

Witness Name: Sr Susan Jayne France

Statement No.: WITN0255002

Dated: 12 February 2021

ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

**SECOND WITNESS STATEMENT OF SR SUSAN JAYNE FRANCE
CONGREGATIONAL LEADER
NGĀ WHAEA ATAWHAI O AOTEAROA SISTERS OF MERCY NEW ZEALAND**

**FILED ON BEHALF OF
THE BISHOPS AND CONGREGATIONAL LEADERS OF THE
CATHOLIC CHURCH IN AOTEAROA NEW ZEALAND**

Provided on the basis of provisional confidentiality: not for distribution

I, Sr Susan Jayne France, will say as follows: -

Introduction

1. I am providing this supplementary evidence in response to a request by the Royal Commission of Inquiry into Abuse in Care (**Inquiry**). My evidence should be read alongside my first witness statement dated 18 September 2020.

Contextual data analysis

2. The Inquiry has sought contextual evidence and analysis of the complaints data previously provided by Te Rōpū Tautoko (**Tautoko**) on behalf of the Catholic congregations and dioceses of New Zealand. This data included complaints related to Ngā Whaea Atawhai o Aotearoa Sisters of Mercy New Zealand (**Sisters of Mercy**). An overview of how this information was gathered by Tautoko and how "complaints" are defined are in the preliminary report filed by Tautoko.
3. The available records indicate that there have been 96 reports of abuse between 1937 and 1980 made to the Sisters of Mercy. The searches of our historical records were undertaken by staff in the Sisters of Mercy Archives. I instructed staff to include all reports of harm or abuse for which we have a historic record, including those prior to 1950.
4. The records that we hold include a number of matters that I have dealt with directly during my time as the Congregational Leader of the Sisters of Mercy and also matters that were dealt with by my predecessors as Congregational Leaders. As a result, some of the reports of abuse or complaints I dealt with directly and others I am familiar with only from the records that we hold. While we have been asked for this information at a summary level, in providing this information we remain mindful that every complainant is an individual and their experience is unique.
5. The majority of reports of harm or abuse that we hold records for relate to children under the age of 16, with a larger proportion being female children. Reports of abuse or harm made to the Sisters of Mercy have predominantly related to physical or psychological abuse by religious sisters and took place in children's homes or orphanages. The Sisters of Mercy have received 13 complaints in relation to alleged abuse by a male, who were priests or lay persons visiting or working at our institutions.

6. Our records show that complaints or reports of abuse made to the Sisters of Mercy did not occur until more than 20 years after the alleged abuse occurred, with a significant number not being reported until over 50 years after the alleged abuse.

Disciplinary or therapeutic responses by the Sisters of Mercy

7. There are no records of interim or final action taken by the Sisters of Mercy in relation to a respondent who was still in active ministry at the time of the complaint, which is likely to be a result of the significant delay in complaints or reports of abuse being made. Where information is held, the respondent is recorded as either deceased, elderly or no longer in ministry.

Redress processes and outcomes

8. The Inquiry has asked for "any redress processes and outcomes taken by the Church with regards to the claimant, including compensation, therapeutic support and apologies."
9. Of the complaints made to the Sisters of Mercy where an investigation was undertaken, 27 complaints were upheld. Where a complaint was upheld, redress was either provided or offered to the complainant in all circumstances. In relation to the remaining complaints, the Sisters of Mercy provided redress on a pastoral basis in relation to 19 complaints that were not upheld. We offered this support because we were concerned and able to assist. I explain pastoral care in more detail later in this brief.

Redress for non-sexual abuse and sexual abuse of vulnerable adults

10. The Inquiry has sought further evidence on claims that relate to non-sexual abuse and abuse of vulnerable adults, as well as evidence on the outcomes of redress processes outside of *Te Houhanga Ronogo – A Path to Healing (APTH)*. APTH is the New Zealand Catholic Church's principles and procedure for responding to complaints of sexual abuse and sexual misconduct against clergy or religious in the Catholic Church in Aotearoa New Zealand.
11. The Sisters of Mercy have a consistent process for responding to claims of abuse or complaints which fall outside of the scope of APTH. We have not documented this process as a specific procedure.

