS FEINT:** I have left the document.

28 **CHAIR:** But it's still here, so before it runs away, before it's gone might I ask a question?

29 **MS FEINT:** Yes of course.

30 **CHAIR:** I'm going to have trouble finding this, but, yes, in the centre of that page I wonder if you
31 could call up the paragraph that says "It should be clear." Can you read that doctor?

32 A. Yes, I can thank you.

33 **Q.** Would you like to read it out?

34 A. "It should be clear from these comments that the actual technical requirements for this kind

1 of treatment are far from straightforward. Personally, I believe it is absolutely essential in
2 treatments of this kind, and I am not alone in my belief, that in order for the treatment to be
3 effective, then the subject needs to give his agreement to the treatment and to desire to
4 change." I think that's a very important point.

5 **Q.** Thank you. Do you agree with that?

6 **A.** I agree entirely.

7 **Q.** Thank you.

8 **QUESTIONING BY MS FEINT CONTINUED:** I think I only had one more question,
9 Dr Parsonson. That was when you prepared your evidence, did you review the staff
10 witness statements?

11 **A.** Yes.

12 **Q.** You did, all right. Thank you very much for your very helpful of the, no further questions.

13 **CHAIR:** Is there any other counsel who wish to ask questions of this witness? Thank you.

14 **MS R THOMAS:** Perhaps if we take the afternoon tea adjournment.

15 **CHAIR:** If that would suit you, before we excuse this witness?

16 **MS R THOMAS:** Yes, sorry, we're finished with this witness now.

17 **CHAIR:** We're finished with this witness?

18 **MS R THOMAS:** We are.

19 **CHAIR:** There may be some questions from the Commissioners. Just a few questions from the
20 Commissioners if you don't mind.

21 **COMMISSIONER GIBSON:** Thank you, Dr Parsonson, it's been intriguing to listen. Looking
22 at the international context, from your reading, you've described what's happened as torture,
23 you've made comparisons with Gestapo. Are you aware of any other health or therapeutic
24 environments where this kind of punishment regime has happened and has there been a
25 defence of therapy of different kinds?

26 **A.** As I understand it, there was an institution in Alabama, a youth institution which was
27 mainly for youth who had been involved in criminal offending, and this is probably again in
28 the 1970s, where the maltreatment was not too dissimilar in terms of the way that shocks
29 were used, and there was an inquiry into that and I understand great concerns were
30 expressed and the institution was closed down. I don't have a clear -- I spoke to a colleague
31 in the United States who had some familiarity with the events, but I don't have, you know, a
32 clear personal understanding. That was one institution.

33 There was another called the Judge Rotenberg Centre in the United States which
34 was treating people with autism and they were using electric shocks up into the 1990s,

1 mainly in an attempt to change behaviours like fighting or aggressiveness and so forth.
2 And they had little devices that staff could hold that gave a shock to the person on their arm
3 or leg. That became the subject of a number of court cases in the United States and
4 restraining orders were imposed. So I think it eventually closed down probably around
5 2000. Those are some of the problems with the use of aversive shock is that people misuse
6 it.

7 **Q.** Were you aware of criminal prosecutions or anything to that effect?

8 **A.** They did happen, as I gather in the United States, yes. Criminal prosecutions were
9 undertaken, but again, I say I'm not absolutely clear on the nature and terms of that.

10 **Q.** Thank you.

11 **COMMISSIONER ALOFIVAE:** Thank you Dr Parsonson, just a couple of questions, and thank
12 you for providing such a clear explanation in your evidence around Aversion Therapy and
13 ECT. Doctor, we've heard in evidence both in this hearing and in our private sessions the
14 ages of the children and you would have seen some of this in the notes that you've
15 reviewed.

16 **A.** Yes.

17 **Q.** The ages were on one occasion as young as five years old?

18 **A.** Yes.

19 **Q.** And you may not be able to answer what I'm asking, but certainly appreciate your opinion
20 if you're able. First of all, as young as 5 and then at another end we've heard evidence
21 today that a friend of a patient or a survivor that was in Lake Alice, one of their friends
22 passed away, they felt as a result of the ECT. Just your views on the plausibility?

23 **A.** I think that those are very frightening events. I've never heard of ECT ever being given to
24 children, I mean how do you assess depression or psychosis or whatever sorts of things you
25 might medically justify the treatment for in someone that young. It's not possible. And I
26 think that misuse of the equipment could lead to someone dying, you're giving electric
27 shocks. And people do die with epilepsy in the midst of seizures, so you're imposing a
28 seizure on a person. So who's to know, there may be other reasons, swallowing your
29 tongue and not breathing, you haven't had a proper anaesthetic, you're not given oxygen
30 afterwards. So those are real risks I would have thought.

31 So I'm sorry, but I felt really concerned -- I thought too one of the people who
32 gave evidence today via film said they were being given ECT for epilepsy. I mean you're
33 causing an epileptic seizure for someone who has epilepsy and you think it's going to cure
34 them? I couldn't see any possible justification for that unless the person was misinformed

1 and that was used as an excuse to give them ECT.

2 **Q.** Thank you, that was my next question was around epilepsy, much appreciated.

3 **CHAIR:** It was also going to be mine so you've trumped both of us. The only question I have for
4 you, doctor, is the use of the unmodified treatment. And in a part of your evidence, which
5 you didn't read out, but you refer to the fact that initially when it was first started, ECT was
6 given in unmodified form.

7 A. Yes.

8 **Q.** But over the time effective anaesthetic muscle relaxant drugs had been developed and used
9 since the late 1950s in modified form?

10 A. Correct.

11 **Q.** So is it your evidence that since the 50s modified ECT has been the norm rather than
12 unmodified?

13 A. Well, I was training in psychiatric hospital in 1960s, in the mid 60s and the normal
14 procedure for ECT there was still to use an anaesthetic and provide oxygen afterwards,
15 muscle relaxants as well. So those were the standard treatments back in the 1960s. I can't
16 see why in the 1970s, if you were giving ECT for depression or some properly diagnosed
17 process, you wouldn't have given modified ECT. In fact, some young people describe
18 having been given modified ECT but not by Dr Leeks. So obviously other psychiatrists
19 were using ECT in what was considered then to be an appropriate therapeutic mode.

20 **Q.** So, just to state the obvious, are there any circumstances in your mind, whether in the 60s,
21 70s, or today, there is a justification for using unmodified ECT?

22 A. I can't honestly answer that question because I'm not an expert on ECT, I don't want to
23 pretend to be, so I would be cautious in responding.

24 **Q.** You'd be cautious about that. Just one last thing, that is that you said in your evidence that
25 you can't believe that Dr Leeks was trained in Aversion Therapy. It may be that everything
26 you've said subsequently supports that, but I think it's an important point. Can you just
27 succinctly state why you believe that he was not trained?

28 A. Well, first of all there's one point in some of his own statements that he says he was trained
29 in Psychodynamic Therapy and that he was only doing this, the job of a psychologist, until
30 they got one in the unit. And I'm assuming that what he was referring to was the fact that
31 psychologists were probably better trained in having some understanding of Aversion
32 Therapy than he was.

33 And anyone who had been properly trained in Aversion Therapy would have done
34 things very differently, in fact even one of the nurses who had experienced that in the UK

1 noted that what was happening didn't actually meet any adequate standards of therapy. So I
2 think I've got someone else out there who agrees with me.

3 **Q.** Who agrees with you. All right. I just need to thank you sincerely. I appreciate this
4 evidence comes at a long career, you're long retired and you have put this work into this
5 and I'm very grateful to you for bringing your expertise to us.

6 **A.** I have to say I'm not retired.

7 **Q.** Oh you're not retired?

8 **A.** No.

9 **Q.** I assumed all people with white hair were retired. Sorry.

10 **A.** I've been threatening to retire but no-one will let me.

11 **Q.** What I want to say is that this evidence, and you will have noted from the applause, has
12 given some comfort and validation to the witnesses who have given their evidence, and
13 whose reports you have read and accounts you've read, and so I'm sure on their behalf I'm
14 going to give thanks, but you've also added a level of expertise which is essential to us in
15 our deliberations. So thank you very much and again thank you to your wife for being a
16 loyal companion during this difficult time.

17 **A.** Thank you. I'm pleased to have been able to give any assistance that I could, thank you.

18 **Q.** Lovely thank you. **[Applause]**. On that note we'll take the afternoon adjournment.

19 **Adjournment from 3.16 pm to 3.33 pm**

20 **MS FINLAYSON-DAVIS:** Good afternoon, Commissioners. The next witnesses are Mike
21 Ferris, Victor Boyd and Bruce Gibson, who are members of the Citizens Commission of
22 Human Rights. They're represented today by Moira Green. I'll allow her to introduce
23 them.

