

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
DISABILITY, DEAF AND MENTAL HEALTH INSTITUTION 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)
Paul Gibson
Julia Steenson

Counsel: Mr Simon Mount QC, Ms Kerryn Beaton QC, Ms Ruth Thomas, Ms Lucy Leadbetter, Mr Michael Thomas and Ms Kathy Basire for the Royal Commission
Mr Gregor Allan, Ms Sandra Moore and Mr Vaughan Dodd for the Crown

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
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TRANSCRIPT OF PROCEEDINGS

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29 **OPENING STATEMENT BY THE ROYAL COMMISSION**

30 **MS THOMAS:** Tēnā koe... Tēnā koutou e ngā rangatira o te pae, o te tēpū tēnā koutou katoa.

31 Huri noa ki te haukāinga, e ngā purapura ora tēnei te mihi ki a koutou. E ngā tohunga me
32 ngā kaimahi i tēnei kaupapa whakahirahira. Tēnā koutou, tēnā koutou, tēnā tātou katoa.

33 Greetings to our Commissioners, the haukāinga, and our survivors. I'd like to begin
34 by acknowledging the Mana Whenua, Ngāti Whātua. I would like to acknowledge all of

1 the survivors who have gifted this Royal Commission their precious taonga, their life
2 stories. In the course of describing their daily lives in institutional care, the survivors at this
3 public hearing have provided this Inquiry with evidence of overt abuse and neglect, and
4 also more subtle or covert evidence of abuse through a loss of personhood.

5 Personhood has been defined as an individual's essence of being. It encapsulates
6 choice, a sense of autonomy, being part of a loving family, to belong and to relate with
7 others.

8 I would also like to acknowledge our gratitude to the very many survivors who have
9 equally contributed to this Royal Commission through their private sessions with
10 Commissioners and witness statements, but we are not able to hear from them during our
11 public hearing simply due to time limitations.

12 To all of these survivors please feel and know that you have been seen, you have
13 been heard, and your evidence has been acknowledged and continues to be as the Inquiry
14 continues to investigate, to analyse all of the evidence to make findings and
15 recommendations.

16 I would like to acknowledge all of the survivors who have never had the opportunity
17 to tell their own stories about their experiences in care. Their individual life stories will
18 never be fully known. Thousands of people spent decades of their lives in State
19 psychopaedic or psychiatric institutions, and we have learned that some of those people
20 remain buried in unmarked graves on or near the historic sites of those institutions.

21 I would like to acknowledge the family and whānau members and support networks
22 of survivors, both as supporters of their whānau member and also for the evidence that they
23 bring to this Inquiry about their own experiences of having their whānau member removed
24 from their home and placed in an institution.

25 I would like to acknowledge the former staff members from institutions who have
26 chosen to speak to this Royal Commission. A staff member at Templeton shared her
27 evidence with the investigation team and it echoed the experiences of daily life as described
28 by the survivors. She said that she had made the effort to speak to this Royal Commission
29 because in her words, "I don't want any of the people who are going to testify at the
30 Commission to not be believed. It all looked lovely working with disabled people and we
31 had some nice facilities, but for many people it was a sentence."

32 I would like to acknowledge People First as a disabled people's organisation for
33 people with learning disability. The national chairperson and the national committee

1 member of this organisation, Kris Roguski and Ronnie Sione are here today and will be
2 making an opening statement this morning on behalf of people with learning disability.

3 I would like to acknowledge the Donald Beasley Institute and its director, Dr Brigit
4 Mirfin-Veitch, for the research work that this institute has completed for this Royal
5 Commission. The Donald Beasley Institute's "Tell me about you" research project has
6 worked in an individually responsive method with people with learning disability and
7 people who are neurodiverse so that the individual person has choice and control over how
8 they want to communicate and how they want to present their lived experience of life in an
9 institution or care setting.

10 In my opening address today I will divide it into three parts. Firstly, I will start with
11 the phrase "nothing about us without us".

12 Second, I will provide you with some historical context of how thousands of
13 disabled children and adults and thousands of children and adults experiencing mental
14 distress were placed in institutional care settings in Aotearoa New Zealand between 1950
15 and 1999.

