Witness Name: Victor Frederik Willem Soeterik
Statement No.: WITN0393001
Dated: 20/04/2021

ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

STATEMENT OF VICTOR FREDERIK WILLEM SOETERIK

1. My full name is Victor Frederik Willem Soeterik.
2. I reside at GRO-C Napier.
3. I am 77 years of age born GRO-C 1944.
4. I am a generally retired Clinical Psychologist but do some consulting work.
5. 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.
6. I have previously supplied two statements, the first was to Phil Roigard of the Investigation Bureau Limited for Crown Law, dated 6 February 2001 **[NZP0001259_00010]**). Following this interview, I sent email to Mr Roigard dated 13 February 2001 **[NZP0001259_00011]**
7. The second was to New Zealand Police, dated 12 January 2010 **[NZP0001258]**.
8. The third interview was at the Napier Police station in on 17 December 2020 to Peter Boyd.

Work History

9. I hold an MA (Hons), a Diploma in Clinical Psychology, a Diploma in Social Science and a Diploma in Teaching.

10. I am a Registered Clinical Psychologist and a member of the New Zealand 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 of the American Psychological Society.

11. Between 1972 and 1974 I was completing my master's thesis on Hyperactivity in Children. In September 1972, 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 access subjects for my research. 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 in the Children's Unit so I could access clinical cases, under supervision, for my studies.

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

13. By the time I finished my master's thesis at the end of 1974, I had a BA, a Post Graduate Diploma in Teaching, as well as a Teacher's Certificate and at that time I had been teaching in primary schools for 5 years. I started to look for further training opportunities in clinical psychology.

14. By about 1975, I was being paid as a clinical psychologist.

15. I visited, at Dr Leeks suggestion, Lake Alice between 1975 and 1977. I was to visit and learn at Lake Alice to supplement my learning and experience, in my role as Psychologist at the Children's Unit, at Manawaroa, by Dr Selwyn Leeks. Dr Leeks ran the Child and Adolescent Unit (the Unit) at Lake Alice as well as being the Child Psychiatrist at the Children 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 1/10 basis per week,(half a day per week), which would include travel time to and from Lake Alice. Initially, I would attend Lake Alice on Friday afternoons. This was later changed to Wednesday afternoons. I was never employed by Lake Alice Hospital.

16. By 1976, after I failed to pass the Oral Exam for the Diploma in 1974 so, I enrolled at Massey University for the Diploma in Clinical Psychology, was by 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 failed my first attempt but after another year, I graduated and received the diploma in clinical psychology in August 1977. During my second attempt, I received more direct supervision and training opportunities.

17. 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 equivalent and sufficient to the advisor to the Health Ministry, Mr Ralph Unger.

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

19. Between 1979 and 1981, I was the senior psychologist at Manawaroa and then between 1981 and 1992, I was the Principal Clinical Psychologist for the board, so I also had all kinds of jobs outside of Manawaroa at that time.

20. On 14 December 1990 I was awarded a Diploma in Social Science (psychology).

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21. I then started to visit the Kimberly Psychopaedic Hospital in Levin for staff training, supervision and teaching and programme design. At this time, I also began research at the Child and Family Unit, in the incidence of premature infants, who presented later at the Child and Family Unit, as well as adopted children, as they were statistically overrepresented.

Roles and responsibilities at Manawaroa

22. In late 1972 or early 1973 I was secretary of the Massey University Student Union, while I was studying. We were told 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. It was in this context, that I met Dr Leeks. He was one of the three psychiatrists at Manawaroa.

23. As a part of my training for the Diploma in Clinical Psychology which I was awarded in 1977, I had to have experience of working and assessing patients in adult psychiatry, rehabilitation, paediatrics and psychopaedics as well of Adolescent Psychiatric patients, which were available for study, at the Adolescent Unit at Lake Alice Hospital, run by Dr Leeks. I also acquired a senior clinical psychologist supervisor, Mr John Gamby. Mr Gamby was the senior clinical Adult psychologist in the adult side of Manawaroa and for the hospital board.

