

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
DISABILITY, DEAF AND MENTAL HEALTH INSTITUTIONAL CARE
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 Kerry 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

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TRANSCRIPT OF PROCEEDINGS

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Hearing opens with waiata Ka Waiata and karakia by Ngāti Whātua Ōrākei

[10.06 am]

CHAIR: Tēnā koutou, tēnā koutou, tēnā koutou katoa. Welcome, everybody, to the final day this week of our hearing Ūhia te Māramatanga, the Disability, Deaf and Mental Health Hearing. We have an interesting day today when we move into hearing from our Deaf community. We're looking forward very much to that.

Welcome to everybody and welcome to Mr Thomas for our first witness.

MR THOMAS: Mōrena, Madam Chair and Commissioners. The next witness is Donna Phillips and her evidence is pre-recorded. It's 48 minutes long. Donna's evidence relates to the 30 years she's spent in the mental health system, including sexual abuse she suffered at an inpatient unit at a New Zealand hospital. She talks about over-medication and the impact of that on her and what it's like to be a patient in the New Zealand mental health system.

She also expresses her views on what she would like to change about that system.

Thank you, Madam Chair.

CHAIR: Thank you, Mr Thomas. And I know that Donna is listening carefully to this evidence. Welcome to you, Donna, and we thank you very much for the evidence that you are about to give us and I hope that you stay well during the recording. Thank you.

DONNA PHILLIPS

[Video played]

"(Narrator) Donna Phillips is of Pākehā and Fijian descent. She has been in the mental health system for over 30 years, 1990 to present, and has spent time in Kingseat, a hospital mental health unit and community mental health settings. Donna is sitting in a chair against a white wall. She wears a bright orange scarf, a pink and white t-shirt and has short curly brown hair pushed away from her face. An interviewer is off screen asking Donna questions."

QUESTIONING BY MR THOMAS: "Just before I start in with the questions about your experience, I'll just get you to take the affirmation. So do you solemnly, sincerely and truly declare and affirm that the evidence you will give before the Royal Commission will be the truth?"

A. Yes.

Q. Great, thank you.

(Early life.)

A. My childhood like for me, or my life began in Fiji in Suva.

Q. Yes.

1 A. And I was born in 1963, so my dad was the son of a plantation owner, a banana plantation
 2 owner in Fiji and my mum was the daughter of another plantation owner and he, -- that was
 3 my grandpa who was stationed in Fiji as a soldier during World War II. Mum's mum was
 4 the high chief's daughter of Narata, it's a Fijian village, and so they were married in Suva
 5 and I had an older brother who was born before me and I was very young when we left Fiji,
 6 I was only less than a year old. We came to New Zealand to look for a better life.

7 (Life in New Zealand.)

8 Well, it was kind of like very much a -- it worked well we found if we kind of, like
 9 we're a working unit as a family and just having like my brothers and sisters around me, my
 10 siblings and other kind of extended family, like my half aunts and uncles, and cousins
 11 eventually, that kind of like helped to stabilise us in the community and in society.

12 So the first few growing-up years were really good, dad was working just in
 13 different jobs, carpentry, building houses, a chook farm, looking after chooks where he
 14 could and at a dairy factory."

15

16 **CHAIR:** We seem to have hit a roadblock here.

17 **MR THOMAS:** Yes, Madam Chair, perhaps we'll need a short break.

18 **CHAIR:** Just to let Donna know that the film has stopped, we don't know why, so we're going to
 19 take a short break until it gets fixed and then we'll come back when it's ready.

20 **MR THOMAS:** Thank you, Madam Chair.

21

Adjournment from 10.11 am to 10.29 am

22 **CHAIR:** We're back. All sorted now, Mr Thomas?

23 **MR THOMAS:** Yes, thank you, Madam Chair, it was just an unexpected technical issue with the
 24 video file which is now sorted.

25 **CHAIR:** Very glad to hear it, we can continue to listen to Donna.

26 **MR THOMAS:** Okay, thank you.

27

[Video played]

28 (How did your dad come to be involved in the mental health system?)

29 A. "It remains kind of a mystery to me, because I didn't actually have a lot of information from
 30 dad himself --

31 **Q.** Yes.

32 A. -- about what caused it all to happen.

33 **Q.** Yeah.

- 1 A. But I do know that something overwhelmed him when he first had the symptoms of a
2 break-down. I knew he was slowly going a little more isolated and growing a little more
3 just distant, I guess, from his usual operating self.
- 4 Q. Yes.
- 5 A. His normal operating characteristics, just kind of slowly kind of ebbed away.
- 6 Q. Yes.
- 7 A. That was kind of what I noticed happening around the time my younger sister was born.
8 (Dad was admitted to Carrington Hospital when I was 11 years old.)
9 (Visiting dad at Carrington Hospital.)
10 It was really hard to see him in that place.
- 11 Q. Yeah.
- 12 A. Like in the context of what was virtually a prison, yeah, the whole feel of the place was just
13 not welcoming or friendly.
- 14 Q. Yeah.
- 15 A. But dad himself, he was welcoming inside it, yeah, I really got that impression, because he
16 just looked so lit up and happy to see us come to visit him.
- 17 Q. Yeah.
- 18 A. Yeah, and he also looked pretty, like, humiliated and sad that we had to see him in that
19 place, which was understandable. But yeah, it was good to see him. As far as I was
20 concerned, it was just good to see him.
- 21 Q. Yeah."
- 22 **CHAIR:** "(Dad's return home after six months in Carrington Hospital)."
23 I think you're going to have to read them out.
- 24 A. "He changed, he was --like something had emptied out of him and it was all his happiness.
25 He used to sing, or hum and sing songs at the, you know, around the house, and when he
26 came in from working in the garden, he'd be singing at the kitchen tap, you know, washing
27 his hands and it was really lovely, you know, I used to really look forward to that knowing
28 dad was happy, was really key to my own happiness, so I just, you know, really missed that
29 when it was all gone, it was like, "When's that coming back dad?" You know, like just, you
30 know.
- 31 Q. Yeah.
- 32 A. I didn't like seeing the way he was, he was --he wasn't allowed a razor because of being in
33 Carrington, so he grew this like Osama Bin Laden beard and he didn't like it and I didn't
34 like it.

- 1 Q. Yeah, so his appearance was different and --
- 2 A. Yeah, shaggy and long hair and unkempt and just not looked after, you know, and that
3 wasn't good for dad.
- 4 Q. Yeah.
- 5 A. I just kind of thought, you know, what is that place?"
- 6 **MR THOMAS:** The next slide is "Donna's dad's death".
- 7 Q. "I understand from what you've told us before that he ended up taking his own life and
8 I wanted to ask about, you know, you were 24 years old, I think at the time?"
- 9 A. Yes.
- 10 Q. I just wanted to ask you about, you know, obviously it was a major event in your life, and
11 just, if you can, just tell us about the impact of that on your life and your family.
- 12 A. Yeah, it really impacted with a wallop, yeah, because I just remember getting a phone call
13 from mum one morning out of the blue and just, she said, yeah, 'Your dad's died.' So
14 I wasn't expecting that and I was- kind of just found it really hard- to accept that at first,
15 and yeah, so it was hard that --I was in a relationship at the time --
- 16 Q. Yes.
- 17 A. -- and my husband, who's now my ex--husband, just refused to drive me up to Whangārei
18 for the funeral and he'd made it an obstacle for me to visit my dad despite me repeatedly
19 asking to go and visit in the weekends prior to that.
- 20 Q. Yes.
- 21 A. So that really was not supportive at all.
- 22 Q. Yes.
- 23 A. And that was kind of like my bottom line.
- 24 Q. Yeah.
- 25 A. Like that's where that ended.
- 26 Q. Yes.
- 27 A. So I found the funeral itself was really hard to get through too.
- 28 Q. Yeah. I guess this affected your own mental health, is that --
- 29 A. Yeah, it did.
- 30 Q. -- accurate?
- 31 A. Because I felt really like, no -- I felt like I was living with a ghost of me, yeah, if that can
32 be explainable.
- 33 Q. Yeah.

- 1 A. But just the old me, I felt like I was going through this big break in between my current
2 day-to-day existence and my past existence of where I used to be and I think my career in
3 the medical laboratory as a medical laboratory technician, just seemed like light years
4 away --
- 5 Q. Yeah.
- 6 A. -- in a different universe to kind of going through life with just the bare existence of
7 meaning.
- 8 Q. Yeah, yeah. It sounded like a huge, obviously, event in your life and all those other things
9 going on at the same time in your life and a huge sort of change for you?
- 10 A. Yeah.
- 11 Q. You did seek out psychiatric help at that time?
- 12 A. Well, I did that for Mum's sake, because Mum wanted me to see a psychiatrist and she
13 wasn't really happy with the way I was not really moving anywhere positive as she saw it.
- 14 Q. Yes.
- 15 A. So she kind of, yeah, arranged that.
- 16 Q. Yeah.
- 17 A. And I just thought well, if it keeps her happy."
- 18 **MR THOMAS:** The next slide is "Donna's experience at a mental health unit in a hospital, her
19 first admission".
- 20 A. "I kind of, yeah, wanted to have a rest in a place of like --
- 21 Q. Yeah.
- 22 A. -- rest, like just to be separate from moving on with all life's day--to--day stuff, but I found
23 being in the psych unit was just another kind of form of stress, because there was just --the
24 day--to--day like life there was just boring.
- 25 Q. Yeah?
- 26 A. It was just so boring, there was no real meaningful recovery framework happening.
- 27 Q. Yeah.
- 28 A. And you were just lumped with everybody else in a one-size-fits-all treatment programme.
- 29 Q. Yeah.
- 30 A. A lot of people in there just come from a totally different background to me, like really,
31 really different.
- 32 Q. Yeah.
- 33 A. And I found it was really hard to cope with that.
- 34 Q. Yeah.

- 1 A. And the medication, it was always about medication.
- 2 Q. Yeah.
- 3 A. The only time they spoke to you many a day was just, you know, 'It's medication time', call
4 your name.
- 5 Q. Yeah.
- 6 A. Get your pills.
- 7 Q. Yeah.
- 8 A. So that was, like, the majority of the contact they had with us was there.
- 9 Q. Yeah.
- 10 A. Some of the patients got more privileges if they were, like, on board with their medication
11 they got more privileges, that became a real eye opener for me."
- 12 **MR THOMAS:** The next part's about the medication Donna was receiving and the effect on her.
- 13 A. "That first psychiatrist that I saw, she put me on the Haloperidol, she said it was necessary
14 for me to be on it, it was a drug of last resort, but it was the only thing that would help me,
15 and when I asked about side effects, you know --
- 16 Q. Yes.
- 17 A. -- because it was the first thing I asked her, she said, 'Oh well, it's nothing in comparison to
18 your illness, your condition, so it's going to help you, whether it has side effects or not ', and
19 she never wavered from one inch, you know, she was always adamant about that.
- 20 Q. Yeah.
- 21 A. And it did have really bad side effects and every time I found a new side effect, at first I
22 would, you know, let her know through a nurse or something.
- 23 Q. Yes.
- 24 A. But I got the fast impression that it was better not to say anything, just to deal with it,
25 because if I found it was a problem it was lack of insight --
- 26 Q. Okay.
- 27 A. -- which is a symptom of the condition.
- 28 Q. Yes.
- 29 A. Yeah, and if I got annoyed and frustrated that they weren't listening to me, that was
30 agitation --
- 31 Q. Yes.
- 32 A. -- which is a symptom of the condition.
- 33 Q. I see.
- 34 A. Or elevation, you know, that's another symptom of the condition.

- 1 **Q.** Yeah.
- 2 **A.** So they had all these ways of , --and I only found that out later, that's what they were
3 writing down in the medical notes, you know, like that's how they, like, escape the whole,
4 like, it's their,-- it should be them being accountable for all that.
- 5 **Q.** Yeah.
- 6 **A.** As medical professionals, they should explain side effects.
- 7 **Q.** Yeah.
- 8 **A.** You know, they should work to alleviate them, where they are a problem to their patient,
9 but that was never kind of an obvious thing anywhere.
- 10 **Q.** Yeah.
- 11 **A.** It was only, like, for people that a lot of the time were happy to have medication. And a lot
12 of them were like drug addicts, yeah.
- 13 **Q.** And did you describe to her like the specific side effects that you were experiencing on
14 Haloperidol?
- 15 **A.** Yeah.
- 16 **Q.** Like you talk in your statement about the horrendous nightmares and the dyskinesia?
- 17 **A.** Yeah, and -the dyskinesia and the horrible nightmares, she was not very informative about
18 the nightmares, I found out just through experience that I always got the nightmares just
19 prior to the next injection, like the cycle of, -onemonthly- cycle of injections, so I'd always
20 get nightmares at the last end of the month before the next injection, yeah, so ...
- 21 **Q.** Can you describe the sort of nightmares a little bit to us, or give us an example, I guess, just
22 so, you know, we can understand what you were going through.
- 23 **A.** Okay. Well, there's kind of a hypersensitivity to noise and light and colours that goes on,
24 and then when you go to, like, into a sleep, it's like -it's- hard, it's harder to actually relax,
25 like it just doesn't happen naturally.
- 26 **Q.** Okay.
- 27 **A.** And then you know you're going to get a nightmare when that happens, because there's no
28 real sense of safety about going to sleep, and then suddenly it's like you're in this chemical
29 world of like, - it's just like you're in a -mindaltered- state and like I would see helicopters
30 crashing and flames going everywhere around me and just that would happen a lot, I'd get
31 that, yeah.
- 32 **Q.** Yeah?
- 33 **A.** That was how it would be to me in the nightmare. There were kind of others as well, I'd get
34 always kind of sense that the bad guy always got me, the monster, kind of thing, yeah --

- 1 Q. Yeah.
- 2 A. -- that got me, yeah."
- 3 **MR THOMAS:** "Donna's time in a psychiatric hostel."
- 4 A. "That came about through the direction of my psychiatrist, the female psychiatrist that
5 I talked about earlier and she was in charge of like everything pertaining to my recovery,
6 and I expressed to the staff at the psychiatric unit that I wanted to leave at some point soon,
7 so they say --at her suggestion said, 'Well, you can go to [GRO-C] hostel' and that was
8 like -- it was evident from the conversation they had with me about that, that they really
9 wanted that recommendation to be the only recommendation, like I go there or I don't leave
10 the ward.
- 11 Q. Yeah.
- 12 A. So I'd stay there for another, - however many months, you know, until they were happy with
13 my -so-called- progress.
- 14 Q. Okay.
- 15 A. So I felt it was, like, a forced decision, like that was just pushed on me that I had to go
16 to [GRO-C]-that I didn't want to just accept it straight away because I didn't think it was
17 going to be helpful in the long run or change anything.
- 18 Q. And can you tell us even just a little bit of what it was like at [GRO-C]?
- 19 A. It was very patronising and boring, and much of it was like just -the- routine was just a
20 roster of who was doing the mopping the floors and who was doing the cooking and who
21 was doing the, you know, all the various chores that we were allotted.
- 22 Q. Yeah.
- 23 A. And yeah, we were just kind of monitored all the time and even on our behaviour and on
24 our manners and --
- 25 Q. Okay.
- 26 A. -- you know, it just felt you were just reduced to a child's existence.
- 27 Q. Right."
- 28 **MR THOMAS:** The next slide is Donna's readmission to a hospital mental health unit.
- 29 A. "I know I did overdose at some stage earlier on again.
- 30 Q. Yes.
- 31 A. And I can't remember [GRO-C], --it probably was there, yeah, just can't really connect back
32 to that memory of where it was, but I know,-- I recall coming to in the hospital, or being in
33 the hospital, I think, Emergency Department or A&E.

- 1 Q. Yes.
- 2 A. And there was,-- I was getting my stomach pumped and a group of, like, medical people
3 were around me while that was happening and, yeah, I was kind of, like, regurgitating out
4 of the tube or something at that point. And a nurse said to me, "That will teach you not to
5 do it again", and she was just, yeah, really rude --
- 6 Q. Yeah.
- 7 A. -- to me, yeah."
- 8 **MR THOMAS:** The next slide is sexual abuse Donna experienced in this hospital mental health
9 unit.
- 10 Q. "I'm going to ask you about a sort of difficult thing that you then experienced when you
11 were back in GRO-C hospital. This was during your second admission there. You were
12 sexually assaulted by another patient?
- 13 A. **[Nods]**.
- 14 Q. You've told us about that in your statement, I guess I just wanted to ask you briefly what
15 happened there?
- 16 A. Well, I was,- like, while I was there- I was just, like, keeping to myself.
- 17 Q. Yeah.
- 18 A. And there were a lot male patients in the unit at the time and I was the only female there.
- 19 Q. Okay.
- 20 A. So I felt very out of place anyway.
- 21 Q. Yes.
- 22 A. And then I recall that they admitted a new patient in and he was really, like, an unkempt
23 Māori, tattoos, and just wasn't talking about -- he wasn't talking or anything, he was just
24 like put on this big attitude, like, a staunch attitude and he kind of marched up the, like,
25 through the lounge area, and he was -- I was just standing at the end of the lounge in his
26 path, but I kind of, yeah, didn't -- and I knew there was, like, you know, like a risk involved
27 in, like, being in his path, like, being in the secure unit, you don't know anything about the
28 strangers that you're in with.
- 29 Q. Yeah.
- 30 A. And yeah, I just,-- he just realised that, you know, he could,-- there weren't any nurses
31 around.
- 32 Q. Yeah.
- 33 A. There weren't any nurses --

- 1 Q. Yeah.
- 2 A. -- at the time there, they'd done with the admitting, so he was the re and the first thing he did
3 when he walked up to me, was he did abuse me like --
- 4 Q. Yeah.
- 5 A. -- I don't like to go into it.
- 6 Q. That's all right.
- 7 A. Yeah, but he was just really, it-- really shocked me and it was painful, and I, --emotionally
8 and physically and --
- 9 Q. Yeah.
- 10 A. -- I recall, like, he walked off down to the accommodation area sort of at the back.
- 11 Q. Yeah.
- 12 A. And I went to the lounge where there were other people around.
- 13 Q. Yeah.
- 14 A. And just didn't want to be anywhere close to him, and eventually I told a nurse in the
15 office --
- 16 Q. Yes.
- 17 A. -- which was screened off, what had happened.
- 18 Q. Yeah.
- 19 A. Or maybe my own nurse came by later that day, so I told her what had happened, and
20 I expected that I could talk to her about it and I kind of, like, during that time interval,
21 thought they would take me out of his way.
- 22 Q. Yeah.
- 23 A. You know, they would separate me away from him.
- 24 Q. Yes.
- 25 A. And put me into another, like, the other unit which was not a secure unit.
- 26 Q. I see, yes.
- 27 A. But they,-- so when I was explaining to my nurse, she just said, 'How are you feeling
28 now?' So it was very confusing to me how to answer that, because if you don't answer
29 'fine' at every opportunity, they think, you know, they've got to give you more meds and
30 Zopiclone and sleeping tablets that really bomb your brain out, so I just said I was fine and
31 I kind of thought there'd be a procedure, like, when an incident report is written up, you
32 know, that that was part of the protocol to do with abuse, sexual abuse in the unit, that they
33 would separate me from the -- from the --
- 34 Q. From the perpetrator?

