

OUT OF SIGHT, OUT OF MIND

KIMBERLEY CENTRE

A case study into the Kimberley Centre, a 'psychopaedic' institution for people with a learning disability.

JUNE 2024



Abuse in Care
Royal Commission of Inquiry



He karakia

E tāmara mā, koutou te pūtake o ēnei kōwhiringa, kua horaina nei
E tohe tonu nei i te ara o te tika
E ngaki tonu ana i te māra tipu
Anei koutou te whakairihia ki te tihi o
Maungārongo, kia tau te mauri.

Rukuhia te pū o te hinengaro
kia tāea ko te kukunitanga mai o te whakaaro nui.
Kia piere ko te ngākau mahora
kia tūwhera mai he wairua tau.

Koinei ngā pou whakairinga i te tāhuhu
o te Whare o Tū Te Mauriora.
Te āhuru mōwai o Te Pae o Rehua,
kaimuru i te hinapōuri,
kaitohu i te manawa hā ora,
kaihohou i te pai.

Nau mai e koutou kua uhia e ngā haukino
o te wā, kua pēhia e ngā whakawai a ngā tipua nei,
a te Ringatūkino rāua ko te Kanohihuna.

Koutou i whītiki i te tātua o te toa,
i kākahu i te korowai o te pono,
i whakamau i te tīpare o tō mana motuhake,
toko ake ki te pūaotanga o te āpōpō e tatari mai nei i tua o te pae,
nōu te ao e whakaata mai nei.

Kāti rā, ā te tākiritanga mai o te ata,
ā te huanga ake o te awatea,
kia tau he māramatanga,
kia ū ko te pai, kia mau ko te tika.
Koinei ko te tangi a te ngākau e Rongo,
tūturu ōwhiti whakamaua
kia tina, tina!
Hui e, tāiki e!

– *Waihoroi Paraone Hōterene*

To you upon whom this inquiry has been centered
Resolute in your pursuit of justice
Relentless in your belief for life
You have only our highest regard and respect,
may your peace of mind be assured.

Look into the deepest recesses of your being
and discover the seeds of new hope,
where the temperate heart might find solace,
and the blithe spirit might rise again.

Let these be the pillars on which the House of Self,
reconciliation can stand.
Safe haven of Rehua,
dispatcher of sorrow,
restorer of the breath of life,
purveyor of kindness.

Those of you who have faced the ill winds
of time and made to suffer,
at the hands of abusers and the hidden faces of persecutors, draw near.

You who found courage,
cloaked yourselves with your truth,
who crowned yourself with dignity,
a new tomorrow awaits beyond the horizon,
your future beckons.

And so, as dawn rises, and a new day begins,
let clarity and understanding reign,
goodness surrounds you and
justice prevails.

Rongo god of peace, this the heart desires,
we beseech you,
let it be,
it is done.

– *Waihoroi Paraone Hōterene*



Pānui whakatūpato

Ka nui tā mātou tiaki me te hāpai ake i te mana o ngā purapura ora i māia rawa atu nei ki te whāriki i ā rātou kōrero ki konei. Kei te mōhio mātou ka oho pea te mauri ētahi wāhanga o ngā kōrero nei e pā ana ki te tūkino, te whakatūroro me te pāmamae, ā, tērā pea ka tākirihia ngā tauwharewarenga o te ngākau tangata i te kaha o te tumeke. Ahakoa kāore pea tēnei urupare e tau pai ki te wairua o te tangata, e pai ana te rongō i te pouri. Heoi, mehemea ka whakataumaha tēnei i ētahi o tō whānau, me whakapā atu ki tō tākuta, ki tō ratongo Hauora rānei. Whakatetia ngā kōrero a ētahi, kia tau te mauri, tiakina te wairua, ā, kia māmā te ngākau.



Distressing content warning

We honour and uphold the dignity of survivors who have so bravely shared their stories here. We acknowledge that some content contains explicit descriptions of tūkino – abuse, harm and trauma – and may evoke strong negative, emotional responses for readers. Although this response may be unpleasant and difficult to tolerate, it is also appropriate to feel upset. However, if you or someone in your close circle needs support, please contact your GP or healthcare provider. Respect others' truths, breathe deeply, take care of your spirit and be gentle with your heart.

Out of sight, out of mind

The name of this case study comes from the words of the late Sir Robert Martin:

"It is time to challenge New Zealanders. The phrase, 'out of sight, out of mind,' is no longer acceptable. I am in your sight today. I hope my story will remain within your mind!"

Survivor acknowledgement

The Inquiry thanks all survivors who so bravely shared their experiences of abuse and neglect in care. We also acknowledge those who were not able to come forward, for whatever reason, we send you aroha and understanding. Our hope is that this case study shines a light on your experiences and echoes survivors' calls to ensure such atrocities are never allowed to happen again in Aotearoa New Zealand.



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Executive summary

1. The Kimberley Centre was one of four large psychopaedic institutions in Aotearoa New Zealand. It operated under various names for 61 years from 1945 to 2006. In the terminology of the day, the term 'psychopaedic' was used to describe people with a learning disability to distinguish them from people who were mentally ill. Due to the government policy of institutionalisation, together the four psychopaedic institutions came to house thousands of disabled children, young people and adults. At its peak in 1964, there were 780 children, young people and adults at the Kimberley Centre alone.
2. Societal attitudes of ableism (favouring non-disabled people) and disablism (discrimination against disabled people) led to the segregation and congregation of disabled people into the Kimberley Centre. Societal attitudes that were ignorant of te Tiriti o Waitangi Treaty of Waitangi led to Māori cultural identities, heritage and language being suppressed and discouraged within the Kimberley Centre.
3. Social isolation was combined with geographic isolation. Located on the outskirts of Taitoko Levin near the Ōhau river, the Kimberley Centre was intended to be a 'home for life' for people with a learning disability who were commonly placed there by whānau on the advice of medical practitioners. Many of the Kimberley Centre's children, young people and adults were long-term and admitted at a very young age; a study on the impact of deinstitutionalisation found that 75 percent of participants had lived there for 31 years or more, and 46 percent of participants were under 6 years old when they were admitted. Children, young people and adults were considered to be out of sight, out of mind.
4. Survivors and their whānau described the Kimberley Centre as a 'hellhole' and evidence received by the Inquiry suggests this description of the Kimberley Centre is apt.¹
5. This case study summarises the evidence the Inquiry received about the Kimberley Centre. Survivors experienced a dehumanising environment where they were stripped of their individual identity, stigmatised and devalued for being disabled. In this environment, survivors' right to human dignity was not respected. Abuse was commonplace, severe and chronic, and the Inquiry heard of abhorrent sexual and physical abuse. Survivors experienced neglect of basic needs as well as pervasive neglect – neglect across all facets of their lives. Children, young people and adults were not educated, stimulated or treated with dignity and respect. Their emotional and medical needs were not met, and their cultures were not acknowledged or fostered. The severe neglect they experienced had significant long-term impacts.

1 Transcript of evidence of Mr El at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2002, page 49); Transcript of evidence of Irene Priest and Margaret Priest at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2022, page 32).

6. The Kimberley Centre's institutional and cultural conditions provided fertile ground for abuse and neglect to take root and continue largely unchallenged for 61 years. This case study describes those conditions. Abuse and neglect was pervasive and structural within the institution. Abuse of children, young people and adults by staff was known and visible, yet staff who were responsible for abuse were not held accountable. This contributed to the abusive environment. There was no complaints process, and children, young people and adults felt that nothing would be done if they did complain to staff. There was a lack of accountability for abusers and the senior managers of the Kimberley Centre for not preventing or responding to complaints of abuse and neglect.
7. As a result, survivors suffered significant long-term impacts. For those who were children and young people, the neglectful environment deprived them of their childhood. For all survivors, it robbed them of their human promise – the opportunity to fulfil their potential. Significant overmedication took away their quality of life, and in some cases contributed to changing their behaviour towards aggressive tendencies. Poor nutrition, inappropriate eating practices and a lack of adequate dental care caused survivors to lose weight and their enjoyment of food. Māori survivors lost their kinship links and cultural identity as they were away from whānau and not provided with access to tikanga, te reo and mātauranga Māori (Māori knowledge). Similarly, Pacific Peoples suffered cultural neglect as they did not have access to their unique cultures and practices.

“

I WAS WOKEN UP BY THE SAME WOMAN AND TAKEN OVER TO THIS OTHER ROOM. WHEN WE ARRIVED, THERE WERE GIRLS AND BOYS THERE AROUND MY AGE. THERE WERE ALSO SEVERAL ADULT MEN AND WOMEN. THERE WAS A GIRL LAYING ON A BED WITH NO CLOTHES ON... HER LEGS WERE SPREAD APART, WITH HER FEET UP ON THINGS THAT LOOKED LIKE CRUTCHES OR BRACES. THEY LOOKED LIKE RESTRAINTS. ONE OF THE MEN GOT UP AND HAD SEXUAL INTERCOURSE WITH HER, WHILE WE WATCHED.

”

MR EI

NEW ZEALAND EUROPEAN

Chapter 1: Introduction

Disabled children, young people and adults – ‘Out of sight, out of mind’

8. For the 61 years that the Kimberley Centre was open, the institution had a significantly harmful impact on the lives of many of the disabled people who lived there. The evidence received by the Inquiry about severe abuse and neglect at the Kimberley Centre makes for sobering reading. The Inquiry acknowledges the bravery and perseverance of survivors in bringing this evidence to the Inquiry. The Aotearoa New Zealand public must acknowledge and understand what happened at the Kimberley Centre to ensure it is never allowed to happen again.
9. Te Iwi Muaūpoko are the mana whenua of the rohe that includes the Kimberley Centre. The Kimberley Centre was located on the outskirts of Taitoko Levin in an isolated rural setting. It had a mixture of old colonial buildings and dormitory barrack-style buildings² designed for short-term accommodation. It was one of four large psychopaedic institutions in Aotearoa New Zealand that housed thousands of disabled children, young people and adults during its 61-year lifespan. The term psychopaedic is a uniquely Aotearoa New Zealand term. It is a composite of ‘mind’ and ‘child’. It was coined in the early 1960s by Dr Blake Palmer, Director of Mental Health, to describe people with a learning disability to distinguish them from people who were mentally ill (terms used at the time).³



An aerial view of what was then called the Levin Hospital and Training School taken in the 1960s showing large ‘H’ shaped accommodation blocks on a large rural property.

² Transcript of evidence of Paul Milner at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing, (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 113); Witness statement of David Newman (31 May 2022, para 5.6).

³ Mirfin-Veitch, B & Stewart, C, The impact of deinstitutionalisation on the families of the Kimberley Centre residents (Donald Beasley Institute, 2008, page 2).

10. The Kimberley Centre was the largest psychopaedic hospital in the Southern Hemisphere. The other psychopaedic institutions were Templeton Farm Colony, later renamed the Templeton Centre (Ōtautahi Christchurch), Braemar (Whakatū Nelson) and Māngere Hospital (Te Tonga o Tāmaki Makaurau South Auckland). Despite the existence of these four large specialist hospitals, by 1981 nearly half of Aotearoa New Zealand's institutionalised population of people with a learning disability remained in 'intellectual handicap' wards within psychiatric hospitals.⁴
11. People who spent decades of their lives at the Kimberley Centre were left out of sight, out of mind. A 1964 documentary about the Kimberley Centre, *One in a Thousand*, stated: "The public doesn't often see these hospital training schools as they're called. It prefers not to think about them."⁵ The placement of disabled people at the Kimberley Centre, away from the rest of society, demonstrates overt ableism.
12. Aotearoa New Zealand can no longer avoid these issues. The Crown has said:
"The Crown's responsibility is not to deny or diminish, it is to accept and acknowledge that abuse occurred!"⁶

This case study is an opportunity to acknowledge the abuse and neglect that survivors experienced at the Kimberley Centre.
13. The Inquiry has made significant attempts to reach out to people in the community who spent time in the Kimberley Centre, including offering specialist pathways, supported decision-making, navigators and wellbeing supports. However, the Inquiry acknowledges that it was still inaccessible for many survivors, especially people with a learning disability, for Māori survivors and for Pacific survivors of psychopaedic institutions.
14. Many survivors of the Kimberley Centre have passed away and have been unable to share their experiences. Other survivors may not have recognised their experiences as abuse due to the dehumanising environment.⁷ As a result, the Inquiry received fewer statements from survivors of the Kimberley Centre than from the survivors of many other State settings the Inquiry has investigated. This case study is based on the accounts of those survivors who were able to come forward, as well as a wide range of evidence, including thousands of documents, witness observations and accounts by family members.

4 Milner, P, An examination of the outcome of the resettlement of residents from the Kimberley Centre (Donald Beasley Institute, 2008, page 24).

5 New Zealand National Film Unit, *One in a Thousand* (1964), <https://www.nzonscreen.com/title/one-in-a-thousand-1964/availability>.

6 Transcript of opening statement by the Crown at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2022, page 15).

7 Witness statement of Paul Milner (20 June 2022, para 3.19).

Chapter 2: Context

Timeline of the Kimberley Centre

15. The institution that later came to be known as the Kimberley Centre started in 1906 on the outskirts of Taitoko Levin as Weraroa Boys' Training Farm (Weraroa Boys) for juvenile delinquents.⁸ Weraroa Boys operated from 1906 to 1939.⁹
16. Weraroa Boys was established by the Department of Education as an industrial school with occupational training for boys with behavioural problems or who were living in a detrimental environment.¹⁰ In her book about the Kimberley Centre's history, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre*, author Anne Hunt describes Weraroa Boys as a place that was away from public surveillance and ignored by polite society as a place for 'naughty boys'.¹¹
17. Although it was only a small town, Taitoko Levin was home to two other State-run residential institutions for boys: Kohitere Boys' Training Centre (1950–1985) and Hokio Beach School (1944–1988). The Inquiry has also received evidence from survivors of abuse and neglect in those settings and they are discussed in a separate case study.
18. From 1939 to 1944, the Royal New Zealand Air Force requisitioned the Weraroa Boys' site for its mobilisation programme for the Second World War.¹² During this period, it was used as an air force base for pilot training.
19. After the war, the buildings were adapted by the Department of Health to accommodate an influx of people with learning disabilities mirroring the trend of institutional expansion from the 1940s to the 1970s.¹³ The Levin Farm Mental Deficiency Colony opened on the site in July 1945 with 42 young men who had been transferred from the Templeton Farm Colony.¹⁴ It became a 'home for life' for many who had been admitted as children and stayed there through their adult years.¹⁵
20. A special school was opened on site in 1959¹⁶ to provide special education for the "educable subnormal", in the words of the medical superintendent.¹⁷ The school was opened following a visit from an educational psychologist who noted that the children were not getting any education.¹⁸

8 Brief of evidence prepared by Dr Brigit Mirfin-Veitch for the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 27 June 2022, para 30 and at footnote 4).

9 Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000, page 11).

10 Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000, pages 9–10).

11 Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000, page 9).

12 Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000, page 11).

13 Gates, S, *The impact of deinstitutionalisation on the staff of the Kimberley Centre* (Donald Beasley Institute, 2008, pages 3 and 8).

14 Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000, page 3).

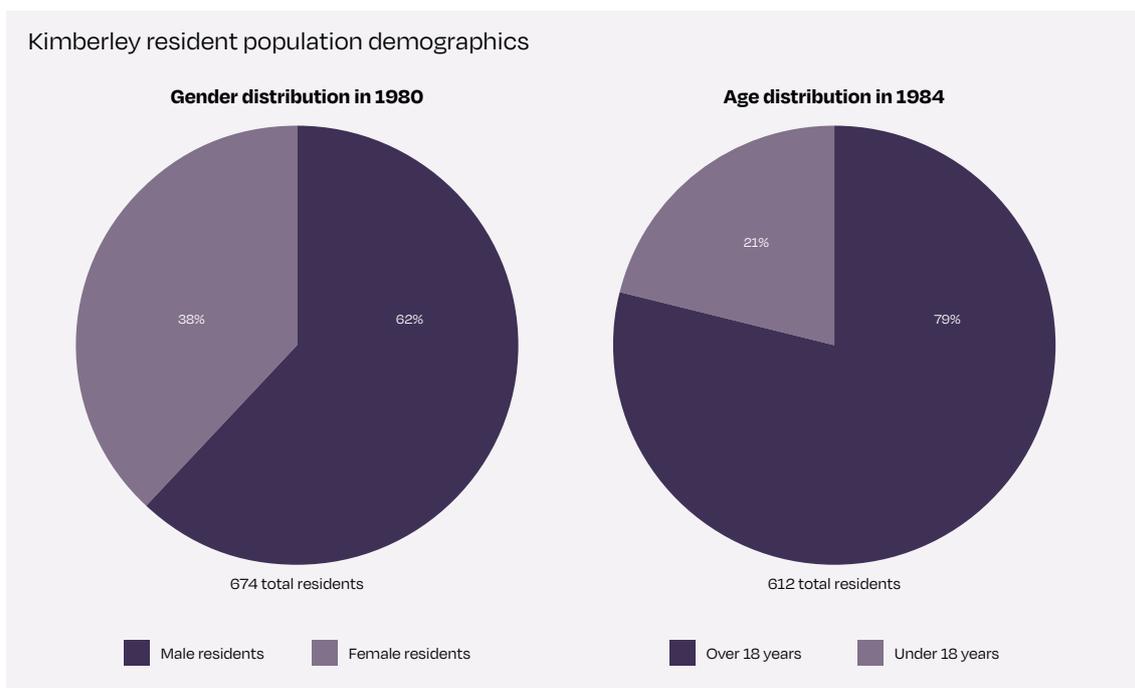
15 Mirfin-Veitch, B & Stewart, C, *The impact of deinstitutionalisation on the families of the Kimberley Centre residents* (Donald Beasley Institute, 2008, page 5), citing Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000).

16 Mirfin-Veitch, B & Stewart, C, *The impact of deinstitutionalisation on the families of the Kimberley Centre residents* (Donald Beasley Institute, 2008, page 5).

17 Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000, page 74).

18 Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000, page 74).

21. The Levin Farm Mental Deficiency Colony was renamed Levin Hospital and Training School in 1959. Numbers increased during this time and peaked in 1964 at 780.¹⁹
22. In or around 1972, the institution had 660 children, young people and adults, with approximately 400 children, young people and adults aged 18 years and younger.²⁰ In 1977, the Levin Hospital and Training School was renamed Kimberley Hospital after the road it was located on, Kimberley Road.²¹ In 1979 the institution was home to 759 men, women and children.²²
23. Numbers of children, young people and adults progressively declined in the early 1980s as they being transferred into community care. In 1980 there were 733 children, young people and adults at Kimberley Hospital, but by 1985 that number had declined to 600.²³ In late 1982, there were 674 children, young people and adults at Kimberley Hospital; 418 were male (62 percent) and 256 were female (38 percent).²⁴ Of the 612 children, young people and adults in 1984,²⁵ 133 were under 18 years old (21 percent).



19 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 116).

20 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 71).

21 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 156).

22 Milner, P, An examination of the outcome of the resettlement of residents from the Kimberley Centre (Donald Beasley Institute, 2008, page 30).

23 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 239).

24 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 202).

25 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 242).

24. In 1985, the government adopted a policy of community living for people with a learning disability.²⁶ There was an acknowledgement of the need to close large institutions, but the process was very gradual, taking more than 20 years.²⁷ There was a considerable period of uncertainty about Kimberley Hospital's future role from 1985 until the Government announced its closure in 2001.
25. Around 1987, family and whānau of children, young people and adults at Kimberley Hospital began to discuss the institution's closure. The president of the Kimberley Parents and Friends Association voiced a concern at a meeting that Kimberley Hospital could not be closed because there were some children, young people and adults who would not cope in the community due to the nature or severity of their disabilities.²⁸ They also said the community would not cope with people from Kimberley. Their concerns reflected a struggle by some parents and whānau to grasp the potential implications of closure.²⁹ There were concerns about the resources and expertise available to care for people with severe or complex disabilities in a community environment.³⁰
26. In 1989, the hospital board changed the name Kimberley Hospital to the Kimberley Centre to reflect a shift from a hospital model with its implication of illness, to normalisation and a focus on lifestyle and developmental services.³¹ In 1990, there were 504 Kimberley Centre children, young people and adults ranging from 6 to 79 years old. The average age was 33 years, with 51 children and young people under the age of 20 years.³²
27. In 1991, 493 children, young people and adults were living at the Kimberley Centre.³³ In 1992, then Health Minister Simon Upton announced that 200 of the remaining 478 children, young people and adults would be moved into the community within the next five years³⁴
28. By 1996, the total number of children, young people and adults had further reduced to 445.³⁵ In 1997 it was reported that then Health Minister Bill English had said there was not enough money for the shift of of 400 children, young people and adults to the community which was estimated to cost \$15 million.³⁶ The Kimberley Centre's future remained uncertain in the late 1990s. In 1998, the number of children, young people and adults was 416.

26 Mirfin-Veitch, B & Stewart, C, The impact of deinstitutionalisation on the families of the Kimberley Centre residents (Donald Beasley Institute, 2008, page 6).

27 Gates, S, The impact of deinstitutionalisation on the staff of the Kimberley Centre (Donald Beasley Institute, 2008, page 3).

28 Witness statement of David Newman (31 May 2022, page 7, paras 5.12–5.20).

29 Witness statement of David Newman (31 May 2022, page 7, para 5.20).

30 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 291).

31 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 271).

32 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 289).

33 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 277).

34 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 327).

35 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 321).

36 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 334).

