

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

Under The Inquiries Act 2013

In the matter of The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions

Royal Commission: Judge Coral Shaw (Chair)
Paul Gibson
Julia Steenson

Counsel: Mr Simon Mount QC, Ms Kerry Beaton QC, Ms Ruth Thomas, Ms Lucy Leadbetter, Mr Michael Thomas and Ms Kathy Basire for the Royal Commission

Mr Gregor Allan, Ms Sandra Moore and Mr Vaughan Dodd for the Crown

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
414 Khyber Pass Road
AUCKLAND

Date: 15 July 2022

TRANSCRIPT OF PROCEEDINGS

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10 **Adjournment from 11.19 am to 11.34 am**

11 **CHAIR:** Welcome back, Ms Basire.

12 **MS BASIRE:** Thank you, Madam Chair. The next witness is Sarah Webster, who prefers to
13 be known as Sunny. I'll hand over to you to do the affirmation.

14 **CHAIR:** Hello, Sunny.

15 A. Hi.

16 **Q.** Welcome, and thank you very much for coming today, we really appreciate that. I'm just
17 going to give you the affirmation before you start with your evidence; is that all right?

18 A. [Nods].

19 **SARAH (SUNNY) WEBSTER (Affirmed)**

20 **QUESTIONING BY MS BASIRE:** Can you tell us your full name?

21 A. Sarah Webster, but known as Sunny.

22 **Q.** Known as Sunny. And is it okay today if I call you Sunny throughout your evidence?

23 A. Definitely.

24 **Q.** Now, Sunny, you've given the Royal Commission two written statements; that's right, isn't
25 it?

26 A. Yeah.

27 **Q.** And you've told us a lot of information in those two written statements. Before I start
28 asking you any detailed questions, I'm just going to summarise for everybody listening
29 what those statements tell the Commission. Is that all right?

30 A. Yeah.

31 **Q.** So Sunny, you suffered sexual abuse as a child from the age of eight. As a teenager your
32 distress from the sexual abuse was misdiagnosed as you having a hysterical character
33 disorder; that's right, isn't it?

34 A. Yes.

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

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

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

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

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

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

4 A. Yeah.

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

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

12 A. No.

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

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

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

18 A. Yeah.

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

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

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

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

33 Q. Yeah, and you refused that?

34 A. Yes.

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

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

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

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

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

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

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

7 A. Yes.

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

9 A. Yes, yeah.

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

11 A. Yes.

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

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

16 Q. A lot of people?

17 A. A lot of people.

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

20 A. Yeah, they did.

21 Q. Yeah.

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

23 Q. The sexual abuse?

24 A. Yeah.

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

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

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

31 A. Yes.

32 Q. Can you describe the seclusion room?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 was only the love of my children that brought me out of that really bad place and gave me
2 the strength to do this shit.

3 **Q.** Sunny, that was very recently, wasn't it?

4 **A.** Yes, it was.

5 **Q.** And I just want for clarity to,-- you've given us a second statement about that. So, what
6 happened was after you gave us your first statement, you were given a list of avenues from
7 us that you could try --

8 **A.** Yeah.

9 **Q.** -- to get further compensation?

10 **A.** Yeah.

11 **Q.** And one of those was the Ministry of Health's Historic Abuse Resolution Service. And you
12 got in touch with them and initially you were told you were able to get some further
13 compensation and that really got your hopes up.

14 **A.** It did.

15 **Q.** But then they told you couldn't?

16 **A.** Yes.

17 **Q.** One of the reasons for that was because you'd been through a class action already --

18 **A.** Yes.

19 **Q.** -- you had what the Government decrees as your entitlement already. But there was,
20 perhaps, talking at cross--purposes because back when you originally applied for
21 compensation you were using a different surname?

22 **A.** Yes.

23 **Q.** And so, there was a bit of a mix up, although you tried to explain it to them?

24 **A.** Yes.

25 **Q.** But regardless of whether there was a mix up or miscommunication, the point is you've got
26 nowhere left to turn to get compensation.

27 **A.** No, and when the lawyer from the Ministry of Health that I was talking to, when he says
28 that the Ministry of Health isn't doing enough to support people like myself, then it's like
29 yeah, it's the end of the line and --yeah.

30 **Q.** So, it's frustrating to hear Government officials acknowledging that they wish they could do
31 more, but they can't?

32 **A.** Yes, yes, yes.

33 **Q.** Sunny, is there actually--, there is something I was going to say before we finish. I just
34 wanted to read a couple of your final paragraphs before I hand over for questions to the

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

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

10 A. Yes.

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

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

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

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

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

16 A. Hi.

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

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

24 A. That happened overseas, yes.

25 Q. Yeah, that happened overseas?

26 A. Yes.

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

29 A. Yes, yeah.

30 Q. And you got 12,500?

31 A. Yeah.

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

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

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

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

17 Q. Right. So that was their reasoning?

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

20 Q. Okay.

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

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

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

26 Q. No? Okay.

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

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

31 A. No, no, nothing, nothing.

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

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

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

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

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

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

12 A. Thank you.

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

17 A. Yeah, thanks.

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

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

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

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