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
Counsel:	Mr Simon Mount QC, Ms Kerryn Beaton, Mr Andrew Molloy, Ms Ruth Thomas, Ms Finlayson-Davis, for the Royal Commission Ms Karen Feint QC, Ms Julia White and Ms Jane Maltby for the Crown Mrs Frances Joychild QC, Ms Alana Thomas and Tracey Hu for the Survivors Ms Moira Green for the Citizens Commission on Human Rights Ms Susan Hughes QC for Mr Malcolm Burgess and Mr Lawrence Reid Mr Michael Heron QC for Dr Janice Wilson Ms Frances Everard for the New Zealand Human Rights Commission Mr Hayden Rattray for Mr Selwyn Leeks Mr Eric Forster for Victor Soeterik Mr Lester Cordwell for Mr Brian Stabb and Ms Gloria Barr Mr Scott Brickell for Denis Hesseltine Ms Anita Miller for the Medical Council
Venue:	Level 2 Abuse in Care Royal Commission of Inquiry 414 Khyber Pass Road AUCKLAND
Date:	23 June 2021

TRANSCRIPT OF PROCEEDINGS

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Hearing opens with waiata and karakia tīmatanga by Ngāti Whātua Ōrākei

[9.34 am]

CHAIR: Tēnā koutou katoa, nau mai hoki mai ki tēnei hui. Tēnā koe Ms Joychild.

MS JOYCHILD: Tēnā koutou ngā Kōmihana. We have in the witness seated to Mr AA who's going to go by the same of Tom. Mr AA was a resident in Lake Alice between May and August 1975. He was there for three months. I am going to read the beginning of his statement and then he's going to pick up in the middle and then I will read the end.

CHAIR: We'll have the affirmation first. Who's supporting him, who is in there with him?

MS JOYCHILD: Sarah.

MR AA

CHAIR: Hello Sarah, welcome. Hello Tom, thank you very much for coming, really appreciate it, and I'm aware you've been listening at the back for a while as well, getting a sense of it. But it's a big day for you and we do appreciate it.

A. I've been involved with the social worker and the Salvation Army.

Q. Okay, good. Could I just ask you if you could listen and agree to the following affirmation? Do you solemnly, sincerely and truly declare and affirm that the evidence you will give before this Commission will be the truth, the whole truth and nothing but the truth?

A. I do.

QUESTIONING BY MS JOYCHILD: Tom, I'm going to read about your early childhood up to the point where you came into Lake Alice.

"I was abused in State care while living in many Social Welfare institutions. My experiences of all institutions except Lake Alice are set out in my witness statement prepared by Cooper Legal. Here I give a very brief summary only of what happened to me at those places. Mainly this is about what happened to me in Lake Alice and what I saw happening there.

I'm the eldest of two children. We lived in Wellington. My father was a big drinker and would violently assault my mother and me from my earliest years. Also, when I was young, I would caddy for some local men in the neighbourhood as a means of earning extra pocket money. We lived near the golf club. One man sexually abused me in the clubhouse on two occasions and on another occasion when I had to caddy away from home for the weekend.

As a result of the abuse from my father and the sexual abuse from the man I got caddied for, [sic] I lost the plot and began to act up. The Police were involved in my life

from when I was nine. No one ever asked why I was the way I was or if I had been abused. When I was 12 I was taken into the custody of the Department of Social Welfare with the consent of my father. From then on I was moved around a lot of different places before ending up in borstal.

At Epuni Boys' Home I was locked in secure as soon as I arrived. I was physically and sexually assaulted there. A staff member who is now dead forced me to engage in oral sex with him about seven to nine times in total. I had five or six admissions to Epuni between 1973 and 1977 and he abused me on every occasion. MSD have accepted this. There was a lot of sexual behaviour going on at Epuni. It was obvious some staff were having sexual relationships. I got assaulted by other boys and staff. I often tried to run away and make my way home. I was always caught and brought back there.

I was in another home for six or seven weeks. Staff were free with their hands, slapping and hitting around the head area. At night-time, a female staff member regularly fondled my genitals and other boys when she was on night duty. I ran away from there and was then put into a Social Welfare home.

I did my intermediate school years in another home and began high school from there. The people running it were horrible people. I was hit with an open hand or strapped by the foster carer at least twice a week and had welts on my body as a result. They were always strapping children. I recall there was a chef who did lovely baking. We used to pinch the baking, as kids do. Then the people running the home put rat poison dust on the baking tins. We didn't notice it but when our hands touched water it showed up as a dye. That is how they caught us. MSD have accepted these things as true in their settlement with me.

I ran away all the time from this family home and would find my way back to Wellington. A friend of my father's drove the buses and he would let me on for free. I would always be picked up from home and brought back again. Shortly after I started college I was taken from that home and put into Kohitere Boys' Home.

There was a lot of violence at Kohitere. I was physically assaulted by staff, by kicking, punching and hitting me with an open hand. I suffered bruises, bloody noses and a cut face. I was also assaulted by other residents and had an initiation beating. I learned criminal behaviours at Kohitere. MSD have accepted all of the above. I was sick of all the violence and ran away."

Tom, we're at paragraph nine, would you like to take over talking about how you came to be at Lake Alice.

A. I was admitted to Lake Alice when I was 14. I was there for three months and released. - I went to Lake Alice after I absconded from Kohitere and had- gone home to see my parents. They phoned Social Welfare and I was collected by two men in a late model car and driven to Lake Alice. No-one told me I was going there or why I was going there.

I made a statement about Lake Alice in 2001 for Grant Cameron's class action. It is in my bundle and I confirm it is accurate. In this statement I repeat some of what I said there and summarise others. Lake Alice had to be the worst of all the places I was put in by the Government. The kids who were there were just ordinary kids but what happened to us wasn't.

When I arrived the two social workers took me to a very small office where a woman sent me over to the villa. I didn't get assessed by anybody and never met Dr Leeks.

To begin with I was put in villa 11. After a few weeks I was transferred to villa 12 because of my good behaviour. It was a bit better. We had to walk across the grounds and take all our meals in the main hospital with all the adult patients, except those locked up in villa 8. The food was awful, mass-produced hospital food.

I was only there for two or three weeks and then put into villa 7. The authorities had cleared the adults out of it and it became the villa for boys and adolescents. We had our own meals in the villa. I was there for the rest of my time. I describe the layout of villa 7 in paragraph 25 of my class action statement.

Dr Leeks and an Indian doctor used to conduct therapy groups in the lounge of villa 10 or 11 about once a week or more. That's how I first met Dr Leeks. It is also the only time I saw the Indian doctor. I think he was from Palmerston North. You had to talk about your feelings and stuff like that. If you didn't, you would be getting ECT on Fridays. A lot of guys who didn't talk would get ECT. I didn't while I was in villa 10. I don't recall having any group therapy at villa 7.

I got Paraldehyde injections twice for punishment while I was in villa 11. The first time I got one I was outside playing soccer and a boy kicked me. I turned around and kicked him back. A nurse grabbed me by the hair and marched me back to the villa. I tried to tell him the other boy kicked me first but he said he only saw me kicking. He dragged me upstairs and on to one of the rooms which converted into a cell.

He then made me drop my pants and he injected Paraldehyde into my backside. It was an intensely painful feeling and it was very sore. The pain lasted for hours and there was a horrible smell that began to develop on my breath. I think he was taken to the dorm room. I had incredible difficulty getting to sleep that night. I had been injected into both

cheeks so it wasn't possible to sit down or to relax properly. I had a terrible night's sleep.

The second time I got Paraldehyde I was just clowning around. Some staff member told me to settle down. I didn't and he made me go back to villa 11 with him. We went upstairs to one of the cell rooms. Another nurse was present. I don't remember who. I was told to lie down on the mattress on the floor. One of the nurses went downstairs and got a needle and gave it to me again in the butt, both sides. It was just as painful as the first time. It was horrible.

Friday was the big ECT day in villa 7. I was petrified about ECT. I always thought that one day my number would be up and it would be my turn. I was right. I managed to avoid ECT at villas 11 and 12 but two of the boys from my dormitory got ECT there. I got it three or four times while in villa 7. Twice when I was awake and twice when I was asleep.

Once a week on Friday, the staff would collect those who were scheduled for ECT. Although it seems odd, they seem to wait until everybody was in the shower or the bath in the late afternoon. Dr Leeks would have arrived and would be in the dormitory. The nurses would come into the shower blocks and get people for ECT. We wouldn't usually know who was going to get picked or why a person was getting ECT.

The first time I got it I had just left the shower. I only had time to place a towel around myself. I didn't know why they're going to give me ECT. It was always done in a dormitory upstairs next to the shower block, the same dormitory I was in, but it was done on the first bed when you walked in on the left-hand side.

What happened was that I laid on the bed with four nurses and Dr Leeks looking on. Then the nurses wet my temples and I bit into a rubber mouthpiece. This was so I didn't bite my tongue off. The nurses held me down and Dr Leeks turned the machine on.

The pain was slow at the start, it was a quick intense pain with everything flashing. I got a very tight cramp and that is why the nurses had to hold me down. It was a quick finish and I passed out completely. I can't really explain the pain, it's how you would expect to feel if you were getting electrocuted on the head.

When I woke up I was in bed and had pissed myself and had lost control of my bowels. I felt like a cabbage or a zombie for three to five days after. I had no idea why I had been shocked on my head. For a few hours I couldn't remember anything. I assume I was fed afterwards but I cannot remember whether or not I could keep it down. I was disoriented with a painful headache and a really confusing feeling. This happened a second time and I wasn't told why I got it that time either. I'm not sure anybody knew why they

got it.

As well as Fridays, ECT was also given during the week, which happened most weeks. The nurses would just grab someone, you could be sitting in the day room or outside or anywhere. They would take you upstairs for it, Dr Leeks would always give the ECT. I think it was the same ECT that they did on Fridays.

ECT while awake was dished out like lollies. You couldn't predict when you would get it. Dr Leeks was the one who administered ECT from what I saw. Boys ran away all the time to get away from the ECT, but it made no difference, because they just brought them back and gave it to them anyway.

Everyone knew if you were going to get ECT while sleeping because the nurses would come and give you a pill on the morning to make you drowsy. You would not be allowed to have breakfast either. After lunch they would come and give you another pill and then take you across to the female villa and you would get ECT. I remember this happening to me. By the time I arrived at the female villa I laid down on the ECT bed and fell asleep. The next thing I knew I woke up in another room still in the girls' villa, totally uncoordinated. My mind was totally confused. There were staff there but I can't say who they were.

I got a terrible memory after I had ECT. It ruined it. I have always had to write the simplest things down so as to remember them.

I also had to work at things that were very traumatic to me. There was an old villa behind villa 7 where elderly mental patients lived. When one of them died, we had to go and clean up their beds and living space. I had to do this at least three times. This was not something that anyone would want to do. It was disgusting. It usually meant cleaning up their urine. While we were doing this their body would be lying in a coffin. If no one came to claim the body, relatives would pick it up on-, s--orry, staff would pick the body up on a tractor and take it to the other side of the hospital. Staff told me their bodies were incinerated there. That really traumatised me. I believe I could smell burning flesh all the time after that I was told. I had to do this on at least three occasions.

Q. Just pause you there Tom. You wanted to correct the word "coffin", what you actually meant by that?

A. Yeah, so they used to bring a long like wooden box over on the back of the tractor and they'd put the body in that and take it to the -- on the other side of the hospital where there was an incinerator.

Q. While you were cleaning up, was there a lid on the box?

A. Yes, I'm pretty sure there was an enclosed, yeah.
Q. Thank you. Now if you read from paragraph 29.
A. Sometimes the female nurses would take us for walks around the hospital grounds and we would pass the security block and the nurses would say "If you don't behave yourself that's where you'll end up." I was terrified at the thought of being sent there. It was an evil looking place. The only thing you could see was the garden and a tower. I definitely didn't want to go there. I was also traumatised by the locked villa, villa 8. Once a friend whose name was, - I- can't really say.
Q. No, don't say.
A. And another boy as well were taken there as punishment after they had been caught smoking twice. After they returned they told me that they had been put in cells with adults and they had both been raped in there. I met both of them again in Invercargill Borstal years later and we talked about how yucky Lake Alice had been.

I went to school at Lake Alice, it was in an old unused villa, the last one before the big field. School was always upstairs in that villa. It was a bit of a joke really. We had an outside teacher who would come in, but our schedule was sporadic. This seemed to be no set routine for any lessons, it was not the same as an outside school. I couldn't really say whether or not the teachers were generally interested in our education. All I remember doing was a bit of drawing, passing the time, playing games and sport and stuff like that. I regret not having a proper education.

There was a community hall which we used to hang out in sometimes when we weren't at school. We would play games like table tennis. They would show movies sometimes. There was a tuck shop as well. The girls would come over from the villa and it was a time when we would socialise. The community hall was the only good thing about Lake Alice.

They were visiting days at the villa. I think they were either Saturday or Sunday. My uncle, my brother's brother-in--law would come with his wife and their children once a week to visit. I never told them what was going on at Lake Alice. I'm not sure why. I guess I didn't think they would believe me. When I was an adult,- my mother told me that my uncle had said to her years later that he knew something was not right, but he didn't specify how he could tell.

Most staff were not nice. I particularly remember two male nurses at the villa who were awful. There was also a man with glasses who ran the ward and he was a horrible person who operated under Dr Leeks and it was all for punishment. I recall -- he was okay

to me apart from when he grabbed me for a Paraldehyde injection.

My uncle asked for me to be removed from Lake Alice. I have never asked him to take me out but I assume he must have realised something was not right. My mother told me later that the administration didn't want to let me go but he threatened them if they wouldn't release me he would go and see his MP and the newspapers. I was immediately released.

I note Dr Leeks wrote a positive note about me on 1 July 1975 being lively and insightful. This was before I had any ECT. By 22 January 1976 Dr Leeks had described me as insightless with an impulse disorder and his uncle showed a marked degree of impulse disorder also and it was only after a particularly fiery session that he was prevented from moving me then and there. He recommended against my return placement as I required too much staff time. I believe that I didn't require any more time with staff than anyone else, but by then Dr Leeks was worried about my uncle's desire to go to the newspapers.

From Lake Alice I was enrolled at GRO-A College. I didn't fit in and was all over the place. My life had been so different to the students there. Before long I was living on the streets and in trouble with the Police. After that I was sent to borstal in Invercargill.

I am now 60 and have spent 40 years of my adult life in prison counting borstal. When not in prison I have done mostly labouring jobs, worked in a fishing company in Nelson for a while. I also went to chef school. I worked on and off as a chef but nothing regular.

The Crown Prosecutor said I wasn't a risk to the community. My last psychological report classifies me as institutionalised. This is true. It is easy for me to be in jail. I know the system and I do not have problems there.

However, I really want to stay out of jail now and have a real quality life. I do know people on the outside who have started their own small businesses and are not in gangs.

I have two children, a boy and a girl. They barely knew me growing up because I was in jail so much. I understand why they are annoyed with me for not being there for them. We are not close but if I'm in Wellington I will give them a call and maybe have a catch -up.

My youngest brother has a happy life with his family and a home. He was my father's favourite and avoided a lot of what my father did to me. That brother and I have

nothing to do with each other. He doesn't want to know me. My mother died a few years ago. She was guilty about my childhood and knew why I had turned to jail. When she spoke to me about it, I told her that it wasn't her fault.

The last time I saw my father he was still in denial about what he did to me. I don't know if he's dead or alive.

I heard that a lawyer was taking a claim for Lake Alice survivors and I asked to be part of it. A lawyer came to see me in jail and interviewed me and then rang me a few times to get my statement completed. From memory I was offered a sum to settle. I was disappointed and shocked at how little it was. I thought I had no choice but to take it as I was in jail at the time. My capabilities of hiring a lawyer were totally not possible. The rest went to Grant Cameron. I felt very disappointed that it was so unfair at how it turned out.

I recall after we settled with Grant Cameron that Justice Gallen had a meeting in Auckland at the Crowne Plaza Hotel, there was about 10 to 15 of us. I think he travelled the country and met class action survivors in the main centres. I was out of jail at the time. Grant Cameron was there and one or two others. I remember Justice Gallen telling us that Dr Leeks would be prosecuted. We felt good. It never happened. I am very angry about that.

I have just recently accepted a settlement in relation to my treatment at the other homes when I was in care of the State. If I wanted more and I was advised I might be able to argue for $5,000 more but I got so sick of waiting. I first went to Sonja Cooper in 2007. I had to wait 13 years for that much.

I think the Crown deliberately put road blocks up everywhere and tried to wear us down so we would give up trying to get compensation and justice. I don't think this amount justified what was done to me. I went to Newmarket redress hearing for some of the Crown witness' evidence. I was not impressed with the Crown blatantly saying they could not recall various events. I don't think the Crown have made up for the really terrible way I and other children were treated in their care.

I deeply regret the way my life has turned out. If only someone had listened to me when I was 9 --

Q. Shall I take over from here Tom. "I deeply regret the way my life has turned out. If only someone had listened to me when I was 9 and supported me through the trauma of being sexually abused and living in a violent family. I might have turned out -- life might have turned out very differently for me. The constant conflict with my father was because, as the

oldest, I tried to protect my mother from his violence. My younger brother would not understand that. I feel shame at having been in jail. But the State trained me for it from 9 years old.

I note that in the Department of Social Welfare documents when I was 11 it was written that I had social and emotional problems and was not getting enough love and affection from my mother. I felt the world was against me and preferred to withdraw into myself. They were thinking of a boarding school placement. No-one questioned if there was another problem as well, such as my sexual abuse. It's not a thing I could have brought up.

Instead of dealing with my emotional problems I got put into places where, among other things, I was sexually used for a staff member's pleasure, kicked, punched, strapped, and bashed. All I ever did wrong was run away to go home. For that I finally got put into a psychiatric hospital when there was nothing wrong with me mentally and I was traumatised there on so many occasions. Then given cruel and painful treatment as punishments.

When I was 16 I was just thrown out of the Department of Social Welfare system as it had "nothing further to offer me." So they made me the way I was but then they just abandoned me at 16. I should have had a mentor given skills, training and a proper place to live. The boarding house I was put in by the social workers was full of alcoholics and drug addicts. I never had training from anyone and I couldn't get a job. I was never supervised or assisted. MSD have apologised for this. How else was I going to live if I didn't steal?

I also note a comment in my files that "the best specialist guidance" had been given to me but it had not done me any good. They listed the boys' homes I had been in and Lake Alice. There was never any helpful specialist guidance unless you count abuse, ECT for punishment, Paraldehyde for punishment, physical abuse everywhere. I wonder why the people who wrote these notes didn't know what was going on in these places of "specialist guidance." Or maybe they did know but didn't care. I want the system of locking kids up and institutionalising them when they have become troubled to be gone forever. Kids in lock-up become adults in prisons. They know no better.

When I had just turned 15 the State had washed its hands of me. In a letter a social worker wrote that the Epuni Boys' Home management recommended "a secure well-structured environment which could best be provided by the Justice Department." By the age of 15 the Government had given up on me and put me behind bars.

I have no material, family or emotional support going into old age. I have no savings as I have rarely worked and been in jail so much. My health is in a poor state. I

have only four teeth left and it's difficult to eat. I have a debt with Social Welfare for having to get bonds so I could move into places.

I don't sleep, I haven't for years. I snap awake with the memories of incidents in my childhood while in State care. I am on heart medication for arrythmia. I need hip replacements. I have PTSD and have intrusive memories all the time. I have anxiety about my uncertain future. I am trying my best not to go back to prison. There is so much pressure living on the outside, such as paying bills, being older and unable to get a job?

For years and years when I had time out of jail I asked to see a probation psychologist. I was told I would never get it because I was not a violent offender so I didn't qualify. I got out of jail last year and that was the first time I was offered help. The psychologist saw me in prison on remand and when I got out. I had a few sessions. I need ongoing support to get rid of the anger I have from what happened to me as a child and PTSD and frustration.

What I want from the Royal Commission. When I think of how my life has been destroyed by how care was handled as a child by the Government, I believe the Government owes me compensation and a lot of support.

I wasn't paid the full amount of compensation that Justice Gallen awarded me. The Government should have picked up my legal fees and should repay those legal fees with interest.

There have to be lots of protections to stop children and adolescents being put into psychiatric institutions.

There has to be a robust employment process that weeds out people with power issues, paedophilia, anger problems, and emotional problems from working with vulnerable children and adolescents."

Tom, that's the end of your statement. The Commissioners may have questions for you.

CHAIR: Thank you.

COMMISSIONER GIBSON: Thanks Tom. There's a lot in there, just a couple of questions. Did you get healthcare including dental care or adequate health and dental care while in Lake Alice?

A. No, nothing like that.

Q. Do you think that has contributed to your health issues over time?

A. Yeah, apart from the -- also the boys' homes and all that, didn't had a dental regime. Things just got worse, as time went on.

