

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
STATE REDRESS 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)
Dr Andrew Erueti
Ms Sandra Alofivae

Counsel: Mr Simon Mount, Ms Hanne Janes and Ms Danielle Kelly
for the Royal Commission

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
414 Khyber Pass Road
AUCKLAND

Date: 25 September 2020

TRANSCRIPT OF PROCEEDINGS

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1 **Hearing opens with waiata and karakia timatanga by Ngāti Whātua Ōrākei**

2 (10.01 am)

3 **REGISTRAR:** This sitting of the Royal Commission is now in session.

4 **CHAIR:** Ngā mihi o te ata ki a koutou katoa. Haere mai koutou. Welcome to everybody who's
5 just arrived in the witness box. Can we just be clear who we have here. Gina and we have
6 Tanya. Thank you. And we have David and we have Jamie, is that right? And we have by
7 screen Hope who's beaming in from Ōāmaru, is that right? Yes, okay thank you.

8 I'm going to direct this next part which is taking the affirmation to Gina and to
9 Tanya and to Hope. So, Hope, can you hear me, if you just wave if you can hear me?
10 Okay, thank you. I'm just going to say it once and I'm going to ask each of you if you
11 accept the affirmation. Do each of you solemnly, sincerely and truly declare and affirm
12 that the evidence you will give before this Commission will be the truth, the whole truth
13 and nothing but the truth?

14 **MS GINA SAMMONS:** Yeah.

15 **MS TANYA SAMMONS:** Yeah.

16 **MS CURTIN:** Yes.

17 **CHAIR:** Thank you. I'm going to turn you over to Ms Beaton. Thank you Ms Beaton.

18 **MS BEATON:** Mōrena Commissioners, tēnā koutou katoa, welcome. We've just had
19 introductions of you all so thank you for coming today. You should have, Gina and Tanya,
20 in front of you a copy of your statement, correct?

21 **MS GINA SAMMONS:** Correct.

22 **MS BEATON:** What we're going to do today is, for the benefit of the Commissioners, Gina is
23 going to read the majority of her statement to you and to those in the room and from time to
24 time Tanya and Hope are going to contribute their thoughts and feelings about various
25 aspects of the evidence. So can I just start by asking you some introductory questions
26 perhaps of each you. Gina you're here with your partner David?

27 **MS GINA SAMMONS:** Yeah.

28 **MS BEATON:** Where do you live?

29 **MS GINA SAMMONS:** Whangārei.

30 **MS BEATON:** How old are you now?

31 **MS GINA SAMMONS:** 44.

32 **CHAIR:** Only if you wish to.

33 **MS BEATON:** Sorry, very good point. How old were you when you were taken in care?

34 **MS GINA SAMMONS:** Two years old.

- 1 **MS BEATON:** What about you, Tanya, you're here with your partner Jamie?
- 2 **MS TANYA SAMMONS:** Yeah, Warkworth.
- 3 **MS BEATON:** How old were you when you were taken in?
- 4 **MS TANYA SAMMONS:** Three.
- 5 **MS BEATON:** You had an older sister Alva?
- 6 **MS GINA SAMMONS:** Yeah.
- 7 **MS BEATON:** She, I understand, was a year older than you when you were taken into care?
- 8 **MS TANYA SAMMONS:** Yeah.
- 9 **MS BEATON:** And Alva died when she was 26?
- 10 **MS GINA SAMMONS:** Yeah.
- 11 **MS BEATON:** And Hope, you are Alva's daughter. Can we hear you? You have your daughter
12 with you, right?
- 13 **MS CURTIN:** I do.
- 14 **MS BEATON:** Her name is Aubrey Alva after your mum, is that right?
- 15 **MS CURTIN:** Yes.
- 16 **MS BEATON:** We can hear her, hi Aubrey.
- 17 **CHAIR:** We won't ask her to take the affirmation.
- 18 **MS BEATON:** Welcome Aubrey. All right, so your statement says at paragraph 2, and I'll just
19 brief this for you, that you were taken in care as very young children and raised by a foster
20 family where you all suffered physical, psychological and sexual abuse. And your
21 evidence today is about your experiences in trying to make claims to MSD [Ministry of
22 Social Development] for their failures to protect you as children, that's why you're here.
- 23 **MS TANYA SAMMONS:** Yeah.
- 24 **MS GINA SAMMONS:** Correct.
- 25 **MS BEATON:** Gina, perhaps if you could start reading from paragraph 3.
- 26 **MS GINA SAMMONS:** "Our evidence is also on behalf of our older sister Alva".
- 27 **CHAIR:** Just feel free to take your time.
- 28 **MS BEATON:** I think we're going to have a photograph. Can you see that photograph Gina and
29 Tanya?
- 30 **MS GINA SAMMONS:** Yeah.
- 31 **MS BEATON:** Can you tell us who we see there?
- 32 **MS GINA SAMMONS:** I'm on the left, Tanya's in the middle and Alva's on the right-hand side.
- 33 **MS BEATON:** How old do you think you guys are in this photo?
- 34 **MS GINA SAMMONS:** I think I was five, Tanya was six and Alva was seven.

1 **MS BEATON:** So Alva is the main reason that you wanted to make a claim in the first place,
2 Gina?

3 **MS GINA SAMMONS:** Correct. We wanted justice for Alva and for her kids, to make
4 someone—to make sure someone was held accountable for the abuse that we all suffered
5 and that eventually killed Alva and left her kids without a mum. We wanted to make sure
6 her kids had something.

7 “It’s now been 19 years since Alva died and I started trying to get information and
8 get some redress for the abuse we suffered while we were in care. It has been 13 years
9 since I first lodged a claim with MSD and six years since Tanya made her claim. I received
10 a settlement of sorts for my claim after almost eight years but Tanya’s claim is still going.
11 She received an offer but for substantial(sic) less than my settlement. And so she turned
12 that down and is still waiting for the next step. We have not had any resolution for Alva
13 and her kids as they refuse to accept these.

14 Alva [died] almost 20 years ago when she was 26. Around a year earlier she had a
15 heart valve replacement to repair damages from undetected rheumatic fever she had when
16 she was young.

	GRO-C
GRO-C	

GRO-C	Alva left behind a two-year-old son and a five-year-old daughter.
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20 Before she died Alva wrote letters that talked about the pain of her childhood as a
21 State ward which she felt she couldn’t escape and how she had had enough to spend her life
22 running and never wanting to let her children be taken into care”.

23 **MS BEATON:** Gina, we’ve got those letters. In a few minutes we’re going to read those. But
24 perhaps if you could just keep reading from paragraph 7, explain to the Commissioners a
25 bit more about Alva and what she suffered as a child.

26 **MS GINA SAMMONS:** “Alva had suffered as well as we all did in our abusive home. She told
27 us later that she was regularly sexually abused at the hands of our foster brother. She was
28 always protecting us younger girls even though she was just one year older than Tanya and
29 just two years older than me. She said to me once that she let herself be sexually abused
30 because she thought if she put up with it then maybe it wouldn’t happen to us and that we
31 wouldn’t have to endure it.

32 As she was growing up she got into trouble for stealing and lying and was sent to a
33 boarding school. We still to this day don’t know exactly where she went or what happened
34 to her.

1 As an adult, Alva continued to move a lot and was in trouble for stealing and
2 lying. She said in her letters that this was because it was what she needed to do to survive
3 on the streets.

4 Alva resorted to substance abuse to cope with her pain. When she had her own
5 kids, she struggled and eventually both were taken out of her care. Her daughter was taken
6 to live with her father when she was about 18 months old. Her son was born not long
7 before she got very sick herself and he was taken into CYFS [Child, Youth and Family
8 Services] care at about a year old.

9 Not long before her death, Alva had spoken with us about her abuse and we were
10 told—and we told that—we told her that me and Tanya had also been sexually abused in our
11 foster home. We believe when she found out that she hadn't saved us from that abuse, it
12 broke her.

13 We both took her death pretty hard. As you can see it still does. I know it was
14 really hard for me. I had been living with Alva before she died. I know she struggled but
15 she had always looked out for me. After her death Tanya tried to apply for custody of her
16 son but CYFS have sent him to a relative's in Australia without notifying her". He lived
17 with Tanya and then with me and then my aunty took him to Australia.

18 I just want to add there, [GRO-B] was living with me and at the time I was a solo
19 mum with two kids. I was only very young and I couldn't have him, so my aunty offered to
20 raise him. I have lived with her in Australia for I think about five or six months and I really
21 liked it there. She wanted to keep my kids when I came home, but I told her she had plenty
22 of her own. When the opportunity came I thought it would be better for [GRO-B] to go there
23 as they could offer more than we could. So she raised him for us.

24 "Alva has now two grandkids which she will never meet and who will never meet
25 her".

26 **MS BEATON:** Thank you Gina. I wonder if we could take the photograph down. We're now
27 going to put on the screen a letter that Gina wrote to you—sorry, Alva wrote to you Gina.
28 You've entrusted me to read this to the Commissioners. This is something—explain to us,
29 you found a book, is that right, after Alva died?

30 **MS GINA SAMMONS:** [GRO-C]
31 [GRO-C] So she wrote these letters a week before she died. I found them
32 after her funeral.

33 **MS BEATON:** And the one we can see there I think this is the first one, is that right?

1 **MS GINA SAMMONS:** Yeah.

2 **MS BEATON:** It's addressed to you. "Gina please sit down and read this, please, thank you Alva.
3 Each day I feel like I'm going around and never getting anywhere. What am I to do?
4 Looking at life now I can answer all the questions that you have probably always wanted to
5 ask me. Like for one, maybe, why can't I stay in one place and have a life not always
6 moving? I would have to say from very little I was running away. Never around from 10
7 years old, boarding school, running away again. I could survive on the road because of
8 stealing and lying.

9 Never had anyone around to help me, tried giving you girls maybe a good life. All
10 I ever care for and be happy is that you girls, you most of all, that you are okay, it makes
11 me okay. Sis, I mean Gina, it's like in life I have been through a lot and I don't know what
12 the fuck I'm doing. Doctors would tell you I'm killing myself off. Friends would ask you
13 for help. You, too sad to even let you know, mum would kill me etc.

14 I care about you all but maybe someone should just, fuck knows. I have a lot of
15 reasons to think it may be better. Then I think what if it was one of youse, what would
16 I do? I would break down and lose it, I know that. Fuck everyone.

17 Sis I wish me and you could sit down and talk but I understand, it's okay, that's why
18 I'm writing. It's just good to see you standing on your own two feet, and you go hard Gina
19 monster.

20 Fuck you were a little girl, rocks everyone at someone's head. Remember the goat
21 in Dargaville when you were young? Dad ran over it. Remember the tree on fire and when
22 dad used to do the beehives. That day we went with him and the bees went on to the dog.
23 It ran out and we locked you out of the car. The bees went everywhere and so did you.
24 Fuck I'm even still laughing about it.

25 Anyway, I love you all and I don't want to hurt any of you but it's all up to me in the
26 end. I have to go to the doctors because I am really going to fuck up myself. Still not
27 doing it right. Sis I'm off so I'll see you all. Alva".

28 And then Gina there was a second note and a poem and we're going to read that now
29 too. This is the same document page 1. Thank you.

30 "To whom it may concern. My name is Alva and I am 26 years old. Now under the
31 care of Whangārei Social State Ward care. Like I said, I am 26 years old and still go
32 through the pain of my childhood. I can't believe nobody has investigated Whangārei
33 Social Welfare itself because they are the ones taking the children away from families and
34 putting them into worse placings to where some of them die.

1 Like I said, I'm 26 years old and it's still going on in Whangārei. But see my family
2 was Auckland until the State wards at three years old, went from a home to Whangārei
3 State ward. There is no way I'll let a child I know go into their care over my dead body.
4 I've got to stop so please help me find a way to bring justice. Thank you, Alva".

5 And then her poem. "This is a life, a life of hell inside the walls they call a cell.
6 There's lots of people good and bad, just dreaming of a life they wished they had. Life
7 doesn't have to be this way, just take it step-by-step every day. Let's talk about you, your
8 future, dreams about you, what you want to do, I want to get rid of all this pain and maybe
9 get out and try again. But there's one point you have to see, that life ain't worth living if
10 you ain't free". She's signed that with her name.

11 So thank you, Gina and Tanya and Hope, for entrusting the Commission with those
12 very private thoughts obviously.

13 So Gina, we're up to page three. I wonder if you could continue reading to us from
14 paragraph 14.

15 **MS GINA SAMMONS:** "I was two when I was taken in care. Tanya was three and Alva was
16 four. We don't remember our home before care, but understand that we were not well
17 looked after by our biological parents. After we were removed from their home we were
18 placed in a home for a short period and then placed with a foster family.

19 Our foster family was a European immigrant family. The parents had four older
20 children from previous marriages. They also had one other foster child, the same age as
21 Tanya who they later adopted. We weren't ever adopted. We stayed with the foster family
22 until we were discharged from care. Our upbringing with that family was really difficult
23 and abusive.

24 One of the big things for us was that we were always moving, we moved sometimes
25 like eight times in the first three years and somewhere around 15 times over the 13 years in
26 care between different cities and towns, living in Auckland, Whangārei, Kaikohe, Kaitiāia,
27 Herekino, Ruāwai, Dargaville, Hikurangi and Whananāki and having to change schools all
28 the time.

29 We were always given second-hand clothing and usually didn't have the correct
30 school uniform or didn't have enough clothes in winter. We often didn't have lunch to take
31 and we weren't allowed to go to school camps or trips and didn't get school supplies. For
32 example, Tanya remembers having a friend's mum pay for her to go to school camp and
33 buy her fabric so she could do sewing at school. It was only when we were quite a bit older
34 that we found out that CYFS were paying for foster parents board and clothing..."

1 **MS BEATON:** I'm sorry to interrupt you, but we just need to slow down a little bit with your
2 reading if that's okay?

3 **MS GINA SAMMONS:** Yeah. "...clothing allowance and other costs that were supposed to be
4 spent on us. It seems that these costs went towards trips and other expenses for our foster
5 mother and other debts that she had made.

6 Often one of us, especially Tanya, would be made to stay home from school to help
7 with chores or help look after our foster sister's kids while our foster mother went away and
8 looked after her shop.

9 Because of our absence from school and of moving so often, we weren't able to
10 make friends or get settled at school. We never had long-term relationships with other
11 people, including any social workers. Our education also really suffered. At the end of her
12 fifth form Tanya was told she wasn't allowed to sit school certificate because her
13 attendance had been too low. She really wanted to re-sit, but after re-enrolling and doing
14 most of the first term, the family moved again and she was made to move with them and
15 switch to a new school. She lasted three days in that school and then gave up and dropped
16 out. I also dropped out of school before completing school certificate".

17 **MS BEATON:** Can I just pause you there, Gina, and perhaps ask both of you, how do you think
18 that that lack of schooling when you were children has affected you in your adult lives?

19 **MS GINA SAMMONS:** I still get mocked today for my reading and spelling.

20 **MS TANYA SAMMONS:** Yeah, me too.

21 **MS BEATON:** What about the moving around, so many moves you had when you were children?

22 **MS GINA SAMMONS:** At the time it felt like the norm. I didn't know any different. Now that
23 we're older and now realise that that caused a major effect on who we are now.

24 **MS BEATON:** Tanya, how do you—

25 **MS TANYA SAMMONS:** It's building that connection with people. That part I find really hard,
26 yeah.

27 **MS BEATON:** As an adult?

28 **MS TANYA SAMMONS:** Yeah. Yeah, I mean as Gina said, as a kid it's, you know, when you're
29 younger you don't really pick up on that sort of thing, but as you gradually get older, you do
30 find you—it's quite hard to make that connection with people because you're so used to
31 moving all the time. So yeah, I mean most people still have their college friends that they
32 still connect with. We don't have that.

33 **MS BEATON:** All right. So Gina, what we'll do now, if you could perhaps read paragraph 20

1 because that relates to you and then I might ask Tanya about the next couple of paragraphs,
2 okay?

3 **MS GINA SAMMONS:** We were physically beaten by our foster father, sometimes quite badly.

4 I remember a time when I was caught smoking being beaten so badly that I wet myself and
5 had black eyes. A social worker visited a few days later and I had to hide under the bed so
6 the social worker wouldn't see my black eyes. I just remember hearing the foster mother
7 telling the social worker that I was staying at a friend's house".

8 **MS BEATON:** Who was it that told you to hide under the bed?

9 **MS GINA SAMMONS:** Our step-mum.

10 **MS BEATON:** Did that happen on just that one occasion or more than one?

11 **MS GINA SAMMONS:** Multiple occasions.

12 **MS BEATON:** Tanya, paragraphs 21 and 22 relate to your experiences. You had a cat, I
13 understand, which you were very fond of and when you were about 13 or 14 the cat made a
14 mess in the garage one day, do you remember that?

15 **MS TANYA SAMMONS:** Yeah.

16 **MS BEATON:** And your foster father found that?

17 **MS TANYA SAMMONS:** Yeah.

18 **MS BEATON:** And what did he do?

19 **MS TANYA SAMMONS:** He pretty much picked up my cat and just smashed it on the concrete
20 and just killed my cat in front of me. He was my—sort of my go-to if I was upset about
21 something.

22 **MS BEATON:** Right. And how did you feel about that at the time?

23 **MS TANYA SAMMONS:** Absolutely devastated, but, yeah, then he just turned around and told
24 me if I wanted to keep him skin him and then made me bury him in the back garden. So,
25 yeah.

26 **MS BEATON:** You in the statement at paragraph 22 both talk about receiving beatings also from
27 your foster mother but less frequently. Although sometimes still quite violent. Is that
28 right?

29 **MS TANYA SAMMONS:** Yeah.

30 **MS BEATON:** Tanya, you said there in the statement that you got a severe beating after telling
31 your foster brother that you were being sexually abused.

32 **MS TANYA SAMMONS:** Yeah.

33 **MS BEATON:** And were you injured as a result of that?

34 **MS TANYA SAMMONS:** I probably could say I may have actually had broken bones, yeah,

1 I couldn't actually get out of bed for a couple of days. The family went off to Kai Iwi
2 Lakes, I was made to stay home because I couldn't get out of bed. The school holidays had
3 rolled over at that time, so it gave me a few weeks to heal up, but yeah. It was pretty
4 severe, yeah.

5 **MS BEATON:** Gina has said in the statement, I'll read it to you "Tanya shut down after that, she
6 didn't complain about things and did what she was told". Would you agree with that
7 observation?

8 **MS TANYA SAMMONS:** Yeah.

9 **MS BEATON:** Thank you. Gina, I wonder if you could start reading again from paragraph 23.

10 **MS GINA SAMMONS:** "Our foster mother would also often threaten us with violence or use our
11 foster brother to hurt us when she thought we needed bringing into line. Our foster brother
12 would rub his fist with his knuckles into our scalps until our scalps were rubbed raw or
13 sometimes weeping. I was in form one, around 11 years old, I came home and decided to
14 kill and pluck the chickens and put them in the freezer. I wasn't trying to be naughty, I had
15 been asked to prepare a chicken before and thought that I was being helpful".