- 1 A. Yeah, the perpetrator, yeah. So it was like -- like, I was expecting that to happen all that
2 evening, you know, somebody to come up to me and say, 'You can pack your things now
3 and go.'
- 4 Q. Yeah.
- 5 A. Because that was what I was thinking would happen and it never did, and so the first night
6 was just the horrible of them all night because, -- yeah, I didn't know what he was capable
7 of, I had to just put up with them not really, you know, able to connect with what I was
8 really needing.
- 9 Q. Yeah.
- 10 A. And then at dinner time that first night, it might have been a couple of meals afterwards,
11 I found out that he was like a gang president, yeah, he was the president of a gang and he
12 had other gang members in there to kind of, like, you know, be his stooges or whatever,
13 you know, that's what happened, and any time he needed cannabis or something they'd
14 shoot off on their leave because that was what they were there for, or be on their mobile
15 phones or something and arrange for it. So other gang members would bring it into the
16 corridor of the hospital just outside, and - so- that was kind of how things went for two
17 weeks.
- 18 Q. Yeah.
- 19 A. And I found it really hard, and just couldn't sleep very well.
- 20 Q. Yeah.
- 21 A. And didn't want to tell the nurses that because it would mean Zopiclone and just kind of
22 coped as best as I could.
- 23 Q. Yeah.
- 24 A. But...
- 25 Q. It was like an awful situation for you, wasn't it, because you were -- I think you've told us,
26 and it's in your statement that you felt like you were effectively locked in that secure unit
27 with the perpetrator of that offending against you and, you know, you were stuck there sort
28 of thing?
- 29 A. Yeah.
- 30 Q. With no protection from the staff?
- 31 A. Yeah, yeah.
- 32 Q. Is that how you felt?
- 33 A. Yeah, yeah. And I just, my trust for them really bottomed out badly, yeah.
- 34 Q. And you expected them to do something more to sort of make you feel safe?

- 1 A. Yeah.
- 2 Q. But they didn't?
- 3 A. Yeah, they never, they never did, so it was just kind of like --
- 4 Q. Yeah.
- 5 A. Just really didn't have anything solid to trust them or anything, no foundation, no solid
6 foundation to trust them on anymore.
- 7 Q. Yeah.
- 8 A. And I found I'd get claustrophobic at night from just, you know, waking up in the night and
9 checking my door was locked and, yeah, so it was really --
- 10 Q. And that's like an impact, do you think, from that event --
- 11 A. Yeah.
- 12 Q. -- being like this sense of feeling like you're sort of stuck in that situation?
- 13 A. Yeah, yeah, since then I've developed claustrophobia and that's, yeah what I put it down to.
14 I was always kind of hoping, you're looking forward to only getting out, you know, and that
15 was the only thing that would calm me down was I'm going to get out, I'm going to get out.
16 So it was really hard to be there.
- 17 Q. Yeah.
- 18 A. Yeah, so, I was kind of living for the moment when I was out the door.
- 19 Q. Yeah, so that sort of got you through that?
- 20 A. Yeah.
- 21 Q. The hope or belief that you would eventually get away from that situation?
- 22 A. Yeah.
- 23 Q. Yeah."
- 24 **MR THOMAS:** The next slide is "Kingseat Hospital".
- 25 A. "When I arrived, I didn't have anything explained to me about what was going to happen,
26 like in terms of assessment or routine or just nursing practice --
- 27 Q. Yeah.
- 28 A. -- for me being there as a patient, so.
- 29 Q. You were going into quite a sort of unknown situation?
- 30 A. Yeah, it was, it was very unknown, and I just had to, yeah, just pick up on what I thought
31 was the right thing to do. There weren't any guiding kind of what to do talks or anything
32 when I got there, no introductory talks about, you know, what to expect --
- 33 Q. Right.
- 34 A. -- from your stay there.

- 1 **Q.** Okay.
- 2 **A.** So in the morning it was just get out of bed and go down to the nursing office and sit in an
3 outside waiting area for your medication.
- 4 **Q.** Yeah.
- 5 **A.** And so I found out pretty – earlier on that they must have had some kind of information
6 about me that I didn't realise that pointed to -or- the fact that I'd been to the nursing office
7 and asked for a razor to shave my legs --
- 8 **Q.** I see.
- 9 **A.** -- of all things, just to try and like sort of stay normal, I think.
- 10 **Q.** Yeah.
- 11 **A.** But they considered that a potential danger. And I didn't realise, you know, just what that
12 entailed.
- 13 **Q.** Yes.
- 14 **A.** But what it meant was that, -this is what I'm presuming. I was in the shower just having
15 like I think the second or maybe the third shower of me being there, it might have been like
16 three days into my stay there, and then I heard the door of the bathroom open and then to
17 my surprise the shower curtain was pulled aside- and I was just like, you know, suddenly,
18 like, is this a patient or what, you know, just --
- 19 **Q.** Yeah.
- 20 **A.** -- what?
- 21 **Q.** Yeah.
- 22 **A.** And then it was the nurse and she was just watching me and she wasn't saying anything,
23 she just pulled the shower curtain open and she was watching me and I just felt so
24 uncomfortable about that happening, and so, I-- don't recall, like, any conversation I had,
25 I might have said, 'What are you doing,' but I don't know.
- 26 **Q.** Yeah.
- 27 **A.** I might have kind of held back from saying anything, because you just don't know what
28 you're going to do that could trigger off some kind of major hassle with them, so.
- 29 **Q.** Right, yeah.
- 30 **A.** I couldn't wait until she left, she didn't stay too long, she,-- but she didn't say anything, it
31 was just weird, it was really uncomfortable. And I just was kind of, like, I hope that's the
32 only time that happens, whatever it was about, and I think it must be, like, the razor that I'd
33 kind of asked for, and they might have thought that's a danger, you might be suicidal and

- 1 you need monitoring in the shower, but they never told me that. If they told me that
2 I wouldn't have bothered asking for one.
- 3 **Q.** So it was just completely unannounced --
- 4 **A.** Yeah.
- 5 **Q.** -- you know, and a complete sort of breach of your privacy?
- 6 **A.** Yeah. And it felt like an ambush, yeah, so when she did it again, the same nurse did it
7 again the next time I was in the shower, I kind of got the message, this is going to happen
8 every time I'm in the shower. So I started timing my showers for when she was in the
9 office busy writing up notes, yeah, then I'd zap upstairs and quickly in the shower and out.
- 10 **Q.** Yeah.
- 11 **A.** Yeah, so that was how I got through that one.
- 12 **Q.** Yeah. So that was sort of what you had to do just to get a bit of privacy in the shower --
- 13 **A.** Yeah.
- 14 **Q.** -- essentially?
- 15 **A.** Yeah.
- 16 **Q.** Thanks for sharing that."
- 17 **MR THOMAS:** The next slide is "Pregnancy".
- 18 **A.** "Yeah, anyway, I was in a relationship, didn't really eventuate into anything.
- 19 **Q.** Yeah.
- 20 **A.** But that was with my daughter's dad.
- 21 **Q.** Yes.
- 22 **A.** And, like, when he found out I was pregnant he didn't want anything to do with it --
- 23 **Q.** Okay.
- 24 **A.** -- whatsoever.
- 25 **Q.** Yeah.
- 26 **A.** From the start, so.
- 27 **Q.** Yeah.
- 28 **A.** Like he changed the lock on the door and had my things thrown out and so, yeah, so I,
29 yeah, really got the message that was it.
- 30 **Q.** Yeah.
- 31 **A.** So I got back into town, found a flat.
- 32 **Q.** Yeah.
- 33 **A.** And just decided that I was just going to, yeah, be on my own.
- 34 **Q.** Yeah.

- 1 A. And I was happy to be pregnant.
- 2 Q. Yeah.
- 3 A. I really didn't want to not keep [GRO-B]-- that wasn't an issue.
- 4 Q. Yes.
- 5 A. And I actually, you know, like, yeah, I really valued that, that I could be a mum, because
6 not many mental health patients are actually parents, yeah, so a lot of them are just like
7 singles for life, after being under mental health treatment.
- 8 Q. Yes.
- 9 A. So yeah, I was a flatmate at first, that was in the early stages, the first trimester. Things
10 were going well at first, I had enough money coming in to look after things for myself, my
11 bills, my food, etc, and so the first, like, three months almost were okay, and I wasn't
12 showing, so nobody was asking questions and I wanted it to be hidden, so I just kept it that
13 way, so there were no awkward questions, and then I moved out to a flat on my own from
14 there, and then I wasn't in there very long, just a matter of weeks, say, and then I got a letter
15 from WINZ [Work and Income New Zealand] and it's like you owe us a lot of money. I
16 was like -- I had no idea what that meant.
- 17 Q. Yeah.
- 18 A. And when I rang them up to ask what did the letter mean, was it really for me, they said, it's
19 to do with the polytech course you are taking.
- 20 Q. Right.
- 21 A. You got more money than you were supposed to, so you're in debt to WINZ and you have
22 to pay it back. So I said, okay, but did you know that I didn't actually make the financial
23 arrangements for that?
- 24 Q. Yeah.
- 25 A. That was somebody else on my behalf.
- 26 Q. Yeah.
- 27 A. They said it didn't make a difference, it was on my benefit, you know, that I had a debt so I
28 had to take accountability for it and pay up.
- 29 Q. Okay.
- 30 A. So I said, well, I'm pregnant, so can you just like make the payments over a longer time?
- 31 Q. Yeah, yeah.
- 32 A. So I'm not, because-- what they were asking for was for me to essentially after I'd done all
33 my budgeting have, like, \$20 to \$25 a week for food while I was pregnant, so I really kind
34 of really found that was tough.

- 1 Q. Of course, yeah.
- 2 A. Yeah, so when I sort of said that to them I was really surprised that they wouldn't allow
3 that, yeah, that really horrified me. So I didn't know what to do."
- 4 **MR THOMAS:** The next slide's about Donna giving birth and parental rights.
- 5 A. "So I asked, after the second day, for the nurses to take [**GRO-B**] to the nursery so that
6 I could get some sleep, thinking that it would help me to sleep.
- 7 Q. Yeah.
- 8 A. So they did and, yeah, I did get some sleep. But when I woke up the next morning, I was
9 just,-- I woke up to a lot of people around in the room, which was, like, not really what
10 I expected when I woke up.
- 11 Q. Yeah.
- 12 A. So I was curious but kind of like, 'Oh no'.
- 13 Q. Yeah, yeah.
- 14 A. Yeah, so one of them, probably the doctor I think, said it seems your daughter is very
15 seriously ill and we want you to sign this form and something like, I didn't hear much after
16 that because I was just stuck on 'your daughter is seriously ill', and she wasn't there, and I
17 was like 'What's going on? Where is she?' And yeah, apparently, he said something like
18 sign the form to authorise doing tests, you know, on her to determine what condition she's
19 got.
- 20 Q. Okay.
- 21 A. And I said, 'What did you say? Where is she?' I was really like just sort of waking up still
22 and kind of confused.
- 23 Q. Yeah.
- 24 A. And the nurses I think said, 'She's in the nursery, yeah, but we need you to listen to the
25 doctor', and he repeated it, what he was saying. Again, I was just like not taking it in and
26 eventually, like, after just, you know, this standoff situation they said that she had been
27 crying all night and cried herself -into- like- she had a fever.
- 28 Q. Yeah.
- 29 A. And so I didn't know, because I hadn't heard her crying.
- 30 Q. Yeah.
- 31 A. But I was like, well, if she was crying why didn't they wake me up? It was very confusing,
32 just kind of, yeah, getting my thoughts together around all that.
- 33 Q. Yeah.

- 1 A. But anyway [GRO-B]-- at some point during this whole stuff that was happening.
- 2 Q. Yeah.
- 3 A. I hadn't seen [GRO-B]-- I just kept saying, 'I want to see my baby, I want to see my baby.'
- 4 [GRO-B] walked in and they said, 'No, you've got to sign this form authorising us to take
- 5 the necessary tests.'
- 6 Q. Yeah.
- 7 A. So I said, 'I won't sign it until I've seen my baby.' 'No.' So yeah, so that was how that
- 8 began.
- 9 Q. Yes.
- 10 A. And then [GRO-B]-- and they said right, you know, 'If you don't [GRO-B] then she'll have
- 11 custody, so are you going to sign it now?' And I said, 'No, I want to see my baby', I just
- 12 thought, well, why not, you know, I'm just not going to stand for this, and then -- so they
- 13 said all right [GRO-B] not being very cooperative, so would you like to sign this form for
- 14 us and, you know, we can do the tests. So that was what happened [GRO-B] got the
- 15 custody, signed the form, they went off and they arranged for her to have a lumbar
- 16 puncture. And I didn't get to see [GRO-B] at all. Then they put me in the psych unit
- 17 virtually that evening.
- 18 Q. Yeah."
- 19 **MR THOMAS:** The next slide is about further sexual abuse Donna experienced in the hospital
- 20 mental health unit.
- 21 Q. "And then you were, you've told us in your statement you were sexually assaulted again
- 22 while you were in the psychiatric unit?
- 23 A. Yeah.
- 24 Q. And you've told us what happened there. What action was taken by staff after that incident,
- 25 or attack, if you like?
- 26 A. Well, I asked for an incident report to be written because based on my previous experiences
- 27 there's no incident report unless you ask for it sort of thing, so I did say to the night nurse,
- 28 'I would like an incident report written', and so she stomped off and what I found out later
- 29 was she'd written a very brief, like, two-sentence long incident report. I've since then
- 30 researched what incident reports should contain and it should be a lot more information
- 31 than what she wrote, a lot more.
- 32 Q. Yeah.
- 33 A. And so that was -then- they took the perpetrator.

- 1 Q. Yes.
- 2 A. And they put him into seclusion for 12 or 24 hours.
- 3 Q. Yeah.
- 4 A. Yeah, and then they let him out again, and he was just wandering around the ward freely
- 5 again.
- 6 Q. Yeah. I think there was a – correct me if I'm wrong – there was another occasion, a third
- 7 occasion when you were sexually assaulted in hospital?
- 8 A. Yeah.
- 9 Q. When you were sedated?
- 10 A. Yeah.
- 11 Q. You've told us about that, and I take it from what you've told us that that assault wasn't
- 12 recorded, if you like?
- 13 A. No.
- 14 Q. It wasn't written up?
- 15 A. No, when I made the Police complaint about all the assaults, they followed them all up and
- 16 they said about the last assault that there was no record of it in my medical notes or
- 17 anywhere, yeah. And I did ask, I went to the office and I told them what had happened,
- 18 yeah, and there should have been something."
- 19 **MR THOMAS:** The next slide is about sexual abuse of a staff member in the unit.
- 20 Q. "And you also have told us about witnessing another unrelated incident of a nurse being
- 21 interfered with or assaulted by an elderly patient and you describe essentially quite a
- 22 different response from the staff to that incident --
- 23 A. Oh yeah.
- 24 Q. -- as compared to your assaults?
- 25 A. Yeah.
- 26 Q. Is that accurate?
- 27 A. Yes, it is, yeah. All the nurses came out of the nurse, -- the office, you know, the nurse's
- 28 office – and they all came out to support her, they came, all of them, you know, and just
- 29 were very sympathetic and like, 'Oh you poor thing, you know, do you want the rest of the
- 30 day off, we'll cover for you', and --
- 31 Q. Yeah.
- 32 A. You know, 'Are you feeling all right,' you know, 'Are you okay,' you know.
- 33 Q. Yeah.

1 A. And yeah, it was just so totally different from what I had, you know, I just thought, 'Wow,
2 talk about there's no equality.'

3 Q. Yes.

4 A. Yeah, it was, yeah, just -and- eventually she had like the choice, she left the - like- she's
5 still a nurse.

6 Q. Yes.

7 A. She works in a rest home now, but she left the unit, being a nurse in the unit, yeah, because
8 of that.

9 Q. Yeah. Yeah, and I think you contrast that with your sort of situation that she was able to
10 leave the unit, but when you were assaulted you didn't get the same response from staff and
11 you were stuck in the unit basically?

12 A. Mmm."

13 **MR THOMAS:** The next slide is about Donna's recommendations for the future and reducing the
14 reliance on medication.

15 Q. "You've been in the mental health system for a long time, over 30 years, and based on your
16 experience, you know, in the system, it would be valuable to hear what you think about it
17 overall and, you know, do you think it can change and improve?"

18 A. I sort of don't think -- no, I don't think it would improve, I think I said earlier, like, based on
19 the fact that as long as you keep medication, the whole central element of recovery and
20 determining recovery and recovery potential in a psychiatric patient, I don't think you're
21 going to move anywhere other than creating more chemical dependency, creating
22 unmotivated people who are addicted to the psych drugs and I don't think it will improve
23 any part of psychiatric care until you remove the element entirely and look at other ways of,
24 like, the recovery. I think a lot of the reason why I'm still a mental health patient at this
25 stage is simply because of that, like, there's just no alternative information readily available
26 to the public about what happens on psychiatric drugs and there's no real way I can prove
27 the things that I'm saying about the effects it has on me, because there's no scientific
28 clinical data to back me up, because the pharmaceutical companies are in charge of
29 producing the clinical data in their studies to approve of these drugs that they're selling."

30 **MR THOMAS:** The next slide's about further recommendations from Donna addressing power
31 imbalances.

32 A. "I think there's a crisis of equality going on in psychiatry and it's kind of like the culture
33 always emphasises it or magnifies it, the way that it's structured, it's just the whole system
34 just ...

1 **Q.** Like a lack of equality between those different, -- the patient versus psychiatrists, is that
2 how you see it?

3 **A.** Yeah, yes. Yeah, I think there needs to be accountability, real accountability for the
4 mistakes that psychiatry makes and I think the only way you're going to really provide
5 reassurance and encouragement for vulnerable and traumatised patients is to ensure that
6 there is a robust kind of redressing these issues system, like a way of addressing these
7 problem areas in psychiatry, the disempowerment of the patient, all those things that people
8 often talk about, you know, but they just become like, you know, like a single voice that
9 gets overpowered by the dominating effect of psychiatry.

10 There needs to be a balance of that power imbalance, it needs to really -and-, you
11 know, it just can't continue as it is without just causing more, inflicting more damage.
12 Yeah, that's what I see is happening. So it's just a matter of how long people are going to
13 tolerate this as far as I see it.

14 And I would like to see, like, more real information getting out to the public. That's
15 why I'm saying all this, that's what I want."

16 **MR THOMAS:** That brings us to the end of Donna's evidence, Madam Chair.

17 **CHAIR:** Donna, I hope you can hear what I'm saying, I know that you're watching this. I want to
18 thank you sincerely for participating in this important hearing.

19 You just said what I was thinking as I was listening to your evidence, and that was
20 that there's a real need for this information to get out to the public. And by you bravely
21 coming forward, spending the huge amount of time you obviously have in preparing your
22 statement, talking to Michael and making the video, and then coming here today, because
23 you're in the building, and bravely confronting this again, this is the only way we can get it
24 out to the public, this is the only way we can have voices of survivors being heard,
25 potentially by everybody in Aotearoa New Zealand and it is so important that it happens.

26 And so we owe you a huge debt of gratitude for revealing some aspects of your life
27 over the last 30 years under the so-called care of the psychiatric community.

28 I want you to know that though we've watched your video and it's been wonderful to
29 see your face and hear your voice and your very clear explanations, there's a great deal
30 more in the written statement that you didn't say in the video. I want you to be reassured
31 that the Commissioners here have read that through very carefully and all of -everything
32 that you've said in that will also be taken into account- in the work that we do when we're
33 writing our report on this aspect.