Q. Another question you might not know the answer to this, but your two friends who got taken from the Child and Adolescent Unit and put in with criminally insane adults.
A. Villa 8.
Q. That would have involved, to your knowledge, staff from other parts of Lake Alice, or --
A. Sorry, I don't understand the question.
Q. There are staff in the Child and Adolescent Unit and were there different staff?
A. Oh, yes, yeah, because that was a locked door so it was --
Q. So other parts of the Lake Alice knew about this and were part of it, would you say?
A. I would imagine so because the staff would obviously communicate clearly. So they were put in there overnight. Same sort of dormitory we were in, so there was so many beds to a dormitory, so there would be probably 15 to 20 beds in a dormitory. So that would be the same in the adult block, same design, same layout. But the difference is they're all adults.
Q. Thanks Tom, really appreciate your answer.
COMMISSIONER ALOFIVAE: Good morning Tom, thank you for your evidence this morning. Just two questions if I can. In paragraph 15 you refer to being dragged upstairs into one of the rooms which was converted into a cell. Are you able to recall, can you describe for us what that cell looked like?
A. It's basically just a room, and what they do is they -- they've got a swinging sort of barrier they can put in and lock, so that's the window gone, so there's no daylight, and then the door can lock as well. There was just a mattress on the floor.
Q. Just a mattress only, nothing else in the room?
A. No.
Q. Thank you. And just one last question. In paragraph 20, you said they waited for you guys usually just while you finished your showers and you'd only had time to put on a towel?
A. Yeah, it seemed that happened every Friday afternoon, the nurses, female nurses and nurses would supervise us bathing, showering in the bathroom. So it happened every Friday at the same time.
Q. I'm just wanting to clarify, so you had no other clothes on apart from the towel?
A. No.
Q. Thank you, thank you Tom.
CHAIR: Tom, I hope you don't mind one last question. Apart from these Friday afternoons, which I think we've heard referred to as Black Friday, you said that people, including yourself, were taken out at other times during the week --
A. Yes.

Q. -- for ECT upstairs, not the ones where you went to the girls' villa, but the ones which you had upstairs, is that right?
A. Yes.
Q. Is that what happened?
A. Yes.
Q. You also said that you spent time at school. I'm just wondering were you ever taken out of class to go to ECT?
A. No.
Q. So I'm just wondering about the sort of times of day you might have been taken up for this other ECT?
A. Well, we weren't -- always went to the school place in the mornings so the afternoon was -- we never went back to the school in the afternoons, so we were always in the villa.
Q. That's helpful. We've heard a lot of versions about the school and what time you went and what time you didn't?
A. Yeah no, it was only in the mornings.
Q. So you say it was only in the mornings, other people have said that as well.
A. Yeah.
Q. Some other people, maybe the staff have said you were there in the mornings and you had lunch and then you went back again.
A. No, no, not that I can recall, no, it was always in the mornings and then we went back to the villa and in villa 7 they had a full size snooker table which was -- and that was quite good, and then a TV.
Q. And is that what you did in the afternoons?
A. Yeah, we just -- yeah, it was basically just hanging around the villa and -- unless they took us for a walk somewhere or, yeah, it was pretty mundane really.
Q. I said only one question but that leads me;-- we also heard from some of the staff that you were taken on outings and taken to camps and done things like that, do you remember anything like that?
A. No, not that I recall, no, I never went on a camp.
Q. You never went on a camp?
A. No, I think the most exciting thing we ever did was have a -- was a find chocolates hidden around the bush area.
Q. Like an Easter egg hunt or something like that?
A. Yeah, that was -- but there were definitely no camps.

Q. Trips to movies?

A. Well, there was a community hall there that they showed movies but not out of the hospital grounds or anything, no.

Q. Okay. Thank you very much. Tom, thank you for answering my questions and those of the other Commissioners, but most of all thank you for coming, thank you for supporting the work of the Royal Commission. I appreciate that you've spent a lot of time in the back watching and obviously shown a big interest, and that must have been pretty painful for you to have gone through that.

A. Yeah, well Social Welfare obviously --

Q. You were interested in the redress hearings obviously.

A. Yeah, because I had a lot to do with them and then obviously the Salvation Army, because I was abused in their care as well, and GRO-B, I don't know if I'm allowed to say it, but he's the guy that grabbed me by the hair and took me upstairs and gave me Paraldehyde. And Grant Cameron on Monday.

Q. Okay. Thank you for that, but most of all thank you for being brave enough to stand up in spite of all your difficulties and make public your experiences, because that's going to be heartening to other survivors to know that other people have had the same experiences as them, really useful to us for the work that we're doing, and I hope that you find some comfort in the fact that you've been able to do this as well.

A. Yeah, it's good for me also, so --

Q. Happy to hear that, and I know that you've been looked after by our well-being people, make sure you take advantage of that as well.

A. Thank you.

Q. Thank you Tom. All right, that brings that evidence to a close, so we'll take a short adjournment before the next witness. **[Applause]**

Adjournment from 10.16 am to 10.47 am

CHAIR: Ata mārie.

MS A THOMAS: Mōrena e te Kaiwhakawā, tēnā koutou katoa ngā mema o te pānara e nō noho nei, e mihi ana ki a koutou. E mihi ana hoki ki a tātou ko tatu mai nei ki roto i tō tātou whare, e tautoko mārika ana au i ngā kupu kua whakatakotohia i mua ia tātou i tēnei ata, kua tae tātou ki te kaikōrero tuarua o te rā nei.

It is my privilege, as always, to introduce our second witness for today, Mr Charles Symes, or Chaz as he likes to be called and Chaz, before we get started with your

statement, like we spoke, I'll pass it over to the Chair for your affirmation of your evidence.

CHARLIE MAURICE SYMES

CHAIR: Hello Chaz, I'm over here. Thank you very much for coming. Really appreciate, do you mind if I call you Chaz?

A. Not at all.

Q. Good, so Alana will have explained I'm going to ask you to listen and agree to the following. Do you solemnly, sincerely, and truly declare and affirm that the evidence you give today will be the truth, the whole truth and nothing but the truth?

A. Yes.

Q. Thank you very much. I'll leave it over to Alana now for you.

QUESTIONING BY MS A THOMAS: Tēnā koe ma'am. Just as a quick introduction before we begin with Chaz's statement today, Mr Symes had two admissions into Lake Alice, one when he was 15 years old for six weeks. He was then admitted for a second time when he was 16 years old in 1974 to 1975 and spent almost a year in Lake Alice at that time.

So I just wanted to say thank you, Chaz, for coming today and acknowledging the difficulty with presenting this statement. I also wanted to acknowledge the people that couldn't be here with you today, but are symbolised or represented in the taonga that you wear, so mihi ana ki a koe e hoa. So if I could take you straight to your statement and begin at paragraph 1.

A. My name is Charles Maurice Symes. I live in Whanganui and was born in 1958. I am the third to youngest out of 12 children. I am also a survivor of Lake Alice.

My early years at home weren't that good. My father wasn't home much. My mother was very violent and I learned to be physical and to fight from an early age. My mum, led mostly by Social Welfare, ended up putting me into State care from a very young age because she could not control me.

I was sent to Hokio, Epuni and Kohitere and had a horrible time in all three institutions. I was an angry boy and would act out quite a bit. I would run away a lot and was sent to psychiatrists for them to try and help me. There are a number of psychiatrist reports on me that mention stuff like I was depressed, I had self-destructive thoughts.- - I'd probably approve of that-.- I was nervous, anxious, miserable and self---loathing. The most recent before my admission to Lake Alice was on 10 April 1973.

Q. You don't have to read that part in the bracket.

A. I wasn't going to.

Q. Very good.

CHAIR: Chaz I take it you've read that report, haven't you?

A. I've sort of glanced through it. I agree that this is how I was feeling at the time. But this was mostly because of the environment I was being brought up in. I even attempted to take my own life. I just wanted to get away.

Leeks was one of the main doctors at the time down there, so I saw him when I was at the boys' school. This was before I was admitted to Lake Alice. When I first met him I thought he was a kind man, that's how he came across. But that changed very quickly.

I had two stays in Lake Alice. The first was for six weeks and the second for a year. I was committed on the first time on 4 October 1973. Doctor Pugmire, Lake Alice admission and discharge, -oh,- I'll bypass that I think. I was diagnosed with hysterical character disorder. Social Welfare put me there, not my parents. I was 15 years old. I was put into villa 11. I was discharged on 18 November 1973.

Q. And I just pause you there quickly, Charlie, because you do want to make it clear, don't you, that it was the State, not your parents that put you in Lake Alice?

A. Yeah.

Q. Carry on to paragraph 6.

A. I was committed to Lake Alice for a second time on 1 October 1974 because of a knife incident. Apparently I pulled a knife on my flatmates but to be honest I can't really remember much about this.

I think it was ward 4 that I was put into first, I'm not too sure of the numbers. And then later into ward 8, which is the security ward and a ward that they would put you in to punish you. I think they transferred me over to ward 8 because I was too hard to deal with. I was physically violent and would rebel against them and lash out a lot.

I was discharged for the second time on 30 October 1975 after spending almost a year in there. I was not put in Lake Alice because of any mental issues and still think I should not have been there. Leeks himself said in a report to the Magistrates Court in 1976 that I had a mental disorder.

Q. Just to clarify, that says no mental disorder eh Chaz that sentence?

A. Oh yeah, sorry. I missed already. When I obtained my medical and nursing notes, there were no records of any of the drugs or ECT that I was given, doctor and nurses notes mentioning violent outbursts, various dates between 74 and 75.

I received ECT for the first time after only being in Lake Alice for a few days.

CHAIR: Chaz, can I ask you a question? Over here.

A. Yeah.
Q. Was it the first time after -- the first time you went to Lake Alice did you get ECT or was it in the second time?
A. Second.
Q. Okay.
A. Literally continuously.
Q. Absolutely, thank you for answering that.
A. Where was I?
QUESTIONING BY MS A THOMAS CONTINUED: Paragraph 9.
A. I received ECT for the first time after only being in Lake Alice for a few days.

I had ECT two to three times a week. It was usually without anaesthetic. ECT was always used as a punishment. It was always Leeks who gave me ECT. There were other nurses there too, big men who would pin me down to the table and pull belts over my chest, waist and legs.

Whenever they tried to strap me down like this on the table, I would always lash out and try to fight it. I would hear the ECT machine warming up, it would make this humming sound that I can still remember today. Once the humming stopped, it meant the machine was ready and the pain started.

I got shock treatment on my head, on my groin and on the soles of my feet, on my neck and across my chest, anywhere Leeks wanted to put the shock pads really. It was always in the most sensitive places. I received most of the shock treatments without an anaesthetic. We all did.

The usual treatments would last between 5 to 10 minutes, but if Dr Leeks wanted to be really mean, the ECT would last longer and longer. He really did enjoy it. The longest session I had was about 45 minutes. I remember Leeks' face when he would turn the knob, he smiled every time and his smile would get broader and broader the more pain he caused.

When he finished shocking us, we were wheeled back into our wards. They would unbuckle the straps that were holding us down and roll us off on to our beds. We were just flicked off like we were rag dolls. It would take about five to six hours to come out of it. This was whether we received anaesthetic or not because the ECT would knock you out either way.

I also had ECT on my genitals. I still have the burn marks from it. I believe this is the reason why I've never been able to have children. I had two wives and neither of them

could have children.

Lots of the kids got ECT. There was a day room filled with boys and girls where we waited to find out if we were going to get ECT. Everyone was terrified. We never received shock treatment together. Leeks liked to keep us separated. But you could hear the screams of the kids when they were getting ECT.

Q. Take a moment, Chaz, it's fine. Ma'am, we might take a quick break.

CHAIR: Absolutely. If he would like someone else to read it that's fine. We'll just take a break.

Adjournment from 11.01 am to 11.11 am

MS FEINT: Madam Chair.

CHAIR: Yes Ms Feint.

MS FEINT: Just before we resume, I need to go to a funeral this afternoon so I need to seek leave to withdraw just for the day and I'll be back in the morning.

CHAIR: Condolences for you and, of course, leave, thank you for the courtesy of asking.

MS FEINT: Thank you very much.

QUESTIONING BY MS A THOMAS CONTINUED: Kia ora Chaz. I just do want to point out now, it's very important for you to read this statement which is why I haven't suggested that myself or Rachel do that for you. But take your time, and if you do need any other breaks, just let us know. So I think we were at paragraph 16 starting at "there was".

A. There was a group of us kids that would get together and talk about what would happen to us when we went into the shock treatment room. The youngest one was only about 7 or 8. The nurses would pull us apart if they saw us talking together.

We would try to protect ourselves by hiding each other when they would come to get us for punishment. But it only made things worse. I remember them taking one of the girls in our group and when she came back she had burns on her legs.

I was told that I received ECT to stop my violent outbursts, but every time I got ECT it just made my anger worse. I got more and more violent. I hated it.

The worst time was when someone grabbed me from behind in the day room to take me to ECT. I started fighting furiously not realising it was Dr Leeks. I broke his nose in three places. Actually I enjoyed that.

I got a hammering from ECT after that. I got ECT for six days in a row and each time it was harder and harder. I was then put in security for three weeks. People saw that happen. When I got back to the ward after being in security all that time, the other kids swamped me wanting to know what had happened. I was a bit of a hero for having broken Dr Leeks' nose. Not saying I didn't enjoy it.

One time I had to be taken to Whanganui Hospital after receiving shock treatment because I was having heart and breathing problems. I had to be put on a respirator and stayed in hospital for about one and a half weeks.

In 1996 I had a heart valve replacement. I have a titanium valve and now I have to take Warfarin regularly for the rest of my life. The surgeon told me that I should have -- I should never have had ECT because of -- because I had a hole in my heart. He said I was lucky to be alive having been given ECT at that age.

I spent most of my time in ward 8 which was the security ward. I ended up in there because I kept knocking over staff and being violent. I didn't mind being in isolation, it gave me time to reflect.

It was much different in ward 8 than in ward 4 or any other wards that I saw. We weren't given the chance to shower and wash frequently. One time I went without showering for three months. Every time I went to have a shower they would turn me around to go back or send me off to breakfast without showering.

I never went to school or received any type of schooling.

Q. Yes, I think that's supposed to be "or" eh Chaz, thank you for that.

A. When I was in Lake Alice. Me and a number of older boys were sexually abused in the night by one of the staff. About three or four hours after we were sent to bed, they used to come around to check on us, but instead of just checking on us, they would play with us.

I remember waking up one night and one of the male nurses was standing over me with his hand, - and his hand was going down my waistline of my pants. I tried to yell but he put his hand over my mouth to stop me making a sound. I don't remember his name, but he was a Caucasian in my mid--20s-,- oh, in his mid--20s and had a very soft-spoken-voice. It was like he was trying to put me back to sleep when he spoke. He wore a Rolex watch. I knew there was no point in complaining about this because no-one would believe us. They would just call us liars, and they did. This went on for about a year.

Another time I heard that Dr Leeks' pet nurse was trying it on with one of the girls. The nurse was 20 years older than the young woman. When we heard about this we waited for him one night and attacked him. I was sent back to security then.

I escaped more than twice. One of the times was to see my father who was in Whanganui Hospital. I asked Leeks if I could go and visit him but Leeks refused to let me, so I jumped out the window. They found me about a week later and took me back to Lake Alice. I wasn't allowed food or drink and was punished in the usual way, ECT.

One of the nurses called me the 'escape artist'. That is why I ended up in the

maximum security, which meant you were only allowed outside for less than an hour a day. But that didn't really bother me. I got used to being inside. Lake Alice made sure of that, it was like being in prison. I guess it got me ready for the time that I would go to prison as an adult.

It made it hard to be on the outside, though. Lake Alice made me a loner. Having people in my life just makes everything harder and I often push people away because I prefer to be alone.

My medical notes say I received --

Q. You don't have to say all of those words there if you don't want to, but there's four drugs that you note there.

CHAIR: Would you like to say them for him?

A. Be my guest.

QUESTIONING BY MS A THOMAS CONTINUED: Yeah no. You can start at "most of these drugs".

A. Most of these drugs were used to knock us around and make us dummies.

Some of these were by injection, but most of them were standard tablets. If we didn't take them, they forced them down us. We would be given drugs every day back then, I was just too angry and the drugs heightened that. There were some that were supposed to work as a relaxant, but they had the opposite effect on me. There were a few of the older kids that were like me, and we would get more worked up, but most of them would just blob out.

I remember getting a drug that I think was called --

Q. I can say this one, Paraldehyde.

A. Thank you. It made me wild and hyper and I would smell bad for about a week after.

Once again, one of the worst things for me about getting these drugs was the fact that I had a heart problem and should not have been given these at all at my age. I'm lucky to have survived Lake Alice and still be alive today.

I only remember Leeks' name, but when I was first introduced to him he was called the doctor. I didn't remember names of the other staff members.

A lot of the staff were good but not the ones who would hold us down while Dr Leeks strapped us on the bench for ECT. Sometimes there were eight staff holding you down. We hated them, especially one nurse who was very violent with us as he dragged us to the room.

There was a lot of physical violence between the boys. I was very fit and had a

mean, violent streak in me then. Going to Lake Alice just made me worse.

When I was in ward 8 I tried to hang out with the Māori boys more. We were the majority [sic] in ward 8 and we had to try and find a way to survive. Coming together when we could was one way. We still fought among each other but had - at least we were-together.

I believe that Māori were treated a lot worse than other boys. We had way more ECT than the others. We were the majority, -- minority I should say, but we still received the most punishment.

The only way I got out of Lake Alice was because I knew that they did not like gays. Me and another boy got into bed together and were mucking around with each other so the staff could see. When one walked in and caught us, we were both kicked out and just dumped outside the fence. We were around 17 at that time, we had to walk all the way back to Whanganui.

Being gay was unheard of then and they didn't want me sticking around. That was my way of getting out of there. My discharge note makes no mention of this. Dr Pugmire, Lake Alice -- oh sorry. Later the Whanganui Magistrates Court asked for a report on me, and Dr Leeks wrote that I had a mental disorder within the meaning of the Crimes Act.

Q. And just to reiterate, that sentence says no mental disorder.

A. Oh, sorry. I was 20 years old when I first tried to make a complaint about what happened to me in Lake Alice. The Citizens Commission on Human Rights had contacted me to make a statement. I wrote what happened to me. I prepared the statement myself from what I could remember. I also used a diary that I kept while I was in Lake Alice to jog my memory about the detail. I had to hide this diary from the staff so they wouldn't take it away. I took it with me when I left but don't know where it is now. Actually I found the diary a couple of weeks ago.

CHAIR: That's very interesting, good.

QUESTIONING BY MS A THOMAS CONTINUED: That might be something if you're happy with, Chaz, that we could provide to the Commission, I think they would be interested in seeing that diary.

A. Yeah, I'd have to dig it out again. It's in amongst one of the boxes I've got at home.

CHAIR: Someone can talk to you about it later and you can make a decision when you've had a chance to think about it, but thank you.

QUESTIONING BY MS A THOMAS CONTINUED: Paragraph 45 "I took the statement".

A. I took the statement into the Whanganui Police Station and also sent a copy to -- of this in

the mail to the Ministry of Health, but they put it on the shelf and forgot it. After that I turned off the memories of Lake Alice because there were too many bad memories. I just wanted to block them out. I was very glad that chapter of my life was closed.

I received 42 grand in the Grant Cameron payout for pain and suffering. I don't know if I was in the first or second group, but I know that I only received one payment. That money was not enough.

A few months ago the Police came to visit me and asked me to go to the Whanganui Police Station to give a statement about Lake Alice. I did, but I told them that it had taken them 40 years to get their arses into gear and decide to take me seriously.

ECT has affected my short--term memory and I don't think it is as good as it could have been. While I can remember my time in Lake Alice, I can't remember things such as appointments, or if I have done something or said something. I also developed a really bad anger problem.

There have been a number of times throughout my life where I have thought about cutting my wrists, but then I thought better of it. I didn't want to let them win. I have issues with social situations and don't really have much respect for authority.

Perhaps the biggest effect, though, has been my ongoing heart problems and the fact that I don't think I can have kids. This was because of the ECT I received at Lake Alice.

It has taken the Ministry of Health 35 years to help me out -- to help me with my heart problems, even though it was picked up way back when I was at Lake Alice.

I use fishing to calm me down. It is a relaxant and helps me to forget the horrible things I went through, for a little while anyway.

I think Selwyn Leeks should be charged. If they brought him back, I'd be the first in the courthouse. Something needs to happen to him. It's just not right.

I want proper compensation for what happened to me. The compensation I received is nowhere near enough for 50 years for pain and suffering. In my opinion, they could do a lot better. I have sent an e-mail directly to the Ministry telling them what they paid me out and that it's not right. I haven't got a reply back yet.

I received an apology letter from the Ministry, but I still don't think that's good enough for everything that happened. I want a public apology so everyone in New Zealand knows what we went through. No-one knew what was happening to us at that time, and some actually turned a blind eye so they didn't have to face what was happening to us. People need to know that.

Ultimately I want some responsibility taken from the Ministry of Health and for them to recognise that it is their systems that caused all of this. The mental health system needs a change in Aotearoa, it needs to be overhauled so that this never happens again. Same with the compensation processes.

Lastly, I'm so glad that Lake Alice closed down. But I wish they would get rid of the buildings, get rid of Lake Alice itself. They need a bulldozer put through them, including the fence. I offered to do that for them.

