Abuse in Care
Royal Commission of Inquiry

PART 1

JUNE 2024

Whanaketia

Purpose and Process

Rukuhia te pū o te hinengaro

THROUGH PAIN AND TRAUMA, FROM DARKNESS TO LIGHT

Presented to the Governor-General by the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions

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Whakairihia ki te tihi o Maungārongo

He karakia

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

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

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

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

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

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

– Waihoroi Paraone Hōterene

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

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

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

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

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

And so, as dawn rises, and a new day begins,
let clarity and understanding reign,
goodness surrounds you and
justice prevails.
Rongo god of peace, this the heart desires,
we beseech you,
let it be,
it is done.

– Waihoroi Paraone Hōterene

Rukuhia te pū o te hinengaro

The name of this Part comes from the second verse of the Karakia, where survivors are guided to look into the depths of their being to find the seeds of new hope and solace.

Pānui whakatūpato

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

Distressing content warning

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

Ngā take

Contents

Kuputaka
Glossary

Term	Explanation
ableism	Attitudes and behaviours society uses that privilege non-disabled people. This includes when negative assumptions are made about the skills, capacities and interests of disabled people, and when their lived experiences are denied.
disablism	Conscious, direct discrimination against people who are disabled, based on their disability.
co-occurring abuse	When a person experiences an abusive or neglectful situation with multiple harms occurring at the same time.
cumulative abuse	Harmful effects of abuse accumulating over time. Each instance of abuse adds to the overall impact, increasing its severity.
fono	The word fono is used in different Pacific countries. In general, the term means councils or meetings great and small. The term can apply to national assemblies or any type of meeting between people.
gang whānau	A term used by the Inquiry to reflect that many survivors found a sense of family and community in gangs.
intersectionality, intersectional identity	Intersectionality looks at the intersecting or different parts of a person's identity (such as their ethnicity, culture, gender, disability, background, experiences) and how those aspects interact in shaping their experiences.
Inquiry period	The time period of the Inquiry's investigation: 1 January 1950 to 31 December 1999.

mental distress	A mental or emotional state that causes disruption to daily life and that can vary in length of time and intensity.
MVPFAFF+	Diverse sexualities, gender expressions and roles across Pacific cultures. It stands for māhū, vakasalewalewa, palopa, fa'afafine, akava'ine, fakaleiti (leiti), fakafifine.
pastoral care	Care provided in a faith setting, such as spiritual guidance, visiting, counselling, religious counsel, Bible studies, faith activities, helping people in the church community, and more.
psychopaedic	Outdated Aotearoa New Zealand term to distinguish people with a learning disability from people experiencing mental distress.
Takatāpui	A traditional reo Māori word meaning 'intimate friend of the same sex'. It includes all Māori who identify with diverse sexualities, gender expressions and/or variations of sex characteristics.
talanoa	A Pacific Peoples term meaning open and inclusive dialogue or conversation without a set format or structure.
tāngata Turi Māori	A reo Māori term for a person who is Māori and Deaf and may include those who are hard of hearing.
tāngata whaikaha Māori	A reo Māori term for disabled people. It reflects a definition of people who are determined to do well.
tāngata whaiora Māori	A reo Māori term for people who are seeking health. It can also be used to refer to a person receiving assessment and treatment in mental health, addiction and intellectual disability services.
Terms of Reference	The legal document setting out the Inquiry's purpose and scope as set by the government, and the matters that are out of scope.

"It was 'bad to be brown' and my experiences of institutional racism were exacerbated by the fact my whānau was one of a handful [of] Māori whānau in the Timaru area at the time."

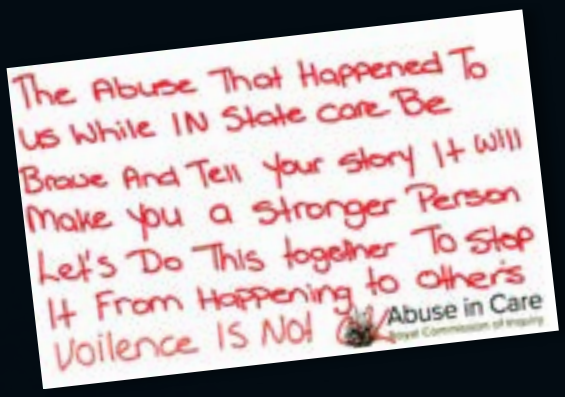
POI MCINTYRE
(Ngāi Tahu)

Ūpoko | Chapter 1
He whakatakinga
Introduction

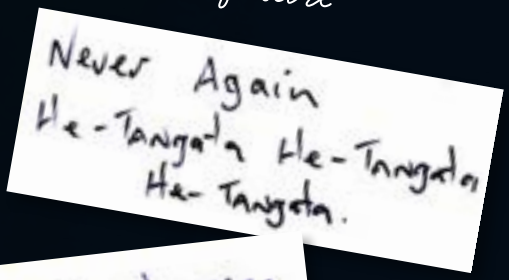
1. This part sets out the purpose of the Royal Commission of Inquiry into Historical Abuse in State Care and in the care of Faith-based Institutions (the Inquiry) and describes the processes used to carry out its work.
2. Chapter 2 sets the scene by describing the sequence of events that led to the Inquiry being established.
3. Chapter 3 describes how the Inquiry came about. It explains the Terms of Reference, which set out the Inquiry's purpose and scope, and the matters that are out of scope. This chapter also explains how and why the Terms of Reference changed during the Inquiry.
4. Chapter 4 provides data about how many survivors took part in the Inquiry and an overview of what they shared.
5. Chapter 5 describes how the Inquiry carried out its work, including how evidence and information was gathered. It describes the ways the Inquiry engaged with survivors, whānau and communities. It explains how the Inquiry's advisory and reference groups provided input and feedback on analysis. It describes the kinds of evidence and information the Inquiry gathered and the processes it followed to make sure the Inquiries reports were impartial, fair and accurate.
6. Chapter 6 explains the frameworks the Inquiry used to guide its approach as well as its investigations and analysis. Some of the frameworks used are recognised as having weight in domestic and international law (te Tiriti o Waitangi, human rights). Other frameworks are the values and principles held by communities that shape how they see the world (ngā tikanga me te ao Māori, Deaf, disability, and mental distress framework, and Pacific values framework).

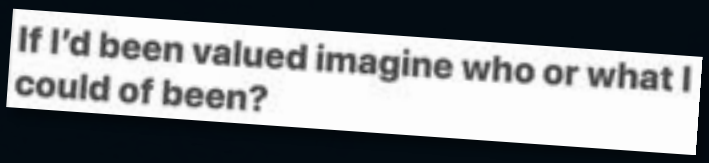
Ngā pānui ki ngā tāngata o Aotearoa
Messages to the people of Aotearoa New Zealand

These words are from survivors who met with the Inquiry kanohi ki te kanohi (face to face) in a confidential private session. The Inquiry gave them the opportunity to write a message to Aotearoa New Zealand on a postcard.

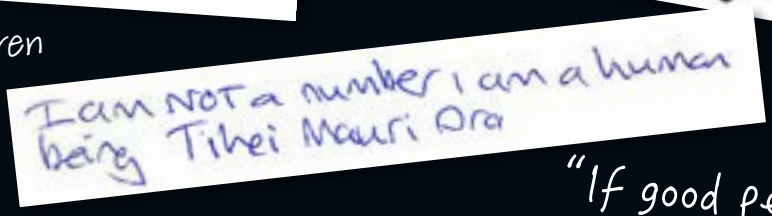


"The horrors have become intergenerational. They are now like a festering wound. Speak up – speak out – so these atrocities will not happen in the future"

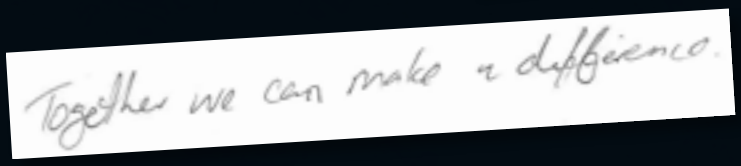




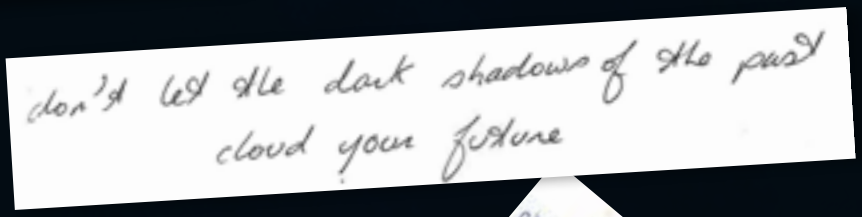
"I hope and pray that children of today are loved and treated with care."

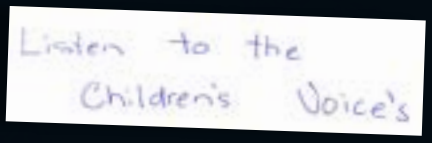


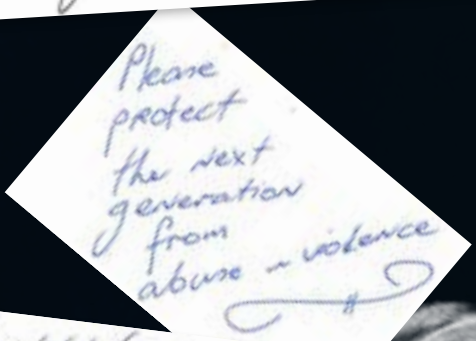
"If good people are courageous, we can stop abuse."

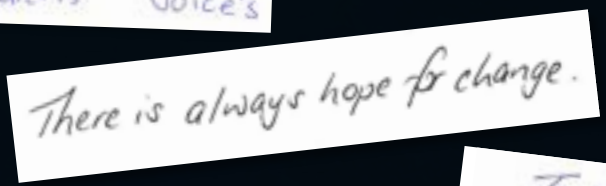


"We are desperate to create more peace inside ourselves."

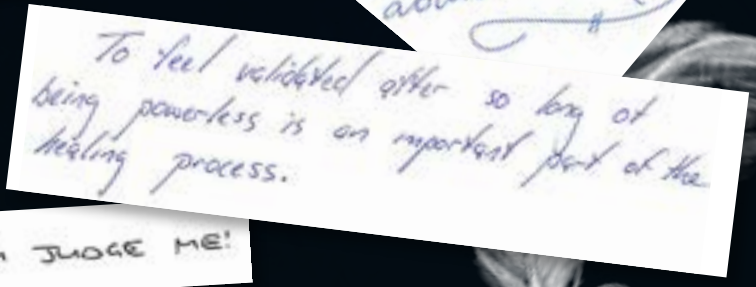


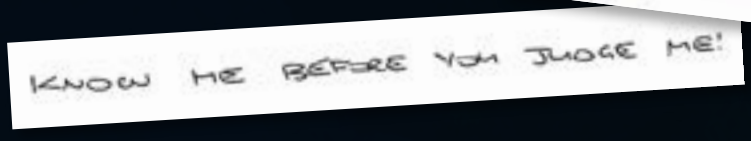






"We Wonder if someone will genuinely listen and understand."





Ūpoko | Chapter 2
Nā te aha i whakatū ai te Pakirehua
Why this Inquiry was established

7. Many survivors and their whānau said they tried to report the abuse and neglect they experienced in State and faith-based care throughout the Inquiry period (1950–1999).

8. Most survivors who came forward were not believed. State and faith-based institutions generally took no effective action to stop the abuse. Māori survivor Susan Kenny (Ngāti Apa), who was 12 years old when she was taken into social welfare care, told a social worker why she had run away from her foster home, but:

   "he never believed anything I said. None of it. He wasn't interested and thought I was a bad girl, so I would have been a liar to him."[1]

9. Few State or faith-based institutions had clear processes to deal with reports or complaints. They sought to resolve reports behind closed doors to protect their reputations. It was rare for State or faith-based institutions to report abuse and neglect to NZ Police.

10. Internationally, abuse and neglect of people in psychiatric institutions had been understood since the 19th century. From the 1960s, abuse and neglect of disabled people in institutions became increasingly visible. Deinstitutionalisation was first proposed in Aotearoa New Zealand by the third report of the Royal Commission into Hospital and Related Services in 1973.[2] Physical abuse of children began to be understood as a social problem in the 1960s.[3]

11. In the 1970s, there was growing awareness about the issue of child sexual abuse, although this was primarily focused on familial abuse. In the 1980s, media interest in criminal cases, in Aotearoa New Zealand, and overseas, led to greater public understanding about child sexual abuse, particularly in faith-based care settings.[4] In 1986, a report to the Department of Health found substandard conditions and deficiencies of care across psychiatric and psychopaedic hospitals.[5]

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1 Witness statement of Susan Kenny (15 July 2021, page 4).
2 Royal Commission of Inquiry into Hospital and Related Services, Services for the Mentally Handicapped (Wellington, 1973, page 15).
3 Daly, K, "Redress for historical institutional abuse of children", in Deckert, A & Sarre, R (eds), The Palgrave Handbook of Australian and New Zealand Criminology, Crime, and Justice (Palgrave Macmillan Cham, 2017, page 7 of Chapter 30).
4 Daly, K, "Redress for historical institutional abuse of children", in Deckert, A & Sarre, R (eds), The Palgrave Handbook of Australian and New Zealand Criminology, Crime, and Justice (Palgrave Macmillan Cham, 2017, page 7 of Chapter 30).
5 Ministry of Health, Review of psychiatric hospitals and hospitals for the intellectually handicapped: Report to Hon Dr M.E.R. Bassett, Minister of Health, as discussed in Mirfin-Veitch, B & Conder, J, "Institutions are places of abuse": The experiences of disabled adults in children in State care (Donald Beasley Institute, July 2017, pages 38–39).

12. During the 1970s and 1980s, against the backdrop of growing Māori activism seeking realisation of the promise of te Tiriti o Waitangi, there was concern from whānau and hāpori Māori (Māori communities) about the inadequacies of State care and the over-representation of Māori in social welfare settings.[6] The landmark 1986 report Puao-te-Ata-Tu set out a pathway for the transformation of social welfare settings, but its recommendations were never fully implemented.[7] Māori survivor Poi McIntyre (Ngāi Tahu) who was placed in social welfare care at 4 years old, said:

> *"It was 'bad to be brown' and my experiences of institutional racism were exacerbated by the fact my whānau was one of a handful [of] Māori whānau in the Timaru area at the time."*[8]

13. In the early 2000s, the State established a dispute resolution process and offered out-of-court settlements for some Lake Alice Child and Adolescent Unit survivors who had made claims. The publicity from the settlements, and two court decisions finding that the State was liable for abuse suffered in foster care, led to more and more claims brought by survivors who had been abused and neglected in State or faith-based care. A report by the National Advisory Committee on Health and Disability in 2003 found systemic neglect of the health of adults with intellectual disabilities.[9]

14. From January 2004 to 31 August 2017, 2,513 people made claims either in court or directly against the Ministry of Social Development.[10] Many more made claims against the Ministries of Health and Education, as well as individual churches. These claims related to many different types of abuse and neglect in many different institutions over different time periods.

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6 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri, hāhā-tea: Māori Involvement in State Care 1950–1999 (Ihi Research, 2021, page 17).

7 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri, hāhā-tea: Māori Involvement in State Care 1950–1999 (Ihi Research, 2021, page 18).

8 Witness statement of Poihipi (Poi) McIntyre (14 March 2023, para 4.14.2).

9 National Advisory Committee on Health and Disability, To have an 'ordinary' life: Kia whai oranga 'noa': Background papers to inform the National Advisory Committee on Health and Disability (2004, pages 53–66).

10 Attorney-General v J [2019] NZCA 499.

15. During the 2000s, the State opted for a dual approach to respond to the increasing claims of abuse in State care. First, government agencies set up separate, inconsistent in-house processes to settle abuse claims out of court.[11] Pākehā survivor Stephen Shaw, who was placed in care at 16 months old, was offered a sum of money by the Ministry of Social Development in 2016:

> *"I should have fought for more, I deserved more. How they got to that figure I will never know, but I would like an explanation. I hated the stupid generic apology that was mass produced and sent to everyone. It was completely impersonal. I ripped my letter up. I still want a personalised letter from the minister responsible for what the government did to me."*[12]

16. Second, the State strongly defended itself against the claims brought by survivors in court.[13] The State's goals at that time were to limit its legal and financial liability and to discourage further claims. This was partly driven by its persistent view that there was no evidence of systemic failure in the State care.[14]

17. Forums were set up for survivors to share their experiences of abuse in State care. The Confidential Forum for Former In-Patients of Psychiatric Hospitals ran from 2004 until 2007. While the Confidential Forum was not able to make recommendations, it noted in its report that "another hope of many former patients who came to the Forum was that the Government would give a public acknowledgment or apology showing that the Government understood that many former in-patients of psychiatric hospitals had had experiences that were deeply humiliating and demeaning, often taking a lifelong toll".[15] The Confidential Listening and Assistance Service for survivors of abuse or neglect in State care in the health, child welfare or special education sector ran from 2008 to 2015.[16]

18. Some faith-based institutions provided avenues to enable out-of-court settlement of survivor claims. Some initially took a legalistic approach, at-times relying on their insurers to resist or reduce the claims.

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11 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From Redress to Puretumu Torowhānui, Volume 1 (2021, page 19).
12 Witness statement of Stephen Shaw (28 February 2022, paras 144–146).
13 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From Redress to Puretumu Torowhānui, Volume 1 (2021, page 19).
14 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From Redress to Puretumu Torowhānui, Volume 1 (2021, page 137).
15 Mahony, P, Dowland, J, Helm, A & Greig, K, Te Āiotanga: Report of the Confidential Forum for former in-patients of psychiatric hospitals (Department of Internal Affairs, 2007, page 42).
16 Confidential Listening and Assistance Service, Some memories never fade: Final Report of The Confidential Listening and Assistance Service (2015, page 9).

19. Many survivors and their whānau were not satisfied with the way State agencies and faith-based institutions dealt with their redress claims. Survivors faced a range of obstacles, including that they were not believed. Other barriers included the significant emotional impacts of describing the abuse they experienced, lack of information about their histories in care, long delays and the costs of bringing claims. Cook Island European and Deaf survivor Peter Evaroa told the Inquiry that his 2013 meeting with the redress claim team to discuss his abuse "was so stressful, it led me to start drinking again."[17]

20. Survivors looked for other avenues to seek acknowledgement and redress, including the Human Rights Commission and the United Nations. Private individuals and advocacy groups began to pressure the Government to set up an independent inquiry into abuse in State care.

21. In 2009, the United Nations Committee Against Torture raised concerns about how Aotearoa New Zealand handled historic abuse claims.[18]

22. In 2011, the Human Rights Commission produced a draft report recommending that the Government should hold an inquiry independent of the Ministry of Social Development.[19] Hon Christopher Finlayson, then Attorney-General, was concerned about the draft report and its proposals. He said that an inquiry "would add nothing of value to the existing [resolution] processes in train" and would be costly, and that the draft Human Rights report would "undo some of the valuable progress made... in resolving grievances fairly and informally" if it was released.[20] The draft report was never finalised or publicly released.[21]

23. The final report of the Confidential Listening and Assistance Service (CLAS), published in 2015, concluded that much of the abuse in State care was preventable if people had done their jobs properly and proper systems had been in place.[22] The report recommended that the Government offer a public statement about what happened to those who suffered abuse and neglect in State care and an acknowledgment of the wrongs of the past.[23]

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17 Witness statement of Peter Evaroa (14 October 2022, page 13).
18 United Nations Committee against Torture, Concluding observations of the Committee against Torture CAT/C/NZL/CO/5 (2009, page 6).
19 New Zealand Human Rights Commission, Draft report, Review of the state's response to historic claims of abuse and mistreatment suffered while under the care of the state (2011).
20 Letter from Hon Christopher Finlayson, Attorney-General, to Rosslyn Noonan (21 July 2011).
21 Noonan, R, Brief for the Contextual Hearing of the Royal Commission on Abuse in Care (4 November 2019, paras 84 and 86).
22 Confidential Listening and Assistance Service, Some memories never fade: Final Report of The Confidential Listening and Assistance Service (2015, page 12).
23 Confidential Listening and Assistance Service, Some memories never fade: Final Report of The Confidential Listening and Assistance Service (2015, page 27).

24. The Government responded that there would be no universal apology as there was no evidence that the abuse of children in State care was systemic, and it considered that the majority of children in care did not suffer abuse.[24] Hon Anne Tolley, then Minister of Social Development, argued that an independent inquiry was not needed because it would retraumatise victims.[25] Rt Hon Bill English, then Prime Minister, questioned whether an inquiry would add anything, given that the extent of abuse was already "pretty well known and pretty well understood".[26]

25. Dame Carolyn Henwood, chair of the Confidential Listening and Assistance Service, told the Inquiry that the Government's decision that a universal apology was not warranted was "a national disgrace".[27] She pointed out that evidence of systemic failings would not be found unless the State was prepared to "turn over every rock" to look for it.[28]

26. Pressure on the Government was mounting. In February 2017, the Human Rights Commission launched its "Never Again E Kore Anō" campaign calling for an independent inquiry into abuse in State care and a public apology from the Government. This campaign was launched with signed support from community leaders, Māori, Pacific, disabled people, survivors of social welfare, psychiatric and disability care, academics, lawyers and others. In July 2017, survivors of abuse in State care, more than 200 people, gathered on the steps of Parliament to share their experiences and submit a petition seeking justice for survivors.[29] That month, the Human Rights Commission released a research report that found evidence of systemic abuse in disability institutional care.[30]

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24 New Zealand Government Cabinet paper, Government response to the final report of the Confidential Listening and Assistance Service (2016, para 10); "Tolley rules out apology for child abuse in state care", RNZ News (30 November 2016), https://www.rnz.co.nz/news/political/319257/tolley-rules-out-apology-for-child-abuse-in-state-care.

25 "Tolley rules out apology for child abuse in state care", RNZ News (30 November 2016), https://www.rnz.co.nz/news/political/319257/tolley-rules-out-apology-for-child-abuse-in-state-care.

26 "Demand grows for inquiry into alleged historic abuse of children in state care", New Zealand Herald (13 February 2017), https://www.nzherald.co.nz/kahu/demand-grows-for-inquiry-into-alleged-historic-abuse-of-children-in-state-care/5IHC3TFKHYBFNUPUZQVGDAKTNM.

27 Transcript of evidence of Dame Carolyn Henwood at the Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 29 October 2019, page 62).

28 Transcript of evidence of Dame Carolyn Henwood at the Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 29 October 2019, page 64).

29 Action Station, Live at Parliament with hundreds of Ngā Mōrehu survivors and a 5296 strong petition demanding justice #neveragain (6 July 2017), https://www.facebook.com/ActionStationNZ/videos/1248051378650401/.

30 Media release, Human Rights Commission, New Zealanders with intellectual disabilities faced systemic abuse in state care (27 July 2017), https://archive.hrc.co.nz/news/new-zealanders-intellectual-disabilities-faced-systemic-abuse-state-care/; Mirfin-Veitch, B & Conder, J, "Institutions are places of abuse": The experiences of disabled children and adults in State care between 1950–1992 (Donald Beasley Institute, July 2017, pages 40–42 and 49).

27. There was increasing awareness about the wider impacts of the care system on Māori. In 2017 and 2018, the Waitangi Tribunal received seven applications seeking an urgent inquiry into the settlement of historical grievances about Māori children placed into State care overseen by Oranga Tamariki.[31]

28. In September 2017, the United Nations Committee on the Elimination of Racial Discrimination called for an independent Commission of Inquiry into abuse of children and adults with disabilities in State care in Aotearoa New Zealand.[32]

29. The convergence of views, combined with the growing call for change, including through the media, led the incoming Government to prioritise establishing an Inquiry after the 2017 general election. The Government announced this Royal Commission on 1 February 2018.[33] Pākehā survivor Christina Ramage, who was 15 years old when she was admitted into psychiatric care at Carrington Hospital, said:

"It is encouraging that, after 37 years in my case, a Royal Commission is finally taking steps to seek to uncover the harrowing stories of many individuals who were in care. However, in my opinion, it is far too long overdue."[34]

31 Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (2021, page 2).
32 United Nations Committee on the Elimination of Racial Discrimination, Concluding observations on the combined twenty-first and twenty-second periodic reports of New Zealand CERD/C/NZL/CO/21-22 (22 September 2017, para 34).
33 Media release, Rt Hon Jacinda Ardern, Prime Minister, We did this! 100 Day Plan complete (1 February 2018), https://www.beehive.govt.nz/release/we-did-100-day-plan-complete.
34 Witness statement of Christina Ramage (27 July 2021, para 117).

"It is encouraging that, after 37 years in my case, a Royal Commission is finally taking steps to seek to uncover the harrowing stories of many individuals who were in care. However, in my opinion, it is far too long overdue."

CHRISTINA RAMAGE
Pākehā

"I'm not asking
for a handout,
but a hand up out
of this nightmare."

MR KA
Māori

Mr KA

Hometown: Dargaville	**Age when entered care:** 12 years old
Year of birth: 1968	**Time in care:** 13 August 1979 to 31 August 1979
Type of care facility: Health camp – Maunu Children's Health Camp.	
Ethnicity: Māori	
Whānau background: Mr KA was adopted and raised from birth by his grandparents. As the youngest of their 11 children he felt very loved and recalls being a happy child.	
Currently: Mr KA has nine children and three mokopuna. He is currently homeless.	

I was only in health camp for three weeks, but the abuse I suffered had a huge negative impact on my life. I believe I would have a totally different life if I'd never been sent there.

When I was about 11 or 12 years old my family GP told me my hearing was damaged from a hole in my ear drum and that health camp would be good for me.

I didn't really understand what was going on. I had never heard of health camp and didn't want to go. I didn't know why I had to be sent away to a camp for a damaged ear drum – why couldn't they just fix my ear and hearing? I just wanted to stay home with my grandparents. Eventually I was told I was just going on a camping trip but instead I was taken to Maunu Children's Health Camp. I was never told how long I would be away for.

I was sexually abused by one of the older teenagers, who was the biggest and the leader. He stayed in the room across from my room. About three or four times I woke up in the night in pain because he had his hand down my pants squeezing my groin and trying to have anal sex with me.

I shared the room with four other boys who had been there for a while, who would beat me up.

I always had a weird feeling every morning when I woke up and went to breakfast. I always had sore feet because of no shoes, I was hungry and scared that I was going to be beaten and forced to do sex acts on the older boy.

The staff enjoyed my suffering and called me a "little black c**t". They told the older boys who abused me that I had told on them, and watched me get beaten up and my fingers slammed in the door for telling staff what had happened to me.

I told the managers repeatedly but they didn't care and did nothing when I complained. They were mean and abusive to me, calling me "black" and telling me to fuck off.

It was the first time I realised I couldn't trust anyone in authority. I still don't, why would I? I tried and tried to get them to help me, but no one ever did. I had no support and no one to trust.

I wasn't allowed to call my grandmother for the entire three weeks that I was there. I wasn't allowed any phone calls at all. I didn't understand why, but I knew I was in trouble, I just wanted to survive. I wanted to talk to my grandmother so she could get me out of the place.

My grandmother came to visit me on my birthday, concerned because she hadn't heard from me at all. She was shocked at my injuries and how the place looked – like a prison. I told her what had happened to me, and she believed me straight away. She argued with the boss and took me home.

I never got over the abuse I suffered over those three weeks. After the camp, I was no longer the cheeky outgoing boy – I had behaviour issues and was playing up. I couldn't tell anyone what had happened – I felt it was somehow my fault. I never received any counselling.

I had changed after that when I went home. I started getting into trouble and I wasn't going to school.

When I was 16 years old, my whānau decided to send me to Australia to live with my Aunty. While I was there, I got into trouble for a bag snatch. I was on remand at Long Bay maximum [security] prison. Because I was only 18 years old, the judge gave me two options – buy my own ticket and go back to New Zealand for five years or go to prison for five years and then get deported back to New Zealand. I decided to buy my own ticket and return to New Zealand. When I got back, I started beating up my cousins and stealing from my whānau. One time, when I stole my grandfather's truck, he had a heart attack.

I joined gangs and have lived on the streets. If I wasn't on the streets, I was in prison. Most of my life has been in prison, starting with the first prison, health camp.

My whānau came to hate me, they made me an outcast when I was only 19 years old. I caused a lot of problems because of my paranoia and anger from the abuse. I didn't know how to behave or how to control myself.

So many negative impacts have come from those three weeks in camp prison. I still have the fear of being molested. I suffered from ADHD, severe anxiety, paranoia, claustrophobia and depression.

I don't trust anyone, and I think everyone is mean, it makes me mad. I struggle every day with the fear that I will be attacked and molested. I can't ever trust the system because I don't trust most of the people in that sort of position of power. They are always racist towards me. I feel it's because of my colour, my Māori culture – it makes me dispensable.

My grandmother was the only member of my family who still talked to me, and she's gone now. I have no one. I received $10,000 compensation through lawyer Sonja Cooper. It was a quick fix only and didn't really help. I was told it was the maximum amount I would get, and that I should accept it and move on. But I received no support on how to rebuild my life, they just gave me a band aid. No roof over my head, no solid foundation.

I'm in the same cycle, back on the streets and into the gang life again.

At the early age of 12 years old I was forced into this dark path and have remained here for the past 44 years. I am not asking for a handout, but a hand up out of this nightmare.

We keep heading down this one-way street with our kids, and there are no safe options. Years go by with more abuse happening and the Government does nothing. Staff need to keep their eyes and ears to the ground and if they suspect something, they need to act straight away. And they need to believe kids when they tell them something is going on.

The kids need aroha. Give them aroha and kindness. Build them up in a happy place.[35]

35 Witness statement of Mr KA (7 February 2023).

"I was put in so many places, moved around so many homes, abused by so many different people."

NOOROA ROBERT
Cook Islands

Nooroa Robert

Hometown: Huntly

Age when entered care: 2 years old

Year of birth: 1972

Time in care: 1974 to 1989

Type of care facility: Various family homes run by faith-based organisations; Anglican Trust; Stoddart House; Methodist boarding school – Wesley College; Owairaka Boys' Home.

Ethnicity: Cook Islands

Whānau background: Nooroa came to Aotearoa New Zealand with his mother aged 2 years old. A younger sister was born soon after. He has never known his father and his mother passed away. Nooroa lost contact with his sister after they were both taken into care.

Currently: Nooroa has no connection with his biological family or his culture.

I experienced all forms of abuse during my time in care. At times I told staff, but nothing happened. It was documented and written somewhere but it was never followed up. No one believed me or they just didn't want to listen or didn't care.

II didn't tell anyone else about the abuse until I was 40 years old. You just don't talk about that sort of stuff. But I'm 50 now and because of my age I am stepping up to do what I can, as if it were my last move.

When I was 2 years old, Mum and I left the Cook Islands and moved to New Zealand. She was pregnant. She didn't have any support and struggled to care for me and my sister on her own, and I was placed into the care of the Anglican Trust for Women and Children soon after we arrived. To this day, I don't know where my sister is, but I know she went into care. We should have been kept together.

I went into a family home, and I was there for about eight years. The couple who ran it were violent. He was a real prick, and she was scared of him, so she went along with everything even though she knew the abuse was wrong. At times she would support us, but she was abusive, too, sometimes. We were black and blue from the beatings and sometimes got broken bones from them, especially if we ran away. I was moved around different homes, different locations. It was the same setup at each home. There were house parents and other kids there. We wouldn't really say much to one another or mingle. When you're in there, you're already broken down and smashed so you don't want to know what their stuff is about.

At one place, I was groomed and sexually abused by a female staff member. She showed me attention, made me feel loved, bought me flash stuff, took me to the movies and gave me gifts. It started off with grooming and moved to kissing. After that, things started to get a bit more hands on. She bathed me, and from there it progressed to other sexual acts. She did this for about two or three years.

I was placed at Ōwairaka for about six months, and I hated it. Staff members would get on the piss, then they would come back and beat us up. It was a cesspit of ugly. There were a few people who killed themselves there and I can remember kids just giving up on life. I'm glad that place got bulldozed.

I was also placed at Stoddart House. There, kids were taken to a room and beaten up, where nobody could see what was going on. I was physically assaulted by the older kids, but it was worse when it came from staff.

In 1983, I was sent to Wesley College, a Methodist boarding school, and was there until 1989 as a full-time boarder. There was so much physical violence and mental abuse at Wesley, from both students and teachers. It was like being back in the homes, but nothing prepared you for this. The violence and bullying mainly came from the prefects – they were supposed to be role models for us. There were flats where the seniors stayed and we were called up to there to be humiliated, bullied and beaten up. You just had to try and keep yourself out of those situations.

I was put in so many places, moved around so many homes, abused by so many different people. It's not just the Anglican Trust that is responsible for what happened to me – there are many, like my abuser, Wesley College and others.

Drinking was my way of coping with things. I first started to drink when I was maybe 11 years old, in one of the family homes. The older kids were doing it, so we did it as well. It became an addiction that I'm fighting to this day. When I made the top 18s for rugby league it was all about the drinking and the image. Then, when I was 21 years old, I passed as a qualified welder and I managed to get some decent money, but habits got in the way of progress. Alcohol was a big part of my coping strategy and I started hitting the liquor pretty hard. I got convicted for drink driving – it was my first encounter with the police and the courts, and it was not my last.

I make no excuses for what I did. What I will say is that my childhood and all of the abuse I went through goes a long way to explain how I became addicted to alcohol and the issues that developed. I drank to forget all the sexual and physical violence in the homes and boarding school.

I suffer from PTSD (Post-traumatic stress disorder) and anxiety because of what happened to me. The anxiety doesn't rule my life like it used to but it's still there. It will always affect me. I'm still hurting. There's heaps of emotions of shame and anger, it's just wicked. I am currently going through a claims process with ACC for my PTSD. But that is taking ages and I'm not getting anywhere with it.

My redress process with the Anglican Trust took a long time. I gave up on it, I told them to go and stick it because it was all just going round and round in circles. After six years, the Anglican Trust threw $60,000 at me and told me to shut up. That was it. I gave it all away, I blew it. It could have put me in a better place, you know, but it was dirt money. Don't take it any other way.

I want to ask the Anglican Trust why it didn't give me back to my family. I'd been told they didn't want me. But two years ago, I got my file and in the part that's not blacked out it says my family came to look for me many times. Then it says, "No follow up," and that was it. The Trust lied to my family and said they didn't know who I was. I want to ask, why didn't you give me back to my family? Why did you give me this life? I was all about exposing them. But they just give you 'shut up' money.

I don't see how throwing money at people who don't know how to handle money is the right way to do it. You need to regulate this because these are people that don't have skills with money. They spend half their life in jail, they don't know how to handle money if you just give them $50,000–$60,000, then say: "Sign on the dotted line and you can't say anything about any of the shit that happened to you. But, go and have some fun." Most of the people who got redress money are dead now or in rehab or back in jail.

You need an apology but an apology, 15, 16, 20 years down the track, doesn't really hold much, does it? A few years ago, I probably would have said 'no' to sharing with the Royal Commission, being a reserved man. But I am coming forward to share my experience to stand up and hold others to account. What's changed since I was a 2–year-old kid?

I'm glad the Commission is opening up Pandora's Box. I hope this goes somewhere. We need to listen to our kids and give them a voice when they're in care.[36]

36 Private session transcript of Nooroa Robert (22 April 2022); Witness statement of Nooroa Robert (13 August 2022).

Ūpoko | Chapter 3
Te Whakatūtanga me ngā Taurangi Whakaritenga Establishment and Terms of Reference

Te whakatūnga o te Kōmihana Establishment of the Royal Commission of Inquiry

30. The Royal Commission was initially established in February 2018 with a draft Terms of Reference.[37] The Inquiry was fully established, and its Terms of Reference finalised, by Order in Council on 12 November 2018.[38] It appointed Rt Hon Sir Anand Satyanand GNZM as chairperson and Ali'imuamua Sandra Alofivae MNZM, Dr Andrew Erueti, Paul Gibson and former Judge Coral Shaw as members. The formal work of the Inquiry commenced in January 2019.

31. Some commissioners changed during the term of the Inquiry. In August 2019, Sir Anand Satyanand resigned and Coral Shaw was appointed as chair in November 2019. Julia Steenson was appointed a member in June 2020 and resigned in October 2022. Ali'imuamua Sandra Alofivae resigned in August 2023.

32. Mervin Singham was appointed as the executive director in February 2018 and resigned in June 2021. He was replaced by Helen Potiki. She resigned in February 2024 and Benesia Smith MNZM assumed the role of executive director in March 2024. The secretariat was made up of specialists to support commissioners in their duties.

33. Simon Mount KC and Kerryn Beaton KC were appointed as senior counsel to assist the Inquiry as required. The makeup of Counsel Assist changed over time.

