

**Witness Name:** David Newman

**Statement No.:** WITN1107001

**Dated:** 31.05.2022

## ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

### WITNESS STATEMENT OF DAVID NEWMAN

I, David Newman, will say as follows:

#### 1. Introduction

- 1.1. My name is David Newman. I was born in August 1959 in Waitara. I am my brother's court appointed Welfare Guardian and Property Manager.
- 1.2. My brother, Murray Newman, has an intellectual disability, autism, Tourette syndrome, obsessive compulsive disorder and bipolar disorder. He spent time at Kimberley Hospital (later called Kimberley Centre), Marylands School, Templeton Centre, Brackenridge Estate and Hillmorton Hospital from approximately 1970 to 2003.
- 1.3. My mother, Valerie Newman, was an advocate for Murray and other intellectually disabled children in care. Mum's voluntary community work for intellectually disabled people was recognised with a Queen's Service Order distinction in the 1993 Queen's Birthday Honours Awards. In 2008 she wrote a book about Murray's time in care and her experiences with the institutions entitled "Destiny and Purpose". She passed away in 2019. I am providing this witness statement for my mother and for Murray; I wish Mum was here because this would have been her time. I will therefore quote extracts from her book throughout.
- 1.4. My evidence is about the abuse and, in particular, the neglect suffered by Murray while in institutional care, and my mother's constantly frustrated efforts to improve Murray's quality of life and to hold people accountable for their actions, or lack of.

## 2. Early life

### Murray's birth and early life with the Salvation Army

- 2.1. My parents are [GRO-B] and Valerie Gladys Newman. They were Salvation Army officers first based in Waitara. They were transferred to Foxton and then to Thames.
- 2.2. I am one of four children. [GRO-B I have three siblings, including GRO-B] Murray. Murray was born in Thames in 1964 and is the youngest. I am five years older than Murray.
- 2.3. *Moments later I heard Murray scream and, looking back, I realised that Murray had probably not breathed for some minutes prior to the doctor's arrival. The doctor approached me and, in response to a remark I remade said "Your troubles are just beginning."*<sup>1</sup>
- 2.4. *As the Thames doctor had retired and declined to discuss Murray's birth, the Wellington specialist who had requested clarification from the hospital records said, "We have to conclude that Murray's lack of oxygen at birth meant that he was brain damaged." We were advised to place Murray's name on the Levin Kimberley Hospital waiting list, as the day would come when Murray would need to be cared for in an institution that specialised in the care of the intellectually disabled.*<sup>2</sup>
- 2.5. For a long time, I don't think people realised what was happening with this young boy who would continuously scream and would not eat. Murray has defied his life expectancy, I understand that the general feeling amongst the medical profession and specialists was that Murray would not live beyond the first few years of life.
- 2.6. *...we had to resort to using an eye dropper for a period of time, but perhaps most often, one of us would hold him close to a door handle and, as he became fascinated with hearing it click as he moved it up and down, he was sufficiently distracted enabling a family member to quickly insert some food in his now relaxed mouth.*<sup>3</sup>
- 2.7. It got to a point where Mum and Dad could no longer function effectively as Salvation Army officers with the demands Murray placed on them. They were called back to the Salvation Army's hotel in Wellington, the People's Palace, where Dad, as I understand, worked as the Assistant Manager for a period of approx. a year to 18 months.
- 2.8. We lived in an upstairs, two bedroom flat which had long bedrooms. It was above a retail shop and opposite a strip club which operated until the early hours of the morning with constant flashing lights and loud voices often coming from the street entrance. My [GRO-B] [GRO-B] and I would play together in a small fenced, concreted area at the back of the flat that saw little sunlight. There was no grass area as such to play on.

<sup>1</sup> Valerie Newman *Destiny and Purpose* (Digital Print, New Zealand, 2008) at 12.

<sup>2</sup> At 13.

<sup>3</sup> At 18 – 19.

### Leaving the Salvation Army and Murray at home

- 2.9. Mum and dad left the Salvation Army for reasons unknown to me and purchased a house in Newlands. We didn't immediately own a vehicle and were reliant on using public transport. Dad worked in Wellington and commuted to and from work via bus. Mum stayed at home and had her hands full caring for 4 children. We went to St. Oswald's Union Church, a combined Presbyterian Methodist congregational church as there was no Salvation Army church in Newlands. Within a few months we stopped going to church, which was all we had ever known as a family to that point.
- 2.10. The house was small with three bedrooms. [GRO-B-1] had her own room, [GRO-B-2] and I shared a room and Murray was in Mum and Dad's room.
- 2.11. As Murray got older, his mobility increased, and he needed more people around him to manage him. Mum and dad always made sure they knew or thought they knew where he was because he would and could disappear.
- 2.12. We were living at the top of a hill in Newlands. If you didn't have eyes on Murray, he would be gone down the hill or he'd be at the next-door neighbor's house emptying a pantry or blocking a sink or a toilet, if he had the time. He was a runner. He didn't realise he was running away. It wouldn't be uncommon to find him on the main road disrupting traffic, but he had no idea that that was wrong.
- 2.13. Murray needed a lot of support and constant attention every day. He was demanding in his own way, that essentially fell to Mum and Dad. We also had to help as children when and where we could; which essentially amounted to watching Murray or trying to engage with him somehow to keep him occupied.
- 2.14. One of Murray's favourite tricks was to put the plug in the laundry tub and/or the bathroom hand basin and turn the taps on resulting in water flooded rooms.
- 2.15. I remember the Wahine Storm in Wellington in 1968. Mum sent us to school, leaving Mum and Murray at home. We watched roofs lift off houses in Newlands from the classroom windows. During the day Murray decided to block the laundry tub and flood the house. Mum couldn't hear the taps running because of the rain and the gale force winds. The hallway carpet was saturated before Mum discovered the blocked tub.
- 2.16. Another thing Murray would regularly do, unless caught, was fill the toilet bowl with toilet rolls and anything else he could block the toilet with. He would then happily flush with the door locked.
- 2.17. He also had a propensity for hiding keys if you left them lying around. He would hide them, and wasn't about to tell you where he'd hidden them, not that he could probably remember.

