

Whanaketia

Nature and Extent

Māngai nuitia te kupu pono



THROUGH PAIN AND TRAUMA, FROM DARKNESS TO LIGHT

Sculpture on front cover by survivor Catherine Daniels “the Secret Keeper”.

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*

Māngai nuitia te kupu pono

The name of this Part comes from the line of the waiata that refers to the need to have the truth of events and experiences spoken and heard. It was chosen for this section to illustrate the importance of outlining the breadth and depth of abuse and neglect experienced in this Part of the report.



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 rongō I te pouri. Heoi, mehemea ka whakataumaha tēnei i ētahi o tō whānau, me whakapā atu ki tō tākuta, ki tō ratongo Hauora rānei. Whakatetia ngā kōrero a ētahi, kia tau te mauri, tiakina te wairua, ā, kia māmā te ngākau.



Distressing content warning

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

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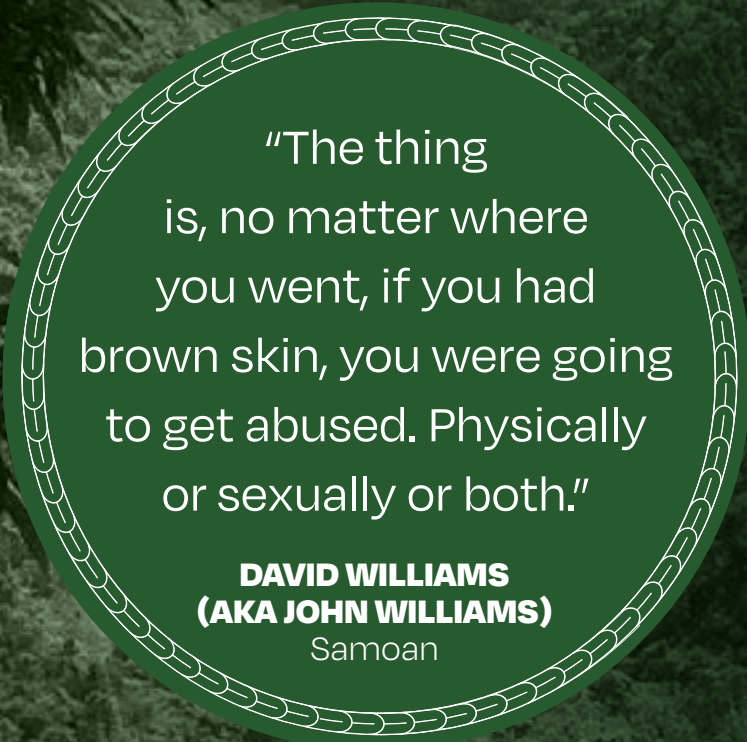
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Kuputaka Glossary

Term	Glossary 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.
assimilation	Government policy referring to the process through which individuals and groups of a minority culture are made to change their attitudes, beliefs, practices and ways of life and must acquire the habits, attitudes and ways of life of the majority culture.
audism	A discriminatory belief that the ability to hear makes one superior to those who do not hear.
borstal	Institutions for young offenders (aged 15 to 21), aimed at reforming behaviour and preventing offenders from becoming "habitual criminals". Borstals ran from 1924 until 1981 under the Prevention of Crime Act (Borstal Institutions Establishment) Act 1924.
deinstitutionalisation	The process of closing institutions that housed disabled people based on government policy.
disablism	Conscious, direct discrimination against people who are disabled, based on their disability.
eugenics	A pseudo-science that aims to improve the genetic quality of the human population. This included altering gene pools by excluding people and groups deemed to be 'inferior'.
eurocentric	Reflects a way of thinking that interprets the world in terms of European culture, history, values and experiences and regards it as more important than the culture history, values and experiences of others.
forensic (eg forensic psychiatric services, forensic wards, forensic services)	A branch of care that exists at the interface of the mental health and criminal justice sectors. Entry into forensic services involves an individual being charged with a criminal offence and being referred to this specialised mental health setting for assessment and treatment.

Term	Glossary explanation
institutionalisation	The state of being placed or kept in a residential institution. The term can also be defined as a process in which individuals who reside in an institution gradually develop certain unhealthy patterns of behaviour as a result of depersonalised and strict routines that are followed to enable a small group of staff to deliver basic services.
mental distress	A mental or emotional state that causes disruption to daily life and that can vary in length of time and intensity.
psychopaedic	Outdated Aotearoa New Zealand term to distinguish people with a learning disability from people experiencing mental distress.
structural racism	A form of indirect discrimination as it occurs when an action, omission, or policy that appears to treat everyone in the same manner, actually creates negative effects unfairly impacting a particular group.
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.
whānau hauā Māori	A reo term for Māori with disabilities, which reflects te ao Māori perspectives and collective orientation.
whānau Turi	A reo Māori term for whānau of Deaf people who are also Māori.
whāngai	A reo Māori term for Māori customary adoption or fostering of children or young people.





"The thing
is, no matter where
you went, if you had
brown skin, you were going
to get abused. Physically
or sexually or both."