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

25. I was required to become familiar with drugs, treatments and diagnosis relating to psychiatry, a discipline we worked with closely in my field. I also learned about treatment, categorisations and theory for psychology and learned to research and evaluate treatments. I would shadow colleagues such as Dr Leeks, Mr Gamby, Dr Mason Durie and Dr John Weblin amongst other psychiatrists, while at Manawaroa. Dr John Weblin and Dr Mason Durie were the adult psychiatrists at Manawaroa at this time.

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26. Dr Leeks was often not around. He would frequently evaluate and diagnose adolescent patients and meet with staff from Hokio Beach, Epuni Boys' Home, Margaret Street Girls' Home, Porirua, Kimberly, Whanganui, New Plymouth, Hastings and Lake Alice. Occasionally, I did accompany Dr Leeks on one trip, for the purpose of my training. Dr Leeks and I discussed the day as we drove back to Palmerston North.

27. Around 1975, at the request of Dr Leeks, I soon began to visit Lake Alice on a Friday afternoon but this was changed to Wednesday afternoons. I would finish work at Palmerston North Hospital at 12pm, carpool and 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 sit in on group therapy. At this time, they already had the beginnings of these large group therapy sessions involving more than 20 people.

28. The only link between Child Unit patients at Manawaroa and those at Lake Alice, was Dr Leeks.

Lake Alice

29. 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 children were referred from other places including outside the Manawatu and from the Child and Family Unit at Manawaroa.

30. My main contribution to the Adolescent Unit was to help carryout psychological testing, and sit in on family meetings,some individual and group therapy, as well as to contribute to some staff training. When I became more involved at the unit, I had a chance to observe group therapy and then family therapy.

31. I did not really did not have specific patients but occasionally I carried out 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. Staff could not contain his panic at the dental unit even with drugs. I did a demonstration of in vivo desensitisation (this involved getting the patient familiar with then dental procedures such as by injecting an apple, role playing the dentist, familiarising him with equipment – making it fun). It was successful. This is the only one to one therapy I can remember. I cannot now exclude that it might have happened on other occasions but it would have been the exception than regular practise.

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

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

34. The typical age range of the children at Lake Alice was approximately 10-16 years of age, though I am not certain of this. I do not know of the children's medico-legal status while they were at Lake Alice. There were around 14 boys and six girls at one time as rough estimate.

35. The boy's villa was originally villa 8. Because the inpatient numbers, grew so fast, the boys had to be moved from villas 8 and 10 to villa 11 which was a larger unit. Upstairs there were two seclusion rooms though I never saw staff locking anyone up in those rooms. The girls stayed in the women's unit.

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

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

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38. To my knowledge, some of the adolescents at the Adolescent 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 symptoms now seen in post-traumatic stress disorder (PTSD) or 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 these children ran away.

39. I think the most successful form of treatment at that time, was for the 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 both traumatising and containment orientated.

40. I sometimes 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. There is a study called the Adverse Childhood Events study (ACE). ACE scores predict from 10 criteria and the more criteria which pertain to a child has in early life as adverse experiences, the more likely they are to have certain negative life experiences later.

41. 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 that physicians would use their medical tools and knowledge at the time to do something about it.

42. I have very little knowledge about the consent procedures at Lake Alice at that time. Toward the latter part of my time at Lake Alice however, there was an increase in meetings happening between families and staff. I never attended them, but I was aware they were happening.

43. I have not heard about children being moved into the maximum-security unit nor have I heard of external children being brought into Lake Alice from places such as Kimberly for treatment that were not actual admissions.

44. 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 being more coercive. The staff originally overlapped to some degree and the procedures they were used to using or trained to use were subsequently applied to adolescents, particularly around containment.

45. In those days, psychiatry was less advanced and less enlightened. There were less diagnostic frameworks and less effective drugs.