12. When a complaint is received, it is most often through the Catholic Church's National Office for Professional Standards (**NOPS**). However, occasionally someone might come to us directly. Where a complaint or claim is made to NOPS that is not related to sexual abuse or sexual misconduct by a religious, but involves us in some way, NOPS will refer it to us.
13. The first thing we would do is ask the complainant if they wish to refer the complaint to the Police, inform them that they can do so at any point, and encourage them to do so if they wish. In this respect, this aligns with the guidelines for reporting outlined in APTH. Next, we would ask them how they wish to proceed and invite the complainant to talk with us if they wish. This could include a meeting in person with somebody to talk with them. We try to use a process which is directed by the complainant as much as possible, in order to cause as little distress as we can.
14. People often ask to meet with somebody. An offer would be made to meet with someone from the congregation, either a sister who is often someone in the leadership team, or with someone else who is not a religious. Usually two people would meet with the complainant. The complainant is encouraged to bring a support person and they are free to choose who that person is. This may be a friend or family member, a person from a support group or a lawyer.
15. The reason we do not have a standardised procedure is that every person has had a different experience, and while we seek to approach every complainant in the same way, what works best for one will be different for another. This practice began in the 1990s and we have followed it without ever formally writing it down. We tend to follow and apply the guidelines in APTH to the extent they are appropriate for complaints of non-sexual abuse. Our response to people comes out of our basic charism (founding spirit) which is service to others, and offers a human response to people. Our founding values are service of the poor, sick and the uneducated. It is a part of our DNA and has made us quite practical people, which in the past has possibly occasioned not having a whole range of policies and processes.
16. In respect to redress falling outside of APTH, I can give one recent example. An individual whom we assisted did not want to go through the formal APTH process. We made it clear to them that they could formalise their complaint at any time they wished to do so. This individual had previously been in care in one of our children's homes but the person who sexually abused them was not a sister, so they did not want to make a complaint against the Sisters of Mercy. They just wanted some help, so we supported them and provided

financial assistance to receive some urgent dental care. This is an example of how a pastoral approach to supporting complainants and survivors can provide redress which falls outside the formal APTH process.

17. Another recent complainant came to see us about historical physical abuse in a children's home in which they stayed for a short period of time. The complainant did not want to go to the police, however they did want to meet with us. I, along with another sister, met the complainant at a neutral venue that was appropriate and comfortable for them. The complainant explained in the meeting that they had the opportunity to buy into whānau housing with their siblings, so part of the redress provided financial support to assist them to do that.
18. Further anecdotal examples of redress include individuals who have been provided financial support to start up a business. Sometimes there would be ongoing informal support, such as the provision of rent for people for a number of months when they have needed it, or financial support to purchase furniture, or support when something urgent has happened in their lives. One individual was provided financial support for a divorce in order to exit a marriage that was harmful for them. This kind of support tends not to be formally recorded anywhere, and forms part of the congregation's pastoral and charitable role in our communities.
19. This can be hard to understand if you are used to large governmental organisations where every line item is noted and every action is recorded, especially when you are in small community groups and parishes around the country.

Vulnerable adults

20. The Inquiry seeks further evidence on redress for claims of sexual abuse involving vulnerable adults in care. We operate two aged care facilities and a hospice, all of which are well regulated by the Government. Our aged care facilities have three and four-year accreditation from the Ministry of Health. Our hospital has the maximum accreditation possible and has well developed quality and risk systems, as well as health and safety processes in place. Any complaints of abuse against staff are managed in line with the regulatory and legal obligations the organisations have as employers, along with the relevant regulatory authority.

21. There are no records of complaints being made to the Sisters of Mercy of sexual abuse involving vulnerable adults in our care. If any such complaints were made now in our ministries, they would be brought to our attention through the relevant governance boards. To my knowledge, none have been made directly to us.