### 3. Respite care at Kimberley Hospital

- 3.1. *Over the next few years, from approximately age five to nine, Murray would spend two weeks at a time in a very nice and homely cottage within the Kimberley grounds.<sup>4</sup>*
- 3.2. There was an Irish woman staff member there called Mrs Foster who I understand was the Matron of the house, she was like a second mother to Murray and was good with him.
- 3.3. Murray's only diagnosis at this time was one of intellectual disability. His other conditions were diagnosed at later dates in his life.
- 3.4. Murray's fortnightly stays weren't one-on-one but the other residents, perhaps 3 or 4 in the same house/villa, didn't affect Mrs Foster's care of and for Murray.
- 3.5. The fortnightly periods of respite care gave us normality of sorts for those much-anticipated short periods of time. Our other 'normal' would resume when Murray returned home.

### 4. Marylands School

- 4.1. *As Murray approached school age I was determined to enroll Murray at our local primary school that the other three children attended. I was advised against this by the psychologist who tested Murray and who advised me he required a Special School and that one was available in Newton, a suburb quite some distance away from where we lived.<sup>5</sup>*
- 4.2. *I'm not sure how, but I learnt there was a school in Christchurch, in the South Island of New Zealand, that catered for intellectually handicapped boys and was run by some specially trained Catholic Brothers from Australia. That excited me so I contacted the St John of God School and asked for Murray's name to be placed on their waiting list.<sup>6</sup>*
- 4.3. *A couple of years went by and as I hadn't heard anything from the school I contacted the Brother in charge and asked where Murray was on their waiting list. He surprised me by saying that they had a bed available but as Murray's file was not up to date, they didn't think Murray would be allocated the bed.<sup>7</sup>*
- 4.4. *We didn't know at this time that Murray was autistic and would therefore prefer his own company and, in our ignorance, but with the best possible motives, we enrolled him at the St John of God School in Christchurch.<sup>8</sup>*

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<sup>4</sup> At 22.

<sup>5</sup> At 26.

<sup>6</sup> At 27.

<sup>7</sup> At 27.

<sup>8</sup> At 29.

4.5. *In Murray's second year at the Maryland's School I received a letter from the brothers advising me that as Murray was unable to stay still long enough to learn anything at all, they would be purchasing a one-way ticket for him back to Wellington at the end of the term.*<sup>9</sup>

## 5. Kimberley Hospital

5.1. *I took a day's leave and drove to Levin to the Kimberley Hospital and Training School to meet with the social worker.*<sup>10</sup>

5.2. *I reminded her that Murray was now 11 years of age and his name had been on their waiting list for admission, for the last 10 years and, as my circumstances had now changed, could she please indicate when a bed might be offered. She was patient as she explained there were several hundred other intellectually handicapped persons also waiting for beds.*<sup>11</sup>

5.3. *This was not what I wanted to hear but I explained that now a bed was urgently required as I had three other children at home who also needed my support and I was now working full time to support us all.*<sup>12</sup>

5.4. *The pressure on the family was steadily increasing. Shortly after that, on 9 August 1976, aged 11, Murray was admitted to Kimberley on a full-time basis.*<sup>13</sup>

5.5. Murray went from being in a small respite care residential home, to dormitory ward-type accommodation at Kimberley. Murray wouldn't have coped well in that situation, particularly with his undiagnosed autism condition at the time.

5.6. Kimberley was originally an air force base dating back to World War Two with dormitory barrack-type accommodation. This was essentially the type of accommodation available in mainstream Kimberley, and most probably other similar institutions at the time.

5.7. 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.

5.8. In my opinion Kimberley would have been a difficult place to work. I would not be surprised if Kimberley was often understaffed and lacking professional fully trained psychopaedic or psychiatric personnel. This would lead to the employment of untrained and inexperienced staff. This potentially resulted in those with a severe intellectual disability, combined with other complex conditions, being less adequately cared for than those with either a physical or a mild intellectual disability.

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<sup>9</sup> At 29.

<sup>10</sup> At 30.

<sup>11</sup> At 30.

<sup>12</sup> At 30.

<sup>13</sup> At 32.

