

LAKE ALICE TORTURE REDRESS

REPORT BY INDEPENDENT ARBITER TO:

Hon Erica Stanford – Lead Coordination Minister

Hon Judith Collins KC – Attorney-General

Introduction

1. The Terms of Reference¹ require me to independently assess the claims of those eligible Lake Alice Hospital Child and Adolescent Unit (the Unit) survivors who elected to adopt the individualised pathway for the determination of their torture redress claims, and to determine the amount of financial redress that they should receive pursuant to a framework that guides and supports the assessments, and make the redress allocations within a designated funding envelope.
2. On 9 July 2025 I was notified by Hon Erica Stanford² that the amount in the fiscal envelope is \$8.85m, based on 39 individualised torture redress claims.³ The final number of individualised pathway claims is 37, which reduces the amount in the fiscal envelope to \$8,390,000.
3. In accordance with the Terms of Reference, and following consultation with survivors' legal representatives, I settled the terms of the allocation framework which was then distributed to the survivors' legal counsel and to self-representing claimants in early April 2025. Over recent months, in accordance with the framework provisions, I have received written submissions, copies of written statements, and other relevant documents from the survivors and their legal representatives in support of their individualised claims. Of the 37 claims to be determined, I met with 33 survivors either in person or by video link. Four survivors chose to have their claims determined on the papers.⁴
4. The Terms of Reference stipulate that as Independent Arbiter, I am not asked or required to make any factual findings about whether the survivor was tortured, and my starting point is acceptance of the survivor's account of what occurred unless contradicted by other information. I am to adopt a survivor-focused and trauma informed approach. Moreover, the Independent Arbiter's role and purpose was not to be a listening service for survivors, or to conduct an inquiry into what happened at the Lake Alice Unit, except to the limited extent required by the process of determining the appropriate financial redress allocations made to the individualised pathway survivors.⁵

¹ Dated 3 February 2025.

² As Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions.

³ The amount of the fiscal envelope will be reduced by \$230,000 per survivor should the final number of individualised pathway claims be fewer than 37.

⁴ I met with 26 survivors in person, and by video link with 7 who reside overseas.

⁵ Terms of Reference, paragraph 16.

5. Having considered the claims of each of the individualised pathway survivors by reference to the factors described in the Framework, I have allocated financial redress to them based on my assessment of the relative severity of the torture⁶ they were subjected to and its immediate and proximate effects, as well as the longer term impacts on their lives and wellbeing due to the tortures and ill-treatment they were subjected to while patients at Lake Alice.⁷

Meetings with the survivors

6. I met with all those survivors who wished to meet with me in person. Apart from one self-represented survivor, in each case the survivors were accompanied by their counsel and one or more support people. I met with 26 survivors at face-to-face meetings, and 7 who reside overseas by video-link. In most cases the in-person meetings took place in the town or city where the survivors reside and were held in rooms available for hire in business premises, civic and community centres, libraries, or other neutral venues. In several cases I held meetings at the legal chambers of the survivor's counsel.
7. Prior to the meetings I received written submissions and supporting documents relied on by the survivors in support of their claims. As well as written submissions prepared by counsel, I was provided with copies of any prior written statements the survivors had made. These included statements which had been prepared for the civil proceedings commenced by solicitors, Grant Cameron & Associates and which are dated around 2000 - 2001; interview transcripts and signed witness statements prepared for the Royal Commission into Abuse in State Care; and in several cases statements made to the Police. I was also provided with the Lake Alice Hospital clinical files comprising patient records, nursing notes, clinical file notes, copies of reports and correspondence. While in some cases these Lake Alice Hospital files were incomplete, in most cases a substantial amount of documentation had been obtained by the survivors' counsel and was made available to me. As well as the Lake Alice Hospital files and records, there were also: Department of Social Welfare records; Department of Education records, including Psychological Services reports; and correspondence to and from schools, and medical practitioners who had been involved in seeing and treating the survivors. In those cases where survivors had been placed in Social Welfare boys' homes, there was correspondence between Lake Alice Hospital and the Social Welfare Department and the boys' homes. In those cases where survivors have made ACC claims, I was provided with ACC related documents including assessments and reports made and prepared for that process.
8. By reviewing this material in detail prior to my meetings with the survivors I ensured that the meetings I had with them were well informed and productive.

⁶ For the purposes of the UN Convention against Torture, the term “**torture**” means any act by which **severe** pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or her or a third person information or a confession, punishing him or her for an act he or she or a third person has committed or is suspected of having committed, or intimidating or coercing him or her or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of, or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions. (See UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Article 1.)

⁷ Framework, paragraph 12, *The assessment factors*.

