

**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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AUCKLAND

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TRANSCRIPT OF PROCEEDINGS

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1 **MS THOMAS:** Thank you Madam Chair. The next witness this morning is Matthew Whiting
2 and he is ready to take the affirmation before we begin.

3 **CHAIR:** Good morning Matthew. Thank you so much for coming, taking an interest in the
4 Commission and being prepared to give your evidence, we really appreciate it. I'll read you
5 the affirmation.

6 **MATTHEW FRANK WHITING (Affirmed)**

7 **MS THOMAS:** Good morning, Matthew. Would you like to start with your mihi?

8 **MATTHEW:** Yes. Ko Makora te maunga, ko Rotokakahi rāua ko Whangape ngā awa, ko Te
9 Rarawa te Iwi, ko Te Uri o Tai te Hapū, ko Taiao te marae, no Ōtautahi ahau, ko Matthew
10 Whiting ahau.

11 **CHAIR:** Tēnei te mihi ki a koe mō tō pepeha, tēnā koe, tēnā koe.

12 **MS THOMAS:** Thank you, Matthew. Would you like for Yonel, who is seated next to you, to
13 now read through your statement to the Commissioners?

14 **MATTHEW:** Yes.

15 **MS THOMAS:** Then once Yonel has finished reading your statement, we'll take a short break and
16 then I'll ask you some questions and then the Commissioners can ask some questions.

17 **MATTHEW:** Okay.

18 **MS THOMAS:** Thank you.

19 **YONEL:** "My name is Matthew Frank Whiting. I was born 1965. I grew up in Christchurch
20 New Zealand. I work as the Regional Disability Leadership Coordinator for the Southern
21 Region (South Island) and as a Service Manager – Adult Services in Christchurch at CCS
22 Disability Action. I have been working there for almost 21 years. First and foremost, I am
23 a disability activist.

24 My birth mother was Māori and my adoptive family were Pākehā. I was diagnosed
25 with Cerebral Palsy when I was nine months old. I have spastic quadriplegia with a speech
26 impairment. At the early stages of my diagnoses, the specialist believed I had a learning
27 impairment as well. At four-and-a-half years old, a child psychologist tested my
28 intelligence and found that I was above average.

29 My birth mother lived in Auckland but I was born in Christchurch. Before I was
30 born, my birth mother had a child who had been whangai'd out. Her father said you can
31 only have one mistake. They were a Catholic family and both pregnancies were out of
32 wedlock. He forced her to adopt me out.

33 When I was two weeks old, my adoptive parents, Bill and Mary, were phoned by a
34 parish priest and asked if they wanted another baby. I don't suppose they were looking for

1 another as they had already adopted two children, my brother Anthony and my sister Mary -
2 Ann. My understanding is that the adoption was official but it was obviously an unusual
3 approach, especially compared to the system we have now.

4 When I refer to my mum and dad, I am talking about Bill and Mary. I contacted my
5 birth mother in the late 1980s through an agency I recall being called the Social Welfare
6 Adoption Information Service. They passed a letter from me to her. She said no to
7 meeting me as she was scared of her father finding out. But I persisted and I still wrote to
8 her and rang her on occasions.

9 I contacted her to let her know that I was going to be in Auckland for a conference.
10 I told her the name of the hotel I was staying in and said, "Now it's up to you." She came
11 and met me. She had caught three buses to get there, which told me that she did really want
12 to come. This was extremely emotional for both of us. My extended family mostly have
13 blonde hair and blue eyes. When I met my birth mother, it was the first time I saw
14 someone who resembled me.

15 We met around seven years before she passed away. When she died, my
16 half-brother found a letter I had sent her in her belongings and contacted me. We remain
17 connected to this day. I have limited knowledge of my whakapapa.

18 When I was nine months old, Mum took me to the doctor as it had become clear that
19 I was missing developmental milestones. The doctor told Mum not to make a fuss and that
20 she was overreacting. She wasn't taken seriously at all. Mum asked for a second opinion
21 and I was diagnosed with Cerebral Palsy with a cognitive impairment. She was told that I
22 would live only until I was five years old. This had a huge effect on my mum's mental
23 health. Therefore, she decided that she would not take any photos of me from then
24 onwards.

25 Another consequence of this, some of my family members and my parents' friends
26 told Mum and Dad to hand me back. You need to remember this was all within the context
27 of the time and the understanding of disability in our society, with its influential history of
28 eugenics. Mum and Dad were told to return me and to get a perfect baby instead.

29 At four, I had my first taste of institutional life. I have a very hazy memory of being
30 in Templeton. Some professionals said I should go there --

31 **MS THOMAS:** Yonel, can I just ask you to speak slightly more slowly? Thank you.

32 **YONEL:** Sorry.

33 "Some professionals said I should go there, so I went there. This ended up being for
34 a few months only, as a psychologist at Templeton said that I had some brains. The

1 psychologist had me go to a special school, the School for Cerebral Palsy in Worcester
2 Street, for further assessment for two weeks to see if I could learn. Obviously that was not
3 an issue.

4 So at four-and-a-half years old, my diagnosis of learning impairment was found to
5 be wrong. Thank God somebody understood and got it right, because if they didn't, I would
6 have stayed in Templeton. I know many people who were probably as intelligent as I am
7 and who never had the same opportunity to receive a proper diagnosis. They were
8 institutionalised for a long time.

9 It wasn't that my parents pushed the issue of a more considered diagnosis. I was
10 just fortunate. In those days, doctors had this remarkable power. My parents never said
11 anything against them. Dad was a very perfect man in that regard. He was very complia nt.
12 Mum was very smart but she could not read. She never had the opportunity to get an
13 education as she had Rheumatic Fever. Her memory was very good. No-one ever knew
14 that she could not read.

15 After leaving Templeton, I lived at home. When I was five years old, I had a big
16 operation on my legs to try and make me walk. It didn't work. The operation was a
17 response of the time and illustrates the medical model of disability that persisted.

18 I stayed in hospital to recuperate for six weeks. One day my bed was moved from
19 the main ward to a side room. I thought my parents would never be able to find me. I had
20 no idea what was happening, no-one explained anything to me. I very clearly remember
21 feeling distressed. Those feelings are very close to the surface for me, even now. That
22 experience was probably the first time I felt traumatised.

23 Home life was difficult. Mum had mental health issues that were undiagnosed at
24 this stage. She was very angry and screamed a lot. When I was 20 years old, she was
25 diagnosed with schizophrenia and chronic depression. Dad was an alcoholic. His drinking
26 was relatively severe and he was often out of control. I believe he had Post Traumatic
27 Stress Disorder (PTSD) from his time in Korea.

28 The combination of the two of them meant that we had a difficult upbringing. I
29 would describe it as significantly dysfunctional. There was a lot of verbal violence
30 between Mum and Dad. At least once every day someone would go off. There was also
31 violence between my siblings and my parents, and between my siblings.

32 I don't think my parents were equipped to raise me - to- raise children. My sister
33 Mary--Ann was forced to take care of me and took me everywhere with her. She resented

1 this as a teenager and a young woman. It has caused difficulty in our relationship with each
2 other, in the past.

3 Mum had her first breakdown when I was seven. She was placed in the Ferguson
4 Clinic at Sunnyside Hospital. I was taken there to see her once. She was in a small, square,
5 fully padded room and knocked out on drugs. I remember it so well. I didn't understand
6 what was happening. Seeing my mother in there was the next time I remember being
7 traumatised. I was diagnosed with PTSD in 2018. It was those two incidents that were the
8 beginning of my trauma and led to the PTSD.