### **Kimberley Parents and Friends Association**

- 5.9. Mum attended the bi-monthly Kimberley Parents and Friends Association meetings and was duly elected to the office of President. The Association gave the parents the opportunity to come together regularly while also giving them an identity and a voice.
- 5.10. The Association encouraged discussion and information sharing between parents. In turn they were then able to support each other as the need arose. As things happened, and it didn't happen to everybody, some parents became aware of the darker side of the institution. 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.
- 5.11. *I visited many of the families living in Levin and I heard some very disturbing stories of their loved ones, now living and residing in the Kimberley Hospital and again it was usually those whose children posed behavioural problems. I had nightmares over the traumas some of these families had experienced and was determined to endeavor to bring about change.*<sup>14</sup>
- 5.12. In November 1987 a national body was formed. Mum was appointed as the first national secretary, a position she held for a number of years. Parents now had a national voice, a voice that may have possibly unsettled some institutional hierarchies.
- 5.13. There were residents at Kimberley with some horrendous physical as well as intellectual disabilities. The one size fits all mentality/approach certainly did not work for all at Kimberley. There were those that had a mild intellectual disability and those with solely physical disabilities, who were probably provided with an appropriate level of care because staff knew how or were better equipped to handle that type of disability, with or without training. There was a completely different group of people at Kimberley who had far more complex conditions and needs, like Murray, who required very specialised care. The barrack/dormitory type accommodation was counterproductive in catering for the individual needs of the high to complex severely intellectually disabled.
- 5.14. Mum was in a meeting at Palmerston North Hospital in her capacity as President of the Kimberly Parents and Friends Association when the closure of Kimberley was being discussed. Mum enquired as to what consideration had been given as to where the Kimberley residents who could not integrate into the community would go. The meeting was then apparently finished and the question unanswered.
- 5.15. *I knew I had to step into the debate but I did not know how to do it as I had never been in a meeting of this kind; so I put up my hand.*<sup>15</sup>

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<sup>14</sup> At 61.

<sup>15</sup> At 59.

- 5.16. *I was ignored for a time even though I was sitting immediately in front of the Principal Nurse, until finally, with a sound of exasperation in his voice, he enquired as to what I wanted. "I have something to say but I'm not sure where it is appropriate." He replied, "If you have something to say Mrs Newman, then get on and say it now."*<sup>16</sup>
- 5.17. *"You cannot close this hospital because there are patients here who would not cope in the community and the community would not cope with them."*<sup>17</sup>
- 5.18. *A stunned silence followed, and it seemed that no one wanted to, either challenge my words, or continue with their plans for closure; so the meeting was terminated.*<sup>18</sup>
- 5.19. I remember Mum saying that New Zealand was following a UK initiative with deinstitutionalisation. As I understand the UK after a period of time following deinstitutionalisation started to rebuild institutions again but they were purpose-built cluster type housing villages to cater more fully for the needs of the intellectually disabled. However, while some people directly affected by deinstitutionalization could be out in the community, others would never be able to fully integrate, due to the nature and/or severity of their disabilities.
- 5.20. Deinstitutionalisation was discussed at the local Kimberley Parents and Friends meeting. Some parents didn't grasp the full implications of the decision. They didn't realise what was about to happen and struggled immensely with the decision when they understood its implications. Parents were confronted with this thought that would never have entered their minds previously. They believed they had an assurance of sorts that their loved one would always be taken care of in institutional care from "cradle to grave". Some parents remained in total denial about closure.<sup>19</sup>

### **Medical abuse**

- 5.21. I went out to Kimberley a few times with Mum to pick Murray up.
- 5.22. There was one occasion when Mum asked me to go with her when she was meeting with the Medical Superintendent. My recollection of that meeting was that we had a gentleman sitting across the table from us who was paying us lip service, and who was not about to change his mind. He entertained our presence and then duly dismissed us.
- 5.23. The reason we went to speak to the Medical Superintendent was to talk about Murray's medication. A lot of what Murray was prescribed was seemingly unnecessary to us with the thought that a heavily medicated/sedated Murray was much easier for Kimberley staff to manage.

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<sup>16</sup> At 59.

<sup>17</sup> At 59.

<sup>18</sup> At 59.

<sup>19</sup> At 61.

- 5.24. 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.
- 5.25. It was so wrong. It pointed to a lack of knowledge and understanding of what and who they were dealing with. The approach appeared to be a one size fits all, lumping everyone together.
- 5.26. In my opinion, challenging behavior at Kimberley, Templeton, Brackenridge and Hillmorton, was essentially managed by sedation as a means of behavioral control. Somehow Murray survived years of high dosage medicinal sedation.
- 5.27. *I was to learn that evening that adult dosages of antipsychotic medications were being administered to Murray whose physical frame and weight were well below that of an adult male.*<sup>20</sup>
- 5.28. Nearly every time that Mum picked Murray up, he was potentially different from a previous visit. Generally, the difference appeared to be from a change in medication. Sometimes his medication wouldn't have changed but the dosage or frequency had. Mum kept a record of Murray's medications on his home visits from the product labelling. The often frequent and ongoing changes in medication had an adverse effect on Murray.
- 5.29. I remember Murray as a young boy to be meek, mild, and cheeky. Even as a teen he was never aggressive by nature. Medication and physical abuse were progressively changing his behaviour.