16 Third, I will provide a summary of the themes and the settings that you will hear
17 about in detail during the course of this hearing.

18 The motto "nothing about us without us" is part of the global movement to achieve
19 full participation, equal opportunities for, by and with disabled people.

20 Disabled people are front and centre at Ūhia te Māramatanga, this public hearing.
21 You will be hearing from 23 survivors and/or their whānau members over the course of the
22 next eight hearing days. These survivors include people with learning disability, people
23 who are neurodiverse, people who have experienced mental distress, people with physical
24 disability, blind people, and Deaf people. As you watch and listen to the evidence at this
25 hearing, it is the survivors who are the experts. The survivors are the experts presenting
26 their own experiences of care.

27 Once we have listened to the survivors, we may leave this public hearing knowing
28 that the survivors have taught us something of what we most need to learn about ourselves
29 as human beings.

30 Looking at the historical context, it is important for the Royal Commission to
31 understand, and for the public of Aotearoa New Zealand to understand, that we as a nation
32 intentionally placed thousands of disabled children and adults and children and adults
33 experiencing mental distress into large psychopaedic and psychiatric institutions during the
34 relevant period of our terms of reference from 1950 to 1999. Why did this happen?

1 The societal structures that enabled exclusion from New Zealand society through
2 Government legislation, policies and systems during the 20th century created the
3 establishment of institutions and segregated services exclusively for disabled people and
4 people experiencing mental distress.

5 This in turn had a significant impact on people's attitudes as this societal structure
6 sent a message that disabled people and people experiencing mental distress are outside of
7 the society.

8 In the early 20th century, the eugenics movement also had significant influence
9 within New Zealand. Using the words of the day, eugenic thinking created societal fear
10 and the need to protect the moral character of society from the menace of "feeble
11 mindedness", eugenics sought to prevent the contamination of the gene pool by segregating
12 disabled children out of mainstream school, out of mainstream society, and out of
13 mainstream services.

14 The Government then enacted legislation which provided the mandate for disabled
15 children to be removed from their families and whānau, isolated and placed in State
16 institutions.

17 The Government also enacted legislation which required parents, teachers and the
18 Police to report mentally defective children to the Department of Education. The
19 Department of Education was clear about the place of disabled children in its schools and in
20 society at large, stating, and I'm using the language of the day, "the ordinary community
21 holds no place for the feeble minded child."

22 By the mid 20th century, there were a number of psychiatric institutions and
23 specialist wards within general hospitals for people in mental distress, and there were what
24 were called psychopaedic institutions being established. This term "psychopaedic" is a
25 term unique to New Zealand. It links the words mind, "psyche", and child, "paed", and was
26 used to distinguish people with learning disability from people with mental illness or
27 mental health conditions.

28 Psychopaedic institutions were developed to specialise in the care, control and
29 vocational training of disabled people, children and adults.

30 A key factor that led to the rapid expansion of these psychopaedic institutions was a
31 report in 1953 called the Aitken Report. The Minister of Education set up a committee that
32 wrote this report. It concluded that largescale institutions accommodating 4 to 500 people
33 provided the best model of care for children with learning disabilities and it said that these
34 children should be placed in these institutions from the age of five.

1 The first psychopaedic institution was in Templeton near Christchurch, followed by
2 Braemar in Nelson, Kimberley near Levin, and Māngere in Auckland. Following the 1953
3 Aitken Report and until the early 1970s, large-scale institutions became the State's
4 preferred option for housing disabled people, particularly people with learning disability.

5 The numbers of residents in psychopaedic institutions increased rapidly. Over 20
6 years from 1952 to 72, the beds in psychopaedic institutions alone rose from just over 500
7 to more than 2,000 beds.

8 The number of beds in psychiatric institutions and hospitals peaked in the early
9 1970s to over 10,000 beds. These psychiatric institutions and wards and hospitals housed
10 people experiencing mental distress and also people with learning disability.