9 When Mum was at Sunnyside, it was decided by the doctors and professionals
10 working with our family that I would go into an IHC family home.

11 At only seven years old, I was removed from home. I don't have a learning
12 impairment but the IHC family home was the only place for me to go. I believe I was
13 considered too much hard work for Dad to manage. Also, at that time it was expected that
14 children with sufficient impairments would not live at home.

15 I lived there with five or six other children. I was taken care of and Mrs was nice to
16 me but I hated it because it wasn't home. On the weekends, I got to go back home and see
17 Dad and my siblings. I really wanted to stay there.

18 When I talk about being taken away from my home at only seven years old, I feel
19 very upset. It really affected me and it still does today. I was just a kid wanting to be at
20 home. Nobody had any idea about how I felt. There was no discussion about it or what
21 I wanted. I just had to stuff down those feelings.

22 I lived at the IHC family home for at least six months, probably longer, until Mum
23 came home again. I then lived at home with my family until I was 10 years old, and
24 I attended the School for the Physically Disabled, formerly known as the School for
25 Cerebral Palsy."

26 **CHAIR:** Yonel, if you just pause for a moment.

27 Are you okay to carry on, Matthew?

28 **MATTHEW:** Yes.

29 **CHAIR:** You're very brave. I'm sorry this is so hurtful for you in bringing back some bad
30 memories, isn't it, yeah. We're happy to take a short break if you would like us to?

31 **MATTHEW:** No.

32 **CHAIR:** Okay.

33 **MATTHEW:** Yeah.

34 **CHAIR:** All right, thank you very much. Thanks, Yonel.

1 **YONEL:** "When I wasn't at my school because of holidays, I went to an IHC school. It was very
2 boring. At seven years old, I was in the top class. I was in class with teenagers and young
3 adults who had a learning disability.

4 In 1976, I moved into a CCS family home. At 10 years old I was told I couldn't live
5 at home. Not many people would go against what doctors said at that time. You trusted
6 them and went with their recommendations. A medical model of disability dominated. My
7 parents were the same. I was only ten, but it was not hard to pick up on the idea that it was
8 my impairments that were to blame for our family's difficulties. I was the only one who
9 had to leave at that stage. My brother and sister stayed at home for that moment. I'm not
10 stupid, what else can you take from that? The theory was that if we take Matt away
11 everything will be hunky-dory for the family.

12 The files I have received from CCS do not include anything about my placements at
13 CCS family homes. This is because these files are missing. I physically burnt the bastards
14 sometime in the 1990s to assist with my anger.

15 From my recollection, I lived with a Dutch couple with two children of their own at
16 a house owned by CCS. They took in children with disabilities who needed somewhere to
17 live. There were four children, including myself, who lived there. The couple were quite
18 strict, and very particular.

19 I got pneumonia while I was living there and became very unwell. The couple
20 thought I just had a cold and that I was getting better. They didn't recognise the seriousness
21 of the illness and I got worse. When they finally took me to a doctor, he said if I hadn't
22 gone in that day, I potentially could have died. I was off school and recuperating in bed for
23 eight weeks.

24 I kept attending the School for the Physically Disabled while I lived at the CCS
25 family home. I wasn't being taught to my abilities, the teacher used to try and keep the
26 whole class together despite there being a wide range of impairment. As an example, when
27 I was 12 I was doing a level of work that was for eight-year-olds.

28 The Dutch couple decided not to carry on with having the family home. They
29 indicated they needed to exit, and so I had to exit. I was not told about the plan to close the
30 family home. At 11 years old, I was told I was going on "holiday" to Pukeora in Central
31 Hawke's Bay.

32 Whoever was making these decisions, the doctors and professionals, advised Mum
33 and Dad not to tell me what the plan was and to let me think it was a holiday. Nobody
34 asked me what I wanted. In reality, it was a seven-week trial visit to see if I could cope

1 with living there permanently. It was my first ever time leaving Christchurch. I was alone.
2 I didn't know one person. I was disempowered.

3 Hawke's Bay District Health Board have said they hold no files from my time at
4 Pukeora. I can say that I am disappointed to not have any records but I am not surprised.

5 It was an institution and you did what staff told you to do. It was impersonal.
6 That's how you run institutions; power and control. The staff had huge issues with this,
7 some people when they have that power, they abuse it. Pukeora was power and control
8 every day. There were over 100 people there and it was mainly adults. I believe that I was
9 the youngest. I was very far from home and very naive.

10 The whole time I was in Pukeora, I was terrified. I felt like I was being controlled
11 all the time. I needed to conform. The medical system and structure that Pukeora was
12 operating within is a hierarchical system. Other residents would come up to me and try and
13 intimidate me. The staff wouldn't notice. When you're institutionalised, this is what
14 happens. The power and control issues start emerging in the people who live there. It was
15 like sending someone to prison at 11 years old.

16 One day I went to go to my bed. We didn't have our own rooms, we were in
17 dormitories. I went in and came across two guys performing oral sex on each other. They
18 were probably in their early 20s. I didn't understand what was going on. I didn't have any
19 experience to reference that to. What put me over the edge, it created pure fear in me, was
20 what happened afterwards.

21 I was in the bathroom when they cornered me."

22 **MS THOMAS:** Sorry, Yonel, if we can just take a wee pause. Perhaps even if the
23 Commissioners would take a few moments.

24 **CHAIR:** Yes, we will. Let us know when you're ready to come back.

25 **MS THOMAS:** Thank you.

26 **Adjournment from 11.16 am to 11.20 am**

27 **CHAIR:** Thank you, Ms Thomas.

28 **MS THOMAS:** Thank you, Matthew.

29 Yonel, if you could keep reading Matthew's statement.

30 **YONEL:** "One day I went to go to my bed, we didn't have our own rooms, we were in
31 dormitories. I went in and came across two guys performing oral sex on each other. They
32 were probably in their early 20s. I didn't understand what was going on. I didn't have any
33 experience to reference that to. What put me over the edge and created pure fear in me was
34 what happened afterwards.

1 I was in the bathroom when they cornered me. I was bailed up by these two men
2 and threatened. They said if I ever told anybody about what I saw, they would smash my
3 fucking head in. I was very frightened. I couldn't physically defend myself. I did not have
4 a power chair at the time and I was physically cornered. I could push myself in the chair I
5 had at the time in a limited way. I was stuck there unable to go anywhere. I was 11 and I
6 had no fucking idea what had happened.

7 To cope, I just withdrew from everyone and went within myself. I was so scared,
8 the last thing I wanted to do was speak to anybody about it. I absolutely believe that what
9 they threatened was true. I have no idea if the staff noticed my behaviour. I had nobody to
10 talk to.

11 These two men threatened me on multiple occasions. I felt completely vulnerable
12 and powerless. I remember wondering if this was something I had to submit to. I told my
13 mum about it several years later. It became too much to keep inside. I remember that she
14 gave me a hug. Mum believed me.

15 It was the absolute powerlessness I experienced in the toilets that really traumatised
16 me, more so than the sexual stuff. I had no support. For those two men, their behaviour
17 was reflective of the culture of the environment we were in.

18 I was placed in a room by a staff member and the door was shut and I couldn't get
19 out. I couldn't move about within the room as I found it hard to freely move my wheelchair
20 on my own. I have a very vague memory of this and I can't remember for how long I was
21 in there or if it happened more than once. But I very strongly remember how I felt when I
22 was in there. I saw this happen to other people who were living at Pukeora too. It was
23 always for punishment.