37 Inquiries (Royal Commission of Inquiry into Historical Abuse in State Care) Order 2018 (LI 2018/3).
38 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions Order 2018 (LI 2018/223).

Taurangi Whakariteritenga
Terms of Reference

34. The Terms of Reference set out the purpose and scope of this Inquiry, as well as principles and methods of work. The Government has updated the Inquiry's Terms of Reference over time, to record resignations and appointments of commissioners, extensions to the reporting due date, and changes to the scope of the Inquiry.

35. This Inquiry is the largest and most complex Royal Commission of Inquiry ever established in Aotearoa New Zealand. When compared to recent international inquiries into abuse, the scope of this Inquiry is wider in terms of the nature of the abuse and neglect, the groups of survivors and the settings to be investigated. The table below compares a sample of recent international inquiries into abuse and neglect. The Inquiry is aware of other international inquiries that have recently commenced.[39]

39 For example, the Independent Inquiry into Sexual Child Abuse in Germany (Unabhängige Kommission zur Aufarbeitung sexuellen Kindesmissbrauchs) commenced in 2016 and is ongoing.


"He never believed anything I said. None of it. He wasn't interested and thought I was a bad girl, so I would have been a liar to him."
SUSAN KENNY
(Ngāti Apa)

Scope of some recent international inquiries into abuse and / or neglect

Country	Aotearoa New Zealand	Australia[40]	Australia[41]	Canada[42]
Title	Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions	Royal Commission into Institutional Responses to Child Sexual Abuse	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability	Truth and Reconciliation Commission of Canada
Nature of abuse	Physical, sexual, emotional and psychological abuse and neglect	Child sexual abuse	Violence, abuse, neglect and exploitation	Individual and collective harms perpetrated against Aboriginal (indigenous) people
Survivor groups	Children, young people and vulnerable adults who were in care. To focus on experiences of Māori, Pacific, disabled people and those with mental illness	Children	Disabled people	Aboriginal (indigenous) people
Inquiry period	1950–1999 (with limited scope to consider survivor experiences from 1999–present)	None specified	None specified	1883–1996
Settings	State care, including social welfare settings, health and disability settings, educational settings and transitional and law enforcement settings Care provided by faith-based institutions	Public and private institutions, including child-care, cultural, educational, religious, sporting and other institutions	All settings and all contexts, including health, education, accommodation (such as group homes), disability services, the justice system, employment, child protection, family and domestic violence, public places, and the National Disability Insurance Scheme	Church-run residential and state-funded schools
Duration of Inquiry	6 years (2018–2024)	5 years (2012–2017)	4 years (2019–2023)	8 years (2007–2015)

40 Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report: Our Inquiry, Volume 1 (December 2017).
41 Australian Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Final Report: About the Royal Commission, Volume 2 (2023).
42 Truth and Reconciliation Commission of Canada, Honouring the truth, reconciling for the future: summary of the final report of the Truth and Reconciliation Commission of Canada (2015).
43 Independent Inquiry into Child Sexual Abuse, The Report of the Independent Inquiry into Child Sexual Abuse (2022).
44 Historical National Abuse Inquiry, Report of the Historical Institutional Abuse Inquiry, Volume 1: Introduction (2017).
45 Scottish Child Abuse Inquiry, Terms of Reference (2015).
46 The Commission to Inquire into Child Abuse, Final Report of the Commission to Inquire into Child Abuse (2009).

	England and Wales[43]	Northern Ireland[44]	Scotland[45]	Ireland[46]
	Independent Inquiry into Child Sexual Abuse	Northern Ireland Historical Institutional Abuse Inquiry	Scottish Child Abuse Inquiry	The Commission to Inquire into Child Abuse
	Child sexual abuse and child sexual exploitation	Physical, sexual and emotional abuse and neglect	Abuse	Physical, sexual and emotional abuse and neglect
	Children	Children	Children	Children
	In living memory	1922–1995	In living memory	1940-1999 (extended to 1914-1999)
	State institutions, including police, government departments, schools, health services and custodial institutions Non-state institutions, including religious organisations and private schools	State or non-state residential institutions (including religious institutions) Residential institutions; excludes schools, but includes borstals and training schools	State or non-state institutions (including faith-based groups) Includes children's homes, secure care units, borstals, young offenders' institutions, boarding schools, healthcare establishments providing long-term care, foster care	State and religious-run institutions, including schools, industrial schools, reformatory schools, orphanages, hospitals, children's homes and any other place where children were cared for other than as members of their families
	7 years (2015–2022)	4 years (2013–2017)	Ongoing (2015–)	9 years (2000–2009)

Ngā mea i tonoa kia tūhuratia e te Kōmihana
What the Inquiry was asked to investigate

36. The Inquiry was required to investigate the abuse and neglect of children, young people and adults in care who were in the care of State and faith-based institutions between 1 January 1950 and 31 December 1999. The Inquiry needed to consider the abuse and neglect experienced by different groups of survivors in different care settings. In certain circumstances, it could also consider issues and people's experiences before 1950 and after 1999.[47]

37. The Inquiry was directed to identify, examine and report on:

- the circumstances and decision-making processes that led to people being taken into or placed into State or faith-based care, including the appropriateness of placements and the factors contributing to those decisions
- the nature and extent of abuse that occurred in State and faith-based care including the experiences of survivors who were in care between 1950 and 1999
- the immediate, long-term and intergenerational impact of the abuse on survivors and their families, whānau, hapū, iwi and communities
- the factors, including systemic factors, that caused or contributed to the abuse of survivors in State or faith-based care between 1950 and 1999
- redress processes for people who claim, or have claimed, to have suffered abuse in State or faith-based care, and any improvements that have been made to those processes
- the lessons that were learned from 1950 to 1999, and what changes were made to the legislation, policy, rules, standards and practices to prevent and respond to abuse in State or faith-based care.

47 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clauses 15A–15C.

38. The Terms of Reference directed the Inquiry to deliver several different reports:

- a two-part interim report by 28 December 2020 on:[48]
  - the Inquiry's work to date, including key themes and common issues shared by survivors, and an analysis of the number of survivors who were in State and faith-based care
  - an analysis of how much work and funding would be needed to complete the Inquiry's work
- an interim report with recommendations on redress processes by 1 December 2021[49]
- a final report by 28 March 2024[50] with:
  - findings[51] on:
    - the nature and extent of abuse that occurred
    - the factors that caused or contributed to abuse
    - the impact of the abuse on individuals and their families, whānau, hapū, iwi, and communities
    - the circumstances that led to individuals being taken into, or placed into care
    - the lessons learned and what changes were made to prevent and respond to abuse
  - recommendations[52] on:
    - changes to redress processes for survivors of abuse in State or faith-based care
    - other appropriate steps the State or faith-based institutions should take to address the harm caused by abuse in care
    - changes to be made in the future to ensure that the factors that allowed abuse to occur between 1950 and 1999 do not persist.

48 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clauses 34–37.
49 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clauses 37A–37D.
50 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 39.
51 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clauses 31(a)–31(e).
52 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clauses 32(b), 32(c) and 32A.

39. The Terms of Reference directed the Inquiry to appropriately recognise Te Tiriti o Waitangi and to partner with Māori throughout the Inquiry. The Inquiry was directed to be underpinned by Te Tiriti o Waitangi and its principles. It was also directed to recognise the disproportionate representation of Māori and Pacific Peoples in State and faith-based care and focus on the experiences Deaf people, disabled people and people who experience mental distress who were abused in care.[53]

40. The Terms of Reference directed some elements of how the Inquiry carried out its work. It had to avoid taking a legalistic approach to the Inquiry, and to use informal procedures where possible.[54] It was directed to operate under these principles:[55]

- do no harm
- focus on victims and survivors
- take a whānau-centred view
- work in partnership with iwi and Māori
- work inclusively with Pacific Peoples
- facilitate the meaningful participation of disabled people and people who experience mental distress
- respond to differential impacts on any particular individuals or groups
- be sensitive to the different types of vulnerability that arise for people in State or faith-based care
- ensure fair and reasonable processes for individuals and organisations associated with providing care.

53 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clauses 6–8. Clause 8 of the Terms of Reference refers to "vulnerable adults (for example, those with disabilities, mental illness, or both)". The Inquiry uses the term mental distress, rather than mental illness, in this report.

54 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 19A.

55 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 19.

Ngā kupu matua hei whakamārama i te whānuitanga o te Pakirehua
Key terms explaining the scope of the Inquiry

41. The following table sets out key definitions explaining the scope of what the Inquiry was asked to investigate.

Key term and definition
abuse: Abuse includes physical, sexual and emotional or psychological abuse and neglect. It includes inadequate or improper treatment or care that resulted in serious harm to the individual.
neglect: An act of omission in care that leads to potential or actual harm. Neglect can include inadequate health care, education, supervision, protection from environmental hazards and unmet basic needs, such as clothing and food.
children and young people: People aged 17 years old and under. The Inquiry has used the term "young people" in this report rather than "young persons", which is used in the Terms of Reference.
mental distress: Mental distress means a mental or emotional state that causes disruption to daily life and that can vary in length of time and intensity. People experiencing mental distress includes those who are seriously upset, people who are reacting normally to a stressful situation, and people with mental illness (whether medically diagnosed or not).
adults in care: People aged 18 and over who need additional care and support by virtue of being in State care or in the care of a faith-based institution. In addition to vulnerability that may arise generally from being deprived of liberty or being in care, a person may be vulnerable for other reasons (for example, due to their physical, intellectual, disability, or mental health status, or due to other factors listed in clauses 8 and 13 of the Terms of Reference). The Inquiry has used the term "adults in care" in this report instead of "vulnerable adults" (as used in the Terms of Reference) because adults with care and support needs are made vulnerable because of their situation, not because of their personal characteristics.
in care: Where a State or a faith-based institution assumed responsibility, whether directly or indirectly, for the care of a child, young person or adult in care.
direct care: When State or faith-based institutions provided care themselves.
indirect care: Where people or organisations provided care on behalf of the State. Examples include foster carers, third party providers including faith-based institutions, and contracted community care providers (such as Barnardos, IHC and Anglican Trust).
the State: The government or the Crown, including its agencies or departments.
faith-based institution: An institution or group where its purpose or activity is connected to a religious or spiritual belief system. This term is not limited to a specific faith, religion or denomination.

Definition

in State care: Where the State took responsibility for the care of a child, young person or adult in care. This includes different care settings:

- social welfare settings, including, for example:
  - care and protection residences and youth justice residences
  - child welfare and youth justice placements, including foster care and adoptions placements
  - children's homes, borstals, or similar facilities
  - health and disability settings, including, for example:
  - psychiatric hospitals or facilities (including all places within these facilities)
  - residential or non-residential disability facilities (including all places within these facilities)
  - non-residential psychiatric or disability care
  - health camps
- educational settings, including, for example:
  - early childhood educational facilities
  - primary, intermediate, and secondary State schools, including boarding schools
  - residential special schools and regional health schools
  - teen parent units.
- transitional and law enforcement settings, including, for example:
  - police cells
  - police custody
  - court cells
  - abuse that occurs on the way to, between, or out of State care facilities or settings.

in the care of a faith-based institution: Where a faith-based institution assumed responsibility for the care of a child, young person or adult in care. This includes:

- faith-based schools
- faith-based institutions providing care on behalf of the State
- informal and pastoral care relationships, including a trust-based relationship between an individual and a person with power or authority conferred by the faith-based institution where such a relationship is related to the institution's work or is enabled by the institution's conferral of authority or power on the person
- residential and non-residential care
- voluntary and non-voluntary care.

pastoral care: In this report pastoral care includes providing spiritual, social, emotional and material support or guidance for individuals or communities. It can also include visiting, counselling, religious counsel (including bible studies or other faith activities), or otherwise helping people in the Church community.

An individual in a pastoral care relationship will be in the care of a faith-based institution when a person with authority or power given by a faith-based institution develops a trust-based relationship with that individual through the provision of pastoral care and related to the faith-based institution's work or enabled by the authority or power given by the institution.

Huatau o te manaaki me te noho i ngā pūnaha taurima
Concept of care and being in care

42. The Terms of Reference focus on the relationship between the State and / or faith-based institutions and the person in care.

43. Being "in care" could include direct care, where the State or a faith-based institution directly provided care for an individual, or indirect care, where the State had people or entities providing care on their behalf.

44. The Terms of Reference refers to "institutions". This includes large formal buildings and facilities providing care, such as psychiatric institutions, which were common at the beginning of the Inquiry period. In the context of the Inquiry, "institutions" also refers to organisations, groups or bodies involved in providing care, including those connected to a religious or spiritual belief system. These organisations or bodies did not need to be associated with buildings and facilities commonly associated with the word "institutions" to be within the scope of the Inquiry.

45. The Inquiry could consider abuse and neglect in care provided in an institution or by an institution, and people involved in providing care with, for, or on behalf of an institution. The Inquiry could consider the actions of representatives, members, staff, associates, contractors, volunteers, service providers, or others, regardless of whether they were paid or had formal titles or positions. It could also consider abuse by another person in care, sometimes called "peer on peer abuse".

46. The Terms of Reference did not limit the Inquiry's scope to permanent or ongoing care. The care could, for example, be irregular, temporary, intermittent or transitional. Similarly, the Inquiry's scope was not limited to abuse that took place on site at an institution.[56]

56 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Minute 16, Faith-based Care, (31 January 2022, pages 2–3).

Ngā ritenga ki te taurimatanga-ā-whakapono
Approach to faith-based care

47. The Terms of Reference required the Inquiry to examine the abuse and neglect of children, young people and adults in faith-based care. The Terms of Reference did not list specific faith-based institutions or care settings.[57]

48. Faith-based care has its own unique features, which are specific to each faith-based institution.[58] Faith-based care settings include education, foster care and formal residential care (sometimes provided on behalf of the State – indirect care), such as children's and young people's residential institutions.[59]

49. In the care of faith-based institutions also includes 'pastoral care', although not everyone who is in a pastoral care relationship is also automatically 'in care'. A person with authority or power given by a faith-based institution could develop a trust-based relationship with a child, young person or adult. If that trust-based relationship was related to the faith-based institution's work or was enabled by the authority or poser given by the institution, then this would be consider as being in the care of a faith-based institution.

50. Minute 16 sets out the Inquiry's approach to faith-based care with specific reference to pastoral care. Some examples of pastoral care relationships include youth groups activities, Bible study groups, Sunday school or children's church activities, day trips and errands, pastoral or spiritual direction, mentoring, training, or visiting congregations or community members in their homes.[60]

51. As a result of their position of authority, members of and those working for faith-based institutions who exercise a pastoral care role may have significant influence over an individual, whānau, family or other group's identity, beliefs, and life choices in interpreting a religious or belief system, and / or in guiding others on their religious or spiritual path. A pastoral relationship is therefore commonly one of status, trust and vulnerability.

52. The Inquiry's scope included investigating abuse that occurred in the context of a pastoral relationship even if the abuse took place away from the physical location of the faith-based institution. For example, abuse in any location would be in scope if the abuse was by a priest, religious or layperson who held a role with power and authority in a church and the abuse was enabled or facilitated by that role.

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57 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 17.4(d).
58 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 17.4.
59 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 17.4(b).
60 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Minute 16, Faith-based Care, (31 January 2022, para 15).

53. The Inquiry's interpretation of 'in the care of faith-based institutions' was confirmed by an amendment to its Terms of Reference in 2023, which provided that "an informal or pastoral care relationship includes a trust-based relationship between an individual and a person with power or authority conferred by the faith-based institution, where such a relationship is related to the institutions work or is enabled by the institution's conferral of authority or power on the person".[61]

Ngā take i waho i te whānuitanga
Matters outside the scope

54. The Inquiry could not look at abuse and neglect that happened in fully private settings, except where a person was also in the care of the State or a faith-based institution.[62] For example, the following situations would be considered within the scope of the Inquiry:

> where someone had been placed, by a decision of the State, in the care of a relative, was living in the relative's private home and was abused and neglected by that relative

> where a person was visited in their private home by someone working for a faith-based institution (such as a priest) who had an informal or pastoral care relationship with that person and abused and neglected them.

55. The Inquiry could not look at abuse and neglect that happened in prisons, private or public hospitals, aged residential and in-home care, and immigration detention, unless the person was still in State care at the time.[63]

56. The Inquiry could not review whether individual court decisions were correct. It could look at how court decisions were made in general, whether the right information was available to the court, and what laws and rules they had to follow at the time.[64]

57. The Inquiry could not prosecute people, sue them or discipline them. It could make findings of fault, that relevant standards were breached, and make recommendations that further steps be taken to determine liability.[65]

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61 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 17.4(ba).
62 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clauses 17.3(g) and 17.4(a).
63 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 17.3(e).
64 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 10.4(a)
65 Inquiries Act 2013, section 11.

58. The Inquiry could not examine State and faith-based care settings, policies or legislation after 1999 in detail, or make specific findings about current care settings and current frameworks.[66] It could inform itself about these things so that its recommendations would be relevant today. The Inquiry could make specific findings and recommendations about current redress processes.

Ngā panonitanga o te Taurangi Whakariteritenga i te Pakirehua
Changes to the Terms of Reference during the Inquiry

59. When the Government first established this Inquiry in February 2018, it directed the Chair to consult the public on a draft Terms of Reference.[67] The scope of the Inquiry in the draft Terms of Reference was limited to abuse and neglect in State care. This included some aspects of indirect care by faith-based institutions where the State placed children into facilities run by churches, such as orphanages or residential facilities.

60. The Chair heard from more than 400 groups and individuals during consultation on the draft Terms of Reference. There was a strong call from many in the faith-based community – including from several churches as well as academics, survivors and their advocates – to expand the scope of the draft Terms of Reference to include a broader examination of abuse in faith-based care. There was a strong call from Māori to add an appropriate reference to te Tiriti o Waitangi.

61. The Government updated the draft Terms of Reference in response to the public feedback summarised in a report by the Chair.[68] When the Inquiry was fully established in November 2018,[69] its finalised Terms of Reference had a broader scope, including:

> specific reference to te Tiriti o Waitangi
> expanding the definition of State care to include all schools, both residential and non-residential
> explicitly including abuse of people in the care of faith-based institutions
> expanding the definition of abuse to include psychological abuse.

66 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 15D.
67 Inquiries (Royal Commission of Inquiry into Historical Abuse in State Care) Order 2018 (LI 2018/3).
68 Royal Commission of Inquiry into historical abuse in State care, Report on public consultation on the draft Terms of Reference (29 May 2018, pages 1 and 4–5).
69 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions Order 2018 (LI 2018/223).

62. In July 2021, the Government changed the Terms of Reference to remove the Inquiry's mandate to examine current frameworks to prevent and respond to abuse in care, including current legislation, policy, rules, standards and practices.[70] The changes confirmed the Inquiry could still hear from survivors about their experiences after 1999 and could make recommendations on redress and changes to be made in the future to address the factors that have allowed abuse to occur. These changes were made to avoid any delays to the Inquiry's final report.[71]

63. In June 2023, the Government changed the Terms of Reference to confirm the Inquiry could not receive or consider any new evidence or produce any more interim reports or case studies after 31 July 2023.[72] These changes were made to avoid any delays to the final report.

64. In September 2023, the Government changed the Terms of Reference to confirm that being "in the care of faith-based institutions" included situations where a faith-based institution was responsible for the care of an individual through an informal or pastoral care relationship.[73] This change was made to affirm the Inquiry's approach to conducting its processes and receiving evidence from survivors about abuse in the care of faith-based institutions.[74]

Te rā tuku i te rīpoata whakamutunga
Delivery date of the final report

65. The due date for delivering the final report was extended three times, through updates to the Terms of Reference, to 26 June 2024.

70 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions Amendment Order 2021 (LI 2021/179).

71 Media release, Hon Jan Tinetti, Minister of Internal Affairs, Royal Commission into Historical Abuse scope adjusted to avoid timeline delay (23 April 2021), https://www.beehive.govt.nz/release/royal-commission-historical-abuse-scope-adjusted-avoid-timeline-delay.

72 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions Amendment Order 2023 (LI 2023/141).

73 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions Amendment Order (No 2) 2023 (LI 2023/250).

74 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Minute 16, Faith-based Care (31 January 2022).

Ngā wā matua o te Pakirehua
Key dates in the Inquiry

1 FEBRUARY 2018
Prime Minister announced this Royal Commission of Inquiry and appointed one member to undertake consultation on a draft terms of reference

JANUARY 2019
Formal work of the Inquiry started

APRIL 2019
First survivor experience heard

OCTOBER – NOVEMBER 2019
Contextual Hearings held
First public engagements held

AUGUST – OCTOBER 2020
COVID-19 lockdown in Auckland
Private sessions with survivors and engagements held online

SEPTEMBER – OCTOBER 2020
State Redress Hearing held

DECEMBER 2020
Tāwharautia: Pūrongo o te Wā interim report presented to the Governor-General and Pūrongo Whakahaere: Administrative Report presented to the Minister of Internal Affairs

MAY 2021
Children's State Residential Care Hearing held

JULY 2021
Terms of Reference amended by the Government to remove mandate to examine current frameworks to prevent and respond to abuse in care
Tulou – Our Pacific Voices: Tatala e Pulonga (Pacific Peoples' Experiences) Hearing held
Roundtable discussion on redress options for survivors

12 NOVEMBER 2018
Royal Commission of Inquiry's Order in Council with final Terms of Reference published, and four additional members appointed

MARCH 2019
Inquiry issued its first formal notice to State and faith-based institutions ordering them to preserve documents

JUNE 2019
Preliminary Hearing held

MARCH – JUNE 2020
COVID-19 nationwide lockdown
Survivor engagements held online

AUGUST 2020
Eight investigations launched

NOVEMBER – DECEMBER 2020
Faith-based Redress Hearing (Phase 1) held

MARCH 2021
Faith-based Redress Hearing (Phase 2) held

JUNE 2021
Lake Alice Child and Adolescent Unit Hearing held

AUGUST 2021 TO DECEMBER 2021

COVID-19 nationwide lockdown (two weeks during August)
COVID-19 lockdown in Tāmaki Makaurau Auckland
Private sessions with survivors and engagements held online
Multiple online wānanga on oversight and monitoring held

DECEMBER 2021

He Purapura Ora, he Māra Tipu From Redress to Puretumu Torowhānui interim report presented to the Governor-General

FEBRUARY 2022

Marylands School (St John of God) Hearing held

MARCH 2022

Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing held

JUNE 2022

Foster Care Hearing held

JULY 2022

Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing held

AUGUST 2022

State Institutional Response Hearing held

OCTOBER 2022

Faith-based Institutional Response Hearing held

DECEMBER 2022

Beautiful Children: Inquiry into the Lake Alice Child and Adolescent Unit interim report presented to Governor-General

APRIL 2023

Extension to due date for final report announced by Government

JUNE 2023

Terms of Reference amended by Government to confirm the Inquiry could not receive or consider any new evidence or produce any more interim reports or case studies after 31 July 2023

JULY 2023

Stolen Lives, Marked Souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust interim report presented to the Governor-General

SEPTEMBER 2023

Terms of Reference amended by Government to confirm that being "in the care of faith-based institutions" included situations where a faith-based institution was responsible for the care of an individual through an informal or pastoral care relationship

JUNE 2024

Whanaketia: Final Report of the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based institutions presented to the Governor-General

"In some ways it has been beautiful to tell my story to the Commission. I always knew it was going to be, because it's a part of the journey that I am on. It's all part of my recovery... I hope that the Commission gets it right. We have been turning a blind eye to the underlying issue and we have never thoroughly looked at the abuse and trauma in our country. The system has failed, and it is going to keep failing until we do something about it."

TE AROHA KNOX
(Waikato-Tainui, Ngāpuhi)

Ūpoko | Chapter 4
Te hunga i whai wāhi ki te Pakirehua
People who took part in the Inquiry

66. Māori survivor Te Aroha Knox (Waikato-Tainui, Ngāpuhi), who was placed in social welfare care aged 10 years old, said:

> *"In some ways it has been beautiful to tell my story to the Commission. I always knew it was going to be, because it's a part of the journey that I am on. It's all part of my recovery … I hope that the Commission gets it right. We have been turning a blind eye to the underlying issue and we have never thoroughly looked at the abuse and trauma in our country. The system has failed, and it is going to keep failing until we do something about it."*[75]

67. In total, 3,827 people registered an interest with the Inquiry. Overall, 2,797 people shared their experiences and insights. These included:

- 2,329 survivors
- 160 witnesses and family members of survivors
- 158 current or former staff members
- 150 advocates, experts, leaders and others.

68. The demographic data in this chapter is based on the 2,329 registered survivors who shared their experiences. These survivors were a self-selecting subset of everyone who was in State and faith-based care, and do not represent all those who were abused or neglected in care. Although it was not possible to reference or quote every survivor who came forward to the Inquiry in this report, the experiences of every survivor were heard and informed the Inquiry's observations, findings and recommendations.

69. The Inquiry contracted data analytics specialists DOT loves Data to produce quantitative analysis of the 2,329 survivors' accounts.[76] Data will not always add up to 100 percent. In some cases, many characteristics as individual survivors chose to identify were counted, for example, when they had more than one ethnicity.

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75 Witness statement of Te Aroha Knox (19 August 2021, paras 107–110).
76 DOT loves Data consulting, Final report: Quantitative Analysis of Abuse in Care (Royal Commission of Inquiry into Abuse in Care, September 2023).

I rāngona e te Kōmihana a te Karauna ngā kōrero a ngā purapura ora pakeketanga rerekē, ia rerekē hoki
The Inquiry heard from survivors of different ages and genders

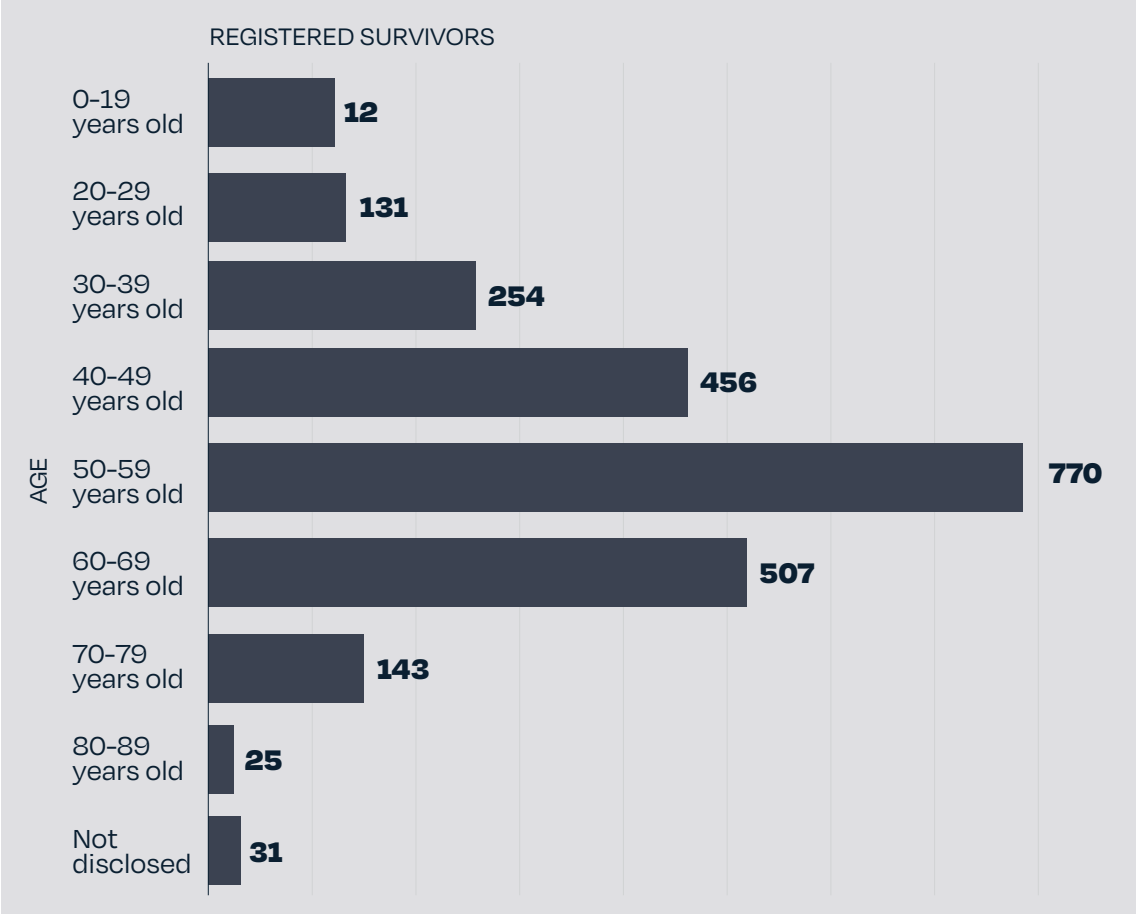
70. Survivors from a wide range of ages shared their experiences with the Inquiry. An anonymous survivor wrote in a Message to Aotearoa postcard:

"I'm 66 years old, [it has] taken 50 years to tell my story." [77]

71. At the time of registering their interest with the Inquiry, the youngest survivor was 14 years old and the oldest was 87 years old.

72. The age of survivors played a role in the kind of abuse and neglect they were subjected to. Survivors aged 10–14 at the time they were in care, for example, reported the highest levels of sexual and physical abuse by their caregivers.

Age of survivors when they registered with the Inquiry



77 Anonymous survivor, handwritten on Message to Aotearoa postcard (n.d.).

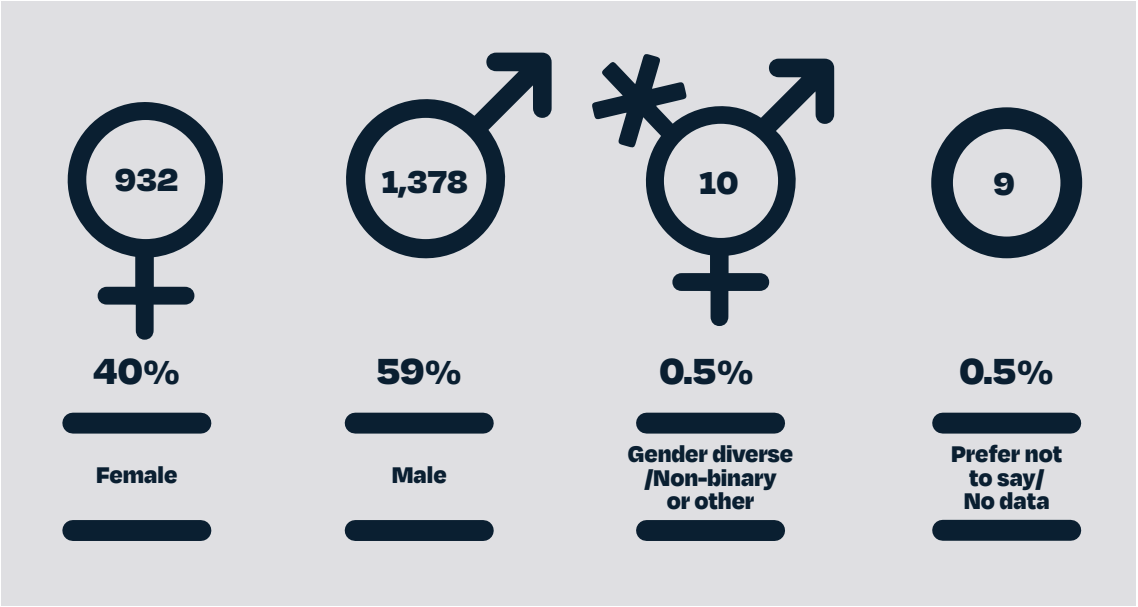
73. There were changes to the Terms of Reference made in 2021[78] that removed the Inquiry's mandate to examine current frameworks to prevent and respond to abuse and neglect in care. Although the Terms of Reference changes did not prevent the Inquiry from hearing from people in State or faith-based care after 1999, they may have discouraged survivors who were in care after 1999, or currently in care, from coming forward. This could have contributed to the small numbers of registered survivors under 30 years old.

I whakapuaki ō rātou wheako e ngā purapura ora, ngā ira katoa
Survivors of all genders shared their experiences

74. Male, female and gender diverse survivors came forward to the Inquiry. Most survivors (59 percent) who registered with the Inquiry were male.

75. Gender played a role in the kind of abuse that survivors were subjected to, for more information see part 4.

Gender of registered survivors



78 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions Amendment Order 2021 (LI 2021/179).

I whakapuaki ō rātou wheako e ngā purapura ora, kōtiro mai, wāhine mai, irahuhua mai

Girls, women and gender diverse survivors shared their experiences

76. Pākehā survivor Kay Freeman, who was sent to a Salvation Army unmarried mothers' home when she was 20 years old, told the Inquiry:

> *"Counsellors think our babies were 'given' by us for adoption. This is wrong. They were taken away because we were destitute and because we were made to feel like dirty, immoral girls. Compulsory adoption was the government and churches [sic] policy."*[79]

77. Female survivors were subjected to gendered abuse including body shaming and shaming about sexual activity, particularly in faith-based settings. Most girls were inappropriately sexualised, humiliated and verbally abused regarding sexual activity. Tamawahine experienced this disproportionately. Many girls were subjected to unnecessary vaginal examinations. Many women and girls were denied access to menstrual hygiene products and information about menstruation.

78. People with diverse gender identities experienced discrimination and prejudice in care. Gender identity discrimination has been influenced by religion and colonisation, which affected traditional understandings of gender diversity in Māori and Pacific Peoples' cultures.

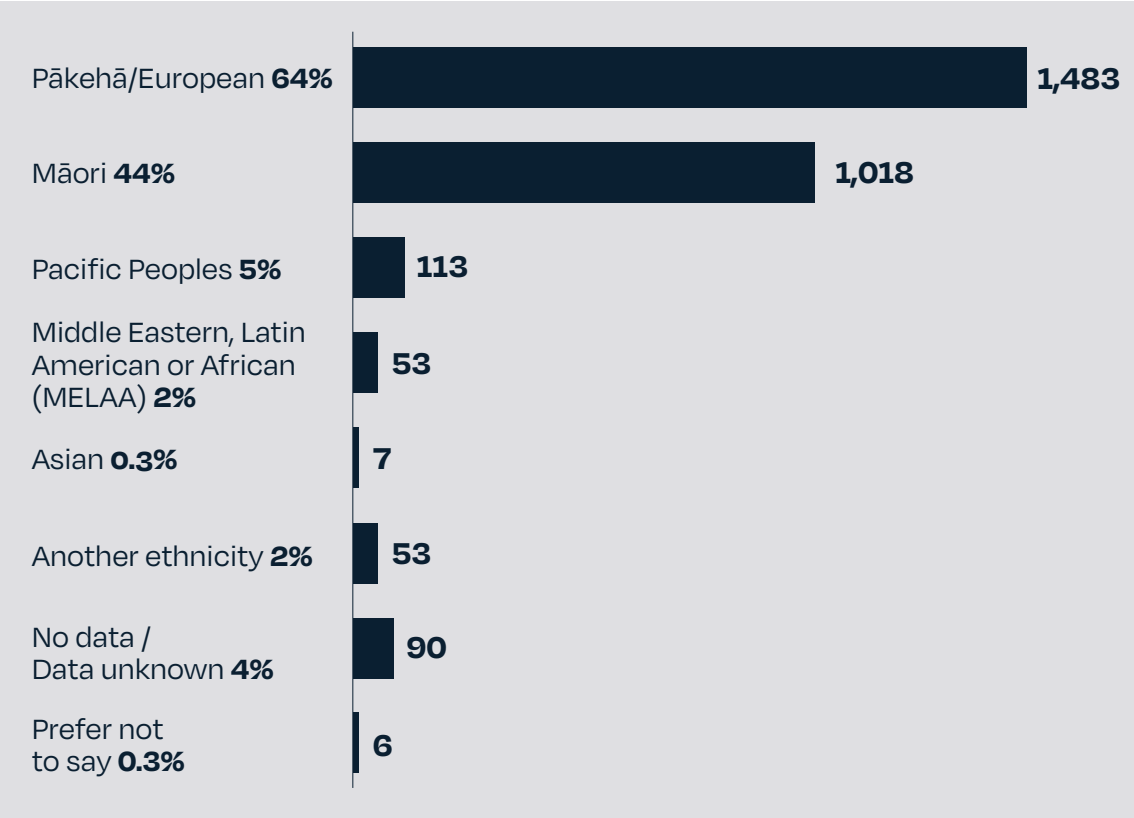
79. For more information on the abuse experienced by survivors in unmarried mothers' homes, and the extent of gender-based abuse of women and girls, see Part 4. More information on the impact of gender identity discrimination can be found in Part 5.