9. My conversations with the survivors about what they were subjected to while patients in Lake Alice some fifty years ago, have necessarily required them to recall and describe to me what were and remain indelible and traumatic experiences for them that happened during their young lives. They have all displayed extraordinary courage by electing to have their claims considered and examined by the independent arbiter process, which has required them to undertake the deeply painful process of recalling and describing intimate details of their childhoods and adult lives. Having a history of having been a patient at Lake Alice has quite unfairly attached a stigma of presumed mental instability to them that they have understandably sought to conceal throughout their lives. They have been and remain haunted by their memories and what was done to them at Lake Alice and what they saw being done to other children and adolescent patients there.
10. The survivors explained that as children in the Lake Alice Unit, they found themselves effectively isolated and disconnected from their families. And by reason of their ages and situation as patients who had been diagnosed as warranting treatment in a psychiatric institution, any complaints they made to parents or other adults about the torture and other punitive procedures that they were being subjected to were treated as being inherently unreliable and either dismissed or rejected as lacking credibility. Complaints made to staff within the Unit were dismissed, often accompanied with a threat that further complaints would result in further punishment. Complaints made to parents and other outside adults were disbelieved as fantasies or fabrications on the premise that such practices could not be happening in a children's hospital. This then left many of the children with a sense having been abandoned by anyone who could have intervened on their behalf to prevent what was happening to them, and of being betrayed by the adults working in the Unit who had responsibility for their care. Many of the survivors have explained that this experience has led them to develop a lifelong distrust of people in positions of authority, which has been reinforced by the rejection of and ineffective responses to complaints they have made over the years seeking to have Dr Leeks held accountable for what he had subjected them to.
11. The survivors quite understandably see their lives as having been blighted by their Lake Alice experiences and how they were ill-treated and tortured. Whatever behavioural, psychological or mental problems led to them being patients at Lake Alice, from their accounts it appears that those problems, rather than being treated therapeutically, were aggravated and compounded by how they were tortured, and ill-treated in what was a cruel and malevolent process, wholly inconsistent with proper standards of medical and nursing care for vulnerable children, irrespective of whatever management issues they were presenting to their parents, foster-parents, guardians and schools. For most of them, the opportunity to tell someone in a position of responsibility, willing to listen and acknowledge the authenticity of their account of what they were subjected to and how it has affected them, appears to have been a cathartic experience, at least to some degree.
12. Although I have not undertaken a process of making factual findings in connection with what happened at Lake Alice, I consider it appropriate to include what I consider to be a reliable and representative account of what survivors have told me, which sets the torture procedures they were subject to and the redress assessments in context. This disturbing description is from a survivor who was 14 years old on admission to the Unit.

13. The survivors' accounts of what was done to them and what happened in the Child Unit during their admissions, although not accurately recorded in nursing notes and other hospital records, are nevertheless in many cases supported by what is contained in those records. In some comparatively few instances, the nursing notes do actually record that unmodified ECT was administered, but most often those nursing notes and other clinical records that do refer to ECT having been administered, do not state whether it was modified or unmodified. However, in most cases context informs the issue.
14. The following example taken from entries in the nursing notes of one of the redress claimants does include references to ECT being administered and shows how unmodified ECT, paraldehyde injections and placement in a seclusion room were being used as punishment.

9(2)(a) [REDACTED] Has started picking on smaller boys, and trying to goad them into fistfights. A session of Ectonus⁸ therapy may be needed.

9(2)(a) [REDACTED] – Found trying to provoke [X] into a fight. Placed in S/R [Seclusion Room] in V 11 at 7.00 pm.

9(2)(a) [REDACTED] – This lad despite therapy is still very antagonistic towards patient[s] and staff and continuously do[es] everything he is not supposed to do. Another chat to Dr Leeks is called for.

9(2)(a) [REDACTED] - ECT today.

9(2)(a) [REDACTED] – Interview with Dr Leeks. Ectonus Therapy followed.

9(2)(a) [REDACTED] – ECT required today for fighting last Sunday but behaviour very good on the whole.

9(2)(a) [REDACTED] – Patient involved in a vicious kicking incident with Pts [X & Y] P.R.N. Paraldehyde 3cc im administered.

15. Notwithstanding the common situation of an absence of clear clinical records, it is apparent from the context and from other entries in the nursing notes, that unmodified ECT was being administered to the patients and that it was being done as a punishment, and not for any legitimate therapeutic purposes. This gains support from the way in which ECT was often alluded to but not directly referred to by nurses in their nursing notes, and it is evident that when writing their nursing notes, nurses were deliberately obfuscating what was actually being done to the patients.
16. Accordingly, while the nursing notes and other patient records do not in many cases refer to the administration of unmodified ECT, I am nevertheless satisfied that the survivors' accounts of what they were subjected to and how they were treated by the medical and nursing staff at Lake Alice are credible and substantially accurate, and notwithstanding the inherent difficulties the survivors have recalling childhood events, I consider that their accounts provide a sufficiently accurate and reliable foundation for my assessment of the appropriate level of financial redress to be allocated between them for the purposes of the torture redress scheme.

⁸ Ectonus being the brand name of the ECT machine.