16 I'll just add something in there. When it means by prepping the chicken is I've had
17 to kill the chickens and pluck them and prep them for dinner. So one day when I came
18 home from school I thought that I'd be helpful and I'd prep them, so I thought I'd kill all the
19 chickens and put them in the freezer so they would be ready.

20 "My foster brother was allowed to punish me. I remember being thrown into the
21 pantry and falling down all the shelves and then being thrown across the dining room table.
22 We knew to expect that we would be hurt if we stepped out of line".

23 **MS BEATON:** Other than that example you've just given, were there other times when your
24 foster brother used violence against you at the request of your foster parents?

25 **MS GINA SAMMONS:** All the time, even if we answered him back, if we laughed at him, if we
26 did anything that he thought was out of line he could punish us.

27 **MS TANYA SAMMONS:** He was given pretty much the full right to discipline us in whatever
28 way he felt fit at the time.

29 **MS BEATON:** How much older than you was he?

30 **MS TANYA SAMMONS:** I'm not sure how much older.

31 **MS GINA SAMMONS:** I would say maybe 13 to 15 years older than us.

32 **MS BEATON:** I see, okay.

33 **MS GINA SAMMONS:** Much, much older. Am I on 24?

34 **MS BEATON:** Yes, para 24.

1 **MS GINA SAMMONS:** "There was also a lot of psychological abuse and manipulations in our
2 household, especially from our foster mother. She would do things like hide money in our
3 bag and then do a bag check before we went to school. When the money was found we
4 would get in trouble and be made to stay home from school if we didn't—if we didn't refuse
5 to take it she often humiliated us in front of our school friends. Tanya had a medical
6 bladder problem which she had had an operation for but had not fully resolved. At a
7 birthday party when she was around 10 our foster mother made her put on a nappy in front
8 of all of her friends calling her filthy. In my case, I had a urinary reflux when I was a kid
9 which meant I often had wet the bed. I remember my foster mother hanging my undies on
10 the mailbox so everyone on the school bus could see that I had wet the bed".

11 Can I take a break?

12 **MS BEATON:** Yes.

13 **CHAIR:** We'll adjourn.

14 **Adjournment from 10.34 am to 11.00 am**

15 **CHAIR:** Have you recovered a little bit Gina?

16 **MS GINA SAMMONS:** A bit.

17 **CHAIR:** We appreciate how difficult this is for you and we're really grateful for the effort you're
18 putting into this, so do know that we're listening very carefully. Thank you, Ms Beaton.

19 **MS BEATON:** Thank you. So, Gina, if you could perhaps start again by reading for us please
20 from paragraph 25.

21 **MS GINA SAMMONS:** "The physical abuse was usually hidden from others outside the
22 household. As we already mentioned above, we remember sometimes being made to hide
23 from social workers or stay home from school if we had visible markings of the beatings.
24 It's also not something we would have talked about with social workers, because we moved
25 so much, we had many social workers throughout our childhood and we don't remember
26 seeing any of them very often. Usually they would only speak to us in front of our foster
27 mother. Sometimes they visited us at home or at school and spoke to us on our own, but
28 never more than a few words. Neither of us remember ever having any long conversations
29 with any of them".

30 **MS BEATON:** Can I just pause you there and ask you a question, Gina and Tanya. On those
31 times when social workers might have spoken to you on your own, were you able to tell
32 them what was happening?

33 **MS GINA SAMMONS:** We didn't dare tell them what was happening because if it got back to
34 our foster mother or her and her son we would have got a hiding for it.

1 **MS BEATON:** Okay. Thank you, so we're at paragraph 26. This is under the heading of "Sexual
2 abuse".

3 **MS GINA SAMMONS:** "All three of us were also sexually abused in our foster home. We didn't
4 talk about it with each other and so didn't know the extent to which we all had similar
5 experiences until much later. In fact, we still haven't completely compared experiences, but
6 Alva did confess some to us much later when we were adults.

7 I was first sexually abused by one of our older foster brothers when I was about six
8 years old. He forced me to give him blow jobs. Because I was so young I still can't recall
9 which brother it was, all I remember was blonde hair. Both older brothers had blonde hair.

10 I was also regularly raped by our adopted brother from when I was in form one or
11 two until I was 14. I had told our foster mother about it once, but she didn't believe me.
12 Our adopted brother told her I was having an epileptic fit—I'll just add in there, at the time
13 during intermediate I was diagnosed with epilepsy—and he was just helping me, she
14 believed him and thought I was dreaming. Later I reported it to social workers and to the
15 police.

16 At the time our brother had been ordered to stay in another care residence because
17 he had been getting into trouble stealing and doing other things. However, he came home
18 on weekends and would assault or rape me. On Friday night when I knew he was coming
19 home for the weekend, I ran away to a friend's house. Tanya told the foster mother why I
20 had ran away. My foster mother found me and took me to the care worker at the home that
21 my brother was at. The next day I was taken to police where I made a statement and had a
22 video interview. I told police what had been happening and also talked about some specific
23 occasions when friends had been around and had seen some of the abuse.

24 After I made my report, it seemed like nothing happened. My foster brother was
25 still allowed to come home on weekends. I have seen my file that it says there was a
26 meeting with me, but I don't remember seeing the police officer ever again after making the
27 statement or getting any follow-up from police.

28 A couple of months after I made that statement, when still nothing had happened,
29 I ran away from home and lived on the streets. I was 14. I broke into caravans and sales
30 yards and slept there and under church steps, sometimes at friends' places and I had to steal
31 to eat. I got pregnant with my then boyfriend at 15 while I was still living on the streets.

32 Years later after requesting my files, I saw the police report of my complaint. It
33 made me furious".

Commented [LE1]: Follow Up: on

1 **MS BEATON:** I'll just pause you there, Gina, I think we're going to bring that document up,
2 document four. I think paragraph on the 23 September. Can you see that Gina?

3 **MS GINA SAMMONS:** Yeah. "During the course of this inquiry its priority changed
4 considerably. At best I loath to take on matters of juvenile sexual offending at the risk of
5 other adult/child investigations being delayed".

6 **MS BEATON:** You said in your statement, Gina, that this made you furious. And in the
7 paragraph above the one you've just read the police officer refers to interviewing your
8 foster brother who denied any sexually inappropriate behaviour and he said—the letter says,
9 "As a result of his denials and the inconsistencies earlier mentioned, court action was not
10 considered". Did they question any of your friends to your knowledge?

11 **MS GINA SAMMONS:** No.

12 **MS BEATON:** Who witnessed the incidents that you told them about?

13 **MS GINA SAMMONS:** Not one of them.

14 **MS BEATON:** How did you feel when you saw this?

15 **MS GINA SAMMONS:** If I had a guarantee that I wouldn't have gone to jail I would have slit his
16 throat for justice. I didn't get it from the police, and felt that that cop just didn't want to do
17 his job.

18 **MS BEATON:** And in your statement at paragraph 32 you say that the records on your CYFS file
19 that you saw, you received, suggest that they thought in some way you had consented.

20 **MS GINA SAMMONS:** Yeah.

21 **MS BEATON:** How old were you when this was happening?

22 **MS GINA SAMMONS:** I think it first started when I was in form one, so that's 12, 11, 12,
23 somewhere around there.

24 **MS BEATON:** Paragraph 33 I might ask you about, Tanya, because it relates to you, the sexual
25 abuse you suffered from your oldest foster brother when you were about six.

26 **MS TANYA SAMMONS:** Yeah.

27 **MS BEATON:** It says there that you confided in the second brother about what had happened.

28 **MS TANYA SAMMONS:** Yeah.

29 **MS BEATON:** And he told your foster mother.

30 **MS TANYA SAMMONS:** Yeah.

31 **MS BEATON:** And then what happened?

32 **MS TANYA SAMMONS:** That's—he went back and, yeah, reported it back to his foster mother
33 after my foster mother and that's when I got the one hell of a beating that—

- 1 **MS BEATON:** That we spoke about before.
- 2 **MS TANYA SAMMONS:** Yeah.
- 3 **MS BEATON:** Then it says in your statement after that the second brother also began to sexually
4 abuse you.
- 5 **MS TANYA SAMMONS:** Yeah.
- 6 **MS BEATON:** And the adopted brother who had assaulted, sexually assaulted Gina also abused
7 you.
- 8 **MS TANYA SAMMONS:** Yes, that's correct.
- 9 **MS BEATON:** After that, the telling that you did the first time, did you ever tell anyone else
10 again about the sexual abuse?
- 11 **MS TANYA SAMMONS:** I got close to. One of my health teachers. But no, pretty much no.
- 12 **MS BEATON:** At paragraph 34 of your statement it says that, as already mentioned, Alva had
13 also told you both that she'd been abused by your two older foster brothers. And as we
14 heard from her letters that she had put up with it in the hope that it would save the two of
15 you from being abused. I wonder, Gina, if you could start reading for us again from
16 paragraph 35.
- 17 **MS GINA SAMMONS:** "Later when we made a complaint to the Ombudsman I found out that
18 Alva had—Alva's report—reported this abuse to CYFS in 1992 when she was no longer
19 living at home. But I was back living at home and both Tanya and I were still in State care.
20 She told them she had been sexually abused and that she was worried about us also being
21 abused. My Social Welfare records state Alva indicated that, as she was allegedly abused
22 sexually by our foster brothers, that she felt both Georgina and Tanya, myself and my
23 sister, have also been. Georgina's behaviour, upon reflection, may indicate some past
24 abuse. The abuse of me by our adopted brother was never resolved as the police appeared
25 to think that Georgina had been a willing participant. Alva appears to think otherwise. We
26 had no idea that Alva had made that report until I saw that file".
- 27 **MS BEATON:** When you saw that file, how did that make you feel? The fact that a social
28 worker had recorded what Alva had said and hadn't spoken to either of you about it?
- 29 **MS GINA SAMMONS:** It just made me angry because they didn't come and ask us.
- 30 **MS BEATON:** Then at paragraph 37 you say that an interesting thing is that you developed
31 epilepsy when you were about 10 or 11, often had epileptic fits but they stopped after you
32 ran away.
- 33 **MS GINA SAMMONS:** As soon as I ran away from home I haven't had a seizure ever since.
- 34 **MS BEATON:** You put that down to the stress of living in the foster environment?

1 **MS GINA SAMMONS:** I do medical training at the moment.

2 **MS BEATON:** Yes.

3 **MS GINA SAMMONS:** And seizures that we studied on the causes that can cause it can also be
4 from stress.

5 **MS BEATON:** Yes.

6 **MS GINA SAMMONS:** So that's what I put it down to.

7 **MS BEATON:** The next heading is the effect on your lives. If you could read, Gina, from
8 paragraph 38 please.

9 **MS GINA SAMMONS:** We've both worked very hard to overcome our upbringing. We have
10 jobs and families and I think we've both challenged—channeled our experiences into being
11 motivated to help others. But the abuse we suffered has affected every part of our lives.

12 During our whole childhood we were not able to build any long-term friendships or
13 connections. When we left care at 17 we had no connections to our biological family and
14 culture, no support in how to become an adult. We had to find everything out to do
15 everything ourselves.

16 Because of missing school, we have had to do courses as an adult to try and catch
17 up on our education so that we can get jobs and make a living. Even now my spelling is
18 still bad to the point I get laughed at by colleagues. We both struggle with reading. It has
19 affected the jobs we can do. For example, I wanted to join the police and passed almost
20 everything, but I couldn't pass the maths test, so I wasn't able to. This is on-going and we
21 still have to face it every time we need to do another course to stay trained or to try and get
22 more senior jobs.

23 We've had to try and build connections with our family and with our culture from
24 scratch. I didn't meet my brothers on our mum's side until I was 18 years old. There are
25 siblings on our dad's side who we only met two years ago when we were in our 40s.

26 There's still some currently that we haven't even met. I'm doing night classes to try and
27 learn te reo and about my culture and try and build those family relationships. Tanya, on
28 the other hand, really struggles with making connection and stays more withdrawn and
29 quite removed from the rest of the family".

30 **MS BEATON:** Can I just pause you there because I've got some questions to ask you about this
31 evidence. Firstly, in relation to your disconnection from your whakapapa, your culture as
32 Māori. Gina, from your perspective that's a very important issue for you.

33 **MS GINA SAMMONS:** Yeah.

34 **MS BEATON:** And you've explained that you're learning te reo. When you were children in

1 foster care, was there any effort made, do you remember, to ensure that you maintain ties
2 with your whānau?

3 **MS GINA SAMMONS:** There was at one stage when we lived in Kaikohe, I did the kapa haka
4 through school. But as soon as we moved out of that area then I no longer did it, it wasn't
5 an option.

6 **MS BEATON:** Was it something your foster parents talked to you about?

7 **MS GINA SAMMONS:** No.

8 **MS BEATON:** Or considered important?

9 **MS GINA SAMMONS:** No, the only reason why I ended up doing it in Kaikohe was because
10 when a social worker did come I had expressed that I wanted to learn it. And so the social
11 worker had implemented for us to do it.

12 **MS BEATON:** Right.

13 **MS GINA SAMMONS:** So because they had done that our stepmother didn't have the choice, but
14 then as soon as we moved out of that area, that choice was then taken away by that CYFS
15 worker.

16 **MS BEATON:** Tanya, what about you, how do you feel about the disconnect from your culture?

17 **MS TANYA SAMMONS:** I find it hard to read English let alone Māori, or even learning at
18 school was quite hard. So to me it has been really hard because I do want to know who
19 my—where I come from and my history, but, yeah, it's—I just find it very difficult to connect
20 to it.

21 **MS BEATON:** Hope, I hope you can hear me, but would you like to say anything about this
22 issue?

23 **MS CURTIN:** Obviously I didn't get to connect with my family so that's been hard. Not knowing
24 anyone.

25 **MS BEATON:** You're beginning to do that now as an adult?

26 **MS CURTIN:** I am, yeah.

27 **MS BEATON:** All right, you talked—we talked yesterday when we were preparing for today
28 about this issue of abandonment.

29 **MS GINA SAMMONS:** Yeah.

30 **MS BEATON:** Can you tell us about your feelings about that?

31 **MS GINA SAMMONS:** For me there's probably four lots of abandonment. First our biological
32 family, then our foster family. The only one that's stayed connected with us is our
33 stepsister Sonja. Then CYFS themselves.

- 1 **MS BEATON:** Can you explain what you mean by that?
- 2 **MS GINA SAMMONS:** I was taken out of CYFS care at the age of 16 with a baby of my own to
3 not have any family then apart from Tanya. There was no aunties, uncles, cousins, there
4 was nothing. And then also the abandonment of the police for not doing their job.
- 5 **MS BEATON:** Thank you. Talk now please from paragraph 42 about other effects on both of
6 you.
- 7 **MS GINA SAMMONS:** "We have had to try and build connections with our family and with our
8 culture from scratch".
- 9 **MS BEATON:** I think we've read that one already Gina so 42.
- 10 **MS GINA SAMMONS:** "The abuse itself has also had an on-going impact on how we view
11 ourselves and what we expect from family relationships. Both Tanya and I have been in
12 abusive relationships as adults and also suffered effects—also affected our kids. When I
13 was a really young mum I used to hit my kids too. When I got a bit older I realised that one
14 day I might really hurt them and I had to stop. I don't hit my kids anymore, but I still
15 struggle to control anger and the desire to be violent because that's how I was shown things
16 should be dealt with.
- 17 **MS BEATON:** Gina, you then go on in that paragraph to talk about remembering that in some
18 ways you weren't there for your children when they were little, sports games and things like
19 that because you say "I didn't know that that was what a parent was supposed to do" and the
20 statement says that Tanya was a bit older when she had her kids and, Tanya, you're
21 described as being overly protective because of what you guys experienced.
- 22 **MS TANYA SAMMONS:** Oh yeah.
- 23 **MS BEATON:** Is that lack of understanding as young adults and young parents and lack of
24 parenting skills something that you yourselves put down to your experiences in care?
- 25 **MS TANYA SAMMONS:** I personally do because I don't let—I mean I've got—one of my—my
26 older son is—he was born with club feet, he got picked on a lot at school, so, yeah, mummy
27 bear, don't pick on my children. He's also gay, so, you know, I've had to deal with that side
28 of things as well. Yeah, I just don't put up with anybody doing that sort of behaviour
29 towards my kids. Yeah, I'm sort of an overbearing mother. I try and live my kid's life.
- 30 **MS BEATON:** Thank you. Gina, do you want to add anything to that or should we move on?
- 31 **MS GINA SAMMONS:** Yeah, I was pretty much the same with school with my kids, if anyone
32 picked on my kids at the school, I was the one going into school to drag the other kid or
33 make sure there was some sort of reprimand for it. My kids used to always think, "Oh shit,

1 Mum's coming school." So yeah, it was pretty bad.

2 **MS BEATON:** You talk at paragraph 43 about having health impacts on you as well. And it says
3 that Alva's way of coping was to develop alcohol and substance abuse at one point and then
4 she got really sick from her—the undetected rheumatic fever, right?

5 **MS GINA SAMMONS:** Yeah.

6 **MS BEATON:** And couldn't look after her children as a result of her health.

7 **MS GINA SAMMONS:** It was a result of her health as well as our upbringing with her not being
8 able to look after her kids, I don't think she knew how either.

9 **MS BEATON:**

GRO-C

10

GRO-C

11
12
13 We've come to the point in your statement where we move from your accounts of
14 what happened to you and your sister as children to talking about your individual
15 experiences in trying to seek redress for yourselves and also for Alva and her children. Do
16 we want to take a morning break?

17 **CHAIR:** I think we'll leave this to the witnesses. When I say witnesses, I mean to you two. We
18 had a little break before. Normally we'd break now at 11.30. I'm going to ask you whether
19 you'd like to take, say, 10 minutes or so now and come back and start the redress part, or
20 would you like you're back here now to keep going. It's entirely in your hands.

21 **MS BEATON:** Happy to keep going?

22 **MS GINA SAMMONS:** Yeah.

23 **MS BEATON:** If and when you do need a break, coffee or whatever, you just please let us know,
24 okay?

25 All right, we're at paragraph 45 of the statement, Gina. This is about under the
26 heading of "Seeking redress". This is particularly in relation to your claim and initially in
27 relation to retrieving records. So could you please start reading to us please from paragraph
28 45.

29 **MS GINA SAMMONS:** "I first decided to look into making a claim after I read Alva's letters to
30 me after her death. I was 24. One of Alva's letters said, "I can't believe nobody has
31 investigated Whangārei social work". My reaction at that time was investigate for what?
32 At that time and as the youngest, I didn't know what she meant—what they had done wrong.
33 We'd known we were foster kids since we were young, but never really thought about how

1 that meant the Government was responsible to make sure we were safe. To find out what
2 Alva meant, I went into Social Welfare office to request mine and Alva's files. It was easy
3 to make the request but it took quite a while to receive the files. When I did receive them,
4 there were lots of blacked out parts, including birth dates of my sisters, names and
5 addresses of others. Sometimes large passages of files or letters were blanked out so it was
6 quite difficult to go through them.