24 After my seven-week trial at Pukeora, I returned to Christchurch and lived at the
25 CCS house. The professionals were trying to find a permanent place for me to live. The
26 next year, that CCS family home closed for Christmas, so I had to be put somewhere. 20
27 December 1978, I got institutionalised. I was sent to Burwood as an emergency admission.
28 I was 13 years old.

29 Burwood Hospital was operated by Canterbury District Health Board and is in the
30 north-eastern suburbs of Christchurch. I was put in ward nine, which was meant to be for
31 younger people and people with muscular issues. There were also people with brain
32 injuries there. Obviously sometimes people with brain injuries can have resultant
33 behavioural issues, but when you're 13, you don't understand that, it's just scary.

1 When I was sent to Burwood, I never got told what their plan was. What happened
2 was that a social worker came out from CCS to Burwood just before Christmas and took
3 me for a drive. She told me that I was going to go back to Pukeora to live in two weeks'
4 time. The initial plan had been to just hold me in Burwood before they sent me up to
5 Pukeora permanently. I wasn't asked what I wanted or where I wanted to live. There was
6 no choice. There were no discussions about me staying at home.

7 There was no way that I wanted to go back to Pukeora. I said, "There is no fucking
8 way I am going there, I'd rather kill myself." I cried for several days. I guess people
9 wondered why I was so upset but the staff didn't stop and ask me what was going on.
10 I didn't have anyone in my life that I could talk to about Pukeora or why I didn't want to go
11 back.

12 Dad negotiated with the charge nurse about giving me more time at Burwood. The
13 thinking was that I would come around to the idea if given a bit more time and be calm
14 enough to get on the flight. In the end, the charge nurse agreed that I could stay for one
15 month more. Then it was extended by another two weeks. They thought I would get over
16 it.

17 I was so upset at the idea of going that my parents discussed selling up in
18 Christchurch and moving up to Napier to be closer to me. I kept swearing my head off.
19 I said it so many times, "I'm not fucking going." My parents said that I had to go because
20 that was what the professionals thought would be best for me.

21 This cycle continued on and about ten weeks passed. The charge nurse asked if
22 I wanted to stay at Burwood. "If you could stay here, would you be happy?" I said yes, if
23 only because it was near my family. Even though my family is in chaos, it was my family
24 that loved.

25 This started my imprisonment for eight years at Burwood Hospital. I didn't use that
26 word lightly. Burwood had the same hierarchical system as prison, but in the health
27 system, it is just that there were no bars. If I wasn't so fucking pig-headed, I would have
28 been sent back to Pukeora. Looking back, I think I did quite well in standing up for myself.

29 There were only one or two other people my age at Burwood. I had no choice in the
30 time I went to bed or the food I ate or when I was washed. I was living day after day in a
31 system of power and control. In the dormitories on the wards, there were six beds on each
32 side, so 12 people in total. They were mainly adults. I had my own things but no place of
33 my own to put things. There was no privacy. I could hear grown men jacking off at night.

1 I would go home on the weekends. Home was an upset environment with Mum and
2 Dad always arguing. But it was still better than Burwood. I was dropped back on Sunday
3 night. I hated that drive, knowing I was going back to Burwood. Even now, when I'm
4 driving around my home and go on that same route, it is a reminder of being that little boy
5 and those feelings. Dad knew I was upset, but if I talked to him he'd say, "What are you
6 moaning about? You've got food and shelter, what's wrong?" He really believed Burwood
7 was the best place for me.

8 When I was older, I was lucky to have a single room. This is because I was doing
9 fifth and sixth form at the time. When someone in the dormitory was unwell or dying
10 I used to get moved out from the room, then I would get moved back in after the person got
11 well or had died.

12 It's a really hard thing to explain to people how you survive when you live in a
13 hierarchical system. I used to play *The Bitch is Back* by Elton John on my ghetto blaster
14 when a certain nurse came on duty. I did it on purpose. Everyone knew but her.

15 Another thing I used to do was go into the lifts and when they were halfway
16 between floors, I would open the door and force the lift to stop. I'd hide in there so no-one
17 could get me. This was important to me, it was somewhere to go when I needed personal
18 space. From the lift, I could hear my name being called out over the loud speaker,
19 "Matthew Whiting, please return to ward nine." This really fucked that particular nurse off
20 and the more she got wound up, the more I did it. It was a way to take my power back.

21 I remember being pushed around in my manual wheelchair to places I didn't want to
22 go. When you can't move yourself, you don't have a choice. The way that staff members
23 wanted things done, that was the way it was done. There is a massive power imbalance in
24 the systemic way we organise places like prisons, hospitals and residential care, and that
25 was the case in Burwood too. There was very unequal power and no watchdog. There is
26 always going to be people who love to have power over people and then some really weird
27 shit that happens.

28 When I was 15, a nurse at Burwood Hospital befriended me. She felt sorry for me
29 and she led me on letting me think that we could be a thing. She did some sexual kissing
30 and touching with me. I didn't have a choice in what was happening. This went on for
31 about a year. I felt really conflicted. It felt nice at the time but she also wasn't my
32 girlfriend, she was a staff member. It was very secretive. It took me being an adult and
33 looking back to realise that she was taking advantage of me and that it was abusive. I've

1 spoken with my counsellor about this and it took a long time for me to understand it as
2 abuse.

3 When I was 20, a different nurse came on to me. I responded by putting my hand
4 up her skirt and touching her. She went to the charge nurse and said that I had tried it on
5 her. Fortunately, the charge nurse knew me enough to come to me and ask me what
6 happened. It was lucky that she was on shift that day and she understood. But I was still
7 the one who got told off. The charge nurse did have a conversation with that particular
8 nurse and she didn't try it on with me again.

9 These are just two examples of many power abuses around sexuality that
10 I experienced at Burwood. My realisations as an adult of these experiences as abuse has
11 been really upsetting.

12 We didn't have choice in the food we ate. One meal time I didn't want to eat what
13 we were given -- what they were giving me, so I refused it. A nurse got behind me, she
14 held my nose and shoved the food down my throat. I was using a power chair at the time.
15 I backed it up to the wall so she was caught between the wall and my chair to try and stop
16 her force-feeding me. She put my chair into manual, which meant I couldn't move it
17 myself. It was easy for her to do things like that because she was in charge of the ward I
18 was on.

19 A staff member put me into a room in Burwood and locked me in t here. I couldn't
20 leave. I have no idea of the length of time I spent in there but my guess is that I was in
21 there because I hadn't been compliant beforehand. This happened more than once. I saw
22 this same punishment happen to other people.

23 My education changed when Glenda Laurence started teaching at the School for
24 Physically Disabled. I was around 13 years old. I was given an opportunity again, just like
25 when someone took the time to properly assess my academic ability. I know so many other
26 people who had had the same experience within education but were never given the same
27 opportunity I was.

28 Glenda became a key person in my life and still is today. She had never taught
29 disabled people before and so she never had the limited thoughts and perceptions about
30 teaching disabled people. She didn't lump in everybody's abilities, instead she had
31 expectations of what ordinary children would do. I had met a person who could believe in
32 me. I became excited to learn, by learning. I wanted more and more and more. I loved
33 mathematics. In about four months of being taught by her, I went up five year-levels.

1 It was like she placed all these dots – she introduced me to the civil rights
2 movement and exposed me to ideas such as social justice, discrimination and being a strong
3 advocate. Then as an adult I connected those dots. I had a very conservative father and a
4 Catholic family, but Glenda was not a traditionalist or conservative at all.

5 Glenda then asked me a question when I was about 14 years old. She said, "What
6 do you really want?" And I said that I wanted to go to a normal school.