### **Physical abuse**

- 5.30. There was one person who Mum refers to in the book who was very handy with his fists, who probably used his fists to enforce control and authority.
- 5.31. There were times when Mum would pick Murray up and he would have bruising to different parts of his body. He had bruising to his neck on one occasion and it was covered by the collar of his clothing.
- 5.32. *I noticed that his neck was covered by his clothes, so I turned the collar down and there were distinctive marks on his neck consistent with having been manhandled.*<sup>21</sup>
- 5.33. *As I pondered what to do, I recalled that Murray had used a name.*<sup>22</sup>
- 5.34. *I happened to be in the Levin Post Office the following day and there in front of me was Fossie [Mrs Foster]. I drew her aside and asked her if she knew the person. She exclaimed loudly and very colourfully that he was 'a dreadful man' and that he had put his*

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<sup>20</sup> At 51.

<sup>21</sup> At 43.

<sup>22</sup> At 43.



wife in hospital with his aggression and was now treating his de facto wife in the same way.<sup>23</sup>

- 5.35. There was another time where there was bruising to his groin area. Mum didn't realise this until she was bathing him and saw it.
- 5.36. On other occasions Murray would show the bruising and say "nurse did this" or "staff did this".
- 5.37. Mum would have told me at the time but reading her book brought it all back.

### **The plate glass window incident**

- 5.38. There was one incident where Murray went through a plate glass door. I understand a staff member told Mum off the record that it had happened.
- 5.39. *I sensed that something was dreadfully wrong when he continued and said "Mrs Newman, I am not ringing you officially; I am ringing you from my home to let you know that early this morning, Murray went through a plate glass window and I thought you should know."*<sup>24</sup>
- 5.40. *I couldn't speak for a moment or two and then a particular realisation came to me: "Mr..., where is Murray now?" He responded with the dreaded words, "Mrs Newman he is in Ward 7 under heavy medication."*<sup>25</sup>
- 5.41. Murray was now in Ward 7, the lockup ward. Residents were threatened by staff that they would be sent there if they did not behave. It was a fearful place for residents to be sent.
- 5.42. 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 Murray's build was able to break through plate glass. The thought was that he was been chased by either staff or another patient and was determined to get away.
- 5.43. What is equally as extraordinary was the fact that no one apparently knew how or why this incident occurred with no accountability yet again.
- 5.44. *Finally, we were invited into a room full of people. This was not what I was expecting, and I said so. I said, to the room, as all were looking at me, that I had an appointment with the Medical Superintendent, who had invited me to be present when he examined Murray. They all silently looked around at each other in a bemused fashion and then back at me. I then asked "Can someone please tell me what happened?" Imagine my surprise when a male, a nurse, said "We are hoping you will tell us!"*<sup>26</sup>

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<sup>23</sup> At 43.

<sup>24</sup> At 38.

<sup>25</sup> At 38.

<sup>26</sup> At 40.

- 5.45. *Everybody looks at everybody else. No-one has introduced themselves so to this day I do not know who these people were. There is a period of quietness and someone says "Well Mrs Newman, if you can't tell us what happened; there really is no point in us continuing."<sup>27</sup>*
- 5.46. Mum demanded an investigation. After a period of time, she was called to Kimberley, expecting to meet with the Medical Superintendent and possibly the Charge Nurse.
- 5.47. *As I drove slowly past his office window I saw the Medical Superintendent with his head down attending to something on his desk. I knocked on his door and was invited in and, standing, I handed him my statement regarding Murray 'going through a plate glass window' recently. He took it from me and read it and looking up said, "What do you expect me to do about it?" I wanted to shout, "Do about it? Investigate the facts and establish what actually occurred." Instead, I weakly said "It is not for me to tell you what to do." I could hardly believe my own ears but that was the 'way out' I gave him and he quickly responded threatening to discharge Murray.<sup>28</sup>*
- 5.48. This was a deliberate cover up by Kimberley management, with stand over tactics used to belittle and humiliate Mum. She was repeatedly bullied and intimidated on more than one occasion when she met with the Kimberley Hospital management over concerns raised with regard to Murray's care.
- 5.49. Mum was also threatened with Murray's discharge from Kimberley over another incident. She found out later that Kimberley couldn't discharge Murray as had been implied, with the threat meant to intimidate her.
- 5.50. *I learnt that Kimberley management had full confidence in their staff and that no such incident occurred in Ward 6. Furthermore, "If I was not happy with the care my son was receiving, he could be discharged back into the community." The threat was very real and at that time, I did not doubt for a moment that that particular Medical Superintendent would have indeed carried out his threat. His words were surely meant to silence me as I did not know at the time if I had any redress whatsoever, let alone any rights, for either Murray or for me.<sup>29</sup>*

### **Abuse and neglect in Ward 7**

- 5.51. I remember Mum's horror when she found out that Murray was in Ward 7.
- 5.52. Mum had heard bad reports about Ward 7, possibly from the Kimberley Parents and Friends Association and/or from the occasional staff member, warning Mum to keep Murray out of Ward 7. She was distressed and distraught that Murray was now in that Ward. I can clearly remember her telling me Murray was now in Ward 7, evoking a lot of unwanted emotion and fear for Mum.