**DAVID WILLIAMS
(AKA JOHN WILLIAMS)**

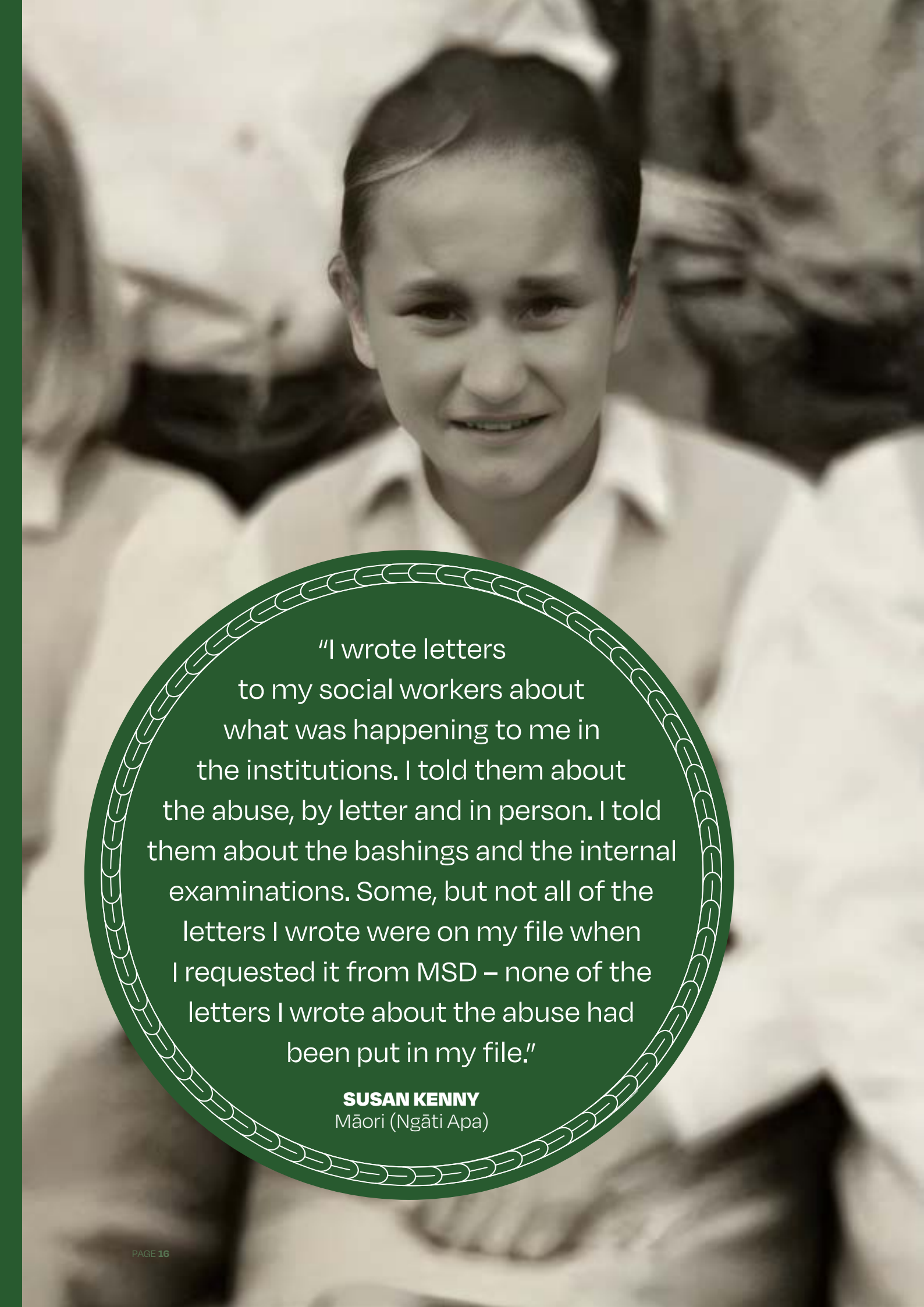
Samoaan

Ūpoko | Chapter 1

He whakataki

Introduction

1. This part of the report, consistent with clause 31(a) of the Inquiry's Terms of Reference, looks at the nature and extent of abuse and neglect that occurred in State care and in the care of faith-based institutions during the Inquiry period.
2. Chapter 2 explains the nature of abuse and neglect, including the specific types experienced by survivors and the commonalities across care settings. This chapter uses existing research and expert evidence to provide a summary of survivor experiences.
3. Chapter 3 explains the nature of abuse in specific settings, including social welfare and youth justice, disability and Deaf care settings, psychiatric and mental health settings, faith-based settings, transitional and law enforcement settings, and health camps.
4. Chapter 4 explains how actions of abuse and neglect are understood as transgressions from specific frameworks, worldviews and principles, specifically from a te ao Māori worldview, a Deaf, disability and mental distress framework, and from Pacific values.
5. Chapter 5 provides information and estimates on the extent of abuse in care, both generally and in specific care settings over the Inquiry period. Chapter 6 sets out the Inquiry's key findings.



"I wrote letters
to my social workers about
what was happening to me in
the institutions. I told them about
the abuse, by letter and in person. I told
them about the bashings and the internal
examinations. Some, but not all of the
letters I wrote were on my file when
I requested it from MSD – none of the
letters I wrote about the abuse had
been put in my file."

SUSAN KENNY
Māori (Ngāti Apa)

Susan Kenny

Hometown: Ahuriri Napier

Age when entered care: 12 years old

Year of birth: 1954

Time in care: 1962 to 1971

Type of care facility: Girls' homes – Margaret Street Girls' Home in Te Papaioea Palmerston North, Miramar Girls' Home in Te Whanganui-ā-tara Wellington, Kingslea Girls' Home in Ōtautahi Christchurch; psychiatric hospitals – Sunnyside Hospital in Ōtautahi Christchurch, Porirua Hospital, Lake Alice Hospital in Rangitikei; family home – Taradale; borstal – Arohata in Te Whanganui-ā-tara Wellington.

Ethnicity: Māori (Ngāti Apa)

Whānau background: Susan has two younger brothers, and two older half-brothers on her mother's side. Susan was the only child in her whānau who went into care.

Currently: Susan has five children and has been with her husband John for more than 20 years. Her children were taken off her by the State; one of them was adopted out. Her youngest daughter died in 2010 when she gave birth to twins; Susan and John are raising her children.



I ended up in care because I kept running away, and I was running away because my half-brother was sexually abusing me. Everything had been alright in my childhood until that started. I was 9 years old, and he would have been about 16 years old. He told me if I told anyone, he'd kill me.

I grew up in Napier, living with my parents and my two older half-brothers on my mum's side, and my two younger brothers. My mother didn't really like me – I didn't have a close, loving relationship with her. I don't remember being cuddled. One of my half-brothers told me she didn't want me anyway. I did have a good relationship with my father, who was a very peaceful man and didn't like conflict.

I ended up telling my mother about my half-brother sexually abusing me, and she took me to the doctor to check if I was still a virgin. I remember it clearly – she bought me an ice cream and told me we don't talk about these things with anyone else. The police were called and there was a big fight. My half-brother was removed from our home. My mother then had a breakdown.

Even though my half-brother had been removed from the home, I kept running away. I was confused – I wanted to be home, but I also didn't want to be there. I wasn't allowed to talk about the abuse at home, and I used to have a horrible guilty feeling that it was all my fault.

One month I ran away so many times, my social worker decided I had to go into care. I remember the police telling me I ran away 50 times in one month. I was playing on a playground and was dragged off by a social worker. First to a psychiatrist and then to the Taradale Family Home.

At the home I was sexually abused. The father of the home made me stand in the laundry naked, and he touched me, sexually. He said I had to stay there, naked, in the laundry so I couldn't run away. I found a pair of shorts and ran away. I told a social worker why I ran away, but he wasn't interested and didn't believe me. He thought I was a bad girl and a liar.

I was taken to Margaret Street Girls' Home in Horowhenua for a few weeks. I ran away as soon as I got there, and when they took me back, a staff member suggested to the other girls they should kick me and punch me.

Then I was sent to Miramar Girls' Home in Wellington, where I was physically and sexually abused. The social worker said I was being sent there because no one could control me and I was a delinquent. That's a crazy thing to say to a child.

At Miramar I was put in secure, where a male staff member punched me in the head and face. I think it was punishment for running away and being a nuisance – they were frustrated by my behaviour. I was raped by one of the male staff members, a man with red hair.

They gave us internal examinations at Miramar, which were humiliating and degrading. Every time you ran away and came back you had to have one before you went back among the other girls. The examination was to check for venereal diseases. If you complied, it would be mainly done by female staff. If you didn't comply, then it would be done with both male and female staff present. The examinations became commonplace for me.

Later I was in Kingslea, a bloody hell hole. I was subjected to anti-psychotic medication and forced paraldehyde injections. I spent most of my time locked in secure, and drugged up – I think they drugged me so I couldn't run away. I was unable to move, even if I wanted to. If I did anything wrong, they injected me in my backside – staff held me down and I'd feel like my neck was going to snap off. I was also given Tryptanol and Largactil, and I knew to take those because if I did, I wouldn't have to get an injection. The medication made me heavily sedated and very fat. I was drugged up most of the time.

I had an internal examination in a police cell once, done by a man and a woman. It was horrible and humiliating. I felt like I had no rights and in everyone's eyes I was bad. I was about 14 years old at the time and had run away to Timaru with another girl.

I had little stints of school at Kingslea but most of the time I was locked up and I couldn't go. In my files it says I was below average intelligence. I very much kept to myself while I was there – I don't think I caused trouble.

The doctor I saw at Kingslea was a nutcase psychiatrist. He made me think I was nuts. He used to ask me what colour the grass was, and if I said what colour it was, he would change it. He asked if I heard voices and I thought I'd be smart and say yes. That was not a wise thing to do.

I was sent to Sunnyside, given medication along the same lines as what I was given at Kingslea, and put in a ward of people who had committed murders. There was one lady who told us she had murdered her husband and cut him up. It was terrifying and I wondered if I would be next. I saw violence every day – the patients were unpredictable, mainly men bashing the staff with seats. It was horrible and I hated it. I had trouble sleeping there. I remember having a thing stuck on my head – I think it was an ECG, but I don't remember exactly.

I don't even know why I was sent to Sunnyside.

I wrote letters to my social workers about what was happening to me in the institutions. I told them about the abuse, by letter and in person. I told them about the bashings and the internal examinations. Some, but not all of the letters I wrote were on my file when I requested it from MSD – none of the letters I wrote about the abuse had been put in my file.

When I was younger I thought my social worker supported me and was a friend of mine, because that's how he came across. Later on, when I read the things he wrote about me in my file, I realised he thought I was a liar.

I was sent to Arohata Borstal for two years and nine months, at just 15 years old. The first thing they asked when I got to borstal was if I wanted to keep taking my medication. I said no, and the staff put it in the rubbish.

I ran away twice. One of the staff got up in assembly and announced that no girl had managed to escape in two years. She shouldn't have said that because I saw it as a challenge. I ran away that night and escaped back to Hastings. I wanted to go back to my parents.

I had no schooling while at borstal – I just worked on a farm, and didn't get any skills I needed for living. There were some really hardened women and girls there. I got to meet a lot of the undesirables – some had committed murder. I was nearly 18 years old when I left, and when I got out I went on probation.

During my time at Arohata I went to Porirua Hospital for a brief visit – just a few days and nights. I was supposed to be there as a voluntary patient – the woman who ran Arohata arranged it for me to help me get out. I think she thought she was doing something good.