- 1 **Q.** You were in and out of psychiatric hospitals from the age of 16 to 32 years. These
2 institutions included Manawaroa, which was in Palmerston North; Lake Alice; ward 10 at
3 Auckland Hospital; Tokanui; and Sunnyside. And in your view, Tokanui was the worst?
- 4 **A.** Very definitely, yeah.
- 5 **Q.** You discharged yourself from Sunnyside around the age of 32 and you began your journey
6 to wean yourself off addictive drugs and to understand that your distress came from the
7 sexual abuse?
- 8 **A.** Yeah.
- 9 **Q.** However, you've struggled throughout your adult life because you have Post Traumatic
10 Stress Disorder due to those 16 years you spent in psychiatric hospitals?
- 11 **A.** Yes.
- 12 **Q.** The physical abuse, the over-medication, sexual assaults and the neglect that you suffered
13 there?
- 14 **A.** [Nods].
- 15 **Q.** You've received some compensation from your time in those hospitals, but the
16 compensation is far too little to compensate for the loss of your adult life.
- 17 **A.** Yes.
- 18 **Q.** And you'd like to speak to the Commission about aspects around that.
- 19 **A.** Yes.
- 20 **Q.** So today, Sunny, we've got just under an hour and a half, and it's your life story that we
21 want to talk about. So what I want to do is just focus on some parts of your story, but you
22 can rest assured that the Commissioners have read both your statements and understand
23 your whole story.
- 24 **A.** [Nods].
- 25 **Q.** At any time you want to take a break, we can do so, okay?
- 26 **A.** Yeah.
- 27 **Q.** So I just want to start at the beginning. You were born in Scotland?
- 28 **A.** Yeah, I was.
- 29 **Q.** At the age of two you came to New Zealand with your parents?
- 30 **A.** Yeah.
- 31 **Q.** And you all became New Zealand citizens?
- 32 **A.** Yeah.
- 33 **Q.** But when you were about eight years old, your father was offered a position overseas and
34 your father was a horticultural scientist?

- 1 A. Yeah.
- 2 Q. And he got offered a job with the UN?
- 3 A. [Nods].
- 4 Q. So you first at the age of eight moved to Cyprus?
- 5 A. Yes.
- 6 Q. And then from the age of 10 you lived in Turkey?
- 7 A. Yes.
- 8 Q. You spent time in a boarding school in Scotland?
- 9 A. That's right.
- 10 Q. And then approximately at the age of 13 the family moved to the Sudan in Africa and it was
11 a remote area of the Sudan, wasn't it?
- 12 A. It was, very remote, yes.
- 13 Q. You'd attended international schools when you were in Turkey and in Scotland?
- 14 A. Yes.
- 15 Q. But when you were in Africa, you did Correspondence School?
- 16 A. From New Zealand, yeah.
- 17 Q. From New Zealand?
- 18 A. Yeah.
- 19 Q. From the age of eight, you suffered ongoing sexual abuse --
- 20 A. Yes.
- 21 Q. -- from those close to you and from strangers?
- 22 A. [Nods].
- 23 Q. You've told me that the culture, particularly in Turkey and the Sudan, was one of male
24 dominance?
- 25 A. Yes.
- 26 Q. And by the time you were 16, your view was a woman's role was to provide whatever a
27 man wanted?
- 28 A. Yes.
- 29 Q. And in fact you say by the time you were 16 the abuse was so normalised that you didn't
30 see it as abuse?
- 31 A. Yes, that's right.
- 32 Q. At the time the abuse was affecting your behaviour but you didn't understand that, did you?
- 33 A. No, I didn't.

- 1 **Q.** Yeah. You've told us that your school reports up until the age of eight were glowing about
2 your behaviour?
- 3 **A.** Yeah.
- 4 **Q.** But after the age of eight, there was a change, wasn't there?
- 5 **A.** [Nods].
- 6 **Q.** And your school reports while you were academically very able, showed a change in
7 behaviour?
- 8 **A.** [Nods]. Yes.
- 9 **Q.** But nobody picked up or asked you why?
- 10 **A.** No.
- 11 **Q.** So I just want to take you to when you were 16. You travelled by yourself back to
12 New Zealand?
- 13 **A.** Yeah.
- 14 **Q.** During that trip you suffered a further sexual assault, didn't you?
- 15 **A.** Yes, I did.
- 16 **Q.** When you got back to New Zealand, you were living in Levin, a small town in
17 New Zealand and you were living with friends of your parents. How did it feel to return to
18 New Zealand?
- 19 **A.** Well, because I was so young when we left New Zealand, I didn't really remember much of
20 New Zealand society and what life in New Zealand was like, so it was a total strange
21 experience for me and, yeah, I was just dumped there and expected to know how to behave
22 and what to do and, yeah.
- 23 **Q.** And was the life that you were observing around you in New Zealand very different to the
24 life you'd led?
- 25 **A.** Totally, 100% different to the life I was used to.
- 26 **Q.** So you went to high school in Levin?
- 27 **A.** Yeah, the 6th form.
- 28 **Q.** Yeah. And you've told us you didn't fit in?
- 29 **A.** Yeah.
- 30 **Q.** What can you tell us about why it was you didn't fit in and what the other students would
31 do or say?
- 32 **A.** So because of the way that I talked because I had,- I had quite a strong American accent, so
33 I talked really strange- and I talked about all the places overseas where I had lived and they

- 1 had no comprehension of whatever, so, yeah, I was just a total outsider, an alien, and yeah,
2 got called all sorts of names and was a total reject, yeah.
- 3 **Q.** And the kids you were at school with, they hadn't had the experiences you had, they hadn't
4 travelled?
- 5 **A.** No.
- 6 **Q.** They hadn't known how to learn to adjust to different ways of living?
- 7 **A.** Yeah, yeah.
- 8 **Q.** So you felt rejected?
- 9 **A.** Totally, yeah.
- 10 **Q.** And alone?
- 11 **A.** Totally, yeah.
- 12 **Q.** One of the things that you've told us about is that you had a habit of walking with your head
13 down?
- 14 **A.** Yes.
- 15 **Q.** Can you tell us why you did that?
- 16 **A.** Yeah, because having lived in Africa, if you're out walking and you don't look at the
17 ground and look where you're walking you're likely to stand on a snake or a scorpion or
18 hunting spider or whatever, and so you had to look down where you were walking to
19 survive, it was just what you did all the time, you didn't walk looking around there [looking
20 around with head up], you looked where you were going, yeah.
- 21 **Q.** And the family friends that you were living with, one of the parents thought that you were
22 depressed?
- 23 **A.** [Nods].
- 24 **Q.** Or there was something wrong with you?
- 25 **A.** [Nods].
- 26 **Q.** And so that was your first admission at age 16 into a mental hospital which was at
27 Palmerston North?
- 28 **A.** Yes.
- 29 **Q.** You say you can't remember much of your time, but you were with adults not with people
30 your age?
- 31 **A.** Yeah, they put me with adults.
- 32 **Q.** And that's when you say that heavy medication first became part of your life?
- 33 **A.** Yeah.
- 34 **Q.** What would the staff tell you about why they were medicating you?

- 1 A. To make me better, yeah, they never really gave any clear answer and just always "You'll
2 get better when we get your medication right", yeah.
- 3 Q. That phrase "get your medication right", is that a phrase that you heard often over the 16
4 years that you --
- 5 A. Totally and utterly, and particularly in Tokanui.
- 6 Q. And so the first port of call wasn't to find out what was causing your distress?
- 7 A. No.
- 8 Q. It was to medicate your distress away?
- 9 A. Yeah.
- 10 Q. So I understand that your parents were contacted and your mum came back from overseas?
- 11 A. Yes.
- 12 Q. And you lived with her for a short period of time?
- 13 A. Yeah.
- 14 Q. But things had never been great between the two of you, had they?
- 15 A. No.
- 16 Q. And so you ran away?
- 17 A. Yes.
- 18 Q. And when you ran away you hitchhiked and suffered further sexual assault?
- 19 A. Yes.
- 20 Q. You were eventually dropped off back at Palmerston North Hospital?
- 21 A. Yes.
- 22 Q. Palmerston North sent you to Lake Alice --
- 23 A. Yes.
- 24 Q. -- aged 16. When you first began your journey to talk to the Royal Commission, you hadn't
25 remembered much about Lake Alice, had you?
- 26 A. No, I didn't.
- 27 Q. However, we've found some documents, and I'd just like to refer to one of them, which is
28 Exhibit 2, attached to Sunny's evidence. That's just going to come up. I'm not sure if
29 everyone can read it, but this was from Dr Leeks and you've only recently seen this, haven't
30 you?
- 31 A. Yeah.
- 32 Q. And this is in 1973 and Dr Leeks says that, "Miss Webster has been admitted to Lake Alice
33 Hospital. In the past two weeks she's made minor lacerations to her wrists and she is
34 effectively suicidal." He thinks you're reactively depressed and this part that he talks about

1 is something that also followed you through your whole psychiatric time, that is that
2 everybody was fixated almost on the fact that you'd had this, what New Zealanders saw as
3 unusual upbringing?

4 A. Yeah.

5 Q. So he's put here, "She's come here from the Sudan where her father was the advisor to the
6 United Nations. Her background is characterised by numerous shifts from one country to
7 another with long periods in boarding schools. Her mother is now in the country and
8 willing to take her to Auckland Hospital." And he's diagnosed you with reactive depression
9 and hysterical character disorder.

10 Now, I know you don't remember much from Lake Alice, but in any of the hospitals
11 that you spent time in, did anyone ask you why you were distressed?

12 A. No.

13 Q. Did anybody suggest that -or- try and find out what had happened in your childhood that
14 caused you to be distressed?

15 A. No. They more just blamed it on bad behaviour, that they could cure with medication.

16 Q. And they felt that this movement from country to country from your parents was somehow
17 causing your bad behaviour?

18 A. Yeah.

19 Q. So what we know is that you get sent to ward 10 at Auckland Ho spital, and you've told us
20 in your statement when you think of ward 10 "I think of hell". At ward 10 was when you
21 were first introduced to things like psychotherapy and psychodrama. You've said that the
22 staff would encourage you to be violent and have em otional outbursts. Can you recall, is
23 there anything you want to say about the violence that you felt that you were encouraged to
24 act out?

25 A. Well, because in those groups or whatever, they say, "Oh, you know, you're looking tense
26 today, what's it all about?" And then you're supposed to talk about it, and then if you get
27 upset with what you're talking about, then they say, "Well, why are you getting upset about
28 it?" And then it's just like they wind you up, and they wind you up so much and then it gets
29 physical and then they shove a needle in your bum.

30 Q. Right. And do you recall a time where effectively the staff wanted to inject you in your
31 backside by pulling your pants down in front of other patients?

32 A. Yes, in a group situation, yes.

33 Q. Yeah, and you refused that?

34 A. Yes.

- 1 **Q.** And they injected you in the arm?
- 2 **A.** Yes, I did, yeah.
- 3 **Q.** Looking back with hindsight, do you know why it was that you found it hard to tell them
4 what your distress was from?
- 5 **A.** Well, because I didn't know, because when I told my mum as a kid about it she told me off
6 for telling lies and so if it wasn't something then [shrugs] -yeah-.
- 7 **Q.** Yeah, so it was the normalisation of the abuse?
- 8 **A.** And the fact that they didn't seem to think that it was an issue, that they were doing those
9 things to me, yeah.
- 10 **Q.** Now, we won't focus too much on ward 10 because you wanted to focus more on Tokanui.
11 But there was a session in ward 10 where you had a Danish doctor who wanted to get your
12 parents involved in treatment. Again, the focus was that the doctor was criticising your
13 parents for taking you overseas?
- 14 **A.** Yeah.
- 15 **Q.** So again, the focus everybody thought was the fact that you'd had this international
16 upbringing. You've told us that at some time after that your parents became Christian
17 missionaries and for you you feel like your mother put God before you and before
18 everything?
- 19 **A.** Yes.
- 20 **Q.** And they went back overseas working as missionaries?
- 21 **A.** And they did, yeah.
- 22 **Q.** So, at some stage, you left ward 10, you travelled to Scotland for a family wedding?
- 23 **A.** Yeah.
- 24 **Q.** And while you were overseas you decided to have a go at living in London by yourself?
- 25 **A.** Mmm.
- 26 **Q.** But that didn't work, did it?
- 27 **A.** No.
- 28 **Q.** No. You knew nobody and you didn't have the coping skills?
- 29 **A.** No.
- 30 **Q.** No. Your parents by this stage had moved to Kenya?
- 31 **A.** Yeah.
- 32 **Q.** Where they were working as missionaries. And so you ended up going to Kenya to be with
33 them?
- 34 **A.** Yeah.

- 1 Q. That's when the self-harming started?
- 2 A. No, I'd already started self-harming right when I was 16.
- 3 Q. Right.
- 4 A. Yeah, but it continued on, yeah, yeah.
- 5 Q. Right. And you felt like when you were in Kenya people saw you as nuts --
- 6 A. Yeah.
- 7 Q. -- because of your behaviour, including the self-harming. And you've said here, "Nothing
8 seemed to make real sense except for the pain of real harm."
- 9 A. [Nods].
- 10 Q. Do you want to talk a little bit about that or are you happy if I move on?
- 11 A. Yeah -- no, that's enough.
- 12 Q. Okay. Because of the self-harm, you had to get medical attention --
- 13 A. Yeah.
- 14 Q. -- and there was a time when you reacted badly to an anaesthetic, and because you reacted
15 badly that was seen as further proof that you were insane?
- 16 A. Yeah, exactly.
- 17 Q. There was one positive of your time in Kenya. Tell us about the people that the -- nomadic
18 tribe that you were living with for a time?
- 19 A. Yeah, we were living with the Turkana people and they were just like a really basic
20 nomadic African tribe like what you see in all the pictures and that and yeah -. But I saw
21 with my parents and their Christianity, I actually saw the destruction of a culture before my
22 very eyes with them bringing in their Christianity into a heathen culture for the first time
23 and so they would discard their traditional clothes, put on European clothes and then come
24 back a month later and they're all sick because with European clothes you have to- wash,
25 and their traditional culture you don't wash at all. And so there began the destruction of
26 that culture.
- 27 So it was a real learning experience and I went to places where they had never seen
28 a white person before, and that was really amazing, but the treatment of the missionaries
29 kind of overshadowed that.
- 30 Q. Now, you've told us in your statement that there were disabled children --
- 31 A. Yes, that's right.
- 32 Q. -- with that tribe?
- 33 A. Yeah.

- 1 **Q.** And for a nomadic tribe to have a disabled child is really difficult because you're walking
2 all the time?
- 3 **A.** That's right. That's right, and so traditionally, if they're disabled they get left behind and
4 that's it, they get left to nature to deal with them. And so I, -- they had had polio, so mainly
5 the legs, and so I made callipers for them and crutches for them just out of local materials
6 and got them up walking and made them useful members of their tribe, yeah.
- 7 **Q.** Well done, Sunny. And for you that sparked an interest in physiotherapy?
- 8 **A.** It did, yeah.
- 9 **Q.** So you came home to Auckland?
- 10 **A.** Yeah.
- 11 **Q.** Because your parents were coming back to New Zealand --
- 12 **A.** Yeah.
- 13 **Q.** -- from their stint in Kenya, and you left Auckland and you started living in Hamilton?
- 14 **A.** Yeah.
- 15 **Q.** So you got a job working for the physio department?
- 16 **A.** Yes.
- 17 **Q.** In Hamilton?
- 18 **A.** Yes.
- 19 **Q.** And you went back and sat some school subjects, university entrance?
- 20 **A.** Yeah, yeah.
- 21 **Q.** So at that time things were good?
- 22 **A.** Yeah.
- 23 **Q.** You were working in an area that you had passion?
- 24 **A.** Yeah.
- 25 **Q.** You were studying?
- 26 **A.** Yeah.
- 27 **Q.** However, you were living again with, -- was it family friends, the Anglicans?
- 28 **A.** No, just religious people, yeah, not family friends, no.
- 29 **Q.** So you were boarding with this Anglican preacher?
- 30 **A.** Yeah.
- 31 **Q.** And you were still exhibiting distressed behaviour?
- 32 **A.** Yeah.
- 33 **Q.** And their solution was, what they thought was that you were possessed by the devil?
- 34 **A.** Yes.

- 1 **Q.** So what did they do?
- 2 **A.** They tried to exorcise the devil out of me by holding me down, just holding me down on
3 the ground for like hours and doing all this praying and stuff and then when I tell them to
4 stop it and that, they say, "Pray harder, that's the devil talking", and so I couldn't
5 even, - nothing- that I said made any difference because it was the devil talking and not me.
6 And that went on for hours.
- 7 **Q.** That must have been a highly traumatic experience for you?
- 8 **A.** It was.
- 9 **Q.** Because your parents were missionaries, this overlay of what they saw as your mental
10 illness, Christianity and the devil came into it quite a bit, didn't it?
- 11 **A.** **[Nods].**
- 12 **Q.** So when you were dealing with medical professionals, they wanted to medicate you and
13 when you're dealing with religious people they wanted to drive the devil out of you?
- 14 **A.** Yes.
- 15 **Q.** But nobody picked up it was because you'd been sexually abused?
- 16 **A.** No.
- 17 **Q.** You felt that experience, that exorcism broke you?
- 18 **A.** Yes.
- 19 **Q.** And you cannot remember now exactly your pathway into Tokanui, but you think it was
20 linked to that time?
- 21 **A.** It was shortly after that, yeah.
- 22 **Q.** So you're admitted to Tokanui, you were there for four years, you've told us in your
23 statement that you remember parts of your time in Tokanui and some not at all?
- 24 **A.** **[Nods].**
- 25 **Q.** To start with, you were in the short-stay wards, weren't you?
- 26 **A.** Yeah, I was.
- 27 **Q.** That constant refrain of "when we get your medication right" was repeated when you were
28 in those short-stay wards?
- 29 **A.** Yes.
- 30 **Q.** So they were trying you on different medication and tranquillisers?
- 31 **A.** **[Nods].**
- 32 **Q.** At some stage you had an incident where a male charge nurse who didn't like you decided
33 as a punishment to send you to the long-stay ward?
- 34 **A.** Yes.

- 1 Q. You believe that was because one day you got lost on the hospital grounds?
- 2 A. Yes.
- 3 Q. And they thought that you were absconding?
- 4 A. Yes.
- 5 Q. And just for that you got sent to the long-stay ward?
- 6 A. Yes.
- 7 Q. Can you describe what the long-stay ward was like?
- 8 A. The longstay ward was, well, for a start the only way you ever leave the -longstay ward is
9 in a wooden box and the people that were in the -longstay- ward, you couldn't talk to them,
10 none of them could talk, they would shit themselves, they, -- no social behaviour
11 whatsoever. And so basically you're just put there and the key thrown away and you're left
12 to rot.
- 13 Q. Yeah. You've told us that there were a lot of violence in the long-stay ward among the
14 patients. Can you describe that for us?
- 15 A. Yeah, well, the patients were really unpredictable and then one of them gets in a thing and
16 when you're sitting in a room you never sit with your back to an empty space behind you,
17 you always sit with your back against the wall, so that nobody can come up behind you and
18 start smacking you over.
- 19 Q. Did you experience physical assault in that long-term ward?
- 20 A. Yes, I did.
- 21 Q. What would the staff do?
- 22 A. Sometimes the person who initiated it, they would give them an injection and chuck them
23 into the ...
- 24 Q. That's all right, Sunny, take your time.
- 25 **CHAIR:** Sunny, if you'd like to take a break we'd be happy to give you a few minutes. Would
26 you like that?
- 27 A. No, it's okay, I'll get on with it.
- 28 Q. You're very brave, thank you.
- 29 A. Yeah.
- 30 Q. Do tell us, if it gets a bit much there's no trouble for us just to go away for a few minutes.
31 All right?
- 32 A. No, it's all good, yeah.
- 33 Q. Thank you.

1 A. Yeah no, they would put them in, they'd lock them up, yeah, and the staff, again, like when
2 they restrain you they get like two or three big fuck'n body male guys and they come down
3 like hard on top of you and just totally wrestle you to the ground and full physical force,
4 yeah. And so you haven't got a shit show of any resistance.