24 **MS GREEN:** My name is Moira Green and I'm counsel for the Citizens Commission on Human
25 Rights. I'll make a very brief opening. The Royal Commission is now going to hear from
26 the Citizens Commission on Human Rights, or CCHR to use the abbreviated title. The
27 witnesses are Mr Bruce Gibson, Mr Victor Boyd and Mr Mike Ferriss. And they will talk
28 about their personal experiences about events regarding Lake Alice and the Lake Alice
29 survivors, from the period 1976 until the present day. You will hear about their meetings
30 with child patients at Lake Alice and their support of survivors throughout the decades from
31 the 70s to today.

32 You will hear about their persistent efforts and their work through the various legal
33 processes and institutions throughout the decades culminating in their submissions to the
34 United Nations, and you'll hear first from Mr Bruce Gibson.

1 **BRUCE ROBERT GIBSON, VICTOR KENNETH BOYD, MICHAEL VICTOR FERRISS**

2 **CHAIR:** Thank you, Ms Green. Before we do that I'll just welcome you three gentlemen. I take
3 it each of you is going to speak, is that right?

4 **MR GIBSON:** Correct.

5 **CHAIR:** On that basis I'll get you -- I don't know if you were at the hearing the other day when
6 I asked two gentlemen to do it and they thought they were getting married so I don't want
7 you to be under any allusions about this. I'm just asking if each of you would follow the
8 affirmation. Do each of you solemnly, sincerely and truly declare and affirm that the
9 evidence you'll give before this Commission will be the truth the whole truth and nothing
10 but the truth?

11 **MR GIBSON:** I do.

12 **MR BOYD:** Yes.

13 **MR FERRISS:** Yes.

14 **CHAIR:** If you each say your names so we know which is which. Which is Mr Gibson?

15 **MR GIBSON:** I'm Bruce Gibson.

16 **CHAIR:** You're Bruce Gibson, and that means --

17 **MR BOYD:** I'm Victor Boyd.

18 **MR FERRISS:** Mike Ferriss.

19 **MS GREEN:** Mr Gibson, if you can tell the Commission your full name and occupation.

20 **MR GIBSON:** Certainly. Bruce Robert Gibson and I've been a religious counsellor for 50 years.
21 I retired from my life's profession in the last five years, physical health issues contributed to
22 this. I still work now in the food safety for a food company on a reduced schedule.

23 **MS GREEN:** Do you have your witness statement dated 27 April 2021 in front of you?

24 **MR GIBSON:** I do.

25 **MS GREEN:** And if I can just lead you through your statement. Can you please tell the
26 Commission what your role was with the Citizens Commission on Human Rights and its
27 establishment in New Zealand? It's paragraph 1 on in the statement?

28 **MR GIBSON:** All right. First of all, internationally, the Citizens Commission on Human Rights
29 International was established in 1969 by the Church of Scientology and professor of
30 psychiatry Thomas Szasz to investigate and expose psychiatric violations of human rights.

31 The New Zealand branch of CCHR was established in 1975 and incorporated in
32 1976. I oversaw its establishment in my role as the public affairs officer of the Church of
33 Scientology of New Zealand.

34 Once the group was established, the first question that really arose was, well, how

1 do we go about this? And it seemed the best thing was, well, we go and we look and we
2 see and we find out what exactly was happening. Sometime later we had the good fortune
3 of meeting Thomas Szasz who was at that time the professor of psychiatry at the Upstate
4 University of New York, Syracuse, and he was quite a staggering figure, very Lincoln-like,
5 he wasn't anti anything, but he was for human rights.

6 **MS GREEN:** If I can take you to paragraph 5 of your statement, can you tell the Commission
7 about your understanding of electroconvulsive treatment and how it was used in Lake
8 Alice.

9 **MR GIBSON:** Certainly. So in my statement I've used electric shock treatment and
10 electroconvulsive treatment in several places instead of the abbreviation ECT. This is
11 because ECT in a way acts as a euphemism and disguises the ferocity of the procedure and
12 the pain that is caused without anaesthetic which was used consistently on the children at
13 Lake Alice.

14 **MS GREEN:** Can you please tell the Commission about CCHR's first visit to the Lake Alice
15 Hospital and your impressions that day, at paragraph 7 of your statement.

16 **MR GIBSON:** Certainly. Our first tour was in January 1976. I was part of the team from CCHR
17 who conducted the tour of Lake Alice Hospital. We didn't know what to expect. There
18 were five members from the CCHR who were part of the tour of Lake Alice. There was a
19 journalist present from the Whanganui Chronicle and a photographer and we met with the
20 superintendent, Dr Pugmire, and he appeared wary of us and a bit defensive. Initially it
21 seemed he was uncertain whether he would even allow us in. He was having second
22 thoughts. But, finally, he gave into reason and he allowed the tour to proceed and we
23 walked into the hospital area. I still remember that very well 45 years later. It was grey, it
24 was gloomy, it was very bare, it was lacking in cosiness or comfort, very institutional,
25 impersonal, a bleak world. I felt by the end of the tour there was an overriding atmosphere
26 of helplessness in this place.

27 We were taken to the children's unit initially. There was a wariness from the child
28 patients towards us. They didn't know who we were or what we were doing there. As the
29 tour progressed the word got around that we were there to help the patients and that we
30 were not part of the psychiatric or Social Welfare system.

31 **MS GREEN:** Please tell the Commission about the children that you saw at the Lake Alice Unit
32 and their approaches to your group, paragraph 15.

33 **MR GIBSON:** Certainly. On more than one occasion CCHR members were pulled to one side by
34 a child patient and spoken to in private. This was how we received unsolicited complaints

1 of abuse. A boy told one member that if they misbehaved they were sometimes locked in a
2 room of their own. One boy said he was locked up for some days. Another child
3 complained he was being given injections as punishment. More than one of them said they
4 hated the injections as they were painful and it made their legs so sore they could hardly
5 walk.

6 **MS GREEN:** What did the children say about electric shock treatment to you?

7 **MR GIBSON:** Two boys called a member into a room as they appeared not to want any of the
8 staff to overhear them. They told her that some of the children were given shock treatment
9 as a form of punishment to make them toe the line. Two days a week, they said, was set
10 aside for shock treatment. The children hated and dreaded receiving electric shock
11 treatment.

12 **MS GREEN:** Turning to paragraph 20, what did the Superintendent Pugmire tell you about the
13 running of the children's villa?

14 **MR GIBSON:** He didn't want too much to do with it. The superintendent told CCHR that the
15 running of the children's villa was left to the child psychiatrist, Dr Selwyn Leeks, to do
16 what he thought fit. It was here that Dr Pugmire absolved himself of any acts or treatments
17 in the children's unit, distancing himself from them.

18 **MS GREEN:** What were your impressions from this first initial visit to the children's unit, and I'll
19 just ask that a document be put overhead, it's 483002. While that's happening, what were
20 your initial impressions when you visited the unit?

21 **MR GIBSON:** Well, we knew at that time on the first visit that what we were hearing was wrong,
22 although we didn't know the full extent of what Dr Leeks and some of the staff were doing
23 to the children in Lake Alice. It felt like we'd stumbled upon a very serious issue; children
24 being subjected to electric shocks and drugs as punishment. We put out our report.

25 **MS GREEN:** That report is your 1976 interim report on tours of Kingseat, Tokanui and Lake
26 Alice, is that correct?

27 **MR GIBSON:** That's correct.

28 **MS GREEN:** If we could see page 19 on the overhead.

29 **MR GIBSON:** Can I comment on this report?

30 **MS GREEN:** Yes, do.

31 **MR GIBSON:** So we conducted a tour of three, it was Tokanui, Kingseat as well as Lake Alice.
32 This is set out in quite some detail in this report here. Our concerns were published in the
33 Whanganui Chronicle two days later. Following the publishing of our interim report, there
34 was further media coverage about children being given shock treatment at Lake Alice. It

1 was from these beginnings that the Lake Alice Child and Adolescent Unit was brought to
2 the attention of the New Zealand public for the first time. CCHR raised the issue of human
3 rights abuse in Lake Alice, Kingseat and Tokanui. But we were also interested in what
4 other abuses might be occurring in various psychiatric hospitals around the country, so we
5 brought these issues into public eye to raise awareness and to hopefully bring about change.