29. By the early 2000s there was increasing pressure from families, disabled people and disability rights advocates to close the Kimberley Centre. However, there were some in the community, including some families and staff members, who remained opposed to closure.³⁷
30. In September 2001 self-advocacy group People First organised a march on Parliament calling for the Kimberley Centre to be closed. At the march, then-Minister of Disability Issues Ruth Dyson announced that all children, young people and adults of the Kimberley Centre would be resettled in the community over the next four years and the institution would close. At the time of the announcement, there were 375 people living at the Kimberley Centre.³⁸ Although the deinstitutionalisation movement had started in the 1970s, the Kimberley Centre did not close until 2006.³⁹

Societal and attitudinal context

Eugenics and the devaluation of disabled people

31. Whaikaha – Ministry of Disabled People Acting Chief Executive Geraldine Woods acknowledged at the Inquiry's State Institutional Response Hearing that: "Between 1950 and 1999 the Health and Disability case settings were ableist. They did not always meet the needs of disabled people and disabled people often experienced discrimination and unfair treatment as a result of their disability. I acknowledge this means disabled people experienced higher levels of abuse and neglect than other people in care."⁴⁰
32. The Kimberley Centre operated within a socio-cultural context of a false science of eugenics, an ideology that perceived disabled people as inferior beings who should be segregated from society to prevent the reproduction of a 'subnormal' race.⁴¹
33. Government policy followed the Aitken Report, which in 1953 recommended large-scale institutionalisation for the "majority of intellectually handicapped children and adults in the community".⁴² The report recommended parents send their learning-disabled children to a psychopaedic institution at around 5 years old.
34. Expert witness and disability researcher Dr Hilary Stace believes the Aitken Report reflected a toxic mix of societal attitudes of colonisation, racism and eugenics.⁴³

³⁷ Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000, page 1).

³⁸ Mirfin-Veitch, B & Stewart, C, *The impact of deinstitutionalisation on the families of the Kimberley Centre residents* (Donald Beasley Institute, 2008, page 7).

³⁹ Stace, H & Sullivan, M, *A brief history of disability in Aotearoa New Zealand* (Office for Disability Issues, 2020, page 13).

⁴⁰ Transcript of evidence of Acting Chief Executive Geraldine Woods for Whaikaha – Ministry of Disabled People at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 214).

⁴¹ Royal Commission of Inquiry into Abuse in Care, *He Purapura Ora, he Māra Tipu: From Redress to Puretumu Torowhānui*, Volume 1 (December 2021, page 41), citing Tennant, M, "Disability in New Zealand: An historical survey," *New Zealand Journal of Disability Studies*, 2 (1996, pages 12–15).

⁴² Aitken, RS, Caughley, JG, Lopdell, FC, McLeod, GL, Robertson, JM, Tohill, GM & Hull, DN, *Intellectually handicapped children report: Report of the consultative committee set up by the Minister of Education in August 1951* (Department of Education, 1953, page 38, para 77(1)).

⁴³ Witness statement of Dr Hilary Stace (20 September 2019, para 17).

35. In 1973, the Royal Commission of Inquiry into Hospital and Related Services: Services for the Mentally Handicapped recommended that patients should be transferred from large institutions to community care.⁴⁴ This led to three decades of deinstitutionalisation.⁴⁵
36. By 1977, the Kimberley Centre had become the largest specialist learning disability hospital in the Southern Hemisphere with a resident population approaching 800 people – an estimated 15 percent of all people with a learning disability in Aotearoa New Zealand at the time.⁴⁶
37. While the Inquiry received information on total numbers at the Kimberley Centre at different points in time, the Inquiry received minimal ethnicity data for the Kimberley Centre children, young people and adults over the period of its existence. It appears that ethnicity data was not collected, or if it was collected, it has not been retained. Dr Tristram Ingham, a member of the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing, told the Inquiry: "There are almost no statistics and certainly no systemic administrative statistics that collect disability status and ethnicity in a way that allows them to identify both."⁴⁷ It is therefore not possible to have a clear picture of how many Māori and Pacific children, young people and adults were in care.
38. The limited ethnicity data the Inquiry has received suggests that in 1989 there may have been 90 Māori children, young people and adults at the Kimberley Centre.⁴⁸ A 2007 document, one year after closure, noted that of the 172 former children, young people and adults of the Kimberley Centre now residing in the community in the MidCentral Region, the majority (140) were Pākehā (81 percent), 15 were Māori (9 percent) and one was Pacific (0.5 percent).⁴⁹ Across the Inquiry, there has been an issue with a lack of available ethnicity data.

44 Hutchison, CP, Cropper, J, Henley, W, Turnbull, J & Williams, I, Services for the mentally handicapped: Third report of the Royal Commission of Inquiry into Hospital and Related Services (The Royal Commission of Inquiry into Hospital and Related Services, 1973, page 15–16).

45 Stace, H & Sullivan, M, A brief history of disability in Aotearoa New Zealand (Office for Disability Issues, 2020, page 13).

46 Witness statement of Paul Milner (20 June 2022, para 2.58).

47 Transcript of evidence of Dr Tristram Ingham from the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 20 July 2022, page 647).

48 Letter from general manager, Palmerston North Area Health Board, to chairman and members of the board (25 October 1989) which records that a hui was held with the Kimberley Whānau Group to discuss preparation for Māori residents moving to the community. The letter noted that a small number of the 90 Māori families were represented at the hui.

49 Memorandum from general manager, Enable New Zealand, to Disability Support Advisory Committee, Enable New Zealand Governance Group (14 September 2007, page 2).

39. Director-General of Health Dr Diana Sarfati told the Inquiry's State Institutional Response Hearing: "Record-keeping issues such as ethnicity not being recorded and the loss of some records have meant that the number of Māori and Pacific people in health and disability care settings during the relevant period is unlikely to ever be known. However, from what we know, Māori and Pacific people and disabled people were particularly negatively impacted, either by being over-represented in these settings or through these settings not meeting their distinct needs, including because of abuse."⁵⁰ Despite the lack of ethnicity data, the Inquiry believes that many Māori were in care at the Kimberley Centre.

those wishing to learn more about the Board's policy re the provision of services for the elderly. Dr Hirst was able to explain the policy succinctly and clearly to the audience.

I attended a hui at Kimberley Centre organised by the Kimberley Centre Whanau Group. Maori families who have relatives resident at Kimberley were also invited and a small number of the 90 Maori families were represented. During the time that I was present at the hui consideration was given to the preparation required for Maori residents moving to the community, should this be an appropriate course of action in the future. I was impressed with the constructive manner in which the subject was addressed by staff and relatives.

The initial meeting of the Health of the Disabled Advisory Committee was held. There was a great deal of enthusiasm displayed by members.

I met with a small group of local General Practitioners who

Portion of a letter from the general manager, Palmerston North Area Health Board

40. It was further acknowledged by Whaikaha – Ministry of Disabled People Acting Chief Executive Geraldine Woods that it is likely that Māori, Pacific Peoples and disabled people were disproportionately abused in care.⁵¹
41. The Inquiry has received no data or evidence from Rainbow and takatāpui survivors of the Kimberley Centre.

50 Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 206).

51 Transcript of evidence of Acting Chief Executive Geraldine Woods for Whaikaha – Ministry of Disabled People at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 214).

Disablism and societal pressure

42. Disablism is the oppression of disabled people.⁵² The abuse inflicted on Kimberley Centre children, young people and adults is a prominent example of disablism in Aotearoa New Zealand. Another form of disablism manifested in the fundamental segregation of disabled people out of communities and into an isolated institution with barracks-style mass accommodation. Children, young people and adults were marginalised and excluded from society because of their disability status.
43. The Inquiry commissioned research by the Donald Beasley Institute into the care experiences of people with a learning disability or who are neurodiverse at the Kimberley Centre and other institutions. The research found:

“Abuse of disabled people in care, including (most of) the storytellers in this research can be considered as blatant disablism; they were abused because they were part of a system that created the opportunity for abuse to occur, and they were in that system because they were disabled.”⁵³

52 Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 5).

53 Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 131).

TIMELINE OF ABUSE AT THE KIMBERLEY CENTRE

1906

Weraroa Boys' Training Farm (Weraroa Boys) for juvenile delinquents opens. Operated from 1906 to 1939.

JULY 1945

Levin Farm Mental Deficiency Colony opened on the site with 42 young men who had been transferred from Templeton Farm Colony.

1964

Numbers peak at 780 people.

1977

Levin Hospital and Training School was renamed Kimberley Hospital after the road it was located on, Kimberley Road.

1985

Numbers have declined to 600 people.

1985

The government adopted a policy of community living for people with a learning disability.

1939 – 1944

Royal New Zealand Air Force requisitioned the Weraroa Boys' site for its mobilisation programme for the Second World War.

1959

A special school was opened on site in 1959 to provide special education for the "educable subnormal", in the words of the medical superintendent.

1959

Levin Farm Mental Deficiency Colony was renamed Levin Hospital and Training School.

CIRCA 1972

The institution had 660 children, young people and adults, with approximately 400 children and young people aged 18 years and under.

1979

The institution was home to 759 men, women and children.

CIRCA 1987

Family and whānau of Kimberley Centre children, young people and adults began to discuss the institution's closure. There were concerns about the resources and expertise available to care for people with severe or complex disabilities in a community environment.

1989

Name changed from Kimberley Hospital to the Kimberley Centre.

1992

Health Minister Simon Upton announced that 200 of the remaining 478 children, young people and adults would be moved into the community within the next five years.

1997

Health Minister Bill English said there was not enough money for the shift of 400 children, young people and adults to the community, which was estimated to cost \$15 million

EARLY 2000s

Increasing pressure from families, disabled people and disability rights advocates to close the Kimberley Centre, however some were still opposed to closure.

2006

Although the deinstitutionalisation movement had started in the 1970s, the Kimberley Centre closes.

1990

There were 504 children, young people and adults ranging in age from 6 to 79 years old.

1996

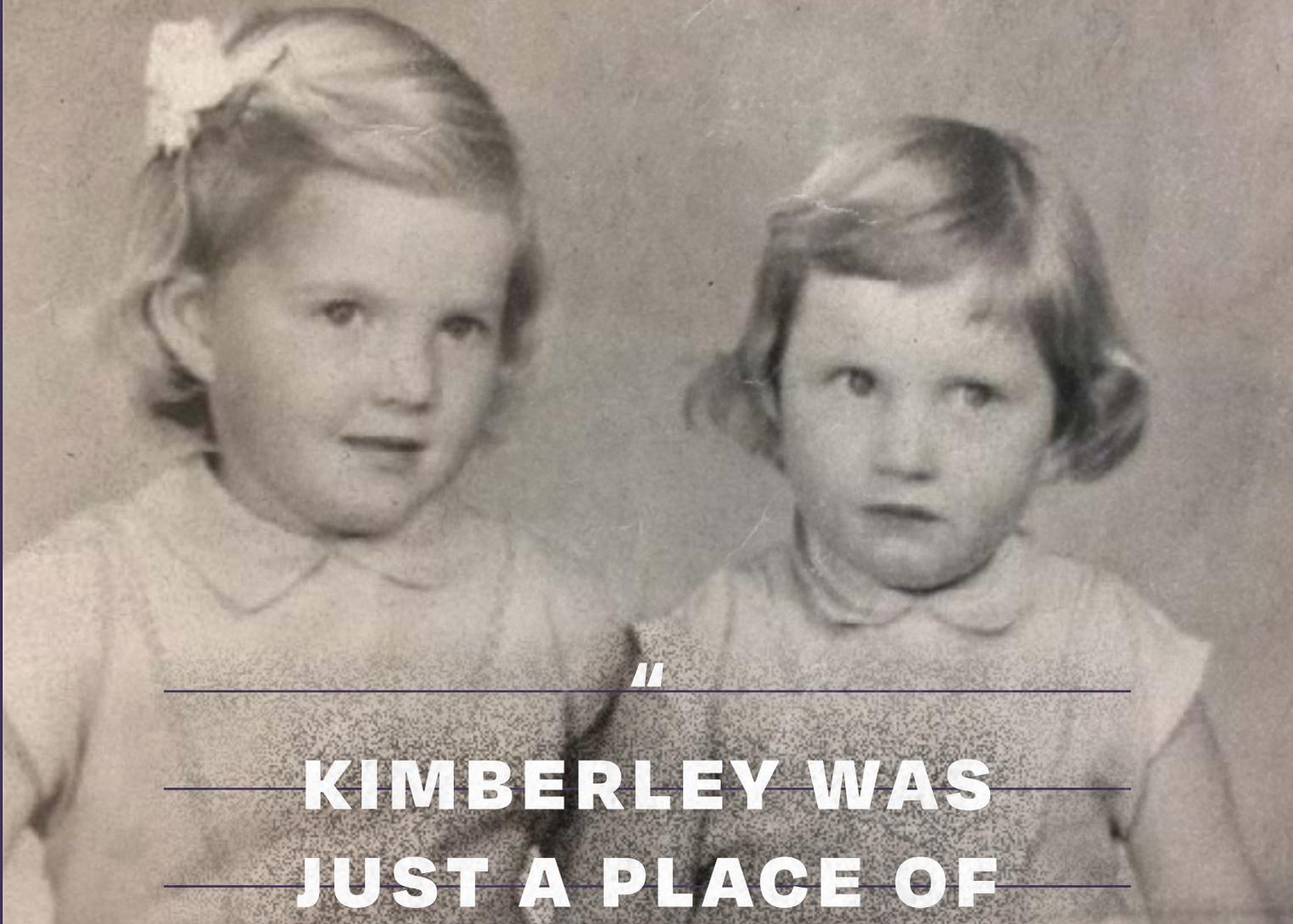
Numbers have reduced to 445 people.

1998

Numbers have reduced to 416 people.

SEPTEMBER 2001

People First organised a march on Parliament calling for the Kimberley Centre to be closed. Minister of Disability Issues Ruth Dyson announced that all children, young people and adults of the Kimberley Centre would be resettled in the community over the next four years and the institution would close. At the time there were 375 children, young people and adults at the Kimberley Centre.



“
**KIMBERLEY WAS
JUST A PLACE OF
PEOPLE EXISTING**
”

MARGARET PRIEST
NEW ZEALAND EUROPEAN



Irene Priest

Age when entered care: 6 years old

Year of birth: 1956

Time in care: 1962–2004

Type of care facility: Disability facility – the Kimberley Centre in Taitoko Levin.

Ethnicity: New Zealand European

Whānau background: Irene is Margaret's younger sister. Their parents were loving and caring, and they had a relatively happy early life.

Currently: Today, Irene lives a happy and fulfilled life. Margaret is Irene's welfare guardian, it is a joint Welfare Guardianship with her daughter (Irene's niece). Irene has a caregiver who looks after her closely and she sees Margaret regularly.



Irene is Margaret's younger sister. Their parents were loving and caring, and they had a relatively happy early life.

My sister Irene Priest has a learning disability and has been in care since she was 6 years old. Irene can't speak for herself – she communicates through actions, for example, she'll growl if she is unhappy and will smile and clap her hands if she agrees or is happy.

Irene couldn't walk so my mother taught her to climb. However, she would climb out of windows and my parents were worried so they strapped Irene to her bed at night. I shared a room with Irene and I remember her fighting against the straps. I would stroke her head to calm her down.

My mother found it difficult to look after Irene. My father was working and my mother had no assistance from the government or disability services to look after Irene. She was prescribed tranquilisers because she could not cope. My father tried his best to balance looking after Irene and my mother. He investigated if there were any care facilities that might help look after Irene and heard about the Kimberley Centre through our family doctor, who pulled some strings to get Irene to the top of the waiting list.

So Irene went away to the Kimberley Centre, which was promoted as a training school. It broke my parents' hearts to send Irene away, but they thought she would be better off. She went there in 1962 and was a resident until 2004.

When Irene was first admitted, my parents were told by the staff to leave her there for at least a month, without any contact. However, during that time they were told Irene had contracted hepatitis. No explanation was given for this. I remember going with my parents to pick Irene up. She had been placed in an isolation room, and she was alone on her bed, rocking backwards and forwards. There was nothing else in the room, except her bed. She didn't even have her teddy bear, which she had taken to the Kimberley Centre.

Irene came home most weekends and she never wanted to return. When my parents started driving her back, she would growl. That's her way of showing unhappiness. I don't think she was given any love at the Kimberley Centre – the staff didn't see her as a child who needed love and care. Most of the staff didn't care about the residents – they saw it as just a job. Kimberley was just a place of people existing.

Irene communicates through actions but the staff at the Kimberley Centre never made any effort to communicate with her. When I was older and more involved in her care, I asked the staff if they would investigate developing a specific sign language for Irene, which would allow her to point to pictures, but they didn't do that.

Irene would sometimes come home with injuries such as scarring, stitches or grazes, and no explanation was given. I now know from her file that she was physically assaulted several times by other residents. I counted 77 head injuries recorded in her file and that is with almost 30 years of records missing. She was also put into seclusion as a punishment, for a total of 18 days, sometimes for a few days in a row. To put somebody who is claustrophobic, or was, in seclusion where it wasn't even a safe environment, is reprehensible. Once she was in seclusion for eight hours. I can only imagine how distressing this would have been for her. Another time she came out with an injury from her time in there.

She didn't get any education or training at the Kimberley Centre. In fact, she regressed. She was learning things at home, like how to use a spoon or go to the toilet without a nappy, but she wasn't able to do these things when she left the Kimberley Centre.

Another consistent issue was the loss of Irene's personal items. The Kimberley Centre had a communal laundry and anything that was good just disappeared.

The worst thing that happened to Irene at the Kimberley Centre was the indiscriminate drugging. She was on a concoction of drugs that had all sorts of side effects – drowsiness, nausea, fatigue and co-ordination disturbance. She was given a drug or injection to stop her periods. Melleril was the worst – Irene was like a zombie on Melleril and my father, who was a pharmacist, advocated for a long time to ensure Irene was given the appropriate drugs. While there were alternatives to drugging Irene if she was hyperactive, I think because the Kimberley Centre was understaffed, drugs were an easy way to subdue residents. When she was weaned off drugs in the late 2000s she became very perky.

Irene got very thin in her 40s. She weighed around 33 kilograms and it was a shocking sight. Our family doctor ordered blood tests because he thought she might have AIDS – that's how awful she looked. My father wanted the Kimberley Centre to refer Irene to a specialist but this was met with resistance from the manager and the Kimberley Centre doctor, who said there was no point in a second opinion.

We found out around this time that she was being placed in a special chair where she was strapped in and force fed. Irene has trouble eating. My father explained that all it requires is patience, but the staff didn't listen. This had lasting effects on Irene – for many years, if anyone came to feed her, she cowered, and it could take up to two hours to feed her because she was so afraid.

Irene also had problems with her teeth and was scared of going to the dentist. Because of the difficulty, the staff at the Kimberley Centre decided it would be easier if all her teeth were removed. It felt like a final indignity.

The Kimberley Centre was a hellhole. Irene never deserved to be hurt or frightened – she deserved to have the best life that was available to her, but that has not happened.⁵⁴

⁵⁴ Witness statement of Margaret Priest on behalf of Irene Priest (January 2022).

“

**I WAS 2 YEARS
OLD WHEN I WAS
DIAGNOSED WITH
CEREBRAL PALSY.
THERE WAS LITTLE
SUPPORT FOR DISABLED
CHILDREN AND THEIR
FAMILIES WHEN I WAS
LITTLE. THE DOCTOR
INSTRUCTED MY MUM
FOR ME TO GO TO AN
INSTITUTION, HE SAID,
'IT WOULD BE BETTER
THIS WAY'. SOON
AFTER I WAS MOVED
TO KIMBERLEY.**

”

LUSI FAIVA

SAMOAN

Chapter 3: Circumstances that led to disabled children, young people and adults being placed at the Kimberley Centre

44. The Kimberley Centre operated within the sociocultural context where eugenics ideology underpinned societal and government administration that perceived disabled people as inferior beings to be segregated from society to prevent the reproduction of a subnormal race. This manifested in disablism, the oppression of disabled people. Disabled people were segregated from communities and congregated into isolated institutions like the Kimberley Centre where they were marginalised from society because of their disability status. For many, the Kimberley Centre would become their home for life.
45. This chapter describes the circumstances that led to disabled children, young people and adults being taken or placed into care at the Kimberley Centre during the Inquiry period.

Placement by family on advice of medical professionals

46. The Kimberley Centre was promoted and seen as a place for disabled children to receive care and training, and the process of placing them there was dominated by the medical profession. Most survivors that the Inquiry heard from were placed at the Kimberley Centre by their family in the belief that it was the best place for them, most commonly on the advice of a medical practitioner.
47. Anne Bell told the Inquiry about her sister, Vicki Golder (Pākehā), who spent approximately 45 years at the Kimberley Centre. Vicki has a severe learning disability, is blind and cannot speak. Anne was formerly president of the Kimberley Parents and Friends Association and the project manager for the Kimberley Deinstitutionalisation Project for the Ministry of Health.
48. Anne described how the lack of support in the community and medical advice led to Vicki and others being placed at the Kimberley Centre: "Sending children to institutions was very traumatic for families despite it being the only option for disabled children at the time. This was particularly so for people in rural communities. There was no playgroup, support, respite service; there was absolutely nothing. Families would receive medical advice to send their children away."⁵⁵

⁵⁵ Witness statement of Anne Bell (16 May 2022, page 2, paras 2.2–2.3).