7 When I did see my records was that throughout our childhood there were notes on
8 our files from social workers and some from other church members and teachers showing
9 concerns about our well-being. This included concerns about us moving too much and
10 having no stability and about our shabby appearance and our foster parents' financial
11 management. There are notes regarding that our foster mother wanted to get paid our
12 clothing allowance to pay off some of her debts. There were also records of both me and
13 Alva reporting sexual abuse and concerns that we displayed behaviour consistent with
14 abuse. One social worker acknowledged himself that the Department had not done a good
15 job of looking after me.

16 There were other notes of social workers saying we seemed fine and happy when
17 they visited. That didn't surprise me. I remember the social worker usually talked with us
18 in front of our foster mother and we knew not to complain.

19 I was really surprised to see notes of social workers saying they had seen me when I
20 was living on the streets, including when I was pregnant. In one file note the social worker
21 recorded seeing me loitering on the street and described me as looking tired, pale and thin.
22 I still can't fathom that our social worker who saw me on the street at 14 years old knew I
23 had run away from home and still didn't stop to talk to me, ask me how I was or make sure
24 I had somewhere safe to stay. Instead they just made a file.

25 Overall the files showed me that the Department did have some idea of what was
26 going on and could have, they could have and should have done a better job of looking after
27 us given what they did know.

28 My partner at the time also read the files. After reading them he told me that it
29 wasn't right and that I should go to a lawyer. I took the files to a local law firm, Thomson
30 Wilson, for advice.

31 The first thing my lawyer helped me do was make a complaint to the Police
32 Complaints Authority in relation to the police investigation of my complaint about the
33 sexual abuse I suffered from our adopted brother. I met with the Detective on 28 June and
34 5 July 2005 to discuss my complaint. I asked him why no-one had even interviewed my

1 friends who had been witnesses.

2 On 15 September 2005 I had a phone call from the detective. He told me that he
3 had interviewed my friend but that the evidence wasn't strong enough to go any further.
4 After that my friend looked me up and I got in touch. She told me that the police had
5 interviewed her but she had asked—he had asked her questions like if she could remember
6 what colour shoes she was wearing. She couldn't because it was 15 years ago. But to me,
7 remembering shoe colour and remembering seeing your best friend being abused was a
8 very different thing.

9 The detective also explained to me that they were going to do—weren't going to do
10 anything against the investigating officer because he had moved on with his life and he now
11 had a senior job down in the South Island. Lucky for him.

12 This was confirmed in the letter from New Zealand Police on 29 September 2005.
13 It divided my complaint in two parts. It said that my complaint to the police showed an
14 uncaring, bad attitude regarding my disclosure and did not take them seriously was not
15 upheld. I still can't understand that. To me, it is there in black and white on the police
16 report where it says that he was loath to investigate juvenile sexual offending. He clearly
17 didn't take it seriously.

18 The second part of my complaint was that there were deficiencies in the
19 investigation by failing to interview the potential witnesses and failing to do a medical
20 examination. This was upheld but it was recommended that no further action be taken
21 because it was 15 years ago, there was a lack of any meaningful action that would have any
22 relevance now for the police officer involved.

23 This makes me so angry. It seems so unfair that there's no consequences because of
24 that investigating officer had moved on with his life. I don't have that luxury of just
25 moving on with my life. The consequences for me were and continue to be huge. Again, I
26 can't help but wonder if the attitude would have been the same if it was his daughter that
27 this happened to".

28 **MS BEATON:** Gina, before we go on, can I ask you some questions about this. The letter that
29 you got in September 2005 addresses your complaint that back at the time you went to the
30 police when you were a teenager that they didn't take the complaint seriously and that there
31 were deficiencies in the investigation. Do you remember, did the police in 2005, to your
32 knowledge, actually reopen the investigation into your allegations?

33 **MS GINA SAMMONS:** Not to my knowledge.

1 **MS BEATON:** Other than speaking to your friend.

2 **MS GINA SAMMONS:** Other than speaking to the one person.

3 **MS BEATON:** Have you ever had any communication or information from the police since 2005
4 about the complaint that you made?

5 **MS GINA SAMMONS:** No.

6 **MS BEATON:** Thank you. We move now please to paragraph 57 which is when you first met
7 with Sonja Cooper in Wellington in relation to a claim for redress. I think that was—I'll just
8 do this paragraph for you. I think that was 2005 your local lawyer referred you to Sonja?

9 **MS GINA SAMMONS:** Yeah.

10 **MS BEATON:** And in December 2006 Sonja Cooper and her firm filed a claim against the
11 Ministry of Social Development on your behalf.

12 **MS GINA SAMMONS:** Yeah.

13 **MS BEATON:** If you could read to us please from paragraph 58.

14 **MS GINA SAMMONS:** "After that it seemed like nothing happened for years. I got lots of
15 letters from my lawyer about legal aid and other things, but it was all just process and
16 nothing substantial. I couldn't really understand what was going on. It just seemed like
17 there was lots of money and time being spent on processes and I was getting nowhere
18 except for racking up and growing legal aid debt, which I worried would affect the rest of
19 my life.

20 In early 2012 more than five years after my claim was filed I was asked and agreed
21 to do a meeting with MSD to try and settle the claim. I have seen from my file that I met
22 with the care claim and resolution team on 2 May 2012.

23 I can't remember too much about that meeting. I think it was just with one social
24 worker. I do remember talking about Alva. I always talk about her, because it is her that
25 was my whole motivation for making this claim in the first place. I believe my lawyers
26 gave them a copy of Alva's letters.

27 After that meeting I was sent some photos of us as children. I appreciated that.
28 Those are the only photos I have of Alva other than one or two when we were adults. Other
29 than that, I don't recall hearing anything from MSD for a long time.

30 In July 2012 my lawyers wrote to MSD on behalf with an offer to settle my claim.
31 The letters outlined the abuse that I suffered, the concerns that had been raised throughout
32 my childhood by social workers and teachers and others, the police complaint I had made
33 and the response to it and the effects that the abuse and neglect had on my life. It also
34 pointed out that I made this claim GRO-C and my nephew and

1 niece no longer had a mother.

2 In July 2013, a year after my lawyer had sent my offer, I received a response from
3 Crown Law. The letter said they had reviewed my file and Alva's file and the files of our
4 foster parents, they had interviewed two of the social workers and taken into account the
5 meeting with me in 2012. It then made findings about my claim based on that
6 investigation.

7 The findings said that MSD accepted that there were some breaches of duty and the
8 practice failures in some areas, including that I was made to stay home from school and that
9 I suffered from sustained neglect, that there was a failure to ensure we were properly
10 clothed and that my foster mother misused my clothing money. MSD also accepted that it
11 was a serious practice failure and a breach of duty that my adopted brother was allowed to
12 return home after I made a police complaint about his abuse of me and also that the social
13 workers failed to accept(sic) when they knew I was living on the streets. On the basis of
14 these findings, MSD offered a payment of 28,000, payment of my legal aid debt, an
15 apology, of(sic) counselling.

16 **MS BEATON:** I'll just pause you there, we're going to bring up a document now in the bundle
17 document, page two of that document. In particular you talk in your statement, Gina, about
18 a paragraph that stuck out to you about what MSD didn't accept at paragraph 6.1. Can you
19 see that?

20 **MS GINA SAMMONS:** Yeah, if I dry my eyes.

21 **MS BEATON:** I'll read it for you. It says, "Ms Sammons alleges she was repeatedly
22 psychologically and physically abused by her foster parents. The Ministry found
23 insufficient evidence to accept allegations of physical and psychological abuse".

24 They also didn't accept your complaint that you were abused by your foster brother
25 or that the fact that your foster parents constantly moved you around and you became
26 disconnected with your culture, that MSD considered that those weren't in breach of any
27 duty or requirement that they had to you.

28 **MS GINA SAMMONS:** Mmm.

29 **MS BEATON:** And then in paragraph 66 you say, "And even though MSD accepted that my
30 adopted brother shouldn't have been allowed to live with me after my complaint against
31 him, MSD found there was nothing wrong with the Department's investigation of my
32 complaint".

33 How did that make you feel when you received that?

34 **MS GINA SAMMONS:** I have no faith in MSD and I have no faith in the justice system.

1 **MS BEATON:** In paragraph 67 you say, "They didn't even talk to anyone who might be able to
2 corroborate what I was saying. For example, no-one talked to Tanya or your foster sisters
3 or any of the other people in the care of your foster parents who would be able to talk about
4 the abuse that you suffered in the household". You say, "Just like with my police
5 complaint, I felt like I was being treated like a liar, even though no-one actually took the
6 step of talking to anyone who might know". Is there anything else you want to add to that?

7 **MS GINA SAMMONS:** I'm not sure whether Tanya's claim had already been started by then.

8 **MS BEATON:** I don't think it had, no.

9 **MS GINA SAMMONS:** No. That's not until later.

10 **MS BEATON:** Yeah. Perhaps if you want to start reading again from paragraph 68, and if you
11 think anything as you go, please just add it in.

12 **MS GINA SAMMONS:** "It seemed that the reason for not accepting that it happened was that it
13 wasn't written there on file. To me, that seems ridiculous. Of course the psychological
14 abuse and physical abuse wasn't written down by our social workers. We only occasionally
15 had contact with social workers, usually together with our foster mother or even if we
16 weren't with our foster parents we knew not to say anything bad or complain, or else we
17 would get a beating. We had also been living with them since we were really young, just
18 two and three, and we didn't know any different.

19 Most importantly, the letter from Crown Law didn't mention Alva at all and there
20 was nothing to acknowledge the abuse she suffered and the failure of the Ministry to
21 protect her which she carried with her, her whole life.

22 After I got that letter I got in touch with our foster sister, one of our foster father's
23 daughter, who had also experienced abuse from our foster mother. She was happy to
24 support my claim because she had suffered the same treatment. She made a statement for
25 my lawyers. In 1994 she and the younger foster brother, my foster mother's son, had also
26 documented their concerns about my foster mother and older foster brother, as my foster
27 sister was worried about my nephew who was living with them and was trying to get
28 custody of them—of him. She got a copy of their 1994 statements from the courts and also
29 provided those to my lawyer. Those statements included evidence of our older foster
30 brother's violence and the suspicions of sexual abuse. The younger foster brother's
31 statement included that he believed that the older one had sexually abused us girls, because
32 he remembered one of us making a complaint to him about it when we were younger".

33 **MS BEATON:** Just to clarify that, these statements that you're talking about that your foster sister
34 obtained, they had been prepared completely independently of you and Tanya?

1 **MS GINA SAMMONS:** Yeah.

2 **MS BEATON:** For a different purpose in the Family Court?

3 **MS GINA SAMMONS:** Her sister had passed away from a brain tumour and our foster mother
4 had her kids, so our other foster sister went to go for custody of those kids.

5 **MS BEATON:** And the statements you're talking about were made in relation to that?

6 **MS GINA SAMMONS:** To that court case. Paragraph 71?

7 **MS BEATON:** Yeah, but I might—Tanya, was it as a result of you seeing this response from MSD
8 to Gina that there was insufficient evidence that you decided to go to Cooper Legal and talk
9 about your own experience and make your own claim?

10 **MS TANYA SAMMONS:** Yeah. Yeah, I'd only just stopped doing a stop violence course
11 myself, educational purposes, and I actually had one of their leaflets, which also stated that
12 if you go through sexual, psychological—sexual, physical, it all stems to psychological. So
13 when Gina told me that, I was so angry, it's in your own leaflet. You want people, you
14 want these women to come forward because they've been abused, but yet you can't even
15 accept that part in a legal precedent. So yeah, that's when I decided nah, I've got to step up
16 and—yeah, because I sort of didn't actually want to go through all this side of things, but
17 you've always got that one fight in your life that you have to do.

18 **MS BEATON:** We're going to talk about your particular experience with your claim later.

19 **MS TANYA SAMMONS:** Yeah.

20 **MS BEATON:** But Gina, if you could perhaps pick up from para 72.

21 **MS GINA SAMMONS:** "In October 2013 my lawyer wrote to Crown Law quoting from the new
22 evidence Tanya and our foster sister about physical and psychological abuse they had
23 experienced and/or witnessed in the household. It also attached a 1994 document from our
24 foster siblings showing their concerns at that time. My lawyer summarised the other issues
25 with their findings and highlighted that the offer failed to address Alva.

26 In November 2013 Crown Law responded. MSD didn't change any of their
27 findings. They still maintained that there was insufficient evidence of physical and
28 psychological abuse and said the additional statements do not assist the Ministry because
29 they gave very little evidence of psychological(sic) abuse by our foster parents".

30 **MS BEATON:** I think, is that physical abuse in that sentence?

31 **MS GINA SAMMONS:** Physical abuse sorry.

32 "I can't understand what they were looking for. My foster sister's statement said
33 that she remembered a time her father, our foster father, laid into her with an alkathene

1 pipe; another occasion when her father and stepmother had dragged her out of the car and
2 laid into her, one at that(sic) time, open hand and closed fists".

3 **MS BEATON:** That's her biological father, correct, your foster father?

4 **MS GINA SAMMONS:** That's her biological father.

5 "She talked about her stepbrother, our foster brother, punching her in the mouth and
6 knocking teeth loose and seeing her father punching Alva in the body until he got tired and
7 picked up scissors to carry on with it until she intervened.

8 The letter from Crown Law also said that I had repeatedly told social workers that I
9 was happy, even when they visited me at school and that this was also partly why they
10 didn't accept I was abused. I don't know when they were referring to. I assume not when
11 I ran away from home. I don't remember any occasion where a social worker talked to me
12 for any length of time. But as mentioned, when I was younger I probably could have told
13 them I was happy. We didn't know any different and I definitely didn't know any of the
14 social workers well enough to talk about what had happened". There was no trust in any
15 adult figure in our lives.

16 "In relation to Alva, the letter said that they wouldn't comment on the reason for her
17 death, but they acknowledge the effect of her death on me and that was why they would
18 help me access counselling. This missed the point completely and still makes me angry.
19 Counselling for me doesn't take responsibility for their failure to look after Alva and it
20 doesn't help her kids who have lost their mother.

21 After that, my case was set down for a judicial settlement conference to try and
22 negotiate a settlement. Tanya and I wanted our cases and Alva's to be dealt with together
23 as they were really all just one big claim. It would have been better if we could have had a
24 meeting together, but I was told it had to be separate.

25 Before the conference, my lawyers were sent a letter that said it was inappropriate
26 to deal with a remedy for Alva at the JSC [judicial settlement conference] because it was
27 not before the court.

28 The JSC was a horrible experience for me. There was a whole side of the table
29 lined with them, it must have been about six people, while on our side there was me, my
30 lawyer, my foster sister who supported my claim. It was intimidating. At the meeting the
31 people from MSD acknowledged that they had done a poor job and that they were
32 apologetic. But the apologies felt empty and it felt like they didn't even know what they
33 were apologising for. To me they did not seem to understand how much abusive
34 upbringing(sic) had on my life and that they did not see that my sister had been unable to

1 cope with the pain. I was so upset and angry, I just remember sobbing [REDACTED] GRO-C

2 [REDACTED] GRO-C

3 At the JSC, the MSD side acknowledged some physical abuse by my foster
4 family(sic). They increased their offer by 4,000 to 32,000. I don't know how they decided
5 how much the abuse is worth. My lawyers went back afterwards with a counter-offer of
6 40,000, but MSD said that 32 was fair and did not accept our offer.

7 I thought 32 was a pretty low amount for how much it had affected me. I didn't
8 want to accept but I didn't feel like I had a choice. I was told that if I didn't accept there
9 was no good chance I would come out with nothing—there was a good chance I would come
10 out with nothing for me or Alva. It had already been nine years. Reluctantly I accepted the
11 offer on the basis that Tanya would be able to continue Alva's claim".

12 **MS BEATON:** Thank you Gina. I'm going to move now Tanya to talking about your claim and
13 I'll ask you some questions rather than read that bit out. I just want to check with you
14 whether you're happy to keep going?

15 **MS TANYA SAMMONS:** Yeah.

16 **MS BEATON:** So the statement says that Tanya says that when you left home as a teenager you
17 went to live with your foster sister who was obviously a support for you.

18 **MS TANYA SAMMONS:** Yeah.

19 **MS BEATON:** And she encouraged you to have counselling through ACC for the abuse that
20 you'd suffered as a kid.

21 **MS TANYA SAMMONS:** Yeah.

22 **MS BEATON:** And the statement says through that you felt that you'd dealt with the issues
23 caused by your abuse and you weren't interested in originally in making a claim.

24 **MS TANYA SAMMONS:** Yeah.

25 **MS BEATON:** So was it after, like you said to us before, it was after you—Gina had told you
26 about the response she had from MSD that there was insufficient evidence of psychological
27 or physical abuse that you decided to make a claim?

28 **MS TANYA SAMMONS:** Yeah, yeah.

29 **MS BEATON:** And because there had been no recognition of Alva in the way that MSD had
30 settled the claim with your sister Gina?

31 **MS TANYA SAMMONS:** Yeah, that's correct. I just felt if they're going to put something like
32 that in black and white in one of their own leaflets they actually need to follow through
33 themselves.

1 **MS BEATON:** So you contacted Cooper Legal, the law firm, in about August 2013 and I think
2 they requested your CYFS files and they interviewed you, like a preliminary interview.

3 **MS TANYA SAMMONS:** Yeah. Yeah, I'd also requested my files as well.

4 **MS BEATON:** Yes. And they arrived and they came with a lot of blacked out or redacted
5 sections, is that right?

6 **MS TANYA SAMMONS:** Yeah, and missing pages as well.

7 **MS BEATON:** And missing pages. I think we're going to show an example so the
8 Commissioners can see what the file looked like. So you got a file of 90 pages and 45 of
9 them were completely blanked out with a cross like that?

10 **MS TANYA SAMMONS:** Yeah.

11 **MS BEATON:** How did that make you feel?

12 **MS TANYA SAMMONS:** I thought it was very strange because I have no idea what was on
13 those letters. There was some parts, if it was like due to somebody else's information, I had
14 information from Alva on my file, I had some information from Gina on my file, and I don't
15 know what my life was growing up, I can't see what the social workers had written, I can't
16 see what church members had written. Yeah, it was pretty much a blank file of my life.

17 **MS BEATON:** In the statement you refer also to there being some inconsistencies like, for
18 example, birth dates of your sisters were blanked out –

19 **MS TANYA SAMMONS:** Yeah.

20 **MS BEATON:** – from the records that you received but then other personal information to them
21 was included?

22 **MS TANYA SAMMONS:** Yeah.

23 **MS GINA SAMMONS:** I'd just like to add to that; mine was the same.

24 **MS BEATON:** Yes.

25 **MS GINA SAMMONS:** Mine didn't have redacted on it. Mine were just coloured-in in black, so
26 it was just inked out, and it would be paragraphs on each page and you might get maybe a
27 sentence of either I would get Tanya's information or Alva's information in my file.

28 **MS BEATON:** Did MSD, do you recall, ever ask either of you whether you would be happy or
29 would consent to having your own personal information disclosed to each other in their
30 files?