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<sup>27</sup> At 40.

<sup>28</sup> At 44 – 45.

<sup>29</sup> At 36.

- 5.53. We will never know exactly what went on behind those closed doors but there was abuse of varying sorts on a regular basis.
- 5.54. It would have been off the record, but there were some staff members who told Mum not to let Murray go into Ward 7. There was the odd sympathetic staff member who had the courage to speak up and say something to Mum.
- 5.55. *I suddenly realised the significance of being rung in this manner and told such disgusting news. Murray had constantly been threatened that if he did not comply with staff wishes he would be transferred to Ward 7, the psychiatric ward that was always locked. The boys feared being locked in that ward, and now Murray's worst fears were realised as he was admitted against his will. For the record, I was never officially advised of this transfer.*<sup>30</sup>
- 5.56. There was a time where Mum went uninvited into Ward 7 because the door was open, much to her surprise. She discovered the day area, the courtyard, on a hot day and all the residents sitting inside the courtyard with no shade. As I understand, they were locked inside the courtyard for hours at a time which explains why the main door to the ward was unlocked and open giving Mum access into the building.
- 5.57. As I understand Ward 7 was a sterile place. Ward 7 residents were accommodated in a lifeless environment where an atmosphere of fear often prevailed.
- 5.58. There was an occasion where Mum saw a male staff member holding a pool cue over the head of a small boy. He was seated or cowering, and Mum called out saying "What are you doing?" She prevented possibly something untoward from happening, at least in that moment of time.
- 5.59. Ward 7 was infamous for these and other reasons.
- 5.60. *I had been advised that Murray had an ingrown toenail and that I would be required to sign a form allowing a general anesthetic to be administered enabling the Medical Officer to take the necessary medical action so I duly signed the form...Imagine my shock when later in the day the Medical Officer rang me at work to tell me that the anesthetic was not required and that Murray was very brave and that it only took four men to hold him down while the toenail was repaired.*<sup>31</sup>

### **False report**

- 5.61. *Weeks went by during which time Murray was kept under 'house arrest' unable to leave the hospital grounds and come home. Additionally, he was not allowed to resume his daily activities and attend any kind of day programme.*<sup>32</sup>

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<sup>30</sup> At 39.

<sup>31</sup> At 49.

<sup>32</sup> At 45.

- 5.62. Finally, my friend Val and I drove to the Kimberley Hospital for the appointment with the hospital psychiatrist. My friend was not allowed to accompany me to his office, as the psychiatrist stated that "Anything he had to say to me, he would say to me alone."<sup>33</sup>
- 5.63. Once in his office he began reading from a report that stated that Murray had returned to his day care programme and was enjoying home visits. At that point I stopped him and said "None of what you have just said is true; nothing is occurring for Murray." Sneeringly he said Mrs Newman I am reading from a report." "Nevertheless, I am telling you that categorically nothing of what you have said is true!"<sup>34</sup>
- 5.64. As he glanced at me and made a further attempt to read from the 'report' the door opened and in dashed Murray and sat as close to me as he was able. I felt his anxiousness. Murray was accompanied by the Charge Nurse of Ward 7. The psychiatrist then reiterated what he had earlier said to me. A conversation between the two men ensued and it was music to my ears to hear the Charge Nurse say, "I'm sorry sir, but none of this is true." "Then where did this report come from?" "I don't know, Sir" was the response.<sup>35</sup>
- 5.65. The psychiatrist was reading from a report that he hadn't verified and that appeared to have been fabricated. Another attempt to intimidate and ridicule Mum.

#### **Meeting with Anne Thorpe and the Medical Superintendent**

- 5.66. Mum was constantly trying to improve Murray's quality of life and in the process was poking the bear, a bear that didn't want to be poked!
- 5.67. Parents were seemingly discouraged from going out to Kimberley. This is where Mum crossed a line. There were parents that had family members at Kimberley for a long period of time. As I understand they had to sign a document which basically handed over the rights of their family member to the institution. That practice appeared to have ceased at some point as Mum never had to do that when Murray was admitted full time to Kimberley in 1976.
- 5.68. Mrs Anne Thorpe, of Otaki, was appointed to Kimberly as the 'Official Visitor', a government appointment. Anne Thorpe brought a new level of accountability to the meetings. There was an apparent lack of accountability prior to Anne Thorpe's presence in a meeting as well as a total lack of respect for Mum which also changed with Anne's presence.
- 5.69. Mum found out what Anne's government appointed powers were. Mum knew by name the medications that Murray was being given but didn't understand the implications of the frequency or what the effects of the dosages were. It was Anne Thorpe who discovered that these dosages were dangerously high.

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<sup>33</sup> At 45.

<sup>34</sup> At 46.

<sup>35</sup> At 46.