49. Anne also told the Inquiry about the reality of the difficult decision parents faced in this situation and their belief that the Kimberley Centre was the right place: "Due to the failure of no other supports, families had to make decisions between things like their parents' health or ability to care for their other children. Given this context, it is unsurprising that many parents sent their children to institutions. Moreover, the Kimberley Centre was portrayed as a specialist service where staff had the required expertise to provide care to these children. For many parents, though they hated sending their child away, they thought they would be giving them the very best support."⁵⁶
50. Samoan survivor Lusi Faiva's mother was instructed by her doctor to place Lusi into the Kimberley Centre:
- "I was 2 years old when I was diagnosed with cerebral palsy. There was little support for disabled children and their families when I was little. The doctor instructed my mum for me to go to an institution, he said, 'it would be better this way'. Soon after I was moved to Kimberley."*⁵⁷
51. European survivor Sir Robert Martin was placed in the Kimberley Centre by his mother at 18 months old on the advice of her doctor. "A doctor told my mother that I was mentally retarded. He told her that there are places where there are other people [sic] know how to look after people like me. He told my mother to send me away and forget about me. I was put away in an institution. I was locked away from the community."⁵⁸
52. Expert witness and disability researcher Dr Hilary Stace described a harrowing instance of a baby with Down Syndrome being forcibly taken from his mother: "The normalisation of institutionalisation of disabled children was hard for individuals to fight. I heard of a mother who had a baby with Down Syndrome in the 1960s. The family doctor and her husband suggested the baby be put into an institution. The mother resisted until one day the father came home with the GP and an attendant from Kimberley. They forcibly took the toddler off his mother, told her not to visit for at least two years and to forget about him. Terrified and confused by such instruction the mother didn't hear about him again until after his death a few years later."⁵⁹

⁵⁶ Witness statement of Anne Bell (16 May 2022, page 2, paras 2.6–2.7).

⁵⁷ Witness statement of Lusi Faiva (15 June 2022, page 1).

⁵⁸ Transcript of evidence of Sir Robert Martin at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, pages 696–697).

⁵⁹ Witness statement of Dr Hilary Stace (20 September 2019, page 5, para 14).

Placement by family for respite care or due to lack of community support

53. Families often felt they had little choice but to send their child to the Kimberley Centre due to an acute lack of support to remain in the community. The pathway into the Kimberley Centre for some was the respite care it provided family.
54. Margaret Priest said her mother found it difficult to look after Irene. "My father was working and my mother had no assistance from the government or disability services to look after Irene or to give her respite."⁶⁰
55. New Zealand European survivor Murray Newman was at the Kimberley Centre from 5 years old, initially for fortnightly respite stays but later from age 11 on a full-time basis. His brother, David Newman, is his welfare guardian. David told the Inquiry:
*"Parents were generally sent away with the understanding that their loved one would be well cared and catered for when initially admitted into Kimberley and some would have been deeply distressed to learn otherwise at a later date."*⁶¹
56. Some survivors were placed into the Kimberley Centre as adults and didn't have any say in the decision. New Zealand European survivor Ross Hamilton Clark was placed at Kimberley in 1956 and said: "When I was 19 years old, my mum took me to Kimberley Hospital and asked them if I could be admitted. I was lucky she was alive to take me down there. She did this because I did not have any friends to talk to and she worried I was lonely. The staff allowed me to be admitted. I wouldn't have gone to Kimberley if my mum hadn't taken me. I did not see my mum again, because she died in 1959."⁶²
57. At the Inquiry's State Institutional Response Hearing, Director-General of Health Dr Diana Sarfati publicly acknowledged that the government's legislative and policy settings between 1950 and 1999 did not always provide adequate support and resources to families or explore family or community-based care options as an alternative to placing disabled people and people with mental health conditions in health and disability care settings.⁶³
58. There was no community or respite support for families, and this led to children, young people and adults being placed at the Kimberley Centre.

60 Witness statement of Margaret Priest (28 January 2022, para 1.9).

61 Witness statement of David Newman (31 May 2022, para 5.10).

62 Witness statement of Ross Hamilton Clark (15 February 2022, page 1, para 1.3).

63 Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 207).

Placement by the State and transfers from other institutions

59. Another pathway into the Kimberley Centre was through transfers and swaps with other institutions, such as Campbell Park School (Waitaki Valley), Lake Alice Psychiatric Hospital (Manawatū–Whanganui) and Marylands School (Ōtautahi Christchurch).
60. New Zealand European survivor Mr EI, a State ward, was transferred to the Kimberley Centre from Hokio Beach School after running away and a perceived suicide attempt. He ran away from school and got into someone's bach. He was hungry and looking for food and ate rat poison by accident. His stomach was pumped at Levin Hospital: "I was picked up from the hospital and taken back out to Hokio Beach. The manager of Hokio Beach, plus the staff at the hospital, all decided that they would put me into Kimberley Hospital. My file says that I was admitted to Kimberley under section 5 of the Mental Health Amendment Act 1961, which covers the 'admission of mentally infirm persons'."⁶⁴ Mr EI could not understand why he was at the Kimberley Centre, as he didn't have a disability.⁶⁵
61. Lake Alice survivor Walton Ngatai-Matheson (Ngāti Porou) told the Inquiry about patient swaps between the Kimberley Centre and the Lake Alice Child and Adolescent Unit: "The quiet kids from Lake Alice would go over to Kimberley Hospital and the kids from Kimberley who got up to mischief were dropped off at Lake Alice. If the kids from Kimberley behaved, then they would go back to Kimberley!"⁶⁶
62. Walton recalled that approximately six children in 1972 came from the Kimberley Centre to Lake Alice in a van. Walton told the Inquiry about a 5 year old from the Kimberley Centre who received electroconvulsive therapy (ECT) at Lake Alice: "One of the children from Kimberley was just 5 years old. He used to have fits, epilepsy, and they would give him ECT. They brought him over from Kimberley to give him ECT at Lake Alice. His mum and dad were killed in a car crash. I cannot remember what happened to him. He was only at Lake Alice for about one or two months then he went to a boys' home."⁶⁷
63. A former Kimberley Centre psychopaedic training officer, Enid Wardle (New Zealand European), told the Inquiry of transfers from the Kimberley Centre to Lake Alice Psychiatric Hospital for ECT:
- "I also observed that the most troublesome children at Kimberley were frequently taken to Lake Alice Hospital for electroconvulsive therapy." They were kept overnight at Lake Alice after their 'treatment'.***⁶⁸

⁶⁴ Witness statement of Mr EI (20 February 2021, para 2.12).

⁶⁵ Witness statement of Mr EI (20 February 2021, para 2.14).

⁶⁶ Witness statement of Walton Ngatai-Mathieson (11 May 2021, page 6, para 30).

⁶⁷ Witness statement of Walton Ngatai-Mathieson (11 May 2021, page 6, para 32).

⁶⁸ Witness statement of Enid Wardle (13 October 2021, page 7, para 4.8).

64. The Inquiry's report Beautiful children: Inquiry into the Lake Alice Child and Adolescent Unit referred to documentary evidence of a patient swap between the Kimberley Centre and Lake Alice: "We have evidence of Dr WF Bennett, the medical superintendent of Kimberley, agreeing with Dr Pugmire to transfer one of his patients to Lake Alice in exchange for a female Lake Alice patient. We also know Dr Leeks regularly visited Kimberley to consult with staff on adolescent patients, some of whom he admitted to the unit [at Lake Alice]."⁶⁹
65. Māori survivor Mr NW (Ngāti Maniapoto) worked as a nurse aide at the Kimberley Centre from 1975 to 1982.⁷⁰ Mr NW told the Inquiry that if a patient continued to be violent towards staff and other patients and seclusion wasn't working, they were sent to Lake Alice.⁷¹ Mr NW helped with the transfers:
- "Transfers to Lake Alice would usually be for adult aged residents, who had learning disabilities. They would go to Lake Alice because they had more staffing than we had and more monitoring systems. Lake Alice was also better equipped to house violent patients. The Lake Alice hospital secure block was built to the same standards as the Paremuremo prison and housed the criminally insane."⁷² Mr NW was unsure if the patient's family would even be told about the transfer and he couldn't recall many transfers going the other way, from Lake Alice to the Kimberley Centre.⁷³*
66. Sir Robert Martin was sent back to the Kimberley Centre at 9 years old after stealing a chocolate bar from a shop while in foster care. He remained at the Kimberley Centre until he was sent to Campbell Park School aged 11 years, and then to Lake Alice at age 13. He was later transferred back to Campbell Park School from Lake Alice.
67. Māori survivor Mr HZ (Ngāti Maniapoto and Ngāti Tūwharetoa) was transferred from Lake Alice to the Kimberley Centre at 9 years old before being sent to Marylands School.⁷⁴ Mr HZ has a long history of being taken into State care, released to whānau, then taken back into care. When Mr HZ was around 7 years old, he was under Department of Social Welfare control and put into foster care for six months. He was physically abused by foster parents in Whanganui before being transferred to Lake Alice.⁷⁵ Mr HZ found it very unsettling that he was moved between foster homes, whānau and institutions and considers this the root of many problems later in his life.⁷⁶ As a child, he developed a hatred for Pākehā people as they had taken him away from his whānau into State care.

69 Royal Commission of Inquiry into Abuse in Care, Beautiful children: Inquiry into the Lake Alice Child and Adolescent Unit (2022, page 60, para 83).

70 Witness statement of Mr NW (31 May 2022, page 4, para 3.1).

71 Witness statement of Mr NW (31 May 2022, page 5, para 3.19).

72 Witness statement of Mr NW (31 May 2022, page 4, para 3.21).

73 Witness statement of Mr NW (31 May 2022, page 4, para 3.20).

74 Witness statement of Mr HZ (14 May 2021, page 4, paras 14–16).

75 Witness statement of Mr HZ (14 May 2021, page 4, paras 7–11).

76 Witness statement of Mr HZ (14 May 2021, page 4, para 18).

68. At the Inquiry's State Institutional Response Hearing, Director-General of Health Dr Diana Sarfati said:

*"I acknowledge that societal stigma against people with mental health conditions and learning disabilities was a contributing factor to people being placed in psychiatric settings during the 1950s to 1970s and I acknowledge that people, including children and young people, were placed in psychiatric hospitals and facilities for reasons that would not be acceptable today."*⁷⁷

69. It was inappropriate for children, young people and adults with learning disabilities and people who experienced mental distress to be placed into the Kimberley Centre, and other psychopaedic and psychiatric institutions, for many years. It is troubling that some Kimberley Centre children, young people and adults with learning disabilities were transferred to Lake Alice, which was a secure psychiatric facility.

⁷⁷ Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 207).

Chapter 4: Nature and extent of abuse and neglect at the Kimberley Centre

The nature of abuse and neglect

70. Survivors of the Kimberley Centre suffered severe and chronic abuse, including neglect, in many different forms during the Inquiry period. Sexual abuse was severe and painful. Physical abuse was normalised. Survivors were psychologically and verbally abused by staff. Neglect was pervasive, meaning neglect of children, young people and adults was experienced across all life domains including psychological and emotional neglect, and physical, cultural, medical, nutritional and educational neglect.
71. This chapter describes the abuse and neglect that survivors of the Kimberley Centre reported to the Inquiry.

Survivors experienced sexual abuse

72. Survivors experienced sexual abuse in care in the Kimberley Centre. This included sexual acts, attempts to obtain a sexual act, unwanted sexual comments and advances, and acts to traffic and groom.
73. New Zealand European survivor Mr EI told the Inquiry of witnessing the repeated rape and sexual violation of a number of children at the Kimberley Centre in the early 1960s by a group of members of the public who were regularly granted entry by making payment to nursing staff.⁷⁸ The sexual abuse was organised and occurred two to three times a week for a year and a half.⁷⁹ The children being abused could not talk or communicate, and were often restrained during the abuse.⁸⁰
74. Mr EI said:
- “I was woken up by the same woman and taken over to this other room. When we arrived, there were girls and boys there around my age. There were also several adult men and women. There was a girl laying on a bed with no clothes on. The bed looked like an old-fashioned hospital bed. It was on wheels. Her legs were spread apart, with her feet up on things that looked like crutches or braces. They looked like restraints. One of the men got up and had sexual intercourse with her, while we watched. Two other girls were sexually interfered with. They were sexually touched by hand by the adults, while me and this other boy were made to watch. This happened for about an hour. After, I was made to go and wipe down the girls’ private parts and the adults left.”⁸¹*

78 Witness statement of Mr EI (20 February 2021, pages 5–9).

79 Witness statement of Mr EI (20 February 2021, paras 2.39–2.40).

80 Witness statement of Mr EI (20 February 2021, para 2.52).

81 Witness statement of Mr EI (20 February 2021, pages 5–6).

75. Mr EI described how two Māori girls were targeted by one perpetrator: "Three nights later, I was woken up again around midnight but I am not too sure of the time. We went over to the same place again. I remember there were two Māori girls there. They were in the same position on these beds, with their legs spread apart so they could not close them. This man came in and he turned around and said, 'My two girls'. Again, sexual intercourse took place. I would come to realise that this man always referred to these two Māori girls as 'my girls', and it was always the same man who interfered with these girls."⁸²
76. Mr EI experienced sexual assaults by a nurse at the Kimberley Centre. He was made to sexually abuse other children and female staff members. He witnessed grooming and sexual conduct by a teacher at the Kimberley Centre of girls attending the school.⁸³
77. Mr EI ran away from the Kimberley Centre at least twice. On one occasion, he and his friend were picked up by a police officer and taken to Palmerston North Police Station. He described trying to tell a police officer what was happening at the Kimberley Centre, but "no one took any notice of us" and he was just ignored.⁸⁴ Mr EI said his friend also tried to tell the police officers about the abuse, but they did not listen to him and similarly ignored him. Mr EI said he does not remember the police officers taking any notes. They were then returned to the Kimberley Centre.
78. The Inquiry has tried to find further information about Mr EI reporting the abuse to NZ Police, but was unable to do so.
79. New Zealand European survivor Ross Hamilton Clark told the Inquiry that he was seriously sexually assaulted with an object by another patient. He was hospitalised and had to be operated on.⁸⁵ Ross said: "One day I was going home from the male staff quarters to my villa. Another person, from Villa 2, pushed me into the swimming baths, near the bathing sheds. I told him to leave me alone, but he wouldn't. He took my pants down and pushed a hose from the shed up my bottom. When the hose was taken out, my bottom was so sore. I've never been so sore in my life. It was the worst thing that ever happened to me. They had to ring an emergency doctor from Levin who came and checked what had happened to me. He told me that he had never seen anything like it in his whole life. It looked like my bottom had been cracked open. I had to go to the hospital in Palmerston North, because a big piece of metal from the hose had gotten stuck in me. It had caused an infection and the bleeding. They told me at hospital that this piece would have killed me."⁸⁶

82 Witness statement of Mr EI (20 February 2021, para 2.35).

83 Witness statement of Mr EI (20 February 2021, para 2.48).

84 Witness statement of Mr EI (20 February 2021, para 2.6--2.66).

85 Witness statement of Ross Hamilton Clark (15 February 2022, page 2).

86 Witness statement of Ross Hamilton Clark (15 February 2022, page 2, paras 2.5-2.8).

80. European survivor Miss Howell told the Inquiry about being raped by a male resident at the Kimberley Centre. She didn't know what was happening as she had never been taught anything about sex education or keeping safe. She reported the rape to a staff member who ensured the male resident didn't come near her again. However, she wasn't taken by staff to NZ Police to report the rape.⁸⁷
81. European survivor Sir Robert Martin told the Inquiry that he was sexually abused by a male nurse at the Kimberley Centre. He was so young he didn't know what was happening.⁸⁸ The abuse occurred after Sir Robert had been caught stealing apples. A nurse took him to an office and lectured him about the trouble he had caused, then put his hands down Sir Roberts' pants and touched him.⁸⁹
82. Expert witness and researcher Paul Milner told the Inquiry that during his time conducting observational research at the Kimberley Centre he heard about a woman from the locked villa who had been taken to hospital to have a pregnancy terminated. In a locked villa, the most obvious way for her to have become pregnant was from sex with a staff member.⁹⁰
83. Allison Campbell worked as a social worker for IHC for many years. She checked on patients in psychiatric and psychopaedic institutions and helped to get them out of institutions. She told the Inquiry about what she had heard from survivors of Campbell Park School and the Kimberley Centre:
- "After I gained their trust they told me horrendous stories of sexual, physical and psychological abuse. Different people told me the same stories over and over again. Most went from Campbell Park to Kimberley, and it also happened there."***⁹¹

87 Witness statement of Miss Howell (26 January 2022, page 4, para 2.28).

88 Transcript of evidence of Sir Robert Martin at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, page 700).

89 McRae, J, *Becoming a person: The biography of Robert Martin* (Craig Potton Publishing, 2014, page 34).

90 Witness statement of Paul Milner (20 June 2022, para 2.8).

91 Witness statement of Allison Campbell (15 February 2022, page 12, para 2.44).

Survivors experienced physical and verbal abuse

84. The Inquiry heard from a number of survivors who had experienced physical and verbal abuse. Their bodies were harmed and assaulted, and they were harmed or assaulted often. Physical and verbal abuse might include: aggressiveness towards a person, rough handling, yelling in anger, threats, punching, kicking and hitting (including with objects such as keys), using fire hydrant hoses on children, young people and adults, speaking in a harsh tone, teasing, taunting and , saying harsh or mean things to a resident, swearing at children, young people and adults, and laughing at and bullying at them.
85. Witnesses spoke about staff using fire hydrant hoses on children at the Kimberley Centre. A boy who had soiled himself was hosed down naked by staff using a fire hydrant hose. The boy tried to stand up and was knocked over again. This incident was seen as a warning that if you misbehaved this would happen to you.⁹² Ms VC, a training officer at the Kimberley Centre, described witnessing a group of naked boys running around with psychopaedic nurse aides following them. She saw the staff using big fire hoses aimed at the boys to get them back into the ward.⁹³
86. Māori survivor Mr HZ (Ngāti Maniapoto and Ngāti Tūwharetoa) was physically assaulted by nursing staff at the Kimberley Centre. He was tied up with his hands hanging over a bar so that he was on tip toes just above the ground. A nurse then kicked him in the stomach.⁹⁴
87. Gay Rowe's brother, Paul Beale, New Zealand European, has an intellectual disability that limits his decision-making ability. He was admitted to the Kimberley Centre from age 10 years old in 1961 and spent over 40 years there.⁹⁵ Gay visited Paul at the Kimberley Centre and described peer-to-peer assaults and rough handling of children, young people and adults by staff:
- “There were often fights going on quite a bit at Kimberley and the attendants only stepped in when they were not going to get injured. Sometimes the residents were handled very roughly by the attendants.”***⁹⁶
88. New Zealand European survivor Mr EI said that if children misbehaved, staff would hit them on the head with a set of keys or smack them across the backside.⁹⁷
89. David Newman described his brother, New Zealand European survivor Murray Newman, having bruising to different parts of his body including around his neck and Murray would sometimes explain that a staff member caused the bruising.⁹⁸

92 Transcript of evidence of Sir Robert Martin at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, page 700).

93 Witness statement of Ms VC (13 October 2020, pages 12–13).

94 Witness statement of Mr HZ (14 May 2021, page 4, para 15).

95 Affidavit of Gay Rowe (12 February 2020, page 1, paras 2 and 5).

96 Affidavit of Gay Rowe (12 February 2020, page 2, para 8).

97 Witness statement of Mr EI (20 February 2021, para 2.26).

98 Witness statement of David Newman (31 May 2022, paras 5.31–5.37).

90. Caroline Arrell, an NZCare project manager who worked during the deinstitutionalisation of the Kimberley Centre, told the Inquiry she was aware of a psychiatrist using ammonia capsules as a punishment for a person's failure to respond as required. This involved snapping an ammonia capsule, which contained a chemical with a very strong smell, under a person's nose. The psychiatrist used ammonia capsules twice on a young woman who was banging her head severely, to try to stop this behaviour. It did not work, and it was later discovered that the young woman had severe pre-existing undiagnosed migraine, which was why she was banging her head.⁹⁹
91. European survivor Sir Robert Martin said that staff would deliberately tease and provoke children, young people and adults to watch them lose control and 'flip out'.¹⁰⁰ New Zealand European survivor Miss Howell, who went to the Kimberley Centre aged 12 years old, said that the Kimberley Centre staff were mean and would laugh at her and bully her.¹⁰¹ New Zealand European survivor Ross Hamilton Clark said when his family sent him gifts, especially chocolates, the staff would take them and give him the wrapping paper to taunt him.¹⁰²
92. Researcher Sue Gates from the Donald Beasley Institute noted that some staff were verbally abusive to children, young people and adults: "There are staff that shouldn't be there ... they talk nasty to the residents, they are rude to the residents, they are rude to the staff they work with ... and the way they speak to them [residents] it is almost abuse, well it is abuse."¹⁰³ And: "I have seen residents hit, I have seen residents sworn [at] and treated like shit."¹⁰⁴
93. Survivor Sir Robert Martin said that punishments were severe and out of proportion to the behaviour.¹⁰⁵ Similarly, Donald Beasley Institute researchers described physical abuse as being quite extreme: "People talked about being beaten by peers frequently and severely. They also clearly identified physical assaults carried out by staff. One survivor describing [sic] dragged down a corridor by either feet or hair as punishment. Sometimes small misdemeanours were met with excessive force, such as being kicked [f]or accidentally breaking something."¹⁰⁶

99 Witness statement of Caroline Arrell (21 March 2022, page 5, para 2.15).

100 Witness statement of Sir Robert Martin (17 October 2019, para 29).

101 Witness statement of Miss Howell (26 February 2022, page 4, para 2.31).

102 Witness statement of Ross Hamilton Clark (15 February 2022, page 2, para 2.13).

103 Gates, S, The impact of deinstitutionalisation on the staff of the Kimberley Centre (Donald Beasley Institute, 2008, page 35).

104 Gates, S, The impact of deinstitutionalisation on the staff of the Kimberley Centre (Donald Beasley Institute, 2008, page 35).