7 It took so much advocacy to get there. It was not easy. Glenda and a psychologist
8 attached to the School for the Physically Disabled were on board. Glenda made it her own
9 school project, even writing to the Ministry of Education. But 14-year-old me, I really
10 advocated for myself. It came from within me. Finally, I went to Hagley High School in
11 central Christchurch. I attended Hagley for three days a week and the School for the
12 Physically Disabled for two days a week.

13 It was unusual for me to even be at Hagley High. At first, I was placed in a low
14 stream, but this didn't last long and I was moved up. Within a couple of months, I was in
15 the highest stream. I was pleased to be there and to get challenging work. I got involved
16 with the classes. I got respect because of my academic ability and I finished school with
17 Sixth Form Certificate and University Entrance.

18 There was not much time for socialising or making friends. I used to get picked up
19 from Burwood by a van operated by the Hospital Board and taken to school, and then taken
20 straight away at the end of the day. I thought this was shit, but that was the deal. This was
21 all before teacher aides. If I could have had had a teacher aide at Hagley High, it might
22 have made a difference. I needed more support in the classroom. I don't think this has
23 changed much as my school experience is the same as what happens today for a lot of
24 disabled children. The student needs support and so do other students and the teachers.
25 They also needed guidance when it comes to supporting this. It has to be a wrap-around
26 support.

27 When I decided to leave Burwood, it wasn't people coming to me and assisting and
28 doing the organising. It was me saying I'm going to leave.

29 I met a young social worker from CCS Disability Action at Burwood when I was 19
30 years old. She was pretty naïve and new to working with disabled people. She asked me
31 what I wanted in the future. I said to leave Burwood. I kept on moaning about Burwood
32 and how unfair it was. It was all I could talk about.

33 I had a really sucky year with my family and I was in a place where I wanted to hurt
34 myself. I decided to kill myself. I had planned it all out. I had followed through with the

1 plan. Nobody knew. I didn't tell anybody about it for years and years. This was an
2 important moment, even though I was not okay, it was an important part of me taking my
3 path back.

4 About a year later, the social worker challenged me. Instead of responding to my
5 complaining by going , "Oh poor Matt, never mind." She said things like, "If you're so angry
6 about being here, why don't you do something? Stop complaining. I don't want to hear it
7 anymore, I just want to see some action."

8 This surprised me as no-one had ever spoken to me like this before. I took this as a
9 challenge. I was and still am very grateful with her approach. I regard this as setting me
10 free. Thank you, Allison.

11 It took me about two years to get organised, but I did it. I moved out of Burwood at
12 21 years old.

13 I didn't have much support from my parents or the staff at Burwood about moving
14 out. When I raised it with Dad he said, "Don't be stupid, just stay there, what's wrong with
15 it?" It became quite a contentious issue, so I cut off all communications with my parents
16 about moving out. I continued regardless.

17 I'll always remember the phone call I then made to my parents to say I was moving
18 out within the month and telling them my new address. Dad stopped talking to me for
19 around two months. I think Dad was really scared. He had been told that I would need to
20 live in Burwood until I died. I was also Catholic and moving in with my girlfriend.

21 My girlfriend was a nurse from Burwood. She moved into the state house with me.
22 We had begun a relationship nine months earlier. Now I can see that this was a really
23 unhealthy relationship. Some staff thought I was being stupid. They said to me, "How can
24 you move out when you can't dress yourself, when you can't talk yourself, when yo u can't
25 do anything?"

26 I moved out of Burwood with no care and only my girlfriend, a bed and a stereo. It
27 came down to me being bloody pig-headed.

28 The placement in Pukeora and the abuse I experienced there, and then being told I
29 was going to be placed there permanently, had a huge impact on family relationships,
30 particularly with my mum and dad. It caused distrust. For me, it completely broke down
31 our relationship. As an 11-year-old kid, from a child's perspective I thought it was my
32 mum and dad sending me away. This has had a huge impact on the rest of my life. This
33 sense of distrust has been with me for a long time.

1 I did a presentation once about supported living and one of the cool things about it
2 was that Dad came along. I used my own story in the presentation. I had applied for my
3 files and used them in there as well. Dad got up and said he was wrong; publicly. I didn't
4 lose it at the presentation but it was a huge moment for me. I was in my thirties before
5 I forgave my parents and came to see that what had happened was a system issue, not a
6 rejection by my parents.

7 Over time, our relationship repaired and Dad came along to my wedding in
8 November 2013. He was pleased to be there and see me get married. I was glad he got to
9 see that before he died in November 2015.

10 When you're disabled and with a speech impairment everybody thinks you're dumb.
11 After I got university entrance, I really wanted to have a job. I was repeatedly told that
12 I could not work as I was too disabled. I was 36 before I got my first permanent role.
13 Before that I set up my own business and did short-term contracts as I didn't want to be
14 unemployed. I ran a care agency business with another disabled person.

15 I had applied for a job at CCS Disability Action 18 times over 15 years. For one
16 application in 1999, I had an interview and I was asked different questions from the other
17 applicants. I was interviewed by a different interview panel. They asked me questions like,
18 "With your speech, how can you communicate?" I didn't take shit from them. I ended up
19 taking them to the Human Rights Commission. They asked discriminatory questions
20 within a discriminatory process. CCS didn't contest it at all. Two years later, I finally got a
21 job with them and I am still there.

22 It is hard work to constantly be fighting back. Every day it's hard work. I get
23 fucked over by systems, by individuals. I'm treated like a second-class citizen every day.
24 On the bus, at the shops, at work, I'm treated like I can't do it, like I can't talk. I am put
25 down.

26 Every single day, my sense of self is affected. Every day this is underlined. It has a
27 cumulative effect and it sends me straight back to being bailed up in that toilet at Pukeora.
28 Every day, I have to draw on strength. Every day, I have to hold on to my sense of self.
29 Every single day. But when you underestimate me, there's trouble. It gives me an
30 advantage.

31 When I get stressed now, I revert to being institutionalised, even though it has been
32 a long time. I had said to myself: no-one will ever control me again. That resolution has
33 turned out to be good and bad. It has been really destructive for me as well as positive. I

1 have been determined to not let anybody shut me up anymore, which has created some
2 issues at work.

3 I get into a place where I can't back down, which isn't helpful. In situations where
4 I feel powerless, I respond with immense distress. It is completely overwhelming. This is
5 the reality of living with PTSD as a disabled person.

6 An example is fairly recently where a more senior person at work decided to target
7 me. It was workplace bullying. This person thought I was doing unsafe practices at work
8 when in fact I know I wasn't. I believe I was targeted because this person thought I was
9 vulnerable, an easy target, and they had a bias towards disabled people. I was also
10 outspoken and needed to have a lesson taught. They had an opportunity presented to them
11 to accuse me of failing in my duty of care for someone I was supporting. That was
12 personal because of my strong sense of my duty of care. All the other crap I could deal
13 with, but I couldn't deal with that accusation. For me, I was triggered.

14 I was stood down for nearly six months. I had to obtain legal representation as
15 I wasn't in the union at the time. I was prepared to go to the Human Rights Commission
16 again. There were so many holes in this person's story. I stood up for myself, was
17 supported, got my role back.

18 This person left. Were they pushed or go on their own accord? Who knows? But it
19 took me back to the same place as institutionalisation, feeling disempowered. It pushed a
20 lot of buttons and distressed me severely. It was not good for me at all.

21 I have had a supported assessment in 2019, and an ACC impairment assessment in
22 2020 as part of my sensitive claim with ACC. I had two assessments done as ACC decided
23 to challenge the first. My impression is that this ACC process was more about how much
24 damage you could display. It looks at you based on a deficit model.