6 The story of Lake Alice and abuse of children made headlines and this was when
7 the medical reporter for the New Zealand Herald, Peter Trickett, took an interest and started
8 writing articles. He personally cared about and was energetic in the pursuit of truth. He
9 extensively interviewed CCHR and senior medical staff, he visited Lake Alice and spoke
10 with several children and reported his findings in a long article. I spent an entire day with
11 Peter. He interviewed me and worked on the article. The result was "The abuse of the
12 children at Lake Alice through Shock Treatment used as punishment."

13 **MS GREEN:** Mr Gibson, if I can take you to paragraph 36 of your statement.

14 **MR GIBSON:** Yes.

15 **MS GREEN:** CCHR took part in the Magistrates Inquiry into the case of a Niuean boy. Can you
16 tell us about your involvement and I refer to you paragraph 36 of your statement.

17 **MR GIBSON:** Certainly. CCHR was concerned with two major matters at the Magistrates
18 Inquiry. One, the authority by which ECT was administered to the boy by medical
19 authorities at Lake Alice Hospital, and any assorted matters that may be thought relevant to
20 the general objects of the Inquiry.

21 **MS GREEN:** If I can refer you to paragraph 41 of your statement where you talked to the Inquiry
22 about the children that had spoken to you. Can you read that out.

23 **MR GIBSON:** Certainly. Part of our submission to the Inquiry included the fact that a number of
24 the children had spoken to members of CCHR when they toured the unit. The CCH
25 Chairman on the tour, the late Tony Wilson, civil engineer, reported the following.
26 "During the tour of the Children's Section the group spoke freely with the boys who were
27 around the ages of 10 to 15 years. Upon my assurance that I was there to help them and to
28 improve their conditions, they overcame their initial suspicions and hostility. This was
29 upon me agreeing not to identify them with their statements, for they were fearful of
30 punishment. This is what was said. The electroconvulsive therapy, shock treatment, was
31 used as a threatened punishment and given for unruly behaviour and disobedience; that
32 ECT was given to quieten them; that they had an intense fear of ECT; one boy stated he had
33 been given four days solitary confinement for running away and this was verified by the
34 other boys; those who had been given drug injections as punishment stated the injections

1 were very painful."

2 In summary, CCHR's point of view was that electric shock was barbaric and should
3 never be given without consent to anyone, least of all children, and especially children who
4 were in the care of the State who had had all their rights removed.

5 **MS GREEN:** And how did the Magistrate regard the issue of electroconvulsive treatment at the
6 Inquiry, and I refer you to paragraph 43 of your statement.

7 **MR GIBSON:** The Magistrate made sure the subject of electric shock treatment was outside the
8 scope of the Inquiry as we and others had made it known that we wanted a wide-ranging
9 inquiry into the treatment.

10 Instead, the Magistrate considered that electric shock treatment was warranted when
11 he made the following statement which I do not think he was qualified to make. The
12 statement was this: "There can be no doubt that the boy's condition when he entered Lake
13 Alice Hospital in November 1975 called for ECT."

14 **MS GREEN:** Now if I just take you to paragraph 54 of your statement, how did the Magistrate
15 view CCHR's involvement in the case?

16 **MR GIBSON:** The Magistrate considered it significant that CCHR visited the hospital in January
17 1976 and how the children who talked to CCHR members gave them some ammunition to
18 fire at the hospital. He did not accept the allegation that ECT was used as punishment for
19 unruly behaviour and considered that the fear of it was exaggerated. I think we've seen the
20 opposite during this hearing. Part of this reasoning was that the boy in question was more
21 afraid of injections.

22 **MS GREEN:** Can you tell the Commission about the Magistrate's findings in this case, especially
23 concerning CCHR and ACORD's involvement, and that's at paragraph 62 of your
24 statement.

25 **MR GIBSON:** The Inquiry Magistrate dismissed all aspects of CCHR's and ACORD's concerns
26 regarding the treatment of the Niuean boy. In addition, Judge Mitchell considered the tour
27 of Lake Alice by CCHR in January 1976 and the subsequent media coverage was what
28 triggered the Niuean boy to complain about the electroconvulsive treatment, and up until
29 then, the boy did not have a problem with the treatment he was getting, he said. It was with
30 this viewpoint in mind that the Magistrate made no recommendation for change at the Lake
31 Alice Children's Unit, but rather, chose to point out, and discourage it even: "The protests
32 from people with no direct interest in the case about the administration of ECT without
33 express authority from the family will no doubt make doctors hesitant in future and people
34 who would rather entrust these decisions to their doctors but find the doctors unwilling to

1 take that responsibility." However, in fairness, the Magistrate did say: "Whether that's
2 progress or a step backwards is matter on which there may be different opinions."

3 As it turned out, the Magistrate was correct in his prediction for after the media
4 exposure on the subject of electroconvulsive treatment being used on children, the number
5 of treatments used in New Zealand dropped dramatically from around 7,000 in 1976 to
6 5,000 in 1977.

7 **MS GREEN:** If we can just put up the overhead 83004. An article appeared in the Listener, that
8 will be on the screen there, and it was entitled "Electro Shock Treatment in New Zealand:
9 A Special Report" and it's dated 6 May 1978. Do you remember when that article came
10 out?

11 **MR GIBSON:** Yes.

12 **MS GREEN:** Is there anything you want to comment about in that article?

13 **MR GIBSON:** Well, the injustice of the whole thing on shock treatment on children was the
14 injustice of it. There appeared enough information at the Magisterial Inquiry which built
15 up to it, and enough evidence, also with articles such as this, to warrant further examination
16 of the harmfulness and the pain caused by electric shock treatment, which needed inquiry, it
17 needed looking into. Well, we're here 45 years later and we're still looking at it, and this is
18 a long road in which we're really hoping for major, major change. Because furthermore, we
19 believed at that time there should have been a recommendation for this wider investigation,
20 especially as it implied punishment was being used and no consent with children.

21 **MS GREEN:** All right. We're going to move on now to the Ombudsman Inquiry and some
22 aspects of this Inquiry at paragraph 69 of your statement. That was an inquiry by the
23 Ombudsman Sir Guy Powles. Can you tell the Commission about your memory of that.

24 **MR GIBSON:** Certainly. In 1977 the Ombudsman Sir Guy Powles conducted his own inquiry
25 following a complaint from the parents of a child who had been admitted into Lake Alice.
26 His investigation went a lot further and looked into the issues of the detention and treatment
27 of the boy, and once again the lack of his and his parents' concern to treatment. Compared
28 with the Magistrates Inquiry, the Ombudsman was much more critical of the boy's
29 detention and treatment with electroconvulsive treatment.

30 **MS GREEN:** If I can just refer you to paragraph 7(sic) of your statement. Tell us about some key
31 points of the Ombudsman Inquiry from your point of view?

32 **MR GIBSON:** Well, the Ombudsman considered consent was a fundamental legal right, which
33 was very important from our perspective, and the consent should be informed otherwise
34 psychiatric treatment such as ECT would constitute an assault. And he clarified and made

1 it very clear, he said: "It is a fundamental principal of our law that a person who is capable
2 of consenting must have a reasonable opportunity to acquiesce to any extraneous
3 application of force. Otherwise, the act would constitute an assault. In the context of
4 medical and psychiatric treatment, it is well established that the consent and cooperation of
5 the patient is, where possible, a condition and upon the administration of treatment."

6 The Ombudsman further recommended that the Department of Health review the
7 use of ECT: "With regard to the reservations I expressed about the way ECT was
8 administered to the boy, I suggested that the Department of Health undertake a review of
9 the administration of ECT in institutions under its responsibility in the light of the
10 following observations." And the Ombudsman went on to say: "The use of unmodified
11 ECT as a mode of treatment for children and young persons detained in psychiatric
12 hospitals under the Mental Health Act should be discontinued;

13 2, the use of ECT treatment on children and young persons in psychiatric hospitals
14 should be discouraged in all but exceptional circumstances and where the principles of
15 consent have been met fully;

16 3, consideration should be given to instituting legislative change to give effect to 1
17 and 2." These findings were heartening to us when they came out. CCHR saw the issue of
18 electroconvulsive treatment being given to children as something that needed to be looked
19 into by a formal inquiry, especially when given without any consent.

20 **MS GREEN:** Just to confirm, the date of that report was April 1977; is that correct?

21 **MR GIBSON:** Correct.

22 **MS GREEN:** If I can just bring up an overhead which is 006. Can you tell the Commission about
23 what was happening there and it's at paragraph 76 of your statement.