Although I was a voluntary patient I was locked in my room at night. A staff member told me I was there for good. I managed to escape with another patient but the police caught us and I was taken to Lake Alice.

They put me on medication that made me very sleepy and unable to move. It was horrible, I just sat there like a zombie. I wasn't like the other patients there – they were really mentally ill and didn't know who they were. Someone said she was Queen Elizabeth. I had no psychiatrist visits and didn't see any other kids while I was there. I saw staff hitting and kicking patients for things like wetting the bed. They didn't deserve the treatment they were given.

I was too scared to say anything or do anything wrong, so I just shut up, and eventually I was sent back to Arohata. All the women I met there, their souls were just as broken as mine.

I would hate anyone else to walk my path in life. State care sent me into a spiral of despair that no young girl should ever have to experience. I came from a family where all my siblings ended up in top jobs, whereas I went on to attempt suicide, go to psychiatric hospitals and end up addicted to anti-anxiety pills. I've experienced panic attacks and I've had a number of abusive relationships in my life. I had no qualifications when I left care, and that impacted the sort of work I could find.

I feel like I've been judged because I was in care. People make assumptions about you.

I'm so distrustful of social welfare not just from my experience as a child but also later with my own children. The same social worker who put me in care also took great delight in taking my own children off me. She claimed I left my daughter in the house alone. I adopted my son out, thinking I was doing the right thing.

We need to believe children – what children are telling us is not a pack of lies. What children are saying should be believed and acted upon.

I want to share my experiences and tell the government and the people of New Zealand that this really did happen. I am amazed I have survived to tell my journey of abuse at the hands of my so-called carer, the State.¹

¹ Witness statement of Susan Kenny (15 July 2021).

Ūpoko | Chapter 2

Ngā momo tūkinotanga me ngā whakahapa i te pūnaha taurima i pā ki ngā purapura ora

Types of abuse and neglect in care experienced by survivors

6. To understand and report on the full spectrum of abuse and neglect that survivors told the Inquiry, an analysis of the different types of abuse and neglect survivors experienced was undertaken. The types of abuse and neglect were derived from the primary ways survivors told the Inquiry that harm was enacted, or caused, through abuse and neglect. The experiences of abuse in care that survivors shared with the Inquiry were unique, complex, and nuanced. Often, multiple types of abuse were experienced simultaneously and repeatedly.
7. The Inquiry's Terms of Reference set out that abuse should be understood as "physical, sexual, and emotional or psychological abuse, and neglect".² These are categories that are commonly used across international research literature on abuse and maltreatment.³ The State has acknowledged these types of abuse occurred in State care settings during the Inquiry period, as well as neglect, including cultural neglect.⁴
8. However, survivors have told the Inquiry of forms of abuse and neglect with distinctive characteristics that have not yet been explicitly acknowledged by the State, including cultural, religious, spiritual, medical, educational, and financial. These forms of abuse and neglect are also discussed in emerging research literature from Aotearoa New Zealand and overseas.⁵

² Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Order 2018, (LI 2018/223), clause 8 Schedule, Terms of Reference, clause 17.1.

³ Ayre, K & Krishnamoorthy, G, Trauma informed behaviour support: A practical guide to developing resilient learners (University of Southern Queensland, 2020); Christoffersen, MN, Armour, C, Lasgaard, M, Andersen, TE & Elkit, A, "The prevalence of four types of childhood maltreatment in Denmark" *Clinical Practice and Epidemiology in Mental Health*, 9 (2013, pages 149–156); The Commission to Inquire into Child Abuse, Volume 3, Chapter 7: Record of abuse (male witnesses), (Republic of Ireland, 2009); Sedlak, AJ, Mettenburg, J, Basena, M, Petta, I, McPherson, K, Green, A & Li, S, Fourth national incidence study of child abuse and neglect (NIS-4): Report to Congress (US Department of Health and Human Services, 2010, pages 2–3).

⁴ Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 206); Transcript of evidence of Chief Executive Hapimana (Chappie) Te Kani for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 22 August 2022 page 577); Transcript of evidence of Chief Executive Geraldine Woods for Whaikaha – Ministry of Disabled People at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 215).

⁵ Kendrick, A, "Children's safeguards review: A literature review," in Kent, R (ed), *Children's safeguards review*, (University of Dundee Department of Social Work, 1997, pages 8–9); Roguski, M, *The hidden abuse of disabled people residing in the community: An exploratory study* (Tairāwhiti Community Voice, 2013), <http://www.communityresearch.org.nz/research/the-hidden-abuse-of-disabled-people-residing-in-the-community-an-exploratory-study/>; Van Wert, M, Fallon, B, Trocmé, N & Collin-Vézina, D, "Educational neglect: Understanding 20 years of child welfare trends," in *Child Abuse & Neglect*, 75 (2018, pages 50–60); Roesler, TA & Jenny, C, *Medical child abuse: Beyond Munchausen Syndrome by Proxy* (American Academy of Pediatrics, 2008).



Nā te urunga ki te pūnaha taurima i hua mai ai te whakahapatanga

Entry into care caused trauma

9. Many children, young people and adults who were placed into State and faith-based care – particularly social welfare settings, faith homes and residences, psychopaedic and psychiatric institutions and hospital settings for people with physical disabilities – experienced profound trauma at the point of entry, regardless of the nature of their existing attachments and relationships. This was especially common for children, young people, adults and people with a learning disability who were involuntarily removed from their homes and placed into care.
10. Survivors who were involuntarily placed into social welfare settings shared that when they were entering care, they were not told or were lied to about why they were being taken and for how long, only adding to the trauma of being separated. In some cases, they were lied to about where they were going to avoid them 'acting out'.⁶
11. Many survivors also recognised that they needed to be removed from whānau for various reasons, as discussed in Part 3. These reasons include that their parents could have been experiencing mental distress, poverty, and in some cases abuse at home, yet some survivors still suffered trauma or unjust treatment due to how they were taken into care.

Nā te whakahāweatanga i whakanoho ai ki ngā pūnaha taurima

Discrimination led to placement in care

12. For some groups, the premise behind and intention in which they were placed in care was discriminatory. These groups included Māori, Pacific Peoples, disabled people, people experiencing mental distress, Deaf and takatāpui, MVPFAFF+ and Rainbow, and girls and women. As discussed in earlier parts of the report, numerous social, political and structural prejudices within society – some with religious backing and some enforced through law – led to increased surveillance and intervention by State and faith-based organisations. These same prejudices then informed the nature of care settings and how those within them were treated.

⁶ Circular memorandum from Superintendent CE Peek to all Department of Child Welfare officers regarding admissions to Kohitere Boys' Training Centre (5 June 1959).

13. The Inquiry heard that being taken into care was violent and abusive for some Māori and their whānau, hapū and iwi, and was an act of ongoing colonisation and racism.⁷ Taking tamariki and rangatahi Māori into care removed them from their essential connections to their whānau, hapū, iwi and cultural identity. This occurred within a context of paternalistic and racist policies that sought to 'domesticate', 'civilise', and assimilate Māori into dominant Pākehā society.⁸
14. For Māori survivors, entry into care denied them the rights and responsibilities associated with their personal and tribal whakapapa, impacting on their ability to develop important kinship bonds and practice whanaungatanga. This was a transgression against whakapapa. Isolation from their whānau, hapū and iwi also prevented them from practising and connecting to their taha Māori, depriving them of access to their language, cultural customs, knowledge and traditions. As the Waitangi Tribunal found in 2021: "Since the 1850s, Crown policy has been dominated by efforts to assimilate Māori to the Pākehā ways of thinking and living, including Eurocentric conceptions of the ideal environments in which to raise children."⁹ For tāngata turi and tāngata whaikaha Māori this was further compounded by ableism, disablism, and policies of segregation. Dr Tristram Ingham (Ngāti Kahungunu, Ngāti Porou) described the segregation and removal of tāngata whaikaha Māori as "causing immeasurable damage", and remarked on the issue in a broader context:
- "The Crown's approach overall to disability has been reductionist and ablest. It has often employed the same strategies of segregation, suppression and paternalism that characterise the Crown's approach and actions towards Māori in general."***¹⁰
15. For Pacific Peoples, being taken into care followed on from, and reinforced, racist views that Pacific cultures were inferior to Pākehā culture and sought to assimilate Pacific individuals to Pākehā norms.¹¹ This was evidenced by increased surveillance on Pacific youths and families, particularly during the Dawn Raids / NZ Police taskforce era, which assumed Pacific youths were delinquent and their parents were unsuitable. It was reflected generally in the culture of most State and faith-based care settings, which mirrored an ignorance of Pacific cultures within wider Aotearoa New Zealand society and the official policy of 'assimilating' Pacific migrants.¹²

7 Transcript of evidence of Dr Moana Jackson for the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 29 October–8 November 2019, pages 230–231).