The Framework

17. The Framework contemplated that the redress claims could be characterised and distinguished by reference to the comparative severity of the torture inflicted on each of the claimants, with the degree of severity being informed at least in the first instance, by reference to the type and number of ECT and paraldehyde torture procedures employed by the Lake Alice staff to punish their patients by intentionally causing them to suffer severe pain. These categories are referred to in the Framework as “Bands” and are described as: Band 1: *Severe*; Band 2: *More Severe*; and Band 3: *Most Severe*. This was simply a means by which the various claims could be grouped together with other claims as a preliminary step which share similarity in terms of the type of torture the survivors were subjected to and the number of torture events they had suffered.
18. The provisions of the Framework describing the assessment bands are contained in paragraphs 13 – 22. For convenience of reference, I set them out below:

The redress assessment bands

13. In order to evaluate the comparative weight of the claims and to determine the relative financial redress that each claimant should receive, and to provide the basis for deciding different levels of financial redress, I shall adopt a framework in which as a first step the claims are broadly and initially assessed as falling within one of three bands representing an increasing scale of severity having regard to the number of torture procedures claimants were subjected to, and to the period of time over which they were subjected to torture procedures while they were in the Unit. The three bands can be referred to as: Band 1 (Severe); Band 2 (More Severe); Band 3 (Most Severe). This method will result in claims being initially and provisionally categorised in terms of their comparative weight and cogency.
14. The level of redress that will be determined as applicable for each claimant will be informed by first considering which band the gravity and harmful effects of the torture procedures they were subjected to places them in, and then by a comparison of the individual claim with the other claims placed in that band as a result of having been assessed as closely comparable. In each case the individual features and aspects of the claimant’s torture experience/s and the harm it has caused them will be considered and evaluated, and the level of redress determined both by reference to the individual features of the claim and by comparison with other similar claims, in order to achieve consistency and to identify any particular aspects which warrant recognition and different levels of financial redress.
15. However, and importantly, placement in a particular band is to be flexible and primarily used as a starting point. For example, in the case of a claimant subjected to one or comparatively few torture procedures and thereby ostensibly falling into Band 1, the existence of some one or more especially aggravating factors may warrant the allocation of a greater amount of financial redress within the same range as claims assessed as falling within Band 2.
16. Band 1(Severe) will apply to those claimants whose treatment and experience while in the Unit was less severe and the consequences less harmful to them at the time or subsequently, as compared to other claimants. Without detracting from the real and serious gravity of their experiences and the harm the torture procedures caused them, both immediately and subsequently, I consider that claimants falling within Band 1 will be those who are assessed as having suffered a level of harm and adverse consequences following from the torture procedures they were subjected to, to an extent which is comparatively and significantly less

than that of other claimants who will be placed in either the second or third bands (Band 2 and Band 3). The claimants assessed to be in Band 1 will be those who may have received unmodified ECT and/or paraldehyde injections on a single or comparatively fewer number of occasions than claimants in Band 2, and whose time spent in the Unit was of comparatively short duration. Claimants in this band will not have experienced aggravating circumstances to the extent experienced by Band 2 claimants. Claimants falling within Band 1 will receive a lower level of financial redress than those in Bands 2 and 3, but as I have noted above, the redress determined for Band 1 claims will not be less than the \$150,000 which the expedited pathway claimants will receive.

17. Band 2 (More Severe) will include those claims in which some of the assessment factors are present to a significant and more severe or more harmful extent than appear in the circumstances of Band 1 claims. This band is likely to be appropriate for the majority of the claims because of the number of repetitions of ECT procedures or paraldehyde injection treatments which appear to have been the common experience of many of the claimants, and having regard to a multiple number of the aggravating factors identified in paragraph 12 which combine to warrant the particular claim as being considered and categorised as being more severe in terms of the harm and adverse effects the torture procedures have had on the claimant.
 18. Band 3 (Most Severe) will include those claims in which some or all of the assessment factors are present to a significant and more serious or more harmful extent than appear in the circumstances of Band 2 claims. Band 3 will be appropriate and likely reserved for those cases in which the unmodified ECT procedure was administered and /or paraldehyde injections were given on multiple occasions, and other assessment factors are also present to an extent which significantly compounded and aggravated the gravity of the torture procedures the claimant was subjected to and their harmful effects. These will be claims involving the most egregious treatment of claimants. Other examples of claims which will fall within Band 3 are those where ECT electrodes were placed on or proximate to the claimant's genitals or other parts of the body in a manner consistent with particularly malevolent punishment, and where physical violence and coercion of any kind was involved in or directly associated with the process by which unmodified ECT procedures were administered or paraldehyde injections were given.
 19. Nevertheless, it is not possible at this stage to be definitive and prescriptive in terms of what may justify placing a claim in Band 3 as there may be cases where claimants were subjected to particularly severe and painful treatments with particularly severe and lifelong consequences, and which warrant recognition by allocation of a larger amount of financial redress. In the end, each claim will be assessed on its cogency and weight for the purposes of assessing and allocating financial redress from the available funds.
19. The factors informing an assessment of the comparative severity of the torture procedures to which the survivors were subjected to, and their effects and consequences are contained in paragraph 12 of the Framework.
12. From a review of the materials currently available to me and from my consultation discussions with counsel I have identified the following factors ("the assessment factors") as informing an assessment of the comparative severity of the torture procedures experienced by the claimants and the impact they had on them both at the time they occurred and subsequently, and the nature and degree of harm caused to them as a result of being subjected to the unmodified ECT procedures and paraldehyde injections. These assessment factors are:
 - a. the age of the claimant when first admitted to the Unit and when they were subjected to the unmodified ECT procedures and paraldehyde injections.