46. I never observed restraint jackets being used and never saw a restraint jacket.

47. I never observed chemical restraints like Paraldehyde and other tranquilising drugs like Chlorpromazine being used but it had been reported to me that they had been used.

48. I never saw Electroconvulsive Therapy (ECT) administered at Lake Alice but I was aware it was being used.

49. 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 schoolteachers for the children as this would channel more positive and constructive behaviour. This suggestion was adopted.

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

51. The Charge Nurse Dempsey Corkran eventually tried to alter the mix of personnel to get more progressive staff at Lake Alice.

52. 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 unit was central building where the criminally insane were kept. The surrounding villas where the children were generally 6 – 8 bed units. They were grey concrete. The doors were all lockable. The infrastructure had largely been set up as a restraint and containment place.

53. Looking back, I think the Unit was quite strange. Some 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, in amongst disturbed adults. It was not the best environment for them, in my view.

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

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

56. At all times, I was operating as a guest/visiting staff member at Lake Alice and I did not have control over the programmes, therapy or 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 adventure training like at Mangatapopo Outdoor Adventure Camp. These suggestions for improvements were communicated to Dr Leeks. It was the responsibility of Dr Leeks as to whether he wanted to implement them. He was receptive to suggestions.

57. 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 psychiatrist to anyone at Lake Alice or anywhere else then or since. I have always been Mr Soeterik. My unusual name might make me more memorable.

58. 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 and goals or methods.

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59. Being present at a sample of a treatment, for demonstration purposes and for learning about such treatment in no way represents either 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 craft for teaching purposes from a position of their expertise. I have had the privilege of watching other medical treatment procedures over the years.

60. I did not conduct any private psychotherapy sessions with any adolescent boy or girl. By then I was not trained enough for that and there was not enough time to even contemplate such a thing.

61. In my most recent Police interview, I was asked my opinion on the staff and reported thinking it was a good unit and the patients thinking it was a bad unit. This reflected the predicament the adolescent children found themselves in as being there was inherently unpopular. Some patients benefited from Lake Alice. Some staff genuinely liked helping people there.

Group Therapy Sessions at Lake Alice

62. I originally sat in group therapy sessions by virtue of my role as an observing student. I watched Dr Leeks lead the group sessions. Group therapy sessions had up to around 30 people. About two years after starting there, I sometimes attended as a co-therapist to the Charge Nurse for the group sessions, as I was more experienced than others, and only in the absence of Dr Leeks.

63. I never ran the group sessions. I only ever sat in on them. I was not paid by Lake Alice and had no organisation brief to run these sessions. In my email to Philip Roigard (page 4/5 dated 13/2/2001), I said I initially was the co-facilitator and later led them – I think was mistaken when I said that. It just does not make any sense looking back on it.

64. 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.

65. 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 the one room.

66. The groups were large. I later learned that 7 or 8 is a big group but there would have been 20 or more kids in the room. 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 these sessions. I do not recall children being shoved to speak or answer any questions from Dr Leeks or myself during these sessions.

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

68. I, as well as staff and visitors, would observe Dr Leeks running group therapy with the adolescents. This was generally with large groups of up to 20 children. Dr Leeks would demonstrate how he would do group therapy, which was unusual for that time.

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

70. There was usually not much time for anything else as I would carpool back by 5pm to Fielding where I was living. I would often give Dr Durie a ride home in my car.

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71. 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 the whole hour in a session and nothing would be said but he may take some notes.

72. When we eventually had group therapy with the children at Manawaroa, we would keep it at a group of around six. The sessions would also be more structured than those at Lake Alice.