Q. Thank you for that, Chaz. Is there anything else that you wanted to say?

A. Not at this point.

Q. I just wanted to note that you did say in your statement that after you went to the Police Station you closed that chapter of your life, and I just wanted to say thank you for opening it for a short time to us so we could hear your story, I think that was very, very important. Now the Commissioners may have some questions for you.

CHAIR: Commissioner Alofivae's got a question for you.

COMMISSIONER ALOFIVAE: Good morning Chaz.

A. Good morning.

Q. Thank you also for opening up that chapter in your life. I just have a question around when the Police interviewed you recently, presuming you referred them to the complaint you'd made over 20 years ago as well?

A. Yeah, I think I did.

Q. And going back to that complaint in 1978, was there any follow-up from you about the complaint?

A. I might have followed up but they never.

Q. So you might have followed it up but they never came back to you?

A. No.

Q. No acknowledgment?

A. None at all.

Q. Nothing. And what about with the Citizens Commission on Human Rights, only if you can recall?

A. I don't.

Q. All right, thank you, thank you very much --

A. You're welcome.

Q. -- for your courage this morning.

CHAIR: Chaz, I've got a question, after all this time it might be a bit hard. You mentioned ward

8 and we've had lots of numbers of different villas and wards. We've heard from other people that ward 8 at their time was actually an adult place, like a lock-up place.

A. That's right.

Q. So that was the ward 8 or the villa 8 that you were put into?

A. Yeah.

Q. So you were put there with adult patients?

A. Yeah.

Q. And they were, as I understand, they were pretty seriously ill, mentally ill?

A. Mmm.

Q. And it was a lock-up?

A. **[Nods]**.

Q. And you spent some time there?

A. Roughly about three months, roughly.

Q. Were there any other young people there with you?

A. Not that I can recall.

Q. And it was only after that time that you later went to the Adolescent Unit, is that right?

A. Yeah.

Q. Were you given any special or different treatment because you were a young person?

A. None.

Q. What was it like being there with those adult patients?

A. Let's just say I learned things I shouldn't have known about.

Q. Yeah. Because other survivors have told us that they went there and they got abused and had a bad time.

A. They wouldn't have been far wrong.

Q. I won't press you on that point anymore but thank you very much.

A. You're welcome.

Q. I'll just leave you with Commissioner Gibson.

COMMISSIONER GIBSON: Thanks Chaz, a couple of questions first. You had some heart issues after some ECT and you had to go to Whanganui Hospital, somewhere else.

A. That's right.

Q. Was that the first time to your knowledge that you experienced heart issues?

A. The first time I knew about it.

Q. And after that, did you receive anymore ECT?

A. Yeah.

Q. So the staff and everyone knew about the heart issues?
A. No.
Q. But the ECT continued?
A. Mmm. I got ECT for nearly 9, 10 months.
Q. And do you know if the heart issues came after that intense period of ECT when you got it six days in a row, or was that before or after then?
A. Actually by what I was told by my father I had the heart problem from a very young age, I gathered I was born with it. So I'm picking it would have been in my medical file if anyone bothered to read it, which I don't think they did.
Q. And nobody to your knowledge asked you about it or there was no discussion about --
A. None at all.
Q. Thanks. It's up to me to thank you, Chaz. This is really hard, it takes a lot of courage I know and really appreciate you reading, I know that's important to you. So much that there was discrimination, there was Māori, you were treated like a rag doll. Can I also acknowledge the people that support you, the people that you carry with you today through what you wear, the people that are acknowledged in that way.

And also I note, I think you said you were a bit of a hero and I think there was an affirmation from the back of the room here today for that acknowledgment of that, and I hope you know that you're more than just a bit of a hero coming forward now, that the courage and the determination after all these years to bring it up, you and many people like you are national heroes for trying to seek resolution for this and to try and stop what has happened and stop -- make life better for people, for children, for people going through mental health, places in the future.

A. I think all most of us want is just justice for what happened.
Q. Yeah. And I think -- I hope you get your day in court and be that first person there if that ever happens.
A. Wouldn't be the first time I've stood in a courtroom.
Q. And it's not the first time you'll be acknowledged as a hero, so again, thank you for being a hero, kia ora. **[Applause]**

CHAIR: On that note of acclamation we will take the lunch adjournment. There's nothing else to know before we start?

MS A THOMAS: Ma'am, I just did want to point out that the first exhibit in Mr Symes' statement is a psychiatrist's report dated 10 April 1973 which is before the second Lake Alice admission, which notes his heart condition in that file. So that supports Mr Symes'

comment that if they did read the medical file they would be aware of that heart problem.

CHAIR: That's a very important point. Thank you very much for bringing it to our attention. Thank you.

MS A THOMAS: Tēnā koe Charlie.

CHAIR: We'll take the adjournment. **[Applause]**

Adjournment from 11.42 am to 1.19 pm

CHAIR: Good afternoon Mr Molloy.

MR MOLLOY: Good morning ma'am, we have two witnesses here from the Medical Council, and I'm going to hand over to my colleague.

MS MILLER: Good afternoon ma'am.

CHAIR: Good afternoon.

MS MILLER: My name's Ms Miller and I appear with the witnesses for the Medical Council.

CHAIR: Welcome, Ms Miller, to the Commission.

MS MILLER: Thank you.

CHAIR: We'll start -- I understand that somebody, either of these people wish to make a statement.

MS MILLER: That's correct.

CHAIR: But we'll wait for the affirmation and then proceed after that, does that suit you?

MS MILLER: That would be great, thank you.

ALEYNA MARY HALL, DAVID PETER DUNBAR

CHAIR: Good afternoon to Ms Thomas and --

MS MILLER: It's Ms Hall and Mr --

CHAIR: Shall I start looking at the right piece of paper, I know perfectly well you're not Ms Thomas, you're Ms Hall and Mr Dunbar, welcome to you both. And I'm going to ask you if you would do a dual affirmation, I'll read it to you and ask you if you would agree. Do you both solemnly, sincerely and truly declare that the evidence you give to the Commission will be the truth, the whole truth and nothing but the truth?

MR DUNBAR: I do.

MS HALL: I do.

CHAIR: Thank you. Yes Ms Miller.

MS MILLER: If Ms Hall could take this opportunity to read the statement on behalf of the Medical Council.

CHAIR: Perhaps just identify who you are for the record.

QUESTIONING BY MS MILLER: I can certainly do that ma'am.

Could you please confirm that your full name is Aleyna Mary Hall?

MS HALL: Yes, it is.

MS MILLER: And you've been employed by the Medical Council since 2015 initially as Senior Legal Advisor then as its Deputy Registrar from 2017 and you're appointed as the deputy CEO in April 2020?

MS HALL: That's correct.

MS MILLER: Thank you. And would you also like to introduce Mr Dunbar?

CHAIR: Yes.

MS MILLER: Thank you. Could you please confirm that your full name is David Peter Dunbar?

MR DUNBAR: That's correct.

MS MILLER: You are the registrar of the Medical Council and you've been in that role since February 2009?

MR DUNBAR: That's correct.

MS MILLER: Thank you. Ms Hall if you could now read the statement for the Medical Council.

MS HALL: Ahakoa he iti he pounamu, he whakapaha tēnei. Although small, it is valuable, it is an apology. To the survivors of the Lake Alice Child and Adolescent Unit, the Medical Council is sorry. We want to acknowledge the pain and suffering of all survivors who experienced abuse while in State care, including those at Lake Alice Hospital. The Medical Council acknowledges the hurt that you have experienced and apologises for any actions that the Medical Council of the time should have taken but did not.

Due to the length of time that has passed, since the complaints about Dr Leeks were made, and the incompleteness of the records which are available, it is with regret that the current Medical Council is unable to provide reasons for the decisions that were made in the past in relation to complaints of abuse or in relation to Dr Leeks.

The Council accepts that some complainants have been dissatisfied and disappointed with those decisions and it sincerely apologises for any hurt that has occurred as a result.

The current Medical Council of New Zealand has asked me to convey its clear and absolute position that it strongly condemns misconduct by any doctor that results in harm to patients or to the public. Thank you.

CHAIR: Thank you Ms Hall.

MS MILLER: Thank you. Ms Hall, can I please confirm that you have a copy of your statement dated 22 April 2021? I'll give the reference for that. WITN0275002.

MS HALL: Yes, I do thank you.

MS MILLER: And a copy of your 14 May 2021 statement which is WITN0275023 in front of you?

MS HALL: Yes, thank you.

MS MILLER: And am I right in saying that your evidence, and in particular any evidence relating to complaints and other matters relating to Dr Leeks, is based on information that Medical Council staff have been able to locate in response to requests from this Royal Commission?

MS HALL: That is correct.

MS MILLER: And Mr Dunbar, can I just get you to confirm please that you also have a copy of your witness statement dated 22 April 2021?

MR DUNBAR: I do have a copy.

MS MILLER: For the Commission, that's WITN0276002. And Mr Dunbar, for the purpose of preparing your evidence, you have reviewed the relevant repealed legislation and in particular the Medical Practitioners Act 1968 and also the Medical Practitioners Act 1995?

MR DUNBAR: Yes.

MS MILLER: How familiar are you with that earlier legislation?

MR DUNBAR: For the purposes of preparing the statement I gave fairly close attention to the processes and procedures laid out in the legislation. I believe I have a got working knowledge of those procedures and understand their import.

MS MILLER: Thank you. And if you are asked you would be able to also comment on the current legislation, the Health Practitioners Competence Assurance Act 2003? **[Speed and mic issue]** I'll ask again. If you're asked, are you able to comment on the current legislation, the Health Practitioners Competence Assurance Act 2003?

MR DUNBAR: Yes, I'm very familiar with that legislation.

MS MILLER: Thank you. I'll turn first to you, Ms Hall. The statement that you prepared in April 2021, and I'll ask the Commission, would you like me to continue to refer to the document number? Happy to do so.

CHAIR: Sorry, no, you don't have to refer to that, that's in the statement.

MS MILLER: Thank you. In the statement that you prepared on 22 April at paragraph 7 you refer to a request by the Royal Commission to provide information about all complaints against Dr Leeks from the time that he was registered as a medical practitioner until the date of your statement and in your statement you say that you are able to identify three complaints. I just want to touch on each of those.

So the first complaint I will refer to as the 1977 complaint. Your evidence at

paragraph 11 to 12 of your statement is that that complaint was made to the Ministry of Health and subsequently considered by an Ethics Committee of the Medical Association and that Ethics Committee then referred the complaint to the Medical Council for investigation, is that right?

MS HALL: That is correct.

MS MILLER: Are you able to briefly explain, based on the information that you have seen, what then happened, what process was then followed?

MS HALL: So from a review of the information that we do have available to us, the Secretary of the Medical Council then made contact with the Convenor of our Penal Cases Committee. That Committee then made contact with Dr Leeks informing them -- him, sorry, that a complaint had been made. It attached a letter or a notice setting out the substance of that notification and Dr Leeks responded to that Committee providing information about the complaint and requested that he be heard in relation to that complaint.

MS MILLER: Were you able to locate any other information or any other records about the Penal Cases Committee investigation?

MS HALL: No, we were not.

MS MILLER: In the opening submissions made by Counsel Assisting the Royal Commission, it was said that the 1977 complaint resulted in a charge being brought to the Medical Council which then came to nothing. Based on the information that you've been able to locate about that 1977 complaint, was a charge laid with the Medical Council in relation to that complaint?

MS HALL: No, no charge was laid with the Medical Council.

MS MILLER: And were you able to locate any information about the reasons for the Penal Cases Committee's decision?

MS HALL: No, we were not.

MS MILLER: Are you able to explain why the records relating to that investigation and the outcome of that investigation are incomplete?

MS HALL: All I can say probably in relation to that was information at that time back in 1977 was all stored in hard copy, so there was no electronic technology that allowed us to store that in a digitalised form. All information was stored and then sent to archives, which was TIMG, and remained at archives, so I can't really provide any further information than that I'm sorry.

MS MILLER: Thank you. Mr Dunbar, in your April statement at paragraph 42(a), you say that the Medical Practitioners Act 1968 would have applied to that 1977 complaint. And based

on the information that is available, are you able to comment on whether or not the process that was followed in response to that complaint was consistent with the provisions of the 1968 Act?

MR DUNBAR: Yes, based on my understanding of the 1968 Act the information that Ms Hall has in her statement about that complaint appears entirely to have been dealt with consistently with the Act.

MS MILLER: Thank you. Ms Hall, the second complaint that you refer to in your statement, your April statement, this is at paragraph 15, is the January 1999 complaint.

CHAIR: Can I just interrupt here for a moment. I know we're not allowed to use names, but I think it's important for us to know by whom the complaints were made, not the name of the person. I think reading from this it was a survivor who had -- a survivor of Lake Alice who made the first complaint; is that correct?

MS HALL: That is correct.

CHAIR: Okay, if you just say in general terms who made the complaint that would be helpful.

MS HALL: Okay.

MS MILLER: Are you able to comment on whether you know if the complainant in 1999 was a survivor at Lake Alice?

MS HALL: I do not know.

MS MILLER: Are you able to briefly explain then what steps were taken by the Medical Council in response to that complaint in 1999?

MS HALL: From that information that was available a Complaints Assessment Committee was established by the Medical Council to investigate that complaint.

MS MILLER: And do you know what decision was reached by the Complaints Assessment Committee?

MS HALL: The Complaints Assessment Committee made the decision to take no further action and I think that letter is attached to my statement of evidence.

MS MILLER: Mr Dunbar, in your evidence you say that the Medical Practitioners Act 1995 applied to the 1999 complaint, and again based on the information that is available, are you able to comment on whether or not that process followed for the 1999 complaint was consistent with the requirements of the 1995 Act?

MR DUNBAR: I can. The process followed, including the referral to a Complaints Assessment Committee, was consistent with the 1995 Act.

MS MILLER: The third complaint, Ms Hall, you were specifically asked by the Royal Commission about a complaint made by an individual in 1991 and your evidence is that the

Medical Council has no record of a complaint in 1991. Were you able to uncover any information at all about that complaint?

MS HALL: Yes, I was. So as part of our inquiry, I spoke to Ms Gay Fraser, who was formerly the secretary of the Medical Practitioners Disciplinary Committee, and she reviewed documents that she had access to from 1991 and advised that that Medical Practitioners Disciplinary Committee had received a complaint against Dr Leeks from an individual identified with the same name.

MS MILLER: And did you obtain any information at all about the nature of the complaint against Dr Leeks?

MS HALL: No, there was no information as to the nature of the complaint. The information that was available said that the Chair of that time of the Medical Practitioners Disciplinary Committee, found that the information was not sufficient and it went no further.

MS MILLER: And a question for both of you, the Medical Practitioners Disciplinary Committee, was that a committee of the Medical Council?

MR DUNBAR: It was a committee established separately under the legislation in 68 and in 19 -- 1968 legislation and the earlier legislation in the 1950s it was not set up by the Council or -- and membership was not created by the Council.

MS MILLER: And Mr Dunbar, in your evidence you say the 1968 Act would have applied to that complaint in 1991. On the basis of the information you do know, are you able to comment at all on whether the way in which it was managed was consistent with the 1968 Act?

MR DUNBAR: It would appear so.

MS MILLER: Ms Hall, were you able to identify any other complaints against Dr Leeks?

MS HALL: No, we were not. No, I was not sorry.

MS MILLER: Ms Hall, you also provided a statement in May 2021 which was prepared in response to a request from the Commission in relation to the UN Committee Against Torture report into a complaint by Paul Zentveld. And that report refers to a complaint by Mr Zentveld to the Medical Council in 2010. Were you able to locate a copy of a complaint by Mr Zentveld?

MS HALL: No, I was not.

MS MILLER: Was there any information held by the Medical Council about a complaint being made by him?

MS HALL: The only information I was able to find was a newspaper article from 2005 that referred to Mr Zentveld preparing a complaint.

MS MILLER: And just more generally on the UN Committee's report, it appears it was issued in January 2020. When did you first become aware of the UN Committee's report?

MS HALL: When the Commission asked for comment on that.

MS MILLER: So as far as you're aware, was the Medical Council itself aware of the UN Committee's investigation at the time that it was undertaken?

MS HALL: Not as far as I am aware.

MS MILLER: And did it participate in that process?

MS HALL: No.

MS MILLER: Ms Hall, I also want to address the cancellation of Dr Leeks' legislation in September 1999 which you also refer to in your witness statement of 14 May. The UN Committee's report and others giving evidence to the Royal Commission suggest that the Medical Council had refused to take action against Dr Leeks by accepting the cancellation of his registration. I just want to ask you if it's correct to say that the Medical Council had accepted cancellation of Dr Leeks' registration in September 1999?

MS HALL: No, that is incorrect. Dr Leeks' name was removed from the register as he had been out of New Zealand for a period longer than three years, and I understand that under previous legislation it was mandatory for the Council to remove him from the register.

MS MILLER: And as far as you're aware, did Dr Leeks make an application to remove his name from the register?

MS HALL: No.

MS MILLER: Are either of you able to comment on the Medical Council's jurisdiction, its ability to consider a complaint against a doctor when that doctor is no longer registered with the Medical Council?

MR DUNBAR: I can do so. Under the current Act, the Health Practitioners Competence Assurance Act, removal from the Medical Council's register does not affect the doctor's liability for any wrongdoing before the date of removal. The current Act, that's the Health Practitioners Competence Assurance Act, particularly allows the Health and Disability Commissioner and also the Council to consider complaints against a doctor's registered under an earlier registration Act, such as the 1968 Act or the 1995 Act, unless there had been some inquiry or investigation commenced under that earlier legislation into that matter.

That could extend also to consideration by a Professional Conduct Committee and that's established under the current Act, so this could extend to consideration by a Professional Conduct Committee and the potential laying of a charge by that Committee,

again if the earlier legislation or the earlier Act would have allowed a laying of a charge.

I do understand that evidence has been given by another witness to this Inquiry, about earlier correspondence from the Medical Council which advised that the Council had no jurisdiction to consider under the current Act a complaint about Dr Leeks' practice, because Dr Leeks was no longer registered.

This would have been correct in relation to matters, or to complaints that had been previously considered or investigated. The Council does not have jurisdiction to reinvestigate such matters. It would also have been correct if it was in reference to systemic organisational inquiries. The Medical Council does not have the authority or the ability to initiate inquiries into systems and organisations. That is the role of the Health and Disability Commissioner.

However, I do acknowledge that it was not correct to say that the Medical Council had no jurisdiction to investigate matters simply because Dr Leeks was no longer on the register. So on behalf of the Medical Council I do want to apologise for that earlier incorrect advice being given.

More correctly for matters that have not been previously investigated by the Medical Council, the jurisdiction of the Health and Disability Commissioner and of the Council is continued.

MS MILLER: Thank you. Ms Hall, in your evidence you also refer to a certificate of good standing. That was issued to Dr Leeks in 1977. Were you able to find any information about the steps taken by the Medical Council at that time?

MS HALL: No, sorry, I was not. There was no staff members available that had been there in 1977 to talk to either in relation to that.

MS MILLER: And Mr Dunbar, as registrar, are you able to comment on what, if any, current process there is for issuing a certificate such as a certificate of good standing?

MR DUNBAR: A Certificate of Professional Status, or previously called a Certificate of Good Standing, is a commonly used document internationally about exchanging information between one regulator and another regulator about the standing of a doctor who is seeking to be registered in the second regulator's jurisdiction. The Medical Council expects doctors seeking registration in New Zealand to provide a certificate of professional status, similarly an overseas jurisdiction would expect to receive one from us.

These certificates commonly communicate such information as are there any current proceedings, perhaps relating to competence or conduct or health, are there any conditions or orders in place ordered by the Medical Council, or are there any orders or previous

orders from the Health Practitioners Disciplinary Tribunal. If they were previously pressed for a Certificate of Good Standing and there were an investigation underway, or there was some previous order of a tribunal or council, that certificate would not have been issued.

MS MILLER: Thank you. I don't have any further questions to lead from these witnesses. I can hand over to my colleague.

CHAIR: Thank you. Yes Mr Molloy.

QUESTIONING BY MR MOLLOY: Thank you ma'am. Thank you both, I'm Andrew Molloy, Counsel Assisting the inquiry. Thank you for coming. I'm going to ask some questions, pretty much along the lines that have already been led and perhaps elaborating on some of the correspondence, Ms Hall, I think you in particular have exhibited which is very helpful.

To some extent I'm going to use you as instruments rather than asking you to comment on the content of the correspondence, so forgive me for that. I'll also try and outline my understanding of the processes, and obviously if there's anything I get wrong, please feel free to tell me what you think the process was.

CHAIR: If I can just say, because this is probably going to be reasonably technical, please have the mercy on our stenographers and speak as slowly as you can make yourself.

MR MOLLOY: Hopefully we'll make it as non-technical as possible, there's quite a lot of correspondence I think has been referred to and I think it's self-explanatory along the way, so it just gives a bit of colour to the process that's been described.

So I think we can confirm there are three known complaints about Dr Leeks. I can confirm, ma'am, that all three do relate to survivors of Lake Alice.

CHAIR: Thank you.

MR MOLLOY: The first was the 1977 one. I think, Mr Dunbar, under section 40 of the 1968 Medical Practitioners Act, there was a Medical Practitioners Disciplinary Committee, is that right?