31 **MS TANYA SAMMONS:** No.

32 **MS GINA SAMMONS:** No.

33 **MS BEATON:** So continuing from the statement, Tanya, in relation to your claim, in April 2014
34 your lawyers wrote a really lengthy 39 page letter to MSD setting out your claim and all of

- 1 the evidence that supported it and making a settlement offer?
- 2 **MS TANYA SAMMONS:** Yeah.
- 3 **MS BEATON:** And then it says paragraph 88 you don't remember hearing anything for a long
4 time after that.
- 5 **MS TANYA SAMMONS:** Yeah, very long time.
- 6 **MS BEATON:** Then on 16 September 2016 you got a letter from MSD with an offer of engaging
7 in the Fast Track Process.
- 8 **MS TANYA SAMMONS:** Yeah.
- 9 **MS BEATON:** What was the offer?
- 10 **MS TANYA SAMMONS:** I think it was 20,000.
- 11 **MS BEATON:** And a release from any legal aid debt, do you remember that?
- 12 **MS TANYA SAMMONS:** Yeah.
- 13 **MS BEATON:** And a letter from the Ministry that would acknowledge and apologise for your
14 experiences in care?
- 15 **MS TANYA SAMMONS:** Yeah.
- 16 **MS BEATON:** And I'll just read from paragraph 89, "The letter said that in preparing the offer,
17 MSD had not carried out a full review of the records or a detailed assessment of the claims,
18 but had 'accepted the information provided about the claimants' experiences'."
- 19 **MS TANYA SAMMONS:** Yeah.
- 20 **MS BEATON:** How did you feel about that?
- 21 **MS TANYA SAMMONS:** A bit of a kick in the arse, actually, to be honest. I mean, me and
22 Gina sort of hadn't really, like she hadn't quite disclosed on what she was offered. I did call
23 her and talk to her about it and, yeah, that's when I sort of got told. But it was more the fact
24 that to me that they haven't even looked into my file itself. I know there's not much in there
25 that they would find. But I would never accept an apology from anybody if they don't
26 know what our experience and dig deep and finding out what actually happened, what they
27 did. So to me that would be just an empty apology.
- 28 **MS GINA SAMMONS:** Not only that, it's where they say that they accept the information.
- 29 **MS TANYA SAMMONS:** Yeah.
- 30 **MS GINA SAMMONS:** But yet so much of mine they wouldn't accept. And then to give her an
31 offer way less than mine, how is that any different? The abuse is no different. So why
32 should it be any less?
- 33 **MS BEATON:** And the offer still didn't address Alva.
- 34 **MS GINA SAMMONS:** No.

1 **MS TANYA SAMMONS:** No.

2 **MS BEATON:** So I think you discussed with Gina about what to do about this offer?

3 **MS TANYA SAMMONS:** Yeah.

4 **MS BEATON:** And what did you decide to do?

5 **MS TANYA SAMMONS:** I turned it down. It wasn't basically about money for me, it never has
6 been. But because they didn't mention Alva at all either and, yeah, I just thought well this
7 is just—and their apology side of things just—it's just empty.

8 **MS BEATON:** Now paragraph 94 states that on 31 October, after rejecting the offer, sorry, on 31
9 October 2018 you were told, Tanya, that your case had been allocated for assessment and
10 then in October 2019, so nearly a year ago, your lawyer was told that your claim was at its
11 final stages?

12 **MS TANYA SAMMONS:** Yeah.

13 **MS BEATON:** Have you heard anything since then?

14 **MS TANYA SAMMONS:** No. I have had one letter for Alva that they were happy to sit down
15 and discuss with us, and give the whānau an apology letter. But that as far as they will go.

16 **MS BEATON:** Nothing yet in relation to your personal claim?

17 **MS TANYA SAMMONS:** No.

18 **MS BEATON:** All right, thank you, Tanya. I wonder, Gina, if you could continue. We're
19 moving now to talking about Alva's claim. Paragraph 96.

20 **MS GINA SAMMONS:** As we've already said, the first purpose of all of this was for Alva.
21 When it became clear that MSD wouldn't acknowledge Alva within my claim, my lawyers
22 tried to talk to MSD about how a separate claim could be made.

23 We are aware that our lawyers had a lot of correspondence with MSD to see
24 whether they would recognise a claim. In the end, MSD said no. Because Alva had died,
25 they said MSD would not now recognise the claim. The Ministry said that only the person
26 who was in care could make a claim and that where a person did not set out their concerns
27 during their life time, it would not be possible to accept any claim for the representative of
28 their estate or any other person. It later reiterated:

29 'The Ministry is willing to consider claims made by people who were in the care of
30 the Ministry or its predecessors with the express aim of recognising and acknowledging
31 mistakes and wrongs that may have occurred in their care. The whole point is to provide
32 the person who was in care with recognition of what is accepted may have happened to
33 them and some acknowledgment through an apology and payment of money to assist their
34 efforts to heal and move on. The payment is not compensation and certainly no-one other

1 than the person who was in care has any basis for this claim'.

2 Our lawyers pointed out the failures that the Ministry accepted in my case were all
3 documented on our files and many of them applied equally to Alva. They also pointed out
4 that Alva did set out concerns during her lifetime when she came to CYFS to raise her
5 concerns about her abuse in 1992. However, the Ministry said that the complaint as
6 recorded on file did not meet our criteria for accepting a claim.

7 To us, this still just makes no sense to treat Alva differently. Alva was in the same
8 home as us and, if anything, had it worse, as she was sent to boarding schools and we don't
9 know where they were or what she went through there. For my claim, the only things they
10 accepted were things where there was documented evidence on the files and those
11 documents exist for Alva too. There are documented concerns from social workers in 1988
12 about her relation[ship] with our foster brother and that she exhibited signs of possible
13 abuse. She herself came to CYFS in 1992 to tell them about the abuse and that is recorded.

14 After MSD refused the claim, our lawyers made a complaint on our behalf to the
15 Ombudsman about MSD's approach. Our complaint was made on 1 April 2014 but it took
16 over two years to get a final response. We have seen on my file that our lawyers received a
17 provisional response on 27 July 2015 and then a final decision was finally issued on 14
18 June 2016. The Ombudsman said that Alva's approach to CYFS in 1992 should be treated
19 like a claim. If someone made those complaints today, you would expect them to be
20 directed to the claim process but there wasn't one in 1992. She did what she could, but
21 wasn't supported. So the Ombudsman said that Alva's claim should be investigated in the
22 usual way by MSD's historic claim team.

23 We thought this would mean that MSD would look at Alva's claim. But MSD did
24 not respond for some time, and ultimately did not accept the recommendations. We were
25 told that the Ombudsman would write again to the Chief Executive in 2017 but MSD still
26 did not follow the recommendations.

27 Sometime in 2018, we also participated in a consultation with MSD. MSD wanted
28 our feedback about how to make their claim process better. We raised Alva's claim—Alva's
29 case there and said that we should be able to make the claim for her and for her kids.

30 In April 2018 our lawyer wrote again to MSD to ask for a fresh consideration of the
31 matter, in light of new Government policies for MSD. Again, we didn't get a response for
32 some time.

33 On 7 November 2019, MSD wrote to the lawyers saying that they are still not able
34 to accept a claim on behalf of Alva at this stage but that they could acknowledge the shared

1 experience of the Sammons siblings in their response to Tanya's claim. They also said that
2 they could write a letter of apology to Alva's whānau, if this apology is sought please let us
3 know who the letter should be addressed to.

4 Acknowledging our experiences and writing an apology doesn't help Alva's kids
5 who were left with nothing, no mum, no support, because of the effects that the abuse and
6 the neglect had on Alva. This has had and continues to have effects on them and they need
7 to be looked after as well as Alva's grandkids. We believe they need financial and material
8 support to recognise the harm that has been caused to them because of the harm caused to
9 Alva.

10 Sometime in 2018 we participated in a consultation on how to make the MSD claim
11 process better. We found it frustrating that we were giving up our time and again retelling
12 our story to other people who were getting paid to be there. But we wanted to participate to
13 help make sure that things are changed in the future.

14 On 27 May 2019 MSD wrote to us with feedback from the consultation. The letter
15 says that based on our feedback, changes included, 'streamlining the assessment process so
16 where possible we assess claims without investigating fully each of the claimant's
17 concerns'. This just seemed exactly like how they approached Tanya's Fast Track claim.
18 We don't think this is a good approach. If they don't investigate someone's concerns how
19 can they know properly what they are apologising for and, most importantly, how can they
20 make sure changes are made so that the same thing doesn't happen again?"

21 **MS BEATON:** Thank you Gina. I'm going to stop you there, because we're now going to get
22 Hope to read to us a letter that you wrote, Hope, to the Commission in March of this year.
23 You've got that in front of you, have you?

24 **MS CURTIN:** I do.

25 **MS BEATON:** Okay. You just read that in your own time, Hope, just bearing in mind we have to
26 go reasonably slowly so that people can keep up with you, okay?

27 **MS CURTIN:** Okay.

28 **MS BEATON:** All right, thank you.

29 **MS CURTIN:** "My name is Hope Curtin and I live in Ōāmaru, I am 24", which I would like to
30 add I am now 25. "Alva Sammons was my mother. As you will have heard, my mum
31 [died] when she was 26, GROC she still held so much pain from her childhood. I was five
32 years old. I don't have any memories of my mother before that time. I have been told by
33 my grandparents that I lived with her until I was two", which I would like to also add that I
34 was younger than her.

1 **MS BEATON:** Just pause there Hope, I'm really sorry, I know this is hard, but we're just going a
2 wee bit fast. Sorry about that, just try and speak a little bit more slowly, thank you.

3 **MS CURTIN:** Yeah. "My grandparents told me that she used to go on about her childhood, how
4 she had to steal food for her siblings and how even then she was still scared of a particular
5 man who was going to come after her. There were times she couldn't go out because she
6 was terrified. Eventually she felt she couldn't do it anymore and she dropped me with my
7 grandparents and I lived with my dad after that".

8 **MS BEATON:** Okay, just a bit more slowly if you can Hope, I know it's really tricky, thanks.

9 **MS CURTIN:** "My grandmother and my dad said mum was the most beautiful soul and she cared
10 for everyone around her and, most of all, cared for and loved me. But she was lost, she had
11 had such a rough life and carried so much pain with her that she couldn't live a normal life.
12 The abuse that she suffered had affected her ability to look after me, even though she loved
13 and cared about me".

14 **MS BEATON:** Just pause there, just take a breath.

15 **MS CURTIN:** Yeah.

16 **MS BEATON:** All right.

17 **MS CURTIN:** "It's extremely hard to explain how hard it is to lose a mum at such a young age
18 due to something so horrific as what my mum and her sisters went through. The outcome
19 from the abuse that she suffered is that a young girl lost her mum and now my two beautiful
20 children will never know their grandmother.

21 Through my life I've had to go through things a girl shouldn't have to go through
22 without their mum. I was extremely grateful that I had my dad, although he obviously
23 didn't have the understanding a mum would.

24 I would like to add just an example of not having my mum through the birth of both
25 of my children, or when I went through my own struggle of an abusive relationship, which
26 was a very hard time in my life".

27 **MS BEATON:** Thank you.

28 **MS CURTIN:** "I have also not had the chance to know my own family. I had no connection with
29 my mum's side at all and my dad knew my mum's sister's name and that was it". And
30 I want to add also that my dad had two last names for my mum, so tracking them down was
31 hard, having to search by both names.

32 I had no contact with any of them prior to that. I only started finding out about my
33 mum's side of the family when I was a teenager. So we were eventually able to get in touch
34 with them. I didn't know I had a brother. I only met him for the first time last year. He

1 didn't know anything about our mum and he also still doesn't know who his father is. I still
2 know very little about that side of the family and my mum's extended biological family,
3 and there is a lot of family I have never had the chance to meet or get to know. I know
4 nothing of our Māori heritage and I am only just starting to come to terms with everything
5 now and find out where I come from.

6 I still have so many unanswered questions about what my mum's life was like or
7 what happened to her and my mum made a complaint about the abuse in 1992, why was
8 nothing ever done? I would like to have those questions answered and I would also like the
9 Government to acknowledge their role in what happened to her. They were responsible for
10 her when she was just a kid and what she went through then affected her whole life and
11 mine.

12 Most of all, it sickens me to think of the pain and sadness my mum must have felt
13 all those years ago. The abuse affected her life to the point where she felt she couldn't stick
14 around and be a mum. So it's also affected me and everyone else around her that loved her.

15 I carry my mum's pain with me and I feel responsible for getting closure. I think we
16 deserve closure and for our claim to go ahead so that somebody can look properly at what
17 happened to my mum and acknowledge how she was failed by people who were supposed
18 to care for her and protect her, and also how that impacted me and my brother. Just
19 because my mum has passed on, doesn't mean I don't need and deserve the closure that my
20 mum should have gotten.

21 My mum will always be in my heart and she will always be in my two baby's hearts
22 and I will fight for my mum's claim until there's nothing more I can do".

23 **MS BEATON:** Thank you, Hope. We're at the point now in your statement, Gina, Tanya and
24 Hope, that where you've recorded some overall comments that you want to make to the
25 Commissioners about the processes that you've been involved in.

26 **MS GINA SAMMONS:** Can I just take a break here?

27 **MS BEATON:** Yes, you can. Can we do that now?

28 **CHAIR:** Yes, certainly, we can take a break.

29 **Adjournment from 12.22 pm to 12.41 pm**

30 **CHAIR:** Yes Ms Beaton.

31 **MS BEATON:** Gina, Tanya and Hope, we are at page 24 of your statement and under the heading
32 of "Overall comments" and, as we talked about before, rather than getting you to read that
33 out, Gina, I might just ask you a couple of specific questions that the three of you can
34 comment on. And one of them is at paragraph 109, you say that this process of redress

1 through MSD has been really stressful and you particularly refer to having to tell and retell
2 your story over time and to many people. Can you expand on that? Anything else you'd
3 like to say about that?

4 **MS GINA SAMMONS:** I think the hardest thing is even though we lived that as kids, it's like
5 we're continuously having to relive it. And now as adults it's like this has been our life for
6 21 years, nah, 44 years. It's been a long road and it's like when's it ever going to end.

7 **MS TANYA SAMMONS:** Yeah, when's that justice going to come in for us, yeah.

8 **MS BEATON:** At paragraph 110 of the statement you said, Gina, that you don't believe you've
9 been treated with any empathy by MSD.

10 **MS GINA SAMMONS:** No. When we had the meeting with MSD in Wellington and they all sat
11 across the table their apology felt like there was no empathy there at all. And even to these
12 Fast Track things that they talk about with not even looking into the files to see what they're
13 even apologising for, it seems like there's no empathy there either. I mean how can they
14 apologise for something if they don't even know what they're apologising for if they haven't
15 read it or got the information to even know what they're apologising for?

16 **MS BEATON:** Then there's the issue, and we've already talked about this during your evidence
17 this morning, about what is accepted as evidence or proof to establish something. You've
18 told us about Tanya's getting on board with making her own claim and your foster sister as
19 well. Paragraph 112 you say, "In our view only accepting what is written on the file is not
20 enough" and in your case you've talked about the fact that the two of you have both talked
21 today about the fact that you weren't going to make complaints when you were children to
22 social workers or teachers. How do you feel about the fact that because there were positive
23 comments recorded in your files that the girls seemed happy and didn't make any
24 complaints, how does that make you feel as part of this redress process?

25 **MS GINA SAMMONS:** Can I be blunt?

26 **MS BEATON:** Yes.

27 **MS GINA SAMMONS:** The way I see it in reading that and comments made by CYFS workers,
28 the only thing that goes through my head is they don't know shit and in order to see the
29 abuse, they had to live it. Telling them and writing it on a document doesn't give them
30 evidence. So for a social worker to put that in writing back then when we couldn't even tell
31 them because we didn't know them or we had no bond with them, to us it was like telling
32 another stranger, another adult that we had no trust in. We didn't know whether that
33 information would go back to our foster parents and we'd just get another hiding and once
34 again nothing would happen. And continuously through our lives, or since I was a teenager

1 and the abuse first came out, there's been no justice from any adult figure from the CYFS
2 workers to the police to MSD to—there's been nothing.

3 **MS BEATON:** You've talked to me previously before the hearing today about this situation of the
4 floodgates opening if MSD were to consider a claim by Alva. Can you tell the
5 Commissioners how you feel about that?

6 **MS GINA SAMMONS:** The only way that I see it is that they refuse to accept Alva's claim
7 because of being deceased, because if they did accept it, it would only up a whole floodgate

8
9

GRO-C

10 So even though the evidence from what we say, from what our foster sister says, our
11 foster brother, the evidence of the abuse that happened within their home in order for Alva
12 to not be able to handle it, and I mean for Alva being the oldest, it's not only the abuse in
13 our foster home that she remembered, she remembered our biological home.

14 So the abuse was even worse for her. And then for MSD not to accept that because
15 she's deceased, it not only affected her, it then caused a ripple effect, she's got kids that she
16 left behind that then affected them.

17 **MS TANYA SAMMONS:** And bear in mind she didn't actually have her children at that stage.

18 So if they took her complaint seriously back then, one, we should have been removed from
19 that house, or been interviewed or anything like that afterwards, and sorted counselling for
20 her at that time. She may still have had her children. So I think that's probably the hardest
21 part for me, is they didn't do anything.

22 **MS GINA SAMMONS:** I think it's a continuously thinking, the could-have, would-have, should-
23 have that could have happened, should have happened and could have made a change.
24 She could still be here.

25 **MS BEATON:** Thank you both. Gina, just finally, you and Tanya thought hard about some
26 recommendations that you want to make to the Commissioners. That's at paragraph 116 of
27 your statement. Gina, I wonder if you could read that to us please.

28 **MS GINA SAMMONS:** "We know that sometimes it is necessary to uplift kids, but we really
29 want to know that the things we experienced will change. We know kids currently under
30 State care are under the watch of Oranga Tamariki who are not getting the support they
31 need. In our opinion, the Government needs to make sure that social workers have built an
32 on-going and trusting relationship with the kids themselves so that the kids would trust
33 them enough to tell them what is going on. And so the adults would notice changes in them
34 that might indicate that something is not right. For example, a social worker or an adult

1 with that role should be meeting their kids regularly and doing activities with them or a
2 group of kids. This could help develop the trust and bond between them and also
3 relationships with other kids in care who they might also disclose things to. This is how
4 abuse, of kids who might not know any differently, can be better detected.

5 We also think that the Government should employ people who have lived
6 experiences of State care. We could have the ability to connect with or relate to the kids
7 better because of the shared experiences. I for one would love a job where I was able to
8 pick up a group of kids and take them places, establish a bond with them and look out for
9 their well-being. That's essentially what I do now in working with child care.

10 I also think that the Royal Commission needs to look at what happens to kids when
11 they stop being in State care. I know that now kids in care can get some support to the age
12 of 21, but even that is hard. Kids that age still need support to make sure they get an
13 education, get a job and have support to try and set them up a stable adult life. Would any
14 person here put their child out on the street at age 17 or even 21 with no support for the rest
15 of their life, as we were? For kids in State care, the Government is their parent, often it is
16 the only place they can turn to for support. Even adult kids need help from their parents to
17 set themselves up. When kids have some kind of abuse in their care, they will need even
18 more support once they have left care to come to terms with the abuse and address the
19 effects of that abuse. But instead the support just gets switched off.