- 5.70. Anne offered to come through to Levin and would I please have a list of all Murray's medications written down and ready for her. She would need to know the strengths and frequency of the medications being given at any one time. Upon Anne's arrival I gave her the list; received a warm and comforting hug and with the words that she was now going to take this list to a GP for his perusal and advice. She said she would contact me at the first possible moment.<sup>36</sup>
- 5.71. True to her word she rang me in the early afternoon and, with concern in her voice told me that the doctor she had spoken with said, "If you want to save this boy Anne, you will have to move quickly."<sup>37</sup>
- 5.72. Finally, Anne rang to say that she and I had an appointment with the Acting Medical Superintendent of Kimberley Hospital who, by the way, was also the Medical Officer. I was to prepare myself to hear a fourteen-page report from the Director of Psychiatry of the Palmerston North Hospital which would be presented by the Superintendent-in-Chief of the Palmerston North Hospital Board.<sup>38</sup>
- 5.73. The report is dated 11 January 1985 when Murray was 20 years of age. I have the four page report in front of me as I write and one thing that was established for me very early on in the proceedings was that Murray had an 'informal status'. He had not been committed by the courts and was free to come and go at will, which effectively meant that on each occasion that I was directed not to take him out of the grounds, or when Murray's home visits were refused, they had no legal standing or right to enforce that, but most parents, including me were totally unaware of either our rights or obligations.<sup>39</sup>
- 5.74. The report further stated that Murray only weighed 42 kg and that "the total dose of major tranquilisers is a high one". The report further stated, "Normally medication of this sort would be used for the treatment of specific psychiatric conditions, e.g. schizophrenia."<sup>40</sup>
- 5.75. After the report had been read out I stated as strongly as I could that I wanted the injecting of medication to cease forthwith and preferably I expected that the previous regime of less harsh medications be reinstated.<sup>41</sup>
- 5.76. The Medical Superintendent said that they would do what she asked and said if nothing else, they would do it to prove her wrong.
- 5.77. At this point the Acting Medical Superintendent, also wearing the hat of Medical Officer, jumped to his feet and thumped his desk with his fist. He was leaning across his desk and I had the distinct impression that if he could but leap over it, he would probably be shaking his fist in my face. However, he was quietly but firmly requested to resume his seat and after a few minutes the Superintendent from Palmerston North addressed this man by his

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<sup>36</sup> At 50.

<sup>37</sup> At 50.

<sup>38</sup> At 51.

<sup>39</sup> At 52.

<sup>40</sup> At 52.

<sup>41</sup> At 53.

*Christian name and suggested quietly to him that “if only to prove Mrs Newman wrong, why don’t we accede to her request?” After a few minutes there was agreement, albeit reluctantly given.<sup>42</sup>*

### **Educational neglect**

- 5.78. At Kimberley there was, to a point, some schooling at a day programme.
- 5.79. 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.
- 5.80. The day programme staff did the best they could for Murray but when dealing with someone like Murray who was generally heavily medicated which in many respects render him incapable of even very basic learning.

### **6. Templeton Hospital**

- 6.1. Eventually Mum hit a brick wall with Kimberley. She wanted to get Murray out of Ward 7 and out of Kimberley. She did some research and thought that Templeton, Kimberley’s South Island equivalent would be a better place for him.
- 6.2. Mum moved from Levin to Christchurch and Murray went into Templeton. My GRO-B-1 GRO-B-1 and her family lived in GRO-C as well so that may have also influenced Mum’s decision to move both herself and Murray south.
- 6.3. However, it wasn’t much better. It wasn’t any different. Templeton went horribly wrong after a very short period of time with the systemic entrenched thinking of multiple institutions now becoming more apparent.
- 6.4. *The Rimu Charge Nurse then turned to me and said “Mrs Newman, the whole time we have been together, I have been observing Murray and I can tell you that Murray should not be in this villa.”<sup>43</sup>*
- 6.5. *An older man accompanied the Rimu staff person and approached our small group. I soon learnt that the older man was a ‘no nonsense’ man and was not used to his authority being challenged, nor did it seem that he was likely to change his mind once a decision had been made, regardless of how or what the circumstances were for our requesting another more suitable placement. With his ‘take it or leave it’ attitude I was forced into accepting the bed for Murray in the Rimu Villa.<sup>44</sup>*
- 6.6. *However, within a week or so, my daughter was contacted by phone, as mine had not yet been connected, and was informed that Murray had been taken to the Burwood Hospital*

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<sup>42</sup> At 59.

<sup>43</sup> At 70.

<sup>44</sup> At 70.

and was awaiting surgery and that [GRO-B-1] was to get a message to me as my signature was required on a form permitting an anaesthetic.<sup>45</sup>

- 6.7. I don't have a lot of memories in relation to Templeton because I was in Levin. Mum would phone regularly and tell me what was happening. [GRO-B-1] supported Mum a lot during the Templeton years. I became aware that Templeton was no better than Kimberley.
- 6.8. Mum spent a lot of time, when she was able, taking Murray out of Kimberley and then again out of Templeton to give him a break from institutional life. She often dreaded taking him back and he often resisted. It was a double edged sword, particularly as Mum got older, realizing that she was no longer able to have Murray home for the weekend as often as she was once able.