25 I am quite privileged in that I have never had some of the impacts that abuse has on
26 people, such as alcohol or drug abuse. I can function at a high level by compartmentalising
27 situations and I can continue to work. But it was as though I had to prove the impact on my
28 life of the sexual abuse before I could get compensation. This is a narrow definition of my
29 abuse and the impact it had and continues to have on my life. It needs to change.

30 Within this process, responsibility for the abuse does not get attributed.
31 Responsibility lies with the Burwood Hospital Board. This ACC process was also only for
32 the sexual offending against me. There is a gap for the rest of the abuse. When you have
33 been institutionalised, it is impossible to separate out different forms of abuse. It's like

1 trying to separate your grey hair and your natural hair, you can't. I don't think the ACC
2 process can understand institutional abuse.

3 As a result of these assessments, I receive \$4000 every five years to compensate for
4 the apparent 10 per cent impairment I have from PTSD due to sexual abuse in care. I also
5 receive counselling.

6 The Health and Disability Commission is medically orientated --

7 **Q.** Sorry, Yonel, I think you've missed para 4.5.

8 **YONEL:** Sorry.

9 "If you just look at eight years of imprisonment and living under power, what would
10 somebody get for eight years for false imprisonment? It was even before then. Every day
11 I got up, I wasn't at home, I was forced from home at 10 years old. How many kids leave
12 home at 10 years old?

13 CCS used to stand for Crippled Children's Society, which in the context of the time
14 it was named, this was a proper name to give. It is now known as CCS Disability Action.
15 It is the same company I work for now. I chose to work in this field to make a difference
16 for other people. I would like to have "CCS" removed from the official name. The
17 problem is that when it comes to bequests and donations, people won't know who to give
18 the money to.

19 I don't want this Commission to be a talk fest. There is so much money being spent
20 on it, political stuff and the election cycle always have an impact on any advocacy too. My
21 concern is that there will be no systemic action and all of this will be for another report that
22 will sit on a shelf.

23 You can see how much this takes out of people in what we are doing in speaking to
24 the Commission. The Commission's expectation of an outcome needs to be systemic and
25 sustainable change.

26 We must change the way we think about support and the way we provide support as
27 a country or nothing will change. Systemic change must address the imbalance of power.
28 The system sets it up, it needs this and lets it happen. It does not safeguard against it.

29 We operate on an hierarchical system which leads to an abuse of power. Within the
30 system, there are two levels of power. It is in its hierarchical format and also an
31 individual's power over another person. Both of these aspects of power are abused. By its
32 very nature, there is built-in power differential, this is how institutions work.

1 Some people, when they have power, they don't understand this. They don't
2 recognise they have it. Some people do recognise this and they abuse it. Often the biggest
3 oppressors are those who are oppressed themselves.

4 There must be a way of providing support without taking power away from people.
5 We must get the power closer to the individual and teach people about recognising power
6 and control.

7 As a disability service coordinator, I had power over people, but I understood that I
8 had that.

9 A watchdog would even the power differential. It would also orientate the care of
10 disabled people to a more customer-service model. We need to stop creating systems and
11 start focusing on services.

12 It is essential that we learn from history. The current abuse and neglect endured by
13 disabled people is a result of systemic issues. We need to learn how to stop damage before
14 it happens. If reforming the system, it is not about ticking boxes, it must be genuine. The
15 current system is tick box. We still have narrow systemic thinking. If you can't fit here,
16 then you go there.

17 There are not many safeguards in place. The only ones we have are contractual.
18 There is a severe lack of resources in the disability sector and it is significantly
19 under-funded. The Disability Commissioner doesn't have enough power.

20 The Health and Disability Commission is medically orientated. The Ombudsman
21 has huge financial pressure and a lack of resources. Residential homes are mini-
22 institutions. There are not big institutions any longer, just smaller ones. While audits
23 occur, they are scheduled and are only every two to three years. This is not regular enough.
24 The auditors only see the good days.

25 Everyone should have control over their own belongings and the support they need
26 to live independently. Some people might need a lot more support than others.

27 Maybe what we need is a Truth Commission, like what happened in South Africa
28 with apartheid. It would hold organisations and the government to account and ensure that
29 fault is found. It would make a finding that someone or an organisation is liable. It would
30 seek out and go speak to people.

31 This Commission isn't that type of Commission. My account is being heard only
32 because I rang the 0800 number and put myself forward. This Commission has been called
33 for by the disabled community for years and years. And for years and years, the
34 government said no. Not only National, it was right across the board, it was no.

- 1 **MS THOMAS:** So, the only person you trusted was yourself.
- 2 **MATTHEW:** Even that was marginal at times.
- 3 **MS THOMAS:** Even that was marginal.
- 4 Matt, we also talked about the promise that you made to yourself as a result of your
5 experiences in state care. You promised yourself that no-one would ever control you again,
6 and you've said that this has caused you "some shit", I think in your words, and it's also
7 been a good thing. Would you like to talk to the Commissioners about that promise you
8 made to yourself?
- 9 **MATTHEW:** At times it really destroys my relationships because I felt I'm a fighter and I didn't
10 take any prisoners.
- 11 **MS THOMAS:** So, at times you said you were a fighter and you don't take any prisoners.
- 12 **MATTHEW:** Yes.
- 13 **MS THOMAS:** So, sometimes that's been awkward?
- 14 **MATTHEW:** Yes, and sometimes it's unnecessary.
- 15 **MS THOMAS:** Sometimes it's unnecessary.
- 16 **MATTHEW:** Yeah, but for me it's hard to pull back.
- 17 **MS THOMAS:** It's hard to pull back.
- 18 **MATTHEW:** Other times, for example, the incident at work I really needed to fight and that was
19 a really good thing.
- 20 **MS THOMAS:** So, the incident that happened at work that you talked about in your statement,
21 you really needed to fight for your rights there and that was a really good thing.
- 22 **MATTHEW:** Yeah. But it's hard to balance it. And it takes a toll on me.
- 23 **MS THOMAS:** Sorry, I missed that bit -- it takes a toll?
- 24 **MATTHEW:** Yeah. Because when you're in fight or flight mode it is emotionally,
25 psychologically, it takes a toll on me.
- 26 **MS THOMAS:** Yeah, when you're in fight or flight mode it emotionally takes a big toll.
- 27 **MATTHEW:** Yeah.
- 28 **MS THOMAS:** Matt, are you okay if we put up a photo on the screen?
- 29 **MATTHEW:** Hell yeah.
- 30 **MS THOMAS:** Okay. Let's put that up now and then we'll talk about this. Can you tell us, what
31 does this photograph show?
- 32 **MATTHEW:** For me, it shows eight years of institutionalised living from 13 until I was 21.
- 33 **MS THOMAS:** Right.

1 **MATTHEW:** And in that photo you can see the hospital ward. I actually lived on the other side
2 of the fence, but it was the same design. They pulled the ward down and I knew they were
3 pulling the ward down, so I snuck in and took a photo before they pulled the ward down b
4 because for me, it was really important to have the memory. Even though it was a shit hole,
5 but it's an important memory from my past, so that's why I got someone to drive in and we
6 took the photo and never got caught.

7 **MS THOMAS:** Right, so this is a photograph of Burwood and you snuck in to take this before
8 they pulled it down.

9 **MATTHEW:** Yeah.

10 **MS THOMAS:** Even though it was a shit hole, I think you said, you wanted this photograph as
11 part of your memory of this. And I think you said that where you spent your eight years in
12 this place, which you described as a prison, was just over the fence that we can see in that
13 photo.

14 **MATTHEW:** Yeah, yes.