79 Written submission of Kay Freeman (September 2019, page 5).

I whakapuaki ō rātou wheako e ngā purapura ora o ngā iwi rerekē
Survivors of different ethnicities shared their experiences

80. All survivors were asked to identify their ethnicity. Of the 2,329 survivors who came forward, 2,233 (96 percent) provided their ethnicity. Most survivors (64 percent) who shared their experiences with the Inquiry identified as Pākehā / European.

Ethnicity of registered survivors

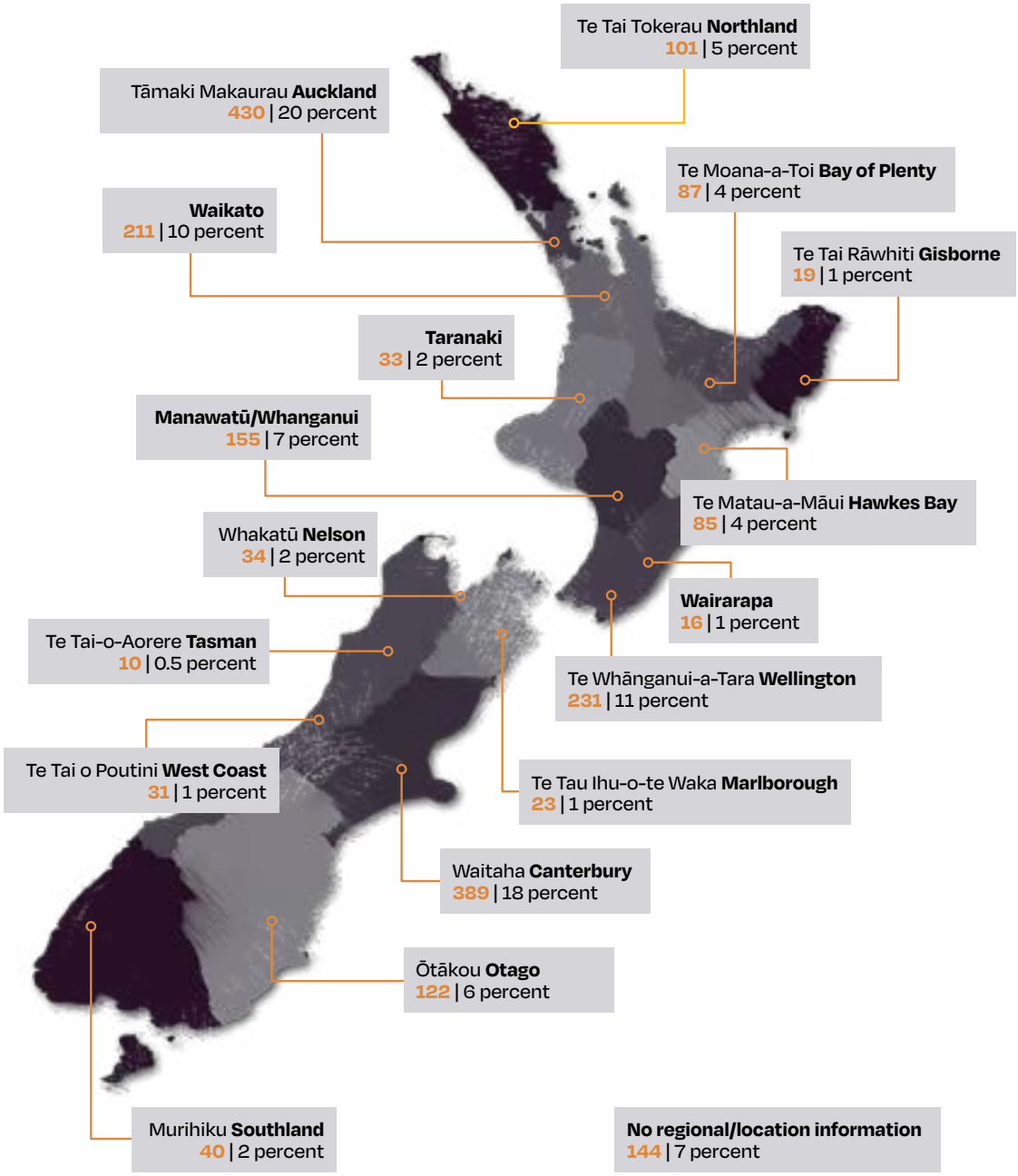


81. The Inquiry acknowledges that it did not engage with some communities in large numbers, especially migrants, Pacific women, and South Asian populations. Data limitations in historical care records meant the Inquiry found it difficult to establish with accuracy what percentage of the care population would have been from these communities, and whether the low numbers the Inquiry did reach were representative of the overall care experience or not.

I tū ake ngā purapura ora mai i tāwāhi, i ngā hau e whā o te motu
Survivors came forward from overseas and across the motu

82. Of the 2,329 survivors who shared their experiences with the Inquiry, 2,161 (93 percent) live in Aotearoa New Zealand. Most survivors who live overseas are in Australia (127 survivors / 5 percent). The remainder live in other countries (21 survivors / 0.9 percent) or their location information was not provided (20 survivors / 0.9 percent).

Where registered survivors currently live in Aotearoa New Zealand



Ngā purapura ora i ngā momo taurimatanga rerekē
Survivors in different types of care

83. Survivors told us they went into State care and / or faith-based care. The Inquiry acknowledges that survivors could not always identify the institution or location associated with the abuse or neglect they suffered.

Number of registered survivors who were in State and / or faith-based care

Care setting	Registered survivors
State care only	1,346
Faith-based care only	466
Both State and faith-based care	375
In care, specific type not identified	142

1,346
State care only

466
Faith-based care only

375
In State and faith-based care

142
In care, specific type not identified

I whakapuaki ō rātou wheako e ngā purapura ora mō ngā taurimatanga ā-Kāwanatanga
Survivors who were in State-based care shared their experiences

84. Pākehā survivor Darren Smith, who was placed in social welfare care when he was 14 years old, said:

"As a result of the abuse I suffered, I lost trust in State institutions and felt that I was only good for being sexually abused." [80]

85. More survivors came forward who had experienced abuse and neglect in boys' or girls' homes, and in foster care, than in any other State-based care settings. Some survivors were in more than one setting during their time in care.

86. More information on the pathways that led survivors into State-based care (in social welfare, health and disability, education and other settings) can be found in Part 3. For more information on the abuse and neglect experienced by survivors of State-based care, see Part 4. More information on the impact of abuse and neglect in State-based care can be found in Part 5.

80 Witness statement of Darren Smith (2 May 2023, para 32).

Number of registered survivors in State care settings

Where survivors were in State care	Number of Survivors*
A. Social welfare settings	**1338 (total)**
> Boys' or girls' homes	766
> Foster care, foster homes, family homes	715
> Care provider (eg. Whakapakari, Moerangi Treks)	218
> Social welfare (eg. Department of Social Welfare)	217
> Borstal	159
B. Health and disability settings	**437 (total)**
> Psychiatric institution	321
> Forensic psychiatric care	8
> Special school for children with learning disability or physical disability[81]	105
> Disability care setting (e.g. psychopaedic institution)	29
> Supported living in the community (e.g. group homes, sheltered employment)	20
C. Education settings	**153 (total)**
D. Transitional and law enforcement settings	**138 (total)**
E. Health camps	**51 (total)**
F. Deaf schools	**16 (total)**
G. Blind schools	**2 (total)**
H. Other settings	**301 (total)**
> Other	171
> Hospital (eg. psychiatric care)	141
> Other government department (not social welfare)	5

* Settings in this table are not identical to the Terms of Reference. For example, Deaf schools and Blind schools are not explicitly listed in the Terms of Reference. Special schools for children with learning or physical disabilities are listed under education settings in the Terms of Reference, and health camps are listed under health and disability settings in the Terms of Reference. Number of survivors in each setting may not add to the total because some survivors were placed in more than one setting during their time in care.

81 Special schools overlap with health and disability settings and education settings. Number of registered survivors of special schools are counted in health and disability settings.

Ngā purapura ora i noho i ngā pūnaha taurima ā-whakapono
Survivors who were in faith-based care shared their experience

87. Dr Christopher Longhurst, a Pākehā survivor who was 11 years old when he started at a private intermediate school (Catholic), said:

> *"I do not identify as a victim. I am a person who has survived clerical child sexual abuse and other kinds of abuse at the hands of Catholic priests and members of the clergy, including bishops, and I am proud to have survived that abuse."* [82]

88. The Inquiry heard from 841 survivors who shared their experiences of faith-based care. This includes survivors who told the Inquiry they were only in faith-based care and those who said they were in both State and faith-based care.

89. The Inquiry heard from many survivors who experienced abuse that had religious or spiritual overtones. These religious aspects were unique to faith-based institutions. Many survivors described being shamed through religious language that described them as particularly sinful. Many staff and caregivers in faith-based settings saw children and young people as morally corrupt and needing to be spiritually saved. There were also instances of Māori and Pacific survivors, disabled survivors, women and girls, and Takatāpui survivors being singled out as especially evil. These views were used to justify physical, sexual and psychological abuse.

90. Many survivors experienced abuse by clergy and religious leaders in the context of pastoral care relationships, where survivors were particularly vulnerable because they were seeking direction or spiritual guidance.

91. More information on the pathways that led survivors into the care of faith-based institutions can be found in Part 3. For further information on the abuse experienced by survivors in faith-based care, see Part 4. Additional information on the impact of abuse in faith-based care can be found in Part 5.

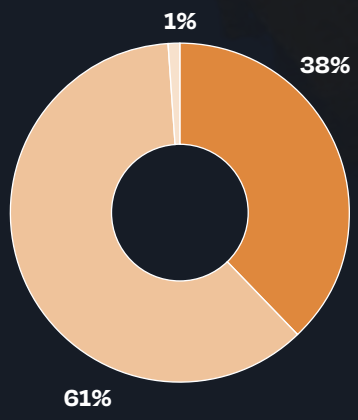
82 Witness statement of Dr Christopher Longhurst (24 May 2023, para 39).

Key facts about registered survivors in faith-based care

Total Number of Survivors: **841**

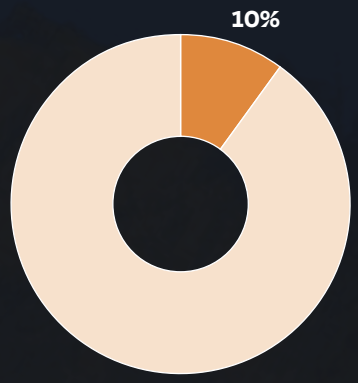
Gender

	NUMBER OF SURVIVORS	PERCENT
Female	318	38%
Male	517	61%
Gender diverse, Non-Binary, Other, Prefer Not to Say, No Data	6	1%



Part of Takatāpui, Rainbow and MVPFAFF+ community

	NUMBER OF SURVIVORS	PERCENT
Takatāpui, Rainbow and MVPFAFF+ community	83	10%



Age

	YEARS OLD
Average age when entered care	9

92. The Inquiry's Terms of Reference did not list specific faith-based institutions or care settings. The Inquiry's approach was to investigate faith-based institutions based on criteria (publicly available on the Inquiry's website), including whether the investigation would:

- address the matters in the Terms of Reference
- respond to information from private sessions, investigations, written accounts and research
- respond to areas of particular concern among survivors, advocates and / or the public
- identify areas most likely to lead to meaningful recommendations.

93. The State sometimes placed children into facilities run by faith-based institutions, such as orphanages or residential facilities (this is an example of indirect care). Data limitations meant it was not possible to identify the number of registered survivors in faith-based care settings who were placed there by the State.

94. The following two tables show the number of people who came forward to report abuse and neglect in the context of different faith-based institutions.

Number of registered survivors in faith-based care settings[83]

Faith-based care setting	Number of survivors*
Faith-based orphanages, children's residences and training centres	278
Faith-based schools	249
Churches	187
Third party care providers	125
Gloriavale	41
Foster care and family homes	21
Unmarried mothers' homes	21

* Some survivors were placed in more than one setting during their time in care.

Faith-based institutions as reported by people who came forward

Faith-based institution*	Number of survivors
Catholic	310
Anglican (Church of England)	153
Salvation Army	93
Presbyterian	60
Gloriavale	41
Methodist	41
Plymouth Brethren Christian Church	35
Jehovah's Witnesses	24
Baptist	16
Christadelphian	8
Protestant	< 6
Seventh Day Adventist	< 6
Assembly of God	< 6
The Church of Jesus Christ of Latter-Day Saints	< 6
Evangelical	< 6
Other faith-based institution	154

* Descriptions of faith-based institutions as reported.

83 DOT Loves Data, Final Report.: Quantitative Analysis of Abuse in Care (Royal Commission of Inquiry into Abuse in Care, September 2023).

I nui kē atu te pāngia o ētahi rōpū purapura ora
Some groups of survivors were disproportionately affected

95. Some survivor groups were disproportionately represented in care, and disproportionately experienced abuse and neglect in care due to a range of factors.

96. In the Inquiry's State Institutional Response Hearing, the Crown acknowledged in its closing statement that "institutional or structural racism and ableism in legislation, policy and systems have contributed to the disproportionate representation, and discriminatory treatment, of Māori, Pacific Peoples, disabled people, and Deaf people in care".[84]

I whakapuaki ō rātou wheako e ngā purapura ora Māori
Māori survivors shared their experiences

97. Māori survivor Pamella Thompson (Ngāpuhi), who was taken into social welfare care when she was 7 years old, told the Inquiry:

> *"I learnt so much from that family home … about manners, about how to set the table the Pākehā way. They used to say to me, 'You'll never get out of here', 'You're just a dumb Māori, that's all'."*[85]

98. The Terms of Reference directed the Inquiry to give appropriate recognition to Māori interests, acknowledging the disproportionate representation of Māori in care. The Terms of Reference directed the Inquiry to be underpinned by te Tiriti o Waitangi and its principles and to partner with Māori throughout the Inquiry process.[86] Māori survivors made up almost half (44 percent) of the 2,329 survivors who registered with the Inquiry. During the Inquiry period, Māori were disproportionately represented in State and faith-based care, particularly in social welfare and psychiatric settings.

84 Transcript of evidence of Crown closing statement at the State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 26 August 2022, page 1102).
85 Private session transcript of Pamella Thompson (16 June 2022, pages 6, 8–9).
86 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions, Terms of Reference, clause 6.

99. Māori told the Inquiry how they were physically separated from their whānau, friends, community and support network, as well as their language. Many spoke of losing their whakapapa after being placed into care settings that did not support their connection to their cultural identity. Tamariki, rangatahi and pakeke Māori were often subject to racial and cultural abuse and neglect, targeted because of their ethnicity. Māori survivors of faith-based care said that, as well as racism and cultural neglect, they experienced spiritual abuse and neglect as the care setting had no regard for their culture.

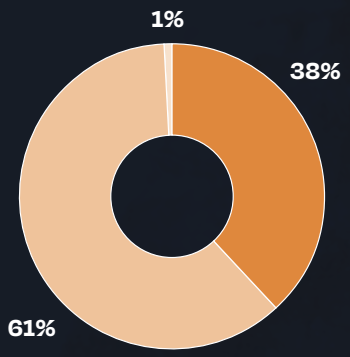
100. More information on the pathways and circumstances that led Māori survivors into care can be found in Part 3. For further information on the abuse and neglect experienced by Māori survivors, see Part 4. Additional information on the impact of abuse and neglect on Māori survivors can be found in Part 5.

Key facts about registered Māori survivors

Total Number of Survivors: **1,018**

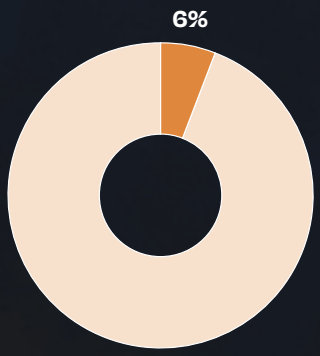
Gender

	NUMBER OF SURVIVORS	PERCENT
Female	388	38%
Male	624	61%
Gender diverse, Non-Binary, Other, Prefer Not to Say, No Data	6	1%



Part of Takatāpui, Rainbow and MVPFAFF+ community

	NUMBER OF SURVIVORS	PERCENT
Takatāpui, Rainbow and MVPFAFF+ community	60	6%

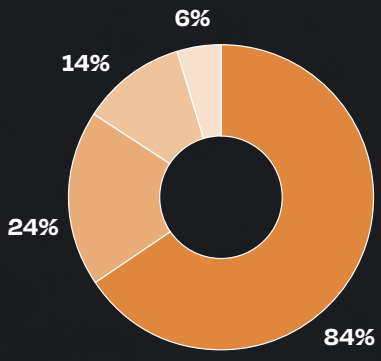


Age

Average age when entered care	8 YEARS OLD

Type of care

	NUMBER OF SURVIVORS	PERCENT
State care	859	84%
Faith-based care	240	24%
State and faith-based care	145	14%
Unknown	64	6%



* Survivors who experienced both State and faith-based care are counted in all three groups (State care, faith-based care, and State and faith-based care).

101. The Inquiry acknowledges that not all Māori survivors disclose their whakapapa, see part 5 for details. The data reported in the table below reflects those survivors who have identified their iwi. The iwi identified by survivors were grouped according to Statistics New Zealand's iwi and iwi-related groups statistical classification V2.1.0.

Iwi affiliation of survivors

Iwi listed by iwi groups (identified by survivors)	Number of survivors
Te Tai Tokerau / Tāmaki Makaurau (Northland / Auckland) region iwi Ngāi Takoto, Ngāpuhi, Ngāti Hine, Ngāti Kahu, Ngāti Kahu ki Whangaroa, Ngāti Kura, Ngāti Kurī, Ngāti Whātua, Ngāti Wai, Te Aupōuri, Te Rarawa, Te Roroa	**190**
Waikato / Te Rohe Pōtae (Waikato / King Country) region iwi Ngāti Hikairo, Ngāti Korokī Kahukura, Ngāti Maniapoto, Ngāti Te Wehi, Ngāti Raukawa, Waikato-Tainui	**70**
Hauraki (Coromandel) region iwi Ngāti Hako, Ngāti Maru (Hauraki), Ngāti Paoa, Ngāti Porou ki Harataunga ki Mataora, Ngāti Pūkenga ki Waiau, Ngāti Tamaterā, Ngaati Whanaunga	**19**
Tauranga Moana / Mātaatua (Bay of Plenty) region iwi Ngāi Te Rangi, Ngāti Awa, Ngāti Manawa, Ngāti Pūkenga, Ngāti Ranginui, Ngāti Tūwharetoa (Bay of Plenty), Te Whānau-ā-Apanui, Tūhoe, Whakatōhea	**114**
Te Arawa / Taupō (Rotorua / Taupō) region iwi Ngāti Pikiao, Ngāti Rangitihi, Ngāti Rangiwewehi, Ngāti Tahu–Ngāti Whaoa, Ngāti Whakaue, Tāhourangi	**15**
Te Tai Rāwhiti (East Coast) region iwi Ngāi Tāmanuhiri, Ngāti Porou, Rongowhakaata, Te Aitanga ā Māhaki	**119**
Te Matau-a-Māui / Wairarapa (Hawkes Bay / Wairarapa) region iwi Ngāti Hineuru, Ngāti Kahungunu, Ngāti Kahungunu ki Heretaunga Tamatea, Ngāti Kahungunu ki Te Wairoa, Ngāti Kahungunu ki Wairarapa, Tāmaki Nui-ā-Rua, Ngāti Pāhauwera, Ngāti Rongomaiwahine, Ngāti Ruapani mai Waikaremoana, Te Rohe o Te Wairoa iwi and hapū	**93**

Taranaki region iwi Ngaa Rauru Kiitahi, Ngāruahine, Ngāti Maru (Taranaki), Ngāti Ruanui, Taranaki iwi, Te Atiawa (Taranaki), Te Pakakohi	**37**
Whanganui / Rangitīkei (Whanganui / Rangitīkei) region iwi Ngāti Hauiti, Ngāti Rangi, Te Korowai o Wainuiārua (Central Whanganui), Whanganui Iwi/Te Āti Haunui-a-Pāpārangi, Whanganui (Lower Whanganui)	**20**
Manawatū / Horowhenua / Te Whānganui-a-Tara (Manawatū / Horowhenua / Wellington) region iwi Muaūpoko, Ngāti Raukawa ki te Tonga, Te Āti Awa (Wellington)	**33**
Te Waipounamu (South Island) region iwi Kāti Māmoe, Ngāi Tahu, Ngāti Apa ki te Rā Tō, Ngāti Rārua	**85**
Rēkohu / Wharekauri (Chatham Islands) region imi/iwi Moriori, Ngāti Mutunga o Wharekauri (Chatham Islands)	**6**
Iwi named, region not known Ngāti Apa, Ngāti Hauā, Ngāti Mutunga, Ngāti Tama, Ngāti Toa Rangatira, Rangitāne, Waitaha	**35**
Confederations and waka, iwi not named Tainui waka, Te Arawa waka	**127**
Chose not to disclose	**57**

I whakapuaki ō rātou wheako e ngā purapura ora whaikaha
Disabled survivors shared their experiences

102. Pākehā and disabled survivor Mr SA, who was placed in psychopaedic care at Tokanui hospital when he was 5 years old, shared:

> *"I have had a disability all my life. I can't remember how to describe it but I am now in a wheelchair and I cannot use my hands…I was a little fella when I got to Tokanui. I was there for a long time – 20 years. It was like a prison. I was locked up with criminals. They never treated me properly. No one looked after me at all down there.*
>
> *I was 24 when I left…When I got out, I said "I'm free I'm free! I'm free!" No one would kick me in the stomach or grab me round the neck…I feel much better now that I've left. I'm not angry or upset anymore."*[87]

103. The Terms of Reference directed the Inquiry to focus on the experiences of disabled people who experienced abuse and neglect in care.[88] The Inquiry acknowledges that not all survivors who live with impairments will identify as disabled.

104. Disabled survivors made up just over a quarter (27 percent) of the 2,329 survivors who registered with the Inquiry. This does not include Deaf survivors or survivors who experienced mental distress. During the Inquiry period, disabled people disproportionately entered care, and disproportionately experienced abuse and neglect while there. From the 1950s to the 1970s, the State pursued a policy of segregated and often large-scale institutional care for disabled people, despite opposition from parents.

105. Disabled survivors told the Inquiry that neglect was the most common form of abuse they experienced. This would result in a loss of personhood, identity, dignity and autonomy and choice over their own lives and bodies. The Inquiry learned about the dynamics of control and power within disability settings, with survivors describing how staff in those settings failed to respect their dignity. They told the Inquiry how the nature of abuse and neglect within these settings was shaped by the biomedical model of care, which influenced and justified devaluing their disability, difference or diversity.

87 Witness statement of Mr SA (7 April 2022, pages 1–3).
88 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions, Terms of Reference, clause 8.

106. Just under half (43 percent) of disabled survivors who shared their experiences with the Inquiry identified as Māori. Tāngata whaikaha Māori survivors told the Inquiry that State and faith-based institutions separated them from their culture and identity as Māori. They suffered the same types of abuse and neglect as other disabled survivors, but also experienced discrimination for being both Māori and disabled.

107. The Inquiry commissioned the Tell Me About You research report to understand the experiences of survivors with learning disabilities and neurodiversity who were in State and faith-based care.[89] Tell Me About You asked survivors to share their life stories, including the impact of their time in care. The stories in Tell Me About You mirror what the Inquiry heard from other disabled survivors about the abuse and neglect they suffered in care.

108. More information on the pathways and circumstances that led disabled survivors into care can be found in Part 3. For further information and findings on the abuse and neglect experienced in disability settings, see Part 4. Additional information on the impact of abuse and neglect on disabled survivors can be found in Part 5.

89 Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2020).

"I was only in health camp for three weeks, but the abuse I suffered had a huge negative impact on my life. I believe I would have a totally different life if I'd never been sent there."

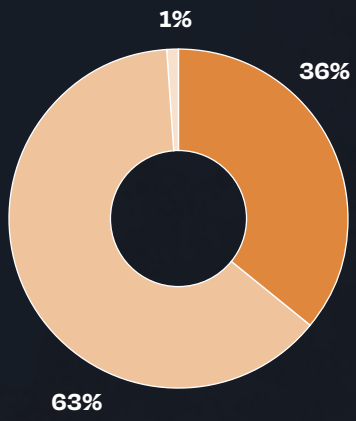
MR KA
Māori

Key facts about registered disabled survivors

Total Number of Survivors: **624**

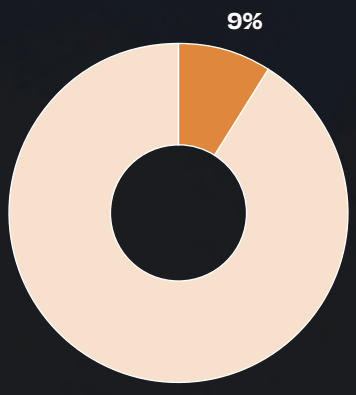
Gender

	NUMBER OF SURVIVORS	PERCENT
Female	224	36%
Male	395	63%
Gender diverse, Non-Binary, Other, Prefer Not to Say, No Data	5	1%



Part of Takatāpui, Rainbow and MVPFAFF+ community

	NUMBER OF SURVIVORS	PERCENT
Takatāpui, Rainbow and MVPFAFF+ community	59	9%



Age

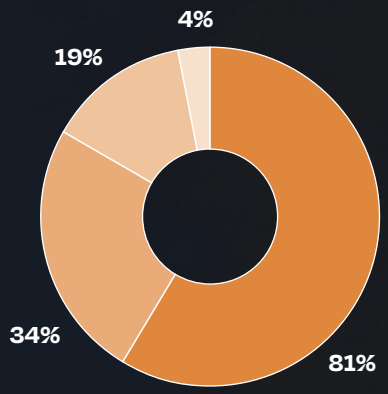
	YEARS OLD
Average age when entered care	9

* Many disabled survivors have multiple needs. This data is organised according to the impairment that the survivor primarily identified as having.

+ Survivors who experienced both State and faith-based care are counted in all three groups (State care, faith-based care, and State and faith-based care).

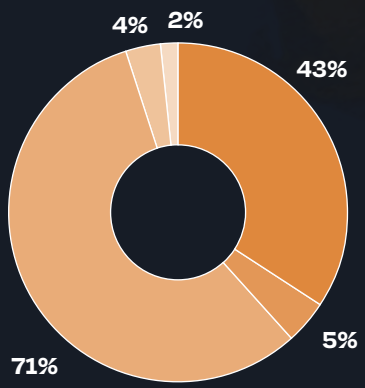
Type of care

	NUMBER OF SURVIVORS	PERCENT
State care	506	81%
Faith-based care	211	34%
State and faith-based care	119	19%
Unknown	26	4%



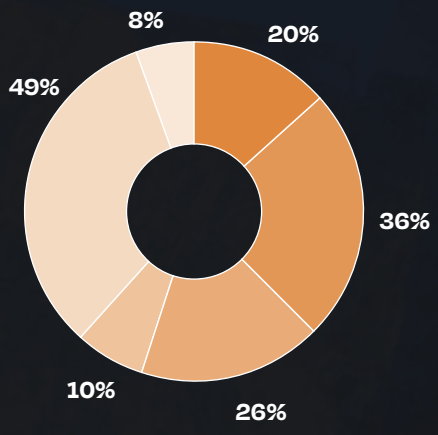
Ethnicity

	NUMBER OF SURVIVORS	PERCENT
Māori	270	43%
Pacific Peoples	30	5%
Pākehā / European	442	71%
Another ethnic identity	22	4%
Prefer not to say, unknown	13	2%



Needs as identified by survivor*

	NUMBER OF SURVIVORS	PERCENT
Identified as having a disability before entering care	125	20%
Identified as having a learning disability	223	36%
Identified as having a mobility impairment and / or physical disability	165	26%
Identified as being blind or vision impaired	65	10%
Identified as being neurodivergent	303	49%
Identified as having a communication and / or speech impairment	50	8%



I whakapuaki ō rātou wheako e ngā purapura ora Turi
Deaf survivors shared their experiences

109. Deaf survivors comprised 6 percent of the 2,329 survivors who registered with the Inquiry. Deaf survivors told the Inquiry that their right to be recognised as an individual was neglected within education settings. Survivors of special school settings described having a hearing worldview forced onto them, while staff encouraged the neglect and suppression of Deaf identity and language. The Inquiry heard that Deaf survivors were frequently punished and abused for using sign language. This lack of support for Deaf culture and identity contributed to educational neglect, as well as psychological and emotional abuse. Survivors said it inhibited their ability to understand and report abuse, including physical and sexual abuse, in these settings.

110. Nearly half (48 percent) of Deaf survivors who shared their experiences with the Inquiry identified as Māori. Tāngata Turi Māori suffered the same types of abuse as other Deaf survivors, but also experienced discrimination for being both Māori and Deaf. Tāngata turi Māori told the Inquiry they could not access te reo Māori in care settings and many who attended residential Deaf schools grew up without access to, or an understanding of, their Māori identities.

111. More information on the pathways and circumstances that led Deaf survivors into care can be found in Part 3. For further information on the abuse and neglect experienced by Deaf survivors, see Part 4. Additional information on the impact of abuse and neglect on Deaf survivors can be found in Part 5.

112. Tāngata Turi Māori survivor Milton Reedy (Ngāti Porou), who was 5 years old when he started at a State-run Deaf boarding school, shared:

> *"The staff made it clear that it was not okay to sign. When they saw us signing, they would hit us on the hands, and we were told to turn our voice on and talk. Back then, the staff were told to punish the Deaf kids if they saw them signing. We followed what they said so we would not get smacked or strapped, but if they were not around, we would sign. I think what they did to us at [the school] was wrong. Not being able to sign was upsetting. We were all upset. It was like being in a concentration camp.*
>
> *[The school] was very Pākehā … the school told my parents not to speak te reo to me. My culture was pushed aside. I feel there is a disconnect to my culture. A part of me is missing."*[90]

90 Witness statement of Milton Reedy (20 May 2022, paras 2.10–2.11 and 2.13–2.15).

"The staff made it clear that it was not okay to sign. When they saw us signing, they would hit us on the hands, and we were told to turn our voice on and talk."

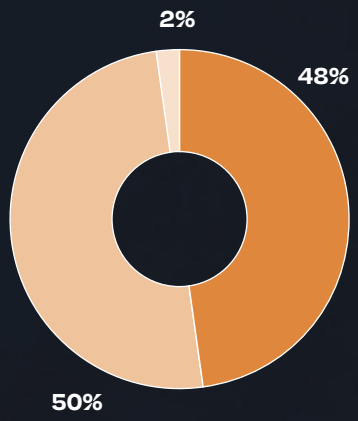
MILTON REEDY
(Ngāti Pouru)

Key facts about registered Deaf survivors

Total Number of Survivors: **130**

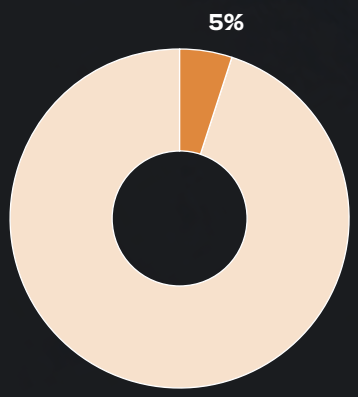
Gender

	NUMBER OF SURVIVORS	PERCENT
Female	63	48%
Male	65	50%
Gender diverse, Non-Binary, Other, Prefer Not to Say, No Data	2	2%



Part of Takatāpui, Rainbow and MVPFAFF+ community

	NUMBER OF SURVIVORS	PERCENT
Takatāpui, Rainbow and MVPFAFF+ community	7	5%



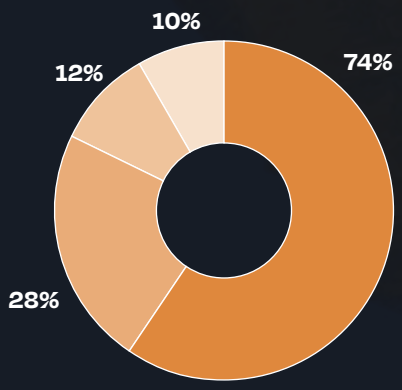
* Survivors who experienced both State and faith-based care are counted in all three groups (State care, faith-based care, and State and faith-based care).

Age

	YEARS OLD
Average age when entered care	7

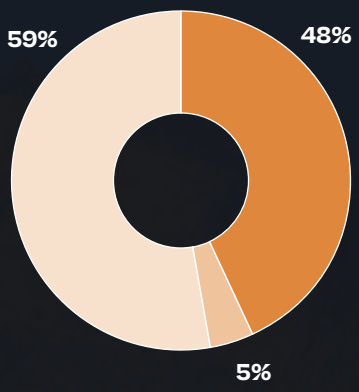
Type of care

	NUMBER OF SURVIVORS	PERCENT
State care	96	74%
Faith-based care	37	28%
State and faith-based care	16	12%
Unknown	13	10%



Ethnicity

	NUMBER OF SURVIVORS	PERCENT
Māori	63	48%
Pacific Peoples	6	5%
Pākehā / European	77	59%



I whakapuaki ō rātou wheako e ngā purapura ora i rongo i te wairangitanga

Survivors who experienced mental distress shared their experiences

113. Scottish survivor Moira Aberdeen, who was 15 years old when she went into psychiatric care at Porirua Hospital, said:

> *"A psychiatric hospital, particularly in the 1970s, was not a place for a grieving and disturbed child. … I should never have been put in an adult psychiatric ward as I was a confused, distraught child deeply grieving the breakdown of my parents' marriage and the ensuing loss of my father in my life. …I was left alone, without any emotional support and I should never have experienced and witnessed what I did in Porirua hospital as a child."*[91]

114. The Terms of Reference directed the Inquiry to focus on the experiences of "those with…mental illness" who suffered abuse and neglect in care.[92] The Inquiry uses the term mental distress in this report. Mental distress means a mental or emotional state that causes disruption to daily life and that can vary in length of time and intensity.

115. Of the 2,329 survivors who registered with the Inquiry, 83 percent reported experiencing mental distress at some point in their lives. Some survivors experienced mental distress before entering care. Many others reported suffering mental distress during or after their time in care.

116. Many survivors who experienced mental distress and spent time in care told the Inquiry how they were removed from society because they were not valued. The Inquiry learned some were not diagnosed while others were misdiagnosed. Survivors described not being part of the decision-making process for their care. They described dehumanising abuse, including sexual, physical and emotional abuse, as well as neglect of their emotional, psychological and developmental needs.

117. Just under half (45 percent) of survivors who experienced mental distress identified as Māori. These survivors experienced cultural abuse and neglect in addition to what other survivors suffered. Tāngata whaiora Māori in psychiatric institutional settings were denied opportunities to connect with their whānau and their Māori identities. The care and treatment they received often did not reflect holistic approaches to health and wellbeing, including kaupapa Māori models of care.

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91 Witness statement of Moira Aberdeen (5 May 2023, paras 20, 33).
92 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions, Terms of Reference, clause 8.

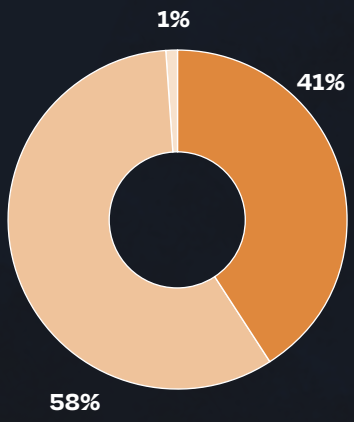
118. More information on the pathways and circumstances that led survivors into psychiatric care can be found in Part 3. For further information and findings on the abuse and neglect experienced in mental health settings, including psychiatric settings, see Part 4. Additional information on the impact of abuse and neglect on mental health and emotional wellbeing can be found in Part 5.

Key facts about registered survivors who experienced mental distress

Total Number of Survivors: **1,921**

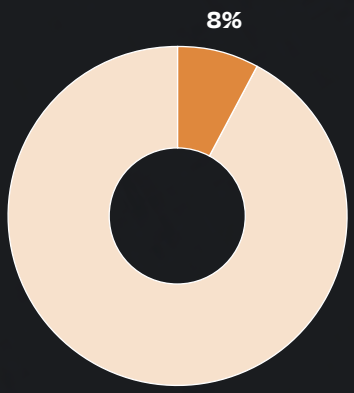
Gender

	NUMBER OF SURVIVORS	PERCENT
Female	784	41%
Male	1,121	58%
Gender diverse, Non-Binary, Other, Prefer Not to Say, No Data	16	1%



Part of Takatāpui, Rainbow and MVPFAFF+ community

	NUMBER OF SURVIVORS	PERCENT
Takatāpui, Rainbow and MVPFAFF+ community	148	8%



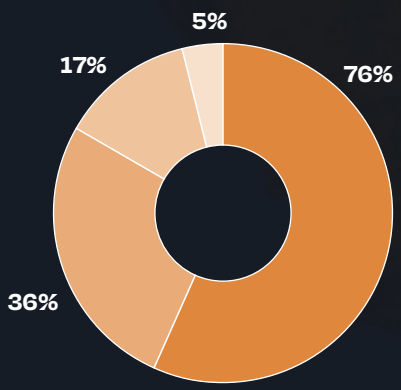
* Survivors who experienced both State and faith-based care are counted in all three groups (State care, faith-based care, and State and faith-based care).