## 7. Brackenridge Estate

- 7.1. Brackenridge was built specifically for Templeton residents with high needs that couldn't integrate into the community with deinstitutionalisation upon Templeton's closure. Those that were more suited to the community went out but there were some who would never integrate or be accepted in the community because of their range of disabilities and/or complex conditions.
- 7.2. *A lot of effort was put into making this placement successful but again the mix of clients was wrong, especially, as again, Murray was the only verbal resident and the staff were too busy with incontinent residents, etc and Murray was pretty much left to his own devices.*<sup>46</sup>
- 7.3. I went to Brackenridge with Mum once when I was in Christchurch. I disliked going to these places as I found them oppressive, morbid, sterile, and lifeless environments.
- 7.4. Brackenridge was a new facility but it was being run the same way. Some of the same people who had been at Templeton went over to Brackenridge. Nothing appeared to have changed. It had the same mentality, the same focus, and the same way of caring for residents.
- 7.5. *If that wasn't bad enough, some employees of Brackenridge were untrained and had no understanding of autism or how to handle complex residents. In addition, Brackenridge seldom had enough staff for the number of houses and so employees from a bureau in the city were sent to fill the gaps.*<sup>47</sup>
- 7.6. I remember going there and it was an unpleasant experience. It seemed woefully understaffed at the time of my visit. Murray's unit was a locked facility and we eventually gained entry. Murray was in a very heightened state by then as he had seen us waiting outside but unable to enter. By then both mum and I were also in a heightened state, not

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<sup>45</sup> At 70 – 71.

<sup>46</sup> At 95 – 96.

<sup>47</sup> At 93.

helping the situation. I think mum wanted to take him home for the rest of the weekend to give him some respite but was unable to.

## 8. Hillmorton Hospital

- 8.1. Murray ended up in Hillmorton which was once again an unpleasant experience for him.
- 8.2. *Saturday evenings are usually quiet ones for me but on the 2<sup>nd</sup> of November 2002 at around 8.30pm the telephone rang and a young sounding man introduced himself as a registrar from Hillmorton Hospital. He said he was ringing from the Brackenridge Estate to advise me that Murray was being physically restrained and that he wanted my permission to remove him to Hillmorton Hospital.*<sup>48</sup>
- 8.3. Murray's admission to Hillmorton Hospital was a failing I believe on the part of the Brackenridge Estate in their duty of care for Murray. For reasons unknown, whatever happened on the Saturday evening that resulted in Hillmorton's intervention was a result of failings by Brackenridge to effectively and adequately provide for Murray while he was in their care.
- 8.4. *I rang a trusted person who had many dealings with Murray in the last few years and their advice was to insist that Brackenridge accept their responsibilities.*<sup>49</sup>
- 8.5. Murray exhibited more aggressive tendencies as he got older. Mum had the option of having him at home for a weekend while he was at Hillmorton. Murray's increasingly unpredictable behaviours meant that Mum was ultimately unable to have Murray at home. I believe the aggressive behaviours were a result of a variety of medications over a prolonged period of time combined with the physical abuse that Murray had been subjected too from staff and other residents at various institutions.
- 8.6. *Unfortunately, the second evening at home, Murray drank tea and water excessively and would not listen to any requests to stop and so an explosive situation arose, almost out of the blue. His whole demeanor changed, as he smashed the cups he had been using and also became verbally abusive, slamming each door on the way to his bedroom where he prepared for bed.*<sup>50</sup>
- 8.7. Murray did hit mum occasionally, more as Murray got older and as mum aged. He would be immediately apologetic and remorseful. He couldn't say "Val" so he called mum "Bal" and would say "Sorry Bal" repeatedly for great lengths of time. It became more apparent with repeated hitting episodes that mum couldn't continue taking him home because his behaviour was unpredictable and he could become aggressive with little warning.
- 8.8. Mum had always hoped that Murray was going to a better place, but it never seemed to happen that way.

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<sup>48</sup> At 101.

<sup>49</sup> At 101.

<sup>50</sup> At 107.



## 9. NZ Care

- 9.1. In approximately the mid 2000's, mum hit rock-bottom. She had seemingly exhausted her options in Christchurch. As I understand, there was one final meeting to try and find a placement for Murray Newman. People from various organisations were present at that meeting. They all either knew or knew of Murray and were generally unwilling or unable to offer a placement and or to be of any assistance.
- 9.2. *There had to be a way out for me of this current dismal situation but all the doors seemed closed to me and I felt we were marking time.*<sup>51</sup>
- 9.3. However, Kerri Thorpe, of NZ Care, who was present in the meeting, put her hand up and said she would do something for Murray as she knew of and had worked vocationally with Murray previously.
- 9.4. I understand everyone else present thought and assumed that any proposal was laughable, particularly a long term solution as no permanent long term solution had ever been achieved and/or thought achievable. Kerri put together a comprehensive plan as she understood what Murray's needs were. The other organisations present were probably quite relieved that Kerri had proposed an apparent viable option that didn't involve their organisation.
- 9.5. *The whole idea in this new care situation was to establish Murray as a person of value, to praise good behaviour and to some extent ignore unacceptable behaviour, in the hope of reversing what had occurred for Murray in the past.*<sup>52</sup>
- 9.6. Kerri managed to get a service up and running which is still operational to this day. Part of the success of the service established by Kerri was the way she selected Murray's care givers. Kerri handpicked staff as she was able, people that she knew had worked with Murray previously, who cared for and understood him. The continuity of staffing provided Murray importantly with a stable environment.
- 9.7. *Being both intellectually disabled and autistic meant that continuity of care, in all aspects of Murray's care were vital for success. There was also a daily plan to be followed, ensuring continuity.*<sup>53</sup>
- 9.8. A review of Murray's medication was also instrumental in the success of the service. Unfortunately, the long term effects of the medications were and still are detrimental to Murray's health and wellbeing even in the lesser dosages now prescribed.