5 **QUESTIONING BY MS BASIRE CONTINUED:** Yeah, so that would happen to the patients
6 who were attacking other patients, but it would also happen to you --

7 A. Yes.

8 Q. -- when you weren't doing anything?

9 A. Yes, yeah.

10 Q. You've told us that there would generally be two or three staff watching the whole group?

11 A. Yes.

12 Q. Can you remember, just off the top of your head, how big the group of patients were that
13 you had two to three staff for?

14 A. It was a big, huge ward and it had a men's part and a women's part, so there would be like, I
15 don't know, maybe 50 or, I don't know.

16 Q. A lot of people?

17 A. A lot of people.

18 Q. And so the men's and the women's wards, during the day did the men and women mix
19 together?

20 A. Yeah, they did.

21 Q. Yeah.

22 A. And that's where you get the other abuse happening, yeah.

23 Q. The sexual abuse?

24 A. Yeah.

25 Q. We'll turn to that shortly. But you've told us that the lack of staff was one of the reasons
26 you felt sedation and drugs were used so readily?

27 A. Yes. Because if you're sedated well, you can't cause any problems and you just sit quietly
28 in the corner and become a blob and a nothing.

29 Q. I want to talk to you about seclusion. When you were at that long-stay ward, was there a
30 seclusion room or rooms?

31 A. Yes.

32 Q. Can you describe the seclusion room?

33 A. It was a room, bare room with a mattress and blankets that were sewn together, and a door,
34 and bars on the window, a high little window.

- 1 Q. Did you have to go into the seclusion room?
- 2 A. Yes, I did.
- 3 Q. What reasons were you given for being put in seclusion?
- 4 A. There was never a reason, they can just put you in for whatever, who knows. I remember
5 one patient got put in there because she took an extra biscuit for supper.
- 6 Q. Can you ever remember a specific reason in all the times that you were put in seclusion, an
7 example of why you might have been put in seclusion?
- 8 A. Maybe because of self-harm.
- 9 Q. Okay, because your self-harm behaviour continued?
- 10 A. Continued, yeah.
- 11 Q. So it was almost like if you don't stop self-harming you're going to go into seclusion?
- 12 A. Yeah. But they kept you in there for a long time too, not just a day.
- 13 Q. Yeah, how long?
- 14 A. Over a week often. Who knows.
- 15 Q. When you say "who knows", were you also medicated before you were put in these rooms?
- 16 A. Yes, definitely, that was all part of it.
- 17 Q. And so it was hard for you to know how long?
- 18 A. Exactly, yeah.
- 19 Q. Were you fed when you were in these rooms?
- 20 A. Pardon?
- 21 Q. Were you fed food?
- 22 A. Yeah, you were given food, yeah, yeah.
- 23 Q. How did you react when you were put in these rooms?
- 24 A. Well, there was only one way to react and that was to do nothing, because if you did
25 anything you'd just get another needle in your arse.
- 26 Q. So if you were banging on the door saying, "Let me out of here", things would be worse for
27 you?
- 28 A. Yes.
- 29 Q. You've told us there was no toilet or even bucket to go to the bathroom?
- 30 A. I don't remember there being one, no.
- 31 Q. When you were in this long-stay ward did anyone come and visit you?
- 32 A. No.
- 33 Q. You've told us you felt completely abandoned?
- 34 A. Completely.

- 1 Q. That nobody actually knew what was happening?
- 2 A. Nobody knew where I was and, yeah.
- 3 Q. You said that you asked staff at times why you were in the long -stay ward and you were
4 told it was to protect society from you?
- 5 A. Yes.
- 6 Q. Sunny, had you ever committed a crime?
- 7 A. No.
- 8 Q. Had you ever hurt anyone?
- 9 A. **[Shakes head]**. No.
- 10 Q. The chemicals that they gave you, the medication, what did it make you feel like?
- 11 A. So because- so much medication you just become a blob. Your muscles have no strength at
12 all, you go to do something and you're halfway through picking something up and all of- a
13 sudden, your muscles just lose strength and you've got no strength in your muscles, and if
14 you're sitting down and then you stand up, then you flake out because your blood pressure's
15 too low because of the overdosing of the pills, yes, and so you just flake out completely,
16 yeah.
- 17 Q. You've told us, and this is a quote from your statement, "My human dignity was totally and
18 utterly taken away from me."
- 19 A. Totally and utterly, because you weren't treated as if you were human or had any rights or
20 anything. You were just a nothing. And if you didn't do what they said, well, you got
21 punished.
- 22 Q. And we don't have the exact timeline, but we think this was probably late 1970s early
23 1980s when you were at Tokanui?
- 24 A. Somewhere around there.
- 25 Q. You've told us about the bathrooms in the wards, can you recall for us what sort of privacy
26 there was in these bathrooms?
- 27 A. There was no privacy at all. The bathroom was four big baths in one room and everybody
28 had to bath together so there was no privacy whatsoever.
- 29 Q. What about the toilets?
- 30 A. I presume there was,-- I don't know, I can't even, --yeah, yeah.
- 31 Q. Can't remember?
- 32 A. It was more the bathrooms and the baths and -yeah-.
- 33 Q. It was difficult for you to even keep hold of personal possessions, wasn't it?
- 34 A. Pardon?

- 1 **Q.** Personal possessions?
- 2 **A.** Yes.
- 3 **Q.** You recall one time you had a make-up purse?
- 4 **A.** Yes.
- 5 **Q.** What happened to the make-up purse?
- 6 **A.** The nurse, because I'd had some visitors and they left it for me and then that evening the
7 nurse was going through my stuff, because it was new stuff so it had to be checked through,
8 and she says, "Oh, I need one of these, I'll take that", and she emptied the contents out of it
9 and kept it for herself.
- 10 **Q.** And did she say, "Well, you've got no need for it"?
- 11 **A.** Yeah.
- 12 **Q.** When things like that would happen, was there anyone you could complain to?
- 13 **A.** No, you don't even think about complaining.
- 14 **Q.** When you say "you don't even think about complaining", why was that?
- 15 **A.** Well, if you complain you get punished.
- 16 **Q.** Did you feel that the long-stay ward in particular was operated in a climate of fear?
- 17 **A.** Totally, 100%.
- 18 **Q.** Do you think the climate of fear was necessary?
- 19 **A.** No. It wasn't necessary, because if you were looked after properly, well then you wouldn't
20 have to be afraid of them.
- 21 **Q.** You've told us in your statement if there was understanding and compassion amongst the
22 staff, you wouldn't have had a quarter of the mistreatment there?
- 23 **A.** Yeah, exactly, yeah, yeah.
- 24 **Q.** Just coming back to the issue of medication, can you remember the types of medications
25 that were given to you when you were at Tokanui?
- 26 **A.** Yes, I can remember that I was given that Paraldehyde stuff because I can remember, like,
27 you'd receive an injection and then for, like, two weeks after that your body exudes this
28 revolting chemical stink and no amount of washing or whatever can get rid of it, and so
29 chemical smells are one of the triggers for my post-traumatic stress, yeah.
- 30 **Q.** What was the Paraldehyde supposed to do for you?
- 31 **A.** Knock you out.
- 32 **Q.** To sedate you?
- 33 **A.** Yeah.
- 34 **Q.** What was the effect of the drugs on your body for going out into the sun?

- 1 A. They make your skin super sensitive to the sun, so if you're out in the sunlight just for one
2 or two minutes then you get really badly burned and so you couldn't actually expose any
3 part of your skin to the sun.
- 4 Q. And so you can remember not being able to work in the veggie garden because of that?
- 5 A. Yes, yeah.
- 6 Q. And working in the veggie garden was one of the things that gave you pleasure?
- 7 A. Yeah, exactly. And also because of the effect of the tranquillisers and the fact that I dug
8 one spadeful and then I had no energy to do any more, I just wanted to lie down and go to
9 sleep, yeah, and so I was told I was no use. And so that was it, it was finished, I didn't go
10 into the gardens again.
- 11 Q. You recall one time that you got such major doses of chemicals that your jaw locked up?
- 12 A. That's right, yes.
- 13 Q. Did that happen on more than one occasion?
- 14 A. Yes, it did, yes.
- 15 Q. When that would happen what would the staff do because your jaw was locked up?
- 16 A. So you'd go to the staff and because you couldn't talk then they, -- it's a quite common side
17 effect of over-medication --and so then they give you another injection and that counteracts
18 it and after a while it comes right again.
- 19 Q. So it was almost like you were given medication which had side effects and then you were
20 given more medication?
- 21 A. With more side effects, yes.
- 22 Q. Yes. Now it's probably hard to recall, but do you remember ever signing consent forms to
23 have these medications?
- 24 A. No.
- 25 Q. Did you feel in control of your treatment?
- 26 A. No.
- 27 Q. At some stage you were put under sleep narcosis?
- 28 A. Yes.
- 29 Q. Which seems to have been a thing they did in the 1980s. Can you tell us what you know
30 about sleep narcosis and what they did to you?
- 31 A. So sleep narcosis is where they put you to sleep for five days or more and so they start off
32 by giving you injections of barbiturates and that puts you to sleep and then you get given
33 sleeping pills and tranquillisers every four hours to keep you asleep.
- 34 Q. What was the purpose of this treatment?

- 1 A. So that when you wake up you wouldn't behave how you did before you went to sleep.
- 2 Q. So it was almost considered that this was a resetting of your brain --
- 3 A. Yes.
- 4 Q. -- to keep you asleep?
- 5 A. Yeah.
- 6 Q. You've told us that you don't remember whether you consented to it?
- 7 A. No.
- 8 Q. But even if you did sign any consent forms in that environment, did you feel you had
- 9 freedom of choice?
- 10 A. No, there was no choice.
- 11 Q. Do you recall waking up at times through this, telling the staff that you didn't want to sleep
- 12 anymore but then there'd be a needle and more blackness?
- 13 A. Yes, yes, that's exactly right.
- 14 Q. What was the effect on your body of the -- keeping you asleep for days on end?
- 15 A. Well, your body virtually shuts down, so it just doesn't operate normally, and you can't look
- 16 after yourself when you're asleep 24/7.
- 17 Q. Yeah, basic things, you can't go to the toilet, can you?
- 18 A. No.
- 19 Q. And so one of the results is you get dehydrated?
- 20 A. Yes.
- 21 Q. You become constipated?
- 22 A. Yes.
- 23 Q. And your metabolism is affected?
- 24 A. Totally, yes.
- 25 Q. And you gained a lot of weight?
- 26 A. I did, yes.
- 27 Q. Did you observe that in other patients as well?
- 28 A. Yes, very common.
- 29 Q. Now in this long-stay ward, it seemed that the expectation was that you were there forever?
- 30 A. Yes.
- 31 Q. Fortunately you came across a social worker and her name was Katrina?
- 32 A. Yes.
- 33 Q. What did she do for you?

- 1 A. She helped me to get out of the long-stay ward, yeah. She was the one person who would
2 listen to me.
- 3 Q. If she hadn't have intervened, what do you think might have happened?
- 4 A. Well, I couldn't still be there because it's shut now but...
- 5 Q. But they might have kept you for longer?
- 6 A. They certainly would have.
- 7 Q. So she helped you out of the long-stay ward and you got transferred to what was called B
8 ward. Now, what was the difference between the long-stay ward and B ward?
- 9 A. So the B ward was informal, so you weren't committed, so to go to B ward they had to lift
10 the committal, yeah.
- 11 Q. Do you have any idea how it was you were committed into Tokanui in the first place?
- 12 A. Because of that exorcism and whatever happened after that, I don't know, I can't remember.
- 13 Q. But they lifted the committal, which was a huge step, and you felt ward B was better?
- 14 A. Yeah.
- 15 Q. They had less reliance on drugs?
- 16 A. Yeah.
- 17 Q. There was the psychodrama again?
- 18 A. Yeah.
- 19 Q. Did you think that psychodrama worked for you?
- 20 A. No.
- 21 Q. At that stage had anyone discovered the sexual abuse?
- 22 A. No.
- 23 Q. In Tokanui you suffered further sexual abuse, didn't you?
- 24 A. Yes.
- 25 Q. One was with a patient and one was with a staff member?
- 26 A. Yes.
- 27 Q. To your knowledge, those incidents weren't reported to anyone?
- 28 A. No.
- 29 Q. But you became pregnant from one of these incidents?
- 30 A. Yes.
- 31 Q. And the authorities knew about that, didn't they?
- 32 A. Yes.
- 33 Q. Because they arranged for you to have an abortion?
- 34 A. Yes.

- 1 **Q.** But again, there was no investigation as to how you'd ended up getting pregnant in the first
2 place?
- 3 **A.** No.
- 4 **Q.** You believe this most probably happened in the long-stay ward?
- 5 **A.** Yes.
- 6 **Q.** You've told us that the female patients in the long-stay ward were very vulnerable?
- 7 **A.** Yes.
- 8 **Q.** Why were they vulnerable to sexual assault?
- 9 **A.** Because in the long-stay ward they didn't have their full mental capacity and so, like, they
10 were often like little children and they would go around like hugging dolls and playing with
11 dolls and that, so they weren't of normal adult mental capacity.
- 12 **Q.** And that made it easy for them to be taken advantage of --
- 13 **A.** Exactly.
- 14 **Q.** -- by male patients?
- 15 **A.** Exactly.
- 16 **Q.** But also by male staff?
- 17 **A.** Exactly.
- 18 **Q.** The long-stay female patients were often sterilised?
- 19 **A.** Exactly.
- 20 **Q.** You've said about the other long-stay patients, the way they were, there could be no way of
21 viewing sexual activity as consensual?
- 22 **A.** No, no way at all, because nothing that they did during the day was consensual, they
23 didn't, --they were led to their meals and sat down and fed and then, yeah.
- 24 **Q.** You think that you're fortunate that you got out of that long-stay ward and avoided being
25 forcibly sterilised?
- 26 **A.** Yes, yes.
- 27 **Q.** Because you went on to have your three beautiful children?
- 28 **A.** I did.
- 29 **Q.** One of who is here today to support you?
- 30 **A.** Yes, yes.
- 31 **Q.** Once you were in the voluntary ward, you managed to be discharged, but there was a
32 pattern that was consistent, for the next few years, of you coming in and out of ward B?
- 33 **A.** Yes.
- 34 **Q.** You'd be discharged, but you had nowhere to go?

- 1 A. Yes.
- 2 Q. So you'd be homeless. And at times you'd be picked up by the Police?
- 3 A. Yes.
- 4 Q. But you were homeless, unable to really look after yourself, and they would take you back
5 to Tokanui?
- 6 A. Yes.
- 7 Q. So Tokanui almost became a backstop place for you?
- 8 A. Yes.
- 9 Q. You realised that you needed to get out of this cycle of being in Tokanui and you came up
10 with a somewhat unique way of getting them not to accept you anymore. Do you want to
11 tell us about that?
- 12 A. Yeah, I got hold of some drugs and I smoked them and then I went back into the ward and
13 I really exaggerated the effect that the drugs had on me so that they would notice that I was
14 on drugs and then, "Oh naughty girl, you're not allowed to take drugs you have to leave", so
15 yeah, I was out of there.
- 16 Q. So one of their policies was that if you were a heavy drug user they wouldn't accept you on
17 the ward?
- 18 A. Yes.
- 19 Q. So you got the black mark and that actually saved you from going back there?
- 20 A. Yes.
- 21 Q. You tell us your feet took you down to Christchurch?
- 22 A. Yes.
- 23 Q. There was no-one in your life?
- 24 A. No.
- 25 Q. Your family were absent, you hadn't had the chance at any stage to make friends in
26 New Zealand?
- 27 A. No.
- 28 Q. And so you just wandered. In Christchurch, somewhat not surprisingly, you didn't really
29 cope by yourself and at times you were involved with the crisis team at Christchurch, it was
30 probably Hillmorton by this stage, they may have still called it -- no, they probably still
31 called it Sunnyside, didn't they?
- 32 A. Sunnyside, yeah.
- 33 Q. And you found that they did try and help you, the crisis team?
- 34 A. The crisis team did, yeah, yeah.

- 1 **Q.** But again, because the core issue hadn't been addressed, the treatment would go around and
2 around in circles?
- 3 **A.** Exactly.
- 4 **Q.** You don't know how you ended up in Sunnyside in one of the wards. You assume it was a
5 crisis admission. But you spent the next couple of years in and out of Sunnyside. In some
6 ways you view Sunnyside as better than the other psychiatric institutions you went into; is
7 that correct?
- 8 **A.** Sorry, can you repeat that?
- 9 **Q.** In some ways you viewed Sunnyside as better than the other institutions?
- 10 **A.** Yeah, kind of, yeah, because,-- but more partly because I learned that if you behave a
11 certain way then you can avoid seclusion and all those kinds of things, yeah, yeah, and so
12 learned to play their game and all that sort of stuff, yeah.
- 13 **Q.** So, effectively, you learned that if you're compliant and go along, you could avoid the
14 worst things that happened in the psychiatric hospitals?
- 15 **A.** Yeah.
- 16 **Q.** Unfortunately one of the things that happened in Sunnyside is they began prescribing you
17 Valium?
- 18 **A.** Yes.
- 19 **Q.** Valium is highly addictive, isn't it?
- 20 **A.** Yes, it is.
- 21 **Q.** You later learned that Valium is a drug that inhibits self-control?
- 22 **A.** Yes.
- 23 **Q.** And you feel now that your self-harming was at its worst when you were in Sunnyside?
- 24 **A.** It was, yes.
- 25 **Q.** Your self-harming became so bad that Burwood Hospital would no longer fix you up?
- 26 **A.** Exactly.
- 27 **Q.** Burwood Hospital is the hospital in Christchurch that had the plastics unit --
- 28 **A.** Yes.
- 29 **Q.** -- that repairs skin?
- 30 **A.** Yes.
- 31 **Q.** Yours was not a minor case of self-harm, was it, Sunny?
- 32 **A.** No, it wasn't.
- 33 **Q.** At the age of 32 you got to the point in your life where you began to question that you had
34 a psychiatric disorder, didn't you?

- 1 A. Yes, I did, yeah.
- 2 Q. Can you remember now what prompted that insight?
- 3 A. I can't really remember any specific thing, but I can remember thinking that there's just got
4 to be more to life than being nuts and existing like this.
- 5 Q. You weren't committed at that stage?
- 6 A. No.
- 7 Q. So you could discharge yourself?
- 8 A. Yes.
- 9 Q. When you discharged yourself from Sunnyside they gave you a big bag of medication,
10 didn't they?
- 11 A. Yes.
- 12 Q. They told you that you'd be on that medication for the rest of your life?
- 13 A. Yes, they did.
- 14 Q. They said that you needed to get used to the fact that you'd be on medication for the rest of
15 your life?
- 16 A. Yes.
- 17 Q. They told you you were incurable?
- 18 A. Yes.
- 19 Q. They told you that you had four psychiatric illnesses?
- 20 A. Yes.
- 21 Q. However, luckily, you came across a doctor in the community, Doug Sellman?
- 22 A. Yes.
- 23 Q. And he helped you get off these medications, didn't he?
- 24 A. All of them, yeah, yeah.
- 25 Q. What was the hardest one to stop?
- 26 A. It was definitely the Valium, I had to do a really slow detox on that, it took me ages, took
27 me a couple of years all up to come off all of their medication, yeah, but the Valium being
28 the hardest.
- 29 Q. When you came off all that medication, have you ever had what we call psychotropic, so
30 psychiatric, drugs since that time?
- 31 A. No.
- 32 Q. So you've lived your life drug free?
- 33 A. Totally.
- 34 Q. From approximately the age of 34 or 35?