Age

	YEARS OLD
Average age when entered care	9

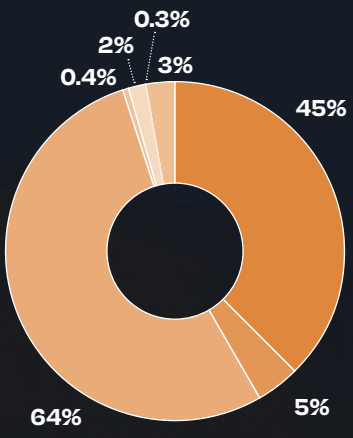
Type of care

	NUMBER OF SURVIVORS	PERCENT
State care	1,460	76%
Faith-based care	691	36%
State and faith-based care	327	17%
Unknown	97	5%



Ethnicity

	NUMBER OF SURVIVORS	PERCENT
Māori	857	45%
Pacific Peoples	93	5%
Pākehā / European	1,242	64%
Asian	7	0.4%
Another ethnic identity	47	2%
Prefer not to say	6	0.3%
No ethnicity recorded	57	3%



I whakapuaki ō rātou wheako e ngā purapura ora Pasifika
Pacific survivors shared their experiences

119. Tongan and Pākehā survivor Ms RK, who was taken into social welfare care at 10 years old, said:

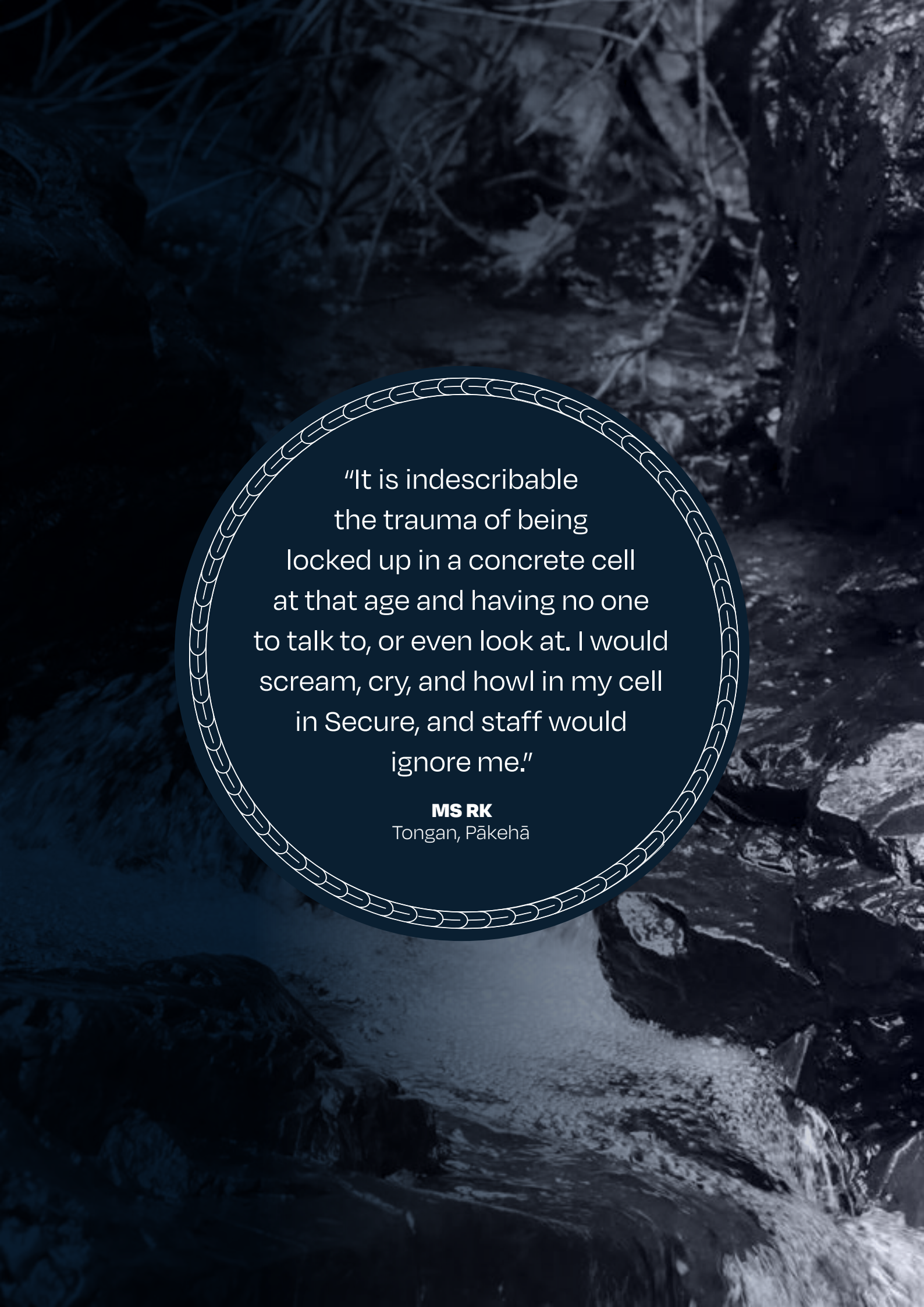
> *"Despite being only 10 years old, on arrival to Kingslea [Girls' Home] I was made to have an STI check and a pregnancy test.*
>
> *I spent most of my time in the Secure Unit, including my eleventh birthday. Records show that one of the reasons for this extended placement in Secure was to protect me from the older girls at Kingslea, as I was so young.*
>
> *It is indescribable the trauma of being locked up in a concrete cell at that age [10 years old] and having no one to talk to, or even look at. I would scream, cry, and howl in my cell in Secure, and staff would ignore me."*[93]

120. The Terms of Reference directed the Inquiry to recognise the status of Pacific Peoples in Aotearoa New Zealand and recognise that Pacific Peoples have been disproportionately represented in care.[94] In the later part of the Inquiry period, Pacific children came to be overrepresented within the State care system.

121. Pacific survivors talked about abuse and neglect in care in terms of neglect and violence, noting that acts of violence often came with racist abuse. They told the Inquiry how Māori and Pacific children in care were often grouped together as Polynesian and described being treated differently, or as inferior to other children due to their ethnicity. The Inquiry heard how Pacific survivors were denied access to their culture within care settings. Pacific survivors described the challenges of disclosing sexual abuse in faith-based care because of the high esteem religious leaders hold in Pacific communities.

122. More information on the pathways and circumstances that led Pacific survivors into care can be found in Part 3. For further information on the abuse and neglect experienced by Pacific survivors, see Part 4. Additional information on the impact of abuse and neglect on Pacific survivors can be found in Part 5.

93 Witness statement of Ms RK (30 June 2021, paras 44, 47, 51).
94 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 7.



"It is indescribable the trauma of being locked up in a concrete cell at that age and having no one to talk to, or even look at. I would scream, cry, and howl in my cell in Secure, and staff would ignore me."

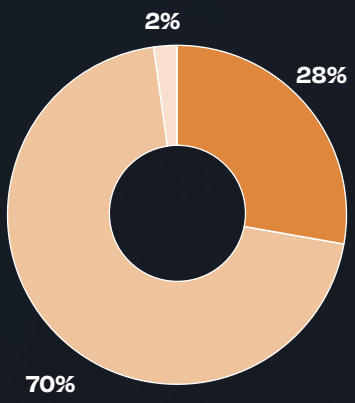
MS RK
Tongan, Pākehā

Key facts about registered Pacific survivors

Total Number of Survivors: **113**

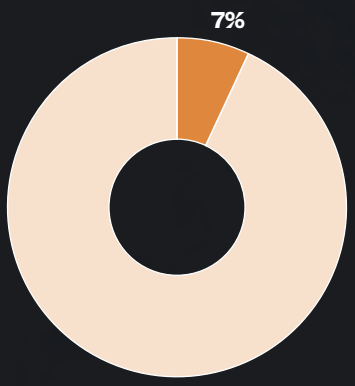
Gender

	NUMBER OF SURVIVORS	PERCENT
Female	32	28%
Male	79	70%
Gender diverse, Non-Binary, Other, Prefer Not to Say, No Data	2	2%



Part of Takatāpui, Rainbow and MVPFAFF+ community

	NUMBER OF SURVIVORS	PERCENT
Takatāpui, Rainbow and MVPFAFF+ community	8	7%



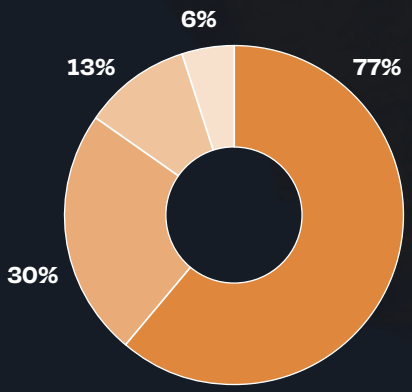
* Survivors who experienced both State and faith-based care are counted in all three groups (State care, faith-based care, and State and faith-based care).

Age

	YEARS OLD
Average age when entered care	9

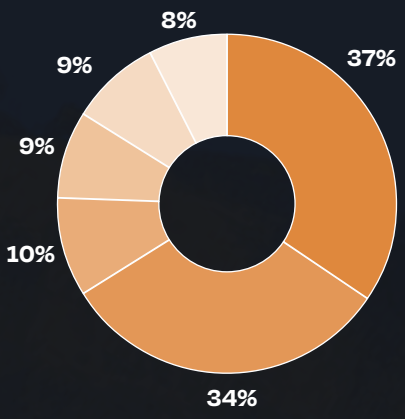
Type of care

	NUMBER OF SURVIVORS	PERCENT
State care	87	77%
Faith-based care	34	30%
State and faith-based care	15	13%
Unknown	7	6%



Ethnicity

	NUMBER OF SURVIVORS	PERCENT
Samoan	42	37%
Cook Islands	38	34%
Tongan	11	10%
Niuean	10	9%
Fijian	10	9%
Fijian Indian, Tokelauan or another Pacific ethnicity	9	8%



I whakapuaki ō rātou wheako e ngā purapura ora Takatāpui, Uenuku, MVPFAFF+ hoki
Takatāpui, Rainbow and MVPFAFF+ survivors shared their experiences

123. Māori survivor Ms OF (Ngāti Kahungunu), who was placed in psychiatric care at Cherry Farm Hospital when she was 16 years old, shared:

> *"I recall being told that I was a lesbian because of penis envy. That I had come out of my mother's body the wrong way and I was damaged on the way out. I know now that wasn't right. This is the way that I want to be and I was given a diagnosis of schizophrenia. However, I was never schizophrenic. I was simply a lesbian."* [95]

124. Survivors who identify as Takatāpui, Rainbow and MVPFAFF+ made up 7 percent of the 2,329 survivors who registered with the Inquiry.

125. Discrimination towards people with diverse gender identities and / or sexual orientation resulted in some people from the Takatāpui, Rainbow and MVPFAFF+ communities being admitted to psychiatric institutions. People who did not identify as heterosexual were seen by society as mentally unwell for much of the Inquiry scope period and were affected by religious attitudes. Some survivors said they were placed in care to be 'cured' of their sexuality. This included through electric shocks, operations, overmedicalisation and conversion practices.

126. More information on the pathways and circumstances that led Takatāpui, Rainbow and MVPFAFF+ survivors into care can be found in Part 3. For further information on the abuse and neglect experienced by Takatāpui, Rainbow and MVPFAFF+ survivors, see Part 4. Additional information on the impact of gender identity discrimination can be found in Part 5.

95 Witness statement of Ms OF (21 November 2021, para 38).

"I recall being
told that I was a
lesbian because of penis
envy. That I had come out of
my mother's body the wrong way
and I was damaged on the way out.
I know now that wasn't right. This is the
way that I want to be and I was given
a diagnosis of schizophrenia. However,
I was never schizophrenic. I was
simply a lesbian."

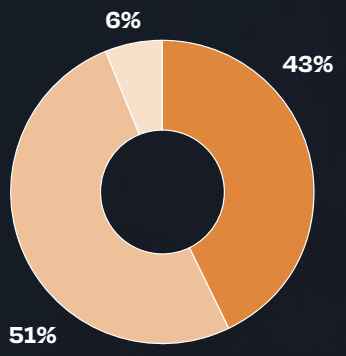
MS OP
(Ngāti Kahungunu)

Key facts about registered Takatāpui, Rainbow and MVPFAFF+ survivors

Total Number of Survivors: **162**

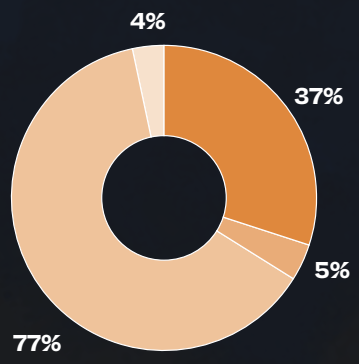
Gender

	NUMBER OF SURVIVORS	PERCENT
Female	70	43%
Male	82	51%
Gender diverse, Non-Binary, Other, Prefer Not to Say, No Data	10	6%



Ethnicity

	NUMBER OF SURVIVORS	PERCENT
Māori	60	37%
Pacific Peoples	8	5%
Pākehā / European	124	77%
Another ethnic identity or unknown ethnicity	6	4%

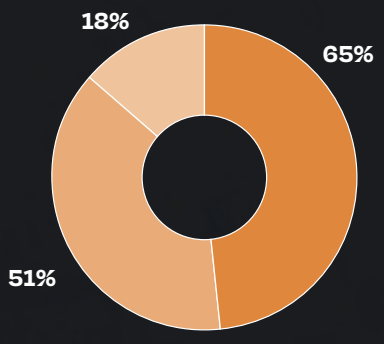


Age

Average age when entered care	9 YEARS OLD

Type of care

	NUMBER OF SURVIVORS	PERCENT
State care	106	65%
Faith-based care	83	51%
State and faith-based care	29	18%



* Survivors who experienced both State and faith-based care are counted in all three groups (State care, faith-based care, and State and faith-based care).

I whakapuaki ō rātou wheako e ngā purapura ora o ngā whānau kēnge
Survivors from gang whānau shared their experiences

127. Pākehā survivor Mr OB, who was 14 years old when he was placed in social welfare care, said:

> *"I think 90 percent of [Mongrel Mob members] experienced severe abuse and trauma in their childhood. The majority have been in State care and the majority got abused there. I've been speaking about the Royal Commission to the members and many have confirmed that they have been abused through prison and borstals. They need real help, and their mental health is no good either. We've been abandoned by the system and our families, so we make our own system and we are family."* [96]

128. Of the 2,329 survivors who registered with the Inquiry, 14 percent said they were a member of a gang or had family members in a gang. The Inquiry uses the term gang whānau to reflect that many survivors found a sense of family and community in gangs.

129. The Inquiry learned that significant numbers of gang whānau were placed in and abused and neglected in care when they were children and young people. The Inquiry learned why multiple generations of whānau join gangs. Those who shared their experiences clearly stated that their gang membership is about being in a whānau and part of a community that has meaning, identity, belonging, protection and acceptance.

130. Gang whānau survivors spoke about the abuse they experienced in care, how they were not believed, and that they had no one to stand up for them. Many described how, when they were children, they were treated as though they were already criminals. Some gang whānau survivors explained that their parents and other whānau members were themselves survivors of abuse and neglect in State or faith-based care, and that the impacts of this abuse had intergenerational consequences. A recurring theme for gang whānau was the failure to be given opportunities. They said that they wanted to break the cycle, so their children would not go through the same experience.

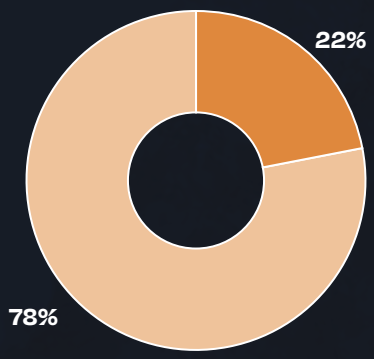
96 Witness statement of Mr OB (2 August 2021, para 9.2).

Key facts about registered gang whānau survivors

Total Number of Survivors: **333**

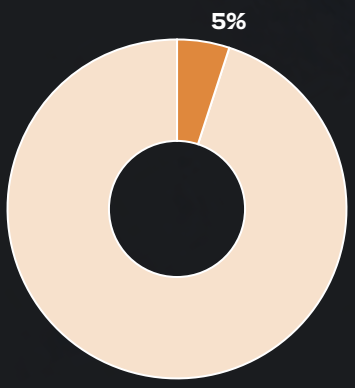
Gender

	NUMBER OF SURVIVORS	PERCENT
Female	74	22%
Male	259	78%



Part of Takatāpui, Rainbow and MVPFAFF+ community

	NUMBER OF SURVIVORS	PERCENT
Takatāpui, Rainbow and MVPFAFF+ community	15	5%



* Survivors who experienced both State and faith-based care are counted in all three groups (State care, faith-based care, and State and faith-based care).

Age

	YEARS OLD
Average age when entered care	9

Type of care

	NUMBER OF SURVIVORS	PERCENT
State care	306	92%
Faith-based care	64	19%
State and faith-based care	52	16%

Ethnicity

	NUMBER OF SURVIVORS	PERCENT
Māori	264	79%
Pacific Peoples	25	8%
Pākehā / European	116	35%
Another ethnic identity	<6	

I whakapuaki ō rātou wheako e ngā purapura ora mauhere
Survivors who experienced incarceration shared their experiences

131. Survivor Mr NK (Ngāti Raukawa ki te Tonga, Pākehā), who was placed in a police cell as a child, shared:

> *"When I was 10 years old, I was placed into police cells by Oranga Tamariki and left there for two weeks while they found a placement for me... That was the worst time in my life... My time in the police station has left me with a life where I have been in and out of jail, and I have always found prison as acceptable."* [97]

132. Just under one third (29 percent) of the 2,329 registered survivors told the Inquiry that they had been in prison at some point in their lives. Some survivors were still serving prison sentences. The Inquiry received 151 witness statements from survivors in prison and visited 98 people in prison to talk to them in groups.

133. Survivors who had been to prison told the Inquiry that authority figures viewed and treated them similarly in care and in prison. Having or not having power was a key theme of these survivors' accounts. These survivors said how being abused and neglected in care led them to petty crime, which became a revolving door for the criminal justice system.

134. NZ Police were involved in many survivors' lives from a young age and they were targeted because of ethnicity or gang involvement. Survivors described being detained as children or young people in adult prisons, where they experienced psychological, physical and sexual abuse, as well as neglect.

97 Witness statement of Mr NK (25 April 2023, paras 3 and 21).

"When I was 10 years old, I was placed into police cells by Oranga Tamariki and left there for two weeks while they found a placement for me. This was the worst time in my life. My time in the police station has left me with a life where I have been in and out of jail, and I have always found prison as acceptable."

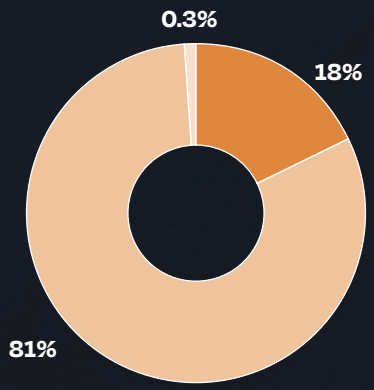
MR NK
(Ngāti Raukawa ki te Tonga, Pākehā)

Key facts about registered survivors who had been to prison

Total Number of Survivors: **683**

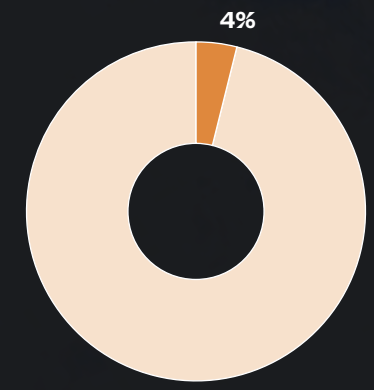
Gender

	NUMBER OF SURVIVORS	PERCENT
Female	125	18%
Male	556	81%
Gender diverse, Non-Binary, Other, Prefer Not to Say, No Data	2	0.3%



Part of Takatāpui, Rainbow and MVPFAFF+ community

	NUMBER OF SURVIVORS	PERCENT
Takatāpui, Rainbow and MVPFAFF+ community	29	4%



* Survivors who experienced both State and faith-based care are counted in all three groups (State care, faith-based care, and State and faith-based care).

Age

	YEARS OLD
Average age when entered care	9

Type of care

	NUMBER OF SURVIVORS	PERCENT
State care	616	90%
Faith-based care	174	25%
State and faith-based care	131	19%

Ethnicity

	NUMBER OF SURVIVORS	PERCENT
Māori	425	62%
Pacific Peoples	40	6%
Pākehā / European	351	51%
Another ethnic identity	23	3%
Prefer not to say, unknown	12	2%
Identified as more than one ethnicity	156	23%


"We're not what
happened to us.
We're what we
do with it."
PAORA CRAWFORD MOYLE
Māori (Ngāti Porou)

Paora Crawford Moyle

Age when entered care: 5 years old **Year of birth:** 1963

Time in care: 1967 to 1981

Type of care facility: Multiple foster homes and family homes, including Presbyterian Church-run homes

Ethnicity: Māori (Ngāti Porou)

I am not just here by myself, I come from the love of thousands, I come from many tūpuna on both the tauiwi side and the Māori side and that whakapapa extends now to my own mokopuna. It's not just about the blood content, it's about the herstory and history of what came before us.

My going into care was a mix of things – my parents' fighting, a very racist grandmother who liked things to be done the English way, racial profiling of my mum by the Department of Social Welfare and, in the end, about the utter abandonment of us by our parents. Dad went to Melbourne and Mum stopped trying to get us out of care, she went off and had another family with another husband. I don't believe that I was abused by my parents, but I was very young when I left their care.

At 5 years old, you're a child with a broken heart missing your family, you have no voice, no power or protective person looking out for you. You are susceptible to being groomed because the loneliness and desolation makes you crave any sort of connection with a human being.

Tēna koe koutoa katoa

Ko Te Whetumatarau te maunga

Ko Awatere te awa

Ko Horouta te waka

Ko Ngāti Porou te iwi

Ko Tūwhakairiora te tangata

Ko Hinerupe te marae

Ko Karawhata me Crawford te ingoa whānau

Ko Paora Moyle tōku ingoa

Tihei Mauri Ora!

I am not just here by myself, I come from the love of thousands, I come from many tūpuna on both the tauiwi side and the Māori side and that whakapapa extends now to my own mokopuna. It's not just about the blood content, it's about the herstory and history of what came before us.

Before I tell you my story, you need to understand that we're not what happened to us. We're what we do with it. We're what we become. I am the author of my own story. Survivors came to do this journey in the world to teach others about their own humanity and how to treat them accordingly.

My going into care was a mix of things – my parents' fighting, a very racist grandmother who liked things to be done the English way, racial profiling of my mum by the Department of Social Welfare and, in the end, about the utter abandonment of us by our parents. Dad went to Melbourne and Mum stopped trying to get us out of care, she went off and had another family with another husband. I don't believe that I was abused by my parents, but I was very young when I left their care.

At 5 years old, you're a child with a broken heart missing your family, you have no voice, no power or protective person looking out for you. You are susceptible to being groomed because the loneliness and desolation makes you crave any sort of connection with a human being.

For me, the grooming began immediately on my entering the first home. We were being indoctrinated with Presbyterian beliefs and made to love Jesus, but we were abused like empty vessels in his name. I still remember hearing the shuffling sound of his slippers, making their way down the long corridor of polished linoleum. The covers held tight around me so that my knuckles are white, my breath stopped, the threats he used to keep me silent, "You will be separated from your younger brothers" or "Your parents will never be able to come and see you or come and get you."

After a time, I got used to the things that happened and I stopped protesting. You learn how to behave, how to respond and perform, and how to leave your body until it's all over. The man who groomed me was a respected elder in the church. I was never safe, nor did I feel safe, in or around the Presbyterian Church. I experienced sexual abuse at after-church functions, at Sunday school, at Bible study, church picnics and in parishioners' homes.

I started to notice that there was some organisation to the outings with parishioners. Church leaders started visiting the home and often the same ones came back later to pick us up on take us on outings, as they called them. These people weren't vetted but were able to access us because of their standing in the church as good Christian people. Many of the outings were fun and legitimate, but many were not. This accessing us became part of our lives, the norm, it's what happened to you when you're nobody's child. The passing around seemed to happen more and more when you were deemed amenable, quiet or compliant. Possibly made easier if you were being slipped a dose of Valium or something else.

There was always someone or more than one person who found an excuse to take me with them on a picnic, a children's show, or to the beach or some other place. I always knew what was going to happen. I got to know the look in a person's eye, the way he looked and spoke to me, I was always being told stuff like, I "had come to bed eyes", I "had baby blues that asked for it".

I knew I wasn't the only one it was happening to. Although as children we talked to one another, we never really talked in detail about what was happening to us, but we just knew from the silence. Despite the threats to keep me quiet, I remember trying to tell trusted people. I talked to our reverend about it, to our Sunday school teacher and to school teachers, but nobody wanted to believe that good Christian folk abused children. I tried to talk to social workers on the rare occasions they would check on me, but nobody wanted to hear. Instead they saw us as unwanted children from dysfunctional families who made up stories to get attention.

At school I was targeted by my teacher for my behaviour and because I was Māori. I had an undiagnosed neurodiverse condition – I now know I have high functioning Autism. I was constantly sent to the corporal punishment teacher, and was strapped with a large leather belt, or caned across the backside or back of my legs. I was 8 years old when I was first strapped, and this abuse continued for at least the next three years.

I know now that other children have come forward from the places I was in. I didn't. I didn't know that until recently, I always thought that I was just the only one. And I say to them, "How do you know, that what I'm telling you is the truth?" And they look back and go, "Because others have come forward with the same story and the same people." You can't know what that's like in the moment to have that validation. And your whole life passes through your mind like a film reel, it goes, it fuckin' happened, I did exist. It's quite indescribable, but it's also really powerful.

My given name was Paula. My whānau called me Paora because that meant Paul and Paula, but I always preferred the name Paul. I was a tomboy and I loved looking like my brothers, you know, short hair jeans, cotton shirts, boots – I still pretty much wear the same thing today. I couldn't stand being put in a dress. I hated Sunday because Sunday put me put me in touch with abusers but also because it was when I had to put a dress on, with patent leather shoes and a little handbag and white gloves.

I didn't have words for it or fully understand it, but when I look back now, it's a part of my story.

I like that little non-binary person that didn't have words. Because, that's when they were themselves and that's when they felt most at home – playing bull rush, kicking the soccer ball around in jeans, roughing it and also smiling at the girls. The one thing I wanted to do was just be the way I felt inside, and I couldn't. I never understood how boys were allowed to dress the way they did, and girls had to wear shoes that you couldn't run in and dresses where they could see your knickers. Although I didn't have words for it then I was starting to understand that my love or my preference to love was different from my mates.

The Presbyterian parishioners who abused me and other children failed to conduct themselves in accordance with the gospel that they lived by – that all people are treated with honesty, transparency, dignity, and respect. The church failed to provide safe environments for us so that we might live life in all of its fullness as children in care were supposed to. It failed to protect us from physical or mental harm and neglect, including sexual abuse and exploitation.

The ones who didn't take good care of us, they ruined our little lives and stole our childhoods. You can never get that back and grow up to be wholesome, contributing beings to your community, to your whānau or to yourself. It's like being a vessel that somebody pisses into – that's what you feel like you are. I find it really hard being amongst other people because I walk around feeling like I have a neon sign plastered to my head saying 'fuck me', and I can't get away from it.

There are many more things I could tell you about the abuse, but that's not why I am telling my story.

The heart of my kōrero today is about who we are and what we do. Being non-binary is not because of my trauma, or because I have high functioning Autism. These are distinctly different parts of myself that add to the rich person that I am today. We are not what happened to us. We are what we do with it and I have chosen to use everything that happened to me – the good, the bad and the ugly – to do the work that I do with those that are most important to me and that contributes to making a difference.

I work in family violence prevention. I work with our men, with children and with mamas, because I believe in the whole whānau approach. Rather than decimate families, let's work with them to strengthen them. My best work is with survivor whānau who have had three and four generations of child removal, of being decimated, disenfranchised from their whakapapa. I'll keep on doing that work till the day I die.

I have one surviving son who's about to have his third child with his partner. We are very close knit, we've survived a lot. He's a good daddy, I'm very proud of him and he really is the heart of everything that I do.

When my son was about 8 years old, I was struggling with living. He knew it and he said "Mamma, I don't want you to be sad, you're my hero and everything you do is really important to me. There's only you and me, what am I gonna do if you're not here? Mum don't you know that everything you went through teaches those people who don't understand, what it was like?" In that moment my son was validating my experience, and demonstrating back to me the importance of being who we are and why we are here. He was saying to me that I came into this life to be the example, and that in being the lived example you become the teacher, who through your own story teaches people about their own humanity, or lack of. My son was able to put that into words so that I realised my place in the world.

Survivors are not broken people, we are whole people, we have many facets to our being. When you look at us, all you see is somebody faulty, that's downtrodden, that needs to be saved or needs to be put on a conveyor belt and poked and prodded, or fixed and helped. We are not. We've lived our lives, we've managed to get here, many of us have led successful lives and we turned the difficulty around. Stop compartmentalising us, stop leaving us out of decisions or just giving us a token role where some of us can come together in an advisory group and provide some input. We are never allowed to actually formulate and be part of the machinery that would make change occur. Let us be part of making significant change occur for children who are vulnerable, let's really put children at the centre around their whānau.


"It seemed as
though we were
some kind of
social experiment."
BEVERLY WARDLE-JACKSON
Pākehā

Beverly Wardle-Jackson

Hometown: Ōtautahi Christchurch	**Age when entered care:** 7 years old
Year of birth: 1952	**Time in care:** 1960 to 1970

Type of care facility: Salvation Army Home – Florence Booth Salvation Army Home; family home – Riccarton Family Home; girls' homes – Fareham House, Miramar Girls' Home, Strathmore Girls' Receiving Home; psychiatric hospitals – Oakley Hospital, Porirua Hospital; Salvation Army home for unmarried mothers.

Ethnicity: Pākehā

Whānau background: Beverly is the fourth of 10 children.

Currently: Beverly has four children with her first husband. She has no connection with her oldest daughter but has good relationships with her other children. Beverly is married to her second husband Ian and lives in Christchurch.

⚠ I was 12 years old when I was made a State ward. My father tried hard, but we lived in extreme poverty and didn't have a lot of food. Despite this, the children kept coming.

My family first came to the attention of Child Welfare when I was 6 years old. The school headmaster contacted Child Welfare because of concerns about our family, and not long after, other people who were concerned also contacted them. I'm not surprised by this – sometimes there was no food in the house at all, and I would have to go begging to the neighbours for milk for the babies.

When I was 10, my parents were prosecuted by the Education Board because my siblings and I weren't going to school. Sometimes I'd be at home helping to care for the younger ones, or because I was sick. Sometimes I stayed home because I had no clean clothes or because there was a school trip on that we could not pay for.

I was sent to various girls' homes, where I was physically abused and put in seclusion.

Like a lot of girls who went into care, I ended up in psychiatric hospital care – first Ward 27 at Wellington Hospital and then Porirua Hospital, where I stayed on and off from 1967 to 1973, and later Oakley Hospital. In between admissions, I went to other places – often back to various girls' homes.

Each time, I was returned to Porirua Hospital when my behaviour was perceived to be 'difficult'. I was just a lonely, isolated teenage girl. Every little thing about Porirua Hospital seemed to reinforce the feeling of being trapped and powerless. Every day, violent incidents would happen somewhere, usually ending with the nurses assaulting patients and dragging them off to their rooms, kicking and punching them along the way. It was all wrong, so wrong, but there was no one to tell, no one to complain to.

The continual screaming, banging and swearing day and night was overwhelmingly depressing. I was on edge the whole time, wary of everyone, anxious that I might end up in the thick of it.

I was filled with deep despair. I felt more alone in the world than ever before. Deep down, I knew I wasn't mad. I also knew that Child Welfare had nowhere for me to live. As each year passed, it became less and less likely that I would ever have a home or someone who cared about me.

Even at my age, I could see the injustice of dumping us girls into mental institutions simply because there was nowhere else for us to go. It seemed as though we were some kind of social experiment.

I escaped once and was given electric shocks as punishment, although the 'medical' reason given was that I was suffering from depression.

There was very little for us to do other than spend each day with the other patients inside the day room. Many of the adult patients had been there for years. Some of these patients had vacant expressions and just sat hardly ever speaking. Others spoke continuously but only to the voices in their heads. Eventually I got used to living in the hospital and used to the people I was forced to live with. I no longer allowed myself to think about my future – I knew I had to accept this madhouse as my home.

When I was 16, I went on trial leave from the hospital. Trial leave is a fancy term for when they allow people like me to leave hospital to test my readiness for living in the community. While I was on leave, I met a man and fell pregnant. Nobody had explained to me how you became pregnant or how babies were born. Child Welfare arranged for me to be forcefully taken back to Porirua Hospital. I overheard the nurses talking about me being pregnant, and that I would probably stay there until after the baby was born, then Child Welfare would take the baby and adopt it out. I spent days and days crying in my room. I begged to be let out of the hospital, but my pleas were ignored.

A friend and I devised an escape plan and we managed to hitch-hike to Auckland but were found by police. I was held in the police cells overnight, remanded in custody for one month, and went to Mt Eden Prison and then Oakley Hospital. At Oakley I lived in a constant state of terror and anxiety – I was terrified by the screaming and fighting among the patients.

When I eventually appeared in court, the magistrate said to the prosecutor that he failed to see any reason why I, as a pregnant young woman, was being held in a mental institution, and he released me immediately.

I was scared and relieved – I knew I was ill-prepared, but at least my life was in my own hands, not in the hands of strangers. I still wasn't free from Child Welfare though – I was dropped off at a home for unmarried mothers, where I gave birth to my daughter four months later. I was 17.

Within minutes of her birth, the staff took my baby from me and refused to let me see her. Child Welfare wanted me to sign adoption documents and I refused. Child Welfare told me I would have to find work, or they would take my daughter away. I was determined that wouldn't happen, and I worked long days, leaving my baby with a caregiver. Then I accidentally bumped into her father, and we married.

I moved to Christchurch for a fresh start. Somehow, I got by from day to day, drawing on some unexplained strength within me. I reconnected with two of my sisters, but that all became too hard in the end; too much damage had been done.

Against all odds, I did make a new life for myself. The years were never easy, but somehow, I must have been blessed with a mental fortitude that made me want to get through.

I wrote a book, In the Hands of Strangers. I requested my files from Child Welfare, and as I read the notes that had been recorded about me, I wept. Shock, anger, and feelings of worthlessness welled up inside me. I could hardly believe the coverups, whispers and lies people had written to justify their treatment of me.

I am very aware that my story is just one of the many stories of the 'lost children' – the State wards of my generation. We were children who did not have mental illnesses when we entered mental institutions, but we all became mentally scarred by our time there. At the most basic level, most State wards were unwanted by their own families. Many of them, like me, remained unwanted as we entered our teenage years. I can only share my own story – but I know what happened to many of them. Some ended up in borstals and went to prison; others still wander lost and forlorn through life.

Some days I can't believe I survived. But I did. I don't deny the physical and emotional scars I still carry, but the very things I was missing throughout my childhood – love and a sense of belonging – eventually found me.

This is my story. I hope that by telling it, lessons will be learned.[98]

98 Witness statement of Beverly Wardle-Jackson (7 November 2019).

Ūpoko | Chapter 5
Tā te Kōmihana a te Karauna pīkau i āna mahi
How the Inquiry carried out its work

135. Under the Inquiries Act 2013, the Inquiry could conduct its work as it considered appropriate, in line with the directions in the Terms of Reference and in the Act.[99]

Tā te tangata whai wāhi ki te Kōmihana
How people engaged with the Inquiry

136. The Inquiry heard from survivors, witnesses, whānau, hapū, iwi and hāpori Māori, rōpū Māori, Pacific Peoples, Deaf people, disabled people and people who experience mental distress, advocates, social service providers, people in prison, gang whānau, academic and legal experts, former and current government officials, current and former staff of care facilities, and individuals and representatives from faith-based institutions. The diagram below summarises the many and varied ways that people engaged with the Inquiry. Data is from 1 January 2019 to 31 May 2024.