Risk assessments to minimise risk of harm and review of complaint processes

22. The Inquiry has requested additional evidence on what risk assessments are undertaken on complainants to ensure we minimise any further risk of harm. While I am not currently practicing, I am fortunate to have a background as a psychotherapist. I am able to use my skills to undertake initial risk assessments. My background is one of the main reasons I became involved in this work in the first place. We have usually had people who have had a suitable background and training to undertake this work, and if they are unavailable, we would engage experienced professionals to do so. Having the appropriate people in place is the most important thing.
23. Part of the initial assessment of the complainant is to ascertain whether they have adequate support in place now, or whether they may need additional support, including counselling. If additional support is needed, we would offer that and arrange that for them, even if it was not part of what they requested initially. We would check to make sure they are in a personal situation which is safe for them and enables them to deal with the redress process at that time. I have one example of an individual with whom I have been in contact with on and off over several years. They have yet to make a formal complaint, and eventually may do so, but our regular engagement has been helpful to them, even if they are not at a point where they are ready to take formal steps.
24. As part of minimising harm, we make the complainant aware that they are talking with a sister. Usually they are comfortable with this, and generally we are not contacted directly by complainants who do not wish to speak to a sister. If that is the case, we would be able to refer them to someone who can speak with them on our behalf. At times, a complainant may ask their lawyer to make contact for them. Sometimes their lawyer makes initial contact with our lawyer and we may not have any direct contact with the complainant.
25. The Inquiry also requests evidence on how we monitor the adequacy of our complaints processes. We have a small advisory group which reviews our practices. This group meets once a year, sometimes more often. We do not receive many complaints, and this work makes up a very small percentage of what we do as a congregation.

26. We also look at complaints that are received and think about our processes. This has led to changes over time about how we can be more responsive and adaptive to the needs of the person. Because our process is flexible, we are able to respond to the particular needs of the individual who has come to us.

Complaints prior to the 1990s

27. The Inquiry has requested further evidence on how the Church's knowledge on the nature and extent of abuse in New Zealand developed from the 1950s to the 1990s. I understand Cardinal John Dew will provide further evidence on this point, but I would also like to add some of my own personal reflections.
28. My understanding of historic processes was that there were no formal reporting processes in place. Prior to the 1990s few complaints were received, which likely reflects society of the time where there was a great deal of societal shame and reluctance in coming forward to make a complaint. Much of that still exists and we do our best to encourage survivors and complainants to come forward.
29. Prior to the 1990s, record-keeping systems were ad hoc and not well developed, and the records that were kept were often minimal and "the bare basics". For example, for orphanages which opened in the late 1890s, it is likely an admissions register would be kept but very little else. This was certainly nothing like the volume of information which is received and recorded in modern times.
30. Some of the challenges to consistent record-keeping can be found in the attitude of the state during the mid-century. The Government, like most of society, had a different attitude to record keeping. I am aware of examples from the 1950s where the Department of Social Welfare would take files from institutions for review but would never return them. This would cause gaps in even basic files such as admissions records.
31. It was not until the 1970s where more detailed reporting with files for children became commonplace, right before the state took a much larger role in institutional care and welfare of children. All of our children's homes were closed in the 1980s. Transfer of files to new institutions would also inevitably cause records to become lost or destroyed. This understandably can cause distress for individuals who might expect a more modern standard of record-keeping and information on their own personal files. In many cases for

our children's homes, children would only stay for a very short period of time, for instance for a week or two while their mother was in hospital. However, for the child going into care, that could be a very traumatic experience. They may not understand what was happening to them or why they were there. I have spoken with one individual who was in care for a weekend and who was terrified because he thought he had been abandoned. It was only later through discussion and thinking about what had happened did he realise it was likely his parents had gone for a long weekend to get help for their marriage.

32. This can then understandably cause some trauma to the individual as an adult when they do not find that their perceived experience matches what the records show. They might have expected records detailing six months or a year in a home, when in fact it was only a short stay. The inability to reconcile scant records with their own experience can be disappointing and traumatising. Often we can help by telling them details about how long they were there for, any siblings who were there with them, and which sisters were in a particular place at a particular time. Sometimes we can give them small details of their lives where an event or circumstance has been noted, but often records will simply show when they were admitted into care and when they left. We are generally never able to provide an individual with the full details of their lives at the time. Often this must come from their families, and we can only help with a very small part of that process.