11 As the Inquiry has already heard in evidence from the Lake Alice hearing and from
12 the Social Welfare residences hearing, it was also relatively common for children who were
13 in State care residential homes to be transferred between these State residential homes into
14 psychiatric institutions.

15 The total number of people being admitted to psychiatric institutions peaked in the
16 1960s. However, while non-Māori admission rates to psychiatric institutions then reduced
17 in the 70s and 80s, the Māori rates of admission increased throughout the 60s and increased
18 again throughout the 80s. These increased rates of Māori admissions into psychiatric
19 institutions reflected the worsening state of mental health among Māori. While scholars
20 attribute this to a range of factors arising from colonisation, including alienation from
21 traditional whānau, hapū and iwi support systems, poor access to healthcare, and social and
22 economic deprivation, it is important to consider the societal historical context of 1950s
23 New Zealand to help understand the pressure experienced by families with disabled
24 children at this time.

25 We have heard evidence that many families who had disabled children faced a futile
26 search for community-based services, they faced an acute lack of any support for their child
27 to be cared for within the home and they felt the influence of medical professionals telling
28 them that the institution was the best place for their disabled child and the best thing for the
29 rest of their family.

30 These families were left to make a decision whether to place their child in an
31 institution. We have heard that these decisions were traumatic.

32 In a moment I am going to ask for a piece of film footage to be played. This
33 footage is taken from a longer documentary made by the New Zealand film unit in 1964
34 called "One in a Thousand." The New Zealand Health Department commissioned the

1 making of this film, one of the objectives being to show the training programme available
2 at Kimberley. This film was broadcast in movie theatres and TV channels throughout
3 New Zealand in the 1960s. It is publicly available footage.

4 I need to warn you that the language in this footage is the language of the day, the
5 1960s. It is upsetting, offensive, and it may be triggerin g and hard to watch for many
6 people. You may find this piece of footage could be described as propaganda, crafted to
7 persuade and encourage families to place their child in a psychopaedic institution.

8 The footage focuses on the psychopaedic institution of Kimberley. It includes many
9 images of children. The faces of these children were not pixelated, the children's images
10 have been used and made public by the New Zealand film unit for the Health Department.

11 Before this footage is played, I would like to apologise to each of these children and
12 to their families that this footage was taken, their faces, their expressions, and their
13 movements have been used and made public in an identifiable way. Today, almost 50
14 years after this film was made, I would like to acknowledge and honour the mana of all of
15 these children.

16 This footage is four minutes long and once that has been played, you will then see a
17 slide introducing Sir Robert Martin. Sir Robert Martin gave evidence at the Royal
18 Commission's contextual hearing in 2019. A short piece of his evidence from that hearing
19 where he spoke about Kimberley will follow the footage from the New Zealand film unit
20 about Kimberley.

21 Once these clips have been played, I will then move on to my final part of my
22 opening address and introduce the institutional settings and themes that you will hear about.
23 I would now ask for this footage to be played.

24 **[Video played]**

25 "What follows is nearly four minutes of Sir Robert Martin giving evidence to the
26 Royal Commission at the contextual hearing held in 2019. Sir Robert Martin is a disability
27 rights activist. In 2016 he was the first person with a learning disability to be elected onto a
28 United Nations Treaty body, the Committee for the Rights of Persons with Disabilities. He
29 suffered a brain injury at birth and as baby was sent to the Kimberley Centre, which we've
30 just seen in the previous video. He had some brief periods of time with his family and in
31 foster homes; otherwise he spent his entire childhood and early teenage years in institutions
32 including Lake Alice, Kimberley and Campbell Park School as a ward of the State.

33 Sir Robert Martin gave evidence about all the forms of abuse and neglect he
34 experienced while living in State care, how this has impacted his life and his hopes for the

1 future. Sir Robert Martin sits against a grey wall wearing a suit and tie. He is at a table
2 with a white table cloth and reads from a folder. His evidence begins now.