- 1 A. Yeah.
- 2 Q. To now?
- 3 A. Yeah.
- 4 Q. So they were wrong, weren't they?
- 5 A. They were 100%.
- 6 Q. Because you'd spent 16 years in mental health institutions, you felt that you'd become
7 institutionalised?
- 8 A. Yes.
- 9 Q. You didn't know how to live in the community, did you?
- 10 A. No.
- 11 Q. And you had to teach yourself to live in the community from scratch?
- 12 A. Yes.
- 13 Q. Was there any support offered by anybody?
- 14 A. No, there wasn't, and particularly as I practised self-harm I wasn't even like allowed to go
15 into any halfway houses, psychiatric halfway houses, because it would upset the other
16 patients or whatever and so yeah, I just lived in a night shelter.
- 17 Q. And so you were homeless?
- 18 A. Yes, I was.
- 19 Q. You had no means of earning money?
- 20 A. No.
- 21 Q. You, however, felt a lot better once you came out of the chemical haze, didn't you?
- 22 A. Totally and utterly, yes, once I finished the detox off all the drugs, then for the first time
23 I could think clearly, I could do things, I could use my body, I could use my mind, I didn't
24 have all the side effects, the dry mouth, the -- yeah, the side effects were like so much
25 worse than the pills themselves, the side effects were the killers and, yeah, it makes it so
26 hard to live with, mmm.
- 27 Q. You felt that finally you were a real person?
- 28 A. Yes.
- 29 Q. You shifted back to Auckland and that's when you did some ACC (Accident Compensation
30 Cooperation) counselling for the sexual abuse?
- 31 A. Yes.
- 32 Q. Was that a life changer for you?

- 1 A. It was totally 100% a life changer for me, because then I understood why I did the
2 self-harm and where it came from and all about all of that, and for the first time my life
3 made sense, yeah.
- 4 Q. How would things have been different if the help that you had when you were in your late
5 30s had come when you were 16?
- 6 A. Well, I wouldn't have had to endure all those years of hell.
- 7 Q. Although after the counselling and after getting off drugs you felt 100% better, the reality is
8 that the rest of your adult life was affected by your time in psychiatric institutions, wasn't
9 it?
- 10 A. [Nods]. Yeah, from my time there, well, all it made me was a social misfit, that's all that it
11 prepared me for was how to be a social misfit, and you never fit into anywhere and you
12 don't belong anywhere and you don't know anyone and so, yeah.
- 13 Q. And you feel that that psychiatric history follows you around everywhere?
- 14 A. Totally it does, yes.
- 15 Q. When you're applying for jobs?
- 16 A. Yes.
- 17 Q. When you're seeing doctors even?
- 18 A. Yes, yeah.
- 19 Q. And in fact it took a long time but you finally realised that you had Post Traumatic Stress
20 Disorder --
- 21 A. Yes.
- 22 Q. -- due to that?
- 23 A. Yes.
- 24 Q. Not due to the sexual abuse?
- 25 A. No.
- 26 Q. Due to what happened --
- 27 A. At Tokanui.
- 28 Q. -- particularly in Tokanui?
- 29 A. Yes, yes.
- 30 Q. If you can, can you describe for us what your symptoms of Post Traumatic Stress Disorder
31 are?
- 32 A. What my symptoms are?
- 33 Q. Yeah.

- 1 A. So when it hits it's like a switch gets flicked inside of me and you go from being a normal
2 person to this, I call it ditsy, kind of all over the show, you can't concentrate, a lot of crying,
3 and, yeah, lose a handle on what you're doing or whatever, can't concentrate and, yeah,
4 your heart starts racing and, yeah.
- 5 Q. What triggers the Post Traumatic Stress Disorder now?
- 6 A. Chemical smells, enclosed rooms with no, like, outside sort of escape sort of thing, keys in
7 locks, yeah, just any kind of authority thing.
- 8 Q. And one of the things that triggers it is electricity, isn't it?
- 9 A. Yes, it is.
- 10 Q. To your knowledge you didn't have ECT (Electroconvulsive Therapy) in Lake Alice, but
11 you don't actually remember what happened in Lake Alice, do you?
- 12 A. No, I don't remember at all.
- 13 Q. And you worry that maybe you did?
- 14 A. Yes, I do. Because on the notes it doesn't say what treatment I was given at all.
- 15 Q. I want to acknowledge that despite your difficulties you married and had three beautiful
16 children?
- 17 A. Yes.
- 18 Q. And you raised those children?
- 19 A. Yes.
- 20 Q. The relationship broke down?
- 21 A. Yes.
- 22 Q. Which is one of the effects of your time in psychiatric care?
- 23 A. Yes.
- 24 Q. Is the inability to maintain the relationship?
- 25 A. Yes.
- 26 Q. And, well, in fact in that particular relationship it was his reaction to finding out about your
27 psychiatric history, wasn't it?
- 28 A. Yes, yes.
- 29 Q. But despite everything you have done so well, Sunny.
- 30 A. Thank you.
- 31 Q. To have those children, and to have lived for a time that you've told us in your statement
32 that was really happy when the kids were little?
- 33 A. Yeah.
- 34 Q. But there's been other impacts, haven't there?

- 1 A. Yes.
- 2 Q. I want to run through some of those. You've struggled with homelessness your whole adult
3 life?
- 4 A. Yes, I have, yeah.
- 5 Q. One of the reasons for that is because you've struggled with employment?
- 6 A. Yes, yes.
- 7 Q. And so, without employment, you don't have money?
- 8 A. No.
- 9 Q. You're forever living on a benefit?
- 10 A. Yes.
- 11 Q. Private landlords?
- 12 A. Yeah, and dodgy rentals because they're cheap and so you say, yeah, I'll take it because it's
13 a place that you can actually afford to live in, yeah.
- 14 Q. You struggle with authority figures?
- 15 A. Yes.
- 16 Q. Which I don't blame you for. So, --but that means that you stay away from any institution,
17 like even a library?
- 18 A. Every,-- yeah, nothing.
- 19 Q. Because it's a trigger for you?
- 20 A. Yes.
- 21 Q. You got into trouble with the Police,-- this was before you had children?
- 22 A. Yes.
- 23 Q. It has impacted your ongoing relationship with medical professionals, hasn't it?
- 24 A. Yes, it has.
- 25 Q. You feel that you're being totally and utterly judged and treated differently because of your
26 scars and your psychiatric history?
- 27 A. Yes.
- 28 Q. So, any doctor that treats you knows your history?
- 29 A. Yes.
- 30 Q. Because it's there on the medical notes?
- 31 A. Yes.
- 32 Q. And you particularly wanted to talk about your experience with the Hokianga Health?
- 33 A. Yes.
- 34 Q. And Dr Clare Ward?

- 1 A. Yes.
- 2 Q. Can you briefly tell us about that experience and how it felt?
- 3 A. Well, I just felt that Clare Ward, like, never really gave me the time of day because I felt
4 that basically she just didn't like me and she never, like, really took me seriously and that,
5 and when I would raise concerns with her and she would just dismiss them, rather than
6 looking into things for me or helping me out or whatever, yeah.
- 7 Q. And there was a time when you were in hospital for stomach ulcers?
- 8 A. Yes.
- 9 Q. And you get stomach ulcers from stress?
- 10 A. Yes.
- 11 Q. And a visiting doctor saw you and was asking about the scars on your arms and because
12 they're so bad, he thought it had come from burns?
- 13 A. Yes.
- 14 Q. But it was your choice what to tell him, wasn't it?
- 15 A. Pardon?
- 16 Q. It was your choice to be able to tell him what had happened to your arms, but that choice
17 was taken away by another medical professional?
- 18 A. Yes, it was taken away, yes.
- 19 Q. And that was the superintendent of the hospital, and he said in front of a whole lot of
20 people, "Oh no, that's not burns, that's self-harm."
- 21 A. Yes, that's right.
- 22 Q. How did that make you feel?
- 23 A. Well, it's like, you know, don't psychiatric patients have any privacy or that or anything like
24 that? You know. And they're just so blasé about it and it's like your life and so they think
25 it's fine to embarrass you in front of all these other people.
- 26 Q. Right. So, you feel like a second class of patient when you're somebody with a
27 psychiatric --
- 28 A. An inferior person, definitely, second class citizen, you're the bottom of the heap, nobody
29 wants to know you, and nobody wants to help you.
- 30 Q. And even the very simple thing about keeping your information private wasn't respected on
31 that occasion?
- 32 A. It wasn't respected, and it wasn't respected by Dr Clare Ward either, by the fact that she
33 dismissed it, rather than going back and say, "Hey, why did you do this", or whatever, yeah.

- 1 **Q.** And so you feel that the same level of patient confidentiality that might apply to me doesn't
2 apply to you?
- 3 **A.** Yeah, that's my experience.
- 4 **Q.** And you feel that it's not fair that on your record there's all these records of what you see
5 now as misdiagnosis?
- 6 **A.** Yes.
- 7 **Q.** Because recently one of the things that really helped is that you've got an emotional support
8 dog called Teddy?
- 9 **A.** Yes.
- 10 **Q.** Teddy couldn't be with us today?
- 11 **A.** No.
- 12 **Q.** Because we thought he'd be too naughty. You would love Teddy to be here though,
13 wouldn't you?
- 14 **A.** I would, most dearly, yes.
- 15 **Q.** But to get Teddy, you had to have a referral from a psychiatrist to say that you needed
16 Teddy. So, you went to a psychiatrist, and he went through all your records, and he
17 couldn't find anything wrong with you apart from the Post Traumatic Stress Disorder
18 [PTSD]?
- 19 **A.** That's right.
- 20 **Q.** But you feel that any medical professional gets to read all your notes about all those other
21 things that they labelled you and that somehow that should be changed on the system?
- 22 **A.** It should be. And after the interview of me sitting there for three hours and telling him how
23 much I hate psychiatric medication and counselling, can't handle it, what did he recommend
24 at the end? Oh, "I recommend that you take these pills and get some counselling." It's like,
25 "Cheers, mate, I'll be fine on my own, thanks."
- 26 **Q.** And you've said about the counselling, that you did think about that?
- 27 **A.** Yes, I did.
- 28 **Q.** You got put in touch with a counsellor through ACC?
- 29 **A.** Yes, I did.
- 30 **Q.** But the moment you knew that that person was phoning you?
- 31 **A.** Yes.
- 32 **Q.** Your Post Traumatic Stress Disorder symptoms kicked in because it was that feeling of
33 being in touch with the psychiatric system again?

- 1 A. Totally, yes. And because it was a doctor/counsellor/psychiatrist that caused my post-
2 traumatic stress, so going back there, yeah, it didn't really solve anything.
- 3 Q. Yeah. I want to talk to you -- just focus on employment and then talk to you about your
4 attempts to get compensation. You never gave up trying to get a job, did you?
- 5 A. No, I didn't, I dearly wanted to become a normal member of society, yes.
- 6 Q. And the lack of finances has become one of the main stresses in your life now?
- 7 A. Now, and has been for a long time, yes.
- 8 Q. Sometimes you even get panic attacks at the supermarket because you don't have enough
9 money to pay for the groceries?
- 10 A. That's right, yes.
- 11 Q. And that's what the reality of living on a long-term benefit is?
- 12 A. Exactly.
- 13 Q. You see being able to have a full-time job as a privilege?
- 14 A. Yes.
- 15 Q. And what you miss out on by not having one is everything?
- 16 A. It is.
- 17 Q. Because employment brings money and money brings inclusion into society, doesn't it?
- 18 A. And respect, people have respect for you if you've got a job, whereas if you don't have a
19 job, well, we can't respect you, you're just a nothing, a piece of dirt on the ground.
- 20 Q. So, employment would bring internal fulfilment for you?
- 21 A. Yes.
- 22 Q. Self-respect?
- 23 A. Yes.
- 24 Q. But respect and acceptance from society?
- 25 A. Yes, yes.
- 26 Q. And would enable you to have a retirement?
- 27 A. Yes.
- 28 Q. That you weren't worrying about money every five minutes?
- 29 A. Yes.
- 30 Q. Now, we know that you did get one pay-out from ACC for sexual abuse?
- 31 A. Yes.
- 32 Q. And that was a long time ago now.
- 33 A. Yes.
- 34 Q. And you received a pay-out from the Ministry of Health?

- 1 A. Yes.
- 2 Q. For, there's probably a proper name for where you received the money from, but it was the
3 Government?
- 4 A. Yes.
- 5 Q. From your time in Tokanui?
- 6 A. Yes.
- 7 Q. Your time in psychiatric care?
- 8 A. Yes.
- 9 Q. That was \$18,000?
- 10 A. Yes.
- 11 Q. That equates to just slightly over \$1,000 a year for each year that you were in psychiatric
12 institutions?
- 13 A. Yes.
- 14 Q. Do you feel that's adequate?
- 15 A. I don't think so, because what value does that put on my life? Certainly, if I was working,
16 I'd be earning a heck of a lot more than 1,000 a year.
- 17 Q. What message do you want to tell the Commissioners and the Government, firstly about
18 what level of compensation people like you should be given?
- 19 A. Well, the fact that I suffered 16 years misdiagnosis, take that fact alone, if I had been a
20 prisoner and wrongfully imprisoned for 16 years, I would be a millionaire by now, whereas
21 because it's the psychiatric system, nobody wants to know. It's -- yeah.
- 22 Q. What do you want to tell the Commissioners and the Government about how hard it is to
23 find out what you're eligible for through Government systems like ACC and Historic Abuse
24 Claims?
- 25 A. Well, because I have been chasing this compensation for, like, 30 years and then there's
26 always, "Oh, try here, try here, try here", you know, so you try all these places, and so then
27 finally when the lawyers were interviewing me, they said, "Well, try the Ministry of
28 Health", and so I did, and again, the door was shut on my face, and to finally come to that
29 place and to the realisation, well, actually, there is no compensation in New Zealand for,
30 like, the post-traumatic stress that I suffer. Well, that brought me to one of the lowest
31 places in my life where I actually considered well, what else is there to live for? I've been
32 through all that and I've been fighting all these years and I've still got nowhere, and there's
33 still nothing in the offing, so what's the point of it all? And that was very, very low, and it

- 1 was only the love of my children that brought me out of that really bad place and gave me
2 the strength to do this shit.
- 3 **Q.** Sunny, that was very recently, wasn't it?
- 4 **A.** Yes, it was.
- 5 **Q.** And I just want for clarity to,-- you've given us a second statement about that. So, what
6 happened was after you gave us your first statement, you were given a list of avenues from
7 us that you could try --
- 8 **A.** Yeah.
- 9 **Q.** -- to get further compensation?
- 10 **A.** Yeah.
- 11 **Q.** And one of those was the Ministry of Health's Historic Abuse Resolution Service. And you
12 got in touch with them and initially you were told you were able to get some further
13 compensation and that really got your hopes up.
- 14 **A.** It did.
- 15 **Q.** But then they told you couldn't?
- 16 **A.** Yes.
- 17 **Q.** One of the reasons for that was because you'd been through a class action already --
- 18 **A.** Yes.
- 19 **Q.** -- you had what the Government decrees as your entitlement already. But there was,
20 perhaps, talking at cross--purposes because back when you originally applied for
21 compensation you were using a different surname?
- 22 **A.** Yes.
- 23 **Q.** And so, there was a bit of a mix up, although you tried to explain it to them?
- 24 **A.** Yes.
- 25 **Q.** But regardless of whether there was a mix up or miscommunication, the point is you've got
26 nowhere left to turn to get compensation.
- 27 **A.** No, and when the lawyer from the Ministry of Health that I was talking to, when he says
28 that the Ministry of Health isn't doing enough to support people like myself, then it's like
29 yeah, it's the end of the line and --yeah.
- 30 **Q.** So, it's frustrating to hear Government officials acknowledging that they wish they could do
31 more, but they can't?
- 32 **A.** Yes, yes, yes.
- 33 **Q.** Sunny, is there actually--, there is something I was going to say before we finish. I just
34 wanted to read a couple of your final paragraphs before I hand over for questions to the

1 Commissioners. You've told us, "Society and officials wonder why there's so many people
2 in the public who are anti--society and anti--system. But it's because they made us hate
3 them for treating us like shit for all those years. They have refused to take responsibility
4 and have given us no help in overcoming the trauma of those experiences.

5 What makes things even harder today is the fact that no-one has ever told me 'well
6 done', for getting myself up from the gutter and becoming a functional member of society,
7 raising three beautiful healthy kids. Everybody's always at the ready to condemn and
8 ostracise me for my background, but nobody acknowledges that this has been a really long
9 and hard struggle for me and it continues to this day even more so."

10 A. Yes.

11 Q. Is there anything that you want to add?

12 A. No, I don't think so.

13 Q. Okay. I'll hand you over to the Commissioners and see if there's any questions.

14 **CHAIR:** Thank you. I'll just ask Commissioner Steenson, do you have any questions?

15 **COMMISSIONER STEENSON:** I do have a couple of questions. Hi, Sunny.

16 A. Hi.

17 Q. First of all, I want to acknowledge you for all that you've achieved, that's really the first
18 thing I want to say, because it hasn't been easy for you, clearly, and you have been
19 extremely resilient, so acknowledging that and thank you for coming to talk about your
20 experiences.

21 My first question is around the ACC experiences that you had. So, your first claim
22 was successful and that was related to the sexual abuse, you got a payment for; is that
23 correct?

24 A. That happened overseas, yes.

25 Q. Yeah, that happened overseas?

26 A. Yes.

27 Q. And in your statement, it says that there was a special consideration because it didn't quite
28 fit the regular criteria, but it was accepted?

29 A. Yes, yeah.

30 Q. And you got 12,500?

31 A. Yeah.

32 Q. And then, later on, you were looking for help with your PTSD and so you wrote to various
33 officials and they suggested you go and make a claim to ACC again for loss of potential
34 earnings in relation to your PTSD. And it says that that was declined. My question is, was

1 that denied on the basis that ACC had previously given you a pay-out even though it was
2 not related?

3 A. No, it's a very interesting point, okay. So, I was told to apply for a loss of potential
4 earnings, and I did, and I filled out all the forms, sent them in and then I didn't hear
5 anything from ACC for ages, and I kept ringing them and I'd say, "Well, could I talk to the
6 person that's handling my case?" "No, sorry, you can't." "Well, can I talk to a manager?"
7 "No, sorry you can't, your case is under consideration." And so, after months and months
8 went by, then I got this phone call from this really obnoxious fella and he said, "Oh well,
9 that pay-out that you got, that was for the abuse that happened in Tokanui." And I says,
10 "No, no, no, it wasn't, it was for the abuse that happened overseas." And he says, "Oh, you
11 can't have had a payment for abuse that happened overseas." And I says, "Well, actually,
12 yes, I did, because back in the day they had a specialist consideration panel if you didn't fit
13 the criteria and they considered it and they agreed to pay me." And he says, "Oh no, no, no,
14 no, you can't, you can't, if you did get that payment it was a mistake, you shouldn't have got
15 it."

16 And so therefore that was the whole loss of earnings application gone to custard.

17 Q. Right. So that was their reasoning?

18 A. So, they made that decision based on false information because my original notes that show
19 that the abuse was from the abuse overseas have been destroyed.

20 Q. Okay.

21 A. And so, they just see a sensitive claim and so they automatically assume Tokanui, but they
22 got it wrong, and I tried to put him right and he wouldn't listen to me.