105 Witness statement of Sir Robert Martin (17 October 2019, para 26).

106 Transcript of evidence of Dr Brigit Mirfin-Veitch at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 1 November 2019, page 417).

Survivors experienced neglect

94. Neglect is a form of abuse that can take many different forms, such as physical, emotional, educational and cultural neglect. It has been termed a “poverty of experience,”¹⁰⁷ a failure to provide for basic needs or a persistent absence of responsive care. At the Kimberley Centre it included: not providing purposeful activities, not providing education or training, not providing emotional or psychological support, not respecting personal care and dignity, not providing nutritious meals, not providing individualised care, and not providing sufficient medical and dental care. Māori survivors and Pacific survivors experienced cultural neglect.
95. Neglect was universal at the Kimberley Centre, and it was experienced in the daily routines and the institutional culture. Researcher Paul Milner considered the prevalence of neglect to be the real story of the Kimberley Centre:

“The insult of an institution is the depersonalisation and otherwise seemingly purposeless lives that make the events that we more readily recognise as abuse – almost inevitable.”¹⁰⁸

107 Brief of evidence of Dr Simon Rowley (17 August 2022, page 2).

108 Witness statement of Paul Milner (20 June 2022, para 2.9).

Survivors experienced dehumanising and disempowering routines

96. Life at the Kimberley Centre was characterised by long periods of inactivity, sitting, standing, staring and snoozing. Observational research found that children, young people and adults spent about 80 percent of their time engaged in no form of purposeful activity.¹⁰⁹ The Kimberley Centre's own audit recognised the lack of activities and staff engagement with children, young people and adults: "It appeared that staff worked hard to get their general duties done, and no time was given to engaging the residents in some leisure activity."¹¹⁰

minimal activity for residents, except for TV, music, magazines, Lego and musical instruments. The audit team recognises that staff have general duties to perform each shift, but believe with adequate planning and forethought activities could be available within the unit on a regular basis. These activities can be simple, and need not involve all residents at the same time. It appeared that staff worked hard to get their general duties done, and no time was given to engaging the residents in some leisure activity

- That the function of day support is reviewed to enable the above recommendation to occur
- That privacy and dignity is protected for all residents. The audit team witnessed, many residents being cared for in a state of undress without appropriate privacy measures being used

Portion of the Kimberley Centre Audit from July 2000.

97. Adults in the care of the Kimberley Centre spent 70 percent of their time in their villa, and the villa day room represented the limits of their life space.¹¹¹ A typical day room was described as a sterile room containing second-hand chairs positioned around the edges of the room. A staff member was seated at a desk. Children sat in the chairs quietly waiting. Some stood or occasionally wandered around the room. On a good day, nothing happened.¹¹²
98. This description is consistent with survivor and family accounts. Samoan survivor Lusi Faiva described daily life at the Kimberley Centre: "During the day, we sat in the recreational room but there were no activities going on – we hardly interacted with each other. In the shared space there were people of all ages with different disabilities."¹¹³

109 Witness statement of Paul Milner (20 June 2022, para 218); Milner, P, An examination of the outcome of the resettlement of residents from the Kimberley Centre (Donald Beasley Institute, 2008, page 124).

110 MidCentral Health, Internal audit: Audit of the residential units at the Kimberley Centre (July 2000, page 3).

111 Witness statement of Paul Milner (20 June 2022, para 2.16); Milner, P, An examination of the outcome of the resettlement of residents from the Kimberley Centre (Donald Beasley Institute, 2008, page 89).

112 Witness statement of Paul Milner (20 June 2022, para 2.17).

113 Witness statement of Lusi Faiva (15 June 2022, page 1).

99. European survivor Sir Robert Martin said: "There was nothing to do. Some people stayed on the floor all day rocking back [and] forth. Especially people with the highest needs. There were so many of them, they were just left on the ground."¹¹⁴ Anne Bell described the same situation for her sister, Vicki Golder (Pākehā): "From what I saw as an adult, [Vicki] spent a lot of her time in large day rooms. There would be 30 or 40 other people with multiple impairments and a couple of staff. The residents would sit in dated chairs which lined the rim of the rooms."¹¹⁵ Former staff member Mr NW said that:

*"In between meal time, some of the patients with complex needs were placed on a mattress on the floor in the day room. In the middle of the day, training officers would come in and do movements with people's body [sic] where possible."*¹¹⁶

Survivors experienced educational neglect

100. The Kimberley Centre was portrayed and promoted as a training school for disabled children. The 1964 New Zealand National Film Unit documentary, *One in a Thousand*, described the Kimberley Centre as a place for training: "The largest group is the trainable subnormal, and for them, a tremendous amount of work is being done. Instead of becoming society's castaways, with training, these patients are taking their place within the sheltered environment of the hospital community."¹¹⁷

101. The Inquiry heard that many children at the Kimberley Centre did not receive any education or training, let alone at a level appropriate for their needs. An educational psychologist who visited the Kimberley Centre in the 1950s said there was little provided in terms of an education programme and children were not getting any education in the broadest sense.¹¹⁸ New Zealand European survivor Mr EI described the classroom at the Kimberley Centre in the 1960s as only catering for about 10 out of the approximately 400 children living there at the time.¹¹⁹ He said the schoolwork was a waste of time for him because it was too basic, and most of the time he was taken out of the classroom and made to do other things, such as making cardboard boxes or coat hangers.¹²⁰ Margaret Priest said her sister, New Zealand European survivor Irene Priest, did not attend the small school, nor did she receive training. Margaret said: "It was touted as a training school, it was called a training centre,"¹²¹ but in terms of education or training that was provided for her sister: "There was none. Irene regressed."¹²²

¹¹⁴ Witness statement of Sir Robert Martin (17 October 2019, para 22).

¹¹⁵ Witness statement of Anne Bell (16 May 2022, page 4, para 2.18).

¹¹⁶ Witness statement of Mr NW (31 May 2022, page 4, para 3.7).

¹¹⁷ New Zealand National Film Unit, *One in a Thousand* (1964), <https://www.nzonscreen.com/title/one-in-a-thousand-1964/availability>.

¹¹⁸ Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000, page 74).

¹¹⁹ Transcript of evidence of Mr EI at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2002, page 51).

¹²⁰ Transcript of evidence of Mr EI at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2002, page 51).

¹²¹ Transcript of evidence of Irene Priest and Margaret Priest at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2022, page 22).

¹²² Transcript of evidence of Irene Priest and Margaret Priest at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2022, page 24).

102. A 1973 letter from an officer for special education to the Waikato Hospital Board recorded that: "The present procedure for the education of children resident in psychiatric and psychopaedic hospitals was established about 1960. At that time arrangements were made for the Department of Education to establish a school at the Levin Hospital and Training School to cater for the small group of mildly or moderately mentally retarded patients who, had they been living in the community, would have been eligible to enrol at an ordinary school, probably in a special class for 'backward' pupils. The Department of Health remained responsible for the education and training of the much larger group of patients who were more seriously mentally retarded."¹²³

Dear Sir,

EDUCATION IN PSYCHIATRIC HOSPITALS

Your letter 29.9.7 of 23 May to the Director-General of Education has been referred to me.

The present procedure for the education of children resident in psychiatric and psychopaedic hospitals was established about 1960. At that time arrangements were made for the Department of Education to establish a school at the Levin Hospital and Training School to cater for the small group of mildly or moderately mentally retarded patients who, had they been living in the community, would have been eligible to enrol at an ordinary school, probably in a special class for backward pupils. The Department of Health remained responsible for the education and training of the much larger group of patients who were more seriously mentally retarded. In subsequent years schools for the same purpose were established at Templeton, Braemar, and Mangere hospitals and a special class at Tokanui. This class was recently replaced by a school. Each of these schools is administered by the Education Board for its area, its pupils are selected by the Department of Education's Psychological Service in consultation with hospital staff and their admission to the school is

Portion of the 1973 letter to the Waikato Hospital Board

103. European survivor Miss Howell described attending school at the Kimberley Centre and doing painting there, but she cannot recall what else she did at school. She said that children and young people didn't get taught how to read, and she used to read to others who had not been taught.¹²⁴
104. David Newman told the Inquiry that his brother, New Zealand European survivor Murray Newman, received some schooling at the Kimberley Centre at a day programme, but it was limited: "[Murray] went to the day programme where he was taught colours or numbers in a very limited way. There were occasions when Mum went out there and someone said 'Oh, we've taught [Murray] some colours' and Mum would say he already knew that."¹²⁵

¹²³ Letter from officer for special education to secretary, Waikato Hospital Board, Re: Education in psychiatric hospitals (11 June 1973, page 1).

¹²⁴ Witness statement of Miss Howell (26 February 2022, page 3, paras 2.11–2.12).

¹²⁵ Witness statement of David Newman (31 May 2022, para 5.79).

105. Meeting minutes of the Palmerston North Hospital Board from 1984 record that:
*“Only 14 out of 133 children and young people aged 18 or under attended the school operated by the Department of Education at the Kimberley Centre.”*¹²⁶
106. This number was put to Secretary of Education Iona Holsted at the Inquiry’s State Institutional Response Hearing: “It sounds low, and as we know, there was a whole range of issues around Kimberley and indeed all of those institutions, which led to their closure.”¹²⁷ Ms Holsted considered that it was ultimately the Department of Education’s responsibility for the failure to provide children in these settings with an education.¹²⁸
107. Former staff member Mr NW stated that: “It was only a select group of patients who would go to the school, not everybody.”¹²⁹ In 1985, there were 90 school-age children and young people at the Kimberley Centre but only 10 were receiving any form of education.¹³⁰

Survivors experienced emotional and psychological neglect

108. European survivor Sir Robert Martin gave evidence about the significant emotional impact that abandonment into an institution had on him: “I was locked away from the community. I wanted to be with my family. I wanted to grow up with my sister – I missed my family, I cried for them. I wanted them to come and take me home but they did not come. So in the end I gave up crying for them.”¹³¹ He discussed the lack of love he felt at the Kimberley Centre: “As a toddler in Kimberley, I was fed and changed and taken care of, but I do not remember being picked up, loved or cuddled because there were so many of us and we were just a number.”¹³²
109. European survivor Miss Howell said:
*“If I was sad for any reason the staff didn’t give us hugs or anything like that.”*¹³³
- Researcher Paul Milner said: “At Kimberley, staff couldn’t give themselves any opportunity to love or to hold lofty aspirations for the men and women who lived there. It was difficult even to act in ways that recognised and nurtured the very human possibilities of learning and self-expression.”¹³⁴

¹²⁶ Meeting minutes of the Palmerston North Hospital Board (1984, page 3).

¹²⁷ Transcript of evidence of Secretary for Education and Chief Executive Iona Holsted for the Ministry of Education at the Inquiry’s State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 18 August 2022, page 386).

¹²⁸ Transcript of evidence of Secretary for Education and Chief Executive Iona Holsted for the Ministry of Education at the Inquiry’s State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 18 August 2022, page 386).

¹²⁹ Witness statement of Mr NW (31 May 2022, page 5, para 3.11).

¹³⁰ Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000, page 283).

¹³¹ Transcript of evidence of Sir Robert Martin at the Inquiry’s Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, page 697).

¹³² Transcript of evidence of Sir Robert Martin at the Inquiry’s Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, page 697).

¹³³ Witness statement of Miss Howell (26 January 2022, page 3, para 2.16).

¹³⁴ Witness statement of Paul Milner (20 June 2022, para 3.6).

Survivors experienced neglect of their right to human dignity

110. Human dignity is an inalienable human right, recognised in various international human rights instruments.¹³⁵ It is recognised that all human beings have intrinsic worth and mana because they are human. Every person and community is entitled to the same dignity and acknowledgment in society. It includes the prohibition of all forms of inhumane treatment, humiliation and degradation. It also includes the assurance of individual choice, autonomy and decision-making.¹³⁶
111. The right to human dignity was largely not respected at the Kimberley Centre. Attitudes that were prevalent within wider society that devalued disabled people and people experiencing mental distress were compounded and amplified in the institutional setting. Director-General of Health Dr Diana Sarfati acknowledged at the Inquiry's State Institutional Response Hearing that: '... institutional and societal ableism in legislation, policy and systems has contributed to the abuse of disabled people and people with mental health conditions in health and disability care settings.'¹³⁷ Samoan survivor Lusi Faiva said: "I think that the concept of institutions are not set up to care and look after the disabled people because it is built on a system that dehumanises disabled people. And I think that hasn't changed much for how the current State care works. Care was about medication, changing, showering and other very clinical procedure that does not taken into account of the very individual needs such as human connection and affection."¹³⁸
112. A job description for a psychopaedic assistant at the Kimberley Centre stated: "Personal cares will be delivered, maintaining privacy and ensuring the resident retains his/her dignity."¹³⁹ However, from the evidence received, the Inquiry is satisfied that privacy and dignity were not respected at the Kimberley Centre. European survivor Sir Robert Martin said:
- "We had to treat staff with dignity and respect but they did not treat us in this way."***¹⁴⁰
- The design of communal bathrooms and open toilets with no doors or partitions contributed to a lack of privacy and dignity.¹⁴¹

135 See the Universal Declaration of Human Rights, Article 1; International Covenant on Civil and Political Rights, Article 10(1); the Convention on the Rights of Persons with Disabilities, Article 16(4).

136 Clapham, A, Human rights obligations of non-state actors (Oxford University Press, 2006, pages 545–546), in McCrudden, C, "Human dignity and judicial interpretation of human rights," The European Journal of International Law, Volume 19, No 4 (2008, page 686).

137 Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 206).

138 Witness statement of Lusi Faiva (15 June 2022, page 2).

139 Job description of a psychopaedic assistant received from the Mid Central District Health Board (n.d., page 2).

140 Transcript of evidence of Sir Robert Martin at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, page 711).

141 Transcript of evidence of Sir Robert Martin at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, page 699); Witness statement of Miss Howell (26 January 2022, page 3, para 2.18).

113. The Kimberley Centre's own internal audit in May 2000 reflected survivors' descriptions: "The audit team witnessed many residents being cared for in a state of undress without appropriate privacy measures being used."¹⁴² In relation to one unit, the audit report said: "Dignity and respect need to be maximised as the survey team witnessed as [sic] resident up and undressed as care assistant changed bed. Resident standing covering private parts."¹⁴³

✓	<p>Comment:</p> <p>At night residents can get up to the bathroom as needed. Team members have resident families allocated to them and they write every 3 months. Staff stated that "not all staff agree with this process". Staff were not able to give examples of how the code of rights is applied in care The night staff undertake hourly checks of all residents, as there is no call bell system in place. It was thought that there is little attempt at maintaining comfort of residents at nights e.g. no under blankets on beds. Dignity and respect need to be maximised as the survey team witnessed as resident up and undressed as care assistant changed bed. Resident standing covering private parts. It was observed that there was a lack of respect for personal property e.g. Staff using resident's radio was present on evening visit as well.</p>
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Portion of the Kimberley Centre Audit from July 2000.

114. Personal care and support needs were neglected at the Kimberley Centre. If a person with high support needs accidentally soiled themselves, they were left in dirty clothes.¹⁴⁴
115. The Kimberley Centre evidence demonstrates the gross neglect of a person's right to be treated and respected as a human being. A Kimberley Centre staff member interviewed by researcher Paul Milner described one person as "not user friendly". Mr Milner thought the staff member was describing the person as if they were a household appliance and said: "Shit, you're talking about him like he's a jug."¹⁴⁵ This interaction demonstrates an institutional culture that devalued disabled people and failed to respect and protect their right to human dignity.

¹⁴² MidCentral Health, Internal audit: Audit of the residential units at the Kimberley Centre (July 2000, page 3).

¹⁴³ MidCentral Health, Internal audit: Audit of the residential units at the Kimberley Centre (July 2000, page 36).

¹⁴⁴ Transcript of evidence of Sir Robert Martin at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, page 699).

¹⁴⁵ Witness statement of Paul Milner (20 June 2022, para 2.44).

116. There were some exceptions to the predominant neglect of a person's right to dignity and personhood at the Kimberley Centre. A group of children, young people and adults referred to as the bell-ringers would have each person play a different musical note. They visited rest homes, played their bells and brought enjoyment to their own and other people's lives. They gifted their music to others and enjoyed the reciprocity involved. Researcher Paul Milner stated that: "Bell ringing was an oasis in a place where almost all of the men and women got no real chance to gift anything."¹⁴⁶

Survivors were not treated as individuals

117. Individuality was stripped away. Children, young people and adults of the Kimberley Centre were not dressed in their own clothes, instead they had to share a pool of clothes including underwear. They were colour coded into groups, and all given the same bowl haircuts.¹⁴⁷
118. People's names, ethnicities and personal milestones were not recognised or valued. European survivor Miss Howell, who spent more than 30 years at the Kimberley Centre, said she doesn't recall any celebrations. She said birthdays were like any other day. She does not remember ever having a party or a birthday cake.¹⁴⁸ New Zealand European survivor Mr El said:
- "No one ever celebrated birthdays in these institutions. I never had a birthday at Kimberley."¹⁴⁹*
119. The internal audit in 2000 noted that healthcare standards were not being met in one of the units: "There is no evidence that care is individualised except in the documentation. There was no evidence that individual needs were [sic] addressed outside prescribed routines."¹⁵⁰
120. Another form of neglect of a person's individual needs can be seen in the account of a Māori man at the Kimberley Centre. Researcher Paul Milner, who worked with and observed this man during the Kimberley Centre's closure, described him as repeatedly saying: "I'm going home. I'm going home." A staff member told Mr Milner: "He always does that when he elevates." Elevating meant that staff saw it as a sign that he was becoming unwell. There was no conversation about home or where his home was.¹⁵¹ When the person was resettled by Te Roopu Taurima to a home close to his marae, a staff member described a pōwhiri they gave him and told Mr Milner: "It is almost like when he got that pōwhiri he knew he was home ... you could feel it, it was like somebody who was lost and came home."¹⁵²

146 Witness statement of Paul Milner (20 June 2022, para 2.86).

147 Transcript of evidence of Sir Robert Martin at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, page 699).

148 Witness statement of Miss Howell (26 January 2022, page 3, para 2.10).

149 Witness statement of Mr El (20 February 2021, para 2.13).

150 MidCentral Health, Internal audit: Audit of the residential units at the Kimberley Centre (July 2000, page 6).

151 Witness statement of Paul Milner (20 June 2022, para 2.78).

152 Witness statement of Paul Milner (20 June 2022, para 2.82).

Survivors experienced nutritional neglect

121. Nutrition was poor at the Kimberley Centre. New Zealand European survivor Irene Priest's weight fell to 33 kilograms while living at the Kimberley Centre in the 1990s. Her father thought she looked like a "bag of bones" when he saw her.¹⁵³
122. Allison Campbell, who worked as a social worker for IHC to help transition people from the Kimberley Centre into the community, observed staff feeding four disabled adults their dinner from one bowl and using just one spoon. They were being fed at 4pm and would not receive anything else to eat until 8am the next morning.¹⁵⁴ The Kimberley Centre's audit said:
- "It is not appropriate to have Milo made up for patients with cold water several hours before it is given."*¹⁵⁵
123. Caroline Arrell, an NZCare project manager who worked during the deinstitutionalisation of the Kimberley Centre, was incredulous at the number of people who were given food and fluid directly to the stomach with a feeding tube.¹⁵⁶ Many of the feeding tubes were later assessed as not medically required after the people were discharged from the Kimberley Centre. She found it distressing that some people had feeding tubes inserted due to their complex behavioural needs and dislike of mealtimes.¹⁵⁷

Survivors experienced inadequate and neglectful medical and dental treatment

124. Dental care provided to children, young people and adults was inadequate, and some survivors received no dental care at all during their time at the Kimberley Centre.¹⁵⁸
125. Former staff member Mr NW (Ngāti Maniapoto), who worked at the Kimberley Centre for seven years, said: "I don't remember any of the patients receiving dental care and some of the medication would rot the patients' teeth."¹⁵⁹ New Zealand European survivor Mr EI recalled a dentist telling a nurse he was not going to give a child an injection before removing a tooth because "he won't feel a thing because this person's got no brains".¹⁶⁰ The removal of teeth without anaesthetic is a form of physical abuse.

153 Witness statement of Margaret Priest (28 January 2022, para 2.15).

154 Witness statement of Allison Campbell (15 February 2022, page 9, para 2.30).

155 MidCentral Health, Internal audit: Audit of the residential units at the Kimberley Centre (July 2000, page 21).

156 Witness statement of Caroline Arrell (21 March 2022, page 8).

157 Witness statement of Caroline Arrell (21 March 2022, pages 8–9).

158 Witness statements of Mr NW (31 May 2022, page 5, para 3.10) and David Newman (31 May 2022, page 11, para 5.60).

159 Witness statement of Mr NW (31 May 2022, page 5, para 3.10).

160 Transcript of evidence of Mr EI at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2002, page 52).

126. Medical treatment was also inadequate. Murray Newman's mother was advised that her son had an ingrown toenail that required medical action. She signed a form allowing Murray to receive a general anaesthetic for the procedure. She was shocked when the medical officer phoned her to advise that the anaesthetic was not required, and her son had been very brave – it only took four men to hold him down.¹⁶¹ See paragraphs 134-141 for further survivor experiences of abuse relating to other medical matters.