3 "A doctor told my mother that I was mentally retarded. He told her that there are
4 places where there are other people who know how to look after people like me. He told
5 my mother to send me away and forget about me. So at 18 months old I was sent away to
6 an institution called Kimberley. I was put away in an institution, I was locked away from
7 the community. I wanted to be with my family, I wanted to grow up with my sister, I
8 missed my family, I cried for them, I wanted them to come and take me home, but they did
9 not come, so in the end I gave up crying for them.

10 As a toddler in Kimberley I was fed and changed and taken care of. But I do not
11 remember being picked up, loved or cuddled because there were so many of us and we
12 were just a number. Just because I was born with a disability I was being punished for
13 being who I was.

14 Kimberley. I was 9 years old when I was put back in Kimberley, but this time in a
15 different ward called Monowai. It was like the first time I was there. The conditions at
16 Monowai were horrible. There were 40 kids in a dormitory. When you are shut away from
17 the world you are not treated as a real person with a life that actually matters. You are not
18 given your own clothes. We had to share a pool of clothes and grab what we could get.
19 We never had our own underwear. We didn't -- oh, they didn't let us just be a kid, we were
20 colour-coded into groups and we had stars and labels and categories.

21 We all had the same bowl haircuts on the same day. We were not treated as
22 individuals. In fact, people said we all looked the same.

23 We were neglected. One time I had boils and it took them a whole day to notice I
24 was sick. There was no privacy. The day room opened into a toilet block, there were no
25 doors or partitions. There was nothing to do. Some people stayed on the floor all day
26 rocking back and forth, especially people with the highest needs. There were so many of
27 them, they were just left on the ground. If someone had had an accident and soiled
28 themselves they were just left in their dirty clothes."

29 **MS THOMAS:** I will now move on to the third part of my opening address, to address you on the
30 settings and key themes that we will hear about at this public hearing.

31 The first three days of Ūhia te Māramatanga encapsulate evidence from people with
32 lived experience being in the psychopaedic institutions of Kimberley, Templeton, Māngere
33 and the psychopaedic part of the Tokanui Hospital. The survivors, whānau, and former
34 staff who speak about these institutions will talk about medical abuse, being given so many

1 drugs as a way for staff to subdue the residents; will talk about neglectful oversight
2 resulting in residents injuring themselves; will talk about cultural neglect; one Samoan
3 survivor will describe the complete lack of interest, recognition or inclusion of her culture
4 at the institution; physical abuse inflicted by other residents or staff members; seclusion or
5 being locked up in the side room; sexual abuse, including evidence from a survivor who
6 was placed in Kimberley Hospital in the early 1960s. He was forced to watch and
7 participate in the sexual abuse, rape and violence carried out against children with high
8 communication needs. This was carried out by a group of men who arrived at Kimberley at
9 night on a regular basis. These men were given access to rape and sexually abuse disabled
10 children by paying money to some of the nurses who facilitated and enabled this abuse to
11 occur in the institution.

12 You will also hear evidence from a researcher's observations of institutional life that
13 the overt physical abuse and neglect most commonly described and discussed is just the tip
14 of the iceberg. This witness says that the real insult of an institution is what lies beneath
15 that tip of the iceberg, the loss of personal identity through the restrained and regulated
16 circumstances of institutional life, where people that this researcher observed spent
17 approximately 80% of their time engaged in no form of purposeful activity. They were
18 sitting, standing, staring and snoozing.

19 It is important to receive and hear this evidence from these survivors, some of
20 whom have learning disability, because people with learning disability have not historically
21 been provided with an opportunity to speak for themselves, and to be heard when
22 describing their life experiences.

23 The Confidential Listening and Assistance Service, or CLAS, ran from 2008
24 through to 2015, and it had more than 1,100 people participate who self-identified as
25 experiencing abuse in State care.

26 However, as Judge Henwood told the Royal Commission at our contextual hearing
27 in 2019, people with learning disability did not find their way to that important service and
28 listening service. This Royal Commission acknowledges that there are disabling barriers to
29 engaging and we would welcome more survivors to be supported to come and share their
30 important lived experience with us.

31 The Royal Commission is grateful for the evidence it has already received from
32 people with learning disability and some of that evidence will be shared with you over the
33 next few days.