MR DUNBAR: Yes.

MR MOLLOY: And effectively their function was set out in section 43 and colloquially it was essentially to inquire into the charge made by any person against a person who was a registered medical practitioner. And I think, Ms Hall, you helpfully set out at one point in one of your statements there were essentially three categories of complaint.

MS HALL: Correct.

MR MOLLOY: Conduct unbecoming a doctor.

MR DUNBAR: Yes.

MR MOLLOY: Professional misconduct, and then I think the most serious was the third, I'll just

get the wording right, disgraceful conduct in a professional respect.

MR DUNBAR: That's correct.

MR MOLLOY: And I think the two less serious charges were considered by the disciplinary Committee?

MR DUNBAR: That's correct, although the matters unbecoming did get often referred to a Divisional Disciplinary Committee of the Disciplinary Committee.

MR MOLLOY: I think the first, the 1977 complaint was eventually categorised as the third, disgraceful conduct in a professional respect. So in that respect it went to the Penal Cases Committee that you referred us to?

MS HALL: Correct.

MR MOLLOY: I think that was a separate entity separate from the Medical Council?

MS HALL: Correct.

MR MOLLOY: A panel of three?

MR DUNBAR: Yes.

MR MOLLOY: Two doctors I think appointed by the Medical Council?

MR DUNBAR: That's correct and a lawyer.

MR MOLLOY: And a lawyer?

MR DUNBAR: Yes.

MR MOLLOY: Okay, and under section 56 of that Act the convenor of that Committee is required to investigate the complaint and determine whether any whether any further action should be taken. And in order to do so, it would have to notify the subject of the complaint, and that I think it was described that was done and there was I think at some point a meeting at which Dr Leeks appeared in person. So what we'll go through now is the correspondence that you've exhibited which gets us to that point.

If we can just call up the first of those which I think is 0275009. It will come up on your screens shortly. This is a letter, I think, from Dr Stanley Mirams, it's dated 22 June there. As you can see it's from the Department of Health. It's addressed to Dr W J Pryor, Chairman of the Ethical Committee, New Zealand Medical Association. If we flip to the end of the letter we'll see the signatory is Dr Mirams who was at that time the Director of the Division of Mental Health.

What we'll do is go firstly to a document that he attaches to that letter. What he's sending to Dr Pryor is a note of his interview with the survivor who made the complaint. And you'll see down towards the bottom of the page there's a paragraph numbered 4. That's the fourth of four allegations I think that the survivor makes about Dr Leeks. I'm just going

to focus on that one because it's the one that eventually gets through. It goes as far as it can with the process.

So Dr Mirams has noted that the boy concerned "alleges that on one occasion he and four or five other boys told Dr Leeks about how they had been forced by stand-over tactics to engage in homosexual activities with another patient who was an older and bigger boy. Dr Leeks is then said to have told the boys to bring the ECT machine and follow him and had taken them together with the alleged culprit into the treatment room where he was held down by another boy and each in turn was allowed by Dr Leeks to give him painful shocks using the ECT machine.'

So coming back to the letter itself, if we can just call out the first paragraph of the letter. We'll see that Dr Mirams is informing Dr Pryor that he's enclosing the notes of the interview. He says, "I think the notes are largely self-explanatory and I pass them to you for consideration of their importance as a matter of ethical and conceivably disciplinary investigation."

So we'll continue to explore the correspondence and how the allegation is then dealt with. So it appears that after receiving that letter Dr Pryor sought a response from Dr Leeks which was forthcoming and that's document 275010 which will come up shortly. We can see here that the response is on the letterhead of the Palmerston North Hospital with the subtitle the "Manawaroa Centre for Psychological Medicine". It's addressed again to Dr Pryor and it's dated July 1977. And Dr Leeks outlines his preliminary response to the complaint forwarded by Dr Mirams.

Again, we'll go, I think, to page 2 of that letter, the third paragraph there, again focuses on the main complaint we've talked about, paragraph 4, Dr Leeks outlines his perspective on this incident. I think about halfway down that paragraph we've got a sentence that starts, "I spent time with each of the boys" might be about 10 or 11 lines down, there it is. So from there down to about five or six lines further down.

"I spent time with each of the boys concerned in an attempt to try and allay their fears or even terror, their intense feelings of degradation and unhappiness and anger. I then spent time with them as a group looking at how the pain of their feelings might be reduced. One of the boys wished to be included in the aversive programme for the boy concerned. And the others stated they too wished to be included."

If we go down about five lines from where you've called out there it starts "It seemed therefore reasonable." That's about right. "It seemed therefore reasonable that here was an opportunity for them to do something about those feelings in an active way, as well

as bring home to the boy the feelings of the people he had harmed. The treatment was described to the boys and they were asked to speak about what it was like for each of them to be assaulted the way that he had attacked them and how it felt to be so treated. At that point they pressed the switch, gave him a single shock from the aversive faradic circuit. Each did this in turn and I took over and completed the aversive therapy session."

Down the bottom of that paragraph you'll see a citation from a text, the last four lines of the penultimate paragraph. Dr Leeks provides a citation for academic support for his approach. In light of this being seen as an ethical problem I would quote from Meyer, Gross, Slater and Roth, clinical psychiatry and he quotes as follows:

"The advantages claimed for this technique are that the prime aim of the treatment can be clearly cited in every case and can be carried out before an unconcealed audience. The therapists can be interchanged if desired, the method is relatively brief", and lastly "it is more efficacious than other methods of psychotherapy."

So that's his written response and I'm just going to depart from the correspondence that you've provided us and just bring up the page of the text that he's referred to, because there are a couple of points that I think are worth drawing out. Again, I'm not expecting you to comment on this, I'm sorry about this. That's CCH002, we've got it there.

If we go to the paragraph I think that's being called up now, that's almost the paragraph that's quoted. What I'd invite you to look at is the fourth line, and there's a short phrase that's been deleted from the quote in Dr Leeks' letter. The fourth line reads, "The therapists can be interchanged if desired, the method is relatively brief", and lastly "it's more efficacious than other methods." He left out the phrase "demanding an average of 30 sessions." I'll come back to that shortly.

The other -- the next matter I would just call your attention to is at the bottom of that same paragraph and it takes up at the end of the quote that's currently highlighted. He's referring to the study which supports this technique, it's a study from 1961 by someone called Wolpe. So it's already a 16 year old study. It's a small sample of 210 patients. And even the authors indicate that unfortunately there was some drawbacks. It was a selected group, some being rejected from the series even after treatment had started, and you'll see at the end it says controls were not used.

The other difficulty with the quote that Dr Leeks has relied upon is apparent when you look at the preceding paragraph. If we could just call that up. It starts "In the reciprocal inhibition technique." So the relevance of this is that Dr Leeks has referred to the advantages claimed for this technique. This technique in the text is explained in the

previous paragraph.

It's the reciprocal inhibition technique and the author of the study on which the text relies says that the first step is to construct an anxiety hierarchy derived from the clinical history information obtained at interview and psychological test responses. The hierarchy consists of a list of stimuli ranked in order of their potency in provoking anxiety. These can subsequently be confronted in imagination by the patient as graded stimuli.

It continues: "The patient is given training in deep muscle relaxation often using hypnosis, and treatment commences by his being asked to imagine a situation which ranks at the bottom of the anxiety hierarchy while he is completely relaxed. If relaxation is undisturbed, this is followed by imagining the next item on the list and so on. Treatment proceeds until the first situation in the hierarchy can be presented without disturbing the relaxed state."

So the technique Dr Leeks is calling in aid in support of his process bears little similarity to the technique actually being described in the text. It is about as far as you can think of from being held down by one boy while three others take it in turn to administer electric shocks.

The last point, and it's a short point that I'll draw your attention to, is the penultimate paragraph on the page, starting "Other techniques." It says, "Other techniques that have been used by behaviour therapists have included aversive conditioning using chemical or electrical methods." And the relevance of that of course is that what he was describing or what he had done was an electrical method, what he was pretending to be describing or calling support for in his citation of that text was quite different.

Returning now -- thank you for your patience, Ms Hall and Mr Dunbar, returning to the correspondence. We can have a look at document 0275008. See here a letter from Dr Pryor, it's dated 26 August 1977, it's acknowledging Dr Leeks' letter and Dr Pryor is writing on behalf of the Central Ethical Committee.

If we can call up the whole text. The second paragraph he's indicating that the Committee has consulted with psychiatrists and it has caused some concern. They have considerable doubts as to whether it is ethical to administer Aversion Therapy to a committed patient unless his informed and voluntary consent is first obtained. And in that regard I think Dr Parsonson, from whom we heard the other day, would think they were on track.

It continues, "In this particular case we can in no way see that it is acceptable psychiatric therapy to involve the victims in a punishing situation with the patient

concerned."

And at the bottom of the page, this I think is where it gets to the third and most serious charge that can be laid, "We feel strongly that this constituted grossly unethical conduct, likely to bring the reputation of the medical profession into disrepute."

If we have a look at the next piece of correspondence, 0275011, and this is a letter dated 19 September 1977, it's from RP Caudwell, the General Secretary of, and I think you can see from the letterhead, the New Zealand Medical Association. He's writing to Mr Hindes, the Secretary of the Medical Council, in respect of this complaint and if we can call up the second paragraph of the letter.

So he's saying that the Chairman of the Medical Practitioners Disciplinary Committee has directed that the complaint be referred to the Penal Cases Committee. Mr Dunbar, I gather that's because it is the most serious of the three possible charges?

MR DUNBAR: [Nods].

MR MOLLOY: For investigation as it is a complaint of disgraceful conduct in a professional respect. He refers to the fact that initially the complaint was referred to the Association's Central Ethical Committee by the Chair at the time of the Australian New Zealand College of Psychiatrists, Dr John Dobson. And then he outlines the Central Ethical Committee's findings. And in the penultimate paragraph he express it is in this way:

"We have considerable doubts as to whether it is ethical to administer Aversion Therapy to a committed patient unless his informed and voluntary consent is first obtained."

Over the page the first complete paragraph there, if we could call that up. Again, allowing that could have been carried out in good faith, but the author feels strongly that this constituted grossly unethical conduct likely to bring the reputation of the medical profession into disrepute. And that he goes on to observe that the findings were referred to the Chairman of the Disciplinary Committee.

We then have a look at 275012. Mr Hindes, having received that letter from Mr Caudwell, writes to the Convenor of the Penal Cases Committee and encloses a copy of that letter. Then if we go to the next, which is 275013, letter dated 3 November 1977, the Penal Cases Committee Convenor writes to Dr Leeks, informs him of the complaint and attached to that document is a notice which I think we'll also go to, it's the next page. I beg your pardon, it's 275014. This is the notice that was attached. So it's a notice under section 56(2)(a) of the Medical Practitioners Act, and the purpose of this I think, Mr Dunbar, is to inform Dr Leeks of a complaint against him. It informs him that there will be -- the

Committee will convene on a date given, 23 November, it invites Dr Leeks to provide any written explanation he wishes and also offers the opportunity I think to be heard. And the complaint is actually articulated at paragraph 1 there, if we bring that up.

"That at Lake Alice Hospital during 1974 in the course of giving treatment to a patient with an ECT machine you permitted young fellow patients to administer the shock treatment to the patient concerned by means of the ECT machine."

Dr Leeks then responds and that's the next document, 275015. This is a letter again from Dr Leeks to Dr Gowland dated 7 November. He outlines his explanation again, and if we go to the last page, the final paragraph he says, "I'm aware that written communications does not always supply the answers required and I should wish to be heard."

In between I'm just going to insert another document into the documents that you wouldn't have necessarily had but that we have as part of this narrative. It's CRL 008279_00011. Here's the letter, it's 18 November 1977. So it's five days before the meeting that has been convened.

The final page you'll see that it's signed by Professor F J Roberts who is a Professor of Psychological Medicine at Wellington Hospital. We can see from the first paragraph that he is responding to a request from Humphrey Gowland that he comment on the matters under consideration.

We've had a look at this in another context earlier in the week, ma'am, I won't go through it comprehensively but there are a couple of extracts just to bear in mind. On that first page the third paragraph, it starts "It will be immediately apparent that the technical difficulties which confront the therapist in this kind of treatment are enormous."

CHAIR: This is about Aversion Therapy isn't it?

MR MOLLOY: Indeed. I think Dr Parsonson responded to this letter the other day.

CHAIR: Yes.

MR MOLLOY: If we jump to the middle of the next page of the letter, dead in the middle of the page there if we can call up the paragraph, that's the one.

"It should be clear from these comments that the actual technical requirements for this kind of treatment are far from straightforward. Personally I believe that it is absolutely essential in treatments of this kind, and I am not alone in my belief, that in order for the treatment to be effective, the subject needs to give his agreement to the treatment and to desire to change."

The first sentence of the next paragraph, he says, "I am concerned that the account given by the boy clearly identifies the treatment with punishment."

And at the very foot of that page and the beginning of the next he says the end of that paragraph, "If the boys saw the treatment in terms of punishment, then I find it very difficult to understand the justification for incorporating them in these sessions."

The last paragraph he's expressing his concern for Dr Leeks, but at the end he concludes, "I can understand the logic of Dr Leeks' argument, but I cannot accept the premises from which he argues."

We have no record as has been confirmed, we have no record of any outcome, at least no overt record of any outcome of the meeting that occurred on the 23rd. We simply know that Professor Roberts, the Chair of the Australian New Zealand College of Psychiatrists, and Dr Mirams have all expressed their concerns overtly about what occurred.

If we just go to 275020, we see here a letter from Dr Leeks dated 15 December of 1977. So it's two or three weeks after the meeting, and at the beginning of that he's indicating that he's looking for a letter of good standing from the registration authority, because he wants to go to Australia.

The next document, 275021. Clearly in the new year, 4 January. In the first paragraph if we can call up the top of that, thank you. He's received his certificate, it's dated 22 December. But he's asking that the reference to disciplinary proceedings that had been taken be deleted, so obviously there was some reference to that on the certificate. Clearly the outcome I think, as I've been corrected, quite true, I opened on the basis that a charge had been laid, in fact the outcome of the meeting I think was that no charge be laid, am I correct about that?

MS HALL: Correct.

MR MOLLOY: Thank you. I acknowledge my error at that. I think at some point, Ms Hall, you've confirmed that you've looked for any record of that meeting, there's no tape or recording or anything of that sort.

MS HALL: That is correct.

MR MOLLOY: Thank you. I think you confirmed that at some point perhaps 20 years ago any files relating to a complaint that did not proceed to a hearing or a charge were destroyed, am I right about that?

MS HALL: To the best of our knowledge.

MR MOLLOY: As far as you know?

MS HALL: Yes.

MR MOLLOY: Thank you. Mr Dunbar, I think you've confirmed that the process was consistent

with the requirements of the Act?

MR DUNBAR: Yes, it was.

MR MOLLOY: Thank you. I just want to leave that now and move on to the second of the complaints which I think was in 1991, again by a survivor. And again, I think, Ms Hall, you've checked you were able to track down something through a colleague at the old Medical Association I think Gay Fraser I think you said?

MS HALL: Yes, that's correct.

MR MOLLOY: And they have a record that a complaint was made, a record that it was not sufficient, so nothing was taken any further?

MS HALL: Correct.

MR MOLLOY: But there's no material from which we can gather any substantive information?

MS HALL: That is correct.

MR MOLLOY: Thank you. Then just moving on to the third of the three, which I think is under the 1995 Medical Practitioners Act.

MR DUNBAR: That's correct.

MR MOLLOY: And Mr Dunbar, I think you say in your statement that this brought into being the Complaints Assessment Committee.

MR DUNBAR: That's correct.

MR MOLLOY: Which is sort of, I think you described it as a revised form of the Penal Cases Committee.

MR DUNBAR: Yes.

MR MOLLOY: That concerned the 1977 complaint.

MR DUNBAR: Similar in function and form.

MR MOLLOY: And so there's a record in January 1999 of a survivor whose made a complaint and I think his letter is outlined in your statement, Ms Hall, it's fairly short: "To whom it may concern. This note is to say that you may use this information to start an investigation into the incidents of abuse from Dr S Leeks, formerly practising out of Lake Alice Hospital, as well as the unit in Palmerston North by the name of Manawaroa Hospital in the early to late 1970s."

And I think it's apparent from Medical Council records that a Complaints Assessment Committee was appointed to investigate this. I think we've got the outcome of their process and it's document 0275018. So it's a fairly fuller, it's about three pages long plus a signatory page where the three members of the Committee signed the letter. It's dated 21 January 2000. And it's on the letterhead of the Complaints Assessment

Committee.

Am I right, was this Committee, like the Penal Cases Committee, separate from the main body as a separate entity?

MS HALL: Yes.

MR MOLLOY: But with its members nominated by the Medical Council?

MR DUNBAR: Two of the three members, yes.

MR MOLLOY: Again, it was the same format, two medical officers and one lawyer?

MR DUNBAR: Yes.

MR MOLLOY: So it's dated in January 2000, it's in response to a complaint from approximately a year earlier, January 1999. It's a fuller -- I won't go through the whole thing, but it's clear there has been a process undertaken by this Committee. I think in context, it's around the time of the litigation in the High Court that we heard about the other day from Grant Cameron, so I think he had about 70 or 80, possibly 90 plaintiffs that lodged proceedings in the High Court against the Attorney-General. And in that context it appears from page 2 of the letter that there were some perceived impediments to requesting for an investigation.

Just in paraphrasing, and Ms Hall or Mr Dunbar feel free to augment this if it's too reductive, but I think at paragraph 9 it's indicated that Dr Leeks had responded in some way, through his lawyers, it was quite clear that he was opposing any further investigation.

And over the page at page 3, the Committee has identified a number of difficulties that would arise and than might impede an investigation at that time. So obviously there's the lapse of time, there's the fact that in some respect it had been looked at previously, similar issues. It refers to some Police involvement, at least one Medical Council investigation. Refers to the fact that Dr Leeks has not practised in New Zealand since, and appears to be unlikely to do so. Refers to the High Court proceeding and alternative methods of addressing concerns. Also the obvious fact that the complainant was referring to material that might have been available had other people been prepared to provide it but they didn't. There's some difficulty of communicating with him, and then at paragraph 1 it says that "if evidence emerges from the High Court proceedings which shows disciplinary action is warranted, it will doubtless be brought to the Medical Council's attention then."

You may not be able to answer this, but who might have brought that kind of information to the Medical Council's attention?

MR DUNBAR: I don't know.

MR MOLLOY: Are you aware of anyone doing so?

MS HALL: No.

MR DUNBAR: No.

MR MOLLOY: Subsequently it became apparent that the Crown settled litigation involving close to 200 survivors of Lake Alice on the basis of treatment they had received at Lake Alice, that was outside even the standards of the time. Are you aware of any efforts made by or on behalf of the Medical Council to make inquiries about that at any time?

MR DUNBAR: I am not.

MR MOLLOY: Would there be any impediment to the Council undertaking an inquiry of that nature? Is there any reason why it couldn't have done so?

MR DUNBAR: If you are talking about a systemic matter or an organisation, the Council does not have the jurisdiction to undertake an investigation into systems.

MR MOLLOY: I think you're talking about an individual psychiatrist who has been the subject of the three previous complaints we're talking about.

MR DUNBAR: Okay. In the 2003 legislation the Health Practitioners Competence Assurance Act, the Council could self-initiate an investigation and refer matters to a Professional Conduct Committee. Under the earlier legislation the 68 Act and the 1995 Act, there was no ability for the Medical Council to self-initiate an inquiry or an investigation, it would respond to a complaint and begin the complaints process or notifications process that that legislation provided for.

MR MOLLOY: Presumably the complaints processes under the 68 Act and the 95 Act were designed to be non-technical, so that a lay person could make a complaint?

MR DUNBAR: That's correct.

MR MOLLOY: Presumably that would extend to another medical practitioner who was concerned?

MR DUNBAR: I'm not familiar with whether there was particular provision for a medical practitioner to make a notification or complaint about another practitioner. That is certainly provided for in the current legislation, the 2003 legislation, but in 1995 I don't believe there was a specific reference to a medical practitioner making a complaint about another, but I would assume that that wasn't precluded.

MR MOLLOY: I think the 68 Act just refers to a complaint by any person.

MR DUNBAR: Yes.

MR MOLLOY: I don't have the 95 Act in front of me and I don't know the answer to this, so it's not a trick question, but it's possible the 95 Act is framed in similar terms. Is it likely that it would have specifically precluded?

MR DUNBAR: No, it's not likely to have precluded any practitioner from doing so, they would

fall into the general category of a complainant or a notifier.

MR MOLLOY: So from what source might the Medical Council expect information to be provided at the outcome of significant litigation involving allegations such as those involved in that litigation?

MR DUNBAR: I'm not sure I'd care to speculate on one source over another.

CHAIR: Can I ask a question arising from this. I appreciate you weren't there at the time, so this is all hindsight. But the Complaints Assessment Committee had looked into this matter, they'd found a whole lot of reasons that meant that they weren't able to uphold it, I think, I haven't seen the last bit of the thing, but they didn't proceed on the complaint, did they?

MR DUNBAR: [Nods].

CHAIR: Do you know from the legislation whether there was anything precluding the Assessment Committee, having reached a decision like that, to reopen that original complaint in the light of information they've subsequently received?

MR DUNBAR: I'm not aware of anything in the legislation, but I would imagine the CAC would be aware of the obligations around natural justice and matters previously dealt with.

CHAIR: Yes, it would be subject to that.

MR DUNBAR: Subject to that.

CHAIR: Subject to alerting the subject of the complaint etc, so --

MR DUNBAR: [Nods].

CHAIR: -- this is all speculative I grant you, but there's nothing prohibiting it, but they would be subject to restraints. Have you got any knowledge from history as to whether that ever did happen, that an Assessment Committee reached a decision and then opened it up again in the light of later information?

MR DUNBAR: I'm not aware of any instance of that either in the 95 Act or even in the current legislation.

CHAIR: I take it you don't have either?

MS HALL: No, sorry ma'am.

CHAIR: Thank you.

MR MOLLOY: Ma'am, to address the point that you've made, sorry, I should have made it before; if we look at paragraph 14 of the letter that we've just been looking at. The Committee observed that the cumulative effect of so many difficulties led them to the view that no further steps should be taken.

CHAIR: My question relates to if something popped up later, however, but, and again, I accept that it is speculative.

MR MOLLOY: Just while we're in this timeframe, I think that at some point during this year, so in 1999, after this complaint was lodged but before the Committee reached and conveyed its decision, the Medical Council invoked section 45 of the Act at that time, and indicated to Dr Leeks that because he'd been out of the country for more than three years, he would be, I can't recall the terminology.

MS HALL: Removed.

MR MOLLOY: Removed from the register.

MR DUNBAR: That's correct, there was an obligation on the Council to do so for doctors who had been absent.

MR MOLLOY: Indeed. But I think if we look at the same section, section 45(4) indicates that the removal under subsection 1(c) of this section of a practitioner's name from the register does not affect that practitioner's liability for any act done or default made before the date of the removal. So given that, there would have been nothing to prevent the Committee from pursuing a complaint even after Dr Leeks had been removed from the register. Is that fair?

MR DUNBAR: There would be nothing to prevent the Medical Council considering whether to refer a matter to it, yes.

MR MOLLOY: And I think you mentioned before, there is a similar provision in the current legislation?

MR DUNBAR: There is.

MR MOLLOY: Ma'am, I've got no further questions. I should indicate that I think Ms Green, who is acting for CCHR, the core participant, had obtained leave to ask questions. She's actually indisposed, she's injured herself and she's not here. I think I have covered most of the questions.

CHAIR: You were aware of the questions she wanted to advance?

MR MOLLOY: In broad terms, ma'am. Would it be possible to take a couple of minutes to talk to them and just ask --

CHAIR: I think it would be appropriate if you just went and checked with them that everything has been covered off.

MR MOLLOY: As a matter of courtesy ma'am.

CHAIR: Yes, I think it's a good idea. We'll take a brief adjournment while you do that.

MR MOLLOY: Thank you.

Adjournment from 2.32 pm to 2.48 pm

CHAIR: Yes Mr Molloy.

MR MOLLOY: Thank you, ma'am, I've just got two questions and then I think Ms Joychild is going to ask you if she can have a couple of questions as well.

CHAIR: All right.

MR MOLLOY: The first was really, is it a shortcoming that the Council appears to have such a passive role and the question of regulation of medical practitioners in terms of their behaviour and conduct?

MR DUNBAR: I'm happy to answer the question, Mr Molloy. I do not believe there's a current shortcoming. I think the current legislation, the new legislation is more than just a new Act, a new name, it has a very clear focus on public health and safety, it has a very clear mandate to take action across a wide toolkit to ensure that these issues or issues such as those we've been discussing this morning are addressed and addressed promptly. It does this in a number of ways, the current legislation now provides for lay members to participate in proceedings, so there's always a non-medical perspective brought into the discussion. The current Professional Conduct Committees, for example, are two medical committees and one lay member. Medical Council itself has a number of lay members on it.

The new legislation, or the current legislation that's been in place now since 2004 also provides for the Professional Conduct Committees, the successors to the CACs, to have independent legal advice, so that legal advice will assure that they are addressing the thresholds, they are addressing the particulars that have been charged with doing that.

There's also greater inter-agency communication that was sort of, I guess, an outcome of some of those earlier inquiries where it was felt different agencies didn't know what was going on. So there's now provision within our legislation, this legislation, for agencies to work with each other to inform each other. That's reinforced by the current close sort of confidential roles of the Health and Disability Commissioner's office and of the Medical Council. The HDC deals with those issues around breaches of code, but at the same time the Medical Council has that authority and mandate to look at the more fundamental questions around doctor's competence. So both sides are looked at.

And I think one of the big changes that came around with the new legislation was the ability for the Medical Council and the other authorities under that legislation to act to address risk of harm in the meantime. No longer -- and this was, I guess, a fault with the 1995 legislation -- no longer must a Medical Council wait for a proceeding to unfold before it takes action. It has the ability now while there is an investigation underway, while the Police are addressing the matter, while the Health and Disability Commissioner is

addressing the matter, they have the ability to look at whether there is a question of risk of harm and if necessary to impose conditions on the doctor's practice, or even to suspend that doctor's practice.

So I don't believe the current legislation gives the Council, or could be expected by the Council to give it a passive role, it's a very active role. Medical Council also has processes for ensuring that when notifications come in they are addressed very early on and appropriate actions put in place.

MR MOLLOY: So of the three complaints, let's take the first and the last as perhaps examples. In both of those cases there was a complaint made on behalf of an individual, but both complaints were in the context in which it was quite clear that other potential victims, without pre-judging, there were other potential victims who could enlighten the substantive concern at the heart of it, which is whether there had been wrongdoing by this psychiatrist. And the attitude taken on both of those occasions seems to have been quite linear; we'll deal with this complaint that's in front of us, on the information that's provided.

How would -- sorry, first of all, would that be dealt be differently now and if so how would it be dealt be differently?

MS HALL: I think the answer to that question is there is no doubt that that would be done differently now. As David has alluded to, each Professional Conduct Committee, which is the equivalent of a CAC, Complaints Assessment Committee, has an in-house lawyer attached to that Committee that guides them throughout that process and provides advice as to what information they should be gathering, who they should be talking to, providing legal advice as to the, you know, what legislation they should be looking at, what statements apply from Council. And also I think importantly there's a lot more provisions under the new Act that allow that Professional Conduct Committee to make those investigations and require information, and if information is not provided, then it is actually an offence to not provide that information. So the powers of an investigation under are 2003 Act are a lot broader.

MR DUNBAR: I might add to that that subject to the confidentiality around a Professional Conduct Committee, if Council became aware of another concern, a similar concern, then the legislation does allow the Council to add that new matter to the existing Professional Conduct Committee consideration.

MR MOLLOY: The other question I had was a slightly different one, so we'll change tack. And it goes to the apology that you read out at the beginning of your evidence. Thank you for that. Just for the people who are at the back of the room listening, what exactly is it that the

Council is apologising for?

MS HALL: The Council is apologising for not taking the right action. If it was today, there is no way Dr Leeks would be practising. Our job is to protect the public, we're not there to protect doctors, so that's, you know, a shortcoming, if you like, of the Medical Council and he shouldn't have been allowed to continue to practise.

MR MOLLOY: Thank you for that. Ma'am, I've got no further questions, Ms Joychild may have something to ask.

CHAIR: Yes Ms Joychild.

QUESTIONING BY MS JOYCHILD: Yes Ms Hall and Mr Dunbar, good afternoon, I'm counsel representing the survivors of Lake Alice, so in that capacity I've got three questions. Looking at the -- following on from the last matter that you just talked about, my reading between the lines of the documentation was Dr Leeks went along that hearing and persuaded them that if he left New Zealand and went to Australia to practise, that they would not press charges against him. So a deal was done, which is quite often done, has been done in the past in those sorts of situations. Have you got any comment on that?

MS HALL: Sorry I wouldn't be able to speculate on that.

MR DUNBAR: I have no comment on that.

MS JOYCHILD: Okay. So also, just for clarification, probably Mr Dunbar, about the processes. If -- as I understand it, I want you to correct me if I'm wrong, if any of the survivors now want to make a complaint against Dr Leeks for what he did to them 40 something years ago and they present the Council or the relevant disciplinary committee with further information which, of course, there is a lot more now than what was presented in complaint number 2, would the New Zealand Medical Association be able to accept that complaint for investigation?

MR DUNBAR: The current legislation allows the Council to look at matters of conduct about a practitioner who was previously registered but is no longer registered. The qualification that is the Council can't relitigate or reinvestigate a particular complaint that has been made about Dr Leeks. That would not preclude a new complaint coming through, or from a different complainant or about a different matter.

The qualification on that is that the Medical Council is now required to pass to the Health and Disability Commissioner any complaint where there is an impact on a consumer. In that way the patients' rights as a consumer are addressed and protected.

The Medical Council itself then can't begin an investigation on matters of conduct until the Medical Council's been advised by the Health and Disability Commissioner that

the Commissioner is no longer going to be investigating the matter or hasn't otherwise addressed it.

So the Medical Council, in some respects, can't begin its own investigation while the matter is before the Health and Disability Commissioner, but as I said, if there were some concern for the Medical Council that arose from the alleged conduct, and Council felt that steps were needed to ensure the public was protected in the event that this doctor was practising still, then the Medical Council can take action around the doctor's practising certificate. In the case of Dr Leeks, he's no longer practising, so in some respects those opportunities are removed.

MS JOYCHILD: Yes, well the survivors might take the point that people are not protected from psychiatry unless the Medical Council makes a statement about the wrongdoings of Dr Leeks back then and sets some parameters around it. So would the legislation in your interpretation of it enable that broader interpretation of protection?

MR DUNBAR: Council does speak through a number of statements about its expectations around doctors' conduct and ethical conduct, we have statements around matters to do with prescribing, the maintenance of boundaries, the need to maintain professionalism and professional conduct at all times. So in some respects it does speak constantly to the profession about that.

Council might choose with information to revise those statements, as it does from time to time. To make sure they catch any matters of topicality, but beyond that I couldn't give any undertaking or any comment about what the Council might do in the scenario you present.

MS JOYCHILD: Right, because out of the various branches of medicine, psychiatry is obviously the one where people are most vulnerable, most at risk, because they have supposedly something wrong with their mental functioning. And wouldn't you think that there would need to be more clear guidance given to psychiatrists in particular now that all this information is coming forward, that showed the incredible laxness and inability of the profession to regulate itself and to control someone like Dr Leeks?

MR DUNBAR: Those are governance decisions for the Medical Council to make and not for me to opine on.

MS JOYCHILD: No further questions.

CHAIR: Thank you Ms Joychild. I take it there's nobody else, nobody else has been granted leave, so we won't open that Pandora's box. Anything else arising, Mr Molloy, other than from the Commissioners?

MR MOLLOY: No, ma'am, just acknowledging that it's a lawyer's dream and everyone else's nightmare when you drag two witnesses along and the lawyer does all the talking, so my apologies for that.

CHAIR: A rare luxury for the lawyer I might say, Mr Molloy. I'm just going to ask my colleagues if they have any questions. You are spared then from homilies and other things from us, and I'll just ask Commissioner Alofivae to close off your evidence.

COMMISSIONER ALOFIVAE: Ms Hall and Mr Dunbar, look can I just thank you on behalf of the Commission, exactly like our counsel said, Mr Molloy, for coming along this afternoon and answering to the very best of your abilities questions that could not have been comfortable in most respects and having to reflect back on matters that happened a very long time ago. We also want to be able to formally acknowledge the apology that you've now placed on record, and hope that all goes well moving forward.

MR DUNBAR: Kia ora.

CHAIR: Thank you. We'll take a short adjournment before our next witness or would you like to carry on?

MS JOYCHILD: GRO-C

CHAIR: We will adjourn.

Adjournment from 3.02 pm to 3.27 pm

MR MOLLOY: Afternoon, ma'am, we've got Mr Soeterik in the witness box and his counsel is Mr Forster.

CHAIR: Good afternoon, Mr Forster, welcome to the Royal Commission.

MR FORSTER: Thank you ma'am. What I propose to do is have Mr Soeterik read his brief. If either my pace or his pace is too quick or too slow, please let us know. Once he's read his brief, I'll have a few supplementary questions.

VICTOR FREDERIK WILLEM SOETERIK

CHAIR: Thank you Mr Forster. Before we do anything else I'll ask him to take the affirmation. Mr Soeterik, do you solemnly, sincerely and truly declare and affirm that the evidence you will give before the Commission will be the truth, the whole truth and nothing but the truth?

A. I do.

Q. Thank you very much.

QUESTIONING BY MR FORSTER: Your name is Victor Frederik Willem Soeterik?

A. It is.

Q. You live in Napier?

A. I do.

Q. Your date of birth is GRO-C 1944?

A. It is.

Q. That makes you 77, doesn't it?

A. Yes, it does.

Q. Can I have you read from paragraph 4 of your statement please?

A. I am providing this statement to the Royal Commission into abuse in care regarding my role at Lake Alice between the years of around 1975 and 1977.

I have previously supplied two statements, the first was to Phil Roigard of the Investigation Bureau Limited for Crown Law dated 6 February 2001. Following that I sent an e-mail to him with some supplementary answers, that he requested.

The second was to New Zealand Police dated 12 January 2010 to Detective Inspector Doug Broom.

The third one was the Napier Police Station on 17 December 2020 to Detective Peter Boyd which was a video interview but I've not yet seen a transcript of that. Do you wish me to go through my qualifications or skip that bit?

MR FORSTER: Ma'am, I take it that they're not in issue, but maybe if he just continues on because the work history starts fairly quickly at paragraph 11?

CHAIR: I think so. Well, we have read your brief of evidence, and it will be made public on the website, so -- I have just again, nobody's reminded me, this is nothing to do with you please, nor you counsel, this is to be embargoed isn't it?

MR MOLLOY: Thank you ma'am.

CHAIR: So all I'm going to do is make an order that this evidence of Mr Soeterik is embargoed, that means not to be published until further order which is likely to be -- it will be after you've finished your evidence, it may be in the morning depending on when the transcript can be checked, but it will be put up on the website as soon as the embargo is lifted. Sorry I didn't do that at the beginning.

QUESTIONING BY MR FORSTER CONTINUED: As the Commission pleases. Mr Soeterik, I want to take you back to paragraph 4 because neither you or I read that. Can you read that please?

A. Generally a retired clinical psychologist but I still do a little clinical consulting work.

Q. Please read your brief continuously from paragraph 9 please.

A. I hold a masters of arts degree with honours, a diploma in clinical psychology, a diploma in social sciences and a diploma in teaching. I am a registered clinical psychologist and a member of the College of Clinical Psychologists, the Australian Society For the Study of Brain Impairment and a member of the New Zealand Psychological Society. I am also a foreign affiliate to the American Psychological Society.

Between 1972 and 1974 I was completing my master's thesis on hyperactivity in children. I was hired as an assistant clinical child psychologist at the Child and Family Unit at Manawaroa to enable me to research my MA thesis and to access subjects for my research.

Q. That was in 1972, wasn't it?

A. Yes. Starting at the end of 1972. I was clinically supervised by Dr Selwyn Leeks who at times also asked me to work with cases at the Child and Family Unit under his supervision. My work as a psychologist was supervised by Mr John Gamby who was the senior psychologist at Manawaroa. I worked at the children's unit so I could access clinical cases under supervision for my studies.

The Child and Family Unit is no longer active but Manawaroa, of which it was a part, is now known as Ward 21 of Palmerston North Hospital, MidCentral. At that time the Palmerston North Hospital Board and the Horowhenua Hospital Board were beginning to amalgamate. I was employed by the Palmerston North Hospital Board as Manawaroa was a part of that and situated at Palmerston North Hospital. This is now called MidCentral DHB.

By the time I finished my master's thesis at the end of 1974, I had a bachelor's degree, a postgraduate diploma in teaching as well as a teaching certificate and at that time I had been teaching for primary schools for five years. I started to look for further training opportunities in clinical psychology. By about 1975 I was being paid as a clinical psychologist.

I visited, at Dr Leeks' suggestion, Lake Alice between about 1975 and 1977. I was to visit and learn at Lake Alice to supplement my learning and experience in my role as a psychologist at the children's unit at Manawaroa by Dr Leeks. Dr Leeks ran the Child and Adolescent Unit, the unit, at Lake Alice, as well as being the child psychiatrist at the children's unit at Manawaroa. I was back at Manawaroa full-time by 1979.

When I was at Lake Alice, I only visited the Child and Adolescent Unit and would attend there on a 1/10th basis, that's a half day week, which would include the travelling time from Palmerston North to Lake Alice and back again. Initially I would attend Lake

Alice on Friday afternoons. This was later changed to Wednesday afternoons. I was never employed by Lake Alice.

By 1976 after I had failed to pass the oral exam for the diploma in 1974 -- at the end of 1974, so I enrolled at Massey University for a diploma in clinical psychology which was then on offer by 1975. I passed the diploma in clinical psychology exams as a foundation student for that degree. I undertook this qualification to upgrade my status from assistant to full-time clinical psychologist. In 1974 I had failed my first attempt but after another year I graduated and received a diploma in clinical psychology officially in 1977. During my second attempt, I received more direct supervision and training opportunities.

Prior to being awarded the diploma in clinical psychology in 1977 I was already working full-time as a clinical psychologist with my other qualifications and experience regarded as being the equivalent and sufficient for the then advisor to the health ministry, Mr Ralph Unger.

By 1978 Mr John Gamby retired at the end of that year and I became eligible to apply for the senior position at Manawaroa. This led to a change of focus for me in the roles and responsibilities.

Between 1979 and 81 I was the senior psychologist at Manawaroa and then between 1981 and 1992 I was the principal clinical psychologist for the Hospital Board, so I had all kinds of jobs outside of Manawaroa at that time.

On 14 December 1990 I was awarded a diploma in social science in psychology.

I then started to develop -- sorry, to visit the Kimberley Psychopaedic Hospital in Levin for staff training, supervision and teaching and programme design. At this time I also began to research at the Child and Family Unit, the incidence of premature infants who presented later in life at the child unit as well as adopted children as both were statistically over represented.

In late 1972 and early 1973 I was also the secretary of the Massey University Student Association whilst I was studying. We were told then that the Manawaroa Psychiatric Unit was desperately short of staff to cover some late shifts. As students we spoke amongst ourselves and we supplied some students to do this. It was in this context that I then met Dr Leeks. He was one of the three psychiatrists at Manawaroa.

As a part of my training for the diploma in clinical psychology, which I was awarded in 77, I have had the experience working and assessing patients in adult psychiatry, rehabilitation, paediatrics, psychopaedics as well as adolescent psychiatric patients which were available for study at the Adolescent Unit at Lake Alice run by

Dr Leeks. I also acquired a senior clinical supervisor, Mr John Gamby. Mr Gamby was the clinical adult psychologist in the adult side of Manawaroa and for the Hospital Board.

At the children's unit in Manawaroa I became involved with learning to do intake interviews and began to do psychological testing for patients referred to me by Dr Leeks and the other child psychotherapist, Mrs June Scott. There was much to learn in several different fields of study, including psychopathology diagnosis and different kinds of psychological treatment modalities.

I was required to become familiar with drugs, treatments, diagnosis relating to psychiatry, a discipline we worked closely with in my field. I also learned about treatment, categories and theories for psychology and learned to do research and evaluate treatments. I would shadow colleagues such as Dr Leeks, Mr Gamby, also Dr Mason Durie and Dr John Weblin who were the other psychiatrists at Manawaroa. Dr Leeks was not often around, he would frequently evaluate and diagnose adolescent patients and meet with staff from places like Hokio Beach, Epuni Boys' Home, Margaret Street Girls Home, Porirua, Kimberley, Whanganui, Wanganui as it was called then, New Plymouth, Hastings and Lake Alice occasionally -- sorry, occasionally I did accompany Dr Leeks on one trip, for the purposes of training. Dr Leeks and I discussed the day as we drove back to Palmerston North.

Around 1975 at the request of Dr Leeks I began to visit Lake Alice first on Friday afternoons but this was changed to Wednesday afternoons. I would finish work at Palmerston North Hospital at 12 pm, car pool, travel to Lake Alice. I would have lunch there with the staff and then meet up with Dr Leeks, the unit staff and a large number of visiting staff to observe and to sit in on group therapy. At this time they had already had the beginnings of these large group therapy sessions involving more than 20 people.

The only links between the child unit patients at Manawaroa and those at Lake Alice was Dr Leeks.

Lake Alice had the only specialised adolescent unit in New Zealand until the late 1970s when one was opened in Christchurch. Some of the adolescents came from correctional establishments that Dr Leeks had visited. Some of them were referred from other places including outside the Manawatu and from the Child and Family Unit at Manawaroa.

The main contribution to the adolescent centre was carry out psychological testing, maybe sit in on some family meetings, some individual and group therapy. This was to contribute to some staff training. When I became involved at the unit, I had a chance to

observe group therapy and then family therapy.

I really did not have any specific patients, but on one occasion I carried out a therapy on a one-to-one basis. For example, I was asked by staff to help them deal with a case of a young boy in the dental unit. The staff could not contain his panic at the dental unit even with drugs. I did a demonstration of an in vivo desensitisation. This involved getting the patient familiar with the dental procedures such as injecting an apple, role playing the dentist, he role playing the dentist for me, familiarising him with the equipment, and making it fun. It was successful. This was the only one-to-one therapy I can remember. I cannot now exclude that it might have happened on one other occasion but it would have been the exception rather than a regular practice.

When I was at Lake Alice I was not responsible to anyone. However, I would check up on what I was seeing and learning with Dr Leeks.

I recall that educational psychologists would come and have a look at the adolescent group therapy at Lake Alice. Most of us as visitors had no pre-ordained role in the unit itself. I do not recall a psychologist being on the staff at Lake Alice Adolescent Unit.

The typical age range of the children at Lake Alice was approximately 10 to 16 years of age, although I am not 100% certain of that. I do not know the children's medico-legal status whilst they were at Lake Alice. There were around at any one time 14 boys and about six girls as a rough estimate.

The boy's villa when I first met Dr Leeks was originally in villa 8 because the inpatient numbers grew so fast, the boys had to be moved from adjoining villas 8 and 10 to villa 11, which was a larger unit or villa. Upstairs there were two seclusion rooms, though I never saw staff lock up anyone in those rooms. The girls stayed at the women's unit which I think was number 14 from memory.

From my memory the staff spoke about seclusion. I asked them about it and I recall thinking from their answers it was excessively long but I do not recall how long it was. One concern which was expressed to me by the adolescent patients was in relationship to being locked up when they misbehaved.

So I suggested the use of shorter periods of seclusion rather than these long periods. I also suggested the option for kids to take themselves into the room if they needed some time out for themselves to voluntarily unwind.

To my knowledge, some of these adolescents at the Lake Alice Unit had histories of absconding from various places prior to their admission at Lake Alice, but were again

starting to exhibit some of this behaviour. I do not know why the children were being moved from one institution to another.

By the time the children got to Lake Alice, they had either aggression problems, were running away or exhibiting sexual acting out. From a psychiatric perspective they may have exhibited all kinds of hallucinations and delusions which, with hindsight, could have equally been the symptoms now seen typically in Post Traumatic Stress Disorder and other disorders which we now consider important. I have only a vague memory of two children absconding from the unit. I do not know why they ran away.

I think from the -- the most successful form of treatment at the time was for children to be away from the traumatising situations they had been experiencing prior to arriving at Lake Alice. Some of the units the children came from were also both traumatising and containment orientated.

At times I had the impression that some of the kids were just badly behaved rather than having a psychiatric illness. Within the diagnostic categories that we now have we have more tools for better diagnosis. For example, there is a study called the ACE or the adverse childhood events study, where ACE scores predict from a range of 10 criteria and the more criteria which pertains to a child that they had in their early life as an adverse experience, the more likely they are to have certain negative life experiences, and these are long lasting.

I think that if the children who came to Lake Alice had stayed in State care it would have been clearer that many of the negative long-term effects were due to their care situation. If diagnosed differently as mental disorders and diseases, it follows, in my thinking, that physicians would use their medical tools and the knowledge that they had available at the time and do something about it.

I have very little knowledge about the consent procedures at Lake Alice at that time. Towards the latter part of my time at Lake Alice, however, this was an increase of meetings happening between families and staff. I never attended them but I was aware that they were happening. I have not heard about children being moved to the maximum security unit, nor have I heard of external children being brought into Lake Alice from places such as Kimberley for the treatment that were not actual admissions.

I formed the opinion over my time at Lake Alice that its history as a maximum security unit for the criminally insane left a legacy that biased its later role to be more coercive. The staff originally overlapped to some degrees the procedures that were being used or trained to use and were subsequently applied adolescents, particularly around

containment.

In those days psychiatry was less advanced and lessen lightened. There were less diagnostic frameworks available and less effective drugs.

I never observed restraint jackets being used nor ever saw restraint jacket.

I never observed chemical restraints like Paraldehyde or other tranquilising drugs like Chlorpromazine being used but it had been reported to me that they had been used. I never saw electroconvulsive therapy administered at Lake Alice but I was aware that it was being used.

Because of my background in teaching, I said that it seemed wrong to me that containment was preferentially used. I suggested to Dr Leeks about getting school teachers for the children as this would channel more positive and constructive behaviour. That suggestion was adopted.

I observed there were some tension between the more progressive staff on the one side and the more conservative staff on the other. I recall once having lunch with someone who told me that other staff had put sugar in the petrol tank of one of their group's cars as some form of revenge for expressing more progressive options than restraints.

The charge nurse Dempsey Corkran eventually tried to alter the mix of personnel to get more progressive staff at Lake Alice.

Being present at a sample of treatment for demonstration purposes or for learning about such treatment in no way represents what I personally or as a psychologist think of medical procedures nor whether I would endorse such a treatment or not.

Q. I think you might have skipped a page, did you go from page 8 to 9 or page 8 to page 10?

A. Sorry, yes.

Q. If you can start please at the top of page 9, paragraph 52 please.

A. Thank you. The buildings at Lake Alice were all stoney grey concrete. The place was devoid of colour. There were grounds but not gardens. The maximum security centre was the central building in which the criminally insane were kept. The surrounding villas where the children were was generally six to eight bed units. They were grey concrete. The doors were all lockable. The infrastructure had largely been set up as a restraint and containment place.

Looking back I think the unit was quite strange. Some of the children in the unit had problems with the criminal justice system while others had noticeable psychiatric problems. Not many had clear-cut psychotic disorders. In some ways it was a hell of a place for disturbed adolescents amongst disturbed adults. It was not the best environment

for them in my view.

Overall, it was a bad idea to create an adolescent unit with a therapeutic focus at Lake Alice. It would have been better -- it would have been a lot better to have a stand-alone unit closer to support networks, educational opportunities, recreational opportunities and further away from what had been at Lake Alice.

I got along with the patients at Lake Alice, some of whom later became adult patients of mine at my private practice prior to my retirement.

At all times I was operating as a guest visiting staff member at Lake Alice and did not have control over programmes, nor of therapy nor of staff. I did manage to make positive contributions and suggestions, such as starting a school for the children at Lake Alice and have them go out on an adventure training like the Mangatepopo Outdoor Adventure Camp, which was the Graeme Dingle camp. These suggestions for improvement were communicated to Dr Leeks. It was the responsibility for Dr Leeks as to whether he wanted to implement them and he seemed receptive to those suggestions.

At no time have I ever personally introduced myself as a doctor to anyone, nor to my knowledge was I ever presented as a doctor or a psychiatrist to anyone at Lake Alice, or anywhere then or since. I've always been Mr Soeterik. My unusual name makes me more memorable. At no time have I ever decided for any doctor how to treat people medically with drugs or ECT or any other intervention. I would only be held accountable for psychological treatments, goals and methods.

Would you like me to repeat --

Q. Yes please, keep reading continuously please.

A. Being present at a sample of a treatment for demonstration purposes and for learning about such treatment in no way represents what I personally or as a psychologist think of a medical procedure, nor whether I would endorse such a treatment or not. Sometimes doctors would demonstrate their treatments or skills of a craft for teaching purposes from a position of their expertise. I have had the privilege of watching other medical treatment procedures from other doctors over the years.

I did not conduct any private psychotherapy sessions with any adolescent boy or girl. By then I was not trained enough for that nor was there enough time of what would remain of an afternoon to even contemplate such a thing. It requires continuity to form a good therapeutic relationship.

In my most recent Police interview I was asked my opinion on the staff and their reported thinking that it was a good unit and the patients thinking that it was a bad unit.

This reflected the predicament of the adolescent children who found themselves being there was inherently unpopular. Some patients benefitted from Lake Alice. Some staff genuinely liked helping people.

I originally sat in on group sessions by virtue of my role as an observing student. I watched Dr Leeks lead the group discussions. Group therapy sessions had up to sometimes 30 people. Two years after starting there I sometimes attended as a co-therapist to the charge nurses for group sessions as I was more experienced than others and then but only in the absence of Dr Leeks.

I never ran the group sessions. I only ever sat in on them. I was not paid by Lake Alice, I had no organisational brief to run those sessions. In my e-mail to Philip Roigard, the first interviewer, I said initially I was a co-facilitator and later led them. I think I was mistaken when I said that, it just doesn't make any sense looking back.

The group therapy sessions included both boys and girls together. Besides adolescents, the groups also consisted of interested adults who were keen to study and learn from the groups and the methods used. These adults included assistant clinical psychologists from the hospital, Manawaroa, trainee psychologists from Whanganui as well as nurses, trainee nurses, and child psychotherapists.

Generally Mr Dempsey Corkran would be present, two or three psychiatric assistants, Dr Leeks, visitors like myself as well as other visitors. There were a lot of people in one room.

The groups were large. I later learned that seven or eight is a big group but there would have been 20 or more kids in the room, plus the adults. I think the atmosphere in group therapy was very tense, because nobody wanted to speak. In group therapy, children could speak about anything and everything. The children never spoke about ECT during sessions. I do not recall children being shoved to speak or answer any questions from Dr Leeks or myself during these sessions. Dr Leeks usually was silent.

I thought group therapy was a waste of time because it was too big and unwieldy.

I as well as staff and visitors would observe Dr Leeks running group therapy with the adolescents. Dr Leeks would demonstrate how he would do group therapy which was unusual for that time.

Staff, including myself, would be encouraged to participate with the group therapy sessions asking questions and following up on answers or sitting out in silence. After the sessions some staff sessions would follow, there would be discussions about tactics, techniques, and the theory of group therapy as well as discussions about individual patients

but usually I was not there because I was on my way home.

There was usually not much time for anything else as I would car pool back to -- by 5 o'clock to be in Feilding where I was living. I often would give Dr Durie a ride home in my car.

Dr Leeks told me that when he had been doing his training in London he had also been studying Freudian psychotherapy. He said he would sometimes spend a whole hour in a session and nothing would be said but he may take some notes.

When we eventually had group therapy with the children at Manawaroa -- but that should have read at Lake Alice -- we would keep it as a group -- sorry, with the children at Manawaroa we would keep that group to a maximum of six. The sessions would also be more structured than those at Lake Alice. But they only lasted about six meetings and then they were cancelled.

I offered to introduce some psychological testing. This was partly an outgrowth from Manawaroa where John Gamby was very keen on giving everyone a MMPI or a Minnesota Multiphasic Personality Inventory. It was an adolescent version of that. I suggested we combine that version in teaching staff at Lake Alice how to use or how to administrate it at Manawaroa. These paper and pencil tests were administered by staff and I would analyse the data later. I would talk to Mr Gamby who was an expert about the interpretation because I thought at the beginning there were too many diagnoses of schizophrenia. Looking back there were many people who had what we now call adverse childhood events and other sorts of things that had come to light with the DSM 3 which came in 1980.

Many of the children had been exposed to various types of abuse and suffered from what was at that time a not yet diagnosis of PTSD. People would have intrusive recollections triggered by different things and then would report what seemed like symptoms of delusions and hallucinations and would be badly diagnosed with schizophrenia. Now we would understand them to be trigger events relating to trauma. A commonly used drug treatment that was available to Dr Leeks was Stelazine, especially for those he diagnosed as schizophrenic. I think the limited drug options until the 1980s or 90s was a problem for many psychiatrists at that period.

PTSD did not become well-defined until after 1980 with the diagnostic statistical manual version 3 of the American Psychiatric Association. People then had a frame of reference and therefore could look for alternative ways of dealing with it. Between 1980 and 1992 newer drugs became available such as more antidepressants. The handbook of

understanding and treating traumatised children was published. Dr Bessel Van Der Kolk was one of the more leading experts, looked at the neuropsychology and physiology of PTSD and wrote a very influential book called The Body Keeps the Score. In chapter 2 of that book he explains his own experience of modern psychiatry when he was still a house surgeon at one of those large institutions. The modern thinking is to control the body not to be captured by the fight or flight hormones that analysed the memory to be able to be worked about.

I recall only one incident at Lake Alice with a patient being violent. It did not amount to anything at the end and was resolved at the session. Group therapy, however, can be confrontational. I do not recall who that person was.

As time went on the staff instituted more behavioural techniques away from the more containment oriented approach towards a more positive ways and means of achieving behavioural change.

I am aware of an allegation made against me which states that I masturbated in group therapy in front of a young woman. I thoroughly deny that allegation, especially not with the people in the room.

I have never had any allegations made against me in the 50 years since Lake Alice, nor in any other of my practices. I believe the woman who said I did -- I believe the woman also said I did something similar when I saw her in therapy by myself. I do not recall ever seeing anyone in therapy by myself at Lake Alice. I can only remember doing the one-to-one therapy with the little boy in the dental unit. That was observed by other staff. It was not my role to give anyone one-to-one therapy there. Therapy is usually ongoing and there would be some record if it was ongoing including in my memory.

ECT remains an acceptable treatment for depression. At that time ECT was also used for schizophrenia, sometimes for obsessive compulsive disorders. As some of the adolescents in the unit had been diagnosed with schizophrenia, ECT would have been considered as an appropriate treatment for them at the time. It was not an appropriate treatment for anything else.

Prior to going to Lake Alice, I had a look at the standard ECT machine at the Palmerston North Hospital at Manawaroa. The standard ECT machine have a high voltage dial and it had a button that would deliver a pre-timed discharge of the electrical current. The ECT machine at Lake Alice looked like a standard ECT machine. Dr Leeks showed me his version of which had a rheostat, the voltage dial which could be turned up. I asked Dr Leeks how he knew the voltage, what voltage to differ. He said by turning up the dial

from zero to maximum, with the words to the effect "from zero to whatever". I do not know what the maximum voltage of that machine was.

Dr Leeks' application was bitemporal, meaning two temporal lobes, whereby the electrode placed on each temple rather than both electrodes placed on one side which is unipolar.

I never witnessed ECT at the unit. I did at Manawaroa but only once on one adult patient. When the unit was initially in the two buildings side by side, which was 8 and 10, ECT was administered in one of those buildings, but I never saw the room.

I do not remember any meetings with Dr Leeks or staff to discuss patient treatment. Later staff began to meet with families to discuss treatment, but that was all that I can recall.

I was not aware of the children's view of ECT as I never did any individual work with them. Though, through talking to people, I learned they were very fearful of them. I never heard of staff other than psychiatrists administering ECT. I did not think they were licensed or had access to the machines, that's the nurses.

I am not certain whether -- when ECT was given. It must have always been given when Dr Leeks was around. He was often at Manawaroa or on the road, so ECT may have been given in the evenings, because he had initially a house at the hospital grounds. I cannot recall if there was a particular day that he attended the units. He may have been there on a Friday as that was -- I was there initially(sic).

I do not know if Dr Pugmire, that's the medical superintendent supported Dr Leeks' treatment techniques. I am aware there is a letter from Dr Pugmire about a meeting with Dr Leeks regarding the removal of an ECT machine. I do not recall attending that meeting like that at all.

Paraldehyde is a painful injection to receive. I see how its administration may have been seen as "torture", quote/unquote, if it was perceived as a threat in a punitive climate.

Paraldehyde was like a chemical strait jacket. It's a form of medical subjugation as more commonly used before I started at Lake Alice. The nursing staff could administer Paraldehyde initially in the absence of Dr Leeks on a PRN basis. That's a medical abbreviation pro re nata, not scheduled. This would be charted in advance as being available on a needs basis but would have to be noted and countersigned by Dr Leeks, subsequently, to sign the medical charts for its administration. I thought there were better alternatives. I did not agree with the use of Paraldehyde on adolescents.

Psychologists in New Zealand cannot prescribe or administer any medication to any patient. In many medical organisations a doctor can and does prescribe medication. If he is not present these can be charted to be as and when needed so other trained staff can administer it. I can imagine this was the case at Lake Alice. I cannot recall Paraldehyde being administered to patients but I heard from staff and patients that it was an extremely painful injection to get.

I think the staff I met at the Lake Alice Unit were quite caring. It is my impression that these staff would look upon the situation and try to make it better. They would generally implement many of the discussions I made.

Dr Pugmire was the medical superintendent at Lake Alice during this time. I do not ever recall him coming to the unit. Dr Pugmire and I had a relationship that was cordial. After my time at Lake Alice, I was involved in the teaching and training of his daughter Olena as the clinical psychologist.

Dr Siriwardena was a medical doctor at Lake Alice, the chief nurse was Tony Quinlan I think. And I believe that Tony Quinlan was instrumental in having the unit shut down.

During the time I was working at the unit, the nursing staff that I remember only were Oma Cribb, Brian Stabb, Denis Hesseltine, Dempsey Corkran who was in charge. The teachers were Anna Natusch and Sheila Daly. I did not ever really meet the afternoon or the early morning shift, so I don't know anything about that.

Dempsey Corkran chose to staff the unit with Denis Hesseltine from the Salvation Army. Two nursing sisters called the Ormsby sisters from Parewahawaha Marae in Bulls. He also recruited Brian Stabb who left later to become a nursing tutor. The people that had been selected by Dempsey had a softer side to them, unlike many of the other staff at Lake Alice Hospital. They had a greater affinity for the child rather than hammering a diagnosis.

The nursing staff at Lake Alice were a combination of trained psychiatric nurses, many of whom were staunch members of the PSA, small numbers of psychiatric assistants and towards the end of the 1970s, the first of the comprehensively trained nurses.

I do not know if the school operated well or not. I thought the kids needed a stimulating and structured environment. I was not aware of the reward system at Lake Alice.

I can recall an educational psychologist called Professor Don Brown from Victoria University. He was interested in children with special needs. He also visited Kimberley Hospital and training school and taught at Victoria. I never had a discussion with Professor

Don Brown about Dr Leeks' methods.

I do not recall children complaining about staff treatment. No child at Lake Alice ever disclosed allegations of mistreatment to me. Though I did not see the children on a one-to-one basis. If I had a major concern about what I noticed I would raise them directly. I thought that if I could make a positive suggestion, I would raise this too. Sometimes later these suggestions were enacted.

Overall I do not recall any of the staff acting in an inappropriate way. I have seen some staff at other places being unnecessarily rough but this was not something I saw at Lake Alice.

Dr Leeks lived on the Lake Alice Hospital grounds when I first met him. I am not certain, but I think he did some work at Lake Alice in return for his accommodation. I first visited him, his wife and three daughters when he was living there.

As far as I understand, Dr Leeks did his medical training here in New Zealand. I think for a short time he was a GP at Collingwood. Then he went on and did his training as a child psychiatrist in London taking with him three children and wife. To me this training seemed very Freudian as he had to undergo a training analysis of his own for about five years. At a non-Freudian myself, I thought that there were better more structured ways of doing things. I suggested to Dr Leeks that it would be good if he could give feedback to other psychiatrists and other psychiatrists could give feedback to him to create a more collegial supervisory system. So I remember, a side issue, that I delivered two papers to psychiatrists in 75 and 77, I just came for the paper and back again, so he was to follow that up, that suggestion.

CHAIR: Sorry, where did you deliver those?

A. At Lake Alice.

Q. So there were some form of group -- a group of psychiatrists who came together?

A. For that particular meeting, yes. I thought it would be leading to less excessive behaviours if people are mutually accountable to each other on equal footing.

Q. Do you remember how many psychiatrists attended? It's a long time ago I know.

A. Let me see. About four or five.

Q. Were they from all over the country?

A. Yes, one of them, for example, I remember was from Christchurch.

Q. Do you remember his name, his or her name?

A. Her, no, not 50 years ago nearly.

Q. So a female psychiatrist from Christchurch?

A. Yeah.

Q. Anybody else?

A. I think she must have been the one who set up an adolescent unit in Christchurch as well. Sorry, I can't --

Q. You can't remember the others?

A. No.

Q. How many of these meetings were held?

A. Two, one in I think 75 and one in 77.

Q. And did anything come of them? Were there any papers published or any report made of the meetings?

A. I don't know the answer to that question.

Q. Thank you.

A. I liked Dr Leeks, however I did not always agree with his methods. I did not witness any untoward treatment, including applying ECT electrodes to any parts of the body beside the head. I had heard about this occurring, but I am not sure where from. I asked Dr Leeks about it and he told me he was investigating the use of faradic shock treatment on adolescents. He brought me an article from a British journal regarding faradic shock. Faradic shock treatment involved the use of powerful electric shocks to induce behavioural therapy by punishing certain behaviours. I understood from the context of our discussion it was not always applied to the head as with ECT. To me this was a type of Aversion Therapy and acts mostly to suppress behaviour temporarily.

I told Dr Leeks I did not feel comfortable with the idea of faradic shock. I said to him this was not a treatment, it was punishment and I would not be visiting Lake Alice if this was his way of working. He did not agree or disagree straight away but as far as I understood it it stopped.

Around about this time there was the movie One Flew Over the Cuckoo's Nest and I asked Dr Leeks if he used unmodified ECT as well. He said that he preferred to give adolescents unmodified ECT because ECT shock leads to memory losses, including the loss of the memory of the treatment. Dr Leeks said that modifying the adolescent with a general anaesthetic makes the adolescent sicker than the actual ECT treatment itself. I think this conversation occurred around about 1975. I did not think this was the best way to achieve positive behaviour change and I still do not think so. My belief, and I have no proof either way, is that he did this prior to my involvement with the boys in villa 11 and that it had ceased somewhere between 1974 and 75.

I do not have any views regarding the methods of Dr Leeks regarding modified or unmodified ECT as I was not allowed to do that sort of thing in my role. I am a curious person so I would argue with him about the punitive effects of faradic shock.

At Manawaroa people would mostly get a muscle relaxant like a Valium or Diazepam and sometimes there would be an anaesthetist to give a very light anaesthetic. The electrodes would be placed either laterally or bilaterally. Some say if the electrodes were placed unilaterally there would be less memory loss.

Dr Leeks once asked me to sit in at the unit when he gave or administered a drug called Psilocybin to a girl who was about, in my estimate, 16 or 17 years old. This was not a truth drug and I believed it to be a waste of time. It's just making a comeback again. His reason for administering the Psilocybin was to assist her to release, or as we call it to abreact some memories for sexual abuse she had experienced as a child. I was sceptical then and I remain sceptical about this now. I think it was administered by injection but I am not 100% sure. From what I could tell she did not connect with any memories, if there was anything to connect with, so there was nothing for Dr Leeks to work with. This kind of treatment is currently making some sort of comeback but under much more controlled situations.

I went to Lake Alice on the understanding with Dr Leeks that certain things would happen, like the use of more positive reinforcements methods and the introduction of the school for the children. I believe -- and the availability of the swimming pool as well. I believe that Dr Leeks did change his style progressively and I thought he was listening to others and that treatment improved. At the time he had some support for his methods from other child psychiatrists, though child psychiatrists were incredibly scarce as they still are now.

From what I recall, part of why Dr Leeks left Lake Alice to go to Australia was because he and his wife Priscilla had a falling-out. He then established -- he then had established a relationship with a nurse at Lake Alice called Yvonne Howe. She in fact was, if I may digress for one moment, the nurse who he asked me to work with for four sessions or five sessions at Manawaroa for the smaller groups there, so she went to model it behind a one way screen.

Q. Sorry, was she being analysed or was she part of your team?

A. No, no, she and I were co-therapists, so she would learn some of his skills, but we were both being supervised behind a one way screen.

Q. By Dr Leeks?

A. No, by a lot of other senior staff, some other psychiatrists, psychologists, some other people in training. But it sort of didn't last long, it was a failed experiment.

Anyway, he established this relationship and she later became Yvonne Leeks and I understand she still is his wife living in GRO-C Melbourne. GRO-C He had tried moving this new love of his life into the house where he and Priscilla were living. She did not want that to happen. I don't know what occurred after this but he may have gone to try his luck in Australia or that things got too hot for him in New Zealand, though I am not sure, this is just what I heard.

QUESTIONING BY MR FORSTER CONTINUED: Mr Soeterik, you've done a good job reading your brief. Would you like to have a quick sip of water, I've got a few follow-up questions for you.

A. Okay.

CHAIR: You've got about 5 minutes, Mr Forster, if that's all right.

QUESTIONING BY MR FORSTER CONTINUED: Yes, ma'am, I should hopefully be quick. You mentioned the one way glass mirror, where was that?

A. They were in quite a few offices that we used as offices at Manawaroa itself.

Q. Was it at Lake Alice?

A. No.

Q. Paul Zentveld has provided some material for this Inquiry.

A. Yes.

Q. And you've seen a statement that, or excerpts from a statement that he provided?

A. Yes.

Q. One of the suggestions made is that you were aware that if people didn't cooperate in group therapy, by expressing their feelings or stories, that you were aware that people might face punishments as severe as ECT. What do you say about that?

A. I had no awareness of such a thing at all and neither did I ever suggest to anybody they should be given ECT if they didn't speak up.

Q. Were you taking group therapy sessions at Lake Alice?

A. One or two, so we're talking probably over two years, I'd say 80 or so sessions, but Dr Leeks was not always there and occasionally Dempsey Corkran wasn't there either, so I would fill in so there was continuity, but generally speaking, no.

Q. Anna Natusch has also provided information for this Inquiry, hasn't she, and you've again seen excerpts from her statement, haven't you?

A. Yes.

Q. Did you interrogate her when she came to work at Lake Alice as a teacher?

A. To the best of my recollection, she and Sheila Daly were introduced to the staff at Lake Alice at the time on a morning tea and said hello, introduced myself, and that was the last time I actually spoke to my recollection to Anna Natusch ever.

Q. She says that she tried to speak to you, paragraph 58, about what was going on in terms of bad things at Lake Alice. Do you have any recall of that conversation?

A. None whatsoever.

Q. Ms Stuart has also given a statement to this Inquiry, again you've seen excerpts from her statement, haven't you?

A. Yes.

Q. Were you involved in administering Paraldehyde?

A. Paraldehyde.

Q. Paraldehyde, sorry about that.

A. No, as I've said previously, I'm not licensed to and don't wish to be licensed to administer medical treatments to anybody.

Q. That's because you're a psychologist?

A. Correct.

Q. Whereas a psychiatrist is a medical doctor?

A. Correct.

Q. They can prescribe?

A. Correct.

Q. Right. Now in terms of solitary confinement, another comment she has is about excessive solitary confinement. What was your view, you've already mentioned it briefly, about solitary confinement?

A. Well, I'm trying to get the staff, the two solitary confinement rooms were attached in the big room to which we sometimes had group therapy, and I tried to convince them that if you have little children and you put them in a time-out situation, that the appropriate time would be multiplied by the age of the child, so 5 minutes for a 5 year old is one hell of a long time, 14 minutes for a 14 year old is equally long to give them. But so the first thing was that any long-term hours, and they may well have done before I became aware of it, I tried to change that practice, or suggest that they do.

And the second thing was that I said you should not use the keys and lock people in, you can be put on a naughty corner like in -- but not under lock and key which is a

completely different connotation. So I suggested that people could open the door themselves, go in, shut the door if necessarily, learn to soothe and contain themselves, and then come out whenever they felt ready.

Q. At paragraph 50 she said she had two outpatient follow-ups at Manawaroa. She could have easily have had that, couldn't she?

A. That would have been the group of four or five that I was talking about with Mrs Howe, Yvonne Howe.

Q. And she's correct that would have been behind a one way mirror?

A. There was a one way mirror there, but it was policy and procedure at Manawaroa to collect the patients on their way to such a room and tell them that like a Vodafone call, this call is being monitored, that this would be monitored, and by whom and also what the purpose of it was, which was to look at staff and staff training.

Q. One of the concerns that she has about this group therapy at Manawaroa is about a real invasion to her privacy. Just expressly tell us what safety, and I know we're talking about the 70s, but in terms of privacy, what was the procedure?

A. Well, the procedure was by asking people to become aware of the fact that we were going into a room in which there was a mirror behind which in the next adjoining room would be other people, those people would be there to try and help and train and supervise us rather than anything about the patient. And everyone was asked their consent, whether they would be okay with that or not. Now unfortunately the selected people were not selected by me but they came via Lake Alice and Yvonne Howe took them to Manawaroa, so I met her for the first time.

Q. Finally, Malcolm Richards has also given a statement to this Commission, again you've seen excerpts from his statement?

A. Yes.

Q. He raises the concern again of ECT as punishment for not co-operating in group therapy?

A. Yeah.

Q. What's your comment about that?

A. The same as before, I personally was never ever aware of a list putting people on ECT for bad behaviour. I would have said the same thing to Dr Leeks then, had I known about it, that I would not come if that was the case. Because as my understanding of medical treatments go, you get a diagnosis, you select the appropriate treatment that goes, that's appropriate for that diagnosis, and you may get a course of ECT that it's not one treatment, usually sort of like between five and eight in the series with the suitable time interval in

between you give the patient to recover, number one, and number two is, to see if the symptoms which were being treated would abate, lessen or whether they would still be as strong as before. So if I thought what he claims then I would have said either you change that and you have ECT for the purposes of treatment, or I don't come.

Q. Finally, one last question, it occurs at footnote 1 of his statement. He says that he's aware you were an ACC assessor for one period and you turned down ACC claims. Have you ever been an ACC assessor?

A. Never been one or paid as one.

Q. You have been funded for some of your work in private practice by ACC?

A. Absolutely.

Q. Thank you, if you remain there and answer any questions.

CHAIR: Yes Mr Molloy.

QUESTIONING BY MR MOLLOY: Thank you ma'am. Mr Soeterik, you were at Lake Alice between about 1975 and 77, is that right?

A. Somewhere in that ballpark, yes.

Q. And you met Dr Leeks some years earlier than that at Manawaroa?

A. Yes.

Q. Around about 72 or 73?

A. And 1972.

Q. You'd known him for some time by the time you got to Lake Alice?

A. I did.

Q. And over a period of time you had a lot of conversations with him, did he become sort of a bit of a mentor to you?

A. Yes, first clinically and professionally, so he helped me with my thesis, although that was not entirely a happy marriage because he came from a psychiatric perspective rather than a psychological perspective.

Q. He became a bit of a mentor to you over that period of time, he was somebody who would talk to you and you would talk to him?

A. I mostly talked to him, although when he watched me in action with some of the patients he assigned to me at Manawaroa, the child unit, sometimes he would make some confrontative comments like, for example, once I saw one of my first patients who he then asked after we had a session finished, who told him we had a really good lesson, and he said "Are you sure you're training to be a therapist or are you still a teacher?"

Q. When you started going to Lake Alice, what did you think of the fact that it was adjacent to

the adult forensic unit?

A. Well, it was a little bit away from there but nonetheless on the same grounds, I thought it was a bad idea because every institution develops its own culture and cultural practices to which they ask the staff to subscribe and perpetuate, and I thought that was a bad thing to do because adolescents, however difficult they might be, still require a different setting in order to grow up and not be captured forever.

Q. How would you describe the culture among the staff at the Child and Adolescent Unit when you got there?

A. Well, I'd like to first point out that the staff comprises really of three lots, there's the sort of midnight shifts, there's the shift sort of after 5 o'clock or whenever they knock off and the daytime staff, so the staff I actually have I knew was only the daytime staff. What happened --

Q. What would you observe about the culture of the staff you observed?

A. I thought they were generally -- the daytime staff were generally friendly and trying to do their best and trying to learn new stuff to advance the lives of the people they had care for.

Q. You describe some differences in approaches among the staff, how would you characterise those?

A. Well, initially is my understanding the staff were recruited from the general pool of staff at Lake Alice itself, so they weren't -- unlike starting up something which is brand new and selecting people specifically --

Q. So what were the ramifications of that?

A. Well, the ramifications -- this is my personal point of view -- is that in the first few years as even before I came in 75, so a good three years, he started, I think, the unit in 1971 or thereabouts. What it engendered, if there is untoward behaviour or unprofessional behaviour or bad behaviour or gross negligence or violence or whatever, then it leaves a legacy and it creates a second culture which is amongst the patients, because adolescents do what adolescents do best, they check up with each other about what's going on --

Q. So you observed the legacy of that culture while you were there?

A. I think so, I think they were people who had had bad experiences already before they came to Lake Alice, came to a similar sort of --

Q. I'm asking about the culture of the staff though.

A. The staff, yeah, well, I think that Mr Corkran tried to change the culture by introducing new staff at least during the daytime that I was aware.

Q. So what was he trying to achieve, what was it about the old staff that he was trying to

change?

A. I think like with the children, the petrol example, the old staff were not in favour of what he and Dr Leeks were trying to achieve and do.

Q. Which was what?

A. Do therapy! Create behaviour changes.

Q. So how were the new staff able to do that in a way that the old staff had not?

A. Well, with the support of Dr Leeks and Mr Corkran, maybe even from people like myself and from the new school teachers who were not you could say members, they tried to make slow and progressive changes one step at a time, one day at a time.

Q. What changed about the nursing practice?

A. For example, locking people up, for example using the leeway to have a PRN medication system in giving injections, for example like Paraldehyde when it wasn't warranted, because they're also human beings and they don't always like what adolescents do, so --

Q. So what did you think about Paraldehyde being administered to adolescents at Lake Alice?

A. I think it was not appropriate at all.

Q. Had you ever seen it at Manawaroa?

A. No.

Q. And you were familiar with the practice of the psychiatrists there?

A. Yeah.

Q. Dr Durie?

A. Yeah.

Q. I think there was another one you named?

A. Dr Weblin, John Weblin.

Q. That's right, and Dr Leeks as well?

A. Yeah.

Q. Were you aware of Dr Leeks using Paraldehyde at Manawaroa?

A. Never.

Q. Why do you think it was used at Lake Alice?

A. Well, it was used commonly, as I understand it, I don't have proof of these things, at, for example, the maximum security unit.

Q. I'm talking about the Child and Adolescent Unit, why was it used in that unit?

A. I don't know, because I wasn't always aware that it was to start off. I am deeply saddened to read some of these accounts from the survivors that indeed they seemed to say it happened as often as it did.

Q. The nursing staff confirmed it was administered.
A. Yeah.
Q. And what do you think about that as a practise for children?
A. I think it's sledgehammer tactics. Didn't approve of it at all.
Q. Did you ever glean from any of the children their reaction to the use of that kind of medication?
A. Not from the children, no.
Q. Who from?
A. I think from memory it was a staff member who told me about what they observed about the painfulness of the injection on the injection site, yeah.
Q. Why were they talking about that do you think?
A. Well, not all staff members who have to administer things on doctor's orders necessarily always agree with it, that would be my explanation.
Q. If it's administered PRN it's not on doctor's orders specifically, though, is it?
A. Technically it is and technically it isn't.
Q. Well, it's different from being prescribed, isn't it, that's the point I'm making, they have a discretion to use it if they think it's warranted?
A. It's got to be prescribed in advance.
Q. PRN means they have a discretion to use it?
A. And they have a discretion to use it.
Q. If they think it's necessary, and nurses did have that discretion and some nurses used it?
A. The question is really whether, and we don't have much evidence of this, whether the injections are after 5 o'clock, even after 1 o'clock in the morning, or during the daytime, and I believe --
Q. There's plenty of evidence that injections were given and the children at the time did not like them.
A. That's correct.
Q. And there's evidence that they were used often the threat of an injection was used to address behaviour and to promote some behaviour and prevent other behaviour.
A. I don't know about the threat part, but I mean I don't know about that, I have no recollection of that.
Q. You've spent some time in psychiatric units and I think they probably still have a coercive element about them now, but in the 1970s there would have been a considerable element of coercion present, even in a benign psychiatric unit, would that be fair?

A. It would be fair, and I think if you look at what happened in the 80s and the 90s, the large-scale demolition of institutions, psychiatric institutions probably suggests that it's difficult to change those inbred cultures and starting afresh with a different model might be the better way to go.

Q. So when you were involved with group therapy, what did the children used to talk about?

A. Nothing much.

Q. Why was that do you think?

A. Well, the first one I attended probably, which was an hour long approximately, would have been a brief introduction of the adults in the room and then it would be silence until the end of the group.

Q. And, was that always the case?

A. A lot of the time, yes, because this was Dr Leeks' model that he introduced as group therapy.

Q. And did you ever have a discussion with him about that?

A. I did.

Q. And what was the -- what were the points you were raising?

A. Well, he would bring up his own experience, for example, in his training analysis, that his analyst would actually simply sit behind him and say nothing maybe for an hour, sometimes just take notes, and occasionally if he choose to begin to discuss more, divulge more then eventually interpretations would happen. But I thought that given the developmental stages of adolescents that it was not terribly appropriate. I said so, but he probably did not agree with me on that point.

Q. And when you talked to him about the use of Aversion Therapy, what was the nature of that conversation?

A. Well, the Aversion Therapy I said to him if you use the machinery which is meant to -- which is a treatment machine as a punishment machine, then I made the offer not to actually go to Lake Alice if that was going to be the case, because I found that abhorrent and repugnant.

Q. Why was that?

A. Because I don't think punishment is a treatment.

Q. And roughly when do you think that was, was it before you started there or after you'd started?

A. Well, it was probably about 1974ish.

Q. So before you started going?

A. Yeah.

Q. And what did he say to that?

A. Well, first he parried my criticism really with bringing to work next day or the day after an article on faradic shock, and I read it with interest It must have been some British journal of experimental whatever it was, psychology and then I said to him but it's still punishment, and my learnings about punishment from my researches so far, suggest to me that punishment, if it does anything at all, will suppress -- in violent patients it will suppress violently, but it returns and it can often return with a vengeance.

Q. How did the subject come up, it was before you'd started there, why were you talking about punitive treatments at Lake Alice at that stage?

A. Well --

Q. Had you heard about what was going on?

A. I had heard from somebody, but I also asked Dr Leeks if that indeed was what he did.

Q. Can you remember who you heard from?

A. Not really, my mind is a bit --

Q. It's a long time ago.

A. -- fuzzy about that, because sometimes I visited him in a friendly fashion when he was living in his own house with his kids, we had walks in the grounds and identified trees and all sorts of things. Sometimes --

Q. There was a degree of knowledge about what he was doing, would that be fair to say, within the clinical community in Palmerston North?

A. Not that I'm aware of, no.

Q. So where did you get your information from, was it within the clinical community or from somewhere?

A. Probably from within Lake Alice.

Q. But this was before you started there?

A. Yeah, but that doesn't mean I was never there.

Q. You used to go out there?

A. I used to go out there on a friendly basis, sometimes I'd visit him, sometimes he'd say "I've got to go to villa 8" or something and go and do something there, so you'd hear things indirectly.

Q. So as far as you know, given the, ultimatum might be too high way of putting it, but given what you said to him, as far as you're concerned he didn't use that therapy after you started there?

A. Not that I was aware of, no.
Q. So when the --
A. It was an ultimatum.
Q. When the Magistrates Inquiry was convened and the hubbub that led to that in the second half of 1976, when that was all sort of blowing up, did you revisit that, did you talk to him about it then?
A. No, because I never heard any of the substance of that inquiry nor its findings, I'm blind to --
Q. Yes, but even before the inquiry there was a lot of press about it, were you blind to that, you didn't see any of that?
A. No.
Q. Really? Did you read the paper, did you watch television news?
A. I was busy with two babies, new house, two degrees, all sorts of other things.
Q. Yes, but you were visiting the psychiatric unit?
A. Yeah.
Q. Which was at the heart of a fairly substantial scandal at that time, whether it was substantiated or not is a different thing, but there was talk about it. So busy as you may well have been with young children, everyone can sympathise with that, doesn't mean that you don't hear what's going on, particularly when it relates to a workplace that you go to and it involves a professional person who you held in quite high standing. So you knew nothing about it?
A. No, I knew that there was an inquiry going on.
Q. About what?
A. I don't know.
Q. Really?
A. Yeah, Dr Leeks told me there was an inquiry going to take place. But I never heard what the substance of that was.
Q. Were you remotely curious about what it might have been?
A. Not about that, no.
Q. Why not? It seems very odd to be so lacking in curiosity about something that is so directly relevant to someone you've described as a bit of a mentor.
A. I didn't really think it was relevant to me at the time, given all the other things I was doing.
Q. How do you know it wasn't relevant if you don't know what it was about? You must have known what it was about, in a broad sense?

A. That's a good question. In reality the answer is I don't until I ask, it's true.
Q. Nobody at Lake Alice was talking about it in any sense?
A. Not to me, no.
Q. There was no concern about it?
A. No, not that people expressed to me.
Q. Or in your presence, lunch time scuttle, anything?
A. No.
Q. Nothing at Manawaroa Hospital?
A. I knew from Dr Leeks when he was at Manawaroa that it was taking place, but he never actually even told me what the outcomes were, what the scope of the Inquiry or what it was exactly about.
Q. I think you mentioned in your statement that the most successful form of treatment was for children to be away from traumatising situations. Do you remember saying that?
A. Yeah.
Q. So in what sort of traumatising situations were children getting away from at Lake Alice, just in a very broad sense?
A. I think many of the children came from a number of State institutions which I believe is also the subject of some of this Inquiry, but before they got there, you also have exposure, but these children experienced other traumatising situations, often at home, so -- and --
Q. You talked I think about the ACE tool?
A. Yeah.
Q. What sorts of -- you may or may not remember I don't know, but what sorts of things were recorded in the ACE?
A. For example, does anybody ever say they like you or want you, for example, if there's a parent who is in jail, for example, if mum beats dad about in front of the children, for example if there are alcohol and drug issues in the home, all sorts of things like that.
Q. Subjected to violence?
A. Yeah, subjected to violence, subjected to --
CHAIR: Just come closer to the microphone, you're drifting away again.
QUESTIONING BY MR MOLLOY CONTINUED: You also say kids were absconding from Lake Alice at times.
A. I was aware that sometimes that happened but not very often.
Q. Why do you think they were running away, what sort of reasons?
A. They had a -- from my memory they had a already -- a pre-existing history of absconding

from the other institutions from which they came, and unfortunately it sort of is a self-reinforcing thing, once you start doing it and it is reinforcing during the time that you've absconded, it's difficult to extinguish that behaviour.

Q. Did you ever explore that in group therapy or any other context?

A. No, because the groups were not structured that way.

Q. Was there an assumption that the kids, by absconding, were somehow behaving inappropriately?

A. That's an interesting question.

Q. Well, I'll ask it a different way. Was thought ever given to the possibility that kids were trying to get away from something quite legitimately?

A. Well, with the benefit of hindsight you and I can suppose that sometimes that would be the case.

Q. At the time it didn't occur -- I'm not directing all this at you, I'm just wondering.

A. Thank you.

Q. Among the staff, were those kinds of questions asked?

A. I don't think so. It's just that when the staff, and I'm only supposing, that they have a duty of care and that duty translates into containment of the people to Lake Alice, it's a bit like the Mental Health Act in a compulsory treatment of people, yes they can escape if they can, but they get brought back and your question, however, might still be as pertinent in that situation, are they trying to get away from things which are horrible and unpleasant and degrading and dehumanising.

Q. Well, if they had manifested as many of the criteria that are listed in the ACE tool, it might seem odd that they would be running back to it with vigour, so perhaps the question might have been asked, what are they running away from?

A. Well, maybe the other supplementary question is what are they running to?

Q. Well, either way, did you ask it?

A. No, because I was only there for learning about group therapy, I was not given any role in individually treating people and helping them to come to grips with what they've experienced like I would now. **[Interjection from the public - "bullshit"].**

CHAIR: Mr Soeterik, did you know that -- we've heard a lot of evidence from the survivors, that when those who did run away or tried to run away, when they were apprehended and brought back were punished by being put into seclusion, given ECT, Paraldehyde for their troubles. Did you know that -- you obviously heard that's the case now, did you know it at the time?

A. Not really, no.

Q. What does that mean "not really no"?

A. Well, I come there with a short timeframe in an afternoon, I have to talk to staff about the tests they've collected and collect those back, I talk with the staff about -- I participate with the staff in the group therapy, there might be some things about, discussion about the group therapy. Sometimes they would bring forth an issue, like for example with the boy who was smashed up the dental unit, and then they would ask me could you think of something better and I did. But other than that I would not really deal with the individuals.

Q. To you Mr Molloy.

QUESTIONING BY MR MOLLOY CONTINUED: You made some quite perceptive observations about the culture of the place, you know, when you got there. Presumably you were able to continue to observe, make observations about the culture of the place, how the children were. You mentioned some divisions among the staff and the way that they approached things. Some tended to be more child friendly. So given what we've learned subsequently about the manner in which Paraldehyde was used punitively, and it wasn't the only punitive tool, can you offer any reflection on why you remain so oblivious to it at the time?

A. Well, if I had a more conscious strategy on reflection, I might have been more confrontational like you suggested earlier on about all sorts of things. But my strategy on reflection really is to make little changes bit by bit in the direction away from seclusion, in the direction away from the use of punishment, in the direction of more treatment orientation, in the direction of more user friendliness for the adolescents who are actually in the process of growing and becoming and making it more possible for them to focus on those things which are positive about growth rather than proposing anything and everything in the process.

Q. Again, that suggests that you thought that there was something --

A. Of course I did.

Q. -- to change.

A. Of course I did and I still do.

Q. A punitive environment.

A. And I still do.

Q. But you weren't aware of the extent of the punitive tools used apparently.

A. Well, I knew their names, I knew what their results were and where possible and I could make a direct confrontation about it, an ultimatum as you put it earlier, I would make such

an ultimatum, because if it goes against the grain, if it goes against one's values, then one should be able to be accountable and stand up and say so. But it's also a matter of speed with which you create changes. I think had it been up to me, I would have closed the place down, altogether and start again somewhere else.

Q. Why was that?

A. Because it's difficult to make those kinds of cultural changes when they've been well ingrained over a long period of time.

Q. And it must have been stark, in stark contrast to the manner in which therapy or therapeutic, to the therapeutic environment at the child unit at Manawaroa.

A. It was hugely different.

Q. Tell us about some of the differences.

A. Well, first of all the children who came to Manawaroa were brought with their parents, the child did get the therapy, but so often in -- at the same time the parents did as well, they'd sort of get help and support and treatment for being parents of different, difficult children and do some family therapy and work together. I can't remember entirely, towards about 1974ish they built on an extra wing on to the children's unit at Manawaroa, they built in a video suite so people could begin to see the direct feedback about themselves and their behaviour and so on. We worked together in child psychotherapy, play therapies, all sorts of other options which were not available.

Q. Was there seclusion?

A. No.

Q. Was there Paraldehyde?

A. No.

Q. Was there faradic shock therapy?

A. People only came one hour at a time.

Q. Was there faradic shock therapy?

A. No.

Q. So a massive contrast in the delivery of child psychiatric services?

A. Absolutely.

Q. Just one last question I'm going to ask you. I think at paragraph 110 of your statement you mentioned that Dr Leeks had some support for his methods from other child psychiatrists. Can you recall who they were? Paragraph 110, the penultimate paragraph.

A. As I recall it I was already asked that question and my answer was no I don't --

CHAIR: The microphone, sorry, it's racing away.

A. Sorry, I was looking for 110.

QUESTIONING BY MR MOLLOY CONTINUED: You can't recall?

A. No, I know that there was, like I said from memory about four or five. I did deliver some papers.

Q. Was it either of the other psychiatrists at Manawaroa?

A. No, they were from elsewhere.

Q. And when you say they were in support of his methods, do you mean the use of group therapy or the use of Paraldehyde as punishment, or the use of faradic shock therapy, or some form of it?

A. I have no knowledge of that because I was only there to give a paper, and when I did and answered questions about it I left. But my purpose was for him to collect a greater collegial support for what he was doing, but at the same time behind that purpose was also another purpose, which is to make him more accountable and to see if he could present what he was doing to them when it did not have general psychiatric support and opinion that it was medically sound and correct that they would also as a group say so.

Q. Do you recall that at either of those fora in 75 and 77 where other psychiatrists came, do you recall Dr Leeks presenting about his use of Aversive Therapy or something along those lines?

A. No, but all I have a memory of is that I think he organised for it to happen at Lake Alice. So he must have -- I made that assumption that he must have invited them there and --

Q. Thank you Mr Soeterik, I'm going to hand over to Ms Joychild.

QUESTIONING BY MS JOYCHILD: Good afternoon Mr Soeterik.

A. Good afternoon.

Q. I'm representing the survivors of Lake Alice, so I've just got a few questions. I appreciate we're out of time so I'll try and be quick. Mr Soeterik, survivor after survivor after survivor identifies you as the person who ran the group therapy sessions. Does that surprise you in light of --

A. It does.

Q. Right.

A. I certainly am a person who likes to follow through with commitment, so when I say I'll come, I come, and I think continuity is important. So if I'm a person who provides the most continuity it's quite easy to imagine that therefore it's all done in my name, organised by me, etc. But that's --

Q. You were seen as Dr Leeks' right-hand man.

A. Apparently, yes.

Q. Now, survivor after survivor after survivor who were in the unit at the time you were have said everyone has said that if you didn't speak up in group therapy you either got Paraldehyde or ECT. Did you know that?

A. No, that I did not know, but I might -- if we're just looking at the ECT part, as I said previously when I was talking about ECT, ECT to my knowledge is given in a dose, so let's say the psychiatrist thinks it's important to give ECT for this particular condition, it's not one ECT but usually four or five or six or eight, sometimes if it's really intractable maybe even more. So if when I look at what do people who get ECT make of ECT on a regular basis, when the only other regular thing is to get the group therapy and they didn't talk, it's quite possible that they might think that it's that way because they didn't talk rather than for other reasons.

Q. Okay, well I'll just take you through the example of Ms LL who gave her evidence yesterday. She said that once she was sarcastic with you in a group -- perceived to be sarcastic in group therapy and you ordered that she be given Paraldehyde.

A. How did she know that I had the power, the role, the way, the means to do that? I thoroughly reject that.

Q. She says another time where she leapt up in the group therapy session because her father was -- had arrived in a truck and she was calling out to him to come and get her, she disrupted group therapy and she got Paraldehyde for it.

A. I know nothing about that. But I do not agree that it was me who organised for her to get the Paraldehyde.

Q. You didn't meet with Dr Leeks and talk about the results of group therapy?

A. No.

Q. Mr Richards, who gave evidence last week, gave a situation of a damned if you do and damned if you don't. He did speak up in group therapy because he was worried about ending up getting punishment. So he disclosed that he'd been sexually abused by a teacher and lo and behold he's sexually harassed in the unit from then on by some of the other boys. Was that a very safe group therapy environment do you think?

A. When you look at that example, clearly not, but it's a bit like a group with drug addicts and alcoholics and so on, everyone should go into group knowing that what is said in the group stays in the group, but every personal disclosure we make to somebody else is self-disclosure, always runs that risk that somebody will misuse it. But I can't account for why they got Paraldehyde or ECT because I was not treating anybody individually.

Q. Okay, well, we'll just move on from there. You've already made that statement. I'd like to put up on the exhibit, it's Paul Zentveld who's giving evidence tomorrow, it's 341039. It's a letter that you wrote to ACC in relation to Mr Zentveld. It should come up on your screen. There it is. Now it's the bit were you working from the Victoria Medical Centre.

A. Yes, I was.

Q. So you'll see there at the top it's to Warren Maguire, clinic advisor, treatment injury ACC.

A. Yeah.

Q. And it's about Paul Andrew Zentveld.

A. Yes.

Q. If you go down to the last paragraph in that sentence you've been asked about Mr Zentveld's claim, if we highlight that last sentence, "As far as I recollect, Dr Leeks from time to time administered unmodified ECT treatment to adolescents and sometimes to adult patients at Palmerston North. Nursing staff at Lake Alice were also at times authorised to use Paraldehyde injections for poorly controlled adolescents and adult patients." And, then could we go to the next page?

CHAIR: Just be a wee bit slower, it's the end of the day.

Q. "I have no direct information about patient consent, but I understood guardians or parents were involved in the decisions to treat on an inpatient basis", and you say "beyond this general recall of Lake Alice practices I cannot add much more since I was not directly involved in either Mr Zentveld's care or the adolescents in general."

So that's consistent with what you're saying today, that really you had no -- not much roll-out there at all.

A. Not with the individuals.

Q. Not the individuals. Well, I'd like to put up now on the screen Exhibit 341020. This is a letter, and it's to a Dr McKay, that's irrelevant, and what is relevant is who's a signed it and it's M L Benson, medical officer for the medical superintendent. And you'll see in the middle paragraph he's talking about a patient giving details there obviously Dr McKay wanted information for a patient. Now at the bottom it says, you know, where we are here, the third paragraph, "Further details of his treatment will probably be obtainable from either Dr Leeks or Mr Soeterik, the clinical psychologist in Villa 7". So you were perceived by the Lake Alice management as being the clinical psychologist in Villa 7?

A. Clearly.

Q. So all the patients' perceptions of you as a man with a lot of influence are completely accurate, aren't they?

A. In what way?

Q. You are the clinical psychologist for the villa.

A. No, I was the clinical psychologist visiting the villa.

Q. Well, "visiting" or "in", the word here is "in villa 7".

A. Yeah, but it makes a big difference in terms of meaning.

Q. Well, I put it to you, Mr Soeterik, that you are grossly underestimating the impact and the influence that you had in the Lake Alice Child and Adolescent Unit.

A. **[Nods]**.

Q. What's your statement to that?

A. Well, looking at the evidence that's being presented that would seem to point in that direction. I did not set out to be grossly influential in anything, I just was there to learn, but I speak my mind when I need to.

Q. Well, you've given one explanation as to why the survivors might have thought they were receiving ECT after group therapy, you say because it was -- they might have been having a series of it. But the evidence is that unmodified ECT, which is what the vast majority of the complaints are about, was never done in a group, it was a one-off type of ECT. So that explanation doesn't really fit. Neither does it explain why everyone thinks they got Paraldehyde if they didn't speak up in group therapy.

A. Well, that last bit is news to me, but the ECT bit, like I was there say, over a period of two days a week, do the maths, we're talking about 80 possible group therapies and some people say "Well every time I didn't talk", which was most of the time, you would have had 80, or say give or take 10, less, say 70 unmodified ECTs per person. I don't think that's what happened. **[Interjection from the public "I had 94"]**

Q. Just moving on, can we put up on the screen 0341006, maybe it's 8. Again, this is in relation to Paul Zentveld. And we'll know in the previous letter you said you had nothing to do with him, in the letter to ACC. But if we look at page 2 of this document, you've signed it and then there's a summary, which makes it clear you've done some analysis of Paul while he's been in either Manawaroa or Lake Alice.

"Paul has a long-standing adaptation reaction and a neurotic disorder characterised by a conversion reaction and enuresis. Paul's intellectual level is within normal range. The environment and etiological factors seem to be—

CHAIR: Slow down please.

Q. The environment and etiological factors seem to be something to do with being caused by a foster father as a model for behaviours and a disturbed and deprived mother, lack of

consistent care."

To be able to write that you obviously had to know Paul quite well, didn't you?

A. Not necessarily at all. You'll recall I said today that we started to deliver to the staff a series of MMPI adolescent forms, much of that would be derived from the test. So while it may look like I know an awful lot over a long period of time individually, may actually be derived from what you could extract from the test.

Q. Okay. You were a good friend of Dr Leeks, weren't you?

A. I was friendly with him and he gave me a very positive start in my career.

Q. How do you feel now that we see --

A. After all I've heard I'm deeply saddened, because no-one should actually have to experience those sorts of things. So I'm saddened that he actually allowed those things to happen, if he was aware of it, and B, perpetrated some of those things, he must have known what he was perpetrating, and I think it's extremely distressing.

Q. Did you feel a bit let down by him?

A. Yes, I am.

Q. No further questions.

CHAIR: Thank you Ms Joychild. I'll just ask my colleagues if we have any questions.

COMMISSIONER ALOFIVAE: Mr Soeterik, I'd just like some clarification if I can. Going back, you were there to undertake a thesis for your masters?

A. No, no, I was at Manawaroa Child and Family Unit, children's unit to obtain access to hyperactive children as they came on-stream consecutively. So that's what I did my thesis on originally. The Lake Alice thing was separate altogether. Different learning programme.

Q. Okay, but you needed -- I guess what I'm interested in in being able to understand and to be able to support your thesis, did you have access to the nursing notes to be able to form your views?

A. For my thesis.

Q. Yeah.

A. So we're talking about two different institutions, Manawaroa, it's in Palmerston North, yes.

Q. Yes, that's right.

A. So people, parents and the children that I saw there were from -- identified by Dr Leeks as probably being what they call now ADHD.

Q. Yeah.

A. So the notes would not be from any nurses because they are not seen in an inpatient setting,

they are an outpatient. So they'd be either Dr Leeks' note but more importantly my own notes because I went and sampled the children at their homes, sometimes I'd arrive between 6 and 8, sometimes at 4 and 5 so we get time samples seeing how they behaved in different parts of the day. So most of those notes would not ever be in the nursing notes.

Q. But when you were down at the Child and Adolescent Unit and you were there as an observer, were you able to have access to the nursing notes?

A. I think if I asked nicely I would have, but that's not something that I actually wanted to do.

Q. I'm just trying to ascertain, so you were there to observe those children as well?

A. No, I was just trying to learn group therapy.

Q. And in order to understand group therapy, did it occur to you that maybe the nursing notes might be of some interest to understand the young people better, or to get a fuller picture at least?

A. Well, if you think about group therapy as a conversation, the conversation happens within the group, otherwise you go into a group with preconceived notions about -- so then it's not what you see is what you get, it's what you understand, it's what you'll end up seeing. It's kind of like if you're trained to see a bit in a certain way because they've been judged this way or diagnosed this way or described this way and that way, then you begin to want to see that from the person in front of you. In many ways a lot of therapy is allowing the person to speak for themselves.

Q. So you only ever see them in a group but not individually as such to be able to understand them and to be able to kind of really come up with the differences in understanding the background?

A. Yeah, so for example, the little boy in the dental unit, I did not see any clinical notes, I did not see any nursing notes, I did not see his background history, none of that was relevant. Trying to stop him to wreck the place, trying to get him to become comfortable about being seen. We all agreed with, including him, that we do this only once or off four quadrants of his mouth with the target for when he finally saw the dentist, and then we worked on that programme and that only, and the dentist next day successfully treated him, he stopped being panicky.

Q. And I noticed you made a couple of references, just a point of clarity please around family meetings. So you said that part of your contribution was at your paragraph 30, your main contribution to the adolescent unit was to help carry out psychological testing and sit in on family meetings. Some individual and group therapy as well as to contribute to some staff training. And then I think it's at paragraph 42 you say that there was an increase happening

in meetings between families and staff but you didn't attend them. Can you just -- so did you attend any family meetings or not?

A. I did once, when they first were instituted, but my point, I made it clumsily, I beg your pardon, it's another one of those suggestions I made about the school and other sorts of things it would be better to begin to involve the parents where possible with the treatment and the treatment goals and aims so that they actually are supportive of the child who's in care, and also that they go back to a more supportive environment. So tried to get the staff to become interested in going there and doing that. But if I followed up each one of my suggestions myself I wouldn't have the time available.

Q. Thank you. I've got a few more but I'll pass it on, thank you.

CHAIR: Commissioner Gibson.

COMMISSIONER GIBSON: Thanks Mr Soeterik. You talked about Dr Leeks going on some trips to a range of other homes, Hokio, Kohitere, Kimberley, I think some places like New Plymouth, Hawke's Bay. Were they seeing young people in clinic or what was the purpose of that, to possible admissions?

A. Yeah, literally was my understanding that he would be consulted about the various people in these State care situations, and he would then make an assessment and then institute where necessary admissions.

Q. And I'm aware of a lot of those places but you talk about New Plymouth, Hawke's Bay as well?

A. Yeah.

Q. Were those in smaller homes or were they in GP practices?

A. I don't know all the details, I just listed some of the ones I do remember, likely Epuni Boys in Lower Hutt, or Epuni, yeah, Kohitere and Hokio Beach. Kohitere, for example, I did go with him there once when we met a gentleman who's now Professor Gary Hermansson who was the counsellor there at the time, and he and Dr Leeks discussed some admissions which I didn't sit in on because it's not relevant for me to be in there.

Q. I was just wondering about the places beyond those boys' homes?

A. Margaret Street Girls' Home in Palmerston North, I think he went to New Plymouth but I don't know exactly where, I also was aware he went to Hastings I think but I'm not sure where in Hastings.

Q. Another question, you spent time with Dr Durie as well. Did he ever visit Lake Alice, was there any opportunity for any Māori cultural input into the place from him?

A. Well, I'm sure, knowing Dr Durie as I do, he would have made the opportunity if that was

something he wanted to do, but he was actually pretty busy, but I had the privilege and pleasure of taking him to and from work for a long time, and I learned a lot from him in the process.

Q. Did he ever speak to you, sort of share his thoughts about in general what was going on at Lake Alice but also specifically about what was happening of overrepresentation of Māori in these places and how you and others could have or should have responded?

A. Well, no, he did not, he was busy at one stage to create his model of Te Whare Wha and then I believe he became a Commissioner for a while and then he became -- I thought his best move that he did for his people was to actually become the Professor of Māori Studies at Massey University, because I thought he could -- he actually regretted, I think from memory, that because he missed psychiatry, actually he really liked being a psychiatrist, but I said to him you'll do more for your people this way than you could do in psychiatry.

Q. You're trying to push for a more collegial means of accountability and --

A. Yeah.

Q. -- cross-pollination; was this thought of at all within the people involved with Lake Alice by Dr Leeks yourself and others?

A. Not exactly that I'm aware of, no, but I just know my own motive, I didn't think, like Don Quixote, I should be tilting at windmills all the time. I knew when somebody pushes my boundaries and edges in terms of values and systems and knowledge base, I also thought that if you make changes one step at a time you still generate changes, and that's basically what I thought I could do as a student from -- is what I thought I could contribute. I always believe in trying to make a contribution.

Q. Thanks Mr Soeterik, that's all my questions.

CHAIR: And I don't want to labour, but just one area, Mr Soeterik from me. Coming back to the meetings that were held with the other psychiatrists, you said in describing that, that one of the things that you thought might be of benefit was that Dr Leeks would be learning about accountability.

A. That's right.

Q. Yes, in what respect did you think he needed to know about accountability?

A. Well, there are two general sources of thinking about that for me. If we look at --

Q. I'm going to cut to the chase.

A. All right.

Q. Do you think that he was accountable and if so -- in his practice at the adolescent unit?

A. I don't really think so, no, looking back on it.

Q. So he was in effect a lone wolf pursuing his own theories and methods of treating children and adolescents?

A. Well, as I understand the history of it, the Health Department gave him a job to do and he was accountable to them rather than the normal route of employment via a Hospital Board where he would be more accountable for his actions. And I think he was not very much held to account in the beginning, so I thought it came as a bit of a surprise to him, I said "Well, I won't come if that's what you do", for example, about the punishment, of the ECT.

Q. All right thank you, you've answered my question. I think unless there's anything arising we should call a halt. Thank you very much. Mr Soeterik, we appreciate the effort you've gone to to collate your evidence and come here and sit there for all this afternoon, we wish to thank you for making your contribution to the Royal Commission's work.

A. Thank you.

Q. Thank you. We'll close.

Hearing closes with waiata and karakia mutunga by Ngāti Whātua Ōrākei

Hearing adjourned at 5.36 pm to Thursday, 24 June 2021 at 10 am