15 **MS THOMAS:** You've said in your statement that Burwood was like a prison.

16 **MATTHEW:** Hell yeah.

17 **MS THOMAS:** Is there anything more you'd like to add on that?

18 **MATTHEW:** I'm going to take a few seconds.

19 **MS THOMAS:** Sure.

20 **MATTHEW:** When the institution is run a very hierarchical system, it means the power goes up
21 and then and-- when you've got disempowered people, it often attracts people who have
22 low self-esteem and they use their power over people, -although I-- don't say the word, but
23 I'm going to have a go - nar- -- can someone help me?

24 **MS THOMAS:** Can we help you with?

25 **MATTHEW:** Narciss --

26 **MS THOMAS:** Oh, narcissistic.

27 **MATTHEW:** And it really attracts people to work there, I was here yesterday in the public
28 gallery and it came back there was some narcissism around people's evidence.

29 **MS THOMAS:** So, when you were watching in the public gallery this reminded you of some of
30 the power and control and some narcissism came through some of the themes in the
31 evidence.

32 **MATTHEW:** Yes.

33 **MS THOMAS:** Right. You've also talked to me about Burwood as being a place where there was
34 a loss of personhood for you when you were in there for eight years.

- 1 **MATTHEW:** Completely, my personhood, it was dehumanising. For example, I had
2 suppositories three times a week to control my bowels.
- 3 **MS THOMAS:** So, you had suppositories three times a week --
- 4 **MATTHEW:** Yeah.
- 5 **MS THOMAS:** -- to control your bowels.
- 6 **MATTHEW:** Yeah, and even though it is hidden behind medical reasons, my belief is that it is
7 control and power issue around people's bowel movements. When I first moved out of
8 hospital, the first thing I did was not have suppositories and, it's too much information, it
9 took me 10 days to have a bowel motion, but for me it was me taking back control of my
10 own body and even this morning when Lusi talked about the same sort of issues.
- 11 **MS THOMAS:** You took control back of your own body.
- 12 **MATTHEW:** Yeah.
- 13 **MS THOMAS:** And even this morning when Lusi talked about those exact same issues.
- 14 **MATTHEW:** Yeah.
- 15 **MS THOMAS:** If we could take that photograph down now. There's another topic that I'd like to
16 talk to you about, Matt, and it's in your statement. You've said that every day it's hard work,
17 you've said every day you are fighting against the systems and the attitudes. Could you talk
18 to us about some examples of that that you experience every day.
- 19 **MATTHEW:** If I go to the supermarket -- before- I do, I was having breakfast at the hotel
20 yesterday and the waiter was talking to the people I was with instead of asking me what
21 I wanted. And even though it's an everyday experience with disabled people, it's a societal
22 issue that we need to address.
- 23 **MS THOMAS:** So, it's a societal issue that we need to address.
- 24 **MATTHEW:** Yeah.
- 25 **MS THOMAS:** Because, for example, you said just yesterday at the hotel the waiter spoke to the
26 people that you were with and didn't actually --
- 27 **MATTHEW:** Yeah.
- 28 **MS THOMAS:** -- speak to you about what you would like to eat.
- 29 **MATTHEW:** Yeah.
- 30 **MS THOMAS:** And is there an example you spoke to us about last night, just a common
31 occurrence getting on the bus to get to your job, for example.
- 32 **MATTHEW:** I got asked what day service I was going to.
- 33 **MS THOMAS:** So, you were asked what daily service you were going to?
- 34 **MATTHEW:** No.

1 **MS THOMAS:** Day service, sorry.

2 **MATTHEW:** Yeah.

3 **MS THOMAS:** How did you respond to that?

4 **MATTHEW:** For once, I never swore.

5 **MS THOMAS:** You didn't swear.

6 **MATTHEW:** No. For once I just moved on.

7 **MS THOMAS:** Right.

8 **MATTHEW:** And we're talking about ableism here.

9 **MS THOMAS:** We're talking about what, sorry?

10 **MATTHEW:** Ableism.

11 **MS THOMAS:** Ableism.

12 **MATTHEW:** Yeah, and I believe part of the issue with abuse in care, there is a lot of ableism.

13 For example, if you understand the history of disabled people, it started in the mid -1800s

14 when we had the industrial revolution, before that disabled people were quite included.

15 **MS THOMAS:** So, you're saying before Europeans came to New Zealand, oh and --the industrial

16 revolution, before that disabled people were included.

17 **MATTHEW:** Mostly.

18 **MS THOMAS:** And then things have changed.

19 **MATTHEW:** And then we had -- there were --

20 **MS THOMAS:** Eugenics?

21 **MATTHEW:** Yeah. We've still got eugenics working and it works in the disability sector today.

22 **MS THOMAS:** Eugenics is still present today.

23 **MATTHEW:** For example, women get a scan to prevent an abnormal baby's birth, even though

24 it's not a simple argument because there's all sorts of arguments around people's rights

25 around their own body. What I'm talking about, is if you take a disability perspective.

26 **MS THOMAS:** So, it's not a simple argument, but what you're talking about is making sure

27 people have a disability perspective as part of that information.

28 **MATTHEW:** Yeah.

29 **MS THOMAS:** My final topic that I think you would like to -- that we discussed that you would

30 like to talk a bit more about with the Commissioners was power and control. So, that's a

31 theme that's throughout all of your statement.

32 **MATTHEW:** I've been here, I've been here all day yesterday, and power and control, everyone

33 talked about power and control and I don't think it's a simple issue to fix -- because why

34 would we spend millions of dollars talking about it in this room? I think it's a complex

1 issue. I don't think -- unfortunately, we've got the same situations we had from 1950 to
2 199-- today and unfortunately, we haven't talked about the elephant in the room. And my
3 hope one day we will be brave enough to talk about the elephant in the room, because --
4 sorry, Coral, it's my turn, -- because I think some people think it's in the past. I work in the
5 sector and we have the same levers working.

6 And for me, I think we often try and fool ourselves about that's in the past and we're
7 talking -- in this Commission we're talking about 1950 to 1999 and it's all over, and from
8 my perspective it's not all over. I think we understand it more, but I don't think we stop it.
9 Although -- I think we try and gloss over it because it's a lot easier to do that than really
10 talk about the shit.

11 **MS THOMAS:** You've said sometimes we try and gloss over the situations which, we're not
12 talking about the elephant in the room, which is the power and control, that we've heard
13 about from 1950 to 1999 and continues today.

14 **MATTHEW:** Yes.

15 **MS THOMAS:** And it's still happening in the situations.

16 **MATTHEW:** Absolutely.

17 **MS THOMAS:** Thank you, Matthew. I'm going to see if the Commissioners have any questions
18 for you as well.

19 **COMMISSIONER STEENSON:** Tēnā koe, Matthew, thank you for your statement. You're a
20 very strong soul and it's a very powerful statement. You talk about the control and power
21 and powerlessness in unsafe situations, and you've given us a lot around those -- a lot of
22 examples from when you were a child put into those unsafe, powerless situations. So, I'm
23 interested to know how you think that dynamic of power and control might be brought into
24 balance, particularly for children and safety.

25 **MATTHEW:** It is a very complex situation. I don't think we have any idea of how completely --
26 obviously people need support to live their lives and obviously, on the whole, even though
27 it's changing a wee bit, we still have a hierarchical system that we work with, even though
28 we're trying to change it through EGL, system transformation and better training for staff.
29 But it is very complex and I don't think we will resolve it today.