1 During day four and day five of this hearing, you will hear from survivors and
2 whānau with lived experience in different psychiatric institutions and hospital settings.
3 These survivors will speak of physical abuse, psychological abuse, sexual abuse and
4 over-medicalisation, the severe impact these abuses and the experiences of being placed in
5 these settings had on their lives. Whānau members will speak of their siblings. One will
6 speak of a brother who died at age 12 while in Tokanui. This witness will speak about the
7 years that he has spent trying to find out what happened to his brother.

8 Another witness will speak about her brother who was committed to Porirua
9 psychiatric institution at age 15 and who died by suicide at age 20 at the hospital.

10 During days five and six we will hear from three Deaf survivors. These survivors
11 experienced physical abuse, emotional abuse, sexual abuse and also educational and
12 linguistic neglect. They will speak of not being allowed to use sign language, being
13 physically assaulted and punished for using their sign language. Two of these Deaf
14 survivors will also describe their cultural alienation from their Māori culture and
15 communities.

16 On days six and seven you will hear from a blind survivor, two physically disabled
17 survivors and a survivor who is neurodiverse, together with his foster sister. These
18 survivors will share their experiences of abuse and neglect, the power and control that
19 exists within disability and support settings, both historically and today. And you will hear
20 these survivors speak of their recommendations for the future.

21 On our last hearing day we will have a panel session during the morning to discuss
22 matters relating to tangata whaikaha and whānau hauā, *Māori with disabilities*, and hauora
23 hinengaro, *Māori Mental Health*. The panelists are Gary Williams, Dr Tristram Ingham,
24 Dr Paula King and Moe Milne. The session will be facilitated by Ruth Jones. During this
25 panel, the topics will include Te Ao Māori conceptions of disability and mental health, the
26 experiences of abuse and what steps can be taken to prevent such abuse happening in the
27 future.

28 The final witness for this hearing is Dr Brigit Mirfin-Veitch. As I noted earlier, Dr
29 Brigit Mirfin-Veitch is the director of the Donald Beasley Institute. She will be giving
30 evidence about the research project that the Donald Beasley Institute designed to offer an
31 alternative research-based approach for people with learning disability to tell their life
32 stories about their time in institutions and care settings. This research project engaged with
33 16 people with learning disability or neurodiversity and in some cases with their whānau.

1 The report contains those 16 life stories about people's experiences at places such as
2 Cherry Farm, Seaview Hospital, Seacliff, Waikari Hospital, Campbell Park School,
3 Templeton, Braemar, Ngawhatu, Kimberley and Claybury House.

4 The report also contains an analysis of the research team's findings based on the
5 ecological model of disability abuse and violence.

6 Dr Mirfin-Veitch will talk to this research project and will speak of the conclusions
7 that this institute has come to. I'm quoting from the report:

8 "The systems put in place by the State to support and protect children and young
9 people categorically failed them -- repeatedly and catastrophically -- constituting systemic
10 abuse."

11 I will conclude my opening address by acknowledging and thanking the
12 multi-disciplinary investigation team who have worked with passion and humility to get to
13 Ūhia te Māramatanga, this public hearing. I would like to thank the community
14 engagement team, the well-being team, our policy and research colleagues, the
15 communications team, our legal and investigations team, particularly our team leader for
16 this hearing, Lucy Leadbetter, my fellow Counsel Assisting Kathy Basire, Michael Thomas
17 and Alice McCarthy, and our Lead Counsel Assisting this Royal Commission, Simon
18 Mount QC and Kerry Beaton QC.

19 It is a privilege for me to stand before you all today as we open this public hearing.
20 Ūhia te Māramatanga, shining a light on an area of darkness. Nō reira, tēnā koutou.

21 **CHAIR:** Tēnā koe, Ms Thomas. Thank you for your opening statement. I think we're now going
22 to move to the People First submission.

23 **COMMISSIONER GIBSON:** Welcome, People First, welcome Kris and Ronnie, great to have
24 you here to speak today. And welcome Cindy as well.

25 **CHAIR:** Can I echo those thanks and just invite you to make your presentation.