99 Inquiries Act 2013, section 14(1).

How people engaged with the Inquiry

	Visits to the Inquiry website = **More than half a million**
	Number of email enquiries to contact centre = **More than 50,000**
	Number of phone calls received by contact centre = **More than 14,500**
	Number of text messages enquiries to the contact centre = **More than 1,000**
	Survivor-led face-to-face interviews (private sessions) = **1,630**
	Sworn witness statements from or on behalf of survivors = **1,176** – Sworn witness statements from survivors taken by the Inquiry = **603** – Sworn witness statements from survivors taken with help from a lawyer = **573**
	Witness accounts from survivors = **218**
	Community engagements = **126, reaching 2025 participants; Disabled people 456; Māori 779; Pacific Peoples 241; Rangatahi 44; Gang whānau 425; Takatāpui, Rainbow and MVPFAFF+ 90; Incarcerated 98**
	Regional haerenga (number of participants and locations) = **29 community events, reaching 650 participants**
	Wānanga = **300 participants**
	Fono and talanoa = **9 fono and talanoa, reaching more than 230 participants**
	Public hearings = **16 public hearings over 133 days and including more than 270 witnesses**
	Unique views of public hearings' online streams = **More than 145,800**
	Advisory groups = **4 Advisory groups, 186 meetings**
	Reference groups = **9 reference groups, 116 meetings**
	Community conversations = **6 groups (met 5 times, approximately 5 people per meeting) including Deaf people, disabled people who experience mental distress**
	Town hall meetings and community events = **More than 53 events held**
	Number of pānui distributed = **approximately 60 pānui to more than 2,500 recipients**
	Number of kaupapa Māori external providers and intermediaries that assisted to identify survivors = **More than 20**
	Wellbeing and hauora organisations that assisted in supporting survivors = **More than 100**

Ngā tukanga tūhono ki ngā purapura ora
Approach to engaging with survivors

137. The Inquiry could not have undertaken its work without the generosity of survivors in sharing their experiences. The Inquiry invited all survivors of abuse in State or faith-based care to get in contact.

138. The Inquiry acknowledges that many survivors did not, and will never, come forward to share their experience. For many, the trauma and pain was too great. Many survivors face multiple barriers to coming forward arising from mistrust in authorities, communication barriers, cultural shame, family shame, racism, sexism, ableism and homophobia.

139. Survivors could engage with the Inquiry in person, through their whānau, through legal representatives or advocates, during community meetings or wānanga. They did not need to register with the Inquiry to participate. They could provide as little or as much information as they wanted to. They could remain anonymous if they wished.

140. Survivor Faithful Disciple (NZ European), who was born into the Gloriavale community, echoed the feelings of many survivors when he told the Inquiry:

> *"My primary motivation in engaging with the Royal Commission is to play my part in ensuring that no one suffers as I did."*[100]

141. Survivors came forward from across Aotearoa New Zealand and overseas. By the end of the Inquiry, 3,827 survivors of abuse in State and faith-based care had registered with the Inquiry, and 2,329 survivors shared their experiences. Pākehā survivor Mr NV, who was 7 years old when he started at Marylands School (Catholic, Ōtautahi Christchurch), told the Inquiry why it was important for him to share experiences of abuse and neglect in care:

> *"It is hard for me to confront all this. Even so, I am providing this evidence because I know that I need to speak up for myself, and for my mates who didn't make it. It's time that the Government finally owned up to what happened to us while we were in care. There isn't any chance of me being able to move on and put this all behind me until that happens."*[101]

100 Witness statement of Faithful Disciple (November 2022, page 28).
101 Witness statement of Mr NV (February 2020, page 11).

142. The health, wellbeing and mana of survivors was at the centre of the Inquiry's approach and it always sought to avoid further harm. Interactions with survivors and their whānau or support networks were trauma informed. This meant being sensitive to the impacts of trauma and treating survivors and their whānau with atawhai (kindness), humanity, compassion, dignity, respect and generosity.[102]

143. The Inquiry respected the mana motuhake (autonomy) of survivors and empowered them to make their own decisions about how they would be involved. The Inquiry considered survivors' requests to stay anonymous and, where appropriate, made orders banning the publication of their names and other identifying details.[103]

144. The Inquiry established a hauora policy and a survivor hauora team. Their role was to contact survivors to appropriately support them before, during and after they engaged with the Inquiry. Survivors and their whānau had access to wellbeing support and services provided by counsellors, social workers, psychologists, psychotherapist, nurses and rongoā Māori practitioners. These services were provided free of charge to survivors and whānau (as envisaged in the Inquiry Terms of Reference).[104]

145. Some survivors shared their experiences as a group, community, collective or whānau. The Inquiry heard from siblings who had survived care together and from children of survivors. It heard from people on behalf of loved ones who could not share their own experiences because, for example, they were too distressed to do so, or have passed away. The Inquiry spoke with groups of survivors in prison, in psychopaedic and psychiatric hospitals (including forensic settings) and related services for disabled people.

146. Survivors could meet privately with a commissioner or kaitakawaenga (a representative of the Inquiry). The Inquiry held 1,630 face to face sessions with survivors. Kaitakawaenga were experienced people with mana and community standing from a wide range of backgrounds to ensure that survivors would have an opportunity to talk to the Inquiry if they wished. Face to face interviews were held with survivors in prison. Online interviews were held with survivors who live overseas. The Inquiry stopped hearing private sessions on 30 June 2023.

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102 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, page 68).

103 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, General Section 15 Restriction Order (11 June 2020, reissued 2 September 2020 and 13 October 2022).

104 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 24.

Private sessions held with registered survivors

Year	Number of private sessions held
2019	286 private sessions
2020	330 private sessions
2021	332 private sessions
2022	492 private sessions
2023	200 private sessions

147. Survivors could bring whānau or other support to private sessions and group engagements. The Inquiry provided culturally appropriate wellbeing support before, during and afterwards. Survivors were assured the information shared would be used only with their consent.

148. Although survivors did not need to have a lawyer to participate in the Inquiry, funding was provided funding for them to seek assistance from a panel of independent lawyers if they wished. This assistance could include legal representation, legal advice or help (for example, with drafting documents). About one third of survivors who participated in the Inquiry received funded legal assistance.

149. The Inquiry received 1,545 witness statements, including:

- 1,176 witness statements from survivors, or on behalf of survivors (including 573 witness statements provided with help from legal assistance lawyers)
- 171 witness statements on behalf of the State, faith-based institutions or other organisations
- 80 witness statements from experts
- 46 witness statements from current or former staff or caregivers
- 65 witness statements from people who witnessed abuse and neglect
- 7 witness statements from former members of Parliament.

150. While the Inquiry aimed for best practice, lessons were identified during the Inquiry process. The way the Inquiry worked with survivors, their whānau and support networks was revised and updated as it progressed. In 2021, the Inquiry reviewed and updated its survivor wellbeing policy to improve its cultural appropriateness. Working with a hauora Māori clinical expert, the Inquiry adopted a revised survivor wellbeing approach that was mana informed.

151. Some survivors who came forward told the Inquiry about experiences that may have fallen outside the scope of Terms of Reference, such as abuse or neglect in private settings. Those experiences are not described in this report but the Inquiry acknowledges the bravery those people showed in sharing their stories.

152. The Inquiry recognises that some survivors of abuse in State and faith-based care were not aware that the Inquiry existed, and some survivors may have found it difficult to get in contact.

I noho ngā hui ōkawa a te Kōmihana hei ara kōrero tūmatanui
The Inquiry's public hearings were an opportunity to talk publicly

153. The Inquiry held more than 133 days of public hearings from June 2019 to October 2022. Most of these were held in person and streamed live online. Hearings gave survivors an opportunity to talk publicly about what happened to them and witnesses of abuse to describe what they saw or heard. It also provided an opportunity for the Inquiry to publicly hold State and faith-based institutions to account. Some evidence was so sensitive that hearing sessions were closed to the public and media. Some survivors chose to give all or part of their evidence anonymously, from a different room, without cameras and / or with voice distortion. The Inquiry did accessibility assessments and made changes to improve accessibility. Legal assistance and wellbeing support were available to all witnesses before, during and after each hearing.

154. The public hearings were grouped into themes, specific care settings and groups of survivors. The Inquiry heard evidence from survivors, advocates, academic and legal experts, government officials and individuals and representatives from faith-based institutions.

Public hearings held by the Inquiry

Hearing	Dates	Theme
Preliminary Hearing	June 2019	The Inquiry's scope, focus and procedures
Contextual Hearing	November 2019	The overarching contextual circumstances of abuse in care
State Redress Hearing	October 2020	Experience of survivors of abuse and neglect in care about civil claims made against the State and civil litigation in the courts Processes for resolving claims of abuse in State care

Hearing	Dates	Theme
Faith-based Redress Hearing (Phase 1)	December 2020	Experience of survivors seeking redress for abuse and neglect in the care of faith-based institutions
Faith-based Redress Hearing (Phase 2)	March 2021	Processes for resolving claims of abuse in faith-based care
Children's State Residential Care Hearing	May 2021	Lived experience of children and young people who were abused and neglected in social welfare residential care
Lake Alice Child and Adolescent Unit Hearing	June 2021	Abuse and neglect at Lake Alice Hospital's Child and Adolescent Unit
Tulou – Our Pacific Voices: Tatala e Pulonga (Pacific Peoples' Experiences) Hearing	July 2021	Lived experiences of Pacific Peoples who were abused in State and faith-based institutions
Marylands School (St John of God) Hearing	February 2022	Abuse and neglect by the Hospitaller Order of St John of God religious brothers that occurred at Marylands School, St Joseph's Orphanage and the Hebron Trust
Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing	March 2022	Lived experiences of whānau Māori who were abused and neglected in State and faith-based institutions
Foster Care Hearing	June 2022	Lived experiences of survivors who experienced abuse and neglect in foster care
Ūhia te māramatanga Disability, Deaf and Mental Health Hearing	July 2022	Lived experiences of survivors who are disabled, Deaf or were placed in psychiatric institutions
State Institutional Response Hearing	August 2022	Responses of State agencies to the abuse and neglect of children, young people and adults in care
Faith-based Institutions Response Hearing	October 2022	Responses of faith-based institutions to the abuse and neglect of children, young people and adults in care

155. Most hearings were held in Tāmaki Makaurau Auckland and chaired by Coral Shaw. Sir Anand Satyanand chaired the Contextual Hearing. Due to other Inquiry priorities or perceived conflicts of interest, not all Commissioners attended all hearings. Ngāti Whātua Ōrākei provided cultural guidance and support for the hearings, including opening and closing the sessions. The Inquiry removed legal formalities from public hearings, where possible, as directed by the Terms of Reference. Examples of this included on-site wellbeing specialists and holding some hearings at fale and marae.

156. The Inquiry's Tulou – Our Pacific Voices: Tatala e Pulonga (Pacific Peoples' Experiences) Hearing was conducted in accordance with Pacific protocols in the Fale o Samoa in Māngere, Tāmaki Makaurau Auckland. Commissioner Ali'imuamua Sandra Alofivae MNZM nurtured the vā (teu le vā) throughout the hearing. Tulou is a term commonly used in many Pacific languages to show courtesy when one comes within another's personal space. It was used to acknowledge the voice and personal space of survivors and their families, while allowing the Inquiry to listen to and learn from their experiences. Tatala e pulonga is a Tongan metaphor meaning "lifting the dark cloud". This metaphor is commonly used to demonstrate the lifting of darkness and, in this context, a dark history of abuse in care.

157. The Inquiry's Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing was held at Ōrākei Marae in Tamaki Makaurau Auckland. Ngāti Whātua Ōrākei gifted the name, which refers to hope and healing for survivors of abuse in care, after years of darkness. This hearing was co-chaired by Commissioners Julia Steenson (Ngāti Whātua Ōrākei, Waikato-Tainui) and Dr Andrew Erueti (Ngā Ruahinerangi, Ngāti Ruanui, Te Āti Haunui-a-Pāpārangi) generally in person from Ōrākei Marae. Due to COVID-19, some Commissioners attended this hearing online. This hearing was not open to general public attendance and was livestreamed.

158. Commissioner Paul Gibson co-chaired the Inquiry's Ūhia te māramatanga Disability, Deaf and Mental Health Hearing. The Inquiry made changes to improve accessibility. Hearing assistance was available in the public hearing room, and the hearing was streamed live online with New Zealand Sign Language interpreters. People who wanted to submit questions or submissions in New Zealand Sign Language could use videomail.

Ka rere te wā, ka whanake te tūhonotanga
Engagement developed and increased over time

159. Engagement with survivors, whānau and their communities was a critical part of the Inquiry. This included Māori, Pacific Peoples, Deaf people, disabled people and people who experience mental distress. As the Inquiry progressed and learned more about how to connect with people in ways that were appropriate and safe for them, its engagement methods improved. The Inquiry sought to interact with people on their own terms. The Inquiry met with survivors in prisons across the motu (country). The Inquiry communicated regularly through a digital and printed pānui, website, digital engagement tool, mainstream media and social media.

160. The Inquiry ran online group community conversations to remove barriers to accessibility for Deaf survivors, disabled survivors and survivors who experienced mental distress. Multiple hui were held with people from Takatāpui, Rainbow and MVPFAFF+ communities and organisations that support them.

161. Commissioner Paul Gibson co-chaired the Inquiry's Ūhia te māramatanga Disability, Deaf and Mental Health Hearing. The Inquiry made changes to improve accessibility. For example, counsel and commissioners provided visual descriptions of themselves before speaking as protocol to enable equity for blind or low vision attendees, the public space had hearing loops and New Zealand Sign Language interpreters were part of the live stream. People who wanted to submit questions or submissions in New Zealand Sign Language could use videomail.

162. Commissioners went on haerenga (journeys) to Kaitāia, Kaikohe, Waikato, Tūranganui-a-Kiwa Gisborne, Ōtautahi Christchurch, Ōtepoti Dunedin, Te Tai Poutini West Coast, Waihōpai Invercargill and Motupōhue Bluff to engage particularly with survivors (communities including iwi), leaders and providers of care in these places.

163. A gang whānau hui was held in February 2023 and the Royal Commission was invited to attend. The hui provided a platform for gang whānau (nine gangs and more than 250 participants) to share with the Inquiry their experiences of abuse and neglect in care and their views on its connection to gang membership. Two female focus groups were also held to hear their unique experience The Inquiry offered one-on-one interviews for gang whānau who were survivors of abuse and neglect in care.

164. Many in-person engagements had to be paused or cancelled during the COVID-19 pandemic. The Inquiry moved to online engagements if participants were comfortable with this.

I tuku kupu āwhina ngā rōpū āwhina me ngā rōpū whakatairite
Advisory and reference groups provided advice

165. The Inquiry's Terms of Reference directed it to focus on victims and survivors, partner with iwi and Māori, work inclusively with Pacific Peoples, and ensure that disabled people and people who experience mental distress could participate in the Inquiry.[105] The Inquiry set up a Survivor Advisory Group of Experts. The number of members and its role changed over time. By late 2021, it provided strategic advice and feedback on the Inquiry's work as well as guidance and support on engaging with survivors. The group provided feedbac on drafts of the Inquiry's interim and final reports.

166. The Inquiry brought together Te Taumata, a group of Māori leaders and pukenga (experts). Its role changed over time. By early 2022 its function was to ensure that the Inquiry had implemented an effective te Tiriti-based approach. Te Taumata provided strategic advice and guidance on engaging with iwi, hapū, whānau, and hāpori Māori.

167. In late 2021, the Inquiry extended its approach to include regular meetings with:

- Pou Tikanga (a group of tikanga and te reo Māori experts) was set up in 2021 to provide advice guidance on tikanga-based approaches to the Inquiry
- two groups that had formed independently of the Inquiry to discuss issues of shared importance and seek their feedback and advice:
  - Te Ara Takatū – a group of Māori-led survivors, kaupapa Māori advocates and academics
  - the Royal Commission Forum – a group of survivors, advocates and academics
- a small reference group of survivors, academics and experts that provided feedback on the interim report Beautiful Children: Inquiry into the Lake Alice Child and Adolescent Unit.

168. In 2022, the Inquiry engaged groups of specialist advisors. This involved bringing together reference groups with people with lived or academic expertise in Deaf culture, disability, faith, rangatahi, Pacific Peoples, Takatāpui, Rainbow and MVPFAFF+, mental distress and social welfare issues.

169. All advisory, reference groups and Pou Tikanga were provided with draft material, in confidence, to provide expert feedback for consideration in the finalisation of the reports.

105 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 19.

Tā te Kōmihana tūhura i ngā tūkinotanga i ngā pūnaha taurima
How the Inquiry investigated abuse and neglect in care

I whanake te tukanga tūhura
The investigative approach evolved over time

170. As the scope set out in the Terms of Reference was so broad, the Inquiry had to make difficult choices about what could be investigated in depth within the timeframe and resources available. The Inquiry's investigative approach evolved in response to what survivors shared, and as evidence of abuse and neglect in care was uncovered.

171. The Inquiry developed criteria, which were publicly available on its website for selecting investigation topics. These included the extent that the investigation would:[106]

- address the matters in the Terms of Reference
- respond to information from investigations, survivor accounts and research
- respond to areas of particular concern among survivors advocates and / or the public
- identify areas most likely to lead to meaningful recommendations.

172. The Inquiry's investigation of abuse and neglect in faith-based care is illustrative of the evolution of its approach. The Terms of Reference directed the Inquiry to examine abuse and neglect in faith-based care, but it did not list specific faith-based institutions or care settings. The Inquiry could not investigate all faiths practising in Aotearoa New Zealand to the same extent. The Inquiry started its investigations into abuse in faith-based institutions with separate investigations into abuse in the care of the Catholic Church and the Anglican Church. The Inquiry's redress investigation, which involved the Catholic Church and the Anglican Church, also included The Salvation Army within its scope.

106 https://www.abuseincare.org.nz/investigations-and-hearings/procedural-documents/

173. The Anglican Church investigation was formally expanded in 2022 to include the Presbyterian Church, the Methodist Church and The Salvation Army (Protestant faiths) as well as other faiths, including the Gloriavale Christian Community, Plymouth Brethren Christian Church (formerly known as Exclusive Brethren) and Jehovah's Witnesses. These changes stemmed from increased numbers of survivors coming forward to disclose abuse and neglect in the care of these faiths and their institutions, including schools and care homes.

174. The Inquiry investigated abuse and neglect in specific State and faith-based care settings, as well as specific themes and issues:

- abuse and neglect in the care of the Catholic Church
- abuse and neglect in the care of Protestant and other faiths, including the Anglican Church, Presbyterian Church and Presbyterian Support Organisations, Methodist Church, The Salvation Army, Gloriavale Christian Community, Plymouth Brethren Christian Church and Jehovah's Witnesses
- abuse and neglect in State psychiatric care
- Deaf people's experiences of abuse and neglect in care
- disabled people's experiences of abuse and neglect in care
- abuse and neglect in foster care
- Māori experiences of abuse and neglect in care
- Pacific Peoples' experiences of abuse and neglect in care
- abuse and neglect in children's State residential care
- State and faith-based redress
- abuse and neglect in State youth justice care.

175. The Inquiry initially intended to produce a separate interim report for each of these investigations.[107] As evidence emerged, and our investigative approaches evolved, it became clear that the investigations shared many common features. The Inquiry decided to produce a single final report covering all our investigations, and two interim reports highlighting the abuse and neglect experienced by survivors in the care of the Catholic Church (Stolen Lives, Marked Souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust) and in State psychiatric care (Beautiful Children: Inquiry into the Lake Alice Child And Adolescent Unit).

107 Royal Commission of Inquiry into Abuse in Care, Tāwharautia: Pūrongo o te Wā, Volume 1: Interim report (2020, page 142).

176. The Inquiry was not able to comprehensively investigate abuse and neglect in every care setting included in the Terms of Reference. For example, there were not separate investigations on abuse in transitional and law enforcement settings. While the Inquiry investigated abuse and neglect in some private and State integrated schools, it could not investigate abuse in all educational settings. However, this report does record specific disclosures of abuse and neglect by survivors of care in all settings within the Terms of Reference.

He nui ngā whakamārama me ngā taunakitanga i kohia
A large amount of information and evidence was collected

177. The information and evidence used by the Inquiry included transcripts, survivor accounts and community engagements, witness statements, transcripts from public hearings, international and domestic reports and reviews, evidence and findings from previous inquiries[108], the Waitangi Tribunal, meeting notes, email records, police records, medical records, ministerial briefings and Cabinet papers.

178. Information and evidence was gathered through submissions, public hearings, requests and orders to produce information from State and faith-based institutions, roundtables, wānanga, hui and fono, research and policy analysis.

179. In March 2019 the Inquiry issued a preservation of documents order that prohibited State and faith-based institutions from destroying potentially relevant information.[109] The Inquiry issued more than 500 requests for information to State and faith-based institutions and received more than 1.1 million documents.

108 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 20(d).
109 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Notice 1: Preservation of Documents (28 March 2019).

I tautoko te rangahautanga me te tātaritanga i ngā mōhiotanga me ngā taunakitanga

Research and analysis supplemented the information and evidence

180. The Inquiry conducted research and analysis to better understand the nature, extent and impact of abuse and neglect, and develop evidence-based recommendations. Some research was commissioned from external research groups and experts and some was undertaken in house. Key research reports were published on the Inquiry website.

181. The research and analysis covered a wide range of subjects critical to the Inquiry's investigations, including:

- Māori pathways into care and experiences of abuse in care[110]
- the link between State care and eventual criminal custody[111]
- disabled people's experiences in care[112]
- issues faced by survivors of abuse in care when seeking cover, compensation and rehabilitation from the Accident Compensation Corporation (ACC)[113]
- the economic cost of abuse in care[114]
- estimates of the number of survivors and levels of abuse in State and faith-based care[115]
- societal attitudes to 'juvenile delinquency' and pathways into care
- experiences of seclusion and solitary confinement in care
- attitudes of the medical and psychiatric profession towards treatment of LGBTQIA+ people in the 1970s
- physiological impacts of maltreatment on the adolescent brain.[116]

110 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri, Hāhā-tea: Māori Involvement in State Care 1950–1999 (Ihi Research, 2021).
111 Royal Commission of Inquiry into Abuse in Care, Care to custody: Incarceration rates (2022).
112 Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999) (Donald Beasley Institute, 2020).
113 Miller, J & Peck, B, Issues faced by ACC claimants (John Miller Law, 2021).
114 MartinJenkins, Economic cost of abuse in care (2020).
115 MartinJenkins, Indicative estimates of the size of cohorts and levels of abuse in State and faith-based care: 1950 to 2019 (2020).
116 Shalev, S, Uses and abuses of solitary confinement of children in State-run institutions in Aotearoa New Zealand: An independent research report (July 2022).

Ngā whakaritenga ki te whakapūmau i te motuhaketanga, te tōkeketanga me te matatikatanga

Measures to ensure independence, impartiality and fairness

182. The Inquiry was independent from the Government. The Commissioners ensured their independence and impartiality through various measures including a transparent conflict of interest policy and independent advice. The Inquiry had premises and computer systems that were separate from the Government.

183. The Inquiry undertook a comprehensive process before finalising each interim report and this final report to ensure fairness and balance. This process included providing copies of relevant sections of the draft reports along with the evidence the Inquiry was relying on to make unfavourable findings. The Inquiry received large amounts of feedback and commentary, even from parties who had acknowledged or accepted unfavourable findings against them through earlier processes, such as in public hearings. For example, the Inquiry received over 1600 pages of feedback in table format from over 100 organisations and individuals in the natural justice process for this final report.

184. Although the Inquiry could not make decisions about civil, criminal or disciplinary liability, it could make unfavourable findings about people or institutions. As required by the Inquiries Act, where the Inquiry planned to make unfavourable findings against a person or institution, the relevant person or institution was given an opportunity to respond and comment before the findings were finalised.

185. The Inquiry carefully considered comments and feedback and, where appropriate, made changes including to correct inaccuracies. In some instances, information was deleted or added to the reports to provide balance.

186. Under the Inquiries Act, certain people and institutions could apply to be core participants, with the right to have their say through giving evidence and making submissions.[117] Survivors could choose to apply to become a core participant but did not need to do so to participate.

117 Inquiries Act 2013, section 17.

187. Other processes the Inquiry followed to ensure impartiality, fairness and accuracy included:

- initially seeking consent to use quotes or information and then reconfirming consent if a quote or identified information was to be included in interim reports or the final report
- giving notice, and copies or extracts of witness statements, to people or institutions who were going to be criticised by witnesses at hearings
- giving people or institutions an opportunity to identify if any documents the Inquiry intended to refer to in its reports were legally privileged, which means that they could not be used without permission
- seeking feedback on some of the draft minutes documenting the Inquiry's processes, procedures and decisions before they were finalised.

He tepenga tō ētahi o ngā raraunga
Some of the data had limitations

188. One of the purposes of the Inquiry, as directed in the Terms of Reference, was to identify, examine and report on the extent of abuse and neglect in State and faith-based care.[118] The true extent of abuse and neglect in care has proved difficult to calculate. Part 4 explains how historical data and record keeping by State and faith-based institutions was inadequate.

189. International inquiries sometimes took a more research-based approach to collecting information. International inquiries asked survivors to fill out detailed surveys. Having learnt from these, the Inquiry decided to take a less formal and more trauma-informed approach to make sure, as far as possible, that the process of sharing their experiences did not re-traumatise survivors. Survivors were encouraged to use their own words to describe what happened to them.

190. The Inquiry's decision to take a trauma-informed approach meant that that the direct information collected was more difficult to analyse straight away than it would have been if a data-driven approach was followed. The Inquiry met this challenge by setting up a team to review transcripts and written submissions to identify relevant data (for example, the institution in which a survivor was in care, or if they experienced solitary confinement). The Inquiry also used a digital tool (a natural programming language) to extract data. These processes resulted in a more accurate set of data, from registered survivors' evidence on the nature, extent and impact of abuse and neglect in State and faith-based care in Aotearoa New Zealand.

118 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 10.1.

Tā te Kōmihana whakatau i āna tūtohitanga
How the Inquiry developed its recommendations

191. The Terms of Reference required the Inquiry to provide recommendations, which may include legislation, policy, rules, standards and practices, on:

- any appropriate changes to the existing redress processes for survivors who have suffered abuse and neglect in State or faith-based care
- any other appropriate steps the State or faith-based institutions should take to address the harm caused
- changes to be made in future to ensure that the factors that allowed abuse and neglect to occur do not persist.[119]

192. The Inquiry asked survivors what their hopes and vision for the future were. Survivors shared more than 3,000 potential solutions, all with the hope that abuse and neglect in care will never happen again. Their proposed solutions helped commissioners to form recommendations.

193. State and faith-based representatives engaged with the Inquiry on proposed redress solutions. The Inquiry invited representatives from the State and faith-based institutions to propose other solutions, but State representatives declined. The Inquiry tested some ideas underpinning some recommendations with the State and faith-based institutions before they were finalised.

119 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clauses 32(b)–(c) and 32A.

Me pānui tahi i ngā rīpoata a te Kōmihana kia mārama ai te whānuitanga o ngā kōrero
The Inquiry's reports should be read together for a complete picture

194. This report is the final in a series of reports the Inquiry has produced. The reports should be read in full to understand the overall picture of abuse in State and faith-based care from 1950 to 1999.

195. The Inquiry Terms of Reference directed it to produce three interim reports and one final report. It could issue other interim reports as it saw fit.[120]

196. The Inquiry's publications became more accessible over time as communities provided accessibility feedback. The Inquiry started publishing executive summaries of its interim reports in te reo Māori, Samoan, Cook Islands Māori, Niuean, Tongan, Tokelauan, New Zealand Sign Language, Easy Read, large print, braille, audio and video.

120 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clauses 35–39.

TĀWHARAUTIA: PŪRONGO O TE WĀ: INTERIM REPORT (VOLUME 1) AND SURVIVOR VOICES (VOLUME 2)

Delivered: December 2020

Summary: The Inquiry's progress, and key themes and common issues we heard from survivors.

PŪRONGO WHAKAHAERE: ADMINISTRATIVE REPORT

Delivered: December 2020

Summary: An estimate of the additional workload, cost and time the Inquiry needed to fully answer the Terms of Reference.

HE PURAPURA ORA, HE MĀRA TIPU: FROM REDRESS TO PURETUMU TOROWHĀNUI

Delivered: December 2021

Summary: Findings about how State and faith-based institutions responded to survivors' efforts to obtain redress.

Recommendations for a new scheme to address the harm suffered by survivors of abuse in care.

BEAUTIFUL CHILDREN: INQUIRY INTO THE LAKE ALICE CHILD AND ADOLESCENT UNIT

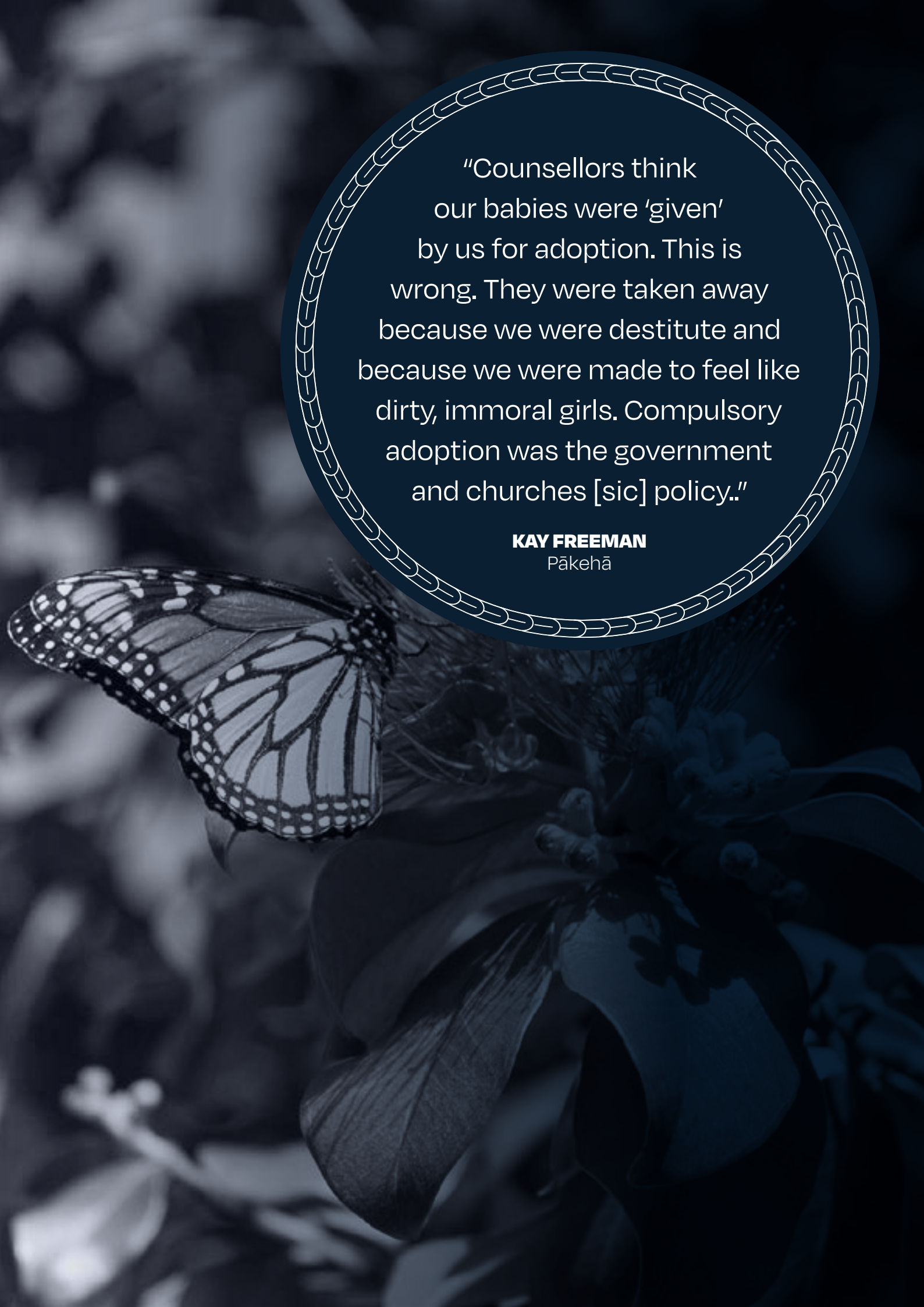
Delivered: December 2022

Summary: The abuse and neglect suffered by children and young people admitted to Lake Alice's Child and Adolescent Unit from 1972 to 1980.

STOLEN LIVES, MARKED SOULS: THE INQUIRY INTO THE ORDER OF THE BROTHERS OF ST JOHN OF GOD AT MARYLANDS SCHOOL AND HEBRON TRUST

Delivered: July 2023

Summary: The abuse and neglect experienced by survivors of the Catholic Order of St John of God at Marylands School and Hebron Trust in Ōtautahi Christchurch.



"Counsellors think our babies were 'given' by us for adoption. This is wrong. They were taken away because we were destitute and because we were made to feel like dirty, immoral girls. Compulsory adoption was the government and churches [sic] policy.."

KAY FREEMAN
Pākehā

Ūpoko | Chapter 6
Ngā pou tarāwaho e taunaki nei i ngā mahi a te Kōmihana
The frameworks underpinning the Inquiry's work

197. The Inquiry's Terms of Reference required it to consider the frameworks that would underpin its work. The Terms of Reference explicitly directed the Inquiry to ensure it was underpinned by te Tiriti o Waitangi. The Terms of Reference also directed the Inquiry to recognise and focus on the experiences of groups who have been disproportionately represented in care and disproportionately suffered abuse in care, including Māori, Pacific Peoples, and disabled people and people who experience mental distress).

198. Some of the frameworks used are recognised as having formal standing in international and domestic law (such as te Tiriti o Waitangi and human rights). Other frameworks outline core values and worldviews held by groups and communities. A person and their loved ones' experience of abuse and neglect, the impact of the abuse and how these interact, can differ depending on their values and worldview.

199. This chapter describes the following frameworks and how they guided the Inquiry's work:

- te Tiriti o Waitangi
- ngā tikanga me te ao Māori
- human rights
- Deaf, disability and mental distress framework
- Pacific values framework.

200. This chapter sets out other concepts – intersectionality, co-occurring abuse and cumulative abuse – that guided the Inquiry's understanding of the nature, extent and impacts of abuse and neglect, and of the factors that contributed to neglect and abuse in State and faith-based care.

201. The descriptions of these frameworks and concepts explain what has guided the Inquiry's analysis and considerations. They are not intended to be a comprehensive analysis. The Inquiry acknowledges the tensions between frameworks based on individual rights, such as human rights, and those that reflect collective responsibilities, such as tikanga Māori and Pacific values.

Tā te Kōmihana whakatinana i ngā pou tarāwaho
How the Inquiry used these frameworks

202. The Inquiry used these frameworks to analyse evidence and identify where these frameworks, values and worldviews were breached or transgressed. This enabled the Inquiry to identify the nature, extent and impact of abuse and neglect, factors contributing to the abuse and neglect, and what needs to change in the future.

203. In identifying and applying these frameworks, the Inquiry noticed a few differences but many more commonalities. For example, most of the frameworks place value on:

- the need for participation by people in decisions that affect them
- the sanctity of childhood
- respect for familial relationships
- respect and equity for individuals within the family unit
- inherent human dignity
- maintaining relationships between individuals and communities
- empowerment of whānau and communities
- protection from harm.

Ko te Tiriti o Waitangi te tūāpapa o te Pakirehua
The Inquiry was underpinned by te Tiriti o Waitangi

204. The Terms of Reference required the Inquiry to be underpinned by te Tiriti o Waitangi and its principles.[121] The Inquiry set out its general approach to te Tiriti o Waitangi in some of the interim reports.[122]

205. Guided by the intention to recognise te Tiriti o Waitangi and its principles, as well as the status of iwi and Māori under te Tiriti o Waitangi,[123] the Inquiry has sought to centre te Tiriti o Waitangi in all its work. This includes using te Tiriti o Waitangi as:[124]

- a primary framework and lens for this report
- a standard against which action or omission (of the Crown and faith-based care institutions) must be assessed
- a pillar that guides the recommendations.

121 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 6.

122 Royal Commission of Inquiry into Abuse in Care, Tāwharautia: Pūrongo o te Wā, Volume 1: Interim report (2020, page 35); Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, pages 30, 69–72 and 266–267).