30 **COMMISSIONER STEENSON:** Do you think part of the solution, I absolutely agree with you,
31 it's extremely complex, but do you think part of the solution is around being able to make
32 decisions, allowing them to have their say in what happens to them and making sure they
33 understand the options fully?

1 **MATTHEW:** Yeah, although I think that I'm --although I think when you've got a physical
2 impairment I don't think people realise how abusive the system is because they have to rely
3 on that support.

4 **COMMISSIONER STEENSON:** Yeah, have to rely on that support, yeah.

5 **MATTHEW:** And for myself, it took me a long time to realise what happened to me was not
6 okay.

7 **COMMISSIONER STEENSON:** Just reflecting on your evidence about as a child, how the
8 doctors were in a lot of control of what happened to you and it was, even though you were
9 really clear you didn't want to do something, so just thinking about how that put you also in
10 a powerless state.

11 **MATTHEW:** Yeah. And if we really want to talk about the real issues, I think we need to talk
12 about disempowerment of disabled people in the support system. For example, how many
13 disabled people are here today? And even though I know not all impairments are visible,
14 nothing about me without me, and we have lots of lawyers in the room -- sorry Ruth and
15 Elise, but you know what I mean.

16 **COMMISSIONER STEENSON:** That's great, thank you for answering, tēnā koe.

17 **CHAIR:** I hardly know where to start, Matthew. So, I'm not going to go on for too long. Can
18 I just pick up on that theme of the doctors. I know you've been sitting watching the
19 evidence and I've seen you in the audience. So, you will have heard some of the evidence
20 that we have about over-medicalisation.

21 **MATTHEW:** Yes.

22 **CHAIR:** And that applies to people with disabilities, it applies to Deaf people and it applies to
23 people with mental illness as well.

24 **MATTHEW:** And women as well.

25 **CHAIR:** Yeah, that's right. So, this fits in, I think, with your very strong message about power
26 and control and the hierarchy, because as you said, your parents believed in doctors.

27 **MATTHEW:** Absolutely.

28 **CHAIR:** Absolutely, they trusted them and, I mean, my parents did too, we're of an age when
29 doctors placed themselves, or we placed the doctors on a pedestal and we did what was
30 told. So, part of this medicalisation, which you are shining a light on for me, is that it
31 seems from your evidence at least, and Lusi, that the first point of contact is from the
32 doctors who try to cure you, fix you, treat you with medicine and operations and things like
33 that. Do you agree with that?

34 **MATTHEW:** I would take it one more step.

- 1 **CHAIR:** Yeah.
- 2 **MATTHEW:** My belief is that the medical profession don't know about the social model of
3 disability and my belief is that they only get a very minimal --
- 4 **CHAIR:** Yes, training.
- 5 **MATTHEW:** -- training, and then my belief is that we need to employ people in neonatal units as
6 people who have got specialised knowledge around impairments, know about everything --
7 of social model of disability, as well as the UNCRPD.
- 8 **CHAIR:** Yes, I think last week, I'm not sure if you followed our evidence last week, but we heard
9 about the call for better training of all the medical professions, you know, neonatals,
10 everybody, to -- in issues about disability. But I want to put a proposition to you as an
11 expert and I'd just like your views.
- 12 **MATTHEW:** I'm not an expert.
- 13 **CHAIR:** Yes, you are, I'm going to argue with you about that, Matthew. The proposition is that
14 instead of starting with the physical, medical stuff, would we not be better in having a
15 system that started with the rights and the needs of disabled people?
- 16 **MATTHEW:** Absolutely. And also having the right, my -- tongue is twisted.
- 17 **CHAIR:** Do you want a drink?
- 18 **MATTHEW:** No, I'm fine. We need to change their power.
- 19 **CHAIR:** Because if you start with the rights, the human rights and the needs that psychological,
20 educational, spiritual, etc, needs of disability, then that's got to be led by survivors, doesn't
21 it?
- 22 **MATTHEW:** Yes, although I believe what Paul Milner talked about last week about
23 dehumanisation -- because when you dehumanise people, it's really easy to take the next
24 step.
- 25 **CHAIR:** Thank you for that. So, that's something we're taking very seriously, that whole notion
26 of changing the model so that disabled people's needs are met. The only other -- then I
27 want to know -- a question. You were in Burwood for eight years, a terrible long time.
28 Were there any other people there for as long as you? Was that a common thing that you
29 were there for as long as you?
- 30 **MATTHEW:** Not at Burwood, but it was a common thing in the 80s.
- 31 **CHAIR:** Right.
- 32 **MATTHEW:** And the only reason why I got to Burwood was my protest of being sent up to
33 Pukeora.
- 34 **CHAIR:** But that just would have been another institution, wouldn't it?

- 1 **MATTHEW:** Yes.
- 2 **CHAIR:** That's right. I just wondered if you were typical at that time, whether it was usual to be
3 in one institution for that long period of time.
- 4 **MATTHEW:** Yes.
- 5 **CHAIR:** I think your answer is yes, it was.
- 6 **MATTHEW:** Yeah.
- 7 **CHAIR:** I want to ask you about the elephant in the room.
- 8 **MATTHEW:** We haven't got all day.
- 9 **CHAIR:** Well, exactly, we don't have all day, but I'm going to make a suggestion. It's not an
10 elephant, okay, we know it's here, okay, we know it's here, we know it has to be add ressed.
11 We don't have all day, but I'm going to suggest that if you wanted to, whether you'd be
12 prepared to give us some of your ideas about the current situation later in writing.
- 13 **MATTHEW:** Yes.
- 14 **CHAIR:** Would you be interested in doing that for us?
- 15 **MATTHEW:** Absolutely.
- 16 **CHAIR:** And we would be extremely grateful for your input and your insights into the elephant in
17 the room. Because we need to know to what extent, if any, improvements have been made
18 so that we can recognise that when we make our recommendations.
- 19 **MATTHEW:** And it's not only me, I'm not the only one --
- 20 **CHAIR:** Of course.
- 21 **MATTHEW:** -- who has this point of view, there's many people and lots of disabled people --
- 22 **CHAIR:** Yes.
- 23 **MATTHEW:** -- as well. And you've got one --
- 24 **CHAIR:** Right there, yes. We're very aware of that. But he's not an elephant.
25 Can I just then come to my last point. This is something that you raised quite a
26 proper concern that you have about the Royal Co mmission, and its role and its function.
27 And whilst the Royal Commission has a lot of powers to call people and get evidence and
28 the like, you are right to the extent that our powers are limited in what we can do. And
29 that's just the way we've been set up. But we do have the very powerful tool of making
30 reports and recommendations.
- 31 I share your concern, I think everybody shares your concern, that we will do our
32 best, we will make what we hope are the best recommendations, but the question then is,
33 what next? And I think that's your concern, isn't it?
- 34 **MATTHEW:** Yes. And I don't get paid enough --

1 **CHAIR:** No.

2 **MATTHEW:** -- to do that.

3 **CHAIR:** Well, I know you don't get paid enough, nobody gets paid enough to do that. But what
4 I want to share with you is something that -- this is not new, I've shared with other
5 witnesses and many people I speak to. And that is that the Royal Commission will vanish
6 at the end of our time, by this time next year, we won't exist. But what we will leave
7 behind are our reports and our recommendations. What we also, I hope, will leave behind
8 are people like you and many others who will become champions for those
9 recommendations, who will not let them sit on a dusty shelf, who will be loud and powerful
10 voices, as I know you can be.

11 **MATTHEW:** Sorry about that.

12 **CHAIR:** To ensure those recommendations get the airing and the time and the support of the
13 whole disability community, and all of the people of New Zealand. So, I know you don't
14 get paid enough, but I'm going to invite you to be one of our champions, as well, once we
15 have vanished into thin air.