- b. the reason/s for, and/or the circumstances which led to the claimant being sent to the Unit.
- c. if more than once, the number of times the claimant was admitted to the Unit.
- d. the duration of the claimant's stay/s at the Unit.
- e. the circumstances preceding, and the number of times in which either unmodified ECT procedures or electric shocks were administered to the claimant (being either "partially modified" or unmodified ECT). This factor will include consideration of any circumstances (other than the administration of the ECT procedure itself) from which it appears that the purpose of the unmodified ECT procedure being administered was to punish the claimant for their conduct or behaviour, or to intimidate or coerce them in any way, or that it was administered for any other reason unrelated to appropriate and legitimate medical treatment, and including any ethnic or cultural factors which may inform why the particular claimant was subjected to the torture procedures, or why a claimant was particularly vulnerable to harm from being subjected to the torture procedures.
- f. the specific manner in which the unmodified ECT procedure/s were administered including position/s where the electrodes were placed on the claimant's body.
- g. the involvement by the medical or nursing staff of any other children or adolescent patients as participants, observers or assistants in relation to the administering of the unmodified ECT procedures.
- h. the circumstances and number of times in which paraldehyde injections were administered to the claimant. This factor will also include consideration of any circumstances (other than the administration of the paraldehyde injection itself) from which it appears that the purpose of the paraldehyde injection/s administered to the claimant was to punish the claimant for their conduct or behaviour, or to intimidate or coerce them in any way, or was administered for any other reason unrelated to appropriate and legitimate medical treatment.
- i. the way and/or manner in which paraldehyde injection/s were administered including the placement and location/s on the claimant's body of the injection/s.
- j. any other circumstances, events, or statements made by medical staff, nursing staff, or other persons holding positions of authority within the Unit, which demonstrated or implied that the unmodified ECT procedure and/or paraldehyde injections were being administered as a punishment.
- k. the immediate effects and after-effects of the torture procedures on the physical and emotional well-being of the claimants.
- l. the subsequent effects of the unmodified ECT procedure/s and paraldehyde injections upon the claimants, being those which occurred while the claimant remained in the Unit, and those longer-term effects and /or consequences which

persisted or emerged subsequently and which have harmed or adversely affected the claimants in any way over the course of their lives in the years since they were subjected to the torture procedures.

- m. any other aspect of a claimant's treatment or any other conduct of the Unit staff (medical, nursing, or other), which was inconsistent with proper medical standards and/or proper standards to be applied to the care of children and adolescents while they were patients in a residential unit to which they had been sent for medical treatment.
- n. any other factor or circumstance that the claimant identifies as having aggravated the severity and/or gravity of the adverse effects of the unmodified ECT procedures and/or paraldehyde injections had on them.⁹

The approach to making the assessments

20. The Framework sets out the approach to making the individual assessments:

- 20. Any comparative assessment of the claims for the purpose of determining differing levels of financial redress will necessarily be "broad brush" in nature. While most claimants will have been subjected to the same kind of torture procedures and on more than one occasion, the actual number of times may not now be clear (by reason of any Unit records being incomplete or unavailable) and the circumstances may differ, in some cases significantly. However, where claimants are unable to recall details or the number of the unmodified ECT procedures they were subjected to because of an incomplete memory and an inability to produce supporting Lake Alice Unit documentation or other such supporting information, their claims will not thereby be regarded or treated as lacking cogency on that account. It appears that the Lake Alice Unit clinical and administrative records are not intact and not available in a number of cases. It remains to be seen just how much corroborative documentation is now available to claimants, and the absence of written corroborating documentation is clearly not due to any fault or failure on the part of those claimants who find themselves in this situation.
- 21. While the number of times a claimant was administered unmodified ECT or given paraldehyde injections is important and will be relevant to an assessment of the appropriate level of redress they should receive, all claimants subjected to those treatments were harmed and intimidated by the use and administration of those treatments in the Unit. All who were administered the ECT procedures and the paraldehyde injections experienced physical pain and emotional distress and anxieties – both immediate and longer term. Nevertheless, while it will not be possible to draw fine distinctions in relation to differing degrees of harm caused to claimants, where there are features of a claimant's treatment or experience that show that the hardship they suffered was significantly more severe than others, or that the torture procedures administered to them were repeated multiple times over a greater period than most commonly experienced by claimants, or where some feature/s of the claimant's ill-treatment/s involved some aggravating aspect or effect as a result of what was done to them or how they were treated, such

⁹ For example, I am advised by counsel that some of their clients instruct them that following the administration of unmodified ECT procedures and/or paraldehyde injections, some of their clients were placed and held in solitary confinement for extended periods of time, which compounded their distress and the harm caused to them. Also coming within this factor will be evidence of the survivor's efforts to report the torture they were subjected to appropriate authorities (medical / police / persons in authority) and the way in which their efforts to have those responsible held accountable, were resisted, or ignored.

considerations will be given weight and will be reflected in the level of redress that will be applied for that claimant.