Survivors experienced racial abuse and cultural neglect

Māori experiences of racial abuse and cultural neglect

127. Te Tiriti o Waitangi provides for the active protection of Māori language and culture. At the Kimberley Centre, survivors' cultural identities, heritage and language were suppressed, discouraged and undermined.
128. Māori language was not generally understood nor encouraged to be used at the Kimberley Centre. Dr Tristram Ingham, a member of the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing, spoke about how a staff member noticed that nobody seemed to be paying attention to a Māori boy with Down Syndrome who would mutter all day in language the nursing staff ignored as gibberish. One day the staff member decided to stop and listen to what he had to say, and to her surprise discovered that he was speaking very well in te reo Māori.¹⁶²
129. Being kept at the Kimberley Centre meant that Māori were separated from their whānau, hapū and iwi and therefore their culture. Due to the regimented routines kept and the brisk nature of staff, the Kimberley Centre did not offer emotional support to children, young people or adults in care that they would have expected from a whānau or support network. All of these actions:
- > can be seen as a transgression against whakapapa, where Tamariki, rangatahi and pakeke Māori were isolated from the protection of their whānau, hapū and iwi, rendering them particularly susceptible to abuse and neglect¹⁶³, and
 - > contributed to the overall neglect of tamariki and rangatahi Māori.
130. At the Kimberley Centre, whānau hauā me tāngata whaikaha Māori experienced institutional racism, and targeted abuse and neglect.¹⁶⁴

¹⁶¹ Witness statement of David Newman (31 May 2022, page 11, para 5.60).

¹⁶² Hunt, A, *The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre* (Nationwide Book Distributors, 2000, page 318).

¹⁶³ Dr Ingham from the Kaupapa Māori Panel spoke of institutions such as the Kimberley Centre being primarily places of detention and isolation, in Transcript of evidence of Dr Tristram Ingham from the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 20 July 2022, page 647).

¹⁶⁴ Witness statements of Mr EI (20 February 2021, para 2.35); Mr HZ (14 May 2021, page 4, para 15) and Mr NW (31 May 2022, page 5, para 3.13); Kimberley Needs Assessment Team, Needs assessment of survivor (13 May 2000).

Pacific Peoples' experiences of racial abuse and cultural neglect

131. Human rights norms recognise the right of people to enjoy and practise their own culture and language.¹⁶⁵
132. Pacific survivors experienced cultural neglect at the Kimberley Centre. Samoan survivor Lusi Faiva told the Inquiry about the cultural neglect she experienced at the Kimberley Centre:
- "No one ever talked to me about my Samoan heritage. I felt like people didn't know or care about my Samoan culture. Even if they did there was no recognition, interest or inclusion. There was no respect or effort to recognise me for who I am."*¹⁶⁶
133. Lusi gave evidence to the Inquiry using her communication device and told the Inquiry that her relationship with her family and culture could have been different had she not gone to the Kimberley Centre: "I would have known more about my mother's earlier life, which would have given me more idea about who she is. The time I went to Kimberley, my mother was still a new migrant from Samoa and she had struggles in settling in this country. At this time, she was in a poignant time in her life and when I was placed in Kimberley, I was at a poignant development phase of my life."¹⁶⁷ Lusi had no access to her family at the Kimberley Centre, so she felt overwhelmed when she left the institution.¹⁶⁸

Survivors were overmedicated

134. David Newman explained that his brother, New Zealand European survivor Murray Newman, was heavily medicated as a form of behaviour control by sedation. "[Murray's] medication was seemingly prescribed in excessive quantities that would then require another medication to counteract the side effects from another medication and so it went on. It became and was a cocktail of medications."¹⁶⁹ At one point Murray's weight was around 40–42 kilograms and the dosage of medication he was receiving was "enough to tranquilise a horse".¹⁷⁰ Murray's mother worked with an official visitor to have his medication reviewed by an external general practitioner who reported that Murray's life was at risk and immediate action was necessary.¹⁷¹

165 Clapham, A, Human rights obligations of non-state actors (Oxford University Press, 2006, pages 545–546), in McCrudden, C, "Human dignity and judicial interpretation of human rights," The European Journal of International Law, Volume 19, No 4 (2008, page 686).

166 Witness statement of Lusi Faiva (15 June 2022, page 1).

167 Transcript of evidence of Lusi Faiva at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 19 July 2022, page 554).

168 Transcript of evidence of Lusi Faiva at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 19 July 2022, page 552).

169 Witness statement of David Newman (31 May 2022, pages 7–8); Transcript of evidence of David Newman at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, pages 91–92).

170 Transcript of evidence of David Newman at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 92).

171 Witness statement of David Newman (31 May 2022, pages 12–13).

135. European survivor Sir Robert Martin was given medication not meant for him and this had a long-term impact on his health. "Whatever it was, it had a terrible effect on me. It made me lean on my side. The effects last for a long time. I was sent home. My family thought I was playing up, so I got into trouble but it was the medication. I should never have endured that."¹⁷²
136. Former staff member Mr NW told the Inquiry about the widespread use of medication at the Kimberley Centre and how, in his view, patients appeared to be overmedicated.
- "All Kimberley patients would be given medication each day, usually Melleril or Largactil. This would be established to an appropriate level for the patient. Although I was unregistered, I was allowed to hand out the medication on the afternoon and night shifts. I remember the patients appeared to be overmedicated although I was unqualified at the time so I'm probably not the best person to make judgment. They were very drowsy and their mouths were very dry."*¹⁷³
137. New Zealand European survivor Irene Priest received significant quantities of medication, including antipsychotic medication, despite never having any psychiatric diagnosis. Dr Martyn Matthews provided an expert opinion to the Inquiry on the use of psychotropic medication and reviewed Irene's medical records.¹⁷⁴ Dr Matthews said: "I have found no documented evidence of additional psychiatric diagnosis that would warrant the prescription of psychotropic medications. It appears that, despite the family's concerns about over-sedation and side effects, these medications continued to be prescribed and administered for behavioural reasons."¹⁷⁵ Dr Matthews noted that antipsychotic drugs were often used for people with a learning disability for their sedative properties rather than their antipsychotic properties in order to manage agitation and other behaviours.¹⁷⁶
138. Research conducted by Dr Brigit Mirfin-Veitch identified reports that medication was used as a form of chemical restraint and as a form of punishment.¹⁷⁷

¹⁷² Transcript of evidence of Sir Robert Martin at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, pages 705).

¹⁷³ Witness statement of Mr NW (31 May 2022, page 5, para 3.15).

¹⁷⁴ Matthews, M, The medicalisation, use of psychotropic medications and seclusion and restraint for people with a learning disability and / or autism spectrum disorder, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (7 August 2022, page 10).

¹⁷⁵ Matthews, M, The medicalisation, use of psychotropic medications and seclusion and restraint for people with a learning disability and / or autism spectrum disorder, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (7 August 2022, page 10, para 4.20).

¹⁷⁶ Matthews, M, The medicalisation, use of psychotropic medications and seclusion and restraint for people with a learning disability and / or autism spectrum disorder, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (7 August 2022, page 5, para 2.4).

¹⁷⁷ Brief of evidence prepared by Dr Brigit Mirfin-Veitch for the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 27 June 2022, pages 16–17); Mirfin-Veitch, B & Conder, J, Institutions are places of abuse: The experiences of disabled children and adults in State care between 1950–1992 (Donald Beasley Institute, 2017, page 41).

139. A 1978 media article reported that the Citizens Commission on Human Rights had received complaints from Kimberley Centre staff about the experimental use of high doses of a drug called psilocybin on mentally handicapped children at the Kimberley Centre. Psilocybin was said to possess hallucinogenic properties similar to those of the drug lysergide, commonly known as LSD.¹⁷⁸ The Citizens Commission on Human Rights called for an investigation.
140. In February 1979, then Minister of Health George Gair wrote to the Citizens Commission on Human Rights informing them that there was a technical breach of the Misuse of Drugs Act because when psilocybin was first administered it didn't have ministerial approval. However, approval was retrospectively granted, and parental consent was given for use of the drug at the time.¹⁷⁹
141. In February 1992, the Manawatu-Wanganui Area Health Board informed the Citizens Commission on Human Rights that at least two patients had been treated between 1978 and 1979 with LSD or psilocybin for schizophrenic illnesses.¹⁸⁰

Survivors experienced seclusion

142. Researcher Paul Milner described four locked villas at the Kimberley Centre, one for women and three for men, where individuals had to ask for permission to leave. He described one villa for men as a concrete unit with double locked doors, high windows with mesh over them, and not enough chairs in the day room. The men locked into this villa spent 90 percent of their time in the day room where they had nothing to do. He compared this to being imprisoned and yet these men "had done nothing wrong other than to be born with a learning disability."¹⁸¹
143. Margaret Priest believes that her sister, New Zealand European survivor Irene Priest, was placed in seclusion at the Kimberley Centre as punishment for her behaviour.¹⁸² Irene's records show that over a 10-week period in 1990 she was placed in seclusion 18 times; 13 times were for getting up too early in the morning.¹⁸³

¹⁷⁸ "Complaints about drug experiments on mentally retarded children," *The 8 O'Clock Auckland Star* (25 November 1978).

¹⁷⁹ Letter from the Minister of Health to the secretary, Citizens Commission on Human Rights (23 February 1979).

¹⁸⁰ Letter from general manager, Manawatu-Wanganui Area Health Board, to research officer, Citizens Commission on Human Rights (14 February 1992).

¹⁸¹ Transcript of evidence of Paul Milner at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 122).

¹⁸² Witness statement of Margaret Priest (28 January 2022, para 2.32).

¹⁸³ Transcript of evidence of Irene Priest and Margaret Priest at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2022, page 31).

144. Former staff member Mr NW described what being placed in seclusion was like at the Kimberley Centre.

“Where a patient became violent, we would put them into the seclusion room. This room had a mattress on the ground and a pot for the toilet. There were windows in the room, but usually there were shutters across the window and, depending on the nature of the patient, that window would be either be locked or unlocked.”¹⁸⁴

Mr NW said patients were sedated in seclusion until they calmed down which could take five to seven days.¹⁸⁵

145. The internal audit of the Kimberley Centre in 2000 noted that a lack of staff numbers at night resulted in individuals being locked in the day room with the lights off. It was recommended this practice cease immediately.¹⁸⁶ In relation to one of the villas, the audit said:

“The locking up of clients and leaving them unattended would be seen to constitute abuse and neglect as defined by the company policy. Hawea as a unit has some resident [sic] with particularly challenging behaviour at night ... staffing levels need to recognise this fact.”¹⁸⁷

146. Both Acting Chief Executive of Whaikaha – Ministry of Disabled People Geraldine Woods and Director-General of Health Dr Diana Sarfati acknowledged to the Inquiry's State Institutional Response Hearing that there was inappropriate use of seclusion and restraint in psychopaedic settings.¹⁸⁸

184 Witness statement of Mr NW (31 May 2022, page 5, para 3.17).

185 Witness statement of Mr NW (31 May 2022, page 5, para 3.18).

186 MidCentral Health, Internal audit: Audit of the residential units at the Kimberley Centre (July 2000, page 6).

187 MidCentral Health, Internal audit: Audit of the residential units at the Kimberley Centre (July 2000, page 8).

188 Transcript of evidence of Acting Chief Executive Geraldine Woods for Whaikaha – Ministry of Disabled People at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 216); Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 207).

The extent of abuse and neglect

147. The Kimberley Centre did not collect complaint data before 1994, therefore it is not possible for the Inquiry to accurately report on the extent of abuse at the Kimberley Centre. However, the evidence received shows that abuse and neglect was prevalent. Further, for *Tell Me About You*, the Donald Beasley Institute's research report into the care experiences of people with a learning disability or who are neurodiverse at the Kimberley Centre, the Institute interviewed 16 people about their experience in care and concluded that disabled people experienced bullying, emotional / psychological abuse, physical abuse, sexual abuse, medication abuse, cultural abuse, neglect, that this abuse pervasive and violent, and that it could be blatant and covert.¹⁸⁹
148. Researcher Paul Milner told the Inquiry: "For some people if you walked up to them really quickly they would cower and cringe, the clear implication being that they had been assaulted previously and in the vernacular of Kimberley this was kind of known as the 'Kimberley cringe'."¹⁹⁰ New Zealand European survivor Mr El gave evidence about the Kimberley cringe. He described kids cowering and protecting their face and head with their arms when staff members came near them to protect themselves from being hit in the head.¹⁹¹ The 'Kimberley cringe' exemplifies the extent of abuse at the Kimberley Centre. It demonstrated the normalised acceptance of physical abuse at the Kimberley Centre and its impact on individuals.
149. Social worker Allison Campbell, who helped transition individuals out of the Kimberley Centre into the community, told the Inquiry: "I believe a lot of residents who came out of Kimberley were used to being hit. There was only once [sic] occasion where I actually witnessed a staff member hitting someone at Kimberley. The way the person responded to being hit indicated to me that he was used to his happening. He acted as if it was normal, he just took it. I remember he did not ask why the staff member had hit him."¹⁹²
150. Researchers Dr Brigit Mirfin-Veitch and Dr Jennifer Conder described another example of the Kimberley cringe that illustrated the fear provoked by frequent abusive treatment. A sister visiting her brother was informed that patting his hand provoked a fearful response because he thought he was being disciplined or hurt.¹⁹³

189 Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, *Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999)*, (Donald Beasley Institute, 2022, page 17).

190 Transcript of evidence of Paul Milner at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 111).

191 Witness statement of Mr El (20 February 2021, para 2.27).

192 Witness statement of Allison Campbell (15 February 2022, page 11, para 2.42).

193 Mirfin-Veitch, B & Conder, J, *Institutions are places of abuse: The experiences of disabled children and adults in State care between 1950–1992* (Donald Beasley Institute, 2017, page 37).

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**ALL KIMBERLEY PATIENTS
WOULD BE GIVEN
MEDICATION EACH DAY,
USUALLY MELLERIL OR
LARGACTIL... ALTHOUGH
I WAS UNREGISTERED,
I WAS ALLOWED TO HAND
OUT THE MEDICATION
ON THE AFTERNOON
AND NIGHT SHIFTS.
I REMEMBER THE
PATIENTS APPEARED
TO BE OVERMEDICATED
ALTHOUGH I WAS
UNQUALIFIED AT THE TIME
SO I'M PROBABLY NOT THE
BEST PERSON TO MAKE
JUDGEMENT. THEY WERE
VERY DROWSY AND THEIR
MOUTHS WERE VERY DRY.**

//

MR NW

FORMER STAFF MEMBER OF KIMBERLEY

A portrait of Sir Robert Martin, a middle-aged man with light brown hair, wearing a dark suit, white shirt, and red tie. He is smiling slightly. On his lapel, there are several medals and a name tag that reads "Fergusson Nga Tangata Tuwhiri Life Member".

“
**I WAS BEING PUNISHED
FOR BEING WHO I WAS**
”

SIR ROBERT MARTIN
NEW ZEALAND EUROPEAN

Sir Robert Martin

Age when entered care: 18 months old, 9 years old

Year of birth: 1957

Type of care facility: Disability facility – the Kimberley Centre in Taitoko Levin, Campbell Park School in Waitaki Valley; psychiatric hospital – Lake Alice Child and Adolescent Unit in Rangitikei; foster homes.

Ethnicity: New Zealand European

Whānau background: Sir Martin had a sister.

Currently: Sir Martin passed away on 30 April 2024 and is survived by his wife. He had enjoyed a life packed full of books, music and sports once leaving the Kimberley Centre.



I'm a person first, disability second.

When I was born, the doctor damaged my brain during birth with forceps. My mother was told to send me away and forget about me, so I went to the Kimberley Centre, aged 18 months. Just because I was born with a disability. I was being punished just for being who I was.

I lost my family and was locked away from the community. I missed my family and cried for them, and wanted them to take me home. But they didn't come. So in the end I gave up crying for them.

It was lonely at the Kimberley Centre – there were hundreds of people around me, but as a little boy I didn't know another human being. Not properly. As a toddler, I was fed and taken care of, but there were so many of us, we were just a number. I didn't experience what other kids did. I didn't go to birthday parties or feed the ducks or visit the zoo.

Institutions are places of neglect and abuse, where people are denied their human rights and basically denied a proper life. The right to education and the right to participate, the right to live free of violence, the right to life – these things are all at risk in an institution.

I went back to my family when I was 7 years old but my parents weren't given any support or counselling and things just didn't work out so I was made a ward of the State. I was 9 years old when I went back to the Kimberley Centre. I was now in a different ward, where the conditions were horrible – there were 40 kids in a dormitory. We had to share a pool of clothes and grab what we could. We never had our own underwear. There was no privacy and there was nothing to do. We were colour coded in groups and had labels and categories. We weren't treated as individuals, and we were neglected. Punishment was severe and out of proportion to the behaviour.

At the Kimberley Centre I experienced abuse and I witnessed abuse. It was there that I was first sexually abused by a male nurse. I was so young I didn't know what was happening. It should never have been allowed to happen. I learned not to trust people, just to try and survive as best I could. I became defensive and on guard all the time, just to keep away from violence and abuse.

If you were taken to Villa 5 at the Kimberley Centre, you knew you were in real trouble. The staff there were just evil. I saw this naked boy who had had an accident being hosed down by the staff using a fire hydrant hose. He would try to stand up and be knocked over again. I have seen many terrible things, but what I saw that day has stayed with me and still frightens me. It was a warning – if you misbehave, this will happen to you.

At one stage when I was in the Kimberley Centre, they gave me some medication that wasn't ever meant for me. Whatever it was, it had a terrible effect on me and made me lean on my side. The effects lasted for a very long time. I was sent home and my family thought I was playing up so I got in trouble, but it was the medication. I should never have had to endure that.

When you're shut away from the world, you're not treated as a real person with a life that actually matters. People who have power over other people are easily corrupted, and behind closed doors, the human rights of others are often violated. This should not be allowed, but it was allowed.

At the Kimberley Centre, I personally had nothing and no one. I learnt that I was a nobody and my life didn't really matter. Children raised in institutions learn that good times don't last, and people come and go. The result of this is very negative. We struggle with how to relate to people, we are always different and somehow catching up.

When I was released from the institutions at age 15, I had to learn to live and to survive all over again. This is very hard to do. I didn't know lots of things other New Zealanders did. It was like I wasn't even a citizen. I didn't know about the All Blacks. I had never heard any of the radical music of the 60s. I didn't know about the Vietnam War. These things everyone else knew about – it was like I was brought up on a different planet with different rules.

I remember the Springbok tour of New Zealand in 1981. The protests about rights and freedom for people in South Africa. I remember thinking, what about the rights and freedoms of all the people in New Zealand locked away in institutions? I remember feeling like I hardly had any human rights. Nobody was marching for me, or for anyone else with a disability.

I since have fought for the rights of people with learning disabilities and closure of institutions in Aotearoa New Zealand and around the world. I was elected to the United Nations Committee on the Rights of Persons with Disabilities in 2016. I was the first person in the world with a learning disability to be elected to a United Nations Committee. I was knighted for services to people with learning disabilities in 2020.

I now live a proper life but I could have had this as a child. Children are innocent and it is too risky to leave it to the State to look after them. They need to be part of a family, they need love, opportunities and individual care.

I don't want disabled children to have the same childhood I did. My hope is that there is an end to segregation, institutionalisation and discrimination, and that all the children of tomorrow grow up in caring, well-supported families, and that schools, communities and societies shift to be inclusive of all people.

Everyone has a right to a life instead of wasting away in institutions waiting to die.¹⁹⁴

¹⁹⁴ Witness statement of Sir Robert Martin (17 October 2019)

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AT ANOTHER VERY OBVIOUS LEVEL, A REPEATED REFRAIN IN THE STORIES (AND CONFIRMED IN SOME OF THE PRESENTED THIRD PARTY EVIDENCE) WAS THAT THOSE IN POWER KNEW THE INDIVIDUAL HAD BEEN ABUSED BUT NOTHING WAS DONE TO STOP OR TO ADDRESS IT ON AN ONGOING BASIS. FURTHERMORE, THESE SAME INDIVIDUALS ALMOST WITHOUT EXCEPTION NOTED THAT THEY KNEW THEIR PEERS WERE BEING ASSAULTED BUT THAT THEY FELT THEY WERE UNABLE TO CALL IT TO THE ATTENTION TO ANYONE WITH THE POWER TO STOP IT.

//

DR MIRFIN-VEITCH

DIRECTOR OF THE DONALD BEASLEY INSTITUTE

Chapter 5: Impacts of abuse and neglect at the Kimberley Centre

151. Kimberley Centre survivors suffered significant longterm impacts. The impact of prolonged and chronic neglect on children, young people and adults was insidious. For those who were children and young people, the neglectful environment deprived them of their childhood. For all survivors it robbed them of their human promise – the opportunity to fulfil their potential.
152. This chapter describes the impacts of abuse and neglect that survivors of the Kimberley Centre reported to the Inquiry.

Survivors were impacted by the abuse and neglect they experienced

153. The Inquiry has heard of babies being placed in psychopaedic institutions from birth. The 1964 New Zealand National Film Unit documentary *One in a Thousand* shows images of babies and toddlers being fed, washed and placed in rows of cots in a large dormitory at the Kimberley Centre.¹⁹⁵
154. Neonatologist Dr Simon Rowley provided the Inquiry with an expert opinion:
*“Chronic neglect is associated with a wider range of damage than active abuse and unfortunately receives less attention in policy and practice throughout the developed world.”*¹⁹⁶
155. Dr Rowley explained that neglect adversely affects the brain development of babies and children. Brain cells that have developed in utero continue to connect and be sculpted by the experiences babies and infants have in early life. Looking and touching, feeding, cuddling, singing, rocking and other positive and affirming sensory experiences are very important for brain connectivity. An absence of this stimulation is a form of neglect and is possibly more detrimental to human development than the experience of negative stimuli. If neglect is prolonged, infants become apathetic and non-responsive.¹⁹⁷

195 New Zealand National Film Unit, *One in a Thousand* (1964), <https://www.nzonscreen.com/title/one-in-a-thousand-1964/availability>.