8 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, pages 33, 41, 52, 66); Hunn, JK, Report on Department of Maori Affairs (Government Printer, 1960); Māori Perspective Advisory Committee, Puao-te-ata-tu (day break): The report of the Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare (Department of Social Welfare, 1988, page 57).

9 Waitangi Tribunal, He Pāharakeke, he Rito Whakakīkinga Whāruarua (2021, page 94).

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

11 Sutherland, O, Justice and race: Campaigns against racism and abuse in Aotearoa New Zealand (Steele Roberts, 2020, page 116).

12 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016); Sutherland, O, Justice and race: Campaigns against racism and abuse in Aotearoa New Zealand (Steele Roberts, 2020).

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16. For Deaf and disabled people, and those experiencing mental distress, the Inquiry heard how being placed into care was sometimes abusive, audist and disablist. Deaf and disabled people, and people experiencing mental distress, were intentionally removed and segregated from society, to be hidden “beyond the sight and minds of their community”.¹³ This involved being separated from essential connections to their families and cultures, including Deaf culture.
 17. This process occurred within the structural context of State policies influenced by discrimination and eugenics. For example, in 1911, former Attorney-General John Findlay described those who were ‘defective’ as “a source of contamination and weakness” who needed to be isolated from society.¹⁴ For takatāpui, MVPFAFF+ and Rainbow survivors, the Inquiry heard how some were placed into both State (usually psychiatric) and faith-based care with the intent to ‘convert’ them to heterosexuality. This was due to religious values, reflected in legislation until 1986, which deemed homosexuality to be ‘sinful’ or ‘unnatural’.¹⁵ Both psychiatric and religious conversion therapies were psychologically abusive and could be physically and medically abusive. This is illustrated in the following sections. Survivors entered both psychiatric and faith (often pastoral) care for these reasons, either because they were forced to, or voluntarily, due to their own or their family’s concerns about homosexuality. However, most did not expect the resulting treatment under conversion therapy.
 18. The intent behind the placement of children and young people in social welfare residences and institutions generally, throughout the Inquiry period was that they were often seen as criminal, deviant and in need of punitive control. Children and young people who experienced law and transitional settings were similarly seen as criminals and deviants in most cases.
 19. Views on gender and family life, influenced by faith-based beliefs on sin and redemption, also informed why some unmarried girls and women were encouraged or shamed into going to unmarried mothers’ homes.¹⁶

¹³ Witness statement of Paul Milner (1 June 2022, page19, para 3.13).

¹⁴ New Zealand Parliamentary Debates, Fourth Session, Seventeenth Parliament, Legislative Council and House of Representatives, One Hundred and Fifty Fifth Volume (August 29–September 20, 1911, page 300).

¹⁵ Criminal Code Act 1893, Part XIII ‘Crimes against Morality’; section 136; Also note, when the Crimes Act 1961 was enacted, section 141 criminalised ‘indecent between males’ and section 142 criminalised ‘sodomy’. Both sections have since been repealed.

¹⁶ Cussen, I, “Children first: The Motherhood of Man Movement and single motherhood in 1940s and 1950s New Zealand,” in Records of the Auckland Museum, Volume 57 (Tamaki Paenga Hira Auckland War Memorial Museum, 2017, pages 1–8).

He aukati i te whanaungatanga

Disruption to forming attachments

20. The Inquiry heard that taking children away from their family or whānau, often at critical formative stages of their development, can have huge impacts on their existing attachment relationships, as well as their ability to form attachments thereafter.¹⁷ Several experts told the Inquiry that the removal experience for children would be terrifying, incredibly traumatic, damaging and a type of loss and grief, even when removal was not abrupt. Dr Alayne Mikahere-Hall described removal as the ‘severing’ of a relationship¹⁸ and Dr Tania Cargo noted that “as far as [the young children] know, their parents are dead”.¹⁹
21. Attachment is a core process of human development that usually takes place during the early years of childhood to create “a lasting psychological connectedness between human beings”.²⁰ More than simply ‘bonding’, attachment operates at a neurological level, shaping identity and behaviour, and establishing patterns for how an individual builds and maintains future relationships.²¹ This process enables a person to form their sense of self (whether that is individual or collective) – an essential part of being human, belonging, and discovering self-confidence.²²
22. Attachment is expressed and understood differently across cultures. A Eurocentric approach has a more individualised view, focused on the mother-to-child bond.²³
23. Te ao Māori understandings of attachment are more collectivist. While parent-to-child attachments remain integral, these are only some of the crucial relationships essential to developing a sense of self, including connection to wider whānau, community, whenua, and wairuatanga. For Māori, tamariki are a taonga belonging to and living within a community that has a shared responsibility for them. This was reflected in traditional ways of raising tamariki.²⁴
24. The Inquiry acknowledges that for many Māori survivors, their lived experience of being raised by whānau was not always reflective of this.

17 Calvert, S, Attachment and related issues, Expert opinion report prepared for the Royal Commission of Inquiry into Abuse in Care (8 June 2022, page 25).

18 Transcript of Dr Tania Cargo at the Inquiry's Foster Care Hearing (Royal Commission of Inquiry into Abuse in Care, 14 June 2022, page 187).

19 Transcript of Dr Tania Cargo at the Inquiry's Foster Care Hearing (Royal Commission of Inquiry into Abuse in Care, 14 June 2022, page 169).

20 Calvert, S, Attachment and related issues, Expert opinion report prepared for the Royal Commission of Inquiry into Abuse in Care (8 June 2022, page 1), with citation to: Bowlby, J, Attachment and loss, Volume 1 (Hogarth Press, 1969, page 194).

21 Calvert, S, Attachment and related issues, Expert opinion report prepared for the Royal Commission of Inquiry into Abuse in Care (8 June 2022, pages 1, 3).

22 Calvert, S, Attachment and related issues, Expert opinion report prepared for the Royal Commission of Inquiry into Abuse in Care (8 June 2022, page 15).

23 Calvert, S, Attachment and related issues, Expert opinion report prepared for the Royal Commission of Inquiry into Abuse in Care (8 June 2022, pages 12–13).

24 Calvert, S, Attachment and related issues, Expert opinion report prepared for the Royal Commission of Inquiry into Abuse in Care (8 June 2022, pages 13–14).

25. When children and young people are removed, all aspects of their development and wellbeing can be affected. Dr Sarah Calvert noted:

“We see ... the protest, the anger, but we also see the shut-down, the desire to take yourself inside yourself, the grief is so profound, and we can think with small children they don’t have any language for this, all they can do is behave in some way, and hope that that will bring the attachment object back to them. But of course, in many cases that doesn’t happen.”²⁵

Te wheako o ngā whakanohonga maha Experience of multiple care placements

26. Trauma and disconnection are compounded when children and young people are shifted across different care settings multiple times. This was the case for many survivors in social welfare settings. As discussed more in Part 3, children and young people were often moved between placements due to overcrowding and resource constraints, and perceptions of challenging behaviour, leading to placements in more ‘secure’ care settings.
27. Experiencing multiple placements often meant disrupting attachments and making it difficult for children and young people to form and maintain connections to people and places,²⁶ this equated to overwhelming neglect of the development of children who had entered care. Multiple placements could also lead to:
- > Increased behavioural problems (both external and / or internalised), regardless of whether they had such problems when entering care.²⁷
 - > Disruption in education and decreased academic performance for most survivors.²⁸
 - > Increased levels of physical and mental health service use, as well as the ongoing economic cost associated with patterns of physical and mental health service use.

²⁵ Transcript of Dr Sarah Calvert at the Inquiry’s Foster Care Hearing (Royal Commission of Inquiry into Abuse in Care, 13 June 2022, page 76).

²⁶ Calvert, S, Attachment and related issues, Expert opinion report prepared for the Royal Commission of Inquiry into Abuse in Care (8 June 2022, page 20).