73. I offered to introduce some psychological testing. This was partly an outgrowth from Manawaroa where John Gamby was very keen on giving everyone a Minnesota Multiphasic Personality Inventory (MMPI). I suggested that they could buy an adolescent version and teach the staff at Lake Alice how to use it. At Manawaroa, these paper and pencil tests were administered by staff during the week, and I would score and analyse the data. I would talk to John Gamby about their interpretation because I thought there were too many diagnoses of schizophrenia. Looking back, there were many people that had what we now call 'adverse childhood events' that leads them into institutions.

74. Many of the children had been exposed to various types of abuse and suffered from what was, at that time not yet an available diagnosis of PTSD. People would have intrusive recollections triggered by different things and would then report what seemed like symptoms of delusions and hallucinations and would be diagnosed with schizophrenia. Now we would understand them to be trigger events related to trauma. A commonly used drug treatment available to Dr Leeks at that time was Stelazine. I think limited drug options up until the 1980s or 1990s was a problem for many psychiatrists during this period.

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75. PTSD did not really become defined until after 1980 with the 'Diagnostic Statistical Manual version 3' of the American 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 antidepressants. In 2002, 'The Handbook of Understanding and Treating Traumatised Children' was published. Dr Bessel Van Der Kolk who looks at the neuropsychology and physiology of PTSD and wrote a book called 'The Body Keeps the Score'. In chapter 2 of that book, he explains his own experience of modern psychiatry. The modern thinking is to control the body to not be captured by fight or flight hormones, which allows memories to return.

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

77. As time went on, the staff instituted more behavioural techniques, away from the more containment orientated approach, toward more positive ways and means of achieving behavioural change.

78. 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 this allegation.

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

ECT at Lake Alice

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

81. Prior to going to Lake Alice, I had a look at the standard ECT machine at Palmerston North Hospital. Standard ECT machines had a voltage dial and had a button that would deliver a pretimed discharge of electrical current. The ECT machine at Lake Alice looked the like a standard ECT machine. Dr Leeks showed me his version which had a rheostat where the voltage dial could be turned up.

82. I asked Dr Leeks how he knew what voltage to deliver. Dr Leeks acted turning up the dial and responded with words to the effect of "from zero to whatever". I do not know the maximum voltage of the ECT machine.

83. Dr Leeks application method was bi-temporal, whereby an electrode in placed on each temple rather than both electrodes on one side of the head.

84. I never witnessed ECT at the Unit. I did at Manawaroa but only on one adult patient. When the Unit was initially in the two buildings side by side, ECT was administered in one of those buildings. I never saw the room.

85. I do not remember any meetings with Dr Leeks and the staff to discuss patient treatments. Later, staff began to meet with the families to discuss treatment, but that is all that I recall.

86. I was not aware of the kids views on ECT as I never did any individual work with them. Though, through talking to people, I learned they were very fearful of it. I never heard of staff other than psychiatrists administering ECT. I did not think they were licenced to or had access to the equipment.

87. I am not certain 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. I cannot recall if there was a particular day that he attended the Unit. He may have been there on a Friday as that is when I was there.

88. I do not know if Dr Pugmire 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 a meeting like this at all.

Paraldehyde at Lake Alice

89. Paraldehyde is a painful injection to receive. I see how its administration may have been seen as 'torture' if it was perceived as a threat in a punitive climate.

90. Paraldehyde was like a chemical straight jacket. It was a form of medical subjugation. It was commonly used before I started to visit at Lake Alice. The nursing staff could administer paraldehyde initially in the absence Dr Leeks, on a PRN basis (a medical abbreviation pro re nata – not scheduled), This would be charted in advance as being available on a need 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.

91. Psychologists in New Zealand cannot prescribe or administer any medications to a 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 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 is an extremely painful injection to get.

Lake Alice Staff

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

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93. Dr Pugmire was the medical superintendent at Lake Alice during this time. I do not recall him ever 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 a clinical psychologist.

94. Dr Siriwardena was a medical doctor. The chief nurse was Tony Quinlan. I believe that Tony Quinlan was instrumental in having the Unit shut down.