24 **MR GIBSON:** Just looking at it I see how much I've aged. Okay, all right. So a protest was held
25 then on 16 April 1977. This was two weeks after the release of the Ombudsman's report.
26 CCHR staged a protest against the continued use of electroconvulsive treatment on
27 children. Among the people who took part were members of the Auckland Committee on
28 Racism and Discrimination and people from the women's party, women's rights party in the
29 Values Party. Here, I would like to acknowledge tremendous work over all these years by
30 ACORD. Fantastic. Oliver Sutherland and his group have done fantastic work.

31 We were calling for a Royal Commission on the use of ECT on children saying it
32 was savage and cruel and it should be banned. And it was reported, "Protest at Hospital",
33 Whanganui Herald, of that date.

34 **MS GREEN:** If I just take you to follow the sequence of events. So paragraph 79 of your

1 statement, which is six days after the protest, can you tell us what happened then?

2 **MR GIBSON:** Yeah. Six days after the protest, Dr John Dobson, Chairman of the New Zealand
3 Committee of the Australian and New Zealand College of Psychiatrists, who had been
4 made aware of the protests, did nothing. At no time did Dr Dobson or the College of
5 Psychiatrists investigate Dr Leeks or ask for an investigation into Dr Leeks' practice and
6 methods of treatment of the children at Lake Alice, at no time. On the -- yes.

7 **MS GREEN:** Tell us about the meeting held with Dr Mirams, the then Director of Mental Health,
8 and that's at paragraph 81 of your statement.

9 **MR GIBSON:** On 9 August 1977, Harry De Jong and Margaret Boyd of CCHR met with
10 Dr Mirams, the Director-General of Mental Health to tell him that a full inquiry into Lake
11 Alice was needed. Dr Mirams was not prepared to order an inquiry but he did say there
12 was going to be a conference of psychiatrists and the Lake Alice affair would be discussed
13 there. He did say that unmodified ECT would not be used anymore.

14 **MS GREEN:** So tell the Commission, in your conclusion, what happened as a result of CCHR's
15 initial activities regarding Lake Alice?

16 **MR GIBSON:** Well, we'd been campaigning that the practice of ECT being used on children and
17 young people at Lake Alice and in all psychiatric institutions should stop. We did want a
18 full investigation done of the use of ECT in New Zealand psychiatric hospitals, but despite
19 not getting this, we did make a considerable impact on this abusive form of psychiatric
20 practice. What did occur was the superintendent of Lake Alice Hospital, Dr Sidney
21 Pugmire, removed the ECT machine from the Child and Adolescent Unit after consulting
22 with Mirams, then Director of the Department of Health division of mental health. And it's
23 to be noted that the 1977 amendment to the Children and Young Persons Act included a
24 clause requiring consent before a child or young person can be given psychiatric treatment.
25 I refer to the Children and Young Persons Amendment Act 1977.

26 **MS GREEN:** And to conclude your statement, please tell us your views, as you stated at
27 paragraph 88, to this Commission about your views at that point in time.

28 **MR GIBSON:** Very happily. We knew that the issue of human rights in mental health and
29 psychiatry had been firmly established through our actions and the actions of ACORD and
30 others concerning Lake Alice. The subject of abuse in mental health system would not now
31 go away. And so, it has proved.

32 **MS GREEN:** Thank you for your statement. Do the Commissioners wish to ask questions of
33 each witness?

34 **CHAIR:** We haven't discussed that, I'll just confer. We're all happy to wait until the end, we're

1 dying to get on to the next exciting instalment.

2 **MR GIBSON:** Sure, okay. I just want to say I had the honour of helping establish CCHR at this
3 time, at that time. We all knew that this campaign to bring about human rights in mental
4 health had only just begun. What we didn't know was that CCHR would still be fighting
5 for the victim survivors for nearly 50 years to come. And in this is the unknown heroes
6 who over this period of time, through each of the groups, had their members working,
7 working, men on my right, 45 years of research and thank you -- sorry -- thank you for
8 what you're doing. Thank you for your attention and care. You have the power to create a
9 safer future for some of the most vulnerable in our society.

10 **CHAIR:** Thank you. [Applause].

11 **MS GREEN:** The next witness is Mr Victor Boyd. Can you tell the Commission your full name
12 and occupation?

13 **MR BOYD:** Yeah, I'm a small business owner. My name is Victor Kenneth Boyd, I live in
14 Auckland on the North Shore.

15 **MS GREEN:** And you've made a statement to the Commission dated 27 April 2021. Do you
16 confirm that statement is true and correct?

17 **MR BOYD:** Yes.

18 **MS GREEN:** I'm going to refer to you to various paragraphs of your statement for you to speak
19 to.

20 **MR BOYD:** Okay.

21 **CHAIR:** Can I just interrupt briefly and say what I've said to many witnesses, that we have your
22 statements, we've read them, and even if you're not referred to parts of them, they're very
23 much in our mind. So for ease and time, we'll probably be skipping over some but that's
24 not to say that it's not noticed and understood. Thank you, Ms Green.

25 **MS GREEN:** Please tell the Commission about your involvement with CCHR and I'm referring
26 you to your first paragraphs in the statement 1 to 14.

27 **MR BOYD:** Right. I started this quest, if you like, when I was 26 years old in 1977. I lived about
28 a half an hour car drive from where Lake Alice was. And as it turned out, when the case of
29 the Niuean boy hit the headlines, because it was close to Whanganui, the Whanganui
30 newspapers certainly covered it, and I was part of one of the protests down there at Lake
31 Alice. My workmates knew that I'd done this and one of them said to me, "That guy in
32 dispatch, he's been in Lake Alice." So what I did was I asked him a couple of questions and
33 asked for an interview from him, he was only 18, and he gave me an interview and I got an
34 affidavit from -- of his experiences of what it was like at Lake Alice. And he gave me

1 several names for me to contact of other boys who had been in Lake Alice.

2 Now, what I did was I searched and I basically just hunted them down and said,
3 look, you know, what I'm trying to do here. We're all volunteers in CCHR, I wasn't part of
4 the system, I'm here to do research on what happened at Lake Alice, I'd like to hear of your
5 experiences. And this is basically how I approached the 30-odd patients that I've
6 interviewed.

7 In 1977 I interviewed five of the boys who'd been in Lake Alice and got affidavits
8 from them of their experiences. They all really spoke of the painful injections and electric
9 shocks which they thought were unwarranted. Two survivors talked of electric shocks to
10 the genitals. We are now aware of 11 survivors who speak of this.

11 So that was my beginnings.

12 **MS GREEN:** If we can just have an overhead up, it's 514003. Can you see that document in front
13 of you, the Mental Health Declaration of Human Rights, and you refer to that in your
14 statement at paragraph 8. Do you want to make a brief statement to the Commission about
15 your purpose or CCHR's purpose, what was driving you, if you like, in reference to the
16 declaration that's on the screen, if you can see it?

17 **MR BOYD:** Well, the Declaration of Human Rights has been put together from the experience of
18 CCHR's overseas, because they had more experience with mental patients' rights and some
19 abuses than we had in New Zealand because New Zealand just started this in 1976. So
20 that's basically the impetus behind the Declaration of Human Rights.

21 **MS GREEN:** Do you still -- this is still a driving belief for you?

22 **MR BOYD:** Yes. It has a lot of aspects to that which we think need to be put into New Zealand,
23 particularly after what we've uncovered with Lake Alice over the years.

24 **MS GREEN:** I now refer you to paragraphs 15 to 20 of your statement where you talk about
25 Mr Ray Limpus and I'm going to ask that his statement be put overhead. It's 514004. And
26 I wonder if you could tell the Commission about your dealings with Mr Limpus?

27 **MR BOYD:** With Ray Limpus, who's passed away now, but I actually -- I knew him as an
28 acquaintance and when he knew that I was looking at Lake Alice as a hospital and what
29 was going on there, he was a teacher at Holdsworth School which we have heard a bit
30 about, and he was -- just are told me a few of the events and one of the events was one of
31 the boys he was looking after was -- the housemaster said, "We're taking him out to go to
32 the dentist." Two or three days later he returned and Ray looked in his file and he found
33 that he'd been to Lake Alice and had shock treatment, ECT.

34 That was a concern to Ray, and he did a statement for us of further of his

1 experiences as a teacher.

2 **MS GREEN:** What's the date of that statement, can you see there?

3 **CHAIR:** It can be highlighted and magnified if you wish any particular parts.

4 **MS GREEN:** I think it would be good for the Commission to just know the date.

5 **CHAIR:** Is it at the top or the bottom?

6 **MS GREEN:** I don't think we've got the signing page there. Here we are, yes.

7 **CHAIR:** There it is.

8 **MS GREEN:** 20 December 1977.

9 **MR BOYD:** 77.