196 Brief of evidence of Dr Simon Rowley (17 August 2022, page 2).

197 Brief of evidence of Dr Simon Rowley (17 August 2022, pages 2–3).

156. The Inquiry heard evidence that shows neglect was across all life domains for disabled children, young people and adults in disability and mental health institutions. Survivors experienced psychological and emotional neglect, and physical, cultural, medical and educational neglect. Dr Rowley concluded that when neglect is experienced across all of these life domains, that is pervasive neglect.¹⁹⁸ The longer the duration of neglect, the more severe the effects. Family members noticed regression while in care. The impact of pervasive neglect experienced during a lifetime of institutional living leaves some people unable to function independently.¹⁹⁹ The failure to create the necessary conditions for individuals to have their essential needs met²⁰⁰ amounts to a failure to respect the right to human dignity and the inherent value of these individuals.
157. The impact of prolonged and chronic neglect of adults at the Kimberley Centre and other psychopaedic institutions was insidious. The rigid routines of the institutions denied adults of their personhood. The Inquiry heard evidence that these institutions were places of "... neglect of someone's human promise or their potential".²⁰¹ Researcher Paul Milner commented that if a parent had been displaying that kind of ambivalence and denial of personhood to a child there would have been grounds for the State to remove that child from the parent on the basis of neglect.²⁰²
158. Policies directed at the segregation of disabled people from society and their congregation in institutions have had lasting impacts on the outcomes for disabled people in modern society. Dr Ingham, a member of the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing, told the Inquiry "There was very little opportunity within institutional care frameworks for people to be better off at the end of that care experience than they were beforehand. To come out with skills, vocational opportunities, that [sic] have been educated, to have gained experience in tikanga, te reo, these things were not part of a therapeutic process. These were primarily facilities of detention and isolation."²⁰³

¹⁹⁸ Brief of evidence of Dr Simon Rowley (17 August 2022, pages 9).

¹⁹⁹ Brief of evidence of Dr Simon Rowley (17 August 2022, pages 13–14).

²⁰⁰ Clapham, A, Human rights obligations of non-state actors (Oxford University Press, 2006, pages 545–546), in McCrudden, C, "Human dignity and judicial interpretation of human rights," *The European Journal of International Law*, Volume 19, No 4 (2008, page 686).

²⁰¹ Transcript of evidence of Paul Milner at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 115).

²⁰² Transcript of evidence of Paul Milner at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 115).

²⁰³ Transcript of evidence of Dr Tristram Ingham from the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 20 July 2022, page 647).

159. Survivors and their family members told the Inquiry about the long-term impacts they experienced from abuse and neglect at the Kimberley Centre. European survivor Sir Robert Martin said: "My life in institutions meant I personally had nothing, no one to call my own and I learnt how I was a nobody, that my life didn't really matter. I also learnt that I was somehow actually being punished for who I was."²⁰⁴ Sir Robert further told the Inquiry that the abuse he experienced and witnessed had a lifelong impact on him. Even as an adult, he got anxious and scared if people were yelling or screaming.²⁰⁵
160. Excessive medication had a significant impact on New Zealand European survivor Murray Newman's personality. His brother David Newman told the Inquiry:
- "It changed him ... his behaviours became unpredictable and aggressive, and as he got older those behaviours magnified. Whereas previously, of course, he hadn't been like that."*²⁰⁶
- David attributes Murray's increasingly aggressive tendencies and behaviours to the prolonged medication and physical abuse he was subjected to in institutional care.²⁰⁷
161. Excessive medication had a major impact on New Zealand European survivor Irene Priest's life. She effectively lost 20 years of her life due to excessive medication, which took away her quality of life for this time. Irene's personality has also been impacted, as described by her sister "The neglect and lack of love in Kimberley made Irene less trusting of people. It took away a lot of her loving and warm nature. In the past she would have been really happy to cuddle or give me a kiss, but now that does not really happen. There has been a part of that warmth that has gone from her life."²⁰⁸
162. New Zealand European survivor Mr El described the impact of moving from one unsafe institution to the next as like having your heart torn from you. He held all of this inside, and despite later counselling, everything has stayed with him. He is still triggered by things he reads, hears or sees on TV. He was robbed of his childhood, education and potential.²⁰⁹

²⁰⁴ Transcript of evidence of Sir Robert Martin at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, page 705).

²⁰⁵ Witness statement of Sir Robert Martin (17 October 2019, para 64).

²⁰⁶ Transcript of evidence of David Newman at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 92).

²⁰⁷ Witness statement of David Newman (31 May 2022, para 8.5).

²⁰⁸ Witness statement of Margaret Priest (28 January 2022, paras 3.1–3.2).

²⁰⁹ Witness statement of Mr El (20 February 2021, pages 13–14).

Survivors and their whānau were impacted by their lifelong stay in the institution

163. Researcher Paul Milner noted in his evidence to the Inquiry that a lasting impact of the Kimberley Centre was that “perhaps most disturbingly, Kimberley forever displaced generations of men, women and children from the citizen selves they might have been and become”.²¹⁰ Many people spent the majority of their lives in the Kimberley Centre and died there.
164. Families were impacted by institutionalisation. Many carried the guilt of abandoning a family member when they later found out how that family member was treated at the Kimberley Centre.²¹¹
165. Unmarked graves were used to bury patients from psychopaedic and psychiatric institutions. If remains were not claimed by families, institutions regularly buried patients in private institutional cemeteries, such as the cemetery at Tokanui Psychiatric Hospital (south of Te Awamutu), or in ‘poor persons’ or ‘paupers’ graves’ in public cemeteries.²¹² During the deinstitutionalisation of the Kimberley Centre, it was discovered that some people who had died while living at the Kimberley Centre had been cremated with their ashes buried in a rose garden at the Kimberley Centre. When the Kimberley Centre closed, there was a symbolic removal of some of the rose garden soil which was reburied at a local cemetery.²¹³

Impact of transgression against whakapapa, lack of cultural access and identity

166. As explained in Part 4 of the Inquiry’s final report, Whanaketia – Through pain and trauma, from darkness to light, the removal of survivors from their whānau, hapū and iwi is considered a transgression against whakapapa. In this case, the placement of tāngata whaikaha Māori in the Kimberley Centre away from their whānau, hapū and iwi can also be considered a transgression against whakapapa. Whakapapa can be translated as genealogy, lineage or descent. It is an essential element of belonging and identity. It is an attribute Māori are born with and provides them with identity within their whānau, hapū and iwi, and connects them to their tūpuna (ancestors), their atua (God) and to their tūrangawaewae (place of belonging).

²¹⁰ Witness statement of Paul Milner (20 June 2022, para 3.18).

²¹¹ Brief of evidence prepared by Dr Brigit Mirfin-Veitch for the Inquiry’s Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 27 June 2022, para 73).

²¹² Witness statement of Gareth Wright (20 July 2022, page 2).

²¹³ Witness statement of Anne Bell (16 May 2022, page 5, para 2.31).

167. Where links to their whānau, hapū and iwi were broken or discouraged, the identity of tāngata whaikaha Māori was either stripped away or considerably undermined – this had a significant impact on their lives. The lack of visibility and public scrutiny over the lives of whānau members in care and the loss of the ability to exercise rangatiratanga (self-determination) over the decisions impacting the lives of those whānau members, prevented those with kinship links from upholding their collective whakapapa rights and responsibilities to tāngata whaikaha Māori in care. This also increased the risk to tāngata whaikaha Māori as they were not only away from whānau, but whānau were unable to care for and have oversight of the care provided. Further, there was a broader loss of knowledge for iwi in terms of not having the stories of tāngata whaikaha Māori to share, and a loss of knowledge for whānau, hapū and iwi in terms of how to include disabled people in their communities.
168. The transgression against whakapapa had a broader impact on whānau and hapū. From Māori worldview, the wellness of an individual is intimately tied to the wellness of the collective. The care, protection and nurturing of a person's whole wellbeing is the responsibility of the collective. The impact of abuse and neglect on the mana, tapu, mauri, wairua and rangatiratanga of an individual therefore must be seen in the context of a negative impact on the mana, tapu, mauri, wairua and rangatiratanga of the wider whānau, hapū and iwi.
169. The dislocation of tāngata whaikaha Māori meant there were limited opportunities for tamariki, rangatahi and pakeke Māori residents in the Kimberley Centre to build up knowledge of their cultural identity. They were effectively prevented from practising and connecting with te ao Māori and this negatively impacted on their cultural identity. Within the institution they lacked the support and access to cultural knowledge, tikanga and an environment nurturing of their cultural identity. This further compounded the transgression against Māori survivors' whakapapa.

Survivors lost their ability to speak as a result of neglect in care

170. The level of neglect experienced at the Kimberley Centre resulted in some people entering the institution being able to speak but leaving the institution silent. Researcher Paul Milner told the Inquiry:

“Imagine the deprivations that would make you lose your language. That language had no use to you in an institution.”²¹⁴

²¹⁴ Witness statement of Paul Milner (20 June 2022, para 2.74).

171. Observational research found that people were seldom spoken to at the Kimberley Centre and 63 percent of conversations never lasted longer than one minute.²¹⁵ Conversations were almost always initiated by staff and the intent was instructive. There was never any invitation to engage in deeper dialogue or something that would lead to a deeper knowledge of somebody's personhood. These were silent places.²¹⁶

Survivors experienced inadequate oversight in care

172. At the Inquiry's State Institutional Response Hearing, Acting Chief Executive of Whaikaha – Ministry of Disabled People Geraldine Woods observed that: "we have heard of institutions which did not adequately care and provide adequate care and oversight for individuals."²¹⁷ The ultimate consequence of neglectful care and oversight is death. Over a four-year period in the late 1990s, three adults choked to death at the Kimberley Centre.²¹⁸
173. In 1998, a long-term Kimberley Centre member with a learning disability died after choking on her vomit.²¹⁹ She had been seen by staff moments before eating a cake.²²⁰ Staff knew she had difficulty eating and that she had choked on food previously.²²¹ Despite this, her notes did not include instructions for controlling her behaviour around food or for preventing choking.²²²
174. This person's death was the second of three choking deaths at the Kimberley Centre referred to the coroner within a two-year period.²²³ The coroner recommended that an expert opinion should be sought on the type of food offered to individuals under the care of Kimberley and what other measures should be taken to prevent further deaths from choking. The coroner also commented on the unacceptable delay in assistance arriving, made worse by the delay in getting the resuscitation machine working. The coroner recommended an overhaul of emergency response facilities within the Kimberley Centre.²²⁴

215 Milner, P, An examination of the outcome of the resettlement of residents from the Kimberley Centre (Donald Beasley Institute, 2008, page 56).

216 Transcript of evidence of Paul Milner at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, pages 121–122).

217 Transcript of evidence of Acting Chief Executive Geraldine Woods for Whaikaha – Ministry of Disabled People at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 214).

218 Comber, PJR, "Coroner's findings" (22 December 1999, page 1).

219 Comber, PJR, "Coroner's findings" (11 June 1999, page 1).

220 Comber, PJR, "Coroner's findings" (11 June 1999, page 1).

221 Comber, PJR, "Coroner's findings" (11 June 1999, page 1).

222 Comber, PJR, "Coroner's findings" (11 June 1999, page 2).

223 Comber, PJR, "Coroner's findings" (11 June 1999, page 3).

224 Comber, PJR, "Coroner's findings" (11 June 1999, page 4).

175. Six months later, in 1999, another person died after choking on a bun that had been left out by staff.²²⁵ This person had a known eating disorder. The coroner found that his death was preventable; he was unsupervised at the time and able to go into a staff smoking area where the buns had been left out. The coroner was concerned at the amount of unsupervised time there was for children, young people, and adults in Kimberley care. These types of buns had previously been provided to residents despite another individual having choked to death on an iced bun.²²⁶ The coroner found that the buns should not have been on the unit, or if they were on the unit, they should have been inaccessible to anyone who could not eat them safely.²²⁷ The coroner criticised the Kimberley Centre's internal inquiry that immediately followed this person's death. That inquiry failed to ascertain how he got the iced buns despite this being known to several staff members. The coroner described the internal inquiry as a "very definite cover-up attempt".²²⁸

²²⁵ Comber, PJR, "Coroner's findings" (22 December 1999, page 1).

²²⁶ Comber, PJR, "Coroner's findings" (22 December 1999, page 37).

²²⁷ Comber, PJR, "Coroner's findings" (22 December 1999, pages 2-3).

²²⁸ Comber, PJR, "Coroner's findings" (22 December 1999, page 3).

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**THE KIMBERLEY CENTRE
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NEVER DESERVED TO BE
HURT OR FRIGHTENED –
SHE DESERVED TO HAVE
THE BEST LIFE THAT WAS
AVAILABLE TO HER, BUT
THAT HAS NOT HAPPENED.**

//

MARGARET PRIEST
NEW ZEALAND EUROPEAN

Chapter 6: Factors that caused or contributed to abuse and neglect at the Kimberley Centre

176. A number of factors have caused or contributed to abuse and neglect at the Kimberley Centre and allowed it to persist over many decades. The Inquiry has divided them into four categories: personal factors, institutional factors, structural and systemic factors, and societal attitudes. All of these factors are interrelated.

People at the centre of abuse and neglect

177. Due to unmet needs, families of disabled children, young people and adults were advised to place their loved ones into the Kimberley Centre where they were at risk of abuse and neglect in care. The circumstances of being placed into care at the Kimberley Centre include placement by family on the advice of the medical profession, placement by family for respite care due to a lack of community support, and transfers from other State institutions.
178. Survivors were more susceptible to abuse and neglect at the Kimberley Centre due to a lack of agency, a lack of rights, assumptions that they lacked capacity and could not express their will and preference, being either Māori or Pacific person and racially targeted, cultural alienation and loss of identity, and a lack of respect for their personhood.²²⁹
179. Most survivors had or experienced many of the factors that heightened their risk of abuse and neglect when they were in care.

Factors related to abusers

180. Abusers of children, young people and adults in care at the Kimberley Centre came in all shapes and sizes. Staff abused and neglected children, young people and adults. Abuse and neglect were experienced either one on one, or through more than one person abusing or neglecting an individual.
181. Abusers exploited the vast power imbalance they had over child, young people, and adults in care. For example, some were at greater risk of abuse and neglect because they were non-speaking and were not supported to be able to easily report their abuser, or had a physical disability that meant they could not physically escape an abuser.
182. Abusers included nurses, teachers and other staff. It appears that most abusers were opportunistic, but some abuse involved a degree of planning or pre-meditation.
183. Inadequate staff supervision and lack of staff resources likely contributed to the prevalence of peer on peer abuse. Most abusers were in positions of power and had control over the children, young people, and adults in care.

²²⁹ Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 13).

184. Many abusers were adept at hiding their abuse or avoiding accountability once concerns had been raised. Abusers would often lie. Many would also often call the child, young person or adult a liar or trouble maker, or would take steps to ensure that they weren't believed.

Factors related to bystanders

185. Some survivors told the Inquiry that they had been abused or neglected by an individual or group of people in the presence of one or more staff member or volunteer (bystander). Bystanders may not have reported abuse for fear of retaliation or because they believed nothing would be done about it anyway. Social worker Allison Campbell, who helped transition people out of the Kimberley Centre into the community, told the Inquiry about trainee nurses at the Kimberley Centre who saw staff putting soap powder into residents' porridge. They were disgusted but too junior and frightened to do anything about it.²³⁰

Institutional factors that caused or contributed to abuse and neglect

Institutional factors relating to the policies, rules, standards, and practices that applied

Standards of Care

186. From 1950 to late 1992 it was left to institutions such as Kimberley, to decide whether and how they would protect the right of people in their care. It is not clear whether Kimberley developed its own standards. From 1993 the Ministry of Health set care standards through their health service contracts.

The Kimberley Centre was overly regimented

187. The Kimberley Centre was a place where institutional routines prevailed over individual needs. The internal audit in 2000 found that there was no demonstrable evidence that individual needs were addressed outside of prescribed routines. The audit found that a culture of institutional care prevailed, and this needed to change to an individualised environment.²³¹ Staff worked to get their duties done, and no time was made to engage children, young people and adults in activities.

²³⁰ Transcript of evidence of Allison Campbell at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2022, page 74).

²³¹ MidCentral Health, Internal audit: Audit of the residential units at the Kimberley Centre (July 2000, page 15).

188. Observational research found that staff at the institution determined the course of each day. Children, young people and adults had little or no choice over any aspects of their daily lives and how they were treated by staff. They were almost totally voiceless in decisions about their care. Researcher Paul Milner described the rigid routines of the Kimberley Centre.

"An institution beats to the drum of its own, historical rhythm. There was an appointed time for everything. You only had a certain amount of time to get people through all the showers and then it was on to sitting in the day room waiting for the tea trolley to get wheeled in at its appointed time. If you were quick you got two cups. If you weren't, you missed out and had to wait for the lunch break. The whole villa would go for lunch, and you had a certain amount of time to eat lunch before the next villa was marched in."²³²

Data and record keeping was inadequate

189. The Kimberley Centre did not keep records of important data such as ethnicity and complaints. Some documents relating to the Kimberley Centre during the Inquiry period were either unable to be located or unable to be produced by MidCentral District Health Board – such as policies, procedures, guidelines and staff personnel records before 1999.

Institutional factors relating to the vetting, training, development and supervision of care providers

Insufficient staff resourcing and untrained staff

190. Former Kimberley Centre nurse aide Mr NW said there were not enough staff to deal with violent patients and it became difficult to care for such patients.²³³ Some staff at the Kimberley Centre were able to work there with no relevant training or qualifications. For example, nurse aides did not require any qualifications. Under staffing contributed to abuse and neglect in care through staff being overworked, tired and under pressure which affected their ability to provide care.
191. David Newman, whose brother New Zealand European survivor Murray Newman was at the Kimberley Centre, discussed the issue of untrained staff: "It was a known fact in Levin that if you couldn't get a job, you went out to Kimberley. Some people would have worked at Kimberley because it was a job. They had no professional training, and a lack of understanding with regard to the intellectually disabled."²³⁴

²³² Witness statement of Paul Milner (20 June 2022, page 7, para 2.21–2.22).

²³³ Witness statement of Mr NW (31 May 2022, page 6, paras 3.1–3.2 and 3.22).

²³⁴ Witness statement of David Newman (31 May 2022, page 5, para 5.7).

192. Gay Rowe told the Inquiry about visiting her brother New Zealand European Paul Beale and the lack of staff resources for those in care on a locked ward with some still restrained by their wrists and legs: "There were about a dozen young men in there with special needs and only two assistants to look after them."²³⁵ New Zealand European survivor Mr El said there were never enough staff to look after the children at the Kimberley Centre and staff were not experienced. He said there were around two staff members to 30 children.²³⁶
193. It is unclear what staff vetting procedures were in place at the Kimberley Centre, if any.

Inadequate staff knowledge and training in relevant cultural practices

194. Although it appears that many at the Kimberley Centre were Māori, staff providing care were predominantly non-Māori.²³⁷ Māori culture was not incorporated or fostered in their care. There was limited knowledge, understanding and acceptance of tikanga Māori and te reo Māori. This contributed to a lack of culturally informed practices in the provision of care at the Kimberley Centre.

Culture of institutional care

195. The culture of institutional care at the Kimberley Centre including the physical layout, the isolation of individuals from society and families, and group rather than individual care meant that abuse and neglect were inevitable.
196. Clinical psychologist Dr Olive Webb was involved in the deinstitutionalisation of psychopaedic and psychiatric facilities in Aotearoa New Zealand. She provided expert evidence to the Inquiry about the culture of institutions.²³⁸ Dr Webb explained:
- "The culture is built on certain values and concepts which become self-reinforcing. That is why you will see nursing staff who are amazing people, yet still refer to patients as 'them,' they still see their patients as people who are somehow enduringly different from, and inferior to, other people."***²³⁹
197. That culture contributed to the continuation of abuse and neglect at the Kimberley Centre.²⁴⁰

²³⁵ Affidavit of Gay Rowe (12 February 2020, page 2, para 10).

²³⁶ Witness statement of Mr El (20 February 2021, paras 2.18–2.19).

²³⁷ Witness statement of Mr NW (31 May 2022, page 5, para 3.13).

²³⁸ Witness statement of Dr Olive Webb (25 May 2022, page 9, para 5.2).

²³⁹ Witness statement of Dr Olive Webb (25 May 2022, page 10, para 5.6).

²⁴⁰ Transcript of evidence of Paul Milner at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 111).

Institutional racism and discrimination

198. Equality and freedom from discrimination, including racism, are domestically and internationally recognised human rights.²⁴¹ Each person has an equal right to have their human rights respected, protected and fulfilled.
199. Part 7 of the Inquiry's final report, Whanaketia – Through pain and trauma, from darkness to light, talks about how broader societal values and attitudes towards socially marginalised populations are often reflected in the culture of an institution. Racist and negative attitudes towards Māori and Pacific children, young people and adults were common and contributed to abuse in institutional care, including at the Kimberley Centre.
200. At the Inquiry's State Institutional Response Hearing, Director-General of Health Dr Diana Sarfati said:
- "I acknowledge that institutional racism in legislation, policy and systems has contributed to the abuse of Māori and Pacific people in health and disability care settings."*²⁴²
- Dr Sarfati further acknowledged: "Māori are more likely to experience compulsory assessment and treatment than non-Māori and also more likely to be secluded."²⁴³

Lack of diversity in staff and management

201. Former staff member Mr NW (Ngāti Maniapoto) described how many at the Kimberley Centre were described as not having families, or their family wouldn't come to visit. He stated:
- "Further, there weren't that many Māori staff at Kimberley, despite there being quite a few Māori patients."*²⁴⁴
202. Survivor Lusi Faiva explained that no one talked about her Samoan heritage at the Kimberley Centre. There was no recognition or interest in inclusion of her Samoan culture there. It is likely that a lack of diversity among Kimberley Centre staff and management contributed to an absence or lack of respect led to an increased risk of abuse or neglect. Some staff abused or neglected those in care who were different from them, were aligned with social attitudes relating to racism and ableism.²⁴⁵

²⁴¹ Freedom from discrimination is recognised in various international human rights instruments and domestic law including the International Covenant on Civil and Political Rights, Article 26; Convention on the Rights of Persons with Disabilities, Article 5; New Zealand Bill of Rights Act 1990, section 19; Human Rights Act 1993, section 21.