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<sup>51</sup> At 107.

<sup>52</sup> At 143.

<sup>53</sup> At 144.

## 10. Impact

### Impact on me and my family

- 10.1. Mum and dad separated when I was 15. Divorce followed. Murray put a lot of pressure on my parents' marriage.
- 10.2. Because of Murray's intellectual disability he demanded enormous amounts of personal time and care which then put additional pressure upon all aspects of family life.
- 10.3. The additional pressure of Murray's demands over time exasperated mum and dad's marriage, family relationships, and family dynamics.
- 10.4. I wouldn't say life was difficult at the time because we didn't know any different, it was our normal. In hindsight, life was very abnormal and the family dysfunctional.
- 10.5. I have tried to read mum's book on a number of occasions, but then putting it down because it was just too raw. I forced myself to read it now and found the book was a challenging and confronting experience.
- 10.6. GRO-B-1 although living in GRO-C has had no contact with Murray for several years and has minimal contact with myself.
- 10.7. GRO-B-2 will generally acknowledge Murray's birthday and Christmas with a card and monetary gift. We have intermittent contact.
- 10.8. GRO-B has never asked after Murray. After my parents separated and subsequently divorced, GRO-B appeared to close the door on that chapter GRO-B
- 10.9. As a family we are still in many respects, dysfunctional.
- 10.10. As for myself, I developed a speech stutter at an early age. I do not know whether it was related to family stress at the time. I was sent to a family friend's farm every school holidays for the entire school holiday period for many years, providing respite for myself from the family dynamics at the time.

### Impact on Murray

- 10.11. Murray's life has been undeniably affected by medication and physical abuse in the various institutions he was placed in. He became anxious, easily agitated, and aggressive probably as a result of all the various forms of abuse while in care. The behaviours appeared to worsen with age and the longer he was in institutional care. As a result of his behaviours and conditions Murray has been unable to live for any length of time with other people/residents while in the care of NZ Care.
- 10.12. To this day, it is not uncommon for Murray to harm himself by forcibly banging his head repeatedly against a wall or picking a toe nail completely off. He has developed a food swallowing complication that I have recently been advised could result in an end of life

episode. His mobility has now declined to a point where he is generally moved about in a wheelchair.

- 10.13. Murray is now in the care of NZ Care. Kerri Thorpe's understanding and vision for Murray's care has been life changing for Murray. Since 2005 Murray has had a quality of care that he wouldn't have otherwise had if it weren't for Kerri's intervention.
- 10.14. Although his quality of life has improved immeasurably, the combination of a long term detrimental medication regime and the physical abuse that he suffered while in care has amounted to irreversible damage that has contributed to his unpredictable and aggressive behaviours.

## 11. Looking forward

- 11.1. Murray is in a good place now with NZ Care and has been since the inception of the service instigated by Kerri Thorpe. Kerri and her team of outstanding caregivers have done what no other institution or organization was able or willing to do.
- 11.2. Mum asked Ron Trelease and Kerri, of NZ Care, to share their thoughts three years following the establishment of an individual package for Murray, a package that has kept Murray safe and also the staff working with him.
- 11.3. Ron said: *I was lucky that Kerri, who had known Murray in the vocational setting for a number of years, did not share the pessimism and disbelief that nothing would work for Murray, and together we explored the necessary avenues that would ensure Murray had a home to come to where he would feel safe and welcome.*<sup>54</sup>
- 11.4. Kerri said: *Murray now has a service that respects who he is and works as a team to allow Murray to be who he is without the pressure to conform to what society dictates.*<sup>55</sup>
- 11.5. Every year Kerri has to secure the funding for his service. If there was a single outcome for Murray from this Royal Commission inquiry then I would ask that Murray's funding for his remaining years be secured without the necessity of funding having to be applied for on an annual basis as is the present situation.
- 11.6. I understand that the funding process gets harder to secure with each year. Every year there is the possibility that funding could be denied and then what will happen, where would Murray go?
- 11.7. One thing we do know about Murray is that he requires continuity, continuity with where he lives and continuity of the staff that care for him. If the funding isn't there and the service has to be reinvented then the continuity cycle at each level would fall over with a detrimental effect for Murray's quality of life.
- 11.8. It would be beneficial for Murray if the funding for his service was secured for the rest of his days in a sense to make up for approximately 30 years of institutionalisation that failed

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<sup>54</sup> At 161.

<sup>55</sup> At 163.

in its duty of care and did a lot of harm and damage to him. Ongoing and continuous funding would guarantee his present service which serves him well. Murray is now living a life in dignity which he was denied for 30 years.

11.9. I also believe that Mum and Murray are due an apology for the way in which they have both been treated.

**Statement of Truth**

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

Signed

GRO-C

Dated:

31/05/2022

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