10 **MS GREEN:** Please tell the Commission about you facilitating a boy making a complaint to the
11 Director-General of Mental Health, and that's in paragraphs 32 to 41 of your statement.

12 **MR BOYD:** Right, another boy I found out about, I located him from Wellington and I went and
13 asked if I could speak to him and he said yes. Now, what he was about, he told me later on
14 that he'd spoken to his mother about what events occurred to him at Lake Alice and his
15 mother had said, "They're not allowed to do that, son." And when I came to see him and
16 spoke with him, he was very impressed, he told me later he felt someone cared about what
17 happened to "us boys at Lake Alice", as he put it.

18 So after that, I kind of lost contact with him as I do with some of the others
19 because they're pretty transient people sometimes. He told me he made a complaint to the
20 Director-General of Mental Health off his own bat. So when I was interviewing him, he
21 described several incidents of the shock that was applied to children and himself, which
22 were quite outlandish I thought, and one of them, the main one I thought was where he
23 described -- see, at Lake Alice, unfortunately they had a boy in there who had known
24 sexual preferences, shall we say, and he was sent to Lake Alice from a boys' home and he
25 was allowed to mix with other boys, and the staff found out after about five months that
26 he'd sodomised five of the other boys in there.

27 And this particular survivor told me where he was invited to turn the dial of the
28 shock machine because there was a special session set up where it was a punishment
29 session, where they were allowed to get their own back on this boy who had sodomised
30 them by giving him electric shocks. And this affected the survivor and he was certainly
31 part of the complaint that he made to the Director-General of Mental Health.

32 Now, what happened there is we found out sometime later that the complaint went
33 to the -- was passed on by the Director-General of Mental Health to the Medical
34 Association who looked at the complaint and consulted with several psychiatrists about the

1 allegations, and they wrote to Dr Leeks and said "Well, we're not happy about this, you're
2 using the shock machine to -- as a punishing situation and we think this is likely to bring
3 the profession into disrepute."

4 Now we found out later that they communicated with Dr Leeks. Dr Leeks wrote
5 back to the Medical Association and he said, "No, you are wrong and I am right" and he
6 basically told them, "Well, you know, I'm a psychiatrist, I know what I'm doing." And
7 that's that. So the Medical Association was not happy, they wrote to the Medical Council.
8 The Medical Council -- in 1977 all this is, the Medical Council wrote to Dr Leeks saying
9 "You've been found guilty of unprofessional conduct in a professional respect." Dr Leeks
10 wrote to the Medical Council and he said, "No. You, Medical Council, are wrong and I am
11 right." And the Medical Council weren't happy with this, so they set a date for a hearing,
12 but unfortunately for one and all, the outcome of that hearing is not able to be located by
13 the Council or by ourselves.

14 So Dr Leeks was not censured, the complainant was given no information about
15 what happened, and Dr Leeks continued to practise in Australia with a certificate of good
16 standing from the Medical Council.

17 **MS GREEN:** So just taking you on to paragraph 44 of your statement. What do you remember of
18 the Police investigation where you supported the boys to make complaints?

19 **MR BOYD:** Right. Well, essentially, there were three investigations in 1978 which caught the
20 attention of media and myself and they got serious investigations; the Magisterial Inquiry,
21 the Ombudsman Inquiry and the Police investigation. Now, the Magisterial Inquiry was
22 looking at one boy, the Ombudsman Inquiry looked at one boy and the Police investigation
23 looked at two, two boys, the complaints of those people.

24 So there was four boys. And we in CCHR thought, well, is there any more to this
25 and because I was in Whanganui at the time, living in Whanganui, I was kind of asked and
26 kind of volunteered to scout around a bit more to see what there was about Lake Alice, if
27 there was anything more.

28 So I basically -- in those days you had to do everything yourself, there were no
29 laptops and no cellphones, and I scouted around and found further survivors and got their
30 story. So what we were doing in CCHR, we were trying to put a bigger picture together, if
31 there was one, than what these inquiries were looking at.

32 So that's most of the work that I had done in the 70s.

33 **MS GREEN:** I thought it might be helpful for the Commission to have a summary of CCHR
34 involvement from 1977 to 1979. And if you could put up the witness statement, it's 14001.

1 Paragraph 55. I thought you might like to just take a journey down that decade and just
2 highlight the important things. It should be on your screen there or on your -- in your
3 statement.

4 **MR BOYD:** Okay. Well, I'm just looking a bit ahead here actually to 90, 91. We've covered the
5 inquiries that occurred through 77 in very general terms because this is all the time I've got
6 here. But in 1991, just moving forward just a shade, CCHR helped with a complaint to the
7 Medical Practitioners Disciplinary Committee on another survivor. He pointed out in his
8 complaint that the Medical Council may already have information on Lake Alice.

9 Now, the Chairman, Dr Williams, he determined from this complaint "There are no
10 grounds for an inquiry into the conduct of Dr Leeks." We thought that this was another
11 chance to uncover the systemic abuse that looked like was unfolding here.

12 **MS GREEN:** All right, we'll move on. Now if we go to the first class action and that's at
13 paragraphs 76 to 78 of your statement. What would you like to say to the Commission
14 about that?

15 **MR BOYD:** Okay. Well, there was momentum building. The survivors that we could contact,
16 and there were other survivors, because they were getting older, and somewhat, shall we
17 say, a little braver, a little braver, and essentially what happened was that there was a law
18 firm in Christchurch, Grant Cameron Associates who started putting a class action together
19 of cases which had been supplied to him. We supplied the affidavits from 1977 which
20 showed that what he was encountering in 1999 with the survivors, they were saying the
21 same things then as what they said in 1977.

22 And this was a help with the credibility for his class action. So he was putting those
23 together, but from 1997 he was a catalyst in generating more media in Australia and
24 New Zealand and in April of 1999 he filed in the High Court in Wellington the first 56
25 cases that he put together of eventually 85. It needs to be spoken that in the same year that
26 he'd filed those cases, Dr Leeks cancelled his registration with the Medical Council in
27 New Zealand, which meant that the New Zealand Medical Council would say later on that
28 "he's no longer in our jurisdiction, we won't investigate him."

29 **MS GREEN:** Can I take you on to paragraphs 80 to 83 of your statement. What happened as a
30 result of the class action from your perspective?

31 **MR BOYD:** We thought this was very significant. It was the class action by Grant Cameron
32 Associates resulted in a Government apology and ex gratia pay outs to the victims. At
33 2001 there were 85 -- to 85 individuals, \$6.5 million. When we talk about ex gratia
34 payments we're talking about like a gift and the Government made it very clear that they

1 sincerely apologised to the survivors, we thought that was magnificent, but they also said
2 "these pay-outs mean we're not accepting any legal liability whatsoever for this." And the
3 Minister of Health sent out a press release where she said many children should never have
4 been in Lake Alice, some were put in there because there was nowhere else for them to go.

5 But with the outcome of this civil suit, no one was held to account, no one censured,
6 there was no demand for any Police investigation or any investigation by a responsible
7 authority and the survivors were told to go to the Police if they want to go further. But
8 some may have been reluctant to do this and some may have had no knowledge of how to
9 do this, so at that stage we helped six complainants take complaints to the Police.

10 **MS GREEN:** The next significant event was the Gallen report. You talked about that at
11 paragraphs 84 to 89 of your statement. Can you summarise what you understood was
12 achieved by the Gallen report?

13 **MR BOYD:** Well, this was really the first look at a large group of the survivors, not just one or
14 two individuals. It gave a real insight into events at Lake Alice. Sir Rodney Gallen, the
15 retired High Court Judge who wrote the report, was appalled and went beyond his brief to
16 write this report. The Government unfortunately challenged it being made public but that
17 got overruled. And he described incidents of seclusion, electric shocks of children and
18 terror at the treatment they were receiving at the hands of the staff, not just the psychiatrist,
19 but the staff at Lake Alice.

20 So from this of course the pay-outs from Lake Alice increased. As of 2009 there
21 were 195 claimants for the pay-outs and the Government's paid out \$12.8 million of
22 taxpayers' money without any accountability for that.

23 **MS GREEN:** An overhead is going to appear now, I hope, and that is a press article dated 2001,
24 "Children 'wept in terror'", October 2001. Is that the publicity that the Government did not
25 want at the time?

26 **MR BOYD:** Yes. The Gallen report was quite graphic and described in general terms but -- and
27 there was detail in there. What I'm saying is in general terms, I mean there were no names
28 mentioned, it was done on proper confidentiality, but it described the events of what the
29 staff were doing at Lake Alice to the children.