16 **MATTHEW:** I will be here.

17 **CHAIR:** That's wonderful. Thank you very much. I'm now going to leave you to the not -the-
18 elephant-in-the-room sitting next to me.

19 **MATTHEW:** Yes.

20 **COMMISSIONER GIBSON:** Thanks, Matt, I've got some comments and questions, then it's
21 going to be my privilege to thank you. But first a comment. You're a disabled person,
22 you've spent a lot of time in care and support services, you're a survivor of abuse in care
23 and support services. You work in the provider area, you've done that for a number of
24 years. You're an activist, a disabled person's activist and you've been involved in DPOs,
25 disabled people's organisations. The idea that you're not an expert, I think you need to trust
26 yourself on this one, not just marginally, that you are an expert and with all of that range of
27 experience.

28 I suppose, first, I'd ask some questions from different perspectives, some as an
29 activist, but also first within the provider world, and as a disabled person, you've
30 seen -- and this is knowing that you might provide some more evidence, but you've seen the
31 inside of special schools, people with physical impairments, people with learning
32 disabilities, and residential --

33 **MATTHEW:** Yes.

- 1 **COMMISSIONER GIBSON:** -- institutions. Today, what should we be doing with those baby
2 elephants?
- 3 **MATTHEW:** In my opinion, we need to close them down, even though I know some of the
4 disabled community will say the opposite. And I understand their argument, but if we
5 really believe in including, if we close it down, we need to support people really well. This
6 is not about main dumping, this is about proper support, at home, at school, anywhere.
- 7 **COMMISSIONER GIBSON:** Not about main dumping?
- 8 **MATTHEW:** Yeah.
- 9 **COMMISSIONER GIBSON:** I think that's a phrase that not many people would have
10 understood, but people need to be included not just dumped outside of wherever they were
11 previously excluded.
- 12 **MATTHEW:** And I knew you would understand that, Paul.
- 13 **COMMISSIONER GIBSON:** Yes. We worked in the same organisation a few years ago and
14 you had a great reputation of connecting with people and of getting people out of more
15 institution-like facilities one at a time from -- the building of a lot of trust, but you seemed
16 to be able to do that as a disabled person in that role better than others. Would you say that
17 was fair?
- 18 **MATTHEW:** Yes, and I'm still doing that today -- not today, you know what I mean.
- 19 **COMMISSIONER GIBSON:** And are we utilising the -- we heard yesterday about the number
20 of unemployed disabled people, are we utilising disabled people enough in these roles?
- 21 **MATTHEW:** Unfortunately, no, because I'm unusual, because I work in a provider, and I'm not
22 just -- I'm a manager of a provider and I'm so unusual. And I'm privileged as well, because
23 I believe in privilege and I never forget how privileged I am because I'm working.
- 24 **COMMISSIONER GIBSON:** It took a lot of battles to get the role, and I think providers need to
25 be conscious of the barriers that they put in place that stop people who can really
26 contribute.
- 27 **MATTHEW:** Yes. And we have to somehow recognise disabled people's experience as a
28 qualification.
- 29 **COMMISSIONER GIBSON:** You've described yourself as a disability activist. Most of
30 New Zealand wouldn't associate those two words with each other. Do you want to talk
31 about, have you been an activist in any other areas, gone on any marches, walks, what's
32 been your journey and also, I think the role of activism in creating change, ending abuse in
33 care?

1 **MATTHEW:** At 15 years old, I went on my first protest against the Springboks tour, and
2 although -- obviously I'm not right wing, I'm a very left-wing ideology and I had many
3 protest marches, not only for disability issues but for social justice.

4 **COMMISSIONER GIBSON:** Do you think people recognise ableism, discrimination,
5 oppression, do people, in general, in the public, in the same way they do racism,
6 discrimination and oppression in that context?

7 **MATTHEW:** No. No, because I think in our society we think we need to be nice and polite to
8 disabled people, and that's why it's not recognised as racism or sexism. I'm sure, Judge
9 Coral, you faced exactly the same issue when you became a lawyer. I'm not sure how long
10 you've been doing this, but you're older than me, sorry to say that.

11 **CHAIR:** Hundreds of years.

12 **COMMISSIONER GIBSON:** Hopefully there's a few young disabled people listening out early
13 on a journey of understanding. What would you like to say to them? What might be the
14 role of advocism, of working --

15 **MATTHEW:** Don't be passive because when we have a passive stance, disempowerment comes
16 along. And the systemic issue we have in Aotearoa because we like to be nice to each other
17 and want to be not offensive to each other, but we need to support young disabled people to
18 take up their rights. And I think, often, young disabled people think they have the rights
19 now. Activists of old, when I was young we had to fight for everything. But today, I don't
20 have to ring up a restaurant to make sure if it is accessible. I don't -- I'm not restricted. If I
21 want to go to the movies, I don't have to ring up to get the seats removed. And I can go on
22 all day with examples. I think we really need to put energy in to young disabled people.

23 **COMMISSIONER GIBSON:** Thanks, Matt, I could go on all day too. It's a privilege to have
24 been on the same side in many battles as you have. I think it's better to be on the same side
25 as a fighter, thank you so much. There's been a few.

26 **MATTHEW:** And there will be more.

27 **COMMISSIONER GIBSON:** There will be more, but hopefully result of this Inquiry and as a
28 result of your evidence there won't be as many, I hope -- you have -- you've really given a
29 challenge about this not being a talk fest. As I was saying, you've had a reputation in the
30 services of getting shit done and that's a challenge for us. Sometimes it might take 10 days
31 or even longer but we'll get there.

32 **MATTHEW:** Good luck.

33 **COMMISSIONER GIBSON:** Can I thank you for your spirit, your relentless determination,
34 your, at times, insistence on what needs to happen on doing the right thing. You really are

1 an expert. You drew a lot of different experiences together and the individual , personal
2 experience of abuse and neglect in institutionalisation and really joining the dots up to the
3 systemic change that needs to happen. How services, power and control, we need to be
4 reframing those, we need to be hearing endlessly and learning from the voices of people
5 with lived experience, those who have got that collective wisdom which you bring to the
6 table today for the solutions for the future.

7 We'll insist amongst ourselves that this won't be a talk fest, we'll make sure this
8 does result in something.

9 Thanks so much for sharing, it's a cliché saying it's courageous to do this, but it
10 really is. Having known you for so many years, to hear some of this is, again, quite
11 impactful, so thank you, kia kaha.

12 **MATTHEW:** Thank you, Paul.

13 **COMMISSIONER GIBSON:** Thank you. Ms Thomas.

14 **CHAIR:** We're allowed lunch now, so we will -- please go and enjoy yourself. Can I just say
15 finally before we finish, we have seen the pain that you have been through in telling your
16 story, and I want you to make sure you take whatever well-being we can offer you to
17 support you, so that pain doesn't remain with you, we don't want to do you any further
18 harm. You've gifted us your evidence, and the best we can do is make sure your well-being
19 is cared for. So, please make sure you rely on as much of that as you need.

20 **MATTHEW:** Thank you.

21 **CHAIR:** Not at all. Please enjoy your lunch as well.

22 **MATTHEW:** I will. Can't you see my slim physique?

23 **CHAIR:** Yes, I can, I know you will enjoy your lunch, as we will.

24 **COMMISSIONER GIBSON:** No, I can't see, there are no elephants in the room.

25 **MS THOMAS:** If we come back for a 2.15 start.

26 **CHAIR:** 2.15, thank you.

27 **Lunch adjournment from 12.54pm to 2.28pm**