20 In terms of the claims process, it needs to be completely reviewed. Families should
21 be able to make claims together to save us all having to tell our story so many times. We
22 need to be treated with empathy and not made to feel like liars. And MSD needs to
23 investigate claims so that they know what they are apologising for and can make sure it
24 doesn't happen again.

25 We would also like to see a solution offered by Government recognising the
26 on-going effects of the harm on people that have been abused and on the next generation. It
27 should include help to get us set up, to help fix the lack of education and build the
28 connections of cultural knowledge that were lost to us and to help us into secure housing
29 and the support needs to be something we can come back to when needed, as these things
30 are continuous. For example, I finally was able to complete a paramedic course and now,
31 because of the change in the Government requirements, I have been required to do another
32 one. The course costs nearly \$3,000. If my partner hadn't been able to pay for it for me,
33 I wouldn't have been able to do it.

34 For someone like Alva, who can no longer take advantage of that kind of support,

1 her kids should get the same support, getting themselves set up to make up for the fact that
2 they don't have a mother to do it and to help break the cycle that was started with the abuse
3 she suffered in care".

4 **MS BEATON:** Thank you Gina. Is there anything else, Gina or Tanya, that you want to say at
5 this point?

6 **MS TANYA SAMMONS:** No, that pretty much sums up.

7 **MS BEATON:** Okay, thank you. Hope, was there anything else you'd like to add?

8 **MS CURTIN:** I've just been trying to think. I just don't know what to say. I think it's had more
9 of an effect on my life than I can actually say, especially through my teenage years of not
10 having a mum and rebelling myself because of that. And then also taking – going with my
11 abusive ex, I think that's more I found comfort there and I stayed because I didn't want to be
12 alone and didn't have my mum there to kind of go to for that.

13 **MS BEATON:** Thank you. Commissioners, that's all the questions that I have for Gina, Tanya
14 and Hope.

15 **CHAIR:** Thank you. I believe Commissioner Erueti has some questions.

16 **COMMISSIONER ERUETI:** Kia ora, kia ora koutou.

17 **MS GINA SAMMONS:** Kia ora Andrew.

18 **COMMISSIONER ERUETI:** Kā nui te mihi ki ā koutou katoa. So I just wanted to—I'm Anaru
19 Erueti, one of the Commissioners. I just had some brief questions, I know it's been a long
20 morning for all of you, but I know from your testimony here, Gina and Tanya, particularly
21 you, Gina, with your journey, that te reo Māori and your Māori identity, your whakapapa's
22 important to both of you. And I wondered to what extent you saw that reflected in the
23 MSD claims process, recognition of your Māoriness through that process?

24 **MS GINA SAMMONS:** For me there was no recognition of re reo through the whole process and
25 the only knowledge that I can recall the first time where someone recognised or even
26 expressed anything with tikanga or te reo was when I first met you and had our one-on-one.
27 But with the MSD there was no cultural connections there at all.

28 **MS TANYA SAMMONS:** I had nothing with MSD at all.

29 **COMMISSIONER ERUETI:** It's also clear from your evidence today that bringing your claim
30 as a collective, as a whānau is important to you as a group. And including Alva as part of
31 that and recognising her mana.

32 **MS GINA SAMMONS:** Yeah.

33 **COMMISSIONER ERUETI:** And I just wanted to know what the impact of the inability to be
34 able to advance your claims collectively together through this process, how that's impacted

1 on you all, how you feel about that.

2 **MS GINA SAMMONS:** I think for me it's—which has driven me to keep this continuing and to
3 keep fighting it, is because it's like her mana's disrespected. Even though she's deceased,
4 her mana still continues through her daughter. And for it to be not recognised by MSD, it's
5 one thing I find really hard to accept, and probably will never accept.

6 **COMMISSIONER ERUETI:** Kia ora.

7 **COMMISSIONER ALOFIVAE:** Simply to say thank you so much for the honesty and the
8 courage that you continue to show in coming forward and caring for our nation the way that
9 you do through your whānau. Thank you.

10 **CHAIR:** I have nothing further to say other than to echo that and I'll just leave it to Dr Erueti to
11 finalise.

12 **COMMISSIONER ERUETI:** Anei mātou te Kōmihana, tēnei te mihi nui ki ā koutou katoa, kia
13 kōrua. Ki ā koe e Hope, te irāmutu o te whānau, ngā tangata tāne. Tēnei te mihi nui ki ā
14 koutou katoa. Kei to maumaharatia te tuakana o te whānau, Alva, tenei te mihi nui ki ā ia.
15 Te mihi nui ki a koutou o koutou whakaaro, koutou Reo, koutou tikanga, o koutou mana.
16 Nā reira, tēnā koutou katoa.

17 [On behalf of the Commission I would like to extend our appreciation to you both.
18 Hope, the niece of the family, and also the support from your partners. Thanks so much. I
19 would also like to acknowledge your eldest sibling Alva. Again, heartfelt thanks for your
20 sharing your accounts with us here today.]

21 On behalf of the Commission I just want to express our gratitude to wāhine toa
22 coming and speaking about your experience. It's essential that we learn about what has
23 happened in foster homes and your care for tamariki who have been in CYFS care. It's
24 essential that we learn also about your experience too in dealing with the claims process
25 and having that detail and that information, and we know from all of the experiences with
26 private sessions, how much courage it takes to come forward and to tell that, speak about
27 that experience, so we want to acknowledge that and your persistence and your journey and
28 that has brought you here and that has informed us and enlightened us and given us new
29 insights.

30 So I just want to express that gratitude to you and recognise Alva and your tāne here
31 who is supporting you and also Hope down there in Oamaru with little Aubrey, the
32 mokopuna. It's been lovely watching you nursing Aubrey there and having a little moe on
33 your shoulder, it's kept us strong through this. So I want to express my gratitude on behalf
34 of the Commission, thank you very much, kia ora.

1 **CHAIR:** Thank you. We will now take a lunch adjournment and we will resume again at 2.15.
2 Thank you.

3 **Lunch adjournment from 1.00 pm to 2.20 pm**

4 **CHAIR:** Good afternoon Ms Janes.

5 **MS JANES:** Good afternoon Commissioners. Our next witness is Dr Fiona Inkpen from Stand
6 Tū Māia. I call her to the stand.

7 **CHAIR:** Thank you.

8 **DR FIONA INKPEN**

9 **CHAIR:** Good afternoon Dr Inkpen. Before we start would you take the affirmation please? That
10 means listening to me and saying yes if you wish. Do you solemnly, sincerely and truly
11 declare and affirm that the evidence that you will give before this Commission will be the
12 truth, the whole truth and nothing but the truth?

13 A. I do, thank you very much.

14 **QUESTIONING BY MS JANES:**

15 **Q.** Your full name is Fiona Anne Inkpen. Can you tell us a little bit about yourself and your
16 background?

17 A. I would just like to speak the organisational tauparapara as a way to begin. I'd like to stand
18 up to do that if that's okay.

19 **CHAIR:** Please do.

20 A. Kia ora. Ko ngā pou e whiria, ko ngā pou e mārāma, tiaho mai i roto, mārāma mai i roto,
21 ko ngā pou o tēnei whare, hui te ora, hui te mārāma, hui ē, tāiki ē. Ko te Pou Matariki nō
22 Tū Māia, ko au Fiona Inkpen.

23 [The pou of the whare bind us together, They shine, they shine bright and clear within, The
24 pou of the whare gather with life, gather with light, They bind us together as one. It is
25 done! I am Fiona Inkpen and greetings to you all today.]

26 **COMMISSIONER ERUETI:** Kia ora.

27 **COMMISSIONER ALOFIVAE:** Kia ora.

28 A. I'm Fiona Inkpen and I'm Chief Executive of Stand Tū Māia and greetings to you all today.
29 Just a little bit about my background. I have a background working in mental health,
30 Corrections, Health and Disability Services and it's been my privilege for the last 20 years
31 to work alongside whānau and tamariki who live in adverse life circumstances and many of
32 those children have experienced childhood trauma.

33 **QUESTIONING BY MS JANES CONTINUED:**

34 **Q.** So you're giving evidence today on behalf of Stand Children's Services Tū Māia Whānau

1 which we will shorten to Stand Tū Māia with your approval. Can you outline the
2 objectives that the organisation has to redress?

3 A. This is something that we are very passionate about, which is wonderful to have the
4 opportunity to present that. We have, despite our limited resources, developed a redress
5 approach that supports steps towards recovery for those still suffering from the impacts of
6 institutional harm and abuse. It has very much been a journey of discovery and I'm
7 certainly not up here as an expert in any way, but simply to represent the learnings that
8 we've had in journeying with people who are survivors of abuse and neglect.

9 We hope, by articulating and sharing our approach to redress, that we can
10 influence a trauma-informed approach and a culturally safe way of working with issues for
11 survivors, and we would hope we would be part of collectively designing a redress system
12 that avoids further harm, offers deep respect and provides lasting recovery.

13 Q. Can you give the Inquiry a brief background of the legal status of Stand Tū Māia and how
14 you became involved in redress?

15 A. Our history began in 1919 when our ancestors first had the idea of setting up children's
16 health camps. One of our important ancestors was a woman by the name of Elizabeth
17 Gunn. She discovered at the time of the First World War that our young men were not fit
18 enough to go to war and she decided to design a solution that would help young people to
19 become much weller, much more healthier.

20 So we started life as a health service. Today we are a specialist social service.
21 And that is very much about the fact that we started as a community movement really
22 focussed on the needs of our local community and our general population and we've
23 continued to do that in a way. What was fantastic was that we had a situation where the
24 Act that set up children's health camps in the 1950s as a permanent solution to the health
25 needs of children was actually repealed in 1999 and that enabled us to be much more
26 responsive to the needs of children and families and not be ruled by the Act, and hence our
27 journey to working more with adverse childhood circumstances and trauma.

28 Q. And you talk at paragraph 2.3 about the statutory liability in transfer under the Children's
29 Health Camps Board Dissolution Act 1999?

30 A. Yes.

31 Q. So what did that mean for the organisation post that Act?

32 A. Primarily it transferred all of the assets and the liabilities to a new charitable trust that was
33 set up. That trust was independent of Government and we designed a new service
34 alongside Government to better meet the needs of children and families. At the time we

1 were – I joined around that time and the – became Chief Executive in 2001 and helped
2 re-design the service.

3 We were blithely unaware at that time that we'd also inherited the liabilities of
4 historic harm and so of course that – although the services itself that we continue to deliver
5 were funded, the redress process for historic harm has not been funded and still is not
6 funded today.

7 **Q.** So just to summarise in your evidence you talk about the transfer of the assets and the
8 liabilities and at that stage unbeknownst to you the claims were part of the liability part of
9 the balance sheet?

10 **A.** That's correct.

11 **Q.** And the health camps previously were administered, there was Ministry of Health
12 involvement and also associated health camp schools. Can you just give us a little brief
13 background about how those two intersected with your observations?

14 **A.** The children's – the Ministry of Health, we were effectively a quango of the Ministry of
15 Health and they gave us a grant and we provided services nationally, very much along, you
16 know – sorry, I'm just trying to think. The Ministry of Health funded our services, but they
17 didn't fund the health camp schools, the Ministry of Education funded those and the
18 Ministry of Education were the employers for the teachers who worked in the health camp
19 schools.

20 So there was a dual governance structure which was actually quite complex right
21 through until 2011. And that prevented us from agreeing, if you like, what would be the
22 standards of care, or what would be the practices that we would uphold for children,
23 families. We made a lot of progress under that dual governance model, but it was a big
24 relief to us in 2011 when we could move to one governance structure and agree one set of
25 standards.

26 **Q.** What brought that change about in 2011?

27 **A.** It was as a result of quite a large review that was conducted by the Ministry of Education
28 and the Minister, the then Minister of Education, Anne Tolley, made the decision to change
29 the health camp schools and give us a contract to provide education services.

30 **Q.** And just looking at paragraph 2.6 of your evidence, you talk about the funding that Stand
31 Tū Māia operates under. Can you just describe how you're funded?

32 **A.** We're funded to deliver services to, both to families and to children. That's via contracts
33 with Government where we provide both evidence of how much work we've done and how
34 effective and also the quality of what we've done.

1 Importantly our funding does not include funding for redress processes. But I do
2 have a board who take very seriously our history and take the responsibility of that very
3 seriously. So, they provide funds from the long-term investments which are actually part of
4 our property investment fund which was developed by them. I'm very lucky, I have a very
5 entrepreneurial board who made the most of our assets in terms of them being handed to us
6 in order that we can address the needs of people that have been harmed by our organisation
7 in the past.

8 **Q.** Thank you. And Commissioners, we won't go to it, but appendix 1 has a much more
9 detailed outline of the history and purpose and functions. So moving from there, can you
10 tell us about the nature and state of the records of the health camps that you inherited and
11 what you had to work with?

12 **A.** Yes. When I took over in 2001 I remember doing a calculation to imagine how many
13 children had actually experienced a health camp stay since their inception in 1919. And I
14 think I came out with it was close on 230,000, something like that.

15 Back from the start children would come to stay for six weeks at a time,
16 sometimes children had repeat stays, you know, in different years, but not all that often.
17 And the records were very sparse was what I discovered. They primarily were held right
18 up until the 1990s in large registers, so there were great big books like this and each child
19 had a line in the register. So you had the child's name, their address, their date of birth,
20 who their parents were, where they came from, what school they went to, any diagnosed
21 conditions, who referred them, and the reason for referral.

22 So – and at the end of a child's stay you would see a comment that – about the
23 child's stay, usually written by the matron. And the really important point, their height and
24 weight at the start of a stay and their height and weight at the end of a stay. It was very
25 much a one size fits all solution for children. You know, the idea that they would attend six
26 weeks, you kind of, you have to excuse me, I used to call it sheep dipping sort of model
27 where sort of like you put a child through this experience and then come out the other side
28 and somehow they'd be better for it.

29 So they weren't really delving into what was happening for a child or what their
30 life was like or really what the child's view of being there or anything like that. It was just
31 this is it, children will profit from going through this process and will believe that.

32 **Q.** So in terms of any incidents or changes in behaviour, would they have been captured in
33 those records?

34 **A.** Occasionally you could see something in the final comment, you could read into that final

1 comment that something had not gone right, or a view had been formed about a child.

2 Yeah, so there were the odd comments, you know, I've read those that still exist, those
3 registers. There is the odd comment that you think today that person would no longer work
4 for us quite frankly if they'd written that about a child. So that probably gives you a little
5 bit of a red flag about something not right happened here for this child.

6 **Q.** And you talk at paragraph 2.17 about the 1990s and destruction of records. Can you just
7 talk about what records were available and what records are now available and the
8 changes?

9 **A.** Yes. Staff records we've always only kept as per the requirement under law, so we
10 normally keep staff records for seven years. And that's with the same as in the past. So the
11 policy for children's paper files up until the Royal Commission moratorium was that we
12 would destroy paper files after 10 years, and that was just because we were effectively
13 governed by the Health Retention Records Act and so we lived according to that.

14 Since 2001, not consciously because we want records of what we've done, but
15 since 2001 we've always considered in the new service design and delivery that a child's
16 story belongs to them, and so we value that story and for that reason we've always kept
17 those records electronically and those records are kept in perpetuity, they are archived when
18 we close a file but they can easily be opened if somebody makes an inquiry.

19 **Q.** And we will return to that as part of the redress process a little bit later. Just moving now,
20 can you tell us about what Stand Tū Māia looks like and how it operates today and what its
21 purpose is?

22 **A.** First we are a charity, we operate independent of Government and so we have our own
23 mission statement. Our mission is very much focused around two kupu that we hold very,
24 very dear, tāmataia and tiakanga, and that is restoration of the child's safety and well-being
25 and preservation of the whānau.

26 We have a trauma-informed approach that enables us to recognise the
27 vulnerabilities of people who have experienced trauma, because that is the population that
28 we focus on delivering services to. We have about 320 staff who, if we make a comparison
29 with the past when we were governed by the Act, we had a largely professional workforce,
30 we now have a largely professional workforce who are well trained to do the particular
31 work that we focus on.

32 We have a very strong governance structure which honours the Treaty, so we have
33 our Pou Tuārongo and we have our Pou Tokumanawa. Our Pou Tuārongo are elected
34 according to the needs of the board, our Pou Tokomanawa are elected by iwi and the mana-

1 whenua where our villages are sited. They represent the Te Ao Māori view both in terms of
 2 our policy and our practices. And that structure for a Chief Executive, I have to say in
 3 Aotearoa, gives me great strength and tremendous amount of learning.

4 I think one of the important things for Stand Tū Māia is we recognise the impact
 5 of trauma as a public health issue first and foremost. Science has confirmed without doubt
 6 the long-term negative consequences of abuse and maltreatment of children. And these
 7 children have an increased risk of severe mental and physical health problems, including
 8 post-traumatic stress syndrome, depression, suicide, substance abuse, heart disease,
 9 pulmonary disease and liver disease.

10 **CHAIR:** Just remember we have signers here who are translating and a stenographer who's typing
 11 every word, we must be mindful of them.

12 **QUESTIONING BY MS JANES CONTINUED:**

13 **Q.** Sorry to stop the flow. We were talking –

14 **A.** Yeah, so we were just talking about all of the impacts of childhood trauma in terms of it
 15 being a public health issue. I think the most important point to finish with there is that
 16 many of the children who've been – the people who I've journeyed with in terms of historic
 17 harm have often had multiple adverse circumstances in their lives and significant
 18 cumulative effect of trauma over time. And one of the things that I've certainly noticed is
 19 that how unaddressed trauma does pass from one generation to the next and that is
 20 something that we really do need to address if we're going to heal people.

21 **Q.** At paragraph 2.12 you actually have a statement where you quote from Dr William Bell.
 22 Could you read that out?

23 **A.** "You are driving down a road, there is a stream running alongside it. As you glance out the
 24 window, you see a baby floating down the stream. So you immediately pull over, you run
 25 down the bank, you wade in, you pick the baby up and you place it on a bank. But then
 26 another baby comes floating past, so you wade in and you pick that one up too. But then
 27 another one comes past. At which point do you go upstream and find out why they keep
 28 coming?"

29 **Q.** And why is that so important in terms of your mission statement and philosophy?

30 **A.** We strongly believe that in Aotearoa there is the possibility of preventing childhood harm
 31 and maltreatment. We have great examples from our indigenous population, we have great
 32 guidance from our indigenous population as to how children should be revered and how
 33 they should be treated. We have great lessons from science, we know what is needed to
 34 stop this terrible thing from happening. We know how we need to change our institutions

1 to stop harm. We need to do it and I guess why we're here right now is hopefully to find a
2 way that we can stop the generational impact of trauma on future generations. We consider
3 that hugely important.