23 Q. Okay, thank you for that clarification. Was there any appeal process that you could have
24 through?

25 A. Well, I don't know anything about that.

26 Q. No? Okay.

27 A. And I tried -over- all these years I've tried to get a lawyer to help me, but nobody wants to
28 know about it.

29 Q. Okay, so even within the ACC process of being denied, you weren't informed of any appeal
30 process?

31 A. No, no, nothing, nothing.

32 Q. Okay, thank you. And then my second question was related to your final statement that was
33 read out around society and officials wondering why there's so many anti--society and
34 anti--system people --

- 1 A. Yeah.
- 2 Q. -- and refusing to take responsibility --
- 3 A. Yeah.
- 4 Q. - and no help. I'd like to know what do you think - the Government or even society could or
5 should do to change that anti--society, anti--system, basically lack of trust, isn't it?
- 6 A. It is. Well, society needs to trust us, that we know what we're doing, that we're not loonies,
7 that we're not rejects, that we're not, you know, we need to have a voice, we need to be
8 heard, that we are just normal people trying to navigate our way through this life that has
9 been made a lot harder by the system, yes.
- 10 Q. Thank you, thank you so much. That's all my questions.
- 11 **CHAIR:** Sunny, I don't have any questions for you, but just to acknowledge the effort and the
12 passion behind your evidence which has been so helpful, but I'm going to pass you over to
13 Commissioner Gibson to thank you.
- 14 A. Thanks.
- 15 **COMMISSIONER GIBSON:** Thanks, just a question first, Sunny, you have an emotional
16 support dog. Did I understand right you had to go through a process with a psychiatrist or
17 something to get approval?
- 18 A. Yes.
- 19 Q. Do you think that was necessary in any way?
- 20 A. Well, so because I wanted an emotional help dog and then I had to have it on a piece of
21 paper that I had post--traumatic stress and I didn't actually have that, so that was why I did
22 that. But then I put in an application to get an emotional help dog and there was no reply.
23 And so for, like, two or three weeks or four weeks went by and we sent another e-mail and
24 there was actually no reply at all from that organisation. And so we tried again and there
25 was nothing then and so in the end we thought, "Oh well, we'll bypass going through them"
26 and fortunately we found a suitable dog just on Trade Me but -- that was a poodle cross and
27 the poodles are, like, really intelligent and he just fits the bill to a bomb, he's just the best,
28 yeah -- yeah, sorry, does that answer your question?
- 29 Q. Yes, I have got more follow-up. People have had experience such as yourself, people with
30 post traumatic stress. Is it known as an option, is it utilised enough, the option of a support
31 animal?
- 32 A. Not used enough, because I went to the psychiatrist and after all that three hours I says,
33 "Well, have you put on the thing that it would be good for me to have a dog?" And his
34 reply was, "I'm not a specialist in dogs, I don't really know."

- 1 **Q.** But you get offered more pills?
- 2 **A.** Get offered more pills, exactly.
- 3 **Q.** Another question related to that, you've had problems with homelessness and landlords and
4 cheap rentals?
- 5 **A.** Yes.
- 6 **Q.** Have you, since you've had Teddy, have you had to seek a house, move accommodation?
- 7 **A.** No, because now I've actually got a Housing Corp house and so -and- I've had it like for a
8 few years now and so for the first time my housing is secure. And yeah, and I'm there until
9 they count me out, yeah, yes.
- 10 **Q.** Are you aware of other people who have experienced trauma and needed a support animal
11 that have had housing issues because of support animals?
- 12 **A.** No, because WINZ has actually or- whoever, whatever handle they put on the housing
13 thing now, they've actually changed- their allowances, so you're allowed a dog, but it's not
14 allowed to be of the Pit Bull type breeds, it has to be, you know, yeah, so yeah, WINZ
15 (Work and Income) has moved with that one. So yeah, and it's fine with them for me to
16 have Teddy, yeah, yeah.
- 17 **Q.** Thanks so much, Sunny. It's up to me to thank you. You have had a long, hard struggle, it
18 is well done to get where you are today.
- 19 **A.** Thank you.
- 20 **Q.** Sharing this has been particularly courageous, there is a lot of abuse in a range of different
21 settings, rape, abortion, the threat of sterilisation, physical assaults, the injustices of various
22 systems, including the redress system.
- 23 **A.** Yes.
- 24 **Q.** It's great to hear you have some support, you said at some point that the love of your family
25 got you through?
- 26 **A.** Yes.
- 27 **Q.** And you had to almost fight to have that opportunity --
- 28 **A.** Yes.
- 29 **Q.** -- to get through Tokanui, to get there, and I'd like to acknowledge, I think you've got a
30 daughter, Chevy, in the audience today who's here to support you. It is "well done" and I'd
31 like to put in a particular thanks for your humanity, you haven't been treated with humanity.
32 One of the phrases which gets used in Aotearoa New Zealand and around the world is
33 "leave no one behind". You physically did that with the disabled children in Africa with

1 your making of callipers. I want to acknowledge your contribution, well done again for
2 that, in particular amongst- the many things, many contributions that you've given.

3 And also I think you talked about the distrust of men, what comes through through
4 much of our evidence across the whole Inquiry is a distrust of people who have been in
5 different settings and different positions, but I think that distrust of men and what men have
6 done to you, we need to acknowledge that as well and men need to hear this and change
7 and pick up our game.

8 Again, a final thanks for your courage for what you've brought to the Inquiry, what
9 you've shared, the 16 years which were taken from your life, and I acknowledge the
10 analogy with prison, we should be thinking about that more. Thank you, and well done,
11 kia ora.

12 A. Thank you.

13 **CHAIR:** I think you're entitled now to have a well-earned break and a rest and I hope that you
14 haven't found this too difficult to go through, and I hope that you'll take any support we can
15 offer you so that you don't have any lasting effects from going through this public
16 appearance, so please do that, enjoy your lunch.

17 A. Yeah, thanks.

18 **CHAIR:** We'll take the lunch adjournment. What time should we return?

19 **MS BASIRE:** Back at 2.15.

20 **CHAIR:** All right, 2.15, thank you.

21 **Lunch adjournment from 1.04 pm to 2.22 pm**

22 **KAUMATUA:** (Karakia). (Waiata Te Aroha)

23 **CHAIR:** That karakia and waiata marks the beginning of the evidence that we will be hearing
24 from the defendant community and we felt it appropriate that it be marked as a separate
25 acknowledgment of the special role of the Deaf community in this hearing.

26 To start this part of the hearing I'm going to call upon the organisation Ko Taku Reo
27 and Mr Coltman, you have already introduced yourselves, I now invite you to introduce
28 members of Ko Taku Reo who are going to make a submission.

29 **MR COLTMAN:** Thank you. Yes, my name's Rob Coltman, I'm here as counsel for Ko Taku
30 Reo. Our opening statement is going to be delivered by a combination of a board Chair,
31 Denise Powell, and the Executive Principal of Ko Taku Reo, James Le Marquand.

32 **OPENING STATEMENT BY KO TAKU REO**

1 **MS POWELL:** Tēnā koutou, tēnā koutou, tēnā koutou katoa. I acknowledge the mana whenua of
2 this place, Ngāti Whātua, greetings. Ko Hereweka te maunga, ko Ōtākou Moana te awa, ko
3 Oriana te waka, no Ōtepoti ahau. Ko Powell tōku whānau, ko Denise tōku ingoa.

4 My name is Denise Powell. I am the Board Chair person for Ko Taku Reo. I have
5 travelled from Dunedin to be with you here today. With me is our Executive Principal,
6 James Le Marquand and he will introduce himself and this is his sign name, James.

7 **MR LE MARQUAND:** E ngā mana, e ngā reo, e ngā rau rangatira mā, tēnā koutou. Ngā mihi
8 mahana ki te mana whenua o Tāmaki Makaurau, ko Ngāti Whātua.

9 Ko Nihotupu te maunga, ko Nihotupu iti te awa, ko Nihotupu te wāhi o te whānau
10 me te wāhi o tōku wairua, ko James Le Marquand tōku ingoa. He Tumuaki ahau ki Ko
11 Taku Reo. Nō reira, tēnā koutou, tēnā koutou, tēnā tātou koutou katoa.

12 To the Commissioners all authorities and leaders here and the many voices here
13 today, greetings to you all. We especially acknowledge the mana whenua of this place,
14 Ngāti Whātua. My name is James Le Marquand and I am based here in Auckland. My
15 spiritual and family home is Nihotupu area of the Waitakere ranges and it is my privilege to
16 lead Ko Taku Reo as their first Executive Principal and to be with you all today along side
17 our board Chair, Denise Powell. Tēnā koutou, tēnā koutou, tēnā rā tātou katoa.

18 **MS POWELL:** I want to begin by acknowledging the many hundreds of survivors of abuse in
19 care who have shared their stories and experiences with this Royal Commission of Inquiry,
20 and in particular, those who have experienced abuse while in our care, Deaf Education.
21 I acknowledge your whānau, your friends, the many people who have supported and
22 listened to you over the years when our institutions failed you.

23 **CHAIR:** Ms Powell, can I just stop you there for a moment, I'm really sorry. We seem to have a
24 technical issue which I'm just going to find out, there's something going on that we need to
25 sort out.

26 **MS THOMAS:** If we could pause briefly, we need to make sure the livestream is reaching
27 everyone in the venue, so it is accessible to everyone.

28 **CHAIR:** We really want everybody to hear and see what you're saying, so if you give us a
29 moment we'll rest assure that that is happening. I can tell you the issue is, some of our
30 survivors are in a room, they're watching us, and we're just making sure they can also hear
31 us, so that's what we're ascertaining.

32 **MR COLTMAN:** It may be, ma'am, that she needs to sit and speak and be closer to microphone
33 that way.

1 **MS THOMAS:** I think it might be useful if we just take a five -minute adjournment to work out
2 this issue.

3 **CHAIR:** And yeah, you're a tall person, Ms Powell, maybe if you could rearrange yourself with
4 the microphone so that we can hear you too. All right, we'll take a break.

5 **Adjournment from 2.29 pm to 2.33 pm**

6 **CHAIR:** So, I'm happy to hear matters have been resolved, Mr Coltman.

7 **MR COLTMAN:** Yes indeed. Ms Powell's going to commence at beginning of her spoken piece
8 in order to ensure that that's been properly received.

9 **CHAIR:** Excellent. I see you've got a lectern which will help you enormously I'm sure. You just
10 start from where you would like to.

11 **MS POWELL:** I want to begin by acknowledging the many hundreds of survivors of abuse in
12 care who have shared their stories and experiences with this Royal Commission of Inquiry.
13 And in particular, those who have experienced abuse while in our care, Deaf Education.

14 I acknowledge your whānau, your friends, the many people who have supported and
15 listened to you over the years when our institutions failed you. I acknowledge our staff and
16 students, their whānau, our wider school community, and all those joining us today in
17 person and via livestream.

18 For those who are not familiar with who we are, Ko Taku Reo is New Zealand's
19 provider of education services for Deaf and Hard of Hearing children and young people.
20 Our aspirations have always been for Deaf children to participate actively in society.
21 However, our history shows that these were predominantly expressed in a way that was to
22 them and for them.

23 We trace our whakapapa back to 1880 when Deaf Education was born in
24 New Zealand with the Sumner School for the Deaf in Christchurch on the site where some
25 of our staff are still based. Later that year, resolutions passed at the Milan conference
26 marked the beginning of global language deprivation for the Deaf community.
27 Emboldened by these resolutions, New Zealand sadly became a world leader in oralism, a
28 method that prevailed here for over 100 years.

29 At the same time Māori communities were experiencing similar loss of language,
30 identity, and mana through rapid colonisation and loss of land and resources. For those of
31 us who are hearing and Pākehā, it's difficult to imagine the effects of this double
32 marginalisation on Turi/Deaf Māori.

1 Kelston School for the Deaf was established on our present site in Archibald Road
2 in Auckland in 1958. In 2020 the two Deaf Education centres became one and Ko Taku
3 Reo Deaf Education New Zealand was established.

4 While the names of our schools have changed, it is the combined history of the two
5 Deaf Education centres that creates this whakapapa. This is the foundation that we learn
6 and grow from.

7 I want to acknowledge the survivors who we'll hear from this afternoon and on
8 Monday. Mr EX, Whiti Ronaki and Mr EV. We're grateful for your courage and your
9 honesty. We acknowledge and accept the many times you were failed by people in
10 authority who were there to guide, teach and care for you.

11 As the kaitiaki of Deaf Education in New Zealand, today we say we are sorry. We
12 are sorry that you were not given a language, your birth right to learn and use and own as
13 part of your identity. We are sorry for the physical violence and harm that you endured.
14 We are sorry for the sexual abuse that you endured. We are sorry for the emotional and
15 psychological damage and trauma that you endured.

16 We acknowledge the tremendous pain and loss that each of you carry. We may
17 never fully appreciate the long-term consequences of the abuse that you experienced while
18 in our care. We accept that what is shared through this hearing is a representative fraction
19 of stories that are sometimes known to survivors alone.

20 We want to assure you today that we are determined to learn from these dark
21 chapters in our past. We know that it's not enough simply to be sorry. Our sorrow must be
22 accompanied by restorative action. We have much still to learn and there is much to
23 restore. We have committed to the reclamation and restoration of mana of survivors. We
24 are committed to doing this step by step, and we're committed to ensuring this is done with
25 you and by you, not to you or for you.

26 I encourage any members of the Deaf community who are survivors of any kind of
27 abuse and who have not yet come forward to share their experiences with the Royal
28 Commission to do so in your own time, to enrich and inform this vital work.

29 Thank you for the privilege of being here today, to see and hear this evidence being
30 shared. Nō reira, tēnā koutou, tēnā koutou, tēnā koutou katoa.

31 **CHAIR:** Thank you very much, Ms Powell. Thank you, Mr Le Marquand, as well. We recognise
32 Ko Taku Reo as a core participant in our proceedings and we are grateful for the
33 submission that you have given and it is an appropriate introduction, I believe, to the
34 evidence of the survivors that we'll be hearing over the next few days.

1 **QUESTIONING BY MS KUKLINSKI:** Welcome, welcome to the Royal Commission, thank
2 you for coming and sharing your story. Thank you. Do you solemnly and sincerely and
3 truly declare and affirm that the evidence you will give before the Royal Commission will
4 be the truth?

5 A. I do.

6 Q. Thank you.

7 (Background.)

8 Q. Tell me about yourself, where are you from, where were you born?

9 A. So, I was born [GRO-A]-- -but my parents are from the East Coast. And we moved back
10 [GRO--A]-- -when- I was two and then I went to Kelston for seven years when I was about
11 five.

12 Q. So, you lived [GRO-A]-- --how long were you there for?

13 A. Probably around two years. I can't remember exactly. I had three sisters and an older
14 brother, so there's the five of us.

15 Q. So, are they Deaf or hearing?

16 A. They're all hearing, and so I'm the only Deaf in my family.

17 Q. And so, do you come from a Deaf family?

18 A. I have an uncle and cousins who are Deaf.

19 Q. How do you communicate with your family?

20 A. Probably more oral, I would turn my voice on, and with my sisters we sign a little bit but
21 it's probably more signing the alphabet, but the majority of the time it would be oral.

22 Q. Could you tell me what you mean by "turning your voice on"?

23 A. Well, rather than using sign language I would use my voice.

24 Q. And do you lip read?

25 A. I do lip read, but when I'm amongst my Deaf friends I will speak orally without turning my
26 voice on and if I'm with family then I will turn my voice on.

27 Q. So, when you talk to Deaf people, your voice is off?

28 A. Yes, that's correct. But there are a few Deaf people who their preference would be, you
29 know, for my voice to be on.

30 Q. So what language do your parents speak?

31 A. Mostly in English, but they are fluent te reo speakers. And they were told that they must
32 speak in English to me so that it would improve my prospects for the future. And of
33 course, they were not to use sign language and the hope was that I that-- would benefit my
34 education in the future. But nowadays things have changed dramatically.

1 **Q.** Who told your parents that they must speak English to you?

2 **A.** I believe that it was the principal of Kelston who advised my parents that they were not to
3 speak te reo Māori to me, that they must converse with me in English and not sign
4 language. And that the school would know if I were requiring te reo Māori and that they
5 would then need to speak to my parents about that again, so there was a strong emphasis on
6 using te reo Pākehā only.

7 **Q.** So, when you were growing up, were you involved in your marae at all?

8 **A.** Well, that was really difficult, because for Māori people who can hear who would be
9 involved in hui and the like, it was much easier for them, and so I feel quite isolated
10 because I wasn't able to access te reo Māori. And at that time there were no sign language
11 interpreters and so I could only pick up bits and pieces, and so I missed out immensely on
12 my culture.

13 **Q.** So, moving on, when you were around five, your parents were deciding which school to
14 send you to?

15 **A.** Well, I found out that my parents -- what happened is my parents would call my name and
16 I wouldn't respond and so they thought that something wasn't right with that, so they took
17 me to the doctor and that's when I was -- when they were told that I was Deaf. So, there
18 was a kōrero that took place, and it was determined that I would go to Kelston Deaf School
19 to be amongst other Deaf children. But my parents didn't want to let me go, they wanted to
20 keep me with them. So, they had arguments around that, but the final decision was that
21 I should attend the Deaf school because it was the best decision for my future. But it was a
22 very, very difficult thing for my parents to let go of me.

23 (Moving to Kelston.)

24 **Q.** So, can you tell me a little bit more about your arrival at Kelston Deaf School?

25 **A.** Well, as you can imagine, I didn't know what was going on, and we got to the airport, but
26 my parents weren't with me and of course there was no communication because I was
27 profoundly Deaf, and I was wondering where my parents were. And that's when it dawned
28 on me when the door shut and I screamed and I screamed, and the air hostess tried to calm
29 me down, and she couldn't, so I got kicked off the plane and my parents came and the
30 decision was made that my father would actually drive me up to Auckland and so mum
31 stayed home to look after my siblings. So, it was a very difficult time. I mean I just had no
32 idea what was going on. Now I look back at that experience and of course I can understand
33 it, and it was certainly not my mum and dad's fault. You know, it was just an entirely
34 difficult situation.

1 **Q.** So, when you arrived at Kelston, what did you feel?

2 **A.** Well, I was really taken back, I felt like I was in a completely different world to what I had
3 known. I cried a lot, I'd cry into my pillow. It was really distressing. But what I had in
4 common with the other students is they were also crying in their pillows, and so that's how
5 we established connections. And after a while, these Deaf children became my family and
6 that's how life was for seven years.

7 It was a very difficult time. It's something that you can't erase from your memory.
8 You can't just pretend that nothing happened. You can't remove that, it's the trauma. And I
9 don't blame my parents, I know they did the best and they wanted the best for me.

10 **Q.** And that was how things were at that time in your life?

11 **A.** Well, now I can chalk that up to life experience and the fact that I have actually accessed
12 two worlds.

13 (Day-to-day life.)

14 **Q.** So, when you were at Kelston Deaf School what was your day-to-day life like? What were
15 your school and sports life like?

16 **A.** Really it was just a normal schooling experience, but really it was mainstream. We did
17 have a Deaf unit, we were kind of in a Deaf special class, there were six of us. So, we
18 would take the taxi, that was a 30-minute drive, and so we would go to Waterview every
19 day for school, and I think that was the six of us for around five years.

20 **Q.** What about the weekends, what did you do in the weekends?

21 **A.** In the weekends we did different kinds of activities, sports, gymnastics, swimming, hockey,
22 we had some fun activities, plenty of different activities to keep us, the Deaf students, busy
23 and to make sure we were enjoying our lives. And I really enjoyed those weekends.

24 **Q.** So, you went to boarding school there, were you sleeping by yourself in a room?

25 **A.** Well, really altogether there was 12 beds, so there would be four beds and then a partition
26 that you could look over and there would be another four beds with a partition and then
27 another four beds. So altogether there were 12 beds in one room split into three lots of
28 four, so that was quite big.

29 (Communication.)

30 **Q.** So how did you feel about the teachers there?