30 **MS GREEN:** Now, the Police investigation occurred from 2002 to 2010 and you cover that in
31 paragraphs 93 to 103 of your statement. Can you summarise the important points, from
32 your point of view, about the Police investigation?

33 **MR BOYD:** Well, when we look at this one here, CCHR knew of nine complainants who were
34 never interviewed by the Police as part of their investigation of criminal misconduct. We

1 now know there were 41 who were not interviewed by the Police. We also know that there
2 was a statement in a Police job sheet where a registered nurse stated they had witnessed a
3 boy being shocked to the genitals and thighs and ECT was used as a punishment. We
4 thought that is highly significant, coming from a registered nurse at Lake Alice.

5 So the Police also got an expert opinion from Professor Walter who was an
6 Australian psychiatrist and I'll just read out that, it's only a paragraph of what he provided
7 to the Police. So here is the quote: "In summary, Dr Leeks' treatments appeared to depart
8 significantly from the standards of the day. This was in the areas of his direct clinical care,
9 including his method of use of electrical treatments and his dubious reasons for some of
10 those treatments. His level of supervision of staff, including the various treatments used by
11 those staff and his documentation, the last even by 1970s standards. It's worth adding that
12 it appears difficult to ascertain what governed Dr Leeks' decision-making, example, when
13 to give patients modified versus unmodified ECT, not that the latter is ever medically
14 indicated."

15 So, the outcome of that investigation, there was no criminal prosecution concerning
16 any of the staff.

17 **MS GREEN:** Next, you followed the Medical Practitioners Board of Victoria investigation
18 between 2003 to 2006 and that's at paragraphs 158 to 176 of your statement and I'll get an
19 overhead on the board, it's 1458. Can you take the Commission through that Medical
20 Practitioners Board of Victoria, MPBV?

21 **MR BOYD:** We thought because Dr Leeks was practising in Australia at the time, we forwarded
22 several complaints to the Medical Practitioners Board as did Grant Cameron Associates and
23 they thought enough of it to do an investigation into the conduct of Dr Leeks. Although he
24 was practising in Australia, they were looking solely at what he'd done, what he was doing
25 at Lake Alice in the 70s.

26 So they hired a law firm, Minter Ellison, who came to New Zealand to interview
27 CCHR and survivors and they wanted an affidavit from me that the interviews that I'd done
28 in 1977 were true.

29 The CCHR gave the medical board all the information we could and the medical
30 board investigated and they compiled 39 charges against Dr Leeks of infamous conduct in a
31 professional respect. His conduct was seen as not having an adequate medical basis.

32 So what follows is just a few sentences of the book of evidence that the board
33 compiled which they presented to Dr Leeks and his lawyers. These were 15 counts of
34 administering electric shocks to the temples without anaesthetic, 15 counts of administering

1 electric shocks to the temples without anaesthetic and without consent, two counts of
2 permitting adolescent patients to administer electric shocks to another patient, three counts
3 of administering electric shocks to the genitals and four counts of administering electric
4 shocks to the hands, thighs and shoulders without anaesthetic.

5 So it was extremely disappointing to the survivors, who we were working with, that
6 Dr Leeks avoided accountability by resigning. He was not censured. Actions were not
7 referred to the Police and, once again, not held accountable even though the charges were
8 not taken away.

9 **MS GREEN:** How did you and CCHR respond to this result? I'm referring you to paragraphs 170
10 to 176 of your statement.

11 **MR BOYD:** All right. Well, one of the things that I did was I wrote to the Royal Australian and
12 New Zealand College of Psychiatrists to do with what we should do now, were they
13 concerned about the fact that here was this culture at this hospital, and just because the
14 psychiatrist had resigned, what about the culture of the staff who needed to be corrected
15 because to all intents and purposes, what they understood was happening at Lake Alice was
16 correct.

17 So the Royal College said I can write to the Medical Council of New Zealand. So
18 I wrote to the Medical Council of New Zealand and the Council said we will not investigate
19 because Dr Leeks is no longer in our jurisdiction.

20 I also went to see my local Member of Parliament, Dr Wayne Mapp, and we put
21 together some questions of -- Dr Wayne Mapp at that time was in opposition, so he was
22 happy to write to the Minister of Health and he asked the Minister of Health if they are
23 providing the medical board with any assistance.

24 Now, this was all going on at the same time as the medical board was doing its
25 investigation and as you can tell the Police were also investigating, but the Minister of
26 Health wrote back, and here's the quote for that which is just a paragraph. He wrote, "I am
27 advised that neither the Ministry of Health nor other State entity for which -- redacted --
28 responsible is providing any advice, inquiries or assistance in respect of the investigation
29 being undertaken by the Medical Practitioners Board of Victoria in relation to Dr Selwyn
30 Leeks."

31 **MS GREEN:** What did you do following that, and I refer to paragraphs 177 and 178 of your
32 statement?

33 **MR BOYD:** It was extremely disappointing to us, working with the survivors, that we were
34 seeking some accountability and responsibility for what happened, and we looked at the

1 United Nations, what options there were there. We discovered that non-Government
2 organisations can make submissions under the United Nations periodic reviews, so the UN
3 reviews what the New Zealand Government does every four years as part of the contracts.
4 It basically says, well, what have you been doing, New Zealand, about this and that? And
5 New Zealand had to respond.

6 So I helped draft the first of two reports which went to the United Nations, and they
7 came back wanting the Government to do small things but the Government didn't do
8 anything about that. So this went on to about 19 -- sorry, from 2010 to about 2015, and
9 I helped one of the complainants, Paul Zentveld, make a complaint to the United Nations.
10 Working with CCHR we put that together and the UN found -- upheld that complaint,
11 which is an extremely rare thing, we found out.

12 So this event going to the United Nations and the complaint being upheld is covered
13 by Mike Ferriss shortly.

14 **MS GREEN:** Thank you for that. You've made some recommendations in your statement and
15 they're going to appear on the board and you might like to speak to them. That's at
16 paragraphs 182, 183 and 184.

17 **MR BOYD:** Right. To give a very brief summary of this, in light of the cruel and inhumane
18 abuses that occurred at Lake Alice there needs to be real change to ensure such things do
19 not occur in the future. One of the key issues was how a psychiatrist in good standing with
20 a practising certificate and registered with the Medical Council was able to do what he did
21 without anyone within his profession stopping him. We believe that one of the reasons is
22 that psychiatry operates above the law in several ways, which is why a psychiatric
23 practitioner can detain and treat someone against their will and Dr Leeks took advantage of
24 this.

25 **MS GREEN:** Thank you. That concludes that statement.

26 **CHAIR:** Thank you, Mr Gibson.

27 **MR BOYD:** Mr Boyd.

28 **CHAIR:** Sorry, Mr Boyd, I beg your pardon.

29 **MS GREEN:** The next witness is Mr Ferriss. Will you tell the Commission your full name and
30 occupation?

31 **MR FERRISS:** My full name is Michael Victor Ferriss. And I'm currently the Director of the
32 Citizens Commission on Human Rights. This is a voluntary role. I've held that since the
33 beginning of 2018.

34 **MS GREEN:** And you've made a statement dated 27 April 2021 to the Royal Commission. Do

1 you confirm that that statement is true and correct?

2 **MR FERRISS:** Yes, I do.

3 **MS GREEN:** I'm going to refer you to some of the paragraph numbers and I know that you're
4 keen to elaborate on those and talk to the Commission.

5 **MR FERRISS:** Sure.

6 **MS GREEN:** Could you tell the Commission about your role with CCHR, paragraph 1 on?

7 **MR FERRISS:** Okay. Well, I have been involved with CCHR since 1989 and helped get it going
8 again, actually, at that point because it kind of lapsed during the middle 80s, and we picked
9 it up again and we investigated -- one of our investigations was deep sleep treatment at
10 Cherry Farm and exposed that but then we started getting these Lake Alice stories coming
11 through, so there was a focus on that as well. We'd been building up a considerable body
12 of knowledge about Lake Alice over the years, as you've heard with Victor. So my
13 submission really picks up on the work done by CCHR to get the Lake Alice case before
14 the United Nations.

15 **MS GREEN:** So tell us about CCHR making submissions to the United Nations, and that's
16 covered at paragraphs 7 to 10, if you could just summarise?

17 **MR FERRISS:** Sure. So, as you've heard from Victor, he was researching the United Nations
18 procedures along with Steve Green who was the Director of CCHR at that time. And they
19 submitted -- and New Zealand was a signatory to the United Nations Convention Against
20 Torture and they'd also enacted the Crimes and Torture Act in 1989. So they put together a
21 submission, it was entitled "Allegations of Torture and/or Cruel, Inhuman or Degrading
22 Treatment or Punishment." It contained information about ongoing issues of people being
23 held in seclusion and restraints, and lack of effective recourse for the mentally ill whose
24 rights were being abused in the mental health system.