4 **Q.** Thank you. And at appendix 2 you've set out Stand Tū Māia's annual report results for
5 2018 and 2019. Is there anything in that document that you'd particularly like to highlight
6 for the Commissioners?

7 **A.** Probably just that since 2001 we introduced ways of talking to clients to ascertain their
8 experience of our service and that was very importantly part of understanding whether or
9 not we'd done any harm. So we do talk to children at the end of service, we talk to their
10 parents, we talk to their teachers and we talk to the person who referred them to find out
11 whether they are satisfied with the journey that they've been on with us.

12 So we ask questions about have we communicated well with you, we ask
13 questions about were you involved in decision-making, were you involved in planning?
14 Did you get a real useful response from us, did we feel culturally safe, did we feel
15 culturally responsive, and finally did you get what you wanted out of it, you know, are you
16 really satisfied with the outcomes of the journey that we've been on together?

17 **Q.** And what do the statistics show about engagement or satisfaction levels with the service?

18 **A.** I'm very pleased to report that they show well over 95% satisfaction, certainly from
19 children and families and they have done for quite a number of years now, so it's important
20 to see it as a trend, as opposed to just a one-off situation. And I'm just working on our
21 annual report right now, and we have 99.5% satisfaction this year from children and
22 families.

23 **Q.** Thank you. That would be very satisfying for the organisation.

24 **A.** More importantly the children and families feel that.

25 **Q.** And Dr Inkpen, now we'll turn to redress. So you talked about the assets and liabilities of
26 the statutory board being transferred. What was the understanding about the obligations
27 and the responsibility for historical claims that occurred in the health camps and the
28 associated schools. That's at paragraph 2.5, 2.6?

29 **A.** Yes, I think it's very clear that we didn't understand that we'd inherited that at first, and it
30 wasn't until 2003 when I received the first inquiry that I realised gosh this is something we
31 have to do, and the board and I got together and said well of course we have to do it, there's
32 no doubt in our minds that we have to do it. We did approach Government to find out, you
33 know, what was their view, and we were told no, this is part of what you've inherited.
34 However, the Ministry of Education up until 2011 maintained their responsibility.

- 1 Q. And what were the circumstances that you started receiving inquiries and claims around
2 that 2003?
- 3 A. The first inquiry came in, I honestly didn't know what to do with it, it was like I've never
4 done this before. And I initially went to a lawyer and said what do I do? You know, as a
5 Chief Executive you're responsible for risk, gosh, you know, how do I do this? And I got
6 some of the best advice I could ever have hoped for, I have to say. So he advised me to
7 take a human approach, to listen, to seek resolution, and if at all possible not to make it into
8 a legal process. And that's what I did. Great advice.
- 9 Q. And at paragraph 3.1 you talk about the number of historical claims that you've processed?
- 10 A. Yes. Since 2003 we've had about 130 historic claims of harm. We did get an increase in
11 claims around 2008 as a result of the work of Sonja Cooper and her advocacy work with
12 claimants, yeah.
- 13 Q. And was there any impact once the Confidential Listening and Assistance Service was
14 implemented?
- 15 A. Yes, the Confidential Listening and Assistance Service was very helpful, so they surfaced
16 20 referrals to us, we had 18 requests for records, and we managed those to the best of our
17 ability, recognising that at the time we were still learning. The final report from the
18 Confidential Listening and Assistance Service in 2015 had a particular something.
- 19 Q. Paragraph 3.4 if you'd like to read that?
- 20 A. "Many people were sent to health camps as children for six weeks or longer. Five-year olds
21 were put on trains and sent off without escort. Often when they arrived there was no-one to
22 meet them. The children often did not know why they were there or when they might get to
23 go home. It was a frightening experience for many. There seemed to be no regard for
24 children's emotional health. There was some violence reported at health camps but not the
25 same levels of abuse that were reported to us at other institutions. The most common
26 complaint from people who attended health camps as children was that there were no
27 records kept and they had no way of finding out any information about their time there."
- 28 Q. And the findings of the Confidential Listening and Assistance Service, are those themes
29 that you have heard commonly since then?
- 30 A. Very much so. Most of the inquiries are from the period from the 1940s through to the
31 1990s, and the practices of not telling a child before they went to a health camp, or not
32 telling them how long they were going to stay there, not allowing them to have contact with
33 their family, not allowing them to go home if they wanted to go home, they continued right
34 through that period.

1 Q. And is there an example that you have about that lack of knowledge of why you were sent
2 away and the impact that that has had on a particular individual claimant?

3 A. I can think of quite a number. Just one that comes to mind is a woman who had actually
4 recently arrived from another country. One of her parents had died and another – her other
5 parent had a break-down and then she was sent to a health camp. She was particularly
6 looking for information as to what was going on in her family at the time. So she had no
7 idea, she knew her mother had died, she knew something terrible had happened to her
8 father, she wasn't sure whether she was the problem and that's why she'd been sent, and she
9 had lived her entire life, until speaking with me about why children used to go to health
10 camps etc, etc, thinking that she had caused all these terrible things in her family. And it
11 had been deeply detrimental.

12 So it's a classic example of practices of the day not recognising the emotional
13 havoc that they wreaked on a child. In some ways people say you weren't doing anything
14 wrong, but actually we know now that we were and it was significant and it harmed her for
15 the rest of her life. And, yeah, it's immensely sad.

16 Q. And then the Confidential Listening Assistance Service was disbanded in 2015. What has
17 been the experience of Stand Tū Māia since then? And we're at paragraph 3.5.

18 A. We continue to receive referrals and the, as your question just reflected, we continue to get
19 inquiries that relate to wanting records, inquiries that relate to emotional neglect. A smaller
20 but emerging group during that time were starting to get referrals that included serious
21 harm, particularly around physical and sexual abuse by adults, but also a serious failure to
22 protect children from harm inflicted by other children as well.

23 Those cases started to speak to me, I guess, about a need for a really full redress
24 process. And although I have to say that you can never tell what might lead to the need for
25 that full redress process. I can think of examples where a little bit like the one I just talked
26 about, where in some ways we – there was no deliberate infliction of harm by an adult to a
27 child, but that person was significantly harmed in a way that we did actually need to do a
28 full redress process. So and it was helpful and useful to do that.

29 I'm thinking too about an example there would be somebody who went to a health
30 camp in the 1950s and who didn't know they were going, arrived, was very confused, was
31 very worried about what was happening at home, which is often the case for children who
32 come from adverse childhood circumstances, it's like what if my mum's not safe, things
33 aren't, you know, my big brother might be beating up on my little brother, I've heard lots of
34 stories about I'm the protector in the family and suddenly I wasn't there. Big worries about

1 what might be happening at home. And asked to go home repeatedly, wasn't allowed to go
2 home. Eventually went home and discovered that their parent had [died].

3 **Q.** Take a moment. Just while you're –

4 **A.** Sorry.

5 **Q.** – recentering.

6 **A.** It's okay.

7 **Q.** Are you sure?

8 **A.** That person when their first child was born developed over time an inability to leave the
9 house, which continued right through their children growing up. It wasn't until a child, one
10 of their children said enough that that person sought help and called. By then that person
11 was in his 60s. He did accept help, he was an incredibly courageous man, I'll never forget
12 his courage, in really engaging and deciding to change for his family's sake. And he did it
13 and it was a couple of years later – he did a couple of years of psychotherapy – a couple of
14 years later I remember I got a phone call saying "I'm on my first holiday with my family".
15 Fantastic.

16 **Q.** And so we will jump to that redress process because we've already started moving into that.
17 So as historical claims were received, how do you approach the discussion when somebody
18 comes to Stand Tū Māia about what the process looks like and how it can unfold for them
19 and we're at paragraph 3.11?

20 **A.** Most importantly we begin with the person. We explain – I explain that we're here to
21 listen, we're here to understand and, very importantly, here to apologise for the harm that
22 they endured.

23 I like to remind people early on about their rights. You know, people have a right
24 to have a wrong put right. So I want them to understand that at the very start of the process
25 they're not asking for anything, they're actually giving us the opportunity to restore rights in
26 our society.

27 Very importantly they need to know who I am as they wouldn't need to know who
28 anybody who would be working with them are. They want to know like why are you doing
29 this. I recently met a man who said why, excuse me, but "Why the F are you here?" And
30 I literally talked about because you have given me an opportunity, you invited me and now
31 we have an opportunity to put something right in this world.

32 So we talk about our beliefs, Stand Tū Māia's belief with regard to redress and
33 very importantly what the process is. People need to know well in advance this is what
34 we're going to do and this is going to happen and da, da-da, da-da, step it right through

1 from start to finish. "You can call a halt at any time, we can take time, you can go away for
2 a couple of years and come back if you want. There is no pressure for you to tell me
3 anything, for you to accept anything I say, nothing. Let's just see if we can talk and get to
4 know each other and see if there's something we can do with this issue".

5 **Q.** And from a trauma-informed practice perspective, as one is a human nature perspective,
6 why is it so important to you to communicate the end-to-end process early in the piece?

7 **A.** When you've had such experiences, trust is a really hard thing, really, really hard. And the
8 other thing is that you need your world to be predictable. And if things aren't predictable
9 and if they don't have integrity, or you can't feel the genuineness of what's on offer, then
10 you aren't going to engage.

11 The important – the other important thing is that people need to experience that
12 absolute sense of I'm not here to judge, you know, right from the start you have to be able
13 to say "I believe your experience as told to me". And if you can't say that you shouldn't
14 start this process.

15 **Q.** And you have a particular – I'm actually going to jump you to paragraph 4.5 because that's
16 really relevant to what you've just been talking about. Can you read out paragraph 4.5?

17 **A.** Importantly one of my first questions is I'd like to know what's happened to you. You
18 know, it's not about what's wrong with you, it's about what has happened to you. We seek
19 to understand that and then we seek to understand how has it impacted on your life.
20 Understanding the impact of the harm gives us some pointers as to how we start the healing
21 process.

22 I often also say at this point that it's important that you know that I don't believe
23 that money fixes things, that money doesn't heal a hurt. It is very helpful, don't get me
24 wrong, I absolutely understand that and it is very likely that it will be part of our redress.
25 But really importantly, sometimes money can do harm unless we really know what you
26 want to do with it. Most importantly, we need to try and achieve a sense of – that justice
27 has been done and that they can regain trust and some hope.

28 **Q.** And when you talk about justice being done, which perspective are we looking at, justice
29 for the person or justice as Stand Tū Māia perceives it should be?

30 **A.** Justice for the person, absolutely. If they don't feel that, then there is no resolution and
31 there's no closure and there's certainly not going to be any healing.

32 **Q.** And going back to paragraph 3.12, you have a very comprehensive list of the potential
33 package or options within a package. Rather than going through each of them individually,
34 can you talk through how you come to devise an individual person's redress package and

1 what does that look like and how does that evolve?

2 A. It evolves in probably the fourth step of the process, if I can call it that. You know, the
3 fourth step of the process is when you have truly heard, listened to and heard what has
4 happened to a person and you have really explored what has been the impact on their life,
5 both on their internal world and in their external world, in relationships, in their, you know,
6 people will tell you, you know, "From then on I couldn't do anything at school, I couldn't
7 move if a teacher came near me", or "I – from then on I didn't trust other children" or
8 "From then on it didn't matter how hard I tried to concentrate I couldn't read. And so
9 I never sought a job, you know, where I had to read" or, you know, "Relationships, as soon
10 as somebody got close to me I'm, no, no, go away, it feels too hard". Or "I got very angry
11 and I've hurt people that I love and I still love".

12 So all of those impacts are kind of part of thinking about, they are regrets, they are
13 sadnesses, they are impacts that are still impacting. So it's like "Have you thought about
14 what might help with those things?" And it's very much a collaborative conversation about
15 "What do you think might help, I think this could help". I often talk about examples. So
16 I say "I've been working with somebody and they thought this might help with that", or –
17 that's usually quite helpful because people say "Oh you've talked to somebody else, I'm not
18 unusual, I'm not" – "No".

19 So that's quite a useful way of being able to explore them. Sometimes you just put
20 all of them on the table and say, you know, if somebody's saying I really don't know, you
21 just talk about all of them, "Just tell me if any one of them kind of speaks to you". "Oh that
22 could be good". I always remember person saying to me, I was talking about an ex
23 example of somebody who was going to live in a new house and she'd been back in an
24 institution for a period of time and she said could we help her with furniture. And one of
25 the lovely things she said was, "I've always dreamed about having a lovely bedroom". And
26 it was like oh let's go and do that. And that very same day we went and chose the things for
27 her bedroom, we actually did it that quickly. And some of the other furniture for her house.

28 I was mentioning that to this other person and they said "It would be really good if
29 I had a computer". So I mean they're not the same, but by talking about that they were able
30 to say "Oh I can actually have a physical thing that will, you know, be useful to me". And I
31 think, then it was like "Oh and I can have a phone". So connectivity, they become – like
32 this particular person had become isolated from her family, they were living in different
33 islands, and suddenly there was an opportunity to pay for the internet, pay for the – you
34 know, it's kind of like get that going, get that connection going again. It's at least

1 something.

2 It's not everything, we recognise that, but it's what's important to that person at that
3 time that they feel would really make a difference in their lives. Knowing that, you know,
4 and I say, "I can't turn back time and neither can you. So is there anything today that we
5 can do either for you or your whānau that we can make a difference now?" And that's what
6 we're looking for.

7 **Q.** And have there been occasions where there actually has been redress that involved the
8 whānau rather than the actual individual, because that was what was meaningful for them?

9 **A.** Yes. So sometimes it's been more important for another member of the family to access
10 psychotherapy. It's been more important for their children to access things. You know, it's
11 very rare that people ask for things for themselves. People recognise the opportunity to
12 give and when you've had nothing to give sometimes having that opportunity to give is like
13 "Wow, I can do this for my boy" or "I can do this for my children, I can do this even though
14 it's my ex-wife, it's now going to make a difference", and it's by way of saying "I'm sorry"
15 as well. So it gives people the chance to make their own reparation sometimes. I'm not
16 sure I've answered your question.

17 **Q.** No you did, thank you. Then we come to the reality check in that no organisation has
18 unlimited funds or the ability to holistically restore everything that might be required. So
19 what are the parameters or boundaries that you work with and how does that operate?

20 **A.** I do explain to people it's part of the transparent process. I do explain to people that we
21 have limited resources and I do that right at the start. Because I think it's important that
22 people know that. And I have to say I've only once went back to the board and asked to go
23 outside of that parameter and I was pleased that I did and we were able to find a solution.
24 And that involved a person who had multiple children and so it made sense to go out of that
25 parameter because it was all that the children were going to profit.

26 But so I do explain that I have an agreed amount that I can apply to the redress
27 process, and that it's up to us to decide together and for them to make a final decision on
28 how they want to utilise that. So that's the process that we go through. And that's usually –
29 people enjoy that transparency, I guess, yeah.

30 **Q.** And Dr Inkpen, we've heard about redress processes taking a very long time, usually a large
31 number of years. As a point of distinction, are you able to advise how your system works
32 and what the timeframe can look like and generally looks like?

33 **A.** It can vary, to be fair, depending on my availability. But I try to be quick in my response,
34 so if I get where somebody – so if I'm working with Sonja Cooper, with Cooper Legal for

1 instance, they might make an inquiry initially for records. We will try and turn that around
2 within a week. We would – then it might be months before they remake an approach. But
3 in going back we always say if this is somebody that would – Sonja knows now, we have a
4 good relationship – if it's somebody who wants to meet and wants to engage with our
5 process, then I'll make myself available as soon as I can.

6 From the time we then get the notice that somebody wants to meet or here's the
7 person's contact details, or let's make an – so we'll make an appointment as soon as we can,
8 usually within a week or so. Sometimes it's hard, a lot of Sonja's clients are in prison, so it
9 takes time to get those arrangements put in place. But if it's a self-referral or a community
10 referral, as soon as they say "I'm ready", I would usually phone them within 48 hours, and
11 we'll have our initial conversation on the phone, which is when I'll explain what our
12 approach is, what our process is, what we believe is helpful and how would they like to
13 progress it, how would they like to go forward. I would often ask them, you know, "Do
14 you want to meet face-to-face, would you like to put something in writing to me, would you
15 like me to come to you, would you like to come to me, would you like to have somebody
16 else there?", which I highly recommend, "Would you like your family there, or other people
17 that you trust? We can do, you know, would you like to just meet informally initially?".

18 Quite often we have quite a long conversation because people just take the
19 opportunity to – it's like there's a sense of "Oh I'm not going to get the run around". People
20 often say that, "You really want to talk to me like next week?" It's like yeah. So we will
21 arrange an appointment. Sometimes we will actually go through the whole – I'll often put
22 aside a day, like a whole day and I'll let them know that, that I've put aside a whole day.
23 We don't have to find resolution in that day, we don't have to use the whole day.

24 Then we'll meet. Quite often, I have to say, we have a draft agreement by the end
25 of that day. Probably 20% of people that I work with we might need to take longer. And
26 probably about 10% of the people I've met with we've never come to have a draft
27 agreement because it just doesn't feel right to kind of go down that path, it just feels like
28 they want to have a relationship and they come – they come and they go distant again and
29 they come back and they go away again and they come back. I think of a young man that
30 I worked with probably over a period of about three years, three and a half years. He was
31 in prison when I first met him. Sometime after that he got out of prison, he made contact
32 and said he was living in his car, could I help him with some accommodation, he wanted to
33 have a shower. So we organised some accommodation for him and I also helped him –
34 made a referral to the Salvation Army, tried to support him that way.

1 A few months later he came back and said "I've got the possibility of a job
2 interview but I need to travel to get to it, can you help me with my travel", so we helped
3 him with that. A few months later he came back and said "I'd really like to learn how to
4 play the guitar, will you buy me a guitar?" So we bought him a guitar. And it was lovely,
5 every time we connected we caught up about what was happening and the progress that he
6 was making and did really well. We eventually also supplied some music lessons. And,
7 yeah, probably for the last couple of years I haven't heard from him, so I hope he's doing
8 well.

9 **Q.** So would it be fair to say, what I'm hearing you say, is that you can start and conclude a
10 process relatively quickly, but it is absolutely within the control of –

11 **A.** The person.

12 **Q.** – the person as to how long that takes?

13 **A.** Yeah.

14 **Q.** And we'll come back to the scalability of this particular process a little bit later. So turning
15 to the trauma-informed approach that you use, we're at section 4, how did you decide on
16 that process and what does it actually mean in terms of the engagement and the
17 neuroscience that you incorporate into your process?

18 **A.** It's been a sort of process of action research I think. It has been very much a learning
19 journey and, you know, all credit to the people who've come forward and the courage that
20 they've shown, because one of the things that you hear a lot about is what their experience
21 to date has been, particularly when approaching Government. They talk about not being
22 believed about what happened, being called a liar, or feeling like they're being called a liar.
23 Having to prove what happened. Being really unclear about the process. Not feeling like
24 they have a voice or a choice in either the process or the resolution or even the timeframe,
25 and particularly the sense of unresponsiveness and delays and many people relaying that
26 they've waited for years and years and sometimes years and years more, which has left
27 them with a re-experience of their early childhood experiences of trying to tell and not
28 being believed, not being heard and bad things happening as a result of trying to tell their
29 story.