31 **A.** The teachers or the staff?

32 **Q.** Yes, the staff.

33 **A.** A few of the staff were good, but a few of them were quite horrific and were quite abusive
34 to us. Some of the teachers were also good, but not all of them.

- 1 **Q.** How did you communicate with the staff?
- 2 **A.** Orally without using our voice.
- 3 **Q.** So, you would turn your voice off?
- 4 **A.** With Deaf people and if staff could see us we would turn our voice off. We would pretend
5 to communicate orally, but that was quite hard, and so if our voices were turned on, some
6 of the Deaf kids weren't able to understand me. And that's when I thought to start signing
7 so that the other Deaf kids could get the full picture and communication became easier.
- 8 **Q.** So, you said that the staff told you no signing, why was that?
- 9 **A.** Because they were told by the higher ups if you see any students signing, punish them,
10 they're not allowed to sign, they must communicate orally. And so, there were times where
11 I would forget this, and I would be signing, and I'd get caught by a staff member. And
12 every time I'd get caught they would tell me off, and I kind of got scared and felt
13 disempowered. So, I kind of felt like I had to hide, hide my sign language, but, you know,
14 that went on for so long and that was really frustrating. But yes, it was really quite hard.
- 15 **Q.** So, the staff told you off for signing, right, did they punish you?
- 16 **A.** We did get punished, either struck on our hands or a hit with a belt; or if I was horsing
17 around or doing silly things like screaming, then I would get hit with the belt or smacked on
18 the backside. And so, they would pull my pants down and smack me on the backside so
19 that I could feel the pain. If my pants were up and I had my clothes on the pain was less.
20 And so, when I would get hit, that would scare me more.
- 21 **Q.** So, when you were punished, did you understand what was happening?
- 22 **A.** I knew that I wasn't allowed to scream and that I wasn't allowed to sign.
- 23 **Q.** So, when you were signing with other Deaf students, how did you learn sign language?
- 24 **A.** Well, really it wasn't official sign language, but we used a lot of gestures and we made our
25 own signs, and so we kind of developed our own sign language by copying each other. It
26 wasn't until years later that I started getting involved in the Deaf community that I would
27 see, for example, Deaf people that came over from England or had English skills, we would
28 learn things like the alphabet. But back then it was kind of just more gestural signing,
29 nothing official. It was kind of created on the fly.
- 30 **Q.** So how did you feel when you had to learn it later in life and not in your childhood?
- 31 **A.** You mean sign language, right?
- 32 **Q.** Yes, correct.
- 33 **A.** I felt better, I felt equal to others, because I was able to communicate more easily with
34 others and we were able to understand each other, get the full picture. So, I kind of felt like

1 I was equal to my hearing counterparts in the hearing world. And then it kind of dawned
2 on me that this is our language.

3 **Q.** So, when you were at Kelston Deaf School, were all the staff Deaf?

4 **A.** All of the staff were hearing, there was no Deaf staff there. In my time there was no Deaf,
5 only hearing.

6 (Being Māori at Kelston.)

7 **Q.** What about the culture?

8 **A.** The majority of the staff were all Pākehā. There was one or two, a couple Māori staff
9 members, two or three, I can't remember, but majority were Pākehā staff and they were
10 mostly women. There were a few men.

11 **Q.** So, you've told me that you missed out on learning te reo, being immersed in Te Ao Māori;
12 how did that make you feel?

13 **A.** I feel like I don't really have a connection to my Māori culture. I have a connection to my
14 Deaf culture, but I don't have a connection to speaking te reo or the language itself. Really,
15 I'm trying to play catchup, but most of the Māori Deaf we use sign language, there's no
16 official Māori sign language, we use New Zealand Sign Language. But really missed out
17 on that, and I've been trying to learn bits and pieces here and there, but it's quite a long
18 process.

19 **Q.** So how did your parents feel that you couldn't access your Māori culture and your Māori
20 world?

21 **A.** They knew that I was strongly connected to my Deaf world, and also, I would bring my
22 Deaf friends back to my parents' place and they were able to see that I had these strong
23 connections with my Deaf whānau. But I was really trying to juggle being involved in
24 these two separate world, Te Ao Māori and Te Ao Turi.

25 (Physical abuse.)

26 **Q.** You've already told me about the punishments you received for turning your voice on or for
27 signing, but was there any other punishments at school?

28 **A.** It was really just being smacked and strapped, but I did see some horrific abuse happen to
29 some of my friends, not to me personally. For example, the staff member would tell my
30 friends to brush their teeth with soap, and so I'd watch them and that was quite traumatic
31 for me to watch, and I really felt sorry for my friends that that happened to. And I'm sure
32 that there were more people that that happened to, but they were too scared to share their
33 stories.

1 to help me clean it. But it felt like forever and I really didn't understand what he was trying
2 to do to me because I was so young.

3 **Q.** When that happened, was it only once, or did it happen more times?

4 **A.** I know it happened more than once, but I didn't keep a record.

5 **Q.** When it was happening to you, did you understand what was happening to you? Did you
6 know what abuse was back then?

7 **A.** No, I had no idea.

8 **Q.** Were you taught about sexual education back then?

9 **A.** No, never. Now I know and now I have an understanding, but back then I had no
10 understanding whatsoever.

11 **Q.** So, when you were younger, was there a word or a sign for "abuse" that you understood?

12 **A.** No, there was no such word. If we're talking about abuse, and would I have understood at
13 that time anyway what it meant? No, because I was too young.

14 **Q.** So, when that happened, did you tell a staff member, did you tell your parents or someone
15 else?

16 **A.** No, I didn't. I don't know why I never spoke up. If I said something maybe I would be
17 really embarrassed to be talking about it, but at the same time I had no concept of what it
18 meant, so should I just say nothing? I just had no idea what I should do in that situation, so
19 I left it. I left it for many years.

20 **Q.** Do you know if that happened to any of the other students?

21 **A.** Yes, I've met a few of those students and we've shared similar experiences; what happened
22 to me happened to them. They'd share their experience and that's when it dawned on me.
23 You know, well that student was a good-looking boy, so he'd be in bed and this same staff
24 member, he'd finish his shift, I think it was around 9 o'clock, and then he was supposed to
25 go home but he'd secretly go into the room, and he would play with these boys. I mean
26 nothing left to the imagination. There was a Māori hearing staff member who heard
27 something going on, and then so he actually hid underneath the bed and she came in to
28 check that everything was okay, but this student was frozen with fear and, you know,
29 couldn't indicate that, you know, there was untoward things going on.

30 So once the staff member left the room, the other staff member that was hiding then
31 took off. The Māori staff member, the hearing one, actually saw the staff member running
32 out of the room, but nothing but-- she did not say anything, and I actually met her a few
33 years ago and so she had told me that she-- confirmed what she had seen.

1 **Q.** So, at that time you had no understanding of what was going on?

2 **A.** That's right, I had no understanding.

3 **Q.** Did you report that?

4 **A.** No, I didn't. Again, how do I report it, how do I report what happened? I had no idea of
5 what was going on. I had no understanding that it wasn't, you know, the right that-- what
6 happened to me was not right.

7 (Being called Deaf and dumb.)

8 **Q.** So now we will move on to a different topic. How did the teachers talk with the students?
9 Some of the staff used to say some particular phrases to the Deaf children. Do you
10 remember what they would say to you?

11 **A.** I suppose I don't hold any malice toward them, but there was a Deaf and dumb statement,
12 phrase that was used, and I don't think the intention was that we were dumb, it was that we
13 could not speak. So, I think that it is now a sensitivity for us to be called that, because of
14 the connotations attached to it.

15 But we are Deaf, and we are not dumb, and I think I got really fed up with hearing
16 this because I didn't think I was dumb. I was Deaf, but I wasn't stupid, I wasn't thick. And
17 I know that the system has improved vastly. I do remember at that time I had some Deaf
18 friends, and we'd walk from Kelston Deaf School, and I think this was probably a Saturday
19 afternoon and this was on the way to the movies, and there was one hearing person who
20 happened to see us and of course we were signing, and they were laughing at us.

21 I was like that's not nice and my friend caught wind of this and got very, very upset.
22 And I was trying to just stop him from reacting, but he got his belt and he, you know, went
23 to hit this person. And so, it was a lesson learned for that hearing person for, you know,
24 making fun of us because we were signing, but I really had to try and calm him down
25 somewhat.

26 (Going to hospital.)

27 **Q.** So, you've told the Commission about when you were in hospital for around three months.
28 Can you tell me about that experience?

29 **A.** So, at Kelston Deaf School I was there, and I remember it would have been probably one
30 o'clock in the morning, and I needed to go to the toilet, and before I got there my leg gave
31 out and it was really, really sore. So, I was hobbling to the toilet on my left leg, and once I
32 was in the loo my left leg gave out, I couldn't walk. And I was in a lot of pain, there was
33 some pain in the joints there, so I let out this enormous scream and there was this beautiful

1 big Māori woman, she came racing to me asking if I was okay and I explained that
2 I couldn't walk.

3 Anyway, she lifted me up, she was a very strong woman, she lifted me up, and so
4 the nurse was involved, and these were the early hours of the morning. And she really felt
5 like my aunty, she was very, very good to me, she was a favourite. But anyway, if I were
6 to see her today I would just grab her, I haven't seen her for many years, and I'm not sure if
7 she would still be alive.

8 But anyway, so I went to Greenlane [hospital] and I was there, I think, for one to
9 two days, and that was really just to find out what was going on with my legs. And what
10 they found out that there was no lubrication in my joints, the hip joints. So, then I was
11 transferred to Middlemore Hospital where I remained for two and a half months. So, my
12 legs were elevated and there was like a counterweight at the end of each leg to try and
13 extend them from the hip joints. So that was two and a half months and then I was also fed
14 antibiotics just to help my system.

15 And then eventually I came out of that elevated position and then it was on to rehab
16 to try to walk again. And it felt like jelly the first time I got up, because I hadn't used my
17 legs for so long, so I managed to make it to the toilet, hoping that no one would catch me.

18 And then from there on in I did make improvements and there was some extensive
19 rehabilitation, and then I moved to Auckland Hospital for two weeks. And from there
20 I went back to the Deaf School.

21 **Q.** So, when you were in the hospital, how did you communicate with the staff?

22 **A.** I turned my voice on. So again, there were no sign language interpreters then. And so, I
23 was wearing hearing aids, but of course I was very, very little at the time, and there was
24 like student --

25 **MS THOMAS:** Sorry, we just need to take a short break.

26 **CHAIR:** He's asked for a break, you just tell us when he's ready to resume.

27 **Adjournment from 3.22 pm to 3.31 pm**

28 **CHAIR:** Is Mr EX all right to resume?

29 **MS THOMAS:** Yes, thank you.

30 **CHAIR:** Thank you.

31 **[Video played]**

32 **A.** So there would be a team of doctors that would come to my bedside and it was just so
33 difficult for me to communicate with them, I had no idea what they were saying to me, I
34 would just sit there while this talking was happening over the top of me. I was only 10

1 years old. Then so I would switch off, but anyway, they would then give the report back to
2 the Deaf School about my progress. So, I only knew bits and pieces of what was going on
3 there.

4 **Q.** And your parents, did they tell your parents?

5 **A.** So, my parents knew what was going on, yes.

6 **Q.** Did you know what was going on?

7 **A.** No, no, I did not.

8 (Waterview Primary School.)

9 **Q.** So now we're going to talk about your time at Waterview Primary. So, you went to Kelston
10 and you were a boarder there, but you also went to Waterview Primary. So, were there
11 hearing people at that primary school?

12 **A.** So, in terms of the Deaf provision at Waterview, I think there were probably around five or
13 six Deaf students.

14 **Q.** So, at that school, were you allowed to use sign language?

15 **A.** No, we were not. We were oral students and of course the teachers didn't sign as well.

16 **Q.** So, it was the same experience as Kelston?

17 **A.** Yes, that's correct.

18 **Q.** So, at Waterview would you have hearing aids, can you tell me about what did that look
19 like?

20 **A.** They were horrible, it was this transistor that sat on the chest and there were a couple of
21 things around that. I got really embarrassed because it was as if we were wearing a bra, so
22 we got teased, "are you a girl? Are you wearing a bra?" It was just quite cheeky. And, you
23 know, the other joke was that I was a robot because people, you know, would talk into the
24 unit that was on our chest. They thought it was funny.

25 So, when the teachers weren't around, we would take these hearing devices off, and
26 of course when the teachers came back, we would put them back on again. But I hated it.
27 A hearing aid is much better, it just sits behind the ear, it's more discreet.

28 **Q.** How did you feel when you took that unit off?

29 **A.** I felt great, I felt relaxed, I felt free. And then when the teacher came, that's when the
30 nervous energy took over and we took the units back on again.

31 **Q.** So when you had the units on your chest, could you hear better?

32 **A.** It would -- we could hear -- we could hear, yes, but it was really embarrassing to have, you
33 know, the unit sitting on our chest, and so often when we would take it off it was just so
34 freeing because we could converse in our own language, and we weren't having to

1 over-think different languages and grammar. And of course, we were forever being
 2 improved about our output, so was that a B, was that a P. So, it was really, really difficult
 3 to pick up on those speech patterns. You know, was it an S? What did that look like, how
 4 did that sound? It was just very difficult, and we didn't like lip reading.

5 **Q.** So yourself and the other Deaf students had to wear these units?

6 **A.** That's correct.

7 **Q.** So at that school, when you were punished for something (-being electrocuted by
 8 a -teacher) your-- teacher was teaching you about electricity, that was one of the subjects.
 9 Can you tell us what happened?

10 **A.** So the teacher would pick a particular topic because we were learning about how a
 11 telephone worked, we'd talk about the lines, and these were the old-fashioned telephones
 12 where you would wind them. There was a group of students and we were kind of in a semi-
 13 circle and we all had to hold hands and then the teacher would wind the telephone and we
 14 could feel the circuit going through each of us, the electricity, it was like wow, this was a
 15 learning point.

16 As students are, we get a little bit naughty and we may answer back to the teacher.
 17 And that happened to me actually. And so, all the students left the classroom and the
 18 teacher called me up to the front and he said "here, hold these things". And I remember the
 19 semi--circle and I thought it was a similar thing but only it was me. But of course, then that
 20 surge obviously just came directly to me. So, I was really brave, and I just tried to hold
 21 what he gave me, and I just felt this electricity just kind of it-- was like a burning sensation,
 22 and it just went through my body. And this went on for about a minute.

23 And so the teacher wound the telephone and the surge of electricity just went
 24 through me, and that was my punishment. And I had to learn not to pick on this boy again.
 25 And after that I was like jelly, I was just shaking. And it took about five or 10 minutes for
 26 that feeling to subside. And obviously I didn't want that to happen again, I was frightened.

27 And, you know, it felt almost like, you know like a death penalty, you see that kind
 28 of thing in the States, and yeah, I was just frightened with fear that that had happened to
 29 me.

30 **Q.** So, when that happened to you, how did you feel about that teacher?

31 **A.** Well, I how do I put this? I suppose all of the teachers have a right to punish a student, you
 32 know, if you're naughty, that kind of thing, that type of punishment, I think, students are
 33 allowed to be punished in that time. And these days I think things are quite different, but
 34 I wish that I could have said to the teacher "how would you feel? How would your

1 daughter, how would your son feel if that type of punishment was put on them?" You
2 know, but at that time I said nothing. I'm still alive, I suppose. [GRO-A].

3 **Q.** So when that happened to you did you tell your friends or your parents?

4 **A.** No, I didn't. I did tell a few Deaf friends about it.

5 (Māori culture at Waterview Primary School.)

6 **Q.** So at Waterview Primary school, did you have better access to your Māori culture?

7 **A.** Oh no, it was a very strong Pākehā school. I think maybe there would have been a quarter
8 of the students that may have been Māori but the rest were Pākehā. But there was no
9 access to Te Ao Māori.

10 **Q.** And how did that make you feel?

11 **A.** Like I'm living in a Pākehā world, yeah, what more can I say?

12 **Q.** So why didn't you tell your parents about what had happened to you?

13 **A.** Well, it never occurred to me at the time. I don't know why I didn't tell my mum and dad,
14 perhaps I was a bit whakamā to tell them what had happened. You know, and I suppose
15 I felt like a bit of a tattletale of every single thing that had happened to me I was now telling
16 mum and dad, so I just thought it was better not to say anything.

17 (Access to whānau.)

18 **Q.** How did you access your parents actually if you needed to speak with them?

19 **A.** We would meet and they would bring lunch, and there were a few times where they would
20 stay in the home, but most of the time it would be at my sister's house that I would visit
21 there and that's where we would have a kōrero with mum and dad. So that's really how we
22 would stay in touch.

23 **Q.** So when you were at Kelston, how many times would you see your parents?

24 **A.** So every public holiday. So, for example, the end of term one I'd fly home and I'd stay
25 there for the holidays and then would come back at the start of term two, and so that was
26 the same for all of the terms. The most exciting part was when I knew we were getting
27 closer to end of term, and I would actually cross off the tally of how many more sleeps it
28 was going to be until I was heading home. I really, really looked forward to getting back
29 home. It was almost like a, if you can imagine being in a prison and you're marking off the
30 days until it's freedom.

31 (Leaving Kelston.)

32 **A.** I remember it was 1973 before Christmas and I knew it was the end of school. And so our
33 principal Mr Young, wanted to talk to me and so I thought that I was in trouble, and so
34 I didn't know what was going on. And so, he sat down, and he looked at me and he told

1 me, "I can see that you're - you've improved,- and you can speak well", which was news to
2 me. And I was told "next year we don't need you to come back."

3 So that was a big shock, because I felt like I would never see my friends again and
4 I told him "no, I want to stay." And the principal kind of looked and asked, "why do you
5 want to stay?" So really my Deaf friends, they were like my Deaf family and I'd be lost
6 without them. So, I went around, and I said my goodbyes to all my Deaf friends. And so,
7 I moved back to [GRO-A] with ---my family, I was kind of lost from that Deaf world and
8 carried on in the hearing world.

9 But so, this was from when I was 13 to 18, and then when I was 18, I finally moved
10 back to Auckland living with one of my uncles. And I kind of got re-acquainted with my
11 Deaf world and my Deaf friends, and I kind of lost my sign language and was using
12 gestures to communicate. And it wasn't until I got more and more involved, and I started
13 living my life and I moved to [GRO-A] ---that was that.

14 (Impacts.)

15 **Q.** So, when you were in Kelston School, did you feel emotionally different about Kelston
16 after you left?

17 **A.** I think definitely there were big impacts because of the trauma and everything that had
18 happened, but I tried to move on with my life. I still remember my friends and I still
19 remember the good and the bad. And of course, there's a lot of trauma that happened there
20 and a lot of abuse that happened there as well, but I've learned to live with it, I've tried to
21 move on with my life, up until now.

22 **Q.** So what coping mechanisms do you use?

23 **A.** It's not easy, I've been through counselling, not here in New Zealand, but it was overseas,
24 because I noticed that I was being affected. So, at that time I was with my wife, and
25 something had happened, and all of this trauma just overwhelmed me, it just got too much,
26 and I felt I-- was saying to myself that I wanted to end it and I wanted to commit suicide.

27 But now my coping mechanisms is keeping myself busy, being involved with
28 sports, always trying to do something. But it's not a 100% cure. It has helped and
29 counselling has helped, but, you know, I've tried to pretend that I'm fine and nothing's
30 happened to me, you know, I tried to put on this facade that I'm fine. But deep down it's
31 still there, and I'm still trying to deal with it. I've been trying my best to just deal with
32 everything, keeping myself busy with my family, with work.