²⁷ Oranga Tamariki, Evidence Brief – Complex Needs (2018, pages 15–16), <https://orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Evidence-brief-complex-needs/Evidence-Brief-Complex-Needs.pdf>; Witness statement of Mr FO (10 May 2021, page 2, para 8).

²⁸ Brief of evidence of Secretary of Education and Chief Executive Iona Holsted for the Ministry of Education at the Inquiry’s State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 8 August 2022, page 61).

- > Placement instability, leading to:
 - i. most survivors being robbed of the consistency necessary to rebuild attachments and trust in relationships²⁹
 - ii. some survivors experiencing a reduced likelihood of reunification with parents, hapū, iwi or communities and / or reduced likelihood of exiting from care
- > increased likelihood of returning to a care setting after reunification with parents, hapū, iwi or communities
- > placements in costly and restrictive care settings for some survivors.

28. When children and young people experienced multiple placements, they were robbed of the consistency necessary to build attachments and rebuild trust in relationships. Instead, they experienced a pattern of further disruptions.

Te whakawehe roa me te whakataratahi i te tuakiri ahurea, whānau, hāpori me te pāpori
Continued separation and isolation from cultural identity, whānau, community, and society

29. Being kept in care further cut-off many survivors from essential connections to their whānau, wider communities including hapū and iwi, society and culture.

30. Many care settings that separated children, young people and adults from their whānau and community did not allow them to maintain connection to their identity and those close to them. Dr Calvert explained:


“Residential care, by its very nature, cannot provide the opportunity for a child or young person to develop secure attachments with staff. That is a key feature of institutional care, there is no continuity of relationship and no formal sense of belonging.”³⁰

31. Many survivors discussed feeling unloved and unwanted, and experienced difficulties in connecting to others. While some survivors did recall placements that had caring staff or foster parents,³¹ care settings did not generally provide the kind of love, nurturing and emotional support that would be expected within a whānau or family. Separation from whānau and family contributed to this overall neglect. This is further discussed in the section on ‘Psychological and emotional abuse and neglect’.

²⁹ Expert witness statement of Professor Elizabeth Stanley (11 October 2019, page 14, para 40(d)).

³⁰ Calvert, S, Attachment and related issues, Expert opinion report prepared for the Royal Commission of Inquiry into Abuse in Care (8 June 2022, page 19).

³¹ Witness statement of Linda Taylor and Janice Taylor (11 March 2021, page 34, para 254).

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32. The Inquiry heard of caregivers and staff not allowing survivors to visit or communicate with whānau members, including staff preventing survivors from receiving letters and gifts from their whānau. Many survivors were also told they were not wanted or loved by their whānau.³² Some survivors were separated from their siblings while in care, often after they had entered a placement together. This was particularly traumatic as it was one of the only connections that they felt they could hang on to.³³ Many care institutions were geographically isolated which often made it more difficult to maintain social and familial connections.³⁴ The Inquiry recognises that the geographical isolation of some care settings was a form of State control over people in care and their relationships.
33. Separation from family, whānau, aiga and kāinga played a major role in the cultural disconnection of many Māori and Pacific survivors.
34. Some survivors told the Inquiry how their care setting isolated them from society, and how they had little knowledge of, or ability to interact with, the wider world because of this separation. Survivor Sir Robert Martin described how being in disability and mental institutions until he was 15 years old was like being “brought up on a different planet with different rules”, and that he had no knowledge about things such as the All Blacks, music or history.³⁵

Te tūkinotanga-ā-hinengaro, ā-kare-ā-roto, me te whakahapa i roto i te pūnaha taurima

Psychological and emotional abuse and neglect in care

35. The Inquiry defines psychological and emotional abuse as being any act which harms a person's psychological and emotional wellbeing and safety, as well as their thoughts and outlook. This includes threats of harm, abandonment, humiliation, isolation, and other tactics and acts which result in the “systemic destruction of a person's self-esteem and / or sense of safety”.³⁶ These forms of abuse are also often described using terms such as “emotional abuse, verbal abuse, mental cruelty, intimate terrorism and psychological aggression”.³⁷

32 Witness statement of Ms AJ (22 August 2021, para 48); Written statement of Ms SR (23 April 2021, page 13).

33 Witness statement of Ms HA (22 September 2021, paras 22–25); Private session transcript of survivor who wishes to remain anonymous (24 May 2022, page 4); ‘Survivor experiences: The Hōpa whānau’ in Part 5.

34 Stanley, E, *The road to hell: State violence against children in postwar New Zealand* (Auckland University Press, 2016).

35 Witness statement of Sir Robert Martin (2019, page 15, para 51).


36 Doherty, D & Berglund, D, *Psychological abuse: A discussion paper* (Public Health Agency of Canada, 2008, page 1).

37 Doherty, D & Berglund, D, *Psychological abuse: A discussion paper* (Public Health Agency of Canada, 2008, page 1).

36. When understanding types of psychological and emotional abuse and neglect, context is important. No two people will experience these types of abuse and neglect the same, which is emphasised when considering different cultural worldviews.
37. In te reo Māori, it is possible to explain these forms of tūkinō – abuse, harm and trauma – under the broad concept of whakaiti which is to belittle and humiliate someone in a way that is intended to directly impact on their wairua or spiritual and emotional state. Irrespective of the way in which the belittling takes place, the act of whakaiti is acknowledged by the intent to harm the subject of the humiliation and diminish them in some way.
38. The power of words to damage and inflict emotional pain on someone in a Māori worldview is illustrated in the saying: “He tao rākau e taea te karo, he tao kupu tē taea te karo” (a wooden spear can be dodged and avoided, but not the spear of words). Many sayings exist to warn of people to be cautious about words used because of the known impact on others, and the fact that once spoken, they could not be unsaid, such as “E kore te huare e hoki ki te waha” (the spittle will never return to the mouth).
39. In te ao Māori, the effects of psychological abuse are described by the way in which they impact the abused, for example:
- > takahi mana is the trampling of a person’s mana
 - > patu wairua is an attack on their wairua or spiritual wellbeing
 - > patu hinengaro is an attack on their mental wellbeing, their self-esteem and inner thoughts
 - > patu manawa describes a deep psychological attack that impacts their feelings.
40. Most survivors spoke about experiencing emotional and psychological distress and abuse while in care. This included verbal abuse, acts or speech intended to humiliate or shame them or others, the use of manipulation, intimidation, threats of physical or sexual harm toward them or others, and isolation from whānau and communities (which was often a feature designed into the geographic isolation of institutions). The Inquiry frequently heard how survivors felt they were treated as objects and animals.³⁸ The Inquiry also heard experiences of being seen and treated with a ‘deficit lens’, which gave survivors’ a “bleak narrative about their future”.³⁹

³⁸ Witness statements of Carla Mann (15 March 2022, page 8, para 66) and Catherine Hickey (2 August 2021, page 5, para 32).

³⁹ Transcript of Mary O’Hagan from the Inquiry’s Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 1 November 2019, pages 500–501).

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41. As will be explored throughout this section, psychological abuse has a strong and consistent co-occurrence with virtually every other form of abuse. Physical, sexual, spiritual and financial abuse, as well as other distinct forms, such as solitary confinement, all have psychological components and effects. Survivors did not always directly describe their experience using the words 'psychologically' or 'emotionally abusive'. However, it is clear from their experiences that harm was experienced across the scope of their humanity, including their wairua and psyche.
42. Psychological abuse occurred with varying severity and was often cruel, inhumane, and degrading. Many survivors from across settings described how psychological abuse was often continuous and cumulative. With verbal shaming and humiliation, some said the abuse was so relentless, they began to believe what they heard. Māori survivor, Ngatokorima Mauauri said, "I began to accept that this was who I was going to be".⁴⁰
43. Psychological abuse came to define some institutions, with many survivors describing settings as having cultures of fear and violence.⁴¹
44. Specific expressions of psychological abuse require closer description. These include:
- > institutionalisation, depersonalisation, and severance from family, whānau, hapū, iwi, community and peers
 - > verbal abuse, shaming and humiliation
 - > manipulation and threats
 - > witnessing violence
 - > psychological neglect.