95. During the time I was working at the Unit, the nursing staff were Orma Cribb, Brian Stabb, Dennis Hesseltine and Dempsey Corkran who was the charge nurse. The teachers were Anna Natusch and Sheila Daley.

96. Dempsey Corkran chose to staff the Unit with Dennis Hesseltine from the Salvation Army, two nursing sisters called the Ormsby sisters from Parewahawaha Marae in Bulls. He also recruited Brian Stabb who left to become a nurse 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 may had had a greater affinity for the child rather than hammering a diagnosis.

97. The nursing staff at Lake Alice Hospital was a combination of trained psychiatric nurses, many of which were staunch members of the PSA, a small number of psychiatric assistants and toward the end of the 1970s, the first of the comprehensively trained nurses.

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

99. I recall an educational psychologist called Professor Don Brown. He was interested in children with special needs. He also visited Kimberly Hospital and Training School sometimes and taught at Victoria University. I never had a discussion with Professor Don Brown about Dr Leeks' methods.

100. 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 1:1 basis. If I had major concerns about what I noticed, I would raise them directly. I thought that if I could make a positive suggestion, I would raise this too. Some of my suggestions were later enacted.

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101. 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 I did not see this at Lake Alice.

Dr Selwyn Leeks

102. 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 this accommodation. I first visited him, his wife and three daughters while he was living there.

103. As far as I understand, Dr Leeks did his medical training here in New Zealand. Dr Leeks then went and did his training as a child psychiatrist in London taking with him his three children and wife. To me this training seemed very Freudian as he had to have a training analysis lasting about five years. As 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 feed back to him to create a collegial supervisory system.

104. 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 that that 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 involves the use of powerful electric shocks to induce behavioural change by punishing certain behaviour. I understood from the context of our discussion it was not always applied to the head, as with ECT. This was a type of aversion therapy and acts to supress behaviour temporarily.

105. I told Dr Leeks that I did not feel comfortable with the idea of faradic shock. I said that this was not a treatment, it was a 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 know it stopped.

106. Around this time, One Flew Over the Cuckoo's Nest had been released, and I asked Dr Leeks if he used unmodified ECT as well. He said that he preferred to give adolescents unmodified ECT because the 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 ECT treatment itself. I think this conversation occurred around 1975. I did not think this was the best way to achieve a positive behavioural 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 by 1974-1975.

107. 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 would argue with him about the punitive aspect of faradic shock.

108. At Manawaroa, people would mostly get a muscle relaxant like 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 said that if the electrodes were placed unilaterally, it would lead to less memory loss.

109. Dr Leeks once asked me to sit in at the Unit when he gave a drug called psilocybin to a girl who was around 16 or 17 years old. This was not a truth drug and I believed it to be a waste of time. His reason for administering psilocybin was to assist her to release some memories of sexual abuse she experienced as a child. I was sceptical then and remain sceptical about this. I think it was administered by injection but I am unsure. From what I could tell, she did not connect with any memories, if there was anything there to connect with, so there was nothing for Leeks to work with. This kind of treatment is currently making somewhat of a comeback under much more controlled situations.

110. I went to Lake Alice on the understanding with Doctor Leeks that certain things would happen, like the use of more positive reinforcement methods and the introduction of a school for the children. I believe that Dr Leeks did change his style progressively and I thought that 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 very scarce, as they still are now.

111. From what I recall, part of why Dr Leeks left Lake Alice to go to Australia was because he and his wife Pricilla had a falling out. He then established a relationship with a nurse at Lake Alice called Yvonne Howe and later became Yvonne Leeks. She is still his wife. Dr Leeks tried moving Yvonne into the house where he and Pricilla were living. Pricilla did not want this to happen. I do not 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 unsure, this is just what I've heard.

Statement of Truth

This statement is true to the best of my knowledge and belief and was made by me knowing that it may be used as evidence by the Royal Commission of Inquiry into Abuse in Care.

Signed: GRO-C

Dated: 21/04/21