²⁴² Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 206).

²⁴³ Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022), page 207).

²⁴⁴ Witness statement of Mr NW (31 May 2022, page 5, para 3.13).

²⁴⁵ Witness statement of Lusi Faiva (15 June 2022, page 1).

Lack of appropriate complaints investigation processes

203. The Kimberley Centre's management failed to properly investigate serious incidents.
204. New Zealand European survivor Murray Newman went through a plate glass window at the Kimberley Centre. His mother was informed of the incident by a staff member 'off the record'.²⁴⁶ She was later invited to attend a meeting at the Kimberley Centre with a room full of staff she didn't know and who didn't introduce themselves. She asked the room whether someone could tell her what had happened to Murray and was surprised to hear a male nurse respond saying that they were hoping she would tell them.²⁴⁷ After a period of silence, a staff member said if she couldn't tell them what happened there was no point in continuing.
205. Murray's mother demanded an investigation into the incident. It was not clear what the complaints process was and so she met with the medical superintendent. He asked her what she expected him to do about it. She responded that it was not for her to tell him what to do. He responded by threatening to discharge Murray from the Kimberley Centre.²⁴⁸
206. David Newman, Murray's brother, regards the medical superintendent's approach as a deliberate cover up by the Kimberley Centre management with standover tactics to belittle and humiliate his mother, and silence her from taking the matter any further.²⁴⁹
207. As described in Chapter 5, in 1999 the coroner criticised the Kimberley Centre management's internal inquiry into a choking death. The coroner found that the failure of the inquiry to ascertain how the individual obtained the food which he choked on was a very definite cover-up attempt.

Institutional factors relating to processes available to make complaints about abuse and neglect

Lack of complaints processes

208. Institutions should have complaints processes, including a policy that sets out the channels and methods the organisation will use to receive complaints and a detailed explanation of the complaints handling process.
209. The State has been unable to provide the Inquiry with information about any complaints processes for the Kimberley Centre. The Inquiry has been unable to locate any records of complaints relating to abuse and neglect during the Inquiry period prior to 1994. The complaint records that are available for the period 1994 to 1999 are limited to a basic register of complaints with no further details about the complaints.

²⁴⁶ Witness statement of David Newman (31 May 2022, page 9, para 5.38).

²⁴⁷ Witness statement of David Newman (31 May 2022, page 9, para 5.44).

²⁴⁸ Witness statement of David Newman (31 May 2022, page 10, para 5.48).

²⁴⁹ Witness statement of David Newman (31 May 2022, page 10, paras 5.48 and 5.50).

210. Abuse and neglect were likely able to continue as many survivors were unable to report it because there were no clear complaints systems in place. Some survivors did not have the ability to make a complaint without assistance, for example if they were non-speaking. Others feared that reporting may lead to retaliation or otherwise negatively affect their lives or saw that nothing changed when someone did report abuse, as described in Chapter 4.
211. Social and cultural isolation in the Kimberley Centre contributed to abuse and neglect. Many children, young people and adults had limited or no visits from family or whānau as this was discouraged. They therefore lacked the close support of people who could advocate for them and help protect them from abuse and neglect.

Failure to hold people to account for abuse and neglect

212. In the absence of any legal direction it was unclear how senior leaders and management in Kimberley should handle compliance. A culture of failing to hold people accountable for abuse and neglect in care contributed to further abuse and neglect at the Kimberley Centre. If people know that there are likely to be no serious consequences for abuse and neglect, they can act with impunity.
213. David Newman spoke of the lack of accountability for what happened to his brother. “[Murray] was of a slight build but was able to go through the plate glass with his arms up. It’s extraordinary that someone of [his] build was able to break through plate glass. The thought was that he was being chased by either staff or another patient and was determined to get away. What is equally as extraordinary was the fact that no one apparently knew how or why this incident occurred with no accountability yet again.”²⁵⁰
214. Expert witness and Director of the Donald Beasley Institute Dr Mirfin-Veitch told the Inquiry that when staff knew about abuse, often nothing was done to stop or address it:
- “At another very obvious level, a repeated refrain in the stories (and confirmed in some of the presented third party evidence) was that those in power knew the individual had been abused but nothing was done to stop or to address it on an ongoing basis. Furthermore, these same individuals almost without exception noted that they knew their peers were being assaulted but that they felt they were unable to call it to the attention to anyone with the power to stop it. Some went as far as to say they knew nothing would be done anyway.”***²⁵¹

²⁵⁰ Witness statement of David Newman (31 May 2022, page 9, paras 5.42–5.43).

²⁵¹ Brief prepared by Dr Brigit Mirfin-Veitch for the Inquiry’s Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 9 October 2019, pages 15–16, para 118).

Failure to report complaints to NZ Police

215. Under the Crimes Act 1961, which largely continued provisions under the Crimes Act 1908, it was a crime to:
- > rape or have unconsented, unlawful sexual connection with another person²⁵² or to have sex with a child under the age of 16²⁵³
 - > ill-treat or neglect a child or vulnerable adult²⁵⁴
 - > wound, injure or assault anyone.²⁵⁵
216. The Inquiry has received evidence recording different forms of abuse at the Kimberley Centre including sexual abuse by peers, and physical assaults by staff. The Inquiry has received no evidence that consideration was given to NZ Police referrals in any of these examples despite the serious nature of the alleged conduct. This suggests there was a reluctance to share knowledge of abuse outside of the institution. Examples of the documented abuse are summarised below.
217. Dr Tony Attwood, a renowned clinical psychologist, explained that prior to him leaving the Kimberley Centre in 1984, he “went to the chief medical officer with hundreds of drawings revealing instances of abuse,” but he could see the chief medical officer “didn’t want to know”. Dr Attwood considered it a tragedy that survivors had to live in such circumstances, let alone those that were preventable.²⁵⁶
218. In 1993 a district inspector highlighted “a rash of reports of assaults by staff upon residents” in a memorandum to the Director of Mental Health at the Department of Health:
- “There is a continued tension between internal inquiries on the one hand and the possibility of police inquiries on the other ...[the Kimberley Centre’s] primary duty is not to be a good employer but to be a good carer and that the residents at Kimberley Centre have equally as much right to have persons who assault them prosecuted or at least investigated for the purpose of prosecution, as do people who are living in the wider community.”²⁵⁷*

252 Crimes Act 1961, section 128.

253 Crimes Act 1961, sections 132, 134.

254 Crimes Act 1961, section 195.

255 Crimes Act 1961, sections 188, 189, 193.

256 Hunt, A, The lost years: From Levin Farm Mental Deficiency Colony to Kimberley Centre (Nationwide Book Distributors, 2000, page 241).

257 Letter from district inspector to the Director of Mental Health at the Department of Health (13 August 1993).

219. In July 1993, a staff member was accused of serious misconduct for physically restraining a person by sitting on him and placing him in a headlock, physically assaulting another person by kicking him, and yelling in a threatening manner at others in care.²⁵⁸ The service manager said: "It is not acceptable to kick residents, to restrict their mobility, to deprive them of their property, such actions are considered to be abuse." The staff member was advised that serious conduct generally leads to dismissal however they received only a formal written warning and a plan for further training. This was despite the manager acknowledging in an earlier letter: "I cannot guarantee the safety from abuse of residents if [the staff member] remains in the position he occupies. There is no position elsewhere within KC [Kimberley Centre] that he can be redeployed into."²⁵⁹
220. In December 2000, a staff member allegedly kicked a female in the shoulder / neck region of her back while she was lying on the ground in the day room. The force used was described as kicking a ball hard.²⁶⁰ An employment investigation was initiated following an anonymous complaint. The staff member was suspended and later dismissed from employment.²⁶¹ The MidCentral Health Incident-Accident-Hazard Report form did not contain any option for an NZ Police referral.
221. In October 2002, a letter was sent by a Kimberley Centre staff member to a manager at the local health board reporting that a colleague had physically abused an individual by punching him in the mouth, as well as other suspected instances of abuse. The complaint was made anonymously for fear of reprisal. The staff member said there was no one at the Kimberley Centre they could trust to confide in.²⁶² This complaint demonstrates both the institutional culture and lack of an accessible complaint mechanism. Research conducted at the time of the Kimberley Centre deinstitutionalisation by Sue Gates and others identified that some staff reported a culture of staff covering up abuse, such as covering for their friends²⁶³ or informing senior staff off the record but not wanting to take the matter any further.²⁶⁴

258 Letter from service manager to staff member (25 August 1993).

259 MidCentral Health, Letter from service manager to group manager, Mental Health & Intellectual Disabilities (29 July 1993).

260 MidCentral Health, Incident-Accident-Hazard Report form (5 December 2000).

261 Letter from New Zealand Nurses Association to MidCentral Health CEO (19 December 2000).

262 Anonymous letter (6 October 2002).

263 Gates, S, The impact of deinstitutionalisation on the staff of the Kimberley Centre (Donald Beasley Institute, 2008, page 28).

264 Gates, S, The impact of deinstitutionalisation on the staff of the Kimberley Centre (Donald Beasley Institute, 2008, pages 35–36).

222. The Inquiry concludes that overt abuse at the Kimberley Centre was not referred to NZ Police, and therefore not investigated or prosecuted by NZ Police. The Inquiry considers children, young people and adults that suffered abuse and neglect were likely to have been denied access justice. It appears that contributed to a culture where people were overlooked or ignored. Further, as outlined earlier in this case study, an insidious and pervasive form of abuse that occurred at the Kimberley Centre was the neglect of people's lives. Neglect is much harder to uncover, investigate and prosecute. It does not often feature in NZ Police prosecutions. Yet the impact of chronic neglect can cause more harm than overt abuse.²⁶⁵

Institutional factors relating to oversight and monitoring

223. A lack of safeguarding of children, young people and adults in care contributed to the three choking deaths at the Kimberley Centre within a two-year period. In relation to one of the cases, the coroner expressed concern about the amount of unsupervised time there was for residents.
224. Chapter 4 sets out examples of serious peer-on-peer physical and sexual abuse. The extent of peer-on-peer abuse indicates inadequate supervision of children, young people and adults, and insufficient staff resources may well have contributed to this.

Systemic factors that caused or contributed to abuse and neglect

Societal attitudes relating to ableism and disablism

225. The oppression of disabled people (disablism) led to their segregation and isolation in the Kimberley Centre where they were part of an institution that enabled abuse to occur.
226. Prejudice and ableist views that put people in the Kimberley Centre in the first place continued inside the institution. Survivors told the Inquiry about the dehumanising environment and practices at the Kimberley Centre. They were stripped of their individual identity because they were dressed the same, given the same haircuts, and grouped and categorised based on their disability.
227. Expert witness and psychologist Dr Olive Webb found that the prevailing staff and system attitude in institutions is that "people with disabilities are viewed as being incompetent, uneducable or naughty because of their disability. The belief is that someone with a learning disability is unchangeable".²⁶⁶ These are ableist views that normalised abuse and neglect.

²⁶⁵ Brief of evidence of Dr Simon Rowley (17 August 2022, page 2).

²⁶⁶ Witness statement of Dr Olive Webb (25 May 2022, page 9, para 5.2).

State policy of institutional care

228. The State policy emphasis on large-scale institutionalism for psychopaedic and psychiatric care contributed to abuse at the Kimberley Centre and other psychopaedic institutions in Aotearoa New Zealand. The policy caused the separation, segregation and congregation of people with disabilities into psychopaedic institutions. The policy was contrary to the positions of the Intellectually Handicapped Children's Parents' (IHCPA), the World Health Organisation (WHO), and a report by Dr Burns for the British Medical Association, which all supported community facilities for children and adults with disabilities.²⁶⁷
229. Expert witness and disability researcher Dr Hilary Stace said the normalisation of institutionalisation of disabled children was hard for individuals to fight.²⁶⁸ Research by Dr Mirfin-Veitch and Dr Conder into institutional care found: "The story of Kimberley is, in many ways, the story of an institution resistant [sic] to change. Many of the social practices and systems of care described in the research appeared rooted in the same negative social construction of people with a learning disability that had led to the construction and populating of New Zealand's major institutions with some of its most vulnerable citizens."²⁶⁹

Societal attitudes that caused or contributed to abuse and neglect

Prejudicial attitudes towards disabled people

230. During the Inquiry period, disabled people were generally not seen as human, and they were treated in care as if they had no inherent human value. This underlying prejudice underpins the nature and extent of abuse in care set out in Chapter 4. The prejudice stems from the belief in eugenics at the time, which perceived disabled people as inferior beings that should be segregated from society to prevent the reproduction of a subnormal race. This thinking led to disablism – the oppression of disabled people.
231. Segregating and congregating disabled people in care institutions where they continued to be stigmatised demonstrated that disabled people were not valued equally with non-disabled people. Disabled people in care were denied inclusion and participation, their educational opportunities were limited and neglected, and they were generally unable to develop their independence. Being kept away from their family, whānau and community exacerbated this.
232. Congregating people based on perceived disability also led to assumptions of similarity between individuals, and people were not treated and cared for as individuals. This led to staff carrying out dehumanising and disempowering routines for all increasing the likelihood of abuse and neglect.

²⁶⁷ Witness statement of Dr Hilary Stace (20 September 2019, page 4, para 11; and page 13, para 49).

²⁶⁸ Witness statement of Dr Hilary Stace (20 September 2019, page 5, para 14).

²⁶⁹ Mirfin-Veitch, B & Conder, J, Institutions are places of abuse: The experiences of disabled children and adults in State care between 1950–1992 (Donald Beasley Institute, 2017, pages 4–5).

Lack of understanding of te Tiriti o Waitangi

233. Societal attitudes that were ignorant of te Tiriti o Waitangi were reflected in the Kimberley Centre. It was not well known in Pākehā society at the time that te Tiriti o Waitangi provided for the active protection of te reo and tikanga. This lack of knowledge was reflected inside the Kimberley Centre. In society and in the Kimberley Centre, Māori cultural identities, heritage and language were suppressed and discouraged. Tino rangatiratanga as guaranteed to Māori by te Tiriti o Waitangi necessarily includes the authority to care for and protect their own.²⁷⁰ Part 2 of the Inquiry's final report, *Whanaketia – Through pain and trauma, from darkness to light*, discusses the Crown's intrusion into the sphere of tino rangatiratanga, and how Western notions of disability and mental health led to the mass institutionalisation of whānau hauā Māori, tāngata whaikaha Māori and tāngata whaiora Māori. The Kimberley Centre was the largest psychopaedic hospital in Aotearoa New Zealand that provided care for whānau hauā me tāngata whaikaha Māori.
234. The Waitangi Tribunal has found that the principle of active protection includes the Crown's responsibility to actively protect Māori health and wellbeing through the provision of health services.²⁷¹ The Waitangi Tribunal has further concluded that part of the Crown's active protection obligation is to ensure that health services are culturally appropriate. An approach to health care that assumes that the needs of all patients are largely the same not only undermines the recognition of tikanga Māori but may also result in a failure to recognise and provide for the specific health needs of Māori.²⁷²
235. Dr Tristram Ingham, a member of the Inquiry's Kaupapa Māori Panel at the Ūhia te Māramatanga Disability, Deaf and Mental Health Care Hearing, told the Inquiry that the Crown's approach to tāngata whaikaha Māori has been a pervasive, long-standing, highly systematised and highly controlled approach over many decades and generations. He explained that the approach has specifically included segregation and removal of tāngata whaikaha Māori from their whānau, assimilation of Māori through suppression of cultural practices and attempts to systematically eliminate people whom the Crown considered 'undesirable' on the basis of policies underpinned by eugenic ideologies.²⁷³
236. At the Kimberley Centre, whānau hauā me tāngata whaikaha Māori experienced institutional racism, targeted abuse and cultural neglect.²⁷⁴ During their time in care, they were isolated from the protection of their whānau, hapū and iwi, rendering them particularly susceptible to abuse and neglect.²⁷⁵

270 Witness statement of Dr Moana Jackson at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 25 October 2019, page 7, para 47).

271 Waitangi Tribunal, *Hauora Report: Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575), (2019, page 31).

272 Waitangi Tribunal, *Hauora Report: Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575), (2019, pages 31–32).

273 Transcript of evidence of Dr Tristram Ingham from the Kaupapa Māori Panel at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 20 July 2022, page 634).

274 Witness statements of Mr EI (20 February 2021, para 2.35); Mr HZ (14 May 2021, page 4, para 15) and Mr NW (31 May 2022, page 5, para 3.13); Kimberley Needs Assessment Team, *Needs assessment of survivor* (13 May 2000).

275 Transcript of evidence of Dr Tristram Ingham from the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 20 July 2022, page 647).

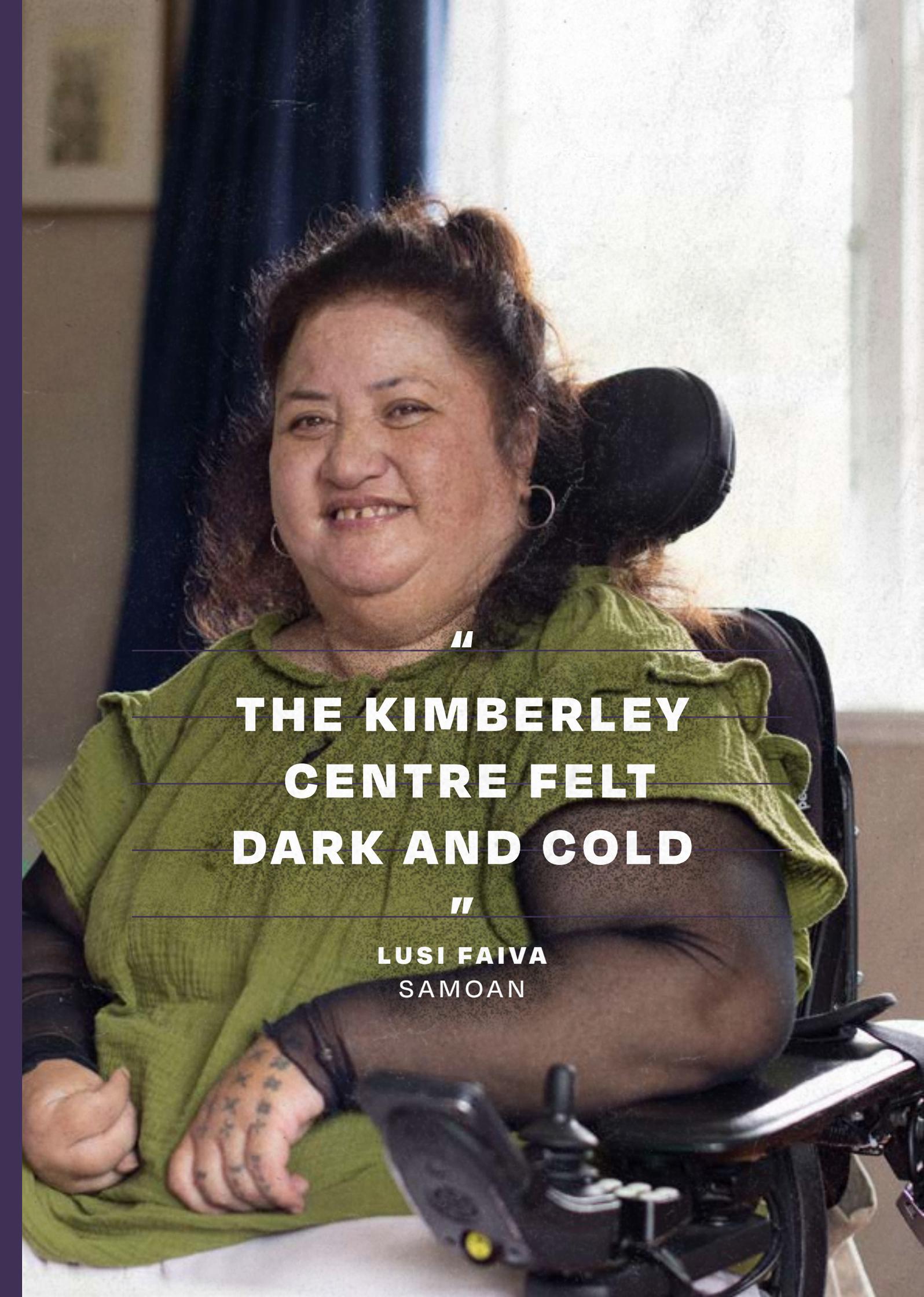
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**PERHAPS MOST
DISTURBINGLY,
KIMBERLEY FOREVER
DISPLACED GENERATIONS
OF MEN, WOMEN AND
CHILDREN FROM THE
CITIZEN SELVES THEY
MIGHT HAVE BEEN AND
BECOME.**

//

PAUL MILNER

RESEARCHER

A woman with dark, curly hair is seated in a wheelchair, smiling warmly at the camera. She is wearing a vibrant green, short-sleeved top with ruffled shoulders and black tights. Her left hand, which has several small tattoos, rests on her lap. The background is softly blurred, showing a window with light coming through and a dark curtain. The overall mood is positive and intimate.