30 So the design of what we do is like, in one way to avoid all of those things
31 happening. I always remember one particular man talking about that experience that he had
32 and how it had increased his lack of trust. And then he compared it to coming to a health
33 camp and he said "That's what Government departments do, they do you over, you know,
34 they promise one thing but you get another. I hope you're not like that", you know. And

1 I'm not saying we're perfect by any stretch of the imagination, but I'd always remember him
2 say "I hope you're not like that". And he described his experience, which you know, he had
3 every adverse life experience you could imagine under the sun and it had a very cumulative
4 effect in his life and lots of opportunities had been taken from him as a result.

5 Now the interesting thing was that he'd had enough courage and probably enough
6 anger to come forward and he said "I wanted to tell you, I wanted to tell you that you were
7 the last resort in my childhood and I was told by Child Youth and Family that you were a
8 safe place", and when he then arrived at the health camp he was both sexually and
9 physically abused, and he described "It was that moment where I decided I would never
10 trust again, and I would not care what anybody told me was good for me". So it's like
11 boom, there's this massive belief that was going to rule his life from then on. And he
12 described very clearly how if you've got lots of trauma, you know, if you've got – if
13 everything is trauma, then in a way nothing is trauma and that was his life prior to a health
14 camp.

15 But when he actually trusted for a moment in that dreadful young life that maybe
16 this would be different and we betrayed his trust, then that took his social contract away,
17 that was it, that was the moment. Now he said "What happened to me there was nothing
18 like what had happened to me in my own home and everything else, but it was the betrayal
19 of trust that destroyed me".

20 And I mean that story really tells it all. You know, it's – we have a duty of care
21 and we completely failed and that person has now managed to I think claim more of a
22 social contract. But, yeah, I could understand why he had formed the belief he formed.

23 **Q.** Dr Inkpen, is this a good opportunity, you've got some graphs with you, would this be a
24 good time to go through those?

25 **A.** Yeah. So –

26 **Q.** Is it number 3 that you want to start with?

27 **A.** Yes please.

28 **Q.** So could we call up number 3, complex trauma. Thank you?

29 **A.** Yeah, that's the one. This is really just about why we have to use a trauma-informed
30 approach both in our work but also in our work with redress. So this graph just shows a
31 three-year old child, on the left-hand side you can see the brain of a three-year old child, a
32 scan, which is normal and then on the right-hand side following prolonged exposure to
33 trauma there are physiological changes in that brain. You can see that the neural circuits
34 have been disrupted particularly in the top of the brain causing changes in the hippocampus

1 and the brain's memory and emotional centre. Then you can see so very clearly in that
2 picture on the right that the brain shrinkage which, for the children that we're talking about,
3 results in problems with memory, learning and behaviour. It also means that they can't
4 regulate emotions when living in a state of constant stress and that all of that is associated
5 with greater risk of chronic disease and mental health problems as they grow.

6 And the second picture which is the complex trauma and the brain is really just
7 another scan which shows more clearly how on the left-hand side and at the top of the
8 picture there you can see large areas of the brain that are very underdeveloped and at the
9 bottom of that right-hand picture you can see the primal brain absolutely fired up. So that's
10 the kind of, you know, fight, flight, freeze, living with it constantly because the brain is
11 actually in that state in a continuous way.

12 And the final picture, which you've probably seen before, is from the ACE
13 [Adverse Childhood Events] study in the US which shows very, very clearly the whole life
14 perspective relating to trauma impact from conception to death and shows the cumulative
15 impact of trauma, childhood trauma and how the risk increases over time if it's unattended
16 to. So you have the adverse childhood experience, leading to disrupted neurodevelopment,
17 social, emotional and cognitive impairment, the adoption of high risk health risk
18 behaviours, and then leading to disease and disability and social problems and early death.
19 And of course as a person is living their life, that means that at each stage of their
20 development opportunities are dropping away, so educational impacts, occupational
21 impacts and health impacts are a reality.

22 **Q.** And at paragraph 4.8 you talk about maladaptive strategies. Do you want to just marry that
23 paragraph with the graphs that we've just seen?

24 **A.** Yes, so that is very much the complex – the picture of complex trauma in the brain. But,
25 yeah, how it actually impacts day-to-day –

26 **Q.** Just before we head into the afternoon break, at paragraph 4.7 you talk about what a
27 trauma-capable approach should include. Can you perhaps read that paragraph out?

28 **A.** Yes. "A trauma-capable approach includes a focus on relational connection, supporting
29 emotional regulation and offering approach – offering an approach using trauma-informed
30 principles. What that means is that for a trauma capable approach to redress, needs to
31 include psychoeducation about the impact of trauma, helping people establish or
32 re-establish a sense of identity is really important, and also a sense of safety and security.
33 Providing support for dealing with overwhelming emotional reactions in the process is
34 massively important.

1 Just as I was reading that I was thinking about somebody that recently I worked
2 with and I had said to him how a child is sacred, the concept of tamariki and a child is born
3 sacred and you carry all of the promise of your ancestors with you, and I said, you know,
4 from a European perspective we talk about a child being innocent and all the potential is
5 there and he just started to cry, and I remember reaching over and saying "Can I hold your
6 hand, can I just hold your hand?" And he reached his hand over and at that moment I saw
7 him just "I'm going to be okay". But there was that moment where that sense of that part of
8 the brain that's ever ready to freeze, fight, flight, was kind of on the way and so it's very
9 important in the process to constantly watch for that and help the person regulate.

10 It's important to talk – to give the opportunity to talk about the traumatic
11 experience if people want. But equally, if you don't want, it's okay. You don't have to
12 redescribe it, you don't have to relive it for me to know that something terrible has
13 happened. We can talk about the impact, we don't have to talk about the experience. And
14 importantly, where possible it's important to involve whānau and other important people.

15 **Q.** Just quickly going to paragraph 4.11 because we already looked at the neuroscience, unless
16 there's anything in paragraph 4.10 that you just want to highlight?

17 **A.** I think that was captured in the pictures.

18 **Q.** Yes, thank you, I thought so as well but I didn't want to deprive you of anything else we
19 should be saying. So just anything between 4.11 and 4.13 that you would just like to
20 highlight to round out the discussion on that approach?

21 **A.** I think very importantly when I ask people to share what has happened to them, I often say
22 if you're able, it would be really helpful to understand kind of the narrative of your life,
23 because the better I understand the context of when the stay at health camp happened, the
24 better I'll understand its impact.

25 So a child who already has significant brain damage as a result of cumulative
26 childhood trauma is going to have a completely different experience to somebody who's
27 had safety and well-being and nurture offered by their family. So it's like immediately you
28 know that the child is coming in with a lens that means, because it's not what happens to
29 you that counts, it's how you get to understand what's happening that counts.

30 So if I'm a child who thinks that adults can't be trusted, an adult, as I walk through
31 the door into a health camp who goes (gestures with hands raised) which is possibly just to
32 greet you and say "Hi, I'm so pleased you're here", can be just a threatening event and "I'm
33 going to turn around and run". And I will have recorded that as an "As I arrive somebody
34 tried to hit me". It's that easy. And that's what we need to be aware of in our work today,

1 that the context of what is happening in a child's life we need to be very, very conscious of
2 to be able to understand how best to help them.

3 It's the same in the process of redress. "Tell me what was happening at the time
4 because then I'll understand the filter of your experience at health camp". So I think that's a
5 really important part of the process. And people do understand that and are often very
6 willing to share.

7 The other thing of course that's very important is that the impact of childhood
8 trauma is that many people, as you can see from the pictures, are left unable to represent
9 themselves. That language might not be their strong point. Drawing might be, there might
10 be all sorts of ways they can communicate with you and you should allow those
11 possibilities. But very importantly, I don't trust enough, you know, this is a person who I
12 don't trust enough, I can't tell you my story so it's better to have somebody else tell that for
13 me.

14 I found working with Sonja and her lawyers really, really helpful. They prepare
15 people for this process really well and the person kind of has got a little bit of confidence
16 that actually Sonja and her people trust these people, so it's going to be okay. So they don't
17 come into the first meeting in a very heightened, disregulated state. Sometimes they do and
18 that's okay, that's absolutely okay, totally understandable. And it's just important for us to
19 accept that and understand that. But yeah, very importantly, people sometimes need help.

20 **Q.** Thank you.

21 **MS JANES:** Probably a good time, because we're moving on to the next topic, so if you'd like to
22 take the afternoon adjournment.

23 **CHAIR:** Certainly, thank you.

24 **Adjournment from 3.30 pm to 4.44 pm**

25 **CHAIR:** Thank you Ms Janes.

26 **QUESTIONING BY MS JANES CONTINUED:**

27 **Q.** Thank you. Dr Inkpen, we're at paragraph 4.14 of your evidence. Before we start that,
28 does Stand Tū Māia have two kupu you would just like to describe for us?

29 **A.** Our most important kupu. They are tāmatatia and tiakanga and we seek to uphold them in
30 everything we do. And they refer to the importance of restoration, of safety and well-being
31 for children and the importance of preservation of the whānau.

32 **Q.** And you've got two tables of what hurts and what heals. We would encourage people to
33 read those, so rather than going through them in any detail, is there anything that you would
34 particularly like to just highlight before we –

1 **CHAIR:** Just give us the paragraph number Ms Janes?

2 **MS JANES:** Paragraph 4.14.

3 **CHAIR:** It is right, yes, thank you.

4 A. I think they speak for themselves, what hurts is being inflexible, the way we do things
5 around here, asserting power and control over individuals who are seeking a voice, and in
6 terms of what heals, being able to offer safety, choice, a collaborative approach, ensuring
7 that you are trustworthy, you deliver on what you promise, and enablement or
8 empowerment, yeah.

9 **QUESTIONING BY MS JANES CONTINUED:**

10 **Q.** And at your next paragraph, 4.15, you talk about the importance of taking account of
11 colonisation impacts. Can you talk through that?

12 A. Yeah. This relates very much to what I spoke about in terms of people's experience is
13 always within a context and when it comes to Māori you cannot ignore in Aotearoa that the
14 context is the impact of colonisation over many generations. Maringi Brown-Sadlier, who
15 is the pou kōrero for Stand Tū Māia, she leads us in our articulation, Māori articulation of
16 our service, when I asked her to describe for the submission her view of the critical actions
17 and redress from her perspective she said – she gave me the following statement and then
18 she described six pillars of a Te Ao Māori cultural sovereignty for victims of abuse.

19 She said "Abuse in care will impact on a person's life forever. In proposing a
20 Te Ao Māori cultural approach to this pain you will need to enact a deliberate intervention
21 of a person's sovereignty. The politics of suffering unjust laws, forces and actions akin to
22 warfare are unimaginably extreme and brutal. To adopt anything less than cultural
23 intervention for victims of abuse in care is unacceptable and instills the abuse for
24 perpetuity, it will never right the wrong".

25 **Q.** Then you outline the six pillars of Te Ao Māori cultural sovereignty. Could you highlight
26 the areas you would like to talk about there?

27 A. I will, but equally can I say that for me, what Maringi has written here is absolutely key.
28 Every word for me speaks to our process and speaks to what is absolutely needed for
29 people to recover and heal. And she starts with the concept of tēnā koe, which we've talked
30 about, which is that absolute person whānau-centred approach, I see you, I see everything
31 you are, I see who you were born to be, I see who you were intended to be, I see all of you.
32 And that is a really, really important principle.

33 And valuing the person, nō ngā atua koe [of the gods], recognise that everybody
34 you work with is descended from the atua. Nō hea koe [where are you from] recognising

1 that everybody is from somewhere and you need to give them the opportunity to connect to
2 that. This is where my strength comes from, Nō hea tōku mana [knowing you have control
3 over who you are]. So again there's that capacity for choice and voice all the way through
4 that if we're not attending to that, we are not giving people the capacity to be fully
5 themselves and bring who they are. He taonga tōku iho [you are a treasure in your own
6 right]. You have the right to personal sovereignty over the choices that you have. And this
7 is me, ko au tēnei.

8 I think one of the things that's really important in this process is we aren't trying to
9 fix a person. They are who they are, they are seeking resolution to something, it's not that
10 they've come to us to fix them. And so respecting what they've come for and delivering on
11 that is what the process should be designed to do.

12 **Q.** And then you set out the redress process at paragraph 4.16. Could you just quickly
13 summarise those points and why they're important?

14 **A.** They are very much a blueprint for action. It was really lovely to have this opportunity to
15 come and address the Commission, because it gave me the opportunity to sit and think how
16 do I articulate what I've been doing, how do I write it down, how do I make it so that it is
17 something that can be built upon, grown, no doubt improved, but can perhaps form part of
18 thinking about what we might do in this country for redress.

19 So it is written almost to sort of say well here's a process, here's what we've been
20 doing and a strong belief that if we can train people in this process, if we can say, you
21 know, let's build, and I think we'll probably come to that in the recommendations, but, you
22 know, let's build something that people don't have to wait, people can access when they're
23 ready and for those who've been waiting that there is something that they can access
24 quickly that will actually give them a process and a capacity to feel listened to and heard
25 and healed.

26 One of the important – some of the important things here that I'd just like to
27 highlight, I guess, is the absolute importance, one of the things that people have often said
28 is "Why are you meeting with me, why haven't you delegated this to somebody?" So it's
29 really important to make people feel that the reason you are meeting with them is that they
30 hold information that is vital to the future of our organisation today. If we can learn from
31 them, the mistakes we've made in the past, then our future will be much stronger.

32 But it is also a mark of respect, you know, it is ultimately a mark of respect that
33 you matter to us, the fact that we hurt you matters to us, the fact that we want to make it
34 right matters to us and I'm not the only person with all the decision-making ability that I

1 don't have to go away and come back.

2 I'm not saying that chief executives should do this work. All I'm saying that
3 whoever does this work has to be given the capacity to make decisions and design solutions
4 collaboratively with the person so they don't have to go away and come back and it takes
5 longer and longer.

6 I also think one of the important things in our process is we don't worry about
7 whether records exist or not. I guess that's been a flow-on effect of not having good
8 records. What we've learned from that is actually it doesn't matter. I can't prove whether it
9 happened or it didn't happen. And actually whether it happened or not isn't what's at stake
10 here. What's at stake here is that somebody has a memory, has an impact from that
11 memory that has been lessened and has damaged them. How that memory got there, how
12 will we ever know? Often we talk about that, you know, people say "Sometimes I think it
13 was like this, sometimes I think – sometimes I think it was health camps but sometimes it
14 could have been something else". It doesn't matter.

15 And, you know, on one occasion I met a gentleman who said he'd been at a
16 particular health camp, I met him, he wanted to see the health camp, he said he really
17 wanted to see what it was like today. So I met him at the weekend when all the children
18 weren't there, and he arrived and he said "Where's the trees, where's the trees?" I said
19 "What trees?" He said "There were trees here" and I said "No, there were no" – there were
20 a particular kind of tree, and I said "There were never trees like that here, I've seen all of the
21 photos through the years. Are you sure it was this health camp, maybe it was another one?"
22 He said "No, it was definitely in this region, it was definitely this health camp". But the
23 trees were quite – I knew the type of tree he was talking about and I knew where they were,
24 which was actually a close-by psychopaedic hospital. So we drove straight to the
25 psychopaedic hospital and as we approached where he had been, there were the trees, and
26 he broke down crying and expressed his pain very deeply that day.

27 We paid for psychotherapy for that man in the following years because why would
28 I then refer him to MSD or DHB [District Health Board] or – he'd already started his
29 journey, he already started to express his pain, we were able to do something. And his
30 grandchildren profited from that. So it was still within the – our mission, but it was, yeah.
31 So again I think, you know, like whose fault, or is it just that the purpose of a redress
32 process is to enable people to move on.

33 **Q.** And so picking up on that point, and you have set out at paragraph 4.18 effectively a
34 blueprint and a script. So before we go there, just looking through paragraphs 4.16 to 4.17,

1 is there anything that you want to summarise or highlight before we then go on to the script
2 you've devised for the meetings?

3 A. Probably only that I, you know, my background is in training – my training's in
4 psychotherapy and working in mental health and prison settings and with children and
5 families. So it's been really easy for me to be in this role and be able to contribute
6 positively. But I genuinely believe that what we need in a redress process are good human
7 beings. And that, you know, you can train a good human being to follow this process. This
8 is scalable, this is possible to actually find a way. I mean I believe there are about 5,000
9 current claimants, and I genuinely believe that it is possible to design a solution that we
10 could process those claims within a three-year period. It is definitely scalable and it is
11 definitely possible if we have the will to truly make a difference for that group of people.

12 Q. And we'll have that conversation shortly, but again, just a reality check in that there is an
13 argument that if you don't look at causation and you take a complainant as they come to
14 you no matter where the harm occurred, there are naturally financial and other resource
15 implications for that. And you've talked at one of your bullet points just before 4.17 about
16 false claims. So that's obviously one concern that any agency dealing with redress might
17 have. What would you say about that aspect of triaging?

18 A. I've already dealt with two false claims and the reason I know they're false is that I was
19 advised about that, and later one of them actually acknowledged that. But the two
20 questions I ask are, does the person have a history of complex trauma, and secondly in that
21 instance, the second question is do they have children, particularly young children. And if
22 they do, then engage, support, make a difference, because if we can stop that transfer of
23 intergenerational harm from complex trauma, then we've done what we need to do, because
24 the cost of complex trauma, it's a huge public health issue in this country. This is one part
25 of the population that need to be able to access supports to move past that.

26 Q. And going back to your example of the William Bell comment this is the way to go
27 upstream and stop the babies floating down?

28 A. Yes, absolutely.

29 Q. Turning to 4.18. We will put this on the screen because you're not going to cover it in
30 detail, but I thought it would be helpful if we have it on the screen. If there are particular
31 aspects that you just want to highlight as we go through that?

32 CHAIR: And while you're doing that, may I reassure you that we have read in your brief of
33 evidence.

34 A. I was just about to say that, thank you.

1 Q. We absolutely have at least once and some of us more than that. So you can take it for
2 granted that we are familiar with it.

3 A. Thank you for that, Commissioner. I was about to say that, you know, it is a blueprint, it is
4 a script, it's very self-explanatory. I don't think I need to go through that.

5 Q. Thank you.

6 **QUESTIONING BY MS JANES CONTINUED:**

7 Q. Thank you, doctor. Can you just describe why you devised that and what use it could be
8 put to? Because it is self-explanatory, but what would you see its intention to be?

9 A. It's probably encapsulated in my concluding comments and recommendations as well, but it
10 is a view that it would be nice to think that we could design a solution to redress that
11 includes the possibility of that process for all people seeking redress and so maybe it will
12 begin as a draft script for people who journey through that process. Recognising clearly
13 that, you know, another component of that will be the financial redress that people do seek
14 and which may be designed in a different way, but I would like to hope that – I just so
15 genuinely believe that this does nothing without this.