22. Accordingly, the placement and categorisation of claims as falling within the bands will provide a broad basis of comparison for an assessment of the appropriate level of financial redress claimants should receive. Within the range of claims falling within each band, relativity as between the claims will be based on a comparison of the gravity and severity of the assessment factors. Claimants are requested to provide statements describing their treatment and experiences while in the Unit, directed at the assessment factors as relevant to them, and to describe the harm and adverse effects they suffered as a result of the torture procedures administered to them and the manner in which they were dealt with by the medical and nursing staff.

The minimum financial redress for individualised pathway claims - \$150,000

21. In the Framework I said that survivors who elected the individualised pathway would not be allocated financial redress less than the amount paid to those who elected the expedited pathway. This was to ensure that survivors were not deterred from choosing the individualised pathway by concerns that they may be allocated a redress amount less than was available to those electing the expedited pathway. That provision of the Framework means that the lowest allocation I would make to survivors electing the individualised pathway is \$150,000.

The assessment factors

The number of unmodified ECT and paraldehyde injections survivors received¹⁰

22. As explained in the Framework, the number of times a survivor was subjected to unmodified ECT or to paraldehyde injections is an important factor which provides the starting point for an assessment of the relative severity of the torture individual survivors were subjected to as compared with other redress claimants. As I have already noted, while some of the survivors have obtained and produced what appears to be a largely complete file of nursing notes and hospital records relating to them, not all survivors have been able to obtain their Lake Alice Hospital records, and in some cases the records that have been obtained and produced cover only a part or parts of the time they were patients at the hospital. Moreover, as I have also noted, the clinical records and nursing notes are not an accurate record of how a patient was managed and treated, and in the absence of complete and accurate hospital records, survivors in giving me an account of what they were subjected to have necessarily relied on their memories to recall the number of times they received unmodified ECT. The distressing and traumatic experience of being subjected to unmodified ECT has for most of them resulted in the events being seared into their memories, and while understandably uncertain on some aspects, they are for the most part able to give a good and reliable account of what was done to them although not always how often it occurred. And while survivors who were given ECT on comparatively few occasions can often recall the actual number of times with certainty, in cases where survivors were subjected to ECT on multiple occasions, they quite understandably cannot be certain or specific as to the actual number of times, and they have accordingly given me an estimate of the number.

¹⁰ Framework factor 12(e).

23. While some of the nursing notes, such as set out above, contain references to ECT being administered, many are less specific, and either refer indirectly and imply ECT by use of a phrase like, “having a chat with Dr Leeks” or say nothing about it. However, the notes often contain multiple references to patients being given paraldehyde injections as punishment for misbehaviour, and by reference to the available nursing notes, survivors can in many cases find support for their account of how many times they received paraldehyde injections. But as with ECT, the nursing notes do not record every occasion on which paraldehyde injections were administered by the nurses, and because of the frequency with which paraldehyde injections were administered by the nurses as punishments, the number of times a survivor received them must necessarily involve them making an estimate.
24. Adopting a survivor-focused and trauma informed approach I have generally accepted the survivors’ accounts regarding the number of times they say they were given unmodified ECT and paraldehyde injections, and accepting the inherent difficulty of recalling childhood events, I am satisfied that they have made genuine efforts to be accurate in the accounts they have given. However, I have also examined the available records to assess the extent to which they provide support for the survivors’ accounts, and I have examined and compared any previous written statements made by the survivors for the purpose of prior civil proceedings and any statements and interview transcripts made for the purpose of the Royal Commission, for consistency and corroboration of their accounts, in order to be satisfied as to the reliability of the accounts given to me, and to make an informed assessment of their comparative severity for the purpose of making the redress allocations.

Comparative severity of unmodified ECT and paraldehyde torture

25. While the paraldehyde injections administered as punishments to Lake Alice patients caused them immediate and excruciating pain which continued at least for several hours and often caused them to be effectively immobile for a day or sometimes days, for the purposes of making the redress allocations I have treated the paraldehyde injections as being a comparatively less severe form of torture than the unmodified ECT administered to survivors. I consider that the context in which unmodified ECT was being threatened as an ever present punishment in the Unit; the terrifying manner in which it was being administered to the survivors; the physical restraint of the patients prior to and during the unmodified ECT administrations; and the acutely intense pain and distress it caused during its actual administration and afterwards both immediately and long-term, justify the unmodified ECT sessions being considered a comparatively more severe form of torture than the paraldehyde injections.