33 But it's during those quiet times that the trauma's always there. For example, my
34 father is no longer with us, I'm grieving for him, and that's getting mixed up with my own

1 traumas. But I really believe that the best medicine is massage. Maybe one day I'd like to
 2 buy my own massage chair so that I can just let go and get all the negativity out and bring
 3 all the positivity back in. And that really helps me find peace. And, you know, maybe that
 4 would be a nightly routine.

5 Also, I've been involved with the church and that's been a big help. That's made a
 6 really big difference. Just trying to keep things settled and peaceful. But now I'm just, you
 7 know, just trying to cope, just taking it a day at a time.

8 **Q.** How do you want Kelston Deaf School to change?

9 **A.** I would like Kelston to be more aware and maybe run workshops on what abuse actually
 10 looks like for staff and teachers, so that what I went through never happens again. That's
 11 just really raising awareness. But I think back in those days it was quite hard. But I think
 12 it's important that we raise awareness now for our future tamariki Māori.

13 **Q.** So, once you left school, did you complain to the Police or to anyone?

14 **A.** About what happened during my schooling experience?

15 **Q.** Yes.

16 **A.** No, I didn't tell anyone. Like I say, you know, I didn't know how to report or what to report
 17 and nobody told me how to.

18 (Experience with Police.)

19 **Q.** So, you've told us that you had an experience and was arrested by the Police. Can you tell
 20 us more about that?

21 **A.** Yeah, so this happened when I was going to a party with some hearing friends, and quite
 22 often it was the same group of us and we would go to these parties that happened. And so,
 23 it happened a few times where we would run out of petrol. And so, because it was at night
 24 time we would try and what- had happened was because it was night time-, my friends had
 25 tried to siphon some petrol from another car. So, I would watch and kind of, you know, tell
 26 myself that I wasn't getting involved in that, so this had happened a couple of times.

27 But this particular night I was sitting in the back, I was actually asleep and then the
 28 car stopped because we ran out of petrol again. So, I kind of went back to sleep and so my
 29 friends went to siphon the petrol from this house, but all of a sudden the light turned on at
 30 this house and the home owner came out, and straight away I recognised that he was an off-
 31 duty- policeman. Back then we were in [GRO-A]-- --it was a small community, everyone
 32 knew everyone, and so my hearing friends escaped and I didn't know what to do so I kind
 33 of tried to go back to sleep.

1 And then so I was shaken awake by this policeman and he was quite upset. And so
2 he told me to come out but at the same time my hearing aids had fall en off. But he had
3 already handcuffed my hands behind my back because I was- even- though I was only 16, I
4 was quite big for my age, and, you know, all of my other friends were smaller compared to
5 me. But because I was bigger, they decided to handcuff me I guess. I guess there was only
6 one pair of handcuffs.

7 So I tried to tell this person that "I can't hear you, my hearing aids have fallen off, I
8 can't communicate with you." And so this police officer thought I was bullshitting and
9 started punching me. And of course, I couldn't defend myself. And so he rung a detective
10 to come, so I had to go with them. And then luckily I had my hearing aids on at that time,
11 so I went to the Police Station and got interviewed by the detective and I was able to
12 communicate because my hearing aids were on.

13 And so the detective was asking me "who were your friends? If you don't tell me
14 who they were, you'll go to prison." And so I kind of felt like I was stuck and I had to tell
15 the truth, so I told them who they were and where they lived and I asked them if they could
16 drop me off back home. But at the same time I felt relieved because I didn't want my
17 parents to know what had happened.

18 So this had happened around three o'clock in the morning and I didn't end up going
19 home until five am, so I had to sneak back into the house and went back to sleep. And then
20 wasn't later until I caught up with my friends and they were kind of having a go at me
21 because I blabbed. But, you know, I was really stuck in a rock and a hard place, it wasn't
22 fair.

23 **Q.** So when you were at the Police Station, was there an interpreter for you?

24 **A.** No, there was no interpreters, I just had to communicate orally. You know, this was back
25 in the 70s, 75, 76; back then, no interpreters.

26 **Q.** So when these things happened to you in Kelston, how did you feel about the Police at that
27 time?

28 **A.** I suppose back then I knew that the Police were around, but I'd never been arrested, but
29 I knew what the Police were. But I didn't really know, you know, I don't claim to say that
30 I knew everything about the Police.

31 **Q.** How do you feel about the Police now? Would you report this?

32 **A.** Yes, I think definitely now if something did happen I would report it. I know now that I do
33 have the right to make a report.

34 (Recommendations.)

- 1 **Q.** So why have you decided to talk about this to the Royal Commission?
- 2 **A.** Really I just want to speak up and I'd love to sue the school. But I know that that wouldn't
3 give me true peace, but I hope that by speaking up it would encourage other Deaf people to
4 do the same. Because the staff who have already been abusing, you know, they feel like
5 they can get away with it and that's not fair. Why should they live a peaceful life? I want
6 them to wake up to their actions.
- 7 **Q.** If you could give any advice or recommendations to the Commission, what would you tell
8 them?
- 9 **A.** So I'd really like to see this information publicly available. I'm not sure of other scenarios
10 out there but awareness. I've heard so many stories of suffering and hearing that the Royal
11 Commission was visiting, and they visited the marae, and as I mentioned before, all of this
12 accumulated trauma just came back to me, and I made that decision that it was time to
13 speak up.
- 14 **Q.** What do you think about learning te reo Māori in sign language?
- 15 **A.** I think that that's very difficult because we have Māori concepts in New Zealand Sign
16 Language, but this is a developing area, and so there's obviously a lot of work that would
17 go into this. I have learned so much. I would love to learn te reo Māori. But te reo sign
18 language hasn't developed. So, it's really hard.
- 19 If, for example, I mean if we talk about time, one day I would love to see te reo
20 Māori speakers being able to impart their wisdoms to our rangatahi, you know, and whether
21 that means the inclusion of sign language interpreters as well. But I think that it would be
22 great that funding were made available for that to eventuate.
- 23 **Q.** What do you think, what would make your school experience at that time better? For
24 example, having a Māori teacher, having sign language interpreters, what would make your
25 personal school experience better at that time, what are your thoughts on this?
- 26 **A.** So, for me it's about access. So, interpreters that could give us access to Te Ao Māori so
27 that we were then able to learn our Māoritanga. Trilingual interpreters, there are just a few
28 in New Zealand and we need that number to increase. I know that there are some
29 interpreters out there that can speak te reo Māori but they're not Māori themselves. So we
30 need more Māori teachers and staff.
- 31 **Q.** Another question for you. What do you wish for Deaf people's schooling experience in the
32 future?

1 A. That's a really difficult question. I think for a lot of Māori Deaf in our community, and I'm
2 not sure how many of them would have, you know, tamariki out there, but I'm sure that
3 number would be great, and so students would be accessing their services.

4 I think more Māori role models, more Māori staff, because you can kind of count
5 them on one hand and the majority are Pākehā. And it's a Pākehā system. I feel like it's a
6 really hard one, because we are the minority in that majority situation, and so it then
7 becomes — you- become quite powerless to be able to tell that majority what you need.

8 But my wish is that there are more Māori teachers. That's a very tough one for me to
9 answer.

10 **Q.** So what about teachers teaching Deaf children, do you think they should be hearing or
11 Deaf?

12 A. I think a Deaf teacher is better, that's my perspective. Most of them are hearing teachers
13 but they can sign. And actually, I talked to some of the Deaf students and said "what's your
14 preference, who do you think's better?" "The Deaf teachers." So, I inquired further as to
15 why they thought that, and they said, "because the communication, we use the same
16 language, I identify with that person, we have the same culture."

17 And this is the response from all of the students, and I would say to that teacher,
18 "hey you're in these kids' good books here", but brilliant teaching going on. I said, "what's
19 wrong with the other teachers?" They said, "they can't culturally identify, they can't
20 linguistically identify", and the signs were clumsy. And so, they were often having to
21 clarify what was being said and it was just very difficult for these children to get their
22 education in a language that they understood. Whereas with a Deaf teacher, there's this
23 unwritten, unsigned or unspoken knowing that when a student doesn't understand, you then
24 go back with another question and another until they get it. So, I'd love to see more Deaf
25 teachers, I'd love to see that number grow.

26 **Q.** As well as Deaf culture, right?

27 A. Absolutely. It's that infinity that only we can experience because it's our lived experience;
28 but it's not easy, right?

29 **Q.** So [Mr EX]-- --I think that concludes your statement, thank you so much for presenting
30 your evidence. Thank you for trusting us here at the Royal Commission.

31 **CHAIR:** Would you like to take a break at this stage?

32 **MS THOMAS:** Just a brief adjournment and we will resume with questions.

33 **CHAIR:** Take a break and then we'll come back for final questions, okay.

Adjournment from 4.01 pm to 4.12 pm

1
2 **MR COLTMAN:** Ma'am, just before we get underway, Dr Powell is on a flight back to Dunedin,
3 the last today which leaves at 10 to 6, so she may have to leave early.

4 **CHAIR:** We would completely understand about that, there's nothing worse than being trapped
5 far from home, so feel free to leave whenever it suits you, Dr Powell. But thank you very
6 much for your attendance today.

7 **MR COLTMAN:** Thank you ma'am.

8 **MS KUKLINSKI:** Hello Mr EX, if you're happy now for the Commissioners to ask you some
9 questions?

10 A. Yes, I am.

11 **CHAIR:** Thank you. Mr EX, thank you for sitting there listening to that evidence which we have
12 been following very closely. I'm just going to ask the other Commissioners if they have
13 any questions for you. We'll first of all start with Commissioner Gibson, with Paul Gibson.

14 **COMMISSIONER GIBSON:** Thanks Mr EX. Over time I think you learned a bit more about
15 Deaf culture and that seems to be an important part of keeping Deaf people, Deaf children
16 safe, that not just Deaf people know and understand, but more people in the community,
17 people who are involved in Deaf Education, other areas understand it. How can everybody
18 in the community know and understand more about Deaf culture?

19 A. I think that it's very important that hearing people that are involved in a Deaf School or a
20 boarding school that is Deaf go through Deaf awareness training to help them better
21 understand our lives. This is a vital part of who we are as a people. Dribs and drabs is not
22 good enough, it needs to be everything, and I think it's vital that it is taught.

23 **Q.** Thanks, and a final question. In particular, young parents, often hearing parents find out
24 they may have a Deaf child through a screening process or something like that; what would
25 you like to share with parents who find out that they have a Deaf child, a Hearing -Impaired
26 child, what should those parents know and how to bring up that child, how to teach that
27 child?

28 A. There's probably a few things that come to mind. In my opinion, I do not like to see babies
29 given cochlear implants. I understand there's a reason for this and it helps that baby to hear,
30 but I also think it's important too that perhaps that child can make their own decision
31 around that. I think that that baby needs to grow into a child and that the older they get
32 then they may be presented with that option of whether they want to be implanted or not.

33 Could you just repeat that question again for me?

- 1 **Q.** Yes, what do you think parents need to know about their Deaf child, Hearing Impaired
2 child growing up and what do they need to know about their education, the child's
3 education as well?
- 4 **A.** So I believe that -- I understand that's natural for hearing parents to be shocked and to
5 grieve that they have a Deaf baby. But I think that this is a great opportunity for the family
6 to learn sign language, for the parents to learn sign language, for their baby to learn sign
7 language, because the worst thing to happen is for that Deaf baby to grow up and not to
8 have sign language. We all need language to be able to communicate with each other, and
9 it would certainly make that child's life much easier.
- 10 **Q.** Thanks Mr EX, thanks for your answers, thanks for your testimony.
- 11 **A.** Thank you.
- 12 **CHAIR:** Mr EX, I've got two questions that I'd like to ask you. The first one was about your
13 family, especially your brothers and sisters. And you've told us that you led a happy life
14 with your brothers and sisters before going off to Kelston. And from your evidence it
15 seems that you didn't have a lot of contact with them apart from school holidays after that.
16 Is that right?
- 17 **A.** That's correct.
- 18 **Q.** So what was that like for you to have really lost your brothers and sisters in that day -to-day
19 way for all that time?
- 20 **A.** Yeah, so certainly it really wasn't easy. Obviously when you're growing up as a whānau
21 unit and we were very, very close, and of course moving to a boarding school, there's a part
22 of my identity which was gone. I was so excited to see my brothers and my sisters, and I
23 was always happy to be around them. And then when I got back to the Deaf School I was
24 sad, but at the same time I then had my Deaf brothers and sisters. And so, I suppose I grew
25 up bi-culturally, having, you know, being in both worlds.
- 26 **Q.** Yes, I understand that, thank you. My second question comes from your evidence that you
27 received some counselling overseas, and I wonder if you went overseas because there was
28 no appropriate counselling for Deaf people in New Zealand, or was there any reason you
29 went overseas for the counselling?
- 30 **A.** So, my wife is not a Kiwi and so that's why I moved abroad. At that time, I was going
31 through some real trauma and so hence I just went to counselling services. And I found
32 that it was really, really helpful. It was a huge help to be able to find another mechanism
33 and to really kind of look at the anger that I had been holding on to all of these years. I
34 think that some help is better than anything, it's kind of how I saw it.

- 1 **Q.** And was that counselling done in a way that was appropriate for a Deaf person? For
2 example, was it a Deaf counsellor, or did you have interpreters, how was that managed?
- 3 **A.** Yes and no to that. I really did try to find a way forward and I just kind of thought this is
4 better than nothing, and I had tried lots of different things. So that was just what I thought
5 to myself, it was better than nothing, and of course it's not 100% going to be a match for me
6 to have a hearing counsellor.
- 7 **Q.** Yes. Do you know if there are any Deaf counsellors in New Zealand?
- 8 **A.** So when I moved back to New Zealand it was a few years ago now, I did find out that there
9 was a counsellor or two. I'm not really sure on the number, I actually haven't had that
10 conversation with them, but yeah, who knows what the future might bring, maybe more
11 Deaf counsellors.
- 12 **Q.** From everything you have told us today, it would seem to me that given the trauma that you
13 suffered and the trauma that was suffered by your fellow students, that there would be quite
14 a big need to have Deaf counsellors available who understood that culture as well as
15 understanding your emotional, your psychological needs?
- 16 **A.** So I really think that -I think that if there were a lot of Deaf people - - I'm- just gathering my
17 thoughts here.
- 18 **Q.** Take your time.
- 19 **A.** I think that a lot of our Deaf community have held their trauma in for such a long time and
20 there's a lot of suicidal thoughts amongst the community, and I think that to be able to talk
21 to a counsellor where that Deaf person feels comfortable, it's like a balloon popping, in that
22 you're much able to better manage your future. So, I know that for me my personal belief
23 is that counselling has worked for me. I think a Deaf counsellor would work better for me.
24 And of course, if it is a hearing counsellor then we would need sign language interpreters,
25 but I would prefer to have a Deaf counsellor.
- 26 I have a few Deaf friends who are depressed, and they'll come and have a bit of a
27 kōrero with me. I'm not professionally trained as a counsellor, but I feel as if I can help
28 them with something, and you know, if that way works as well then that's great. And some
29 of my friends have in fact said, you know you should train and become a counsellor, but
30 again, who knows what the future holds.
- 31 **Q.** That's quite a fine thought, isn't it, but that's a matter for you, but I think you have opened
32 up a very interesting line of thinking for us about recommendations we might make in the
33 future, and for that I'm very grateful, so thank you for that.

1 So those are the only two questions I have and thank you very much for your
2 answers, Mr EX, I'm now going to hand you to Commissioner Steenson, that's Julia.

3 **COMMISSIONER STEENSON:** Tēnā koe Mr EX. E mihi ana ki a koe i tō kōrero nui i tēnei
4 kaupapa whakahirahira i tēnei wā.

5 A. Tēnā koe.

6 **Q.** I just have a couple of questions for you. So, the first is how do you imagine your life
7 would have been different if you'd been given access to Te Ao Māori, the world of Māori
8 view in an early part of your life?

9 A. Sorry, just to clarify, do you mean if I was hearing?

10 **Q.** No, so while you were trying to cope with being put into a Pākehā environment and also
11 which was abusive, and, you know, coping with that, how do you see that being different if
12 you'd had a Te Ao Māori environment?

13 A. I think it would have made a huge difference. I think maybe if it was a Māori Deaf
14 education centre, yeah.

15 **Q.** Okay, thank you. I guess the rest of my questions are related to that. So you talked about
16 the barriers for Māori who are Deaf learning to be interpreters and you suggested that that
17 would be improved by having Turi Māori as teachers in this area.

18 A. Sorry, Commissioner, just on the end of that first question was a Māori Deaf education
19 centre yes, but at the same time the hearing Māori staff would also need to be enculturated
20 Deaf. And we can't rule out hearing people in our lives and we know it's a part of life, but I
21 think that that is vital. It would be lovely to have been immersed in that type of
22 environment.

23 **Q.** Right, yeah. Combination of both is really important, thank you. So, I'm just trying to
24 understand, do you think there'd be merit in a kaupapa Māori organisation that was run by
25 Turi Māori dedicated to teaching and looking after Turi Māori, or do you think that having
26 existing -- the existing organisations, having Māori in more executive levels, Turi Māori in
27 executive levels would make the difference?

28 A. All right, so I'm just thinking about this question. If I think of particular organisations out
29 there, there is an organisation called Deaf Aotearoa, however by the Māori Deaf
30 community it's not really seen as an organisation that represents them. So it would really
31 be nice to have our own Māori Deaf organisation. I think that that would be the better way,
32 simply because we know our own people, we are Māori, we are Deaf, we share the same
33 language, we share the same culture, we have the same lived experience. I hope that that
34 may happen in the future.

1 **Q.** Thank you, thank you, that was my — those were my questions. And it's also my privilege
2 to thank you on behalf of the Commission today. You've been — you've given us, the
3 Commission here, such important information about the experiences that you've had, and
4 on behalf of that abuse that's occurred for the Deaf community as well. -

5 So, I just want to acknowledge your bravery in telling us and pouring light on such
6 sad, sad darkness. We're really grateful, we're grateful that you've come to represent
7 whānau Turi and representing your whānau, hapū and iwi at our hearing today. Nō reira,
8 tēnei te mihi, tēnei te mihi, tēnei te mihi ki a koe.

9 **A.** Kia ora.

10 **Q.** So, Mr EX, you can now relax knowing that you have done a great job, so thank you very
11 much from all of us.

12 **CHAIR:** This brings to the end of this week, a most rich week. For us as Commissioners, we
13 have been deeply engrossed, deeply moved and touched by the evidence that we've heard
14 from survivors, and from those advocates and other people who have worked in the area of
15 disability and of psychiatric care who have shared their experiences as well.

16 So, as we end this week, I just want to acknowledge two particular groups; first of
17 all the survivors, of course, who are at the heart of everything we do and whose voices are
18 vital to the work that we are doing and the work that we will be doing in producing our
19 reports.

20 The second group I want to acknowledge with great gratitude are the well-being
21 people who have sat beside those survivors all week. And I know the lawyers have been
22 working closely with the survivors, but it's the well-being people who have held them
23 emotionally, looked after them afterwards, and I want to acknowledge you because it's
24 extraordinarily fine work that you do to support our survivors to go through this journey, so
25 please know that your work is much appreciated.

26 And with that, I wish everybody a good evening and have a very restful and
27 peaceful weekend before we resume again on Monday. Matua, kei a koe te karakia.

28 **KAUMATUA:** (Waiata Ka Waiata). (Karakia). By listening we know, by knowing we begin to
29 understand. Therefore, we look for greater understanding. By understanding we seek
30 resolve, by resolve we find life. May we find that life. Pōmārie ki a tātou katoa, ki a pai to
31 wiki. Have a good weekend.

32 **Hearing adjourned at 4.36 pm to Monday, 18 July at 10 am**