Te mauheretanga me te whakataratahitanga

Institutionalisation and depersonalisation

45. Institutionalisation is the process of removing someone from society and putting them in a place or situation designed to contain people with particular needs and embedding norms, values, and behaviours in the people in the institution. This involves removing individuals' defining characteristics and replacing them with those desired by the institution or system they have been placed in. This could be a residential or institutional facility, or a general system that assumes control of individuals' choices and movements.⁴² Most survivors the Inquiry heard from experienced some form of institutionalisation while in care.

40 Witness statement of Ngatokorima Mauauri (2 July 2021, page 17).

41 Witness statement of Steven Storer (15 June 2021, page 2).


42 Witness statement of Dr Mhairi Duff (26 September 2022, pages 4–5).

46. Institutionalisation is psychologically abusive in distinct ways, including regimentation, depersonalisation and forced separation from collectives. These heavily involve many of the dynamics already discussed, particularly the disruption of attachments (and further, the disruption of human development) and connections to family, whānau, hapū, iwi and wider society. Children, young people and adults exposed to institutional care did not receive the type of nurturing and stimulating environment needed for normal growth and healthy psychological development.
47. There have been many studies looking at institutionalised care and the common outcomes experienced by individuals. These include negative emotional, cognitive and physical development, and in some instances limited (if any) development, affected growth, and attachment challenges.⁴³ In 2006, a review showed that “optimal child development was not facilitated by institutional care”.⁴⁴

43 Sherr, L, Roberts, KJ & Gandhi, N, “Child violence experiences in institutionalised / orphanage care,” *Psychology, Health & Medicine*, 22(1), (2017, page 32).

44 Johnson, DE, Guthrie, D, Smyke, AT & Koga, SE, (2006), in Sherr, L, Roberts, KJ & Gandhi, N, “Child violence experiences in institutionalised / orphanage care,” *Psychology, Health & Medicine*, 22(1), (2017, page 33).



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48. Institutionalisation was a way that people who went into care were devalued. Differences and diversity were not respected but were used as criteria to devalue people. People were institutionalised not with intention to enable a good life in equity with the rest of society, but to avoid total neglect while minimising the 'burden on society' that care recipients were thought to represent. This was worsened by creating institutions and other settings in isolated places. Being isolated emphasised both the perception of difference and the idea that contact with the people being isolated was undesirable. Being isolated also enabled abuse and neglect due to the reduced potential for witnesses, and the difficulty of escaping. Many residential institutions focused on:
- > embedding norms, values and behaviours onto those in their care, including using strict routines and dehumanising actions to ensure military-style compliance
 - > a 'one-size-fits-all' approach that provided the same service to all persons in that care setting irrespective of their age, gender, abilities, needs and reasons for being placed in the institution
 - > processing people in care in groups according to a fixed timetable without consideration for privacy or individuality – the result is that people in care are sleeping, eating, playing and sometimes going to the bathroom at the same time or in a set order, regardless of their individual needs
 - > limited, if any, encouragement or support to develop and enable children, young people and adults in care to show their personal preferences and individuality. Clothes, towels, and toys were often shared within the group and living space did not allow for privacy.
49. This constituted systemic abuse. Survivors from across settings described highly regimented lives, with harsh punishment for those who stepped out of line. Survivors who lived in faith-based orphanages and children's homes told the Inquiry about strict daily routines for getting up, making beds, prayer or church, breakfast, school and jobs.⁴⁵
50. In institutional settings such as psychopaedic and psychiatric hospitals, and hospital settings for people with physical disability, survivors and former staff described highly regimented daily routines that were dehumanising and disempowering. Staff could dictate everything from when and what residents ate, when and with whom they were showered, what spaces they occupied during the day, and when they went to sleep at night.⁴⁶

45 Private session transcript of Michael Ellis (2 March 2020, page 5); Witness statement of Linda Taylor and Janice Taylor (11 March 2021, page 15); Private session transcript of Cathie Manchester (28 May 2019, page 17); Private session transcript of Raewyn Davies (9 March 2020, page 4); Witness statement of Steven Storer (15 June 2021, page 2); Private session transcript of Liz Petersen and Sandra MacDonald (26 August 2021, pages 7–8); Private session transcript of Ms QF (9 June 2020, pages 9–10).

46 Transcript of evidence of Dr Olive Webb at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 13 July 2022, page 200); Witness statements of Matthew Whiting (22 November 2021, page 8) and Denise Caltaux (4 October 2022, pages 22–23).

51. In residential and institutional facilities, institutional care was also characterised by generally there being an inadequate ratio of carers to persons in care. This meant people in care experienced multiple caregivers throughout their stay. This insufficiency of carers deprived the person of the opportunity to form healthy attachments with a significant adult, which in turn may have contributed to attachment disorders and difficulty with a wide variety of social relationships later in life.
52. Caregivers typically received little training, and the training they did receive was more focused on health issues than on social interaction. They spent the vast majority of their hours feeding, changing, bathing, cleaning children, young people and adults and the sleeping facilities, and preparing food rather than interacting with the people in care.
53. When caregivers perform their caregiving duties, it came across at times as 'cold' with little warmth, sensitivity, or responsiveness to individual children, young people or adult's emotional needs.
54. Residents had little say in their daily routines, which were often organised for staff convenience.⁴⁷ The Ministry of Health and Whaikaha – Ministry of Disabled People acknowledged that due to psychopaedic and psychiatric settings having large numbers of patients and often low staff numbers, they operated "a more regimented and standardised system of care than would be acceptable today. This meant that people often lost independence and individuality".⁴⁸
55. The regimented order and routine of an institution was prioritised over an individual's needs or their sense of autonomy or freedom of choice.⁴⁹ Māori survivor Matthew Whiting, who was diagnosed with cerebral palsy when he was 9 months old and has spastic quadriplegia with a speech impairment, likened Pukeora Sanatorium in Waipukurau, in the mid-1970s to a prison: "It was an institution and you did what staff told you to do... It was like sending someone to prison at 11 years old."⁵⁰

47 Witness statement of Dr Brigit Mirfin-Veitch (20 July 2022, page 24).

48 Transcript of evidence of Director of Mental Health and Addiction Dr John Crawshaw for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care 17 August 2022, page 212).

49 Witness statements of Dr Brigit Mirfin-Veitch (20 July 2022, page 24) and Ms LY (22 February 2023, page 4).

50 Witness statement of Matthew Whiting (22 November 2021, page 5).

56. Survivors also described depersonalisation through suppression of their identities in care homes. Some survivors of faith-based homes were assigned a number for personal items such as clothing, handkerchiefs, and the use of cubicle spaces.⁵¹ One survivor told the Inquiry the nuns referred to them by numbers. They said:

“We had numbers at Nazareth House, and they used to call out our number. We had to line up outside the hallway from the bathroom, cos it was always in the bathroom at night, about six o’clock or so at night.”⁵²

57. Another survivor explained that all children were given the same haircut.⁵³ A survivor of Star of the Sea Orphanage (Catholic) in Tāmaki Makaurau Auckland, described how all her personal items, including clothes, were removed from her upon entry. She said it was “traumatising just having your identity taken from you as a child”.⁵⁴ Similarly, gifts from whānau were confiscated or shared among everyone in faith-based homes.⁵⁵
58. In disability and mental health institutions, rules about how people could look and what they could wear began from the moment individuals entered these settings. For example, a survivor and a former staff member each recalled all residents at an IHC hostel wearing the same clothes, with the same “bowl haircut”.⁵⁶ Most survivors did not have their own clothes or possessions while in disability and mental health settings, and would live in pyjamas or dressing gowns, or only have access to a communal pool of clothes that had to be shared with other residents.⁵⁷ People’s names and personal milestones, such as birthdays, were often not acknowledged in these care settings.⁵⁸
59. In his witness statement provided to the Inquiry, Paul Milner, a disability researcher involved in the deinstitutionalisation of the Kimberley Centre near Taitoko Levin, cited sociologist Erving Goffman’s 1961 work on institutions, stating “the loss of progressive personal identity through restrained and regulated circumstance represented the defining attribute of institutional life”.⁵⁹

51 Written statement of Ms CQ (7 September 2021, page 15); Witness statement of Anne Hill (28 September 2020, page 4); Letter from Cooper Legal to the National Office for Professional Standards (23 May 2018, page 4); Private session transcript of survivor who wishes to remain anonymous (17 February 2021, page 4); Witness statement of Linda Taylor and Janice Taylor (11 March 2021, page 15, para 111); Private session transcript of Ann Thompson (9 September 2019, page 10).