16 It is so important for people to receive absolute acknowledgment of what they've
17 been through, an unequivocal apology, an experience of another human being feeling for
18 them and everything they've been through, that doesn't know them, that has no need to give
19 that to them, but because they recognise the absolute sacredness of that human being they're
20 able to say that should never have happened, you were a beautiful innocent child and
21 people need to hear that before this makes any difference at all. Very rarely have people
22 introduced money to me in the conversation. It's usually something I have to introduce as
23 will that help.

24 Yes, for men in prison or for women in prison it's slightly different, you know,
25 there's nothing to access and it can make a real difference in their life to be able to dress in
26 some nice clothes or get some drawing materials or have a book to read or be able to help
27 their families or those sorts of things. But I've never come across anybody who was
28 greedy. I think that's an important point to make. People often say to me when I talk about
29 our process like "Oh I bet you get people who say 'no, it will never be enough!'" I haven't
30 had that experience. And the only time, like I say, that I had it where I had to go over my
31 limit was simply because somebody wanted to give an equal amount to their children.

32 Q. So you've described a process that sounds very therapeutic, it's trauma-informed, it's
33 culturally appropriate in terms of looking at the whole person and who they are and what
34 their history is. But how scalable would this type of programme be? There are a large

1 number of claimants seeking redress from different organisations, not health camps
2 particularly. But can you talk us through what would be required if one wanted to look at
3 scaling a similar process?

4 A. I suppose you need to look at it like any other service. You know, and I guess as an NGO
5 [non-governmental organisation], we're always up for risk and I think to get a solution to
6 this as a society we need to actually face the risks. We're not going to have a safe process,
7 you know, totally 100% safe process in terms of risk of the cost of it, or risk of like we're
8 going to have to take some risks. And we do that all the time in setting up services, so, you
9 know, you look – if you're looking at scalability you work back from your number. You
10 work back to how many people are likely to be able to work with, you know, how many
11 claimants a year, what kind of training are they going to need, what kind of supervision are
12 they going to need, you know.

13 Clearly in this case you're going to need like a clinical governance group just to
14 keep an eye on processes and listen to the feedback and understand what's happening. You
15 probably need a clinical operational group, so if you regionalised it you would be talking
16 about, you know, starting off with a national train the trainer perhaps, then trainers in each
17 region, trainers and supervisors in each region.

18 Even if you started with 20 in, say, seven regions of New Zealand, that's 140
19 people to train. If you trained those people, and I think it would take three months to train
20 people in the process probably. So you form a team to do the training, you form – develop
21 the blueprint further, perhaps develop it into a curriculum, do your testing in terms of
22 people's understanding of the process and their capacity to, you know, you probably need to
23 have a certain amount of live supervision in the first instance and then, you know, I think it
24 would gather momentum from there. I think it's eminently scalable.

25 Q. In terms of the number of people, what could a caseload look like, how realistic, how many
26 could one person realistically manage in terms of case management?

27 A. It's an interesting question. If I think of my own experience, I do a full-time job and this,
28 what I do in terms of redress, is extra and I don't mean by that to minimise it at all, but it
29 doesn't – I think that somebody could probably operate over a year with about 30 people.
30 The important thing would be to ensure – so if you set up an agency that had an approach
31 where on the one hand you have a kind of legal process around perhaps more around the
32 financial redress type approach, but then you have this other arm that is actually the
33 therapeutic healing process, then I – then 30 would be, I think, yeah, definitely doable.
34 I hope I'm making sense.

1 I'm basing that on my experience if you're setting up a service. If we were talking
2 about doing significant clinical work with a person then I wouldn't be talking about that
3 number, but what you're doing in this role is keeping a very clear boundary between what
4 we're here to do in terms of redress versus what you might want to do with the collaborative
5 solution that we've come up with that helps you feel that justice is being done, and that you
6 feel listened to and heard and felt for that, that in itself is a therapeutic process.

7 For people who might need further clinical work then that's actually not part of the
8 redress process. It's certainly part of the solution for that person longer term in terms of
9 reclaiming their opportunities and their place in society.

10 **Q.** So as you've described it, that would be part of the package where they would be referred
11 onwards for that?

12 **A.** Yeah. But many people, I think I said it before, don't assume that people need fixing,
13 because they're seeking redress. Because many people have found their way in life, you
14 know, those who've suffered severe and cumulative childhood abuse and maltreatment,
15 including abuse in care, yes, potentially may not yet have found their pathway. But many
16 people who you talk to do have what they want from the process quite clear in their minds,
17 and so some, you know, if you think about a caseload of, say, 30, you'll have a normal bell
18 curve probably of, you know, 25% who – 20 to 25% who actually just want to talk to you
19 and want questions answered, want information about what the hell was going on and want
20 to really, really talk to you about their experiences and be felt for.

21 Then there is the majority of people who are seeking support to leave it behind, to
22 let it go, yeah, and then there is the high end of harm where people are saying still "It's still
23 impacting and I need a lot of help". And these initial things will help and wouldn't it be
24 great, particularly for that group, that we could leave the door open, which is we try to do,
25 come back, you might have signed an agreement but come back if, you know, come back if
26 you need more help. Come back if you need to talk, come back if you need to just kind of
27 touch base again, you know?

28 There are some people who have done that and I think of a woman who spoke to
29 me was very hurt, was very clear the impact that health camp had had on her, but stated
30 very clearly when I spoke to her, "I'm not going – I don't need that, I don't need
31 psychotherapy, I don't need, how dare you even suggest it". And I said "Well, the offer is
32 there and if at any future time you feel like you need it, please come back", and it was two
33 years later when I got a phone call and she said "Is that offer still around?" So it's nice if
34 people can feel like there is nothing wrong with them, they are not asking for anything that

1 is not their right, and what can happen from here is that if at any future date you feel that
2 you need a top-up, or you need to touch base again, or you need to bring more about what
3 you now understand happened, that's okay, come back, talk to us.

4 **Q.** And if one were establishing a scalable service, what type of workforce are you looking at?

5 You're a psychotherapist with –

6 **A.** I was a psychotherapist to be really clear, I'm a manager, I'm a Chief Executive.

7 **Q.** But who would you envisage could potentially be expanded to include as this type of
8 workforce delivering this type of redress?

9 **A.** I often say if you can get a good human being you can teach them anything. So I do
10 genuinely believe that people who have an interest in social justice, people who have an
11 interest in making a difference in their community, people who feel a connection in terms
12 of, not in terms of harm, but in terms of "I know what it's like to be there and I know what
13 works to be resilient in life". So people who have a good clarity about maintaining health
14 and well-being in life are really helpful.

15 The ability to truly listen and stay calm and be able to hear stories of huge pain
16 and acknowledge without judgment and express deep empathy and not turn away for a
17 moment, there are lots of human beings like that in Aotearoa in my experience. Yes, we'll
18 have to train them, yes, we'll have to supervise them, but they will become a very valued
19 workforce very quickly I think.

20 **Q.** And I don't understand from what you're saying that you're talking about diverting
21 clinicians away from, say, mental health services or anything like that?

22 **A.** No, people don't come to be fixed, people don't come because there's something wrong with
23 them, they come because something has happened to them and they want it heard, they
24 want an apology, like this is what – every time, don't make the redress process into
25 something that it's not intended to be because potentially you'll take people down Alice's –

26 **Q.** Rabbit hole?

27 **A.** – hole, rabbit hole, that's it. You know, people will tell you if they want to help and if
28 they're seeking help and sometimes out of a conversation that emerges that they do need
29 some help, but that is a referral, that is a – that is their right to access universal services or
30 specialist services just as any other citizen would. So knowing what's available, you know,
31 these people who we trained, which we train people all the time, it's our job, is to train them
32 to know what's available in the community to know what you would use, know who to
33 trust, yeah.

34 **Q.** And before we move on to your concluding comments, is there anything else that I've

1 omitted to ask you about that particular part of the evidence you'd like to give?

2 A. I think just possibly the agreement, because it's a sort of little practical thing that's in there.

3 Q. This is appendix 3?

4 A. Yes. So when I was first working with people it was like how do we – how do I keep a
5 record, given, you know, the sort of – and yet but how do I also give them an assurance that
6 I'm not going to record something that is very private to them. So I do tell people our
7 conversation is between us, nothing is going to be recorded about what you tell me has
8 been your experience, because that's your story, it's not ours. And that's quite reassuring for
9 people that we don't have to like record what happened to them.

10 So if we don't have a record and we don't have to record, then it is just about
11 sharing their journey. But at the end it's very important that we record that we accept their
12 story, that we believe them, that we have offered an unreserved apology, that we put that in
13 writing for them if they want as well, it's a separate document, that the following has been
14 agreed might help in their current life to help heal the hurts of the past. These are the
15 agreements that we've made and we both sign it.

16 I base that on the terms of settlement that employment disputes are settled on.

17 **CHAIR:** Just talk into your microphone.

18 A. Sorry, I base that on the terms of settlement for an employment dispute, you know, because
19 that's sort of always quite a nice approach to kind of well these are our agreements, you
20 know, we are no longer in conflict, we are no longer in – we found resolution and let's both
21 sign that and that's where we are. Most importantly, and Sonja Cooper helped me with
22 developing that as well, it doesn't stop people from talking about their experiences in the
23 future. Their right to continue to have their experience as part of their narrative but
24 hopefully for that narrative now to be a story of resilience and survivorship is what the
25 story becomes, but they can always continue to talk about what's happened. But we do
26 agree that the settlement itself is private to them and us, yeah.

27 Q. Thank you. We'll now turn you to your concluding comments at paragraph 5.1.

28 A. I'm very aware I'm sure the Commissioners have read this. Perhaps just to go on the record
29 that I have been very privileged to work with people and even in the course of today as I've
30 been talking I've recognised in almost every item I've talked about I can almost think of
31 who I learned that from. So I owe my knowledge about what might work to all the
32 courageous survivors who've actually been prepared to teach me, so I'd just like to
33 acknowledge that. Thank you.

34 I also think that it's very important that when we are working to find a solution for

1 redress that we need to be aware that many of the people most harmed in institutional care
2 have had multiple experiences of institutional care. And so there is a horrendous
3 cumulative effect. And they are still today accessing institutions in our society, many of
4 them and those institutions continue to be not trauma capable or even trauma-informed.
5 And I think that it is hugely important that we also plan for our institutions to become
6 trauma capable in Aotearoa.

7 Because if we don't, the true impacts intergenerationally will never stop. So I
8 think you know, part of our solution is to address the immediate problem, but equally our
9 institutions need to understand the context of children who come into our institutions, we
10 need to as an organisation and we constantly are looking at gosh did we understand how
11 that child experienced us, because you don't mean to do harm, but you've got to constantly
12 be looking for did we, did we, and if we did, the quicker we get on to it, the less the impact
13 is. So for those people who've been waiting for a long time for redress, for being listened
14 to, for being healed, for being felt for, you know, I do genuinely believe we can scale up a
15 process quite quickly as a society that can start enabling them to have their time. And, you
16 know, I really think it's important, because the longer it goes on, the more harm we're
17 doing.

18 **Q.** So if you're looking at your recommendations section what would you like to emphasise
19 there, or feel free to read if you would prefer to do that?

20 **A.** Again, I think we've probably talked about a lot of it. Stand Tū Māia would like to see a
21 national approach to redress, that national approach would need to have, as I've just said, a
22 real understanding of the impacts of childhood trauma and a real understanding of how to
23 provide a cultural intervention that restores the mana of the person and the whānau.

24 I think that the two-pronged approach that I've talked about that, you know,
25 forming a single unit with trained people who can manage all claims, so there's one place to
26 go, you know, I don't have to go remembering that people have been through many
27 institutions sometimes, particularly our most harmed, so, you know, that I can go to one
28 place and I can get one hearing about everything that has happened to me, and it doesn't
29 matter how long it takes, it doesn't matter how much I want to say, it doesn't matter whether
30 there's proof, I can be heard in terms of my pain, and I can be given voice and a choice in
31 terms of the solutions, and I can be proud of contributing to the body of knowledge that is
32 healing in Aotearoa, because that's what – the quicker we get on to it the more we'll
33 understand about what's going to work to get people's futures safe and well.

34 I do understand that, you know, I'm not Pollyanna, I do understand that money

1 comes into this. Money also comes into a significant public health problem of complex
2 trauma and it costs us a fortune and it's a growing problem. So the more we can address the
3 impact of trauma, the less costs we'll have.

4 So again, my experience is that it's not going to take a lot of money for each
5 individual. Like I say, that's not my experience and, you know, there would have been
6 nothing stopping people saying "Nah, I'm not accepting that" and walking away. So there's
7 something about the relational approach that truly treasures them where money falls away.
8 It truly does.

9 Is it important on occasions? Of course it's important to all of us and we'd be
10 stupid to say it isn't. But I do believe it's manageable, so the money side's manageable, the
11 workforce training and designing something that will work is scalable, let's do it, you
12 know? I think sometimes we make things too complicated. We think we've got, you know,
13 have every possibility. If we treat people as individuals we'll be able to problem-solve each
14 individual as we need to. And when you take that approach, everything actually becomes
15 solvable.

16 The one thing apart from that that I would like to say is that I do strongly believe
17 that the survivors of institutional abuse and maltreatment deserve an apology from us as a
18 nation. And I unreservedly believe that.

19 I don't need to say anything other than that. Even now we're asking them to tell
20 their stories so we can get over our history. You know, if they're prepared to give us that
21 gift, surely, surely we can give them an absolute expression of sorrow that it happened to
22 them, an unreserved, unequivocal apology and an offer to work through a process with each
23 and every one of them that enables them to be heard.

24 Yeah, that's me.

25 **Q.** Thank you, Dr Inkpen, I have no further questions but the Commissioners may have some
26 questions, so if you could just sit there and check.

27 **A.** Sorry, there is one thing I would like to share with you.

28 **CHAIR:** Yes please do.

29 **A.** I met with a gentleman just recently in prison. He gave me this beautiful picture as a gift.
30 I'd actually met him in 2016 or talked to him in 2016 and he gave me a picture then, we
31 worked with him just in terms of conversations and helping him with his whānau at the
32 time, and then more recently he got back in touch and I met with him and he gave me this
33 picture. Actually I had with me a picture that he'd given me back in 2016 as well which
34 was beautiful. But he gave me this right at the end of our conversation that day in which

1 we had come to an agreement in terms of redress. And it's based on one of his heroes, Bob
2 Marley, and you can see that it says "Stand children's" – and I was really pleased he hadn't
3 put services – "Stand children's space, opportunity", and we talked about that a little bit.
4 But he also said "Emancipate yourself from mental slavery, none but ourselves can free our
5 minds", which is a quote from Bob Marley.

6 And he said, "I know it comes down to me". And I guess what I learned from that
7 was, that's actually all that people want, the opportunity to act, but sometimes people need
8 help to act and really that's what the redress process is all about. And I'll always treasure
9 this. So it was a gift, the only thing he could give and fancy giving that to an organisation
10 that had harmed him so badly in the past.

11 **MS JANES:** Thank you for sharing that with us.

12 **CHAIR:** Thank you. I think we have one question from Commissioner Alofivae.

13 **COMMISSIONER ALOFIVAE:** Dr Inkpen, thank you very much for your fulsome evidence.

14 I just want to ask you a question about the records if I could. You estimated about 200,000
15 had been through health camps.

16 A. Yeah.

17 **Q.** You listed a whole lot of things when you register names, date of birth and a couple of
18 other things?

19 A. Yeah.

20 **Q.** Was ethnicity one of those statistics that you were gathering?

21 A. Historically no.

22 **Q.** So when did you –

23 A. I think that started in the 1990s and definitely since 2001 when we built the electronic
24 system, ethnicity, iwi, and hapū are all part of the record.

25 **Q.** Did you have a sense of percentages or proportion?

26 A. Now.

27 **Q.** Yeah?

28 A. Or – now?

29 **Q.** Now in terms of the database that you have?

30 A. That we have? I've just looked at last year's data, 50% of the children in families who
31 access our services are Māori, about 40%, around about 42% are European, Pākehā, and the
32 others, about 5% Pacifica and then we have some refugee children and we have some
33 Asian.

34 **Q.** Thank you very much.

- 1 **COMMISSIONER ERUETI:** Thank you doctor. So following on from Commissioner
2 Alofivae's question. We had a sense of the ethnicity or the make-up who are bringing
3 historical claims, there's 130 to date, just to get a sense of Māori and Pacifica, those with
4 disabilities in that group?
- 5 A. In terms of the health camps, I would say 70% Māori and of that 70%, the majority I would
6 say at least two-thirds of that majority – sorry, so of the 20% of referrals that are about
7 serious physical and sexual abuse, at least two-thirds of that group would be Māori. So
8 there is a definite sense of there being a skew that way, absolutely, totally.
- 9 Q. Thank you. I wonder too about the design of the process and the principles that guided you
10 in designing and making this process, which is a different narrative from what we've been
11 hearing so far this week. You talk about – you refer to Kāhui Poutokomanawa and
12 feedback from survivors. Are you able to elaborate a little bit more about the process in
13 designing this approach that you have?
- 14 A. Yeah, it's a mix of things, it probably stands very close to how we operate more generally
15 in terms of we very much try to weave together the learnings from our reflective practice.
16 In this case it would be in relation to, like I mentioned earlier, sort of action research in
17 terms of each of the complainants that I've met with, I feel I've learned something from
18 each of them.
- 19 In terms of mātauranga Māori, our Kāhui Poutokomanawa have guided me over
20 the years very, very strongly in terms of understanding what is most important for Māori.
21 And then we have our learning from science, particularly neurobiology and psychotherapy
22 resiliency theory, our theoretical base as well as the learnings from science. It's about
23 weaving all of those together to gain an understanding.
- 24 But, you know, underneath all of that is what's the most ethical thing we could do
25 for a group of people that every institution has failed, because quite often that is the people
26 who we are talking to, you know, that – I remember when I worked in Corrections,
27 I remember prison officers saying "Why do people think we can cure somebody while
28 they're in prison when every other institution has failed?"
- 29 So yeah, it is – yeah.
- 30 Q. Thank you.
- 31 **CHAIR:** Dr Inkpen, thank you very much. What you've provided to us usefully late on Friday
32 afternoon is an antidote to the stories that we've been hearing all week of siloed responses
33 of delay, of re-traumatising, of pain, of lack of resolution, even when money has been
34 given, even when an apology has been given. So your alternative reality is something that

1 has given us a lot to think about. We've read it, we've been discussing it in the breaks and
2 we will indeed continue to discuss that as something that gives us some foothold on a
3 different way of providing some redress for those who've been so damaged as you say by
4 the institutions. So thank you very much indeed.

5 A. Kia ora.

6 Q. You have brightened our Friday afternoon and you've left us on what feels like quite a
7 positive note and we're grateful for that.

8 A. Thank you very much, Commissioner, thank you for the opportunity.

9 MS JANES: Thank you, that concludes the evidence for today.

10 CHAIR: We will resume again on Monday at 10 am.

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

12 **REGISTRAR:** This sitting is now adjourned.

13 **Hearing adjourns at 4.41 pm to Monday, 28 September 2020 at 10 am**

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