Māori, Pacific peoples and people with disabilities or vulnerabilities

33. The Inquiry has sought further evidence in relation to the Church's understanding of additional barriers for Māori and Pacific peoples, and people with disabilities or vulnerabilities. I understand that research into the Māori aspect is being undertaken through Tautoko, but I share some additional reflections below.
34. In the 1950s and 1960s we did not identify ethnicity in records well, if at all. It is likely many institutions across New Zealand of that time do not hold this information. As a congregation we have a strong commitment to Te Tiriti and we try to establish and uphold Treaty partnerships. The first Sisters of Mercy came to Aotearoa New Zealand after a request from Māori women to the first Catholic bishop and learned te reo Māori on their voyage. However, I acknowledge it can be difficult for some people to engage with what appears to be an essentially Pakeha congregation. If people read the work we publish or use our website to contact us, hopefully they will find the te reo that we incorporate, or other things that will be comfortable to them.

35. When the Sisters of Mercy was formed from the amalgamation of four previous congregations in 2005, a conscious decision was made to include te reo in our name, Ngā Whaea Atawhai o Aotearoa Sisters of Mercy New Zealand. It is a consequence of our history in this country that as a new congregation we have made a stronger, conscious commitment to Treaty partnerships and to incorporate te reo in our new name.
36. My only further reflections on any potential barriers for vulnerable people is that we at all times try to be welcoming and make people feel comfortable. We are always working to strengthen partnerships with all ethnic communities and those with disabilities to work more equitably. Like most organisations, that is a constant work in progress.

Pastoral care

37. The Inquiry requires clarification and supplementary evidence concerning the meaning of "pastoral care" and the benefits for victims and survivors.
38. I hold a doctorate in pastoral counselling and will expand on my view of what "pastoral care" means. Pastoral care involves a relationship of trust between two individuals. The term is used in all kinds of different settings now, but originally it was used more specifically in a church or faith setting. Without being paternalistic, it involves a sense of benevolence, of wanting what is best and what is good and healthy for the other. It focuses on the needs of the other, and doing what is appropriate, helpful, and within your means, while maintaining very clear boundaries.
39. I believe pastoral care, while it began as a Christian concept and practice, is now no longer uniquely Christian. What makes it different in a faith-based setting is that clergy and religious are seen as people of God, and so the relationship becomes more complex. If you are a person in ministry (seen in the faith community as representing God) anything harmful you do may cause damage to that person's relationship with God. The harm is therefore magnified.
40. APTH uses the concept of a "Pastoral Companion", a term which I believe simply describes the idea of having somebody walking beside you throughout the whole process. It is a daunting process for people and they may need someone to help them to understand and to guide them through it. We would provide somebody who can take on this role for them, if they did not have somebody else who could help. The Pastoral Companion is not their counsellor or friend or advocate, they are simply there as a guide throughout the process.

41. We also talk of an ongoing pastoral response when a complaint is not upheld. This is the idea that despite the outcome of any investigation or recommendations, an ongoing pastoral approach continues to consider the individual's needs and situation, and does what is possible to assist the person. If a complaint has been made which could not possibly be upheld, for instance due to the respondent not being present at the time and place claimed, that does not mean the complaint is resolved. The individual may still need help and support, perhaps through counselling.
42. There are other occasions where an individual or family has suffered while in the care of another organisation. We would see it as our responsibility to help if that family came to us seeking support, often in very practical and concrete ways, be that to repair a broken stovetop or help with fuel costs. There are many families with students in our schools every year who do not pay fees because they come from backgrounds of being in care and have struggled, and they simply need that good education. This kind of care and concern is what I understand to be the essence of a pastoral response.

Statement of Truth

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

Signed:

GRO-C
Sr S J France

Dated:

12 February 2021