123 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, Preamble.

124 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clauses 6, 16, 18, 31 and 33. The Inquiry interprets "relevant standards" in clause 33 to include te Tiriti and its principles.

206. The status of te Tiriti o Waitangi in Aotearoa New Zealand's legal system has evolved over time.[125] No longer a "simple nullity",[126] te Tiriti o Waitangi is now recognised as "of the greatest constitutional importance".[127] If it is included in legislation, it has direct legal force and effect. Where it is not explicitly mentioned, courts have found that te Tiriti o Waitangi can be relevant to interpretation of the statute and the development of the common law. The courts have adopted a general presumption that Parliament intended to legislate in terms consistent with te Tiriti o Waitangi.[128] In the context of legislation dealing with the care of children, the court has said:

> *"We are of the view that since the Treaty of Waitangi was designed to have general application, that general application must colour all matters to which it has relevance, whether public or private … We also take the view that the familial organisation of one of the peoples a party to the Treaty, must be seen as one of the taonga, the preservation of which is contemplated. Accordingly, we take the view that all Acts dealing with the status, future, and control of children are to be interpreted as coloured by the principles of the Treaty of Waitangi. Family organisation may be said to be included among those things which the Treaty was intended to preserve and protect."*[129]

207. The Inquiry reviewed the significant body of jurisprudence that the Waitangi Tribunal and the courts have developed over the last 40 years to apply te Tiriti o Waitangi and its principles in the context of its work. While there are some well-established te Tiriti o Waitangi principles, the interpretation and articulation of these principles has developed over time.[130] The Inquiry placed weight on recent descriptions of te Tiriti o Waitangi principles by the Waitangi Tribunal. This is consistent with the courts' approach of considering the opinion of the Waitangi Tribunal that te Tiriti o Waitangi is always speaking.[131]

208. The Inquiry was aware of the significant debate over the differences between te Tiriti o Waitangi and the Treaty of Waitangi[132]. Talking about the principles can be controversial, particularly when they are interpreted in a way that lessens or undermines guarantees in the reo Māori text.[133]

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125 For example, Wi Parata v Bishop of Wellington (1877) 3 NZ Jur (NS) 72 (SC); New Zealand Māori Council v Attorney-General [1987] 1 NZLR 641 (CA); Huakina Development Trust v Waikato Valley Authority [1987] 2 NZLR 188 (HC) (paras 206 and 210).
126 Wi Parata v Bishop of Wellington (1877) 3 NZ Jur (NS) 72 (SC); Sir Robin Cooke, "Introduction" (1990) 14 NZULR 1 (page 1).
127 New Zealand Māori Council v Attorney-General [1994] 1 NZLR 513 (PC), (pages 513 and 516).
128 Urlich v AttorneyGeneral [2022] NZCA 38, [2022] 2 NZLR 599, para 55; Trans-Tasman Resources Limited v Taranaki-Whanganui Conservation Board [2021] NZSC 127, (paras 8, 146–151 and 296).
129 Barton-Prescott v Director-General of Social Welfare [1997] 3 NZLR 179 (page 184).
130 For example, Treaty of Waitangi Act 1975, Preamble and section 5; New Zealand Māori Council v Attorney-General [1987] 1 NZLR 641 (CA).
131 For example, New Zealand Māori Council v Attorney-General [1987] 1 NZLR 641 (CA), (pages 661–662, 642 and 656); Treaty of Waitangi Act 1975, Preamble and section 5; Wairarapa Moana ki Pouākani Incorporation v Mercury NZ Ltd [2022] NZSC 142 (para 16); Te Rūnanga o Muriwhenua Inc v Attorney-General [1990] 2 NZLR 641 (CA), (page 656).
132 For example, Fletcher, N, The English text of the Treaty of Waitangi (Bridget Williams Books, 2022, pages 1-3, 17, 529).
133 Mikaere A, "Te Tiriti and the Treaty: Seeking to Reconcile the Irreconcilable in the Name of Truth" in Colonising Myths – Māori Realities: He Rukuruku Whakaaro (Huia Publishers and Te Tākapu, Te Wānanga o Raukawa, September 2021, pages 123–146).

209. The Terms of Reference refer to "te Tiriti o Waitangi/the Treaty of Waitangi and its principles". The Inquiry's approach was to take meaning from the text, intent and circumstances surrounding the signing of te Tiriti o Waitangi. The principles cannot be separated from, and necessarily include, the articles and language of te Tiriti o Waitangi itself.[134] The Supreme Court has demonstrated a willingness to refer to and uphold the articles.[135] The Waitangi Tribunal has found that te Tiriti o Waitangi principles must be based in the actual agreement entered in 1840 between rangatira and the Crown.[136] Recent Cabinet Office guidance has noted that "while the courts and previous guidance have developed and focused on principles of the Treaty, this guidance takes the texts of the Treaty as its focus".[137]

Ngā mātāpono o te Tiriti o Waitangi i whakamahia i te Pakirehua
Te Tiriti o Waitangi principles used in the Inquiry

210. Considering the text of te Tiriti o Waitangi, the Inquiry adopted the following principles:

- tino rangatiratanga
- kāwanatanga
- partnership
- active protection
- options
- equity and equal treatment
- good government
- redress.

134 New Zealand Māori Council v Attorney-General [1994] 1 NZLR 513 (PC), (page 517).
135 In Trans-Tasman Resources Ltd v Taranaki-Whanganui Conservation Board [2021] 1 NZLR 801, [2021] NZSC 127 see the reference to "the guarantee in art 2 of the Treaty of tino rangatiratanga" (para 154), per William Young and Ellen France JJ; in Ellis v R [2022] NZSC 114 (para 98) see the reference to "the tino rangatiratanga guarantee in Article 2" per Glazebrook J, and para 174 per Winkelmann CJ the mention of "the protection of the law… guaranteed to Māori under Article 3 of Te Tiriti o Waitangi".
136 Waitangi Tribunal, He Whakaputanga me te Tiriti The Declaration and the Treaty: Te Paparahi o Te Raki Inquiry Stage 1 Report (2014, pages 526–529); Waitangi Tribunal, Tino Rangatiratanga me te Kāwanatanga: Te Paparahi o Te Raki Inquiry Stage 2 Report, Part I (2023, page 22).
137 Cabinet Office, Te Tiriti o Waitangi / Treaty of Waitangi Guidance, Cabinet Office Circular CO (19) 5 (22 October 2019, para 17).

Tino rangatiratanga

211. Te Tiriti o Waitangi gives Māori the right to autonomy and self-government, and to manage the full range of their affairs in accordance with their tikanga.[138] Te Tiriti o Waitangi guarantees Māori the rights and responsibilities that their communities have had for generations.[139] Te Tiriti o Waitangi guarantees ongoing full authority of Māori over their kāinga (home, residence, village, homeland) encompassing the rights to continue to organise and live as Māori, to cultural continuity where whanaungatanga is strengthened and restored, and to care for and raise the next generation.[140]

Kāwanatanga

212. Te Tiriti o Waitangi gave the Crown, through the new kāwana (governor), the right to exercise authority over British subjects, keep the peace and protect Māori interests. Te Tiriti did not give the Crown a supreme and unilateral right to make and enforce laws over Māori. Crown power is constrained. The Crown has a duty to foster tino rangatiratanga, not undermine it, and to ensure its laws and policies are just, fair, and equitable and to adequately give effect to te Tiriti o Waitangi rights and guarantees.[141]

Partnership

213. Te Tiriti o Waitangi envisages that the Crown and Māori are equals with different roles and spheres of influence.[142] Partnership requires the co-operation of both the Crown and Māori to agree to their respective areas of authority and influence, and to act honourably and in good faith towards each other. The Crown is not to decide what Māori interests are or what the sphere of tino rangatiratanga includes. The Crown's duty is to engage actively (rather than consult) with Māori and to ensure shared decision-making with Māori.

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138 Waitangi Tribunal, Te Mana Whatu Ahuru: Report on Te Rohe Pōtae Claims Parts I and II, Pre-publication version (2018, page 189).
139 Waitangi Tribunal, Tino Rangatiratanga me te Kāwanatanga: Te Paparahi o Te Raki Inquiry Stage 2 Report Part I (2023, pages 39–40).
140 Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry (2021, page 179).
141 Waitangi Tribunal, Tino Rangatiratanga me te Kāwanatanga: Te Paparahi o Te Raki Inquiry Stage 2 Report Part I (2023, page 69).
142 Waitangi Tribunal, Tino Rangatiratanga me te Kāwanatanga: Te Paparahi o Te Raki Inquiry Stage 2 Report Part I (2023, pages 46–47); Waitangi Tribunal, Te Mana Whatu Ahuru: Report on Te Rohe Pōtae Claims Parts I and II, Pre-publication version (2018, pages 158, 169 and 183), in Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry (2021, page 17).

Active protection

214. The Crown must actively protect Māori rights and interests, including tino rangatiratanga. This includes rights relating to the wellbeing of Māori in care. The Crown cannot cause harm or stand by while harm is done. The active protection of tino rangatiratanga is a duty on the Crown that comes from its obligation to restore balance to a relationship that became unbalanced.[143] Because the Crown expanded its sphere of authority beyond the bounds originally understood by Māori who signed te Tiriti o Waitangi, the duty of action protection is heightened so long as the imbalance remains.[144]

Options

215. Māori have the right to continue to govern themselves along customary lines, or to engage with the developing settler and modern society, or a combination of both. This principle derives from the guarantee to Māori of both tino rangatiratanga in Article 2 and the rights and privileges of British citizenship under Article 3.[145] The principle of options, therefore, follows on from the principles of partnership, active protection, and equity and protects Māori in their right to continue their way of life according to their indigenous traditions and worldview while participating in non-Māori society and culture, as they wish.[146] The Crown must adequately protect the availability and viability of kaupapa Māori solutions in the social sector as well as mainstream services in such a way that Māori are not disadvantaged by their choice.[147]

Equity and equal treatment

216. Te Tiriti guarantees Māori equitable treatment and citizenship rights and privileges, and the Crown has a duty to actively promote and support both.[148] The principles of equity and equal treatment also protect Māori from discrimination. Equity requires the Crown to focus attention and resources to address the social, cultural, and economic needs and aspirations of Māori. The Crown must actively address inequities experienced by Māori, and this obligation is heightened if inequities are especially stark. At its heart, satisfying the principle of equity requires fair treatment, not just equal treatment. This is a duty to be undertaken in partnership with Māori.

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143 Waitangi Tribunal, Tino Rangatiratanga me te Kāwanatanga: Te Paparahi o Te Raki Inquiry Stage 2 Report Part I (2023, page 66).
144 Waitangi Tribunal, Tino Rangatiratanga me te Kāwanatanga: Te Paparahi o Te Raki Inquiry Stage 2 Report Part I (2023, page 66).
145 Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry (2021, page 22); Waitangi Tribunal, Te Mana Whatu Ahuru: Report on Te Rohe Pōtae Claims Parts I and II, Pre-publication version (2018, page 189).
146 Waitangi Tribunal, Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (2019, page 35).
147 Waitangi Tribunal, Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (2019, page 35).
148 Waitangi Tribunal, Tino Rangatiratanga me te Kāwanatanga: Te Paparahi o Te Raki Inquiry Stage 2 Report Part I (2023, page 67).

Good government

217. The principle of good government, alongside the principles of equity and equal treatment and options, derive from Article 3. These are all necessary components of te Tiriti o Waitangi assurance to Māori of equal citizenship rights. It requires the Crown to keep its own laws and not to act outside of the law. It also stresses that the Crown's actions must be just and fair.

Redress

218. If the Crown acts in excess of its kāwanatanga powers or breaches the terms of te Tiriti o Waitangi in any other way by act of omission that results in prejudice, the Crown should provide compensation.[149] This includes breaches relating to the removal of people from their communities, the design and delivery of care, and the impacts on Māori as individuals, and their communities, and culture. In terms of the form of redress, the Waitangi Tribunal has stated that this involves the means for economic and social development looking forward, and the means to ensure the survival and wellbeing of tribal taonga, including language, culture, customs, lands and other resources.[150] Redress should be based upon a restorative approach, with its purpose being to restore iwi or hapū rangatiratanga over their property or taonga where the parties agree.[151]

Tā te Kōmihana whakauru i ēnei mātāpono
How the Inquiry applied these principles

219. While the Inquiry considered that the application of te Tiriti o Waitangi was always contextually dependent, te Tiriti o Waitangi and its principles were applied to the provision of care by the State and faith-based institutions.

220. The Crown's obligations in respect of care provided by the State stem directly from being a party and signatory to te Tiriti. When the Crown delegates responsibilities to State organisations (such as Oranga Tamariki or the Ministry of Health), the Crown must ensure those institutions recognise Māori rights and values and act in accordance with the Crown's te Tiriti obligations.[152] This is consistent with the principle of active protection. The Crown's obligations therefore apply to all State organisations that provide care.

149 Waitangi Tribunal, Te Mana Whatu Ahuru: Report on Te Rohe Pōtae Claims Parts I and II, Pre-publication version (2018, page 189), in Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry (2021, page 24).
150 Waitangi Tribunal, The Report on the Management of the Petroleum Resource (2011, page 168), in Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry (2021, page 24).
151 Waitangi Tribunal, He Maunga Rongo: Report on Central North Island Claims, Stage One, Volume 4, revised edition (2008, page 1248), in Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry (2021, pages 24–25).
152 Waitangi Tribunal, Tauranga Moana 1888–2006: Report on the Post-Raupatu Claims, Volume 1 (2010) (page 476).

221. Although faith-based institutions and indirect care providers are not te Tiriti o Waitangi partners, the Inquiry took the approach that:

- legislation may require faith-based institutions and indirect care providers to act consistently with te Tiriti o Waitangi[153]
- te Tiriti o Waitangi influences the interpretation of all legislation dealing Māori, and therefore may impact on faith-based institutions and indirect care providers when they care for tamariki, rangatahi and pakeke Māori[154]
- if faith-based institutions and indirect care providers made their own commitments to te Tiriti o Waitangi (for example, in governing documents of public statements), they may be held accountable to meet those commitments.[155]

222. The Inquiry considered the abuse and neglect of Māori survivors in care through a Tiriti o Waitangi lens. This meant identifying when the State and faith-based institutions failed to uphold their obligations and commitments under te Tiriti o Waitangi and its principles, and how this affected Māori survivors. Failures could include, for example:

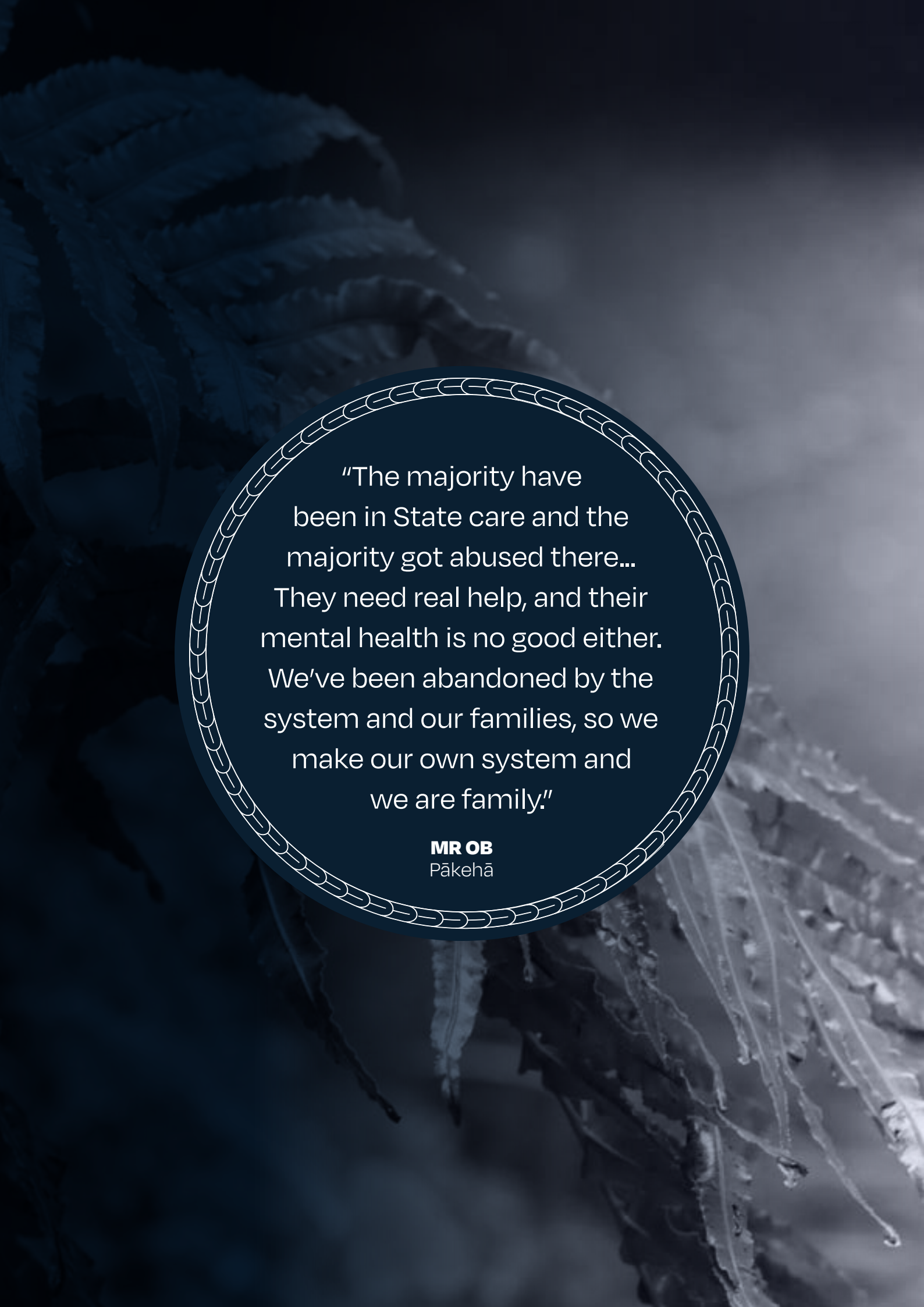
- a failure to prevent harm to tamariki, rangatahi and pakeke Māori (the principle of active protection), or
- a failure to protect tamariki, rangatahi and pakeke Māori in care from discrimination (the principle of equity and equal treatment).

223. Part 5 describes the impacts of abuse and neglect in care, including how failures to uphold te Tiriti and its principles have affected Māori survivors. Part 7 sets out the Inquiry's concluding observations about how the State and faith-based institutions failed to uphold their obligations and commitments under te Tiriti and its principles.

153 For example, Education and Training Act 2020, sections 4–5, 9 and 127.

154 Trans-Tasman Resources Ltd v Taranaki-Whanganui Conservation Board [2021] 1 NZLR 801, [2021] NZSC 127 (pages 8 and 151); Ngāti Whātua Ōrākei Trust v Attorney-General [2022] NZHC 843 (pages 589–590); Huakina Development Trust v Waikato Valley Authority [1987] 2 NZLR 188 (HC) (page 210); Barton-Prescott v Director-General of Social Welfare [1997] 3 NZLR 179 (page 184).

155 Te Pou Matakana Limited v Attorney-General [2022] 2 NZLR 148, [2021] NZHC 2942. Although this case concerned the Ministry of Health's policy commitments to exercise its powers in accordance with te Tiriti, it may be arguable that faith-based institutions exercise public powers and functions when providing care and therefore could be amenable to judicial review if a decision is inconsistent with its own te Tiriti commitments.



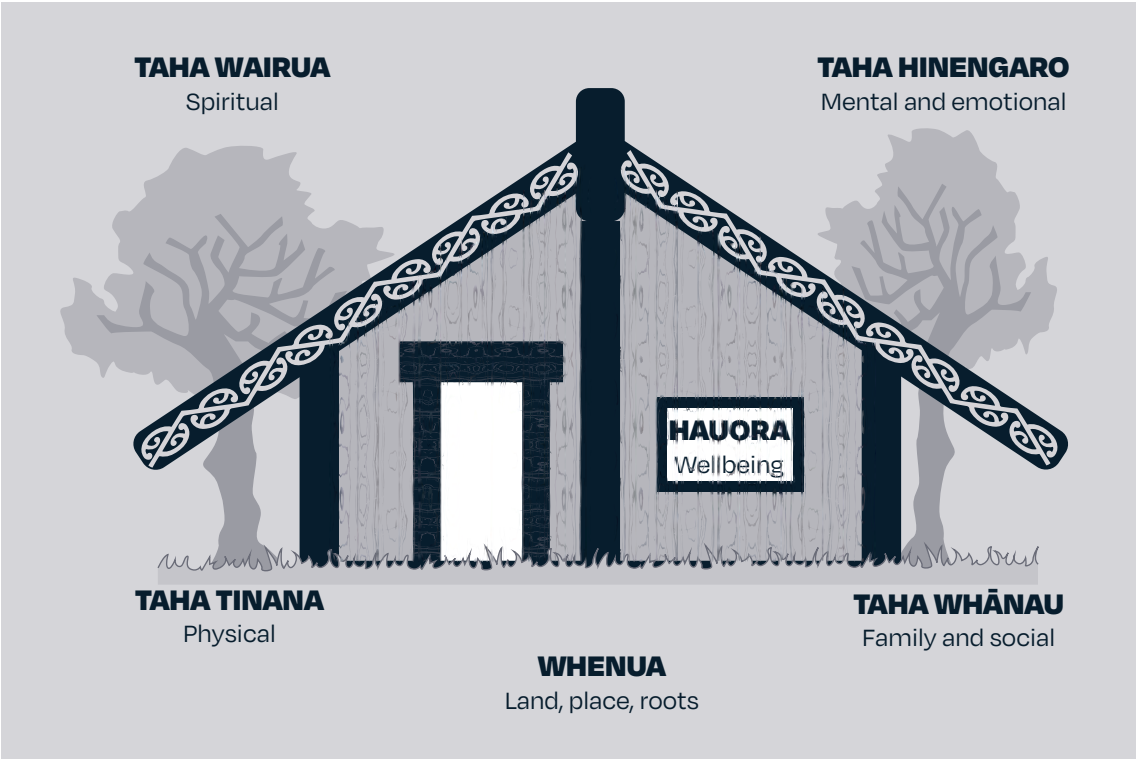
"The majority have been in State care and the majority got abused there... They need real help, and their mental health is no good either. We've been abandoned by the system and our families, so we make our own system and we are family."

MR OB
Pākehā

Ngā tikanga me te ao Māori
Concepts and te ao Māori

224. In addition to directing that the Inquiry be underpinned by te Tiriti o Waitangi, the Terms of Reference directed the Inquiry to give appropriate recognition to Māori interests, acknowledging that Māori have been disproportionately represented in State and faith-based care.[156] The Inquiry acknowledges that Māori survivors have disproportionately experienced abuse and neglect in care.

225. In He Purapura Ora, he Māra Tipu, the Inquiry discussed Te Whare Tapa Whā, a Māori health and wellbeing model developed by Tā Mason Durie.[157] Te Whare Tapa Whā is a model that many survivors of abuse and neglect in care are familiar with, and is grounded in the tikanga concepts outlined below. It uses four dimensions – te taha wairua (spiritual health), te tana hinengaro (mental and emotional wellbeing), te taha tinana (physical health) and te taha whānau (family health) – to conceptualise Māori health and wellbeing as four walls of a wharenui.



156 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 6.

157 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, pages 58–60).

226. This section sets out te ao Māori foundational values and beliefs, building on Te Whare Tapa Whā and other Māori wellbeing concepts discussed in He Purapura Ora, he Māra Tipu.[158] These values and beliefs are: te ao Māori, whakapapa, mana, mana motuhake, tapu, mauri, wairua and hauora. The tikanga relating to behaviours and practices about the care and treatment of people and things include: whanaungatanga, manaakitanga, atawhaitanga, tauwhirotanga, kaitiakitanga, utu, muru, ea and tūkino. This section was informed by the expertise of the Inquiry's Pou Tikanga group.

227. There is a wide range of interpretations of tikanga, key Māori concepts and values, with much attention given to the definitions and interpretations over many generations. These descriptions reflect what has guided the Inquiry's analysis and investigations. They are not intended to be a comprehensive analysis of the terms and concepts used.

228. The Inquiry chose to draw on these tikanga Māori (Māori customary practices or behaviours) and whakaaro Māori (Māori worldview or philosophy) to examine abuse and neglect in care because a disproportionate number of survivors are Māori and, for many, a meaningful response to the tūkino – abuse, harm and trauma – inflicted and suffered can only occur on Māori terms. The Inquiry learned that tikanga Māori concepts resonated with many non-Māori survivors, and with their views about the impacts of abuse and neglect and the actions that were needed to restore their lives. Working in accordance with tikanga Māori, the Inquiry acknowledges that everyone has their own mana, and every survivor has their own experiences.

Te ao Māori – he ao tūhonohono
Te ao Māori – a relational world

229. Te ao Māori can be explained as the Māori worldview (the way Māori see the world through a Māori cultural lens) and the cultural world that Māori live in and operate in. In the context of this Inquiry, when survivors told talked about being dislocated and isolated from their Māori culture, they were often referring to both these contexts. Dislocation and isolation from the Māori worldview result from an inability to access the cultural knowledge that would support an understanding and centralising of te ao Māori in their lives. Disenfranchisement from the Māori cultural world comes from not being able to engage and participate in the cultural life of whānau, hapū and iwi.

158 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, pages 56–60).

230. The Inquiry does not intend to glorify or romanticise Māori culture or to present a view that all transgressions of Māori culture and values experienced by survivors were solely at the hands of the State and faith-based institutions. Many Māori survivors recognised their abuse as starting with their own whānau in their own communities, which was the pathway into State care.

231. There are examples of abuse, or actions that were deemed inappropriate and contrary to common values, passed down through traditional narratives in pūrākau, waiata and whakataukī. What is clear from these narratives is that the abuse of tamariki and whānau members was not something condoned or supported in traditional Māori society, and that abuse carried consequences condemning those actions.

232. Te ao Māori is guided by the understanding and operation of tikanga Māori. The term tikanga can be translated as a custom, habit, rule or code of behaviour. Tikanga are the primary customary system of values and practices that have developed over time and are deeply embedded in the social context in which they operate or apply to. They are based on shared, commonly held beliefs and values that are passed on intergenerationally and guide behaviours and practices. Importantly in this context, tikanga set expectations about what is right and just, and what is wrong and should be avoided. When followed and adhered to, tikanga help keep people and things safe.

233. The way tikanga Māori manifests can vary between different whānau, hapū and iwi but the values and principles underlying tikanga are relatively consistent.[159] This is because those values and principles come from common elements of a shared understanding of te ao Māori, origins and histories, the interrelationships between people, land and the environment, and expectations about the way people interact with that world and each other. Where there are differences, the foundational values become the basis upon which tikanga are negotiated between collectives and individuals.

234. The hauora of an individual in te ao Māori is intimately tied to the hauora of their collective. The care, protection and nurturing of a person's whole wellbeing was the responsibility of the collective. Negative impacts on the mana, tapu, mauri, wairua and rangatiratanga of an individual therefore needs to be seen in the context of the relational influence on the mana, tapu, mauri, wairua and rangatiratanga of the wider whānau, hapū and iwi.

159 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, page 56).

235. The collective impact of wrongdoing on a whānau, hapū or iwi was mirrored by a traditional understanding of collective responsibilities for the care and protection of the members. The ownership of the violation was seen to sit not only with the individual, but with all of those deemed to have cultural and social influence and control over that individual. This is exemplified by the whakataukī "Hē o te kotahi, hē o te katoa" – "the wrongs of one are the wrongs of us all". This saying would be used when referring of the actions of an individual that would bring the mana of the collective into disrepute. Because of this view, punishment for a violation would not be confined to an individual, but could be extended to their whānau, hapū or iwi.

236. When the Inquiry considered these concepts in relation to survivors' experiences, it was important to acknowledge the impact and reach of that harm on the wider collectives of whānau and hapū.

Ngā tikanga Māori

237. The values and beliefs discussed below are:

- whakapapa
- mana
- mana motuhake
- tapu
- mauri
- wairua
- hauora.

Whakapapa

238. Whakapapa can be translated as genealogy, lineage or descent. Central to an understanding of the Māori worldview is the belief that everything, both tangible and intangible, has whakapapa. It is central to all Māori practices and is the basis from which all understanding can be derived. This includes the interpersonal attachments to whānau, hapū, iwi and whakapapa and the attachments to whenua and wairua.[160] Whakapapa allows the characteristics and qualities of all things and their interrelationships to be understood.[161]

160 Fleming, AH, Ngā Tāpiritanga: In what ways are Indigenous Māori perspectives on attachment similar to and different from Western psychoanalytic perspectives on attachment and what are the implications for the practice of psychotherapy in Aotearoa New Zealand? A Kaupapa Māori Critical Literature Review, Master's Thesis, Auckland University of Technology (2016, pages 38 and 42).

161 O'Regan, HM, Te tīmataka mai o te waiatataka mai o te reo, Doctoral Thesis, Auckland University of Technology (2016, page 16).

239. Whakapapa is an essential element of belonging, identity and how Māori view and approach the world. It is an attribute Māori are born with and provides them with their identity within their whānau, hapū and iwi. It connects them to their tupuna, their atua, and to their tūrangawaewae (a place where an individual, their hapū, and their ancestors stand and belong, and where their mokopuna will belong).[162] It is through whakapapa that individuals are given attributes fundamental to their cultural, physical, and spiritual wellbeing, such as mana, tapu, wairua and mauri.[163] Every Māori is born with these attributes, but not every Māori is aware of them.[164]

240. In te ao Māori great status and value was traditionally placed on the learning of whakapapa so that a person could understand their relationship to the natural world. Whakapapa connects people to the past and the future, to thought and to action, to place and the environment. Such knowledge was essential for the survival of the people and the world they inhabited and formed the foundation of mātauranga Māori (Māori knowledge).[165] Understanding those relationships and their associated stories resulted in an intimate understanding of associated roles and responsibilities within the Māori world. Knowing whakapapa was important to understand connections between people and in decision-making processes and resolving disputes.

Mana

241. Mana includes power, presence, authority, prestige, reputation, influence and control. Mana is not confined to an individual but belongs to collective groups. Mana does not cease when an individual dies but continues with the whānau, hapū and iwi they belong to.[166]

242. There are three main forms of mana that are relevant to this inquiry: mana atua, mana tūpuna and mana tangata. Mana atua is power that comes from the atua (gods). Mana tūpuna (ancestral mana) is authority and power that is passed down through the generations and is acquired by right of whakapapa. It is therefore inalienable.

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162 Mead, HM, Tikanga Māori: Living by Māori values (Creative New Zealand, 2003, pages 43–44); Waitangi Tribunal, He Whakaputanga me te Tiriti The Declaration and the Treaty: Te Paparahi o Te Raki Inquiry Stage 1 Report (2014, page 20); Brief of Evidence of Waihoroi Paraone Shortland, Oranga Tamariki Urgent Inquiry WAI 2915, Document #A32 (3 July 2020, page 2).
163 Brief of Evidence of Waihoroi Paraone Shortland, Oranga Tamariki Urgent Inquiry WAI 2915, Document #A32 (3 July 2020, page 2).
164 Mead, HM, Tikanga Māori: Living by Māori values (Creative New Zealand, 2003, page 44).
165 O'Regan, HM, Te tīmataka mai o te waiatataka mai o te reo, Doctoral Thesis, Auckland University of Technology (2016, page 17).
166 Mead, HM & Temara, P, Statement of Tikanga (31 January 2020) [SC 49/2019], paras 85 and 106(c), appended to Ellis v R [2022] NZSC 114. This evidence was relied upon in the Supreme Court decision Ellis v R [2022] NZSC 114 (paras 132, 137 and 250–251).

243. Mana tangata is personal mana. Mana atua and mana tūpuna are the foundation that mana tangata grows on. Mana tangata reflects a person's abilities, skills and deeds. It has been described as the "creative and dynamic force that motivates the individual to do better".[167] Someone's mana can grow through respect, praise and acknowledgement of their abilities from others. Mana must be respected, and actions that diminish mana result in trouble.[168] How you act and contribute to the world will affect your mana tangata. Likewise, how you are treated by others can have a positive or negative impact on your mana tangata and therefore, your ability to realise your potential, talents and contributions to society.

244. Everyone is born with and possesses mana. The mana of tamariki Māori in traditional Māori society, and the great care and affection given to most tamariki, meant that any action that harmed a tamaiti (child) or failed to respect their mana was significant. Mana has collective and individual dimensions that affect each other. If an individual tamaiti suffered harm, then depending on the severity, this could be seen to affect the mana of the whānau, hapū, or iwi affected by the tūkino (abuse, harm and trauma). Accordingly, the duty to protect the mana of an individual was understood to be a collective responsibility.

Mana motuhake

245. Mana motuhake is particularly relevant to the Inquiry in two ways:

- The ability of an individual and their whānau, hapū and iwi to make self-determining decisions about the care and protection of themselves and whānau members.
- It speaks to survivor voice and agency in the practices and decisions concerning them. When a person's mana motuhake is diminished, or removed, this affects their mana tangata and wellbeing.

167 Mead, HM, Tikanga Māori: Living by Māori values (Creative New Zealand, 2003, page 51).
168 Mead, HM, Tikanga Māori: Living by Māori values (Creative New Zealand, 2003, page 30).

Tapu

246. Tapu is a sacred life force that supports the mauri (spark of life). It reflects the state of the whole person. It is inseparable from mana and from Māori identity and cultural practices. Tapu is everywhere – within people, places, buildings, things, words – and in all tikanga. Tapu is a person's most important attribute and is present in the physical body as well as in the spirit. Much like mana, it is inherited and must be protected.[169] A person with great mana was very tapu. There are various ways to interpret and see tapu.[170] If someone's tapu, the most important spiritual attribute of a person, is at a steady state and is safe, their overall physical and psychological state is also well.[171]

247. Tapu can be extended to someone or something else through physical contact or association. Tapu can also refer to the state of something that has restrictions or prohibitions associated with it. The tikanga governing people's behaviour would be followed to ensure that the mana and tapu of things were in place. Mahi tūkino, or actions that negatively affect someone's physical, spiritual or emotional wellbeing, are a transgression of their mana and tapu and are to be avoided.

Mauri

248. Mauri is a life force or vital essence that is present in all living things. It is "a material symbol of a life principle, source of emotions – the essential quality and vitality of a being or entity".[172] Mauri is interconnected with a person's wellbeing or state of wellness. Their mauri is affected if their mental, physical, emotional, or cultural health declines or is negatively affected.

249. A person does not control their own mauri beyond their ability to influence and take care of their health and wellbeing, but it can be affected by others and the environment. The outward expression of mauri will be those emotions, behaviours and physical states associated with wellness and life. Therefore, the actions of abuse and neglect and the conditions associated with them can negatively affect an individual's or collective's mauri. When the mauri of something has been depleted, it can be restored by addressing the causative factors and providing the proper care and support that enables healing to take place. Strategies to restore the mauri tangata (personal mauri) of survivors will look different depending on their required healing journey.

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169 Mead, HM, Tikanga Māori: Living by Māori values (Creative New Zealand, 2003, page 45).
170 Durie, M, The Application of Tapu and Noa to Risk, Safety, and Health, presentation to Challenges, Choices, Strategies, Mental Health Conference 2000, Wellington (16 November 2000, pages 3–4), in Law Commission, Māori custom and values in New Zealand law (NZLC SP9, 2001, para 154).
171 Mead, HM, Tikanga Māori: Living by Māori values (Creative New Zealand, 2003, pages 45–46).
172 Moorefield, JC, Te Whanake 4: Te Kōhure (2nd edition, pages 227–228), in Te Aka Māori Dictionary website, https://maoridictionary.co.nz/search?&keywords=mauri

250. A person dies when their mauri is extinguished.[173] The mauri of survivors of abuse who died before or during this Inquiry has been completely extinguished upon their death. While their health and wellbeing cannot be restored, it is important to recognise the collective impact of the abuse on the mauri of their whānau, hapū, friends and other survivors.

Wairua

251. Wairua is the non-physical spirit or soul of a person. In the Māori worldview, all things, both animate and inanimate, have whakapapa and wairua. A key difference between wairua and mauri is that the wairua is not extinguished at death, but stays in the body until it is released, when it can cross into the spiritual realm and continue forever.

252. There are differing views as to whether a person's wairua resides within their whole body or in their mind or heart. A person's wairua is understood to be metaphysical and not necessarily confined to their physical body, which means it can leave the body for short periods, commonly during dreams.