“
**THE KIMBERLEY
CENTRE FELT
DARK AND COLD**
”

**LUSI FAIVA
SAMOAN**

Lusi Faiva

Age when entered care: 2 years old

Type of care facility: Disability facility – the Kimberley Centre in Taitoko Levin.

Ethnicity: Samoan

Currently: Living in a State house, with support workers visiting daily. Lusi uses a communication device.



I'm a proud Samoan woman. I am an artist, a dancer and a passionate freedom seeker.

I was diagnosed with cerebral palsy at 2 years old. There wasn't much support for disabled children and their families then, so the doctor arranged for me to go to the Kimberley Centre. He said it would be better for me.

I can only remember a small amount from my years at the Kimberley Centre. The institute felt dark and cold. I shared a room with other children, and during the day we sat in the recreational room. There were people of all ages with different disabilities in the shared space but there were no activities going on – we hardly interacted with each other.

It was assumed that I didn't have the 'mental capacity' to communicate, and that I had an intellectual disability. I didn't know how to express myself and there were no tools or strategies offered to me to communicate with others around me, so that I could express what I wanted and needed. Nobody thought to ask me what was going on for me. I was under 5 years old but old enough to remember how trapped I felt in myself.

No one talked to me about my Samoan heritage at the Kimberley Centre. I felt like people didn't know or care about my Samoan culture. There was no respect or effort to recognise me for who I am.

At the Kimberley Centre, the nurses didn't look after me properly. The only time they came on to the ward was to give us our medicine. Once, I fell and broke my ankle because no one was watching me. If I had received better care then, my physical health would be better today. I never received any specialised support until after I left, even though my mum had been told that being there would be better for me.

I think the concept of institutions is broken. They aren't set up to care for disabled people, because they're built on a system that dehumanises us. Not much has changed for how current State care works. It's about medication, changing, showering and other very clinical procedures, and doesn't take into account the needs of human connection and affection.

There was a kind of school scheme at the Kimberley Centre, run by two staff members who were a couple. I think I was just 5 years old when I started.

They visited the centre every day and they were the only ones who taught us kids. They recognised that I was switched on and started teaching me how to read and write and express myself, finally. It was strange to see words in the beginning, but I was a fast learner and as time went on I could understand what they were teaching me. I had a blackboard with chalk that I was able to hold and they taught me how to spell. It was the only time we could do other activities like games and drawing.

Those staff members were kind and gave their time to come and teach us and play with us. I remember them dearly. They kept in touch with my mum and when I was 7 years old, they convinced her to take me home. My mum had never visited me while I was in care, and when she arrived to take me home, I didn't know who she was, so I felt nervous. I didn't see the two staff members again for a long time after I left the Kimberley Centre but they remain significant people in my life – their regular interactions with me taught me that I was someone, I was Lusi and I deserved to be loved.

Returning to live with Mum was challenging – she was in an abusive relationship, and living with his family was confronting and scary. I went to school and liked it, because it gave me a sense of normality, I was interacting with other children and learning, and I could switch off from what was going on at home.

Eventually we had to escape from my mum's boyfriend. We went to Women's Refuge first, then to stay with my auntie and her family in Auckland. We lived in a four-bedroom house with 15 people in it, and everyone spoke Samoan. I went from not really understanding my Samoan identity nor hearing my language to being thrown into this rich but overwhelming space. The transition required a lot of adjustment from me.

We eventually moved to our own place, and I went to a school for children with cerebral palsy. They didn't really teach us though, because the school was focused on recreation and rehabilitation. None of the schools had a good understanding of my culture.

When things got hard, sometimes I wished I had stayed at the Kimberley Centre. But I know if I'd stayed longer, my life would have been worse. I wouldn't be the Lusi I am today.

I joined an acting group when I was 15 and that was my first step towards exploring myself and what I wanted to do. I joined a dance group for disabled and non-disabled people when I was 28, and I knew that was my passion – I feel free when I dance. And through dance, I've reconnected more strongly with my Samoan culture.

I now live by myself in a State house and have support workers who come in mornings and nights. I do get scared living on my own because sometimes support workers don't turn up and I get stuck. A lady who lived near my area passed away alone, and sometimes I get scared it might happen to me. I feel like I don't have control over this situation and this sense of fear and restriction takes me back to the memory of being in the Kimberley Centre.

Being in care was like a slap in my face. I was lost, and there was no freedom of choice. Care still fundamentally operates under a similar system, where I'm left without support for a long period of time. The reality is the system lacks the respect for freedom and even basic human needs.

If I met myself in the Kimberley Centre, I believe that little Lusi would be happy seeing someone like her wanting to play alongside her. That little Lusi at Kimberley wanted to know she was important, loved, and deserved affection. That she was from a rich and vibrant Samoan heritage and she had so many strengths.²⁷⁶

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**WHATEVER IT WAS,
IT HAD A TERRIBLE
EFFECT ON ME. IT MADE
ME LEAN ON MY SIDE.
THE EFFECTS LAST FOR
A LONG TIME. I WAS
SENT HOME. MY FAMILY
THOUGHT I WAS
PLAYING UP, SO I GOT
INTO TROUBLE BUT IT
WAS THE MEDICATION.
I SHOULD NEVER HAVE
ENDURED THAT.**

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SIR ROBERT MARTIN
NEW ZEALAND EUROPEAN

Chapter 7: Redress for survivors who were at the Kimberley Centre

237. As set out in more detail in the Inquiry's redress report, He Purapura Ora, he Māra Tipu: From Redress to Puretumu Torowhānui, survivors could make a redress claim through the responsible State agencies' out-of-court claims process. The redress available varied between agencies but could include an apology, a financial payment, a contribution towards legal aid debt and counselling. However, as set out in that report, many survivors who did use such processes found them to be slow, difficult to navigate and inconsistent in terms of what they offered.²⁷⁷
238. The Inquiry has heard that most Kimberley Centre survivors have not received adequate redress for the abuse and neglect they suffered. Of the survivors that the Inquiry has heard from, most have not sought redress, and some have difficulty even contemplating their right to redress.²⁷⁸ Many will not have known that they could seek redress from the State.
239. European survivor Sir Robert Martin did not make a civil claim. He passed away earlier this year without receiving any form of redress. He knew of other abuse survivors who had made claims, including some who took a class action in relation to Lake Alice. "Some years ago I was told about some lawyers I could go to but I didn't as I thought this would be too hard. I think it is difficult for people with disabilities to know how to make a claim."²⁷⁹ Sir Robert stated that if he was going to make a claim he would have claimed for the medication and sexual abuse he suffered, which should never have happened.²⁸⁰ New Zealand European survivor Ross Hamilton Clark has not made a report to NZ Police, a claim to ACC, or sought compensation from the government for the abuse he suffered at the Kimberley Centre.²⁸¹
240. New Zealand European survivor Mr El spent time in care in a number of State institutions (Hokio Beach School, the Kimberley Centre, and Epuni Boys' Home) and sought redress from the Ministry of Social Development and ACC. After four years, he received a financial payout and letter of apology from the Ministry of Social Development.²⁸² ACC initially declined his sensitive claim and he had to appeal and fight for it to be accepted. The claim was ultimately accepted but he received only \$3,000, plus a quarterly payment of \$300. He viewed the amount he received as pittance for 50 years of suffering.²⁸³ More recently, in 2022, he filed further claims with the Ministry of Health and Ministry of Education. He was advised that it would take around three years before each claim is considered, however his claim against the Ministry of Health was settled in November 2022.

277 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From Redress to Puretumu Torowhānui, Volume 1 (2021, page 144).

278 Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 16).

279 Witness statement of Sir Robert Martin (17 October 2019, para 68).

280 Witness statement of Sir Robert Martin (17 October 2019, pages 22–23).

281 Witness statement of Ross Hamilton Clark (15 February 2022, page 3, para 3.1).

282 Transcript of evidence of Mr El at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2022, page 61).

283 Witness statement of Mr El (20 February 2021, paras 4.5–4.8).

“
**PARENTS WERE GENERALLY
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DISTRESSED TO LEARN
OTHERWISE AT A LATER DATE.**

”

DAVID NEWMAN
NEW ZEALAND EUROPEAN

Chapter 8: The closure of the Kimberley Centre

241. Despite the Government adopting a policy of community living for people in institutional care in 1985, it took another two decades for the Kimberley Centre to close in 2006.
242. Researcher Paul Milner from the Donald Beasley Institute said that in many respects the dismantling of institutions began from the inside, as the intrinsically dehumanising and depersonalising potential of institutions began to be articulated.²⁸⁴ However, what followed the Government's 1985 policy announcement was a lengthy period of uncertainty, planning and delays.²⁸⁵
243. Anne Bell told the Inquiry about her involvement as president of the Kimberley Parents and Friends Association in meetings between families and government officials about what should happen to the Kimberley Centre and planning for a move towards community living. Anne was later appointed the project manager for the Kimberley Deinstitutionalisation Project for the Ministry of Health and spoke of the challenges she encountered in that role including some parental hesitance toward their adult children leaving the Kimberley Centre, but over time their fears were allayed. Anne said that even after agreements were reached, there were various practical challenges faced in implementing the changes, including sourcing suitable housing in the community.²⁸⁶
244. Although the Kimberley Centre is now closed, the lifelong impacts of abuse and neglect inflicted on the children, young people and adults and the pain their families suffered continue. For the future, what survivors experienced at the Kimberley Centre at the hands of the State is a lesson Aotearoa New Zealand must learn from and never forget.

²⁸⁴ Milner, P, An examination of the outcome of the resettlement of residents from the Kimberley Centre (Donald Beasley Institute, 2008, page 9).

²⁸⁵ Milner, P, An examination of the outcome of the resettlement of residents from the Kimberley Centre (Donald Beasley Institute, 2008, page 11).

²⁸⁶ Witness statement of Anne Bell (16 May 2022, page 10, paras 4.32–4.33).

Chapter 9: Key findings on the Kimberley Centre

245. The Inquiry finds:

Circumstances that led to individuals being taken or placed into care

1. There were different pathways for disabled children, young people and adults to be taken or placed into care at the Kimberley Centre, which had been promoted as an ideal place for disabled people to receive care and training.
2. Many disabled children, young people and adults were placed at the Kimberley Centre by their family, commonly on the advice of a medical practitioner, in the belief that it was the best place for them.
3. Some were sent to the Kimberley Centre by their family for respite care and due to an acute lack of community support and resources for their loved one to remain at home.
4. Some were placed at the Kimberley Centre by the State through transfers or patient swaps with other institutions such as Campbell Park School in Waitaki Valley, Lake Alice Psychiatric Hospital in Manawatū–Whanganui and Marylands School in Ōtautahi Christchurch.
5. Many whānau hauā me tāngata whaikaha Māori were in care at the Kimberley Centre due to a lack of proper support in the community for whānau, and their marginalisation as a result of the ongoing effect of colonisation and urbanisation. The State failed to engage with and properly support whānau Māori, hapū, iwi and hāpori to care for their own.

Nature and extent of abuse and neglect

6. Physical and sexual abuse of disabled children, young people and adults at the Kimberley Centre was pervasive and severe.
7. Physical abuse by staff and peers was common and normalised at the Kimberley Centre. This was reflected by the 'Kimberley cringe' where survivors would cower and protect their head if they were approached quickly.
8. Staff and other patients at the Kimberley Centre committed rape and severe sexual assaults involving intimidation and punishment on disabled children, young people and adults. Young people were forced to abuse other children and young people.
9. Some staff took payment from groups of external abusers to organise rapes targeting Māori and non-speaking disabled children and young people.
10. Seclusion and restraint was misused. Many disabled children, young people and adults were placed in seclusion, sometimes as punishment for their behaviour. Some were sedated in seclusion until they calmed down, which could take hours or days. Others were locked into day rooms for long periods of time and overnight with the lights off because of understaffing, in breach of policy.
11. Neglect was pervasive. Survivors experienced psychological and emotional neglect, physical, cultural, medical, nutritional and educational neglect.
12. The emotional and psychological needs of disabled babies, children, young people and adults were largely neglected – they were not hugged, cuddled, or loved. There was no opportunity to bond or form important attachments with caring and loving adults.
13. The physical environment at the Kimberley Centre was neglectful with few activities and little to occupy disabled children, young people and adults in care, who spent 80 percent of their time engaged in no form of purposeful activity and 70 percent of their time in their villa.
14. Disabled children, young people and adults were often not treated with basic human dignity and lived within an institutional environment that devalued and dehumanised disabled people.
15. Disabled children, young people and adults' individuality was stripped away by having to share from pooled clothing, having the same haircuts and being categorised based on their disability.
16. Staff did not engage in meaningful conversations with disabled children, young people and adults. Communication was transactional. Observational research noted that 63 percent of conversations lasted less than one minute.

17. Nutritional practices were poor. Some disabled children, young people and adults reported that they lost weight, were not fed for long periods, and some were fed with feeding tubes that were later assessed as not medically required.
18. Dental care was inadequate, with some disabled children, young people and adults receiving no dental care.
19. Neglectful oversight by staff led to three people dying from choking on food. In one case, a coroner found that the Kimberley Centre management's inquiry into responsibility for a choking death was a cover-up attempt.
20. Cultural needs were neglected:
21. Māori culture and identity was not supported or nurtured. For whānau hauā this was a transgression against whakapapa.
22. Pacific Peoples cultures and identities were not supported or nurtured.
23. Some disabled children, young people and adults received significant quantities of medication including antipsychotic and sedative medicines with harmful side effects. In one case a hallucinogenic medication was given to two young people without consent.
24. Very few disabled children and young people received training or any form of education at the Kimberley Centre. Some survivors regressed.

Impacts of abuse and neglect

25. The abuse and neglect at the Kimberley Centre harmed survivors' physical and mental health, their psychological, emotional, cultural and spiritual wellbeing, and their educational and economic prospects.
26. The abuse and neglect experienced denied survivors their personhood, and their human promise or potential. Many people spent the majority of their lives in the institution and died there.
27. The neglect experienced by survivors was chronic and pervasive. The longer the duration of neglect, the more severe its effects were. This is reflected in the significant and lifelong impacts for survivors of neglect at Kimberley. Few survivors later went into paid work or had more than a basic standard of living.
28. For some survivors, excessive medication took away their quality of life and negatively impacted their personality.
29. Māori survivors experienced a lack of access to their culture and identity. This diminished their mana and was also a transgression against their whakapapa.
30. Few survivors received redress, counselling or rehabilitation for their abuse and neglect at the Kimberley Centre. Survivors who were moved out of the Kimberley Centre, and their whānau, had not been equipped to be protected from further abuse and neglect, and to live a good life.
31. Families carried the guilt of sending a family member to the Kimberley Centre when they later found out how their family member was treated there.
32. The harm to survivors and their families has been transferred over generations.

Factors that caused or contributed to abuse and neglect

33. The following personal factors caused or contributed to abuse and neglect:
- a. Staff abusers including nurses, teachers and other staff, exploited the extreme power imbalance between staff and disabled children, young people and adults.
 - b. Peer abusers exploited inadequate staff supervision of disabled children, young people and adults, and a lack of staff resources.
 - c. Survivors who were non-speaking and could not easily report their abuser, or who had a physical disability so could not physically escape their abuser, were at greater risk of abuse and neglect.
 - d. Some bystanders witnessed abusive practices but were too fearful to do anything about it, or did not believe anything would be done if they did report abuse and neglect.
34. The following institutional factors caused or contributed to abuse and neglect:
- a. Survivors were isolated from their whānau, and there was an absence of meaningful support for whānau to care for their loved ones outside the institution. In particular, whānau hauā Māori survivors were isolated from their whānau, hapū and iwi.
 - b. Individual needs of disabled children, young people and adults were not comprehensively identified or met at the Kimberley Centre, and in many cases, those needs were neglected.
 - c. The Kimberley Centre was over-regimented, and its institutional culture prioritised institutional order and routines over individual needs. Disabled children, young people and adults had little or no choice over any aspect of their daily lives.
 - d. The Kimberley Centre had a culture of institutional care which included the physical layout of the institution, the segregation of disabled children, young people and adults from family and society, and group rather than individualised care.
 - e. Data and record keeping was inadequate. Complaints were not recorded.
 - f. The Kimberley Centre was understaffed. Staff lacked relevant qualifications and expertise and were not properly trained for their positions of trust. It is unclear if any vetting procedures were in place for staff.
 - g. The lack of staff with lived experience of disability or close personal connection with disabled people contributed to the dehumanising environment, where disabled people were treated as lacking in agency and capacity.

- h. Institutional racism and discrimination were prevalent against whānau hauā Māori and disabled Pacific Peoples children, young people and adults at Kimberley.
 - i. Lack of understanding and use of te ao Māori and Pacific Peoples views and practices on caring for disabled people was compounded by the lack of Māori and Pacific staff at the Kimberley Centre.
 - j. The Kimberley Centre lacked a complaints policy, and when complaints were made management failed to properly investigate and respond.
 - k. Management failed to hold staff accountable for abuse and neglect, and in some cases covered up serious events.
 - l. Failures to report or refer complaints involving serious allegations to NZ Police for investigation and prosecution meant survivors were denied access to justice.
 - m. There was a lack of monitoring and oversight of those in care. These safeguarding failures contributed to three choking deaths within a two-year period.
35. The following systemic and practical factors caused or contributed to abuse and neglect:
- a. The State policy of institutional care contributed to the separation, segregation and congregation of people with disabilities in psychopaedic institutions such as the Kimberley Centre, where they and their abuse and neglect became invisible.
 - b. Entrenched ableist attitudes of staff and systems ensured that disabled children, young people and adults at the Kimberley Centre and other psychopaedic institutions were viewed as incompetent, uneducable and unchangeable, which normalised abuse and neglect.
 - c. The State failed to hold itself, the institutions and abusers to account for the systemic abuse and neglect of disabled children, young people and adults at the Kimberley Centre.
36. The following societal factors caused or contributed to abuse and neglect:
- a. The history of eugenics and the widespread societal attitudes of ableism and disablism including prejudice and discrimination against disabled people continued in the institution.
 - b. Societal attitudes that were ignorant of te Tiriti, including the principle of active protection of Māori language and culture, were reflected in the institution. Māori culture, heritage and language were suppressed and discouraged.

Other findings

Redress-related findings

37. Most of the Kimberley survivors the Inquiry heard from have not sought redress, and some have difficulty even contemplating their right to redress. Many will not have known that they could seek redress from the State.
38. The Ministry of Health has failed to offer most Kimberley Centre survivors fair redress for the abuse and neglect they suffered.

Crown failure to act decisively on implementing community living for people with a learning disability

39. Successive governments could and should have acted more quickly to close down the Kimberley Centre once the Government in 1985 had adopted a policy of community living and should have provided adequate funding and support to whānau and communities.

He waiata aroha mō ngā purapura ora

Kāore te aroha i ahau mō koutou e te iwi i mahue kau noa
i te tika
I whakarerea e te ture i raurangi rā
Tāmia rawatia ana te whakamanioro
He huna whakamamae nō te tūkinu
He auhi nō te puku i pēhia kia ngū
Ko te kaikinikini i te tau o taku ate tē rite ai ki te kōharihari o tōu
Arā pea koe rā kei te kopa i Mirumiru-te-pō
Pō tiwhatiwha pōuri kenekene
Tē ai he huringa ake i ō mahara
Nei tāku, 'kei tōia atu te tatau ka tomokia ai'
Tēnā kē ia kia huri ake tāua ki te kimi oranga
E mate pūmahara? Kāhorehore! Kāhorehore!
E ara e hoa mā, māngai nuitia te kupu pono i te puku o Kareāroto
Kia iri ki runga rawa ki te rangi tīhore he rangi waruhia ka awatea
E puta ai te ihu i te ao pakarea ki te ao pakakina
Hei ara mōu kei taku pōkai kōtuku ki te oranga
E hua ai te pito mata i roto rā kei aku purapura ora
Tiritiria ki toi whenua, onokia ka morimoria ai
Ka pihi ki One-haumako, ki One-whakatupu
Kei reira e hika mā te manako kia ea i te utu
Kia whakaahuritia tō mana tangata tō mana tuku iho nā ō rau kahika
Koia ka whanake koia ka manahua koia ka ngawhā
He houkura mārie mōwai rokiroki āio nā koutou ko Rongo
Koia ka puta ki te whaiao ki te ao mārāma
Whitiwhiti ora e!

– Paraone Gloyne

A Love Song for the Living Seeds

The love within me for you, the people, remains unchanged

Left alone, abandoned by justice and order

Subjected to the silent suffering of mistreatment

A heaviness in the core, silenced into stillness

The gnawing of my heart cannot compare to the anguish of yours

Perhaps you are hidden in the depths of the night, Mirumiru-te-pō

A night dark and dense

Where there may be no turning in your memories

But here's my thought: 'Do not push open the door to enter'

Instead, let us turn to seek life and well-being

Is memory dead? No, certainly not!

Arise, friends, let the truth resound loudly from the heart of Kareāroto

To ascend to the clear skies, a sky washed clean at dawn

Emerging from the troubled world to a world of promise

A path for you, my flock of herons, to life

So, the precious core may blossom within you, my living seeds

Scattered across the land, cherished and growing in abundance

Rising in One-haumako, in One-whakatupu

There, my friends, lies the hope to fulfil the cost

To restore your human dignity, your inherited mana from your ancestors

Thus, it will thrive, flourish, and burst forth

A peaceful feather, a treasured calm, a serene peace from Rongo

Emerging into the world of light, into the world of understanding

A crossing of life indeed!

– Paraone Gloyne







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