52 Private session transcript of Ann Thompson (9 September 2019, page 10).

53 Witness statements of Linda Taylor and Janice Taylor (11 March 2021, page 7, para 48) and Anne Hill (28 September 2020, page 4).

54 Private session transcript of Elizabeth Petersen and Sandra Mac Donald (26 August 2021, page 6).

55 Letter from Cooper Legal to the National Office for Professional Standards (23 May 2018, page 4); Written statement of Ms CQ (7 September 2021, page 30); Private session transcript of Cathie Manchester (28 May 2019, page 24); Witness statement of Linda Taylor and Janice Taylor (11 March 2021, pages 12–13, paras 89–93); Private session transcript of Raewyn Davies (9 March 2020, page 5); Private session transcript of Elizabeth Petersen and Sandra MacDonald (26 August 2021, page 15).

56 Witness statements of Miss VK (14 February 2022, page 5); Allison Campbell (15 February 2022, page 4) and Sir Robert Martin (2019, page 7, para 19).

57 Witness statements of Jane Castelfranc-Allen (31 March 2022, page 3) and Sir Robert Martin (17 October 2019, page 6, para 18).

58 Witness statement of Sharon Brandford (10 August 2022, page 4).

59 Witness statement of Paul Milner (20 June 2022, page 8, para 2.24).

60. Institutionalisation cut off survivors from those they associated and identified with, including their families, whānau, hapū, iwi, community and peers. Survivors were continuously separated from their whānau and communities, and sometimes their siblings who also entered care. Within institutions, survivors were also frequently directed to stay away from their friends and peers, and isolated from any human contact through solitary confinement.
61. Socialisation is a core component of identity development for all humans. Socialisation is how a society perpetuates itself by passing on its cultural DNA to its members. This process begins from the moment a person is born and continues throughout their lives, influencing everything from language to how they might perceive right from wrong. Whānau, schooling and peers normally played critical roles in shaping a person. For Māori and Pacific peoples, broader collectives play a role in socialisation.
62. Institutionalisation created a unique form of depersonalisation for Māori and Pacific Peoples due to the role that collective identity plays in socialisation including identity development. The removal of individual and collective identity through institutionalisation was therefore culturally and spiritually abusive for many. This was also a collective abuse upon Māori collectives – hapū and iwi.



Te tūkinō-ā-waha, te taunu me te whakaiti

Verbal abuse, shaming and humiliation

63. Psychological abuse often involved verbal abuse. This was perpetrated by both carers and peers, and seen across all care settings.
64. Verbal abuse was often used to shame people. Many survivors spoke about being constantly put down, being told they were 'useless',⁶⁰ a 'worthless piece of shit',⁶¹ 'stupid', 'unloved', and 'unwanted'.⁶²
65. Survivors told the Inquiry how staff and caregivers would tell them they were "born criminals" and destined for a life in prison or psychiatric institutions.⁶³ In faith-based settings, survivors recalled being called 'evil',⁶⁴ 'daughter of Satan',⁶⁵ and sinners.⁶⁶ Women in unmarried mothers' homes were told they were 'filthy', 'dirty' and called 'whores'.⁶⁷
66. The Inquiry repeatedly heard from survivors who experienced discriminatory abuse, including being called sexist, racist, ableist, disablist and homophobic names. Multiple Māori survivors recall being called racial slurs such as 'nigger'⁶⁸ and 'black ass',⁶⁹ and being told they were useless, lazy, thieves or "would never get anywhere in life" because they were Māori.⁷⁰ This was a form of whakaiti and a transgression against whakapapa, as Māori survivors were essentially being denigrated because of their whakapapa and societal conceptions about what it meant to be Māori.
67. In some faith-based settings, Māori survivors were regularly subjected to whakaiti through being told that their culture and whakapapa was 'dirty' and satanic, which was a co-occurrence with spiritual abuse.⁷¹
68. Similarly, Pacific survivors report being called 'coconuts' and 'niggers'.⁷²

60 Witness statement of Walter Warner (28 June 2021, page 7); Private session transcript of Mr UA (27 January 2021, page 7).

61 Witness statement of Ms AK (8 September 2021, page 11).

62 Private session transcript of Elizabeth Petersen and Sandra Mac Donald (26 August 2021, page 7); Witness statement of Linda Taylor and Janice Taylor (11 March 2021, page 19, para 144).

63 Witness statement of Michael Rush (16 July 2021, paras 83, 129 and 130).

64 Witness statement of Mr UZ (16 March 2021, page 5); Written statement of Ms CQ (7 September 2021, pages 15–16).

65 Private session transcript of Helen Mafi (29 June 2021, pages 2–3).

66 Private session transcript of Nikky Kristoffersen (28 May 2019, page 10); Private session transcript of Ms AF (8 June 2020, page 21).

67 Witness statement of Nikky Kristoffersen (21 October 2020, page 24).

68 Witness statement of Tyrone Marks (22 February 2021, page 8).

69 Witness statement of Hone Tipene (22 September 2021, page 6).

70 Witness statements of Ms KM (10 June 2021, page 13) and Gwen Anderson (30 December 2021, page 8).

71 Witness statements of Dinah Lambert (1 December 2021, para 81) and Ms KM (10 June 2021, page 5); Private session transcript of Rexene Landy (17 February 2021, page 5).

72 Witness statements of David Williams (aka John Williams), (15 March 2021, page 15) and Mr TH (7 June 2021, page 14).

69. In disability and mental distress settings, survivors told the Inquiry they were called derogatory names by staff, including 'bungeye',⁷³ 'egghead',⁷⁴ and other slurs intended for disabled people.⁷⁵

**REPORT TO MR SHEPPARD ON
COMPREHENSIVE STUDENTS' CLINICAL EXPERIENCE AT TEMPLETON**

INTRODUCTION

Recently concerns have been voiced that comprehensive graduates are not attracted to working at Templeton Hospital. As comprehensive tutors, we note this with regret, as we feel working with intellectually handicapped clients is challenging and rewarding. Our students express their agreement, but make it quite plain that the custodial care that is dealt the majority of residents at Templeton is totally inappropriate, especially when the main themes in their theory lectures are socialisation and normalisation, and the least restrictive environment for the individual. This is one aspect that students and tutors find distasteful. Another is that many staff demonstrate lack of respect for the dignity of the people who are placed in their care by trusting relatives. Verbal abuse is common, and on occasion, physical abuse is stooped to. Our students often feel threatened (and sometimes victimised) when trying to initiate activities with residents. We (the tutors) are sick to death of justifying certain staff actions, to students when we know that their (the staff's) conduct is unprofessional. We have attempted to role model appropriate behaviours for both the comprehensive students and the nursing staff with varying degrees of success (depending on the calibre of the staff present) but we're mostly ignored or belittled.

We find that often the presence of a tutor elicits a satisfactory reception and acceptance of students. Once we're not there the situation changes and

Portion of the letter from Ann Elgin, Acting Head of Department to Miss M. Darby, October 1986 noted in footnote 74.

70. Survivors across care settings reported being humiliated. Humiliation often involved both verbal abuse such as being made fun of or embarrassed. It had a strong co-occurrence with physical abuse that was intended to degrade survivors and make them look physically weak or repulsive. This included being forced to perform meaningless and degrading tasks, such as moving around a residence by crawling,⁷⁶ clean toilets with toothbrushes then use them to brush their teeth,⁷⁷ or having their faces pushed into faeces and vomit.⁷⁸
71. In some care settings, the use of shaming and humiliation was often justified by staff as a punishment. This was part of a wider process of dehumanisation, intended to reduce victims to 'less than' their peers and care staff.⁷⁹ Verbal abuse, humiliation and shaming often co-occurred with other forms of abuse, particularly physical, sexual, racial and spiritual abuse.

73 Witness statement of Antony Dalton-Wilson (13 July 2021, page 15).

74 Letter from the acting head of the nursing studies department, Christchurch Polytechnic, to the chief nurse, Canterbury Hospital Board, with attached report from the Christchurch Polytechnic nursing studies course supervisor to Templeton Centre Principal Nurse Mr Sheppard on comprehensive students' clinical experience at Templeton (Canterbury District Health Board, October 1986, page 3 of the report).