253. Like mauri, a person's wairua can be affected by external factors such as the actions of others and their environment, as well as internal factors such as feelings and self-esteem. For these reasons, wairua is closely connected to mental wellbeing. All forms of tūkino, whether psychological, emotional, physical, sexual or cultural, have a direct impact on a person's or a collective's wairua. The psychological, emotional and cultural concepts of hauora associated with wairua, and the physical aspects of wellbeing commonly associated with health, are inextricably connected within a Māori worldview. Thus, if someone receives physical care but not emotional, psychological and cultural care and support, this can still negatively affect their wairua and overall wellbeing, as well as that of their whānau.

Hauora

254. Hauora is generally translated as health or wellness. There are three main aspects of hauora that are relevant to this inquiry:

- hauora hinengaro (mental health and wellbeing)
- hauora tinana (physical health and wellbeing)
- hauora whānau (family health and wellbeing).

255. Understanding the interrelationships between and across the foundational values and beliefs described above is essential to understanding hauora, what contributes to it within a Māori belief system, and how hauora can be affected by tūkino. Wellness also means a state of balance in all spiritual attributes of a person, including their tapu, mana, mauri and wairua.

173 Barlow, C, Tikanga whakairo: Key concepts in Māori culture (Oxford, 1991, page 83).

"As a result of the abuse I suffered, I lost trust in State institutions and felt that I was only good for being sexually abused."

DARREN SMITH

256. From conception, a person is imbued with all these collective attributes – whakapapa, mana, tapu, mauri and wairua. They interconnect and support each other to create and nourish the foundations of life and wellbeing. If a person's tapu, mana, wairua or mauri is violated or transgressed, then their whakapapa, mana tangata and rangatiratanga are compromised.

257. The rules and expectations about behaviour and practice, housed in tikanga, were all concerned with ensuring these values were protected and upheld.

Ngā tikanga e pā ana ki te manaakitanga
Ngā tikanga concepts related to care

258. The tikanga relating to behaviours and practices based on the values and beliefs set out above include:

- whanaungatanga
- manaakitanga
- atawhaitanga, tauwhirotanga and kaitiakitanga
- tūkino
- utu and muru
- ea.

259. These are key Māori concepts that speak to the tikanga about the care and treatment of people and things. Inherent in these concepts are expectations about the responsibilities of individuals and collectives to protect, nurture, and provide for other people and the things around them. These concepts individually and collectively illustrate the notion of a duty of care and regard for people and the environment. They are intricately bound to the concepts of mana and tapu.

260. Failure to uphold these tikanga will have a direct impact on the mana of an individual and their whānau or hapū. In such circumstances, the responsibilities and connections usually maintained and nurtured through the practice of whanaungatanga can become frayed and lead to social fragmentation and hostility.

261. The opposite impact occurs when these tikanga are upheld and realised well. This results in an enhancement of the mana of whānau, hapū or iwi, particularly their status, prestige and social cohesion. The mana of whānau, hapū or iwi was considered of paramount value and consideration in Māori society and every effort was put in to attain and maintain mana. Although traditionally mana could be increased through success in war and gaining resources, it was ultimately determined by those acts that contributed to the survival and wellbeing of the people.

Whanaungatanga

262. Whanaungatanga embraces whakapapa and describes the relational connections between people generally translated as kinship or familial relationships. Associated with whanaungatanga are rights and obligations between members of whānau, hapū and iwi that serve to further strengthen kinship bonds. It is a fundamental principle that places obligations on individuals and collective groups to support each other and maintain balance within relationships.[174]

263. Whanaungatanga is the essential principle through which every element is related, tracing common descent down lines of whakapapa.[175] In te ao Māori, identity is expressed through whakapapa that connect people to each other and their ancestors. Understanding interrelationships and associated whanaungatanga is necessary for understanding the health and wellbeing needs of Māori.

Manaakitanga

264. Manaakitanga comes from the word manaaki, which means to support, provide hospitality to and look out for others. It is the overarching concept that includes other tikanga associated with care and nurturing, such as atawhaitanga and tauwhirotanga, and tikanga associated with protection and guardianship of people and things, such as kaitiakitanga.

265. Manaakitanga is the practice of showing care and protection. Practicing manaakitanga means showing respect and generosity, treating others with compassion, looking after people and nurturing relationships. Manaakitanga relates closely to whanaungatanga. All tikanga are underpinned by the high value placed upon manaakitanga.

266. The expression and practice of manaakitanga was arguably one of the key influences and indicators of people's mana in traditional Māori society and remains so today. When receiving and hosting guests, all effort was invested in showing them the best hospitality and care possible. If guests went away feeling like they had not received manaakitanga from their hosts, the mana of the hosts was negatively affected.

174 Mead, HM, Tikanga Māori: Living by Māori values (Creative New Zealand, 2003, pages 28 and 32).
175 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, page 58).

Atawhaitanga, tauwhirotanga and kaitiakitanga

267. Atawhaitanga means the practice of showing atawhai or kindness, compassion, and courtesy to others. Tauwhirotanga means the practice of showing care and kindness, particularly tending to and caring for people who are ill, vulnerable or who need extra support. It was important for all members of the community to embody these tikanga. There were also individuals or groups who held specific responsibilities in relation to the care and protection of other people, places, and things, called kaitiaki. The role of the kaitiaki was to safeguard and protect the things in their care. The practice of doing so is called kaitiakitanga.

Tūkino

268. Tūkino is a central concept that has informed thinking about abuse, harm and trauma.[176] It is a broad term that reflects ill-treatment through violence, abuse, maltreatment, mistreatment, torture and rape. Tūkino expresses the nature and extent of the abuse, harm and trauma that has been inflicted and suffered and implies a transgression of tikanga that is unjust, unfair, violent, destructive, cruel and abusive. Inherent in tūkino is an acknowledgement that pain, trauma, and grief has been inflicted. Where tūkino has occurred, mana is affected.[177]

269. This report refers to three forms of tūkino – patu, whakamamae and whakarere.

- Patu can mean hitting, striking or beating. It can mean physical assault or ill-treatment and the act of killing by violence. Patu can mean non-physical violence, where an action affects a person's mana or tapu, and therefore their wairua, psychological or emotional state.
- Whakamamae can mean hurt or torture of another person. Like patu, whakamamae can describe both physical and non-physical hurt, such as belittling or racist comments.
- Whakarere can mean neglect, where a person or collective is disregarded or ignored, forsaken, deserted or abandoned. Whakarere can mean neglect of a person's physical needs, such as shelter and food, and non-physical needs, such as spiritual and emotional needs.

176 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, pages 56–57); Royal Commission of Inquiry into Abuse in Care, Beautiful Children: Inquiry into the Lake Alice Child And Adolescent Unit (2022, page 204).

177 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, page 57); Royal Commission of Inquiry into Abuse in Care, Beautiful Children: Inquiry into the Lake Alice Child And Adolescent Unit (2022, page 204).

Utu and muru

270. Utu is sometimes referred to as the principle of reciprocity or equivalence and can include compensation or repayment. It is also the term used to describe the cost or price of something, and therefore associated with the cost of an action, transgression, or crime. If tikanga are transgressed and the balance and peace of people and places is negatively affected, there is a need to pay the price or cost for those actions to return to the state of wellbeing and balance. The main purpose of utu is to maintain relationships. Where harm has taken place, utu may be needed to restore balance (ea) and thereby maintain whanaungatanga.[178]

271. The traditional practice of muru, to confiscate goods or personal property to redress a transgression, is closely related to utu. Muru was used as a collective form of social control or restorative justice within and between whānau, hapū and iwi.

Ea

272. Ea means the restoration of balance. This interrelationship can perhaps best be described using the framework presented by Sir Hirini Moko Mead KNZM: Take – Utu – Ea. Take means the reason or cause of something. In this context, the take is the action of tūkino that violates the mana and tapu of an individual or a collective. When the tūkino occurs, tikanga necessitates appropriate utu to be actioned to achieve the state of ea and the restoration of balance. The notion of ea indicates the successful closing of a sequence and the restoration of relationships.

178 Mead, HM, Tikanga Māori: Living by Māori values (Creative New Zealand, 2003, page 31).

I whai te Komihana i ngā tukanga mōtika tangata
The Inquiry took a human rights approach

273. The Inquiry's Terms of Reference emphasised both Aotearoa New Zealand's international legal obligations to protect individuals from abuse and neglect, and applicable standards and principles of human rights in Aotearoa New Zealand law on the proper treatment of people in care.[179]

274. In this section, the Inquiry discusses the core themes relevant to human rights that come from international declarations and obligations, international and domestic jurisprudence, United Nations committee decisions, commentary, and examples of guidelines developed to assist people to apply human rights themes in practice (such as the Scottish Human Rights Commission's PANEL principles[180]). This section also discusses Aotearoa New Zealand's human rights obligations.

Ngā kaupapa matua o te mōtika tangata
Human rights core themes

275. The core themes are:

- dignity
- universality
- self-determination
- equality and non-discrimination
- indivisibility
- measures of protection and assistance for certain groups to promote equality
- protection of the cultures, religions and languages of minorities
- participation in decision-making
- rule of law
- accountability and redress
- dynamism.

179 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clauses 1, 3–4. Relevant law is that applicable between 1 January 1950 and 31 December 1999 (clause 10.1(a). It may also include, at the Inquiry's discretion, law before 1950 and after 1999 (clause 15A(a) and (b), and 32A).

180 Scottish Human Rights Commission website, PANEL principles (accessed 29 September 2023), https://www.scottishhumanrights.com/about/#panel-principles-1163.

Amaru
Dignity

276. All human beings have intrinsic worth, inherent dignity and certain inalienable rights because they are human. Upholding the principle of human dignity has at least five aspects:

- banning all types of inhuman treatment, humiliation, or degradation of one person by another person
- protecting bodily and mental integrity
- ensuring the possibility of individual choice and the conditions for each person's self-fulfilment, autonomy or self-realisation
- recognising that protecting peoples' self-determination, identity and culture may be needed to protect personal dignity, and
- creating the conditions to ensure each person can have their essential needs met.[181]

277. This understanding of dignity is not based on an isolated individual. Rather, it promotes the freedom of people living together, related to and bound by community,[182] and dependent on each other for that freedom.

Tukupū
Universality

278. The fundamental nature of human rights means they apply universally to all people, and need to be universally respected, protected and fulfilled. The preambles to key United Nations declarations and covenants reflect this:

> *"Considering the obligation of States under the Charter of the United Nations to promote universal respect for, and observance of, human rights and freedoms..."*[183]

181 Clapham, A, Human Rights Obligations of Non-State Actors (2006, pages 545–546), in McCrudden, C, Human Dignity and Judicial Interpretation of Human Rights, 19 European Journal of International Law 655 (2008, page 686).

182 McCrudden, C, Human Dignity and Judicial Interpretation of Human Rights, 19 European Journal of International Law 655 (2008, page 700).

183 Preambles to the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR).

"I do not identify as a victim. I am a person who has survived clerical child sexual abuse and other kinds of abuse at the hands of Catholic priests and members of the clergy, including bishops, and I am proud to have survived that abuse."

DR CHRISTOPHER LONGHURST
Pākehā

Tino rangatiratanga
Self-determination

279. All peoples have the right of self-determination, including the right to freely determine their political status and pursue their economic, social and cultural development. In international law this right is commonly understood to apply to peoples, including indigenous peoples, rather than individuals. It may be subject to certain limits, including the territorial integrity and political unity of sovereign states.[184]

280. The right of self-determination is of fundamental importance, including for indigenous peoples.[185] The extent to which this right is realised affects the realisation of other rights by indigenous peoples and indigenous individuals. In Aotearoa New Zealand, Māori have the protection of te Tiriti o Waitangi rights and obligations as well as human rights and other international law.[186]

Mana ōrite me te kore whakatoihara
Equality and non-discrimination

281. Each human being has an equal right to have their human rights respected, protected and fulfilled. Discrimination, which violates this equality, is prohibited.

Wāhikore
Indivisibility

282. The fulfilment of civil and political rights, and economic, social and cultural rights, are equally needed to ensure human dignity.[187] Civil and political rights include, for example, the right not to be subjected to torture or to cruel, inhuman or degrading treatment or punishment. Economic, social and cultural rights include, for example, the right to education, adequate food, clothing and housing, and the right to the highest achievable standard of physical and mental health. One set of rights cannot be enjoyed fully without the other. Some economic, social and cultural rights may be progressively realised over time rather than a State having to guarantee them immediately in full. Equal treatment is needed during this process.

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184 Joseph, S & Castan, M, The International Covenant on Civil and Political Rights (3rd edition): Cases, Materials, and Commentary (Oxford University Press, Oxford, 2013, pages 160–161); Saul, B, Kinley, D & Mowbray, J, The International Covenant on Economic, Social and Cultural Rights: Commentary, Cases and Materials (1st edition, Oxford University Press, 2014, page 28).

185 For example, the preamble to the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

186 Article 5(2) of the International Covenant on Civil and Political Rights (ICCPR), article 5(2) of the International Covenant on Economic Social and Cultural Rights (ICESCR) and article 45 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Note however article 5(1) of the International Covenant on Civil and Political Rights (ICCPR) and article 5(1) of the International Covenant on Economic Social and Cultural Rights (ICESCR).

187 Preambles to the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR): "Recognising that, in accordance with the Universal Declaration of Human Rights, the ideal of free human beings enjoying civil and political freedom and freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his civil and political rights, as well as his economic social and cultural rights".

Ngā whakaritenga tiaki, āwhina hoki mō ētahi rōpū hei whakarewa i te mana ōrite

Measures of protection and assistance for certain groups to promote equality

283. These groups include the family, mothers, children and disabled people. Measures that could be seen as discriminatory in other situations may be allowed for disadvantaged or vulnerable groups. In some cases, special measures may be needed to achieve equality for disadvantaged groups. This understanding informs, for example, the accessibility rights for disabled people affirmed in the Convention on the Rights of Persons with Disabilities (CRPD) and article 4 of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), which states that special measures to ensure equality between men and women should not be considered discrimination. The Scottish PANEL principles also prioritise people in the most marginalised or vulnerable situations who face the biggest barriers to realising their rights.[188]

284. These measures should not be conflated with the rights of indigenous peoples or people who belong to a minority group (such as the right to self-determination or the protection of the cultures of ethnic, religious or linguistic minorities). These groups are entitled to specific rights as well as measures to promote equality.[189]

Te tiaki i ngā ahurea, ngā whakapono me ngā reo o te tokoiti

Protection of the cultures, religions and languages of minorities

285. A person who belongs to an ethnic, religious or linguistic minority cannot be denied the right (together with other members of their group) to enjoy their own culture, practise their own religion or use their own language.[190] If that right has been violated, redress can include actions to promote, for example, the group's culture and language. Actions to fulfil the right to take part in cultural life could be needed.[191]

188 Scottish Human Rights Commission website, PANEL principles (accessed 29 September 2023), https://www.scottishhumanrights.com/about/#panel-principles-1163.

189 United Nations Committee on the Elimination of Racial Discrimination, General Recommendation No. 32: The meaning and scope of special measures in the International Convention on the Elimination of All Forms Racial Discrimination, 75th Session CERD/C/GC/32 (24 September 2009, para 15).

190 Article 27 of the International Covenant on Civil and Political Rights (ICCPR).

191 Articles 15(1)(a) and 2 of the International Covenant on Economic, Social and Cultural Rights (ICESCR); Saul, B, Kinley, D & Mowbray, J, The International Covenant on Economic, Social and Cultural Rights: Commentary, Cases and Materials (1st edition, Oxford University Press, 2014, page 1186).

Te whai wāhi ki ngā whakatau
Participation in decision-making

286. Individuals or groups whose rights may be affected by a certain decision have the right to be involved in making that decision.[192] How they must be involved has developed over time.[193] As part of ensuring that participation is effective and informed, and that rights are upheld, individuals and groups need to understand their rights.[194] A role of government is to promote this understanding. Indigenous peoples have the right to free, prior and informed consent in certain contexts, including the approval of any project affecting their lands or territories and before legislative or administrative measures that may affect them are adopted.[195]

Te mana o te ture
Rule of law

287. All the actions of government, including law-making and the exercise of public power must be authorised by the law. Human rights must be protected by law and otherwise effectively protected.[196] Any limit on a right must be determined by law and consistent with the nature of that right.[197]

Te papanga me te puretumu
Accountability and comprehensive redress

288. There must be accountability for human rights breaches. To achieve accountability, the State must ensure effective monitoring, prompt investigations and remedies. Victims of human rights breaches must have effective redress from whoever is responsible for upholding the rights (duty holders).[198] Depending on the right breached, victims can be individuals or collectives,[199] and redress can be individual or collective.

192 For example, United Nations Convention on the Rights of the Child (UNCRC), article 12.
193 For example, from consultation to active involvement as in article 4(3) of the Convention on the Rights of Persons with Disabilities (CRPD), or "consult and cooperate in good faith" to obtain "free, prior and informed" consent, as in article 19 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).
194 Scottish Human Rights Commission website, PANEL principles (accessed 29 September 2023), https://www.scottishhumanrights.com/about/#panel-principles-1163. The principles include "Empowerment: Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives."
195 United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), articles 19 and 32(2).
196 For example, article 2(2) of the International Covenant on Civil and Political Rights (ICESCR).
197 For example, article 4 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). Some rights may not be subject to limitations: contrast for example article 9 (no limitation provisions) and article 19 of the International Covenant on Civil and Political Rights (ICCPR) (limits permitted as set out in article 19(3)).
198 For example, article 2(3)(a) of the International Covenant on Civil and Political Rights (ICCPR).
199 For example, section 29 of the New Zealand Bill of Rights Act 1990.

Hihiritanga
Dynamism

289. Human rights have a dynamic aspect, meaning that the protection they provide increases over time as society's understanding grows. Therefore, the obligations on Aotearoa New Zealand and other members of the international community in relation to human rights also increase over time.

Ngā takohanga mōtika tangata matua o Aotearoa
Aotearoa New Zealand's key human rights obligations

290. Aotearoa New Zealand must respect, protect and fulfil human rights.[200] In practice, this means the State has a duty to:

- respect human rights by not interfering with them
- protect human rights by preventing private organisations or other people from violating them, and
- fulfil human rights by taking positive steps to ensure they are realised, including enacting laws and implementing appropriate policies and programmes.

291. Human rights should influence practice. People in care and people providing care should know about human rights and how they apply to care, and this knowledge must positively affect care relationships. Where it does not, that should be identified and remedied.

292. The Human Rights Act 1993 places obligations on public and private entities and individuals, in relation to sexual and racial harassment and other forms of unlawful discrimination.[201] Private organisations may have other human rights obligations under the New Zealand Bill of Rights Act 1990 if they are doing work on the State's behalf, including when providing care for children, young people and adults in care.[202]

200 For example, United Nations Office of the Human Rights Commissioner, Human Rights Indicators: A Guide to Measurement and Implementation (2012, pages 12–13); United Nations Committee on Economic, Social and Cultural Rights, General Comment 14, 22nd Session E/C 12/2000/4 (11 August 2000, para 33).
201 Human Rights Act 1993, Parts 1A and 2.
202 New Zealand Bill of Rights Act 1990, section 3(b).

Te mana o ngā mōtika tangata, takohanga hoki o te ao i roto i ngā ture o Aotearoa

Status of international human rights and obligations in Aotearoa New Zealand law

293. Aotearoa New Zealand has had international human rights obligations since the beginning of the Inquiry's scope in 1950. These human rights obligations have steadily increased over time and the United Nations has established international human rights standards for specific peoples and communities, for example, the Convention on the Rights of Persons with Disabilities.

294. Aotearoa New Zealand has held itself up to the international community as supporting a range of international human rights standards, including those that existed before 1950.

295. Relevant international human rights declarations and conventions include:

- Universal Declaration on Human Rights 1948 (UDHR)
- International Convention on the Elimination of All Forms of Racial Discrimination 1965 (CERD) (ratified by Aotearoa New Zealand in 1972)
- International Covenant on Civil and Political Rights 1966 (ICCPR) (ratified by Aotearoa New Zealand in 1978)
- International Covenant on Economic, Social and Cultural Rights 1966 (ICESCR) (ratified by Aotearoa New Zealand in 1978)
- Convention on the Elimination of All Forms of Discrimination Against Women 1979 (CEDAW) (ratified by Aotearoa New Zealand in 1985)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1984 (CAT) (ratified by Aotearoa New Zealand in 1989)
- Convention on the Rights of the Child 1989 (UNCROC) (ratified by Aotearoa New Zealand in 1993)
- Rules for the Protection of Juveniles Deprived of their Liberty 1990 (adopted without vote by the General Assembly in 1990)
- Convention on the Rights of Persons with Disabilities 2006 (UNCRPD) (ratified by Aotearoa New Zealand in 2008), and
- Declaration of the Rights of Indigenous Peoples 2007 (UNDRIP) (Aotearoa New Zealand voted against the declaration in 2007 but in 2010 changed its position to one of support).[203]

203 Power, S, Ministerial Statements: United Nations Declaration on the Rights of Indigenous Peoples – Government Support, New Zealand Parliamentary Debates (Hansard) (20 April 2010, 662, 10229).

296. In Aotearoa New Zealand's legal system, international rights and obligations cannot be directly relied on in the courts here unless they have been incorporated into a domestic statute, and some have not been. They can be relevant considerations in State decision-making, and the courts can take them into account in interpreting the New Zealand Bill of Rights Act 1990 and other domestic human rights statutes. There is a principle that statutes should be interpreted consistently with our international obligations where possible.[204]

297. Human rights protections in Aotearoa New Zealand's domestic laws are "piecemeal".[205] They are set out in a variety of statutes and the common (court-made) law. This means they cannot be found in one place.

298. The rights in the New Zealand Bill of Rights Act can broadly be defined as civil and political rights. Although the Act states that one of its purposes is to affirm Aotearoa New Zealand's commitment to the International Covenant on Civil and Political Rights, some rights recognised in the covenant are not in the New Zealand Bill of Rights Act.[206] Many of the rights affirmed in the New Zealand Bill of Rights Act were also protected by the common law.[207] This meant that before the enactment of the New Zealand Bill of Rights Act, the rights affirmed in it could be upheld by using the common law. The same applies following the enactment. In many cases where a breach of the New Zealand Bill of Rights Act can be shown, there will likely be a claim in part of the common law known as tort law.[208]

299. The Human Rights Act 1993 is primarily concerned with non-discrimination rights. The Act built on two previous statutes. One of these was the Race Relations Act 1971, enacted as part of Aotearoa New Zealand's implementation of International Convention on the Elimination of All Forms of Racial Discrimination.[209] The other was the Human Rights Commission Act 1977, which established the Human Rights Commission.

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204 Opie, J, "A Case for Including Economic, Social and Cultural Rights in the New Zealand Bill of Rights Act 1990", 43 Victoria University of Wellington Law Review 471 (2012, page 512).

205 Baird, N, Glazebrook, S & Holden, S, "New Zealand: Country Report on Human Rights" 40 Victoria University of Wellington Law Review 57 (2009, page 58).

206 As stated by Palmer, G, in "A Bill of Rights for New Zealand: A White Paper", Appendix to the Journals of the House of Representatives, Volume 1 A6 (1985) (para 10.12).

207 Butler, A & Butler, P, New Zealand Bill of Rights Act: A Commentary (2nd edition) (2015, paras 3.3.1–3.3.28).

208 Dunlea v Attorney-General [2000] 3 NZLR 136 (CA) (para 38) per Keith J; Butler, A & Butler, P, New Zealand Bill of Rights Act: A Commentary (2nd edition) (2015) at 31.7.1, refer to tort claims such as assault and false imprisonment. Claims for breach of statutory duty may also be relevant.

209 The short title of the Race Relations Act 1971 stated that it was an "Act to affirm and promote racial equality in New Zealand and to implement" the International Convention on the Elimination of All Forms of Racial Discrimination (CERD).

300. Other domestic laws relevant to human rights include the Crimes Act 1961, the Ombudsmen Act 1975, the Official Information Act 1982, the Crimes of Torture Act 1989, the Privacy Act 1993, the Oranga Tamariki Act 1989/ Children's and Young People's Well-being Act 1989, the Health and Disability Commissioner Act 1994 and the Accident Compensation Act 2001.[210]

I pēhea tā te Komihana whakaū i ēnei kaupapa mōtika tangata
How the Inquiry applied these human rights themes

301. The Inquiry used these human rights themes as a framework to guide its work. The Inquiry considers that these themes should have underpinned care in the past and must underpin it going forward.

302. The Inquiry considered abuse and neglect in care through this framework. This meant identifying where the State and faith-based institutions failed to uphold human rights and understanding how this affected survivors. Failures to uphold human rights could include, for example:

> a failure to protect children, young people and adults in care from inhumane or degrading treatment (the human rights theme of dignity), or

> a failure to provide protection and assistance to children in care (the human rights core theme of special measures of protection and assistance).

303. Part 5 describes the impacts of abuse and neglect in care, including how failures to uphold human rights have affected survivors. Part 7 sets out the Inquiry's concluding observations about how the State and faith-based institutions failed to uphold their human rights obligations and commitments.

210 Baird, N, Glazebrook, S & Holden, S, "New Zealand: Country Report on Human Rights" 40 Victoria University of Wellington Law Review 57 (2009, page 59).

I tāpaetia he pou tarāwaho Turi, whaikaha, whaiora hoki e te Kōmihana
Deaf, disability and mental distress framework applied by the Inquiry

304. The Inquiry's approach to understanding the experiences of Deaf survivors, disabled survivors, and survivors who experienced mental distress, was informed by the knowledge, expertise and work of its Deaf Reference Group, Disability Reference Group and Mental Health Reference Group and what it heard from survivors themselves, their whānau and communities.

305. The Inquiry acknowledges that Deaf people, disabled people and people who experience mental distress and their whānau and communities have their own histories, worldviews and values. The Inquiry acknowledges that Māori, Pacific Peoples and those who identify as Takatāpui, Rainbow or MVPFAFF+ who are also Deaf, disabled or experience mental distress have their own unique experiences and perspectives.

306. The Inquiry has used language that is considered best practice and is aligned with current thinking. We recognise, however, that other terms are used for disability and that language is a matter for self-determination. The Inquiry acknowledges that many Deaf people and people who experience mental distress do not self-identify as disabled. They are, however, included within the definition of disability in the United Nations Convention on the Rights of Persons with Disabilities (CRPD).[211]

Ko wai te hunga Turi, te hunga whaikaha, me rātou e rongo ana i te wairangitanga?
Who are Deaf people, disabled people and people who experience mental distress?

307. Disabled people include people who have physical, sensory, communication or learning impairments, or are neurodivergent or a combination. The impairment can be present at birth or acquired during a person's lifetime. Most Deaf people do not identify as disabled, but rather as a distinct community with their own language and culture.

308. Mental distress means a mental or emotional state that causes disruption to daily life and that can vary in length of time and intensity. People who experience mental distress includes those who are seriously upset, people who are reacting normally to a stressful situation, and people with mental illness (whether medically diagnosed or not).

211 United Nations Convention on the Rights of Persons with Disabilities (CRPD).

309. Disability rights and issues are relevant to a significant number of people in Aotearoa New Zealand. In the latest reported New Zealand Disability Survey, 1.1 million people were identified as disabled.[212] Many people have or live with disabled family members. Other key statistics include:

- Māori and Pacific Peoples are disproportionately represented as disabled – 26 percent of Māori (176,000 people) and 19 percent of Pacific Peoples (51,000 people) were identified as disabled[213]
- In children under 14 years old, 95,000 children were identified as disabled – with a learning difficulty as their most common identified need[214]
- around 7,700 disabled people live in residential care homes funded by Whaikaha Ministry of Disabled People[215]
- there were about 4,600 Deaf people in Aotearoa New Zealand in the 2018 census[216]
- in 2022/23, 21 percent of young people aged 15–24 years, and 11 percent of adults experienced high or very high levels of psychological distress[217]
- 11,299 people were subject to either compulsory assessment or compulsory treatment under Mental Health legislation.[218]

310. Despite the large number of affected people and the impact of barriers experienced in so many people's lives, disability issues remain relatively invisible in political and public discourse in Aotearoa New Zealand.

Ngā mōtika me te tuakiri o te hunga Turi, te hunga whaikaha, me te hunga wairangi

Deaf, disability and mental distress rights and identities

311. The identity of Deaf people, disabled people and people who experience mental distress depends on each person's perspective It can vary widely, and can change over time. Understanding of disability concepts and identities is diverse and continues to evolve.

312. Disabled people understand disability as a rights-based issue. Discrimination against disabled people was not illegal in Aotearoa New Zealand until the introduction of the Human Rights Act in 1993.[219] The international disability rights movement led to the 2006 United Nations Convention on the Rights of Persons with Disabilities (CRPD). Disabled people's specific rights are described in the Convention, but not all these rights have been incorporated into Aotearoa New Zealand's domestic law.

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212 Stats NZ, Disability Survey 2013 (pages 1–3).
213 Stats NZ, He hauā Māori: Findings from the 2013 Disability Survey (2015, page 10); Stats NZ, Disability Survey 2013 (page 3).
214 Stats NZ, Disability Survey 2013 (pages 1 and 3).
215 Whaikaha – Ministry of Disabled People, Annual Report 2022/23 (page 235).
216 Media release, Stats NZ, Deaf community to receive more support in the 2023 Census (2 December 2022), https://www.stats.govt.nz/news/deaf-community-to-receive-more-support-in-the-2023-census/#:~:text=An%20ambitious%20project%20to%20translate,March%2C%20Stats%20NZ%20said%20today.
217 Ministry of Health, Annual Update of Key Results 2022/23: New Zealand Health Survey (December 2023).
218 Ministry of Health, Office of the Director of Mental Health and Addiction Services: Regulatory Report 1 July 2021 to 30 June 2022 (2023, page 1).
219 Human Rights Act 1993, section 21(1)(h).

313. People with multiple impairments continue to face barriers that non-disabled people take for granted, such as autonomy, participation, full citizenship and recognition as productive members of society.[220] The disability community continues to work towards addressing the gap between disabled people's rights and the realities of their daily experiences.

314. Since colonisation in Aotearoa New Zealand, disability has been understood in medical terms with a deficit perspective. The development of the social model of disability, led by disabled people through the disability rights movement, offered an alternative perspective – that "it is society that disables us, not our impairments".[221] The social model states that barriers to daily life that limit a disabled person's participation are created by social oppression and exclusion, not by the person's abilities. While the social model was instrumental in shifting perspectives on disability, it has since been critiqued. Among the critiques is that the social model is simplistic,[222] and does not fully incorporate indigenous worldviews.[223]

315. Indigenous perspectives on impairment encompass spiritual, holistic, relational and environmental dimensions.[224] Medical concepts of impairment and its associated social attitudes had no equivalent in traditional Māori society.[225] Narratives passed down through pūrākau, waiata and whakataukī refer to atua and tīpuna whose differences were celebrated or seen as a source of greatness or special power.[226] For example, Tāwhirimātea, god of the weather, and Turikatuku (Ngāpuhi), wife of Hongi Hika and credited as his war strategist, were kāpō (blind).[227] Tāngata whaikaha Māori are working to develop concepts of disability that reflect te ao Māori and are grounded in te Tiriti o Waitangi.[228]

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220 Gillies, J, "Critical Disability Theory", in Michalos, AC (ed), Encyclopedia of Quality of Life and Well-Being Research (Dordrecht: Springer Netherlands, 2014, pages 1348–1350); Degener, T, "Disabled persons and Human Rights: the legal framework" in Degener, T & Koster-Dreese, Y, Human Rights and Disabled Persons: Essays and Relevant Human Rights Instruments (Martinus Nijhoff Publishers, Netherlands 1995, page 9); Donald Beasley Institute, My Experiences, My Rights: A Monitoring Report on Disabled People's Experiences of Health and Wellbeing in Aotearoa New Zealand (New Zealand Disabled People's Organisations Coalition, 2022); Forster, W, Removing Disabling Experiences: a vision for the future of our people (New Zealand Law Foundation, 2022).

221 Office for Disability Issues, New Zealand Disability Strategy 2016–2026 (page 12).

222 Francis, R, Nothing About Us, Without Us: The Pursuit of Inclusive and Accessible Positive Peace, Doctoral Thesis, University of Otago (2018, pages 17–18).

223 Hickey, H & Wilson, D, "Whānau Hauā – Reframing disability from an Indigenous perspective", Mai Journal, Volume 6, Issue 1 (201, page 83).

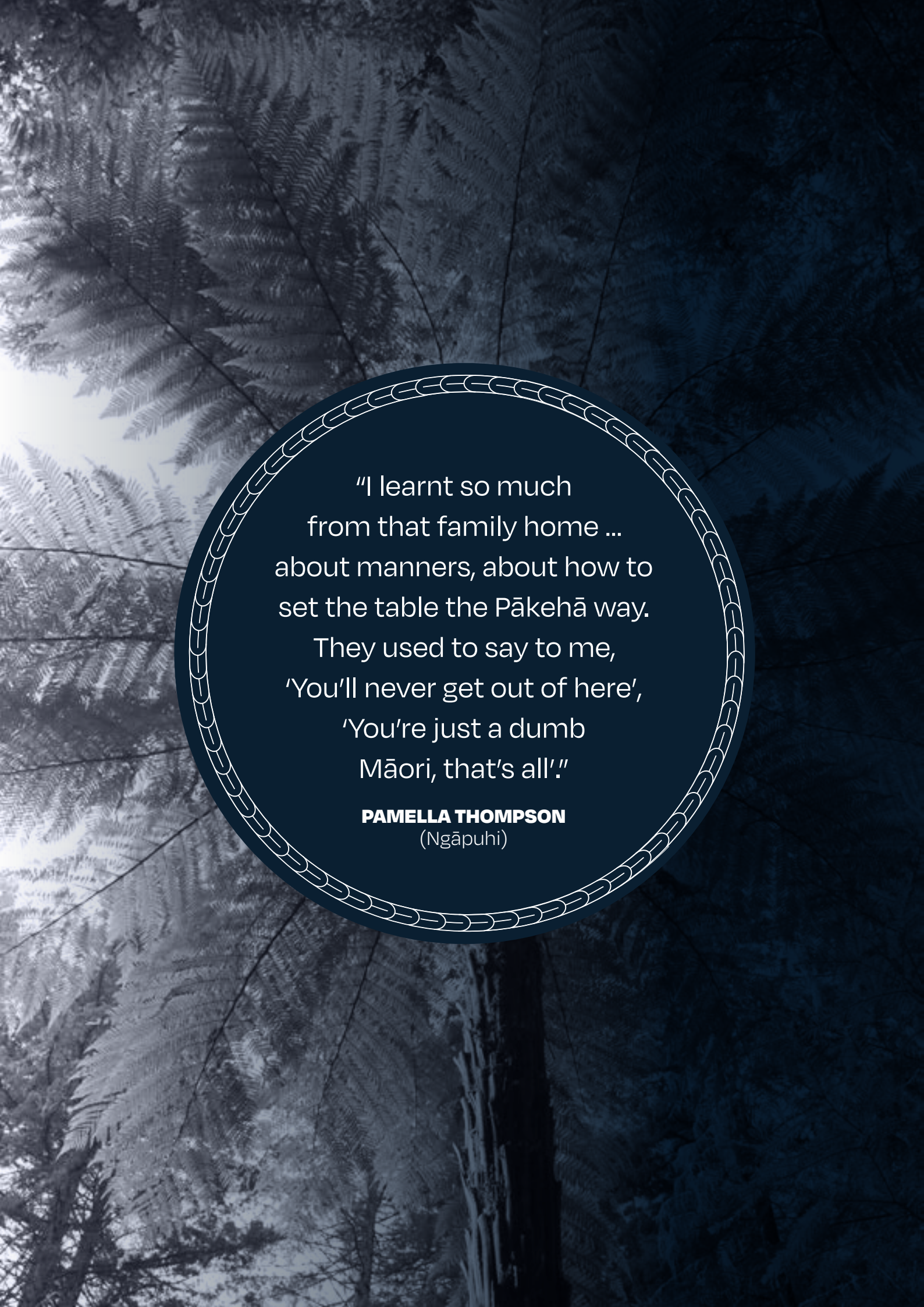
224 Hickey, H & Wilson, D, "Whānau Hauā – Reframing disability from an Indigenous perspective", Mai Journal, Volume 6, Issue 1 (2017, page 86).

225 Kaiwai, H & Allport, T, Māori with disabilities (part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (2019, pages 17–18).

226 Tikao, K, Higgins, N, Phillips, H & Cowan, C, Kāpo (blind) Māori in the ancient world, MAI Review 2 no. 4 (2009, pages 1–14, page 11).

227 Witness statement of Tania Kingi (3 November 2022, paras 13–14); Ballara, A, Turikatuku, Dictionary of New Zealand Biography (Te Ara – Encyclopedia of New Zealand, 1990).