25 But the main focus of the submission was about Lake Alice and the lack of an
26 independent and impartial investigation of the events that occurred there.

27 **MS GREEN:** Tell us what your view was of the New Zealand Government responding to your
28 application to United Nations -- complaint to United Nations and submissions?

29 **MR FERRISS:** They responded saying they were committed to the investigation and resolution
30 of allegations of torture or ill treatment by the State, and that the Lake Alice settlement
31 process is complete. But in their submission they also said the Lake Alice claimants'
32 allegations were factually and clearly established. And we now understand that they did
33 conduct an exhaustive research into what happened at Lake Alice and there was advice to
34 the Prime Minister that child torture had occurred over a number of years. So they did

1 know about this. But they were trying to contain it, it seemed at this point, in front of the
2 United Nations.

3 **MS GREEN:** Why do you think they wanted to contain it?

4 **MR FERRISS:** I think they wanted to uphold New Zealand's image as being a protector of
5 children's rights, when in fact they were starting to look like they were taking a Stalinistic,
6 third world approach to child rights, as quoted from the report to the Prime Minister.

7 **MS GREEN:** Can you take the Commission through CCHR's response at paragraphs 12 to 18 of
8 your statement to what the Government had submitted to the United Nations?

9 **MR FERRISS:** Yes. So CCHR submitted a further report in April of 2012 and in that report it
10 highlighted independent medical opinions by Professor Garry Walter, and you heard Victor
11 read out a bit of that, because he was giving advice to the Police. We also provided the
12 report of Judge Gallen, which the New Zealand Government was now claiming had formed
13 part of its investigation. And we were arguing that the payments to the victims of ill
14 treatment at Lake Alice were ex-gratia and not proper compensation, as they were settling
15 an out-of-court civil action against the Government. And that there was still no
16 accountability for the perpetrators of the ill treatment and torture of the children.

17 **MS GREEN:** How did the United Nations Committee Against Torture, UNCAT, respond to these
18 submissions?

19 **MR FERRISS:** Yes. On May 7, 2012 the United Committee Against Torture wrote to the
20 New Zealand Government saying the Committee is further concerned regarding allegations
21 it has received, that the State party has not conducted a prompt, impartial and effective
22 investigation into all claims of abuse from Lake Alice or to prosecute alleged perpetrators
23 of the torture and ill treatment perpetrated there. Then they asked them to clarify whether
24 they intend to do it.

25 **MS GREEN:** What should come up on the screen now is the concluding observations from the
26 Committee Against Torture. And that response of UNCAT is dated 7 May 2012, page 4,
27 paragraph 2. What was it that the Committee said?

28 **MR FERRISS:** Yes, I just read that, yeah. It's from Felice Gaer who was a rapporteur for the
29 follow-up Concluding Observations Committee Against Torture.

30 **MS GREEN:** Tell the Commission about meeting with the UN subcommittee on the prevention
31 of torture representatives who visited New Zealand, and that's paragraph 22 of your
32 statement.

33 **MR FERRISS:** Yes. May 2013, there was a United Nations Subcommittee on Prevention of
34 Torture who oversee the Central National Preventative Mechanism. They visited

1 New Zealand for the first time, they toured 36 places of detention and met with civil and
2 Government organisations, and Steve Green and myself met with three of the members of
3 the team from the UN, and we discussed some of their observations, especially in the
4 mental health facilities. And they spoke of the importance of independent reports from
5 groups such as our own who were not connected to the official lines of politics and
6 Government as they presented an alternative viewpoint to the official one. So they
7 welcomed our reports and the work that we do in investigating human rights abuse in the
8 area of mental health.

9 **MS GREEN:** I'm going to take you on a bit to paragraph 33 of your statement. Please tell us
10 about CCHR's submission to the UN in 2015.

11 **MR FERRISS:** Yes. Now over a period of five years we've been engaging with reports to the
12 UN Committee Against Torture and presenting the Lake Alice case. And at that time the
13 Director of CCHR, Steve Green, and Lake Alice survivor Paul Zentveld, travelled to
14 Geneva to meet with the members of the Committee Against Torture and to sit in on the
15 New Zealand's sixth periodic review hearings, and while there they met with two members
16 of the Committee Against Torture, and Steve talked about the role of CCHR and introduced
17 Paul as a victim of the Lake Alice Psychiatric Hospital. Paul said he was there on behalf of
18 the Lake Alice survivors and told his story to the Committee members. And they said they
19 rarely get to meet victims of torture as they're often either dead or in regimes where they
20 cannot easily leave and certainly Paul was the only victim of torture from New Zealand
21 who had appeared before the Committee.

22 So they listened to Paul's account and our own. They greatly valued the fact that
23 they'd travelled to Geneva to represent the Lake Alice case. Overall, the UN trip was
24 worthwhile in terms of us bringing sharp-end focus for the Committee Against Torture, but
25 it still didn't make any difference to how the Government was responding. We were getting
26 support, however, from the Human Rights Commission at that time.

27 **MS GREEN:** Can you tell us about your knowledge of how the Police treated Paul Zentveld's
28 Police complaint?

29 **MR FERRISS:** Yes. Well that was in 2015 as well, and after the UN trip, so Paul and CCHR
30 applied for the Police record of how they regarded his complaint that he had made and they
31 basically found that -- it said they considered the treatment that Paul had received could
32 have resulted in charges being laid. So, despite that finding, the Police also said it was too
33 late to prosecute, and had other reasons not to prosecute. But finding that piece of
34 information became the impetus for us to then look at how to file a formal complaint to the

1 UN Committee Against Torture. We had tried every avenue to hold people to account over
2 what happened at Lake Alice. It was pretty clear that the New Zealand Government and
3 the Psychiatric Royal Commission, profession, did not want Dr Leeks paraded as their
4 torturer-in-chief of children. So they weren't complying to the UN's urges to hold a public
5 inquiry, even though they were obligated to under the Convention Against Torture. So our
6 formal complaint, we had to provide all the necessary details, that we'd exhausted all the
7 remedies in this country, and it was sent to the UN in July of 2017.

8 **MS GREEN:** How did the New Zealand Government respond to this new complaint to the UN?

9 **MR FERRISS:** They didn't like it. I thought that was quite clear from their response that they did
10 not like it. They provided a 32-page letter and 450 pages of attached evidence and their
11 evidence was all of the investigations that you've heard about today and previously,
12 including the Police investigation that resulted really in nothing. No one was being held to
13 account, no one was taking any responsibility, they were individualising their investigation
14 so they weren't going to look at a broad number of people. So it was quite easy to show the
15 UN that their defence was actually working against them. And the UN upheld our
16 complaint, which they issued on 29 December 2019. And they rejected all the State parties'
17 arguments, because they wanted really the complaint to be dismissed; again, not taking
18 responsibility for what was happening or what had happened at Lake Alice.

19 **MS GREEN:** I'm referring you to paragraphs 46 to 48 of your statement. This tells us what the
20 UN Committee Against Torture's findings were. We've got an overhead of that. You might
21 like to speak to that.

22 **MR FERRISS:** So that came out in 29 December 2019. And we found out that, you know, you
23 don't often win with cases at the United Nations, it's a fairly rare thing, and certainly in
24 cases of torture, and in liberal democracies such as ours.

25 They urged the Government at the end of this report to:

26 "(a) Conduct a prompt, impartial and independent investigation into all allegations
27 of torture and ill-treatment made by the complainant -- which was Paul -- including, where
28 appropriate, the filing of specific torture and/or ill-treatment charges against the
29 perpetrators and the application of the corresponding penalties under domestic law;

30 (b) Provide the complainant with access to appropriate redress, including fair
31 compensation and access to the truth in line with the outcome of the investigation."

32 And lastly:

33 (c) Make public the present decision and disseminate its content widely with a view
34 to preventing similar violations of the Convention in the future."

1 **MS GREEN:** And if that overhead can be entered into the record? How did the Government
2 respond to this decision, and I refer to paragraphs 49 to 54 of your statement.

3 **MR FERRISS:** They, the New Zealand Government, responded saying that there will be a new
4 Police investigation and the already-begun Royal Commission of Inquiry into Abuse in
5 Care are going to make a case study of the events at Lake Alice Children's Unit, of which
6 we are involved in right now. And of course this is the first public hearing of Lake Alice
7 abuse.

8 And in the reply the Government also said the decision was made known with a
9 posting on the New Zealand Police website. Not that everyone goes on the New Zealand
10 Police website.