75 Witness statement of Tony Ryder (28 February 2022, page 6).

76 Witness statement of Philip Laws (23 September 2021, page 10).

77 Witness statement of Lindsay Eddy (24 March 2021, page 9).

78 Written statement of survivor who wishes to remain anonymous (7 July 2020, paras 13 and 15).

79 Witness statements of Kevin England (28 January 2021, pages 6–9) and Dinah Lambert (1 December 2021, page 5).

Te whakapakepake me te whakatumatuma Manipulation and threats

72. Manipulation is the influencing of another person's choices through unfair, abusive, coercive or deceptive means. Threats are a key tool used to manipulate others. Survivors described being manipulated and threatened, particularly when they were being physically, sexually and spiritually abused. In many instances, abusers used manipulation and threats to exploit, control and silence survivors.
73. Sonja Cooper and Amanda Hill explained that through their legal practice representing hundreds of survivors, they have heard how people in psychiatric settings were often threatened with medical treatment and procedures such as electric shocks and lobotomy, known to cause harm.⁸⁰ Restrictive measures within these care settings were also used as forms of punishment and to ensure compliance:
- "Placement in seclusion and psychiatric criminal wards as a punishment or in order to induce compliance in patients who 'misbehaved'."*⁸¹
74. The Inquiry heard from some survivors of faith-based settings who talked about the manipulation they experienced in the form of spiritual abuse, whereby religious leaders used religious authority and claims of closeness to God to dominate, control or coerce them. Examples included survivors believing the abuse was God's will; that they were special because they were chosen by a religious leader; that it was their fault and they were a bad person, a sinner or evil.⁸²

Te kitenga o te kaikokatanga Witnessing violence

75. Witnessing violence, directly or indirectly, is a form of psychological abuse.⁸³ Research has demonstrated that seeing abuse or trauma as a child contributes to adverse adult outcomes, including psychiatric disorders.⁸⁴ Most, if not all, survivors told the Inquiry that they witnessed others being harmed and many described feeling distressed and upset because of this.
76. Many survivors described care settings as environments of fear and violence.⁸⁵ Repeated and ongoing exposure to maltreatment of themselves and others was felt cumulatively.

80 Brief of evidence of Sonja Cooper and Amanda Hill on behalf of Cooper Legal (5 September 2019, page 8).

81 Brief of evidence of Sonja Cooper and Amanda Hill on behalf of Cooper Legal (5 September 2019, page 8).

82 Witness statements of Mr MO (4 May 2022, page 5); Peter Hart (25 July 2022, pages 4–6); Maggie Wilkinson (17 September 2020, para 71); Jacinda Thompson (30 September 2020, page 3) and Melody Pilgrim (8 May 2021, pages 2, 6–7).

83 The Family Violence Act 2018, section (11)(2).

84 Copeland, WE, "Association of childhood trauma exposure with adult psychiatric disorders and functional outcomes," JAMA Network Open, 1(7), (2018).

85 Witness statements of Mr N (8 September 2020, para 56); Maggie Wilkinson (17 September 2020, para 44) and Lindsay Eddy (24 March 2021, para 112).

Te whakahapatanga-ā-hinengaro, ā-kare-ā-roto hoki Psychological and emotional neglect

77. Survivors reported neglect of care, affection, respect, dignity, encouragement and emotional support which was closely associated with psychological and emotional abuse. This neglect was a failure to take into consideration and prioritise survivors' psychological and emotional wellbeing, and the requirements in care institutions or foster homes to maintain this. This psychological and emotional neglect was an act of whakarere.
78. The Inquiry heard about multiple care settings that were characterised by a lack of care, affection, aroha and emotional support and connection. Survivors and witnesses, including former staff, repeatedly discussed how many care settings and staff were hostile, harsh, antagonistic and cold, again showing that this was a systemic issue.⁸⁶ Some survivors highlighted the harsh differences between the aroha they experienced at home, even in homes where they could have also experienced abuse and neglect, and the lack of aroha in care settings.⁸⁷
79. Some survivors told the Inquiry about carers in State and faith-based institutions, and foster families, who had provided them with the care and affection that they required.⁸⁸ The Inquiry also heard how simple acts of kindness by a kitchen staff member or teacher in harsh care environments were etched in survivors' memories and were often the only acts of kindness they remembered.⁸⁹
80. The Inquiry heard of instances where survivors reported, or attempted to report, the abuse they were suffering, only to be dismissed, ignored, silenced and not believed.⁹⁰ There were many instances where survivors said others (such as staff members and teachers) knew abuse was happening, but did nothing to stop it, and in some cases, encouraged it.⁹¹ This complete disregard of survivors' safety was a form of psychological neglect and put survivors in positions where they experienced further abuse, and felt increased fear and helplessness.

86 Interview with a staff member of Melville Boys' Home (page 25); Witness statements of Ms FW (12 August 2022, page 5, paras 33–34) and Anne Hill (28 September 2020, page 4); Private session transcript of Dyanne Hansen (10 September 2019, page 8); Written statement of Ms CQ (7 September 2021, pages 26–27); Letter from Cooper Legal to the National Office for Professional Standards (23 May 2018, page 4); Witness statement of Linda Taylor and Janice Taylor (11 March 2021, pages 11, 16); Private session transcript of Raewyn Davies (9 March 2020, page 6); Private session transcript of Elizabeth Petersen and Sandra MacDonald (26 August 2021, page 19); Private session transcript of Kevin Kiley (10 March 2020, page 6); Private session transcript of Mr UA (27 January 2021, page 8); Private session transcript of Will Harding (10 November 2020, pages 15, 17)


87 Witness statements of Ms VQ (3 February 2023, pages 5–6) and Mr TH (7 June 2021, pages 8–9); Arrival at the orphanage, written by a survivor (15 March 2001, page 3).

88 Witness statements of Linda Taylor and Janice Taylor (11 March 2021, page 33, para 254); Mr EH (19 April 2022, pages 10–11) and Margurite Cassidy (15 December 2022, page 6).

89 Witness statements of Mr JB (28 April 2022, page 4) and Anne Hill (28 September 2020, page 9).

90 Witness statement of Jenni Tupu (11 December 2021, para 30); Stanley, E, *The road to hell: State violence against children in postwar New Zealand* (Auckland University Press, 2016, pages 90–91).

91 Witness statements of Rawiri (David) Geddes (15 April 2021, para 48) and Mr SN (30 April 2021, page 8).

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81. Most survivors told the Inquiry that their human dignity was trampled on, damaged and treated as though they did not need and deserve love, belonging, play, kindness or care. Survivors said they were not treated as people who should be nurtured and their aspirations for the future were not supported.
82. The Inquiry heard from survivors who explained that they were never hugged and had “no closeness”.⁹² Survivor Victoria Marie Rutter Taylor, who was placed into faith-based care said:
- “We were not just animals, and we needed more than people feeding and showering us”.⁹³ Similar sentiments were shared from survivors who went through social welfare,⁹⁴ and disability and mental health settings.⁹⁵***
83. Disability and mental health settings were characterised as having an “absence of emotional connectedness and comfort”, including a lack of affection, aroha and emotional support.⁹⁶ Many survivors described feeling unloved and unwanted, particularly as children at psychopaedic institutions.⁹⁷ Sir Robert Martin described severe emotional neglect as being a feature of the ‘care’ he experienced at the Kimberley Centre near Taitoko Levin. He said: “As a toddler at Kimberley I was fed and changed and taken care of, but I do not remember being picked up, or loved and cuddled, because there were so many of us, we were just a number.”⁹⁸
84. Some survivors in psychiatric care settings experienced emotional neglect by staff, even when they were visibly upset.⁹⁹ The Inquiry heard from a survivor of psychiatric institutions that when other residents were so distressed, to the point of thinking about or attempting self-harm or suicide, that staff would not respond with care and empathy.¹⁰⁰
85. Institutionalisation included a strong component of general psychological neglect. Survivors were denied the opportunity to express themselves, including through clothing or hairstyle choices, and were unable to explore their unique skills and interests, contributing to erosion of their personal identities.

92 Witness statements of Victoria Marie Rutter Taylor (18 February 2022, page 3) and Anne Hill (28 September 2020, para 3.8); Private session of survivor who wishes to remain anonymous (16 October 2019, page 68).

93 Witness statement of Victoria Marie Rutter Taylor (18 February 2