228 Ingham, TR, Jones, B, Perry, M, King, PT, Baker, G, Hickey, H, Pouwhare, R & Nikora, LW, "The Multidimensional Impacts of Inequities for Tangata Whaikaha Māori (Indigenous Māori with Lived Experience of Disability) in Aotearoa, New Zealand", International Journey of Environmental Research and Public Health, 19, 13558 (2022, page 11).



"I learnt so much
from that family home ...
about manners, about how to
set the table the Pākehā way.
They used to say to me,
'You'll never get out of here',
'You're just a dumb
Māori, that's all'."

PAMELLA THOMPSON
(Ngāpuhi)

316. Ableism and disablism contribute to the barriers experienced by disabled people by creating discrimination. Ableism is the value system that results in attitudes and behaviours through which society privileges certain characteristics over others. For example, privileging the non-disabled body over the disabled body. Ableism is widespread and systemic, and often arises from ignorance rather than conscious intentional discrimination and harm. Invisibility of disabled people and disability issues in the public discourse contributes to ableism because disabled people and disability issues are invisible to decision-makers. They then make decisions without being aware of how the decisions will affect disabled people.

317. Disablism is conscious, direct discrimination against people who are disabled, based on their disability.[229]

Mātāpono
Principles

318. The principles set out below are taken from the United Nations Convention on the Rights of Persons with Disabilities and Enabling Good Lives. Based on what survivors, their whānau and communities shared about their experiences, the Inquiry found these principles appropriate to help frame its understanding and analysis of the abuse and neglect suffered by Deaf survivors, disabled survivors and survivors who experienced mental distress.

Ngā mātāpono o te Kawenata mō ngā Mōtika o te Hunga Whaikaha
Convention on the Rights of Persons with Disabilities principles

319. There are eight guiding principles of the Convention. The principles provide the inherent dignity of an individual and their autonomy. The principles are:

- Respect for inherent dignity
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference
- Equality of opportunity
- Accessibility
- Equality between genders
- Respect for evolving capacities

229 Wolbring, G, "The Politics of Ableism" in Development 51:2 (2008, pages 252–258).

Te whakaute i te mana tuku iho
Respect for inherent dignity

320. Every person has their own mana, value and associated rights, no matter who they are. All people and communities have equal worth regardless of any characteristic, including impairment. All people are entitled to the same dignity and acknowledgement in society. Deaf people, disabled people and people who experience mental distress have the right to respect for their bodily and mental integrity.

321. Deaf people, disabled people and people who experience mental distress can determine their own outcomes and be in control of their own lives, including designing and managing their support systems. They have the dignity of risk, which means choosing to take risks if they want to.[230] That control includes choosing whether to involve whānau and other collectives (such as friends and advocates) in their decisions through supported decision-making.

Te kore whakatoihara
Non-discrimination

322. Non-discrimination includes the right to be free from segregation from the community, forced placement in institutions, separation of children from whānau, and forced treatment.[231]

Te whai wāhi me te noho tahi ki te pāpori
Full and effective participation and inclusion in society

323. Deaf people, disabled people and people who experience mental distress, and their families have the resources to be involved at all levels of work and development of arrangements relevant to them and their families' lives. This principle builds on the internationally recognised concept of participation – "Nothing about us without us"[232] – which emphasises that no policy, decision, action or practice should be undertaken without the full, effective participation, consent and leadership of those who would be most affected. For Māori, this right of participation includes their rights as partners to te Tiriti o Waitangi and their right to free, prior and informed consent as indigenous peoples under the United Nations Declaration on the Rights of Indigenous peoples.

230 Mental Health and Wellbeing Commission, He Ara Āwhina (Ngā ara Tautoko) te tarāwaho He Ara Āwhina (pathways to support) framework (2023).
231 United Nations Committee on the Rights of Persons with Disabilities, General Comment No 6 (2018) on equality and non-discrimination CRPD/C/GC/6, (26 April 2018, para 56).
232 Charlton, J I, Nothing about us without us: Disability oppression and empowerment (University of California Press, 1998, pages 16–17).

324. Every person has the right to be part of a family, included in the community, attend their local school, and to work or shape their lives as they wish. This principle rejects the models that segregate and congregate people socially and physically. Deaf people, disabled people and people who experience mental distress have the right to fully participate in socially expected roles and activities and contribute as equal citizens in society as they choose.

325. Inclusion requires a whole-of-life approach, where people, families, and communities have the resources needed to flourish, a sense of purpose, and are hopeful about the future. Disabled people have the right to access all cultures and communities they choose to identify with, including Deaf culture.

Te whakaute i ngā rerekētanga me te aroha ki te hunga whaikaha e eke ai te kanorautanga me te koutangata

Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity

326. All people must be equally respected and recognised. Deaf people, disabled people and people who experience mental distress have equal value and worth, and difference is to be celebrated.

327. This principle recognises and celebrates the diversity of Deaf people, disabled people and people who experience mental distress, who all have different experiences and circumstances and the right to be valued and treated equally. The diversity of cultural aspects of their identities must also be respected. For example, Deaf people have their own culture and language (New Zealand Sign Language) that is part of their identity.

328. It also recognises the impact of the compounding marginalisation of stigma, ableism, disablism, audism (discrimination against Deaf people and people with hearing loss), oralism (the belief that Deaf people and people with hearing loss should communicate by lip reading and speaking, rather than sign language), racism, homophobia, transphobia and other forms of discrimination.

329. This principle builds on the phrase "Know me before you judge me", which calls to end stigma, ableism and disablism. People should be asked, "What are your strengths and what do you need to live a good life?" rather than "What is wrong with you that we need to fix?" For some people this means living well in the presence of the 'symptoms' of their impairments.

Ngā ara tautika
Equality of opportunity

330. Deaf people, disabled people and people who experience mental distress must have the same opportunities as everyone else to live their lives, to work, to realise their potential and to participate as active members of society.

Ngā āheitanga
Accessibility

331. Deaf people, disabled people and people who experience mental distress must have equal access to the physical environment, transportation, information and communication, technologies, public facilities and services, so they can live independently and participate fully in all aspects of life.[233]

Te manarite ā-ia
Equality between genders

332. This principle recognises that disabled women and girls face multiple and intersecting forms of discrimination and barriers to enjoying and exercising their rights.

Te whai whakaaro ki ngā āheitanga hurihuri
Respect for evolving capacities

333. Respect for the evolving capacities of Deaf children, disabled children and children who experience mental distress, and respect for their right to preserve their identities.

Ngā mātāpono o te Mana Whaikaha
Enabling Good Lives principles

334. The Enabling Good Lives principles were developed to guide the transformation of the disability support system. Through Enabling Good Lives, Deaf people, disabled people and their whānau can choose to increase the choice and control they have in their lives and supports. The Government agreed to nationwide implementation of the Enabling Good Lives approach in October 2021.[234] At the time of this report, supports and treatment for people who experience mental distress are primarily provided through the health system, not through the disability support system.

233 United Nations Committee on the Rights of Persons with Disabilities, General Comment No 2 (2014) CRPD/C/GC/2 (para 13).
234 Whaikaha – Ministry of Disabled People, Annual Report 2022/23 (page 233).

335. The Enabling Good Lives principles recognise the rights of Deaf people, disabled people and their whānau to receive the support needed to live a good life as they define it. This includes support to leave institutionalised settings. These principles recognise the interdependence and interconnectedness of people, whānau and communities and that, for some people (including Māori and Pacific Peoples) decisions should be made collectively and with the support and participation of whānau. They promote self-determination, including by providing for disabled people and their whānau to use allocated funding flexibly to meet their needs. They affirm that collective advocacy, based on best interpretation of a person's will and preferences, is needed for some who may not be otherwise able to independently articulate their needs.

336. The Enabling Good Lives principles[235] are:

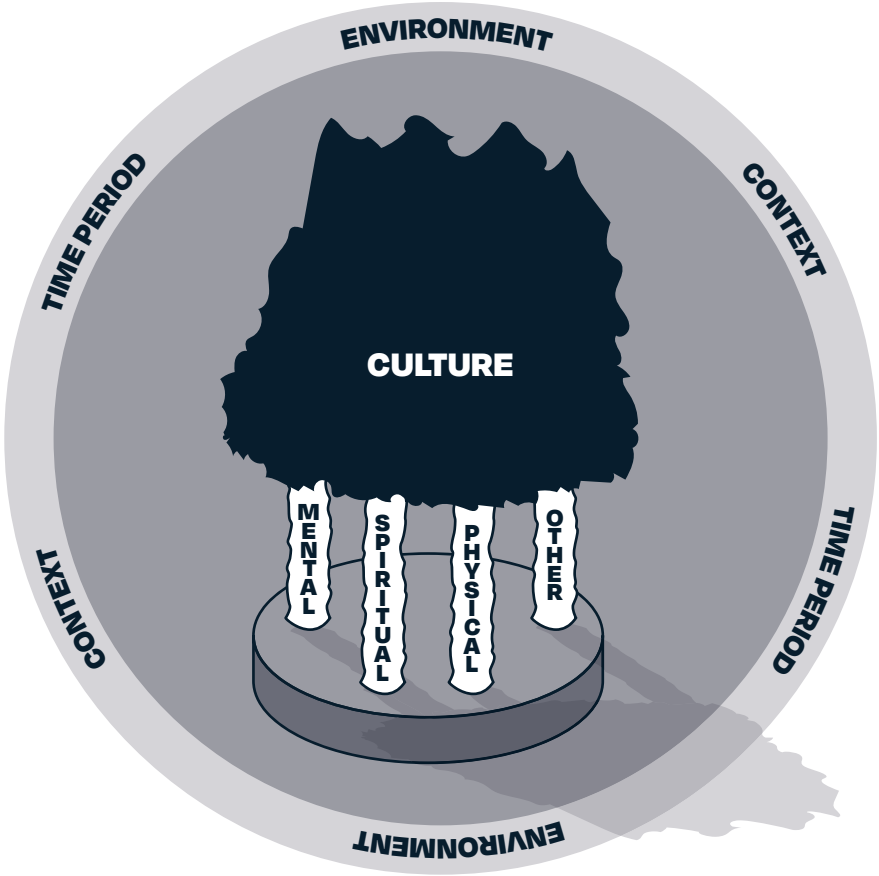
- Self-determination – Deaf and disabled people are in control of their lives.
- Beginning early – invest early in families and whānau to support them to be aspirational for their children, to build community and natural supports and to support children to become independent, rather than waiting for a crisis before support is available.
- Person-centred – Deaf and disabled people have supports that are tailored to their individual needs and goals, and that take a whole-of-life approach rather than being split across programmes.
- Ordinary life outcomes – Deaf and disabled people are supported to live an everyday life in everyday places and are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation like others at similar stages of life.
- Mainstream first – Deaf and disabled people are supported to access mainstream services before specialist disability services.
- Mana enhancing – the abilities and contributions of Deaf people and disabled people and their families are recognised and respected.
- Easy to use – Deaf and disabled people have supports that are simple to use and flexible.
- Relationship building – supports build and strengthen relationships between Deaf and disabled people, their whānau and community.

235 Enabling Good Lives website, Principles (accessed 28 January 2024), https://www.enablinggoodlives.co.nz/about-egl/egl-approach/principles/.

I tāpaetia he pou tarāwaho uara Pasifika e te Kōmihana
Pacific values framework applied by the Inquiry

337. The Inquiry's Terms of Reference directed it to recognise the status of Pacific Peoples in Aotearoa New Zealand, and that Pacific Peoples have been disproportionately represented in State and faith-based care.[236]

338. He Purapura Ora, he Māra Tipu discussed the Fonofale model of Pacific health and wellbeing, which Pacific experts spoke to the Inquiry about.[237] The Fonofale model uses the metaphor of a Samoan fale (house) and includes elements from many Pacific nations including the Cook Islands, Niue, Fiji, Tokelau and Tonga. The foundation of the fale represents family, which is generally seen as the foundation for all Pacific cultures. Four pou between the roof and the foundation – spiritual, physical, mental and other – each represent a fundamental element of a person's wellbeing. The fale sits inside a cocoon that contains three other elements that influence a person's wellbeing – the environment, time, and context.[238]



236 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 7.
237 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, pages 63–65).
238 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, pages 63–64).

339. Informed by the knowledge, expertise and work of the Pacific Reference Group and the Fonofale model of Pacific wellbeing, the Inquiry used a values framework that was inclusive of all Pacific Peoples to guide its work. These values reflected what the Inquiry heard from Pacific survivors, their families, and others from Pacific communities. In preparing this report and applying the Pacific values framework, the Inquiry was conscious of approaching Pacific Peoples' diverse experiences with humility, or vakarokoroko in vosa vakaviti (Fijian language), and respect.[239]

340. The Inquiry acknowledges that each individual Pacific culture is unique in its history, worldview and values, and in how its values are upheld, including how rituals and ceremonies are performed. However, common values and concepts relating to the space of conflict or dispute resolution can be identified across many Pacific cultures. Though these cultures are not homogenous, it is generally accepted that there are enough shared values to be able to speak of Pacific values, beliefs and guiding principles.

Uara Pasifika
Pacific values

341. The English translations of these concepts do not fully capture the depth or contexts of their meanings, or the unique ways in which they are lived out in the day-to-day practices of Pacific communities. In prioritising Pacific languages, the Inquiry selected examples from different Pacific languages to represent each value. The chosen words and concepts best reflect the work of this Inquiry and the voices of survivors, while acknowledging the differences across Pacific languages and cultures.

342. The Pacific values used by the Inquiry (first set out in Tāwharautia: Pūrongo o te Wā)[240] are:

- kāinga, which means family in te taetae ni Kiribati (Kiribati language)
- fa'aaloalo, which means respect in agana Samoa (Samoan language)
- fetokoni'aki, which means reciprocity in lea faka-Tonga (Tongan language)
- aro'a, which means love in reo Māori Kūki 'Āirani (Cook Islands Māori language)
- tapuakiga / talitonuga, which means spirituality, indigenous beliefs and Christianity, in agana Tokelau (Tokelaun language)
- kaitasi, which means collectivism and shared responsibility in gana Tuvalu (Tuvaluan language).

239 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, pages 63– 65).
240 Royal Commission of Inquiry into Abuse in Care, Tāwharautia: Pūrongo o te Wā, Volume 1: Interim report (2020, page 38).

Kāinga

343. Kāinga means family in te taetae ni Kiribati (Kiribati language). Kāinga includes the local extended family unit and their place of residence.[241] It also means home and "the land that feeds".[242] Kāinga usually consisted of a family descended from a common ancestor[243] but adoption was also noted as a key feature of family and social organisation.[244] Including both people and place, kāinga is central to community, identity, and belonging.

Faʻaaloalo

344. Faʻaaloalo means respect in agana Samoa (Samoan language). For Samoans, it is not only a way to live but a way to behave.[245] These ways of living encompass everything from entering homes, greeting one another and speaking to elders, to managing and navigating social hierarchies. "Everything is done with faʻaaloalo"[246] and faʻaaloalo "should be for all".[247] This includes people in marginalised groups (for example, women, disabled people and MVPFAFF+ people) who may be expected to show respect even while they are not always held in respect.[248] Understanding faʻaaloalo is useful in identifying when and where respect is absent and how this absence can lead to abuse and neglect.

Fetokoniʻaki

345. Fetokoniʻaki means reciprocity in lea faka-Tonga (Tongan language). It means reciprocal co-operation or mutual helpfulness. It also describes "unity and co-operation between family members".[249] It "points to the idea that wellbeing within a Tongan worldview is achieved through processes of reciprocity and mutuality".[250] Fetokoniʻaki is a part of everyday life.[251]

241 Teaiwa, KM, Consuming Ocean Island: Stories of People and Phosphate from Banaba (Indiana University Press, 2015, page 9).
242 Teaiwa, KM, "Recovering Ocean Island", Life Writing 8:1 (2001, pages 87–100, page 98).
243 Teaiwa, KM, Consuming Ocean Island: Stories of People and Phosphate from Banaba (Indiana University Press, 2015, page 14).
244 Teaiwa, T, "The Ancestors We Get to Choose: White Influences I Won't Deny", in Simpson, A & Smith, A (eds), Theorising Native Studies (Duke University Press, 2020, page 44).
245 Ioane, J, "Pasifika and Psychology – Are we there yet?", Psychology Aotearoa, 9: 2 (2017, pages 70–73, page 71).
246 Ioane, J, "Pasifika and Psychology – Are we there yet?", Psychology Aotearoa, 9: 2 (2017, pages 70–73, page 71).
247 Ligaliga, MF, "Freedom from Violence: A Samoan Perspective on Addressing Domestic or Family Violence" in Standish, K, Devere, H, Suazo, A & Rafferty, R (eds), The Palgrave Handbook of Positive Peace (Palgrave Macmillan, 2021, page 604).
248 Ligaliga, MF, "Freedom from Violence: A Samoan Perspective on Addressing Domestic or Family Violence" in Standish, K, Devere, H, Suazo, A & Rafferty, R (eds), The Palgrave Handbook of Positive Peace (Palgrave Macmillan, 2021, page 604).
249 Taufa, SM, Home Abroad: Exploring Aspects of Cultural Maintenance within Tongan Families in Tonga and New Zealand, Master's Thesis, Victoria University of Wellington (1993, page 52).
250 Mafileʻo, TA, Tongan Metaphors of Social Work Practice: Hangē ha Pā kuo Faʻu, Doctoral Thesis, Massey University (2005, page 130).
251 Mafileʻo, TA, Tongan Metaphors of Social Work Practice: Hangē ha Pā kuo Faʻu, Doctoral Thesis, Massey University (2005, pages 130–31).

Aro'a

346. Aro'a means love in reo Māori Kuki 'Āirani (Cook Islands Māori language). It includes love, respect, hospitality, kindness, concern for others and forgiveness.[252] Aro'a is one of the most important acts in the Cook Islands Māori world, because "it is the highest regard we can have for our communities, our ancestors and each other".[253] Aro'a is closely tied to the health and wellbeing of individuals, families (including multiple generations), and the wider community.

Tapuakiga / talitonuga

347. Tapuakiga / talitonuga means spirituality in gagana Tokelau (Tokelauan language). It includes spirituality, indigenous beliefs and Christianity, and is an integral part of Pacific life.[254] Though the introduction of Christianity may have suppressed some indigenous beliefs, it did not obliterate them.[255] These Tokelauan concepts acknowledge both indigenous beliefs and Christianity and recognise the ways they overlap, and the ways Pacific Peoples have worked with them and challenged them over time.[256]

Kaitasi

348. Kaitasi means collectivism and shared responsibility in gana Tuvalu (Tuvaluan language). It means to eat together and is also the name for the communal land tenure system in Tuvalu.[257] Kaitasi can be invoked to address the need for communalism, or the sharing of responsibility, because what happens in one part affects others.[258] It includes the idea that sharing responsibility – whether for food and nourishment, for care, or for support for family and community – is integral to the future of the people.

Vā – te 'āputa' tūhonohono

349. Pacific worldviews have a strong emphasis on relationships and the intrinsic interconnections, or va, between people and the material and spiritual world. According to Dr Sam Manuela, a "holistic conceptualisation of the self", from a Pacific perspective, is formed "in relation to others". This, very importantly, includes those one is related to.[259]

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252 Powell, E, 'Akapapa'anga Ara Tangata: Genealogising the (Cook Islands) Māori Imaginary, Doctoral Thesis, Victoria University of Wellington (2021, page 205).
253 Powell, E, 'Akapapa'anga Ara Tangata: Genealogising the (Cook Islands) Māori Imaginary, Doctoral Thesis, Victoria University of Wellington (2021, pages 207–208).
254 Kupa, K, "Te Vaka Atafaga: a Tokelau Assessment Model for Supporting Holistic Mental Health Practice with Tokelau People in Aotearoa, New Zealand," Pacific Health Dialog, 15: 1 (2009, pages 156–163, pages 158–160).
255 Kupa, K, "Te Vaka Atafaga: a Tokelau Assessment Model for Supporting Holistic Mental Health Practice with Tokelau People in Aotearoa, New Zealand," Pacific Health Dialog, 15: 1 (2009, pages 156–163, page 160).
256 Suaalii-Sauni, T, Wheeler, A, Saafi, E, Robinson, G, Agnew, F, Warren, H, Erick, M & Hingano, T, "Exploration of Pacific perspectives of Pacific models of mental health service delivery in New Zealand", Pacific Health Dialog, 15: 3 (2009, pages 18–27, page 24).
257 McCubbin, SG, Tristan, P, Ford, JD, Smit, B, "Social-ecological change and implications for food security in Funafuti, Tuvalu", Ecology and Society 22: 1 (2017, page 5).
258 Kitara, T, Tuvalu's foreign policy and values (Devpolicy Blog, 2020).
259 Witness statement of Dr Sam Manuela (12 July 2021, page 9).

350. The values described above are interwoven and intersecting, often overlapping with one another. These values are understood to exist, come together, have meaning and interact within the concept of vā, which is the "space between" that holds people and things together.[260] When these values are honoured and practised, they create and reflect the conditions for honouring the vā. In vagahau Niue (Niuean language), fakatupuolamoui means the interrelatedness of wellbeing or how "through the proper conduct of one, the spirit of the other is encouraged to grow and flourish".[261] As discussed in a Niuean conceptual framework for addressing violence, fakatupuolamoui means "to thrive vigorously and abundantly".[262]

Ētahi atu huatau e hāngai ana ki te tūkinotanga me te whakahapatanga
Other concepts relating to abuse and neglect

He awenga tō te pūtahitanga ki runga i ngā wheako tūkinotanga me te whakahapatanga
Intersectionality affects the experience of abuse and neglect

351. Intersectionality looks at the intersecting or different parts of a person's identity (like their ethnicity, culture, gender, disability, background, experiences) and how those facets come together to shape their experiences.[263] This way of understanding identity is underpinned by the idea that people's identities are subjected to, and influenced by, the way that society understands and views certain identity traits. These traits may be subject to regulation, discrimination or oppression depending on the views of those who hold power in a society. Such dynamics and interactions are fluid and change over time.[264]

260 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, pages 61–62).
261 Ministry of Social Development, Pasefika Proud, Koe Fakatupuolamoui he tau Magafaoa Niue: A Niuean Conceptual Framework for Addressing Family Violence (2012, page 7).
262 Ministry of Social Development, Pasefika Proud, Koe Fakatupuolamoui he tau Magafaoa Niue: A Niuean Conceptual Framework for Addressing Family Violence (2012, page 6).
263 Monjurul Kabir, AH, Thomson, T, Abukito, A, Kirungi, C, Pérez Montúfar, DJ, Jigjid, D, Sánchez, E, Khoury, G, Salelkar, A, Nair, K, Adhikari, K, Ochieng, P, Mahalmaki, P, Apio, M, Adhikaiji, N, Galarza, R, Mwanjala, T & Zayed, Y, Intersectionality resource guide and toolkit (UN Women, 2021, page 8).
264 Cho, S, Crenshaw, KW & McCall, L, "Toward a field of intersectionality studies: Theory, applications, and praxis", in Signs: Journal of women in culture and society 38(4) (2013, pages 785–801, page 795).

352. Intersectionality challenges the idea that different forms of social oppression and discrimination can be understood and addressed in isolation from either the social context or one another.[265] Individuals may experience multiple layers of disadvantage based on how systems of power treat various parts of the identity that they subscribe to, or have been ascribed by society, such as race, gender, sexuality, class and more.[266] This concept encourages a more nuanced understanding of how:

> different parts of someone's identities may interact and impact their experiences

> forces of social oppression negatively affect people in unique ways

> these unique experiences influence how people see and understand their identity traits.[267]

353. Intersectionality helped the Inquiry to understand how and why different people might have experienced abuse, neglect and their impacts differently, depending on factors of their identity or background. It was used to understand that some people experienced specific types of abuse and neglect because systems of discrimination and oppression in society target certain identity traits. For example, one person could experience physical and psychological abuse, whereas another person experiencing abuse under similar circumstances may also suffer racist or gendered slurs.

354. The accounts of abuse and neglect in care described in Part 4 demonstrate that survivors experienced multiple forms of abuse and neglect in distinct ways due to the different, intersecting parts that make up their identities. For example, a person who is tāngata turi, whose family was also placed in care, might have experienced racial abuse, cultural abuse, neglect and discrimination, including audism. How that person perceives, experiences and responds to such abuse and neglect would differ from a person who might have been at the same placement but identified as Samoan, was removed from their family and was a member of the MVPFAFF+ community.

355. The concept of intersectionality does not rank experiences of abuse and neglect or make blanket statements to say that all members of one group had worse experiences than all the members of another group. Rather, it seeks to understand the way in which multiple, overlapping systems of oppression affect individuals uniquely, and that how there may be commonalities, and differences, of experience both within and between groups.

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265 Crenshaw, K, "Mapping the margins: Intersectionality, identity politics, and violence against women of color," in Stanford Law Review 43 (1991, pages 1241–1299).

266 Monjurul Kabir, AH, Thomson, T, Abukito, A, Kirungi, C, Pérez Montúfar, DJ, Jigjid, D, Sánchez, E, Khoury, G, Salelkar, A, Nair, K, Adhikari, K, Ochieng, P, Mahalmaki, P, Apio, M, Adhikaiji, N, Galarza, R, Mwanjala, T & Zayed, Y, Intersectionality resource guide and toolkit (UN Women, 2021, pages 8–9).

267 Monjurul Kabir, AH, Thomson, T, Abukito, A, Kirungi, C, Pérez Montúfar, DJ, Jigjid, D, Sánchez, E, Khoury, G, Salelkar, A, Nair, K, Adhikari, K, Ochieng, P, Mahalmaki, P, Apio, M, Adhikaiji, N, Galarza, R, Mwanjala, T & Zayed, Y, Intersectionality resource guide and toolkit (UN Women, 2021, pages 10–11); Cho, S, Crenshaw, KW & McCall, L, "Toward a field of intersectionality studies: Theory, applications, and praxis", in Signs: Journal of women in culture and society 38(4) (2013, pages 785–801, page 795).

Te tūkinotanga ngātahi me te whakaemitanga tūkino
Co-occurring abuse and cumulative abuse

356. The experience of abuse or neglect is rarely a single event, or has a single dimension, such as physical abuse or sexual abuse. Usually a person will experience multiple forms of abuse and neglect simultaneously. Events of abuse and neglect may also be repeated over time, adding up to complex and severely harmful experiences during time in care.

357. Co-occurring abuse is when a person experiences an abusive or neglectful situation with multiple harms occurring at the same time.[268] The Inquiry heard that co-occurring abuse was common for many survivors. A survivor's intersectional identity may mean they were targeted specifically for certain forms of abuse or were affected by neglectful actions that might not appear neglectful to someone else. These forms of abuse and neglect may have co-occurred with more broadly prevalent, or universally harmful, forms of abuse, creating complex and unique situations.

358. Cumulative abuse is when the harmful effects of abuse accumulate over time.[269] Each instance of abuse adds to the overall impact, making the situation more severe over time.

359. Survivors often experienced co-occurrences of different types of abuse and neglect (physical, sexual, emotional or psychological) at the same time and were exposed to repeated instances of abuse and neglect. For some, the repeated exposure had a cumulative effect on the harm they suffered, which had an impact on their everyday lives and how they interacted with others.

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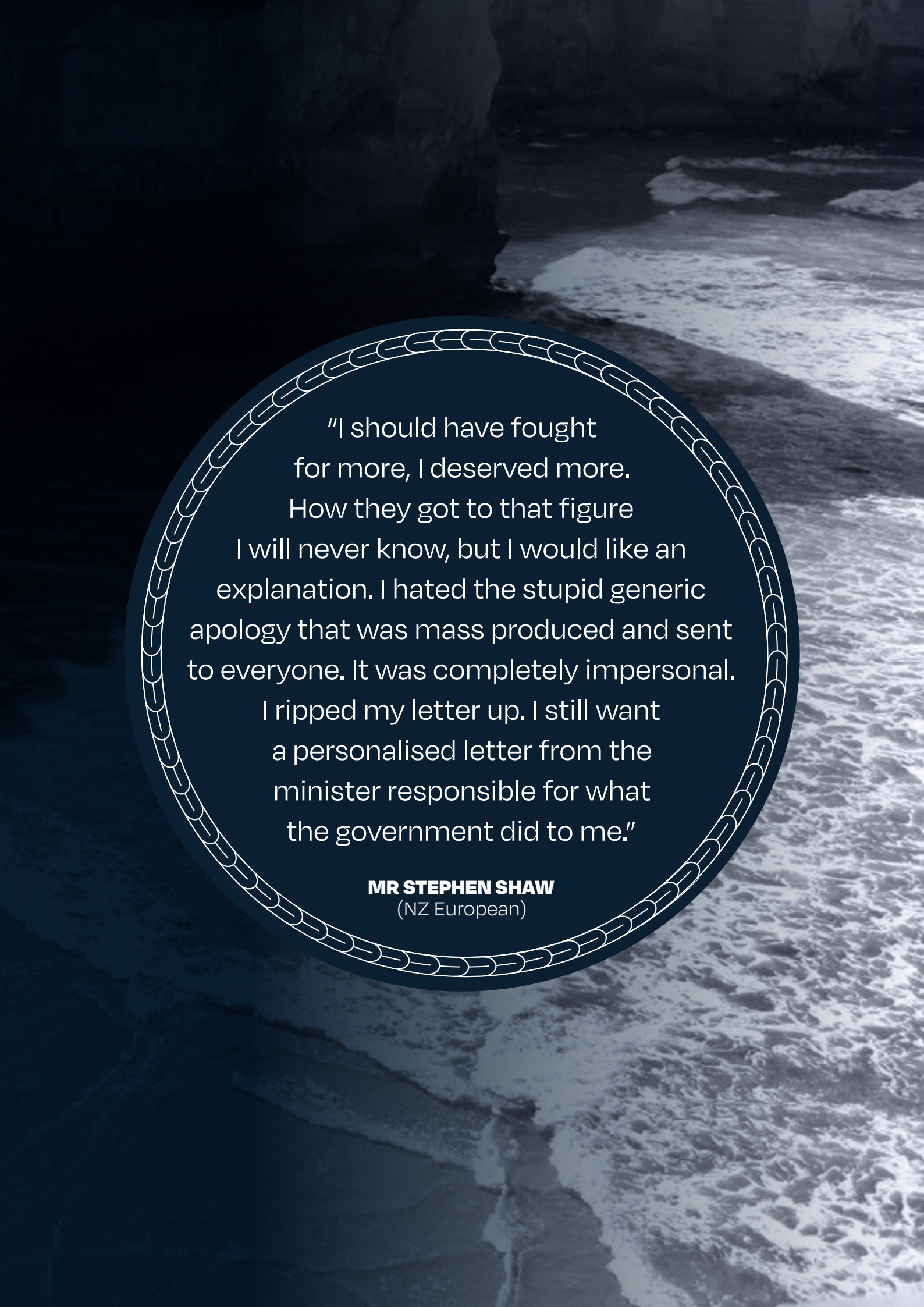
268 Higgins, DJ, "The importance of degree versus type of maltreatment: a cluster analysis of child abuse types", in Journal of Psychology: Interdisciplinary and Applied 138(4) (2004, pages 303–324, page 304); Kim, K, Mennen, FE & Trickett, PK, "Patterns and correlates of co-occurrence among multiple types of child maltreatment", in Child & Family Social Work 22(1) (2017, pages 492–502, page 493); Golding, FO, "Sexual abuse as the core transgression of childhood innocence: Unintended consequences for care leavers", in Journal of Australian Studies 42(2) (2018, pages 191–203, pages 201–202).

269 Higgins, DJ, "The importance of degree versus type of maltreatment: a cluster analysis of child abuse types", in the Journal of Psychology: Interdisciplinary and Applied 138(4) (2004, pages 303–324, page 304); Scott-Storey, K, "Cumulative abuse: Do things add up? An evaluation of the conceptualization, operationalization, and methodological approaches in the study of the phenomenon of cumulative abuse", in Trauma, Violence & Abuse 12(3) (2011, pages 135–150, page 135).



"I should have fought
for more, I deserved more.
How they got to that figure
I will never know, but I would like an
explanation. I hated the stupid generic
apology that was mass produced and sent
to everyone. It was completely impersonal.
I ripped my letter up. I still want
a personalised letter from the
minister responsible for what
the government did to me."

MR STEPHEN SHAW
(NZ European)

He waiata aroha mō ngā purapura ora

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

– Paraone Gloyne

A Love Song for the Living Seeds

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

Left alone, abandoned by justice and order

Subjected to the silent suffering of mistreatment

A heaviness in the core, silenced into stillness

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

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

A night dark and dense

Where there may be no turning in your memories

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

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

Is memory dead? No, certainly not!

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

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

Emerging from the troubled world to a world of promise

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

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

Scattered across the land, cherished and growing in abundance

Rising in One-haumako, in One-whakatupu

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

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

Thus, it will thrive, flourish, and burst forth

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

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

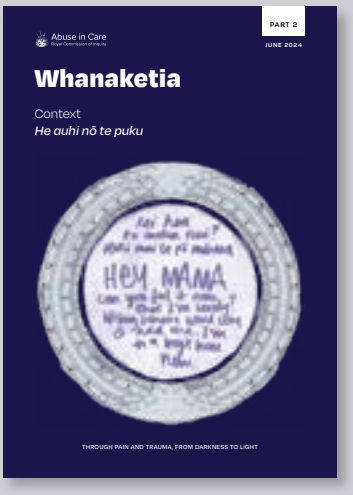
A crossing of life indeed!

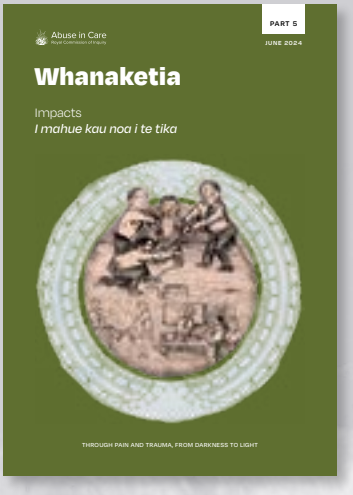
– Paraone Gloyne

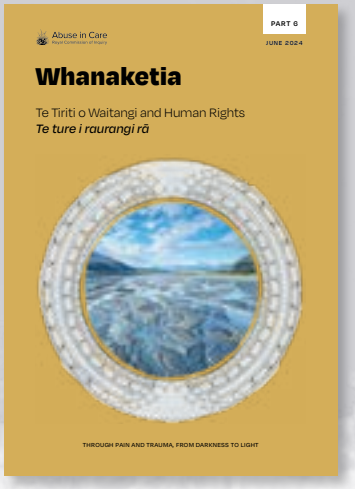
Whanaketia

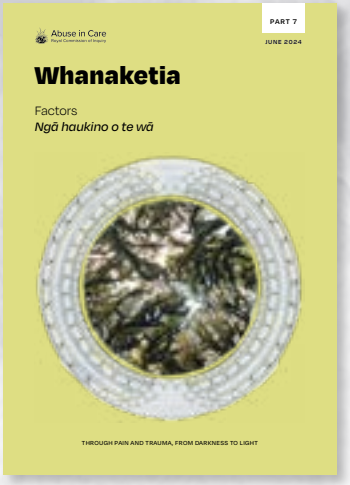
The report is made up of a preliminary, nine parts and five case studies. Whanaketia should be read in full, along with the other reports from the Commission to understand the overall picture of abuse in State and faith-based care from 1950 to 1999.

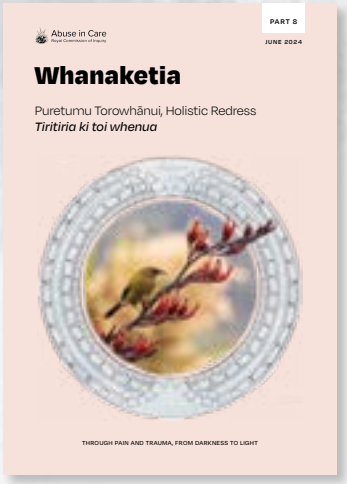
THROUGH PAIN AND TRAUMA, FROM DARKNESS TO LIGHT

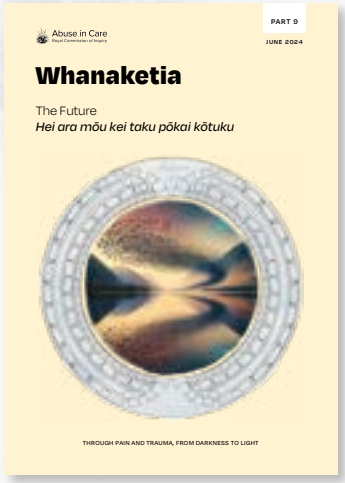












Abuse in Care
Royal Commission of Inquiry