11 And so when we responded, of course we were very happy that a new Police
12 investigation was now opened and that the Royal Commission will be looking into Lake
13 Alice. We did object to just putting the decision on the New Zealand Police website, that
14 was a very way to make it unknown. We had made some media about it, that the
15 New Zealand Government did not make this decision known. And it seemed to then again
16 reflect that idea that on the world stage they don't want to be seen as where they have a
17 torturer in their midst and they didn't really do anything about it.

18 So the Human Rights Commission did put it on their website, but that was the only
19 other agency to do so.

20 **MS GREEN:** And by way of conclusion, there's two parts to this, and if I just refer you to
21 paragraph 57 of your statement, and if you can just share with the Commission CCHR's
22 recommendations for the future and your summary on page 57, I think, would be very
23 timely.

24 **MR FERRISS:** Okay. So, yeah, we've pursued the case for 45 years, we saw it as a clear-cut case
25 of psychiatric abuse of children taking place in a psychiatric hospital under the watch of
26 numerous Government agencies including the Department of Health, Department of Social
27 Welfare and the Department of Education.

28 Our information gathering over the 45 years showed the complaints of ill treatment,
29 abuse and torture were covered up by officials in the agencies above, as well as the medical
30 and nursing councils.

31 So our recommendations, there were a few, but they basically could be summed up
32 as saying that there has to be mechanisms so this doesn't happen again.

33 **MS GREEN:** These will appear on the overhead now. That's at paragraph 78.

34 **MR FERRISS:** We also believe that the Medical Council should have investigated Dr Leeks'

1 practice even though he had resigned his ticket to practise here. We believe that they had
2 the choice to do so, and they chose not to. They could have been the heroes in this story,
3 but they weren't; they chose to hide their practitioner and give him a ticket of good practice
4 where he could go overseas. Well, I think that's the priesthood of psychiatry, isn't it?

5 So I think the Medical Council, there should be something that would compel them
6 to investigate a practitioner who practises with their licence with serious allegations such as
7 we're talking about here.

8 And also for children in care, just very quickly, there should be a mechanism where
9 they have a way to communicate to a safe person such as ourselves, but it's not going to
10 be just -- it's not just us, we might have been ahead of our time, but to be able to
11 communicate ill treatment that they're receiving at the hands of whoever their carer might
12 be. And it might be a rare event, but they should have an ability to make known any kind
13 of abuse that might occur in the future. That kind of sums it up.

14 **MS GREEN:** Thank you for that, Mr Ferriss. If you can just answer any questions that the
15 Commissioners have, but that concludes the statement.

16 **CHAIR:** Thank you, Ms Green. Do counsel wish to ask any questions of these witnesses?

17 **MR MOLLOY:** No, thank you, ma'am. I simply acknowledge something that Mr Ferriss alluded
18 to, which is that there are not many lawyers, let alone many lay people, who have taken the
19 matter to the United Nations, let alone succeeded there.

20 **CHAIR:** Certainly. A fine observation. Anybody else wish to ask any questions of these
21 witnesses? We have a question.

22 **MR GIBSON:** Thank you, gentlemen. First, an acknowledgment of all the years that you've been
23 looking into this. I think the general issues of human rights and mental health even
24 precedes the 45 years, and partly my questions want to look at the circumstances which led
25 to the possibility of the creation of Lake Alice and what happened there. You have talked
26 about the potential of psychiatrists almost being above the law, abuse of mental health. But
27 expanding on those ideas of professional accountability, especially in the psychiatric
28 profession, how that compares with the broader mental health -- broader health professions
29 and other professions, and also the environments of mental health care, mental health
30 treatments, what is it that you see through your years as leading to the creation of the
31 environments and the professional accountability mechanisms?

32 **MR FERRISS:** I think -- well, certainly, Lake Alice is an egregious example of psychiatric power
33 gone mad. But it wasn't the only hospital where children were, and were getting shock
34 treatment. And, essentially, psychiatry's coercive power is legal through the Mental Health

1 Act that allows them to treat a person against their will. That essentially puts them above
2 the law when it comes to accountability of how they treat them. And proving ill intent of a
3 psychiatrist is possibly trying to prove ill intent of a slave owner whipping his slave.
4 They're essentially allowed to do it in that legal environment.

5 So how do you change that? Well, make compulsory treatment illegal. Get rid of
6 it. And we're not the ones suggesting this, it's now being suggested by the World Health
7 Organisation. It's now being suggested by the UN Committee on Disabilities. These ideas
8 have been around for a little while. And as soon as you -- and they're arguing that as soon
9 as you can treat a person against their will, you're disempowering that person from getting
10 better. You're saying you cannot decide on what's good for you. Certainly there might be
11 cases of psychosis and periods where a person might need some intervention, but it
12 shouldn't be for a lifetime. It shouldn't be that someone in the psychiatric agency has this
13 ultimate control over one's future.

14 So there is a big sort of conversation around this, and our Mental Health Inquiry
15 started to go into this a bit, that they really need to dig in and look at what real treatment
16 would look like without the coercion, without the compulsion, and real help in this field.
17 Does that answer your question?

18 **MR GIBSON:** Yeah. So at the moment we haven't done all we can to prevent the kinds of
19 situations which result in --

20 **MR FERRISS:** No, not at all. But again, when you've got children in care, there has to be
21 accountability, but the child also has a voice, and allowing them -- because one of the
22 things, you need things, as we heard from Bruce and Victor, is that they visited the
23 hospitals, the children started to tell them what was happening because they believed them.
24 We also have heard that in other cases the children were not believed.

25 So -- and listening to this Commission, we hear acknowledgments of belief of
26 people's accounts and stories. And when it comes to putting this idea of what child torture
27 might look like, I think we heard it yesterday with -- and with Hake the day before what
28 that kind of looks like, and it is horrific. How could you be a human being and be part of
29 that? So yeah.

30 **MR GIBSON:** A lot of what we've heard is from children and young people who didn't have
31 diagnosis, there were many without and many, I think, with diagnosis who went through
32 Lake Alice. To what extent does that matter? Is there any justification if you do have some
33 mental health diagnosis, of compulsion, of what we do to children or what has been done to
34 children?

1 **MR FERRISS:** The idea of diagnosing behaviour is a really shady area. Some, you could say, is
2 that they're diagnosing normal behaviour. When it comes to children, normal behaviour
3 can be running around and screaming and doing crazy things. And -- but by putting a label
4 on behaviour, it shouldn't be a licence to treat behaviour in ways that are unwanted, even
5 brutal, yeah. We have a big argument with labels.

6 **MR BOYD:** Just one thing, if I could add here. The New Zealand Bill of Rights Act has got some
7 really good aspects in that, and just one thing; that could have more clout and more respect
8 as to uphold the Bill of Rights Act in this country.

9 **COMMISSIONER GIBSON:** Thank you, thank you, gentlemen. I note there's even been calls
10 from professionals in the last couple of weeks for a more human rights-based approach to
11 mental health and I think you are pioneers in the area.

12 **MR GIBSON:** If I can just add one thing too? The concept of originally an asylum which is a
13 safe place, safe space, and sometimes the argument can be, well, the person's so erratic,
14 possibly in a self harm or harm others and so forth, so therefore we have to do some
15 dramatic thing like electric shocking and so forth. So I don't subscribe to that or believe in
16 that. I think, for example, if it absolutely comes to it, the person might need an injection to
17 go to sleep for a little bit, but in a safe environment where it is -- the place is an asylum, it
18 is a place where one could go where the world has become too much for the individual to
19 be able to handle, go back to the original concept of what it was, which is a safe space and
20 we are not witnessing the safe space.

21 **CHAIR:** It remains for me to thank you three gentlemen. I don't have any questions, I think your
22 briefs of evidence and the documentation that you provided is extraordinary and more than
23 adequate. All I'm going to say is this, that I think it was you, Mr Ferriss, said that the
24 Medical Council could have been the heroes of this story. I just want to acknowledge the
25 heroes in this room. **[Applause]**. Mr Zentveld, you don't have to clap for yourself, but and
26 included, so there are many survivors who are heroes, but you three gentlemen have taken
27 up a cause for so long, 45 or more years, and I just want to honour that and just say that you
28 are among the heroes. Thank you very much indeed. **[Applause]**. Kua mutu aku mahi I
29 tēnei wā.

30
31 **Hearing closes with waiata and karakia mutunga by Ngāti Whātua Ōrākei**
32 **Hearing adjourned at 5.10 pm to Thursday, 17 June 2021 at 9.30 am**

33
34