*Age of the survivors on admission to the Unit and when subjected to unmodified ECT and paraldehyde torture procedures.*¹¹

26. As well as the number of times a survivor was subjected to ECT and /or paraldehyde injections, their age at the time is a relevant factor that informs an assessment of the relative severity of the torture they were subjected to. As noted in the Framework, all of the children and adolescent patients in Lake Alice who received unmodified ECT and

¹¹ Framework factor 12(a).

paraldehyde injections were subjected to severe pain and suffering that was intentionally inflicted. However, punishing the youngest and inherently most vulnerable children in the Unit by subjecting them to these torture procedures was especially harsh and severe, and a breach of the fundamental duty on the medical and nursing staff to protect and provide proper medical care and treatment for these vulnerable children whose welfare was entrusted to them.

27. While most of the survivors were 12 years and older when admitted to the Unit, 9(2)(a) who were between 9 and 10 years old when they were admitted as patients at Lake Alice and who were given unmodified ECT and paraldehyde injections.¹² And there are 9(2)(a) who were either under or just over 12 years old when first admitted to the Unit who received both ECT and paraldehyde injections while patients in the hospital.
28. In making my assessments and allocations of redress I have had regard to the ages of the survivors and the comparatively young ages of those claimants.

Reasons for and circumstances leading to a survivor's admission to the Unit¹³

29. Consideration of this factor has involved reviewing the circumstances immediately prior to the survivor's admission to Lake Alice and also their accounts of their childhood and young lives before being sent to Lake Alice. An examination of those personal histories shows that in a number of cases the anti-social behaviour and mental state that led to them being sent to Lake Alice was diagnosed on arrival as: *Behavioural disorder of childhood* 308 (12 cases); or *adolescent personality disorder* ; or *character disorder*. Such non-specific diagnosis indicate that the admitting psychiatrist did not observe the presence of any other identifiable psychiatric condition. While some of the survivors were diagnosed as having more acute and identifiable psychiatric conditions, a diagnosis of *childhood behavioural disorder* was clearly no basis for the use of ECT to treat them whether modified or unmodified and serves to underline just how egregious and inappropriate the use of ECT on these survivors was.
30. Moreover, irrespective of whatever diagnosis they were given on arrival at Lake Alice, and irrespective of the circumstances and events that preceded them being sent to Lake Alice, there could be no justification for subjecting them to unmodified ECT. And as that applies to all of them it is not a factor that provides a basis for distinguishing between the survivors for the purposes of allocating torture redress.

Duration of stay in Lake Alice and number of admissions¹⁴

31. While the number of times a survivor was subjected to unmodified ECT and/or paraldehyde injections is a key factor in my redress allocations, I consider the duration of the survivors stay or stays in Lake Alice is a significant aggravating factor. Being in the Unit put them in an environment in which they lived in daily fear of being punished with unmodified ECT and paraldehyde injections. The nurses would threaten patients

¹² There is one claimant who was only 9(2)(a) old when he was admitted to the Unit for what was a one month stay. He did not receive ECT or paraldehyde injections during that admission but did receive multiple paraldehyde injections during a second admission which commenced when he was 9(2)(a) old.

¹³ Framework factor 12(b).

¹⁴ Framework factor 12(d).

that they would be referred to Dr Leeks for inclusion in his weekly sessions in which he administered unmodified ECT to patients who had been identified by the staff during the week as requiring punishment for misbehaviour of some kind or other. While waiting in the dayroom to hear whether their names were called for ECT, some patients wet themselves and defaecated in fear. Those not called up to get ECT saw the state in which those that had received it were left in afterwards. Survivors explained that they heard the screams of other patients when they were taken and given ECT, and in some cases they observed unmodified ECT being administered to other patients.

32. Even those claimants who did not themselves receive ECT during their time at Lake Alice lived in a state of anxiety and uncertainty as to whether or not they would be punished with ECT. Accordingly, the length of time survivors spent in the Unit is a factor I have taken into account in terms of their redress allocation.

*Electric shocks to arms, legs and genitals*¹⁵

33. When unmodified ECT was administered the electrodes were placed on the patient's temples. The administering of ECT was almost always conducted and supervised by Dr Leeks. However, in a number of instances patients were also given electric shocks on their limbs or genitals. Although I was told of an occasion when Dr Leeks supervised this being done to a patient, this practice appears to have been one also employed and administered by the nurses, and the placement of the electrodes when administering the electric shocks appears to have been chosen to relate in some way to the activity for which the punishment was being administered. As a punishment for running away from the hospital an electric shock would be applied to the patient's leg or legs. For fighting and punching it would be applied to the patient's arm or shoulder. And to punish behaviour of a sexual nature, the electrodes would be placed onto the patient's genitals. In instances where survivors say that this type of punishment was administered to them, I have taken it into account in my assessment of the severity of the torture they were subjected to and the allocation of financial redress.

*Paraldehyde – the number of administrations and use as punishment*¹⁶

34. As I have already noted, the nursing notes contain frequent references to the administration of paraldehyde injections for the purposes of punishment. The notes include the dose used with 2cc being more common, with some being 3cc or 5cc (or 5 ml). It appears that a larger dose was used it was intended to inflict a more severe punishment.
35. The number of paraldehyde injections administered to claimants is fairly reliably confirmed by reference to their nursing notes in cases where they are available. In those cases where the nursing notes are not available, I have based my allocation on the estimates given by the survivors themselves, and which I consider reliable. As it happens, and as I will address below, there are six survivors who received paraldehyde injections but did not receive ECT.

¹⁵ Framework factor 12(f).

¹⁶ Framework factors 12(h) and 12(i).

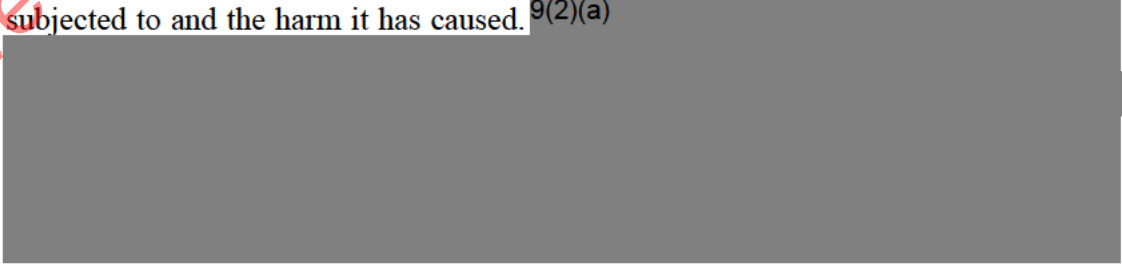
Solitary confinement

36. Another form of punishment employed by the nursing staff was placement of the patients in solitary confinement. They were locked away in small rooms with only a mattress on the floor and a bucket to use as a toilet. In some cases, patients were kept in these rooms for days on end as punishment. Often these seclusion room placements would occur in conjunction with paraldehyde injections as punishments. In one instance (confirmed by an entry in the nursing notes) a patient was held in a seclusion room for 19 days, which was described as the harshest punishment that survivor was subjected to. In another case a survivor was detained on multiple occasions totalling 57 days over the course of 8 months spent in Lake Alice.
37. Solitary confinement in a seclusion room often followed the administration of unmodified ECT or punishment by paraldehyde injections, and I have taken solitary confinement into account as aggravating and informing the severity of the torture survivors were subjected to. And where lengthy or a succession of solitary confinements were imposed, and I have recognised that as relevant when allocating redress to those survivors.

Sexual abuse by other patients and by medical and nursing staff¹⁷

38. Sexual abuse committed by some patients against others was often not reported by the victims because of threats by the perpetrators of what would happen if they did complain. I was told of one instance where a survivor did complain to the staff about being abused, to be told that he was fabricating the complaint.
39. I have also been given credible accounts by survivors of being subjected to sexual abuse by members of the medical and nursing staff. For present purposes it is not necessary or appropriate to detail these credible complaints. I have however treated the sexual abuse described as being a significant factor informing my assessment of the appropriate redress allocated to the survivors concerned.

Efforts to see Dr Leeks and other Lake Alice nursing staff held accountable¹⁸

40. Efforts by survivors to have Dr Leeks and the Lake Alice Hospital and staff investigated and held accountable for subjecting children and adolescent patients in their care to punishments constituting torture, are relevant to the assessment of redress for those survivors who bravely and persistently pursued acknowledgement by the responsible authorities of the wrongfulness of what they and other Lake Alice patients had been subjected to and the harm it has caused. 9(2)(a)
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¹⁷ Framework factors 12(m) and 12(n).

¹⁸ Framework factor 12(n).

41. Were it not for their efforts, along with some other survivors who are not participants in this redress scheme, the examination of what took place in Lake Alice in the 1970's by the Royal Commission would not have occurred or been possible. Their commitment to pursuing justice and their resolute persistence to overcome the resistance and obstacles they encountered during the fifty or so years since the events occurred is appropriately recognised and taken into account in assessing the comparative severity of the torture, they were subjected to for the purposes of allocating financial redress to them.

*Other framework factors which are of general application*¹⁹

42. The issues covered by the Framework factors not individually addressed above are in each case subsumed within the matters considered and addressed as relevant to the other factors which I have taken into account in assessing and allocating the torture redress to the survivors.

The redress allocations

Band One

43. There are 9(2)(a) survivors who received paraldehyde injections as punishments but were not subjected to any unmodified ECT. For 9(2)(a) of them, the number of paraldehyde injections received was between 9(2)(a). The 9(2)(a) received paraldehyde injections between 9(2)(a) times. For the reasons given above I consider that the survivors who received paraldehyde injections but not ECT were subjected to comparatively less severe torture than those survivors who were subjected to unmodified ECT.
44. I have assessed the 9(2)(a) claims by the survivors who received between 9(2)(a) paraldehyde injections as coming within Band One, and I have allocated redress sums to them of between \$160,000 and \$170,000. I have distinguished between them on the basis of the number of paraldehyde injections they each received, and by reference to other relevant paragraph 12 factors. I have also taken into account that by electing the individualised assessment pathway they have engaged with the independent arbiter's process and have met with me to recall and explain what they were subjected to in Lake Alice, and the effect those events have had on their lives since, and I recognise and take into account that by electing the individualised pathway, they have been delayed in obtaining financial redress in comparison to those survivors who elected the expedited pathway.
45. I have however, placed the survivor who received 9(2)(a) paraldehyde injections in Band Two as he was subjected to comparatively and markedly more severe torture than those who received between 9(2)(a) paraldehyde injections as punishments.

Band Two

46. I have placed 9(2)(a) redress claims in Band Two and allocated financial redress to them of between \$175,000 and \$250,000. As just mentioned, I have placed the survivor who was

¹⁹ Framework factors 12(g), 12(j), 12(k), 12(l)

subjected to 9(2)(a) paraldehyde injections in this band. That survivor had 9(2)(a) to Lake Alice and spent a total of 9(2)(a) in the Unit.

47. The other 9(2)(a) survivors in Band Two received unmodified ECT between 9(2)(a) and “at least 9(2)(a) times. 9(2)(a) survivors in this band received unmodified ECT either once or twice; 9(2)(a) survivors received unmodified ECT between 9(2)(a) times; 9(2)(a) survivors received unmodified ECT between 9(2)(a) times; and 9(2)(a) survivors received unmodified ECT 9(2)(a) times respectively.²⁰ Apart from 9(2)(a) who did not receive any paraldehyde injections, the others all received paraldehyde injections as punishments between 9(2)(a), with most around 9(2)(a) times.

48. I have assessed, evaluated and ranked them by reference to the Framework factors and distinguished between them having regard to the number of unmodified ECT they received, the number of paraldehyde injections they received, the length of time they spent in the Unit, the ages of those who were the youngest patients in the Unit, the number of times and length of time they spent in seclusion, together with such of other factors referred to in the paragraph 12 of the Framework are applicable and relevant, including steps taken seeking to have Dr Leeks and the Lake Alice Hospital staff investigated and held accountable.

Band Three

49. I have placed 9(2)(a) survivors in Band Three. I have allocated financial redress to them of between \$375,000 and \$600,000. In order to maintain and protect their privacy I shall only briefly describe some of the features of their redress that have informed my assessments and resulted in them being allocated the largest sums for financial redress.

50. 9(2)(a)

51. 9(2)(a), 9(2)(ba)

52.

²⁰ This survivor says he received unmodified ECT 9(2)(a) times.

9(2)(a), 9(2)(ba)

53.

54.

The schedule

55. The attached Schedule sets out the torture redress allocations I have made for the 37 survivors who elected the individualised pathway.

Conclusion

56. The survivors have all shown extraordinary courage and resilience by having chosen the individualised pathway and meeting with me to tell me about their traumatic experiences while in Lake Alice Hospital and the hardships over the course of their subsequent lives. Recalling traumatic events and recounting them for the purposes of the torture redress assessment process has been acutely painful and difficult and serves to underscore how deeply traumatic their time at Lake Alice was for them, and how indelible their memories are of what they were subjected to. While financial redress is recognised as being a tangible acknowledgement and expression of apology for what they were subjected to, most of the survivors realistically observe that irrespective of the financial redress they receive, it will not and cannot erase their memories or alleviate the hardships they have endured over the course of their lives, which they attribute to the misfortune of having been patients in Lake Alice under Dr Leeks and his staff.

²¹9(2)(a)

57. This individualised pathway process has nevertheless been one in which survivors have been able to tell their stories about their often disadvantaged and troubled childhoods; the events and circumstances that led to them being sent to Lake Alice; what they were subjected to; and the enduring effect those events have had on their lives. Over the five decades since, their distress has been compounded by seeing their complaints seeking to have those responsible investigated and held accountable, disbelieved and repeatedly deflected by a succession of authorities, thereby engendering the same sense of hopelessness and abandonment they had felt as children and young adults when realising that they had no one to turn to who would listen and who would intervene to stop what they were being subjected to.
58. While the survivors' memories of Lake Alice and the hardships experienced during their subsequent lives remain ever-present, their involvement in the individualised pathway process has to an extent at least been constructive and one which has provided an opportunity for them to give their accounts and express their frustrations about not being able to see Dr Leeks investigated and held accountable, and do so, by telling someone in a position of responsibility - even after all these years.
59. It has been a privilege to be entrusted with the responsibilities of being the Independent Arbiter and to have had the opportunity of meeting with the Lake Alice survivors who are individually and collectively inspirational and who, despite the passing of half a century, must each day continue to find the strength to be survivors of the horrific ordeal that was Lake Alice.

Hon Paul Davison KC

Independent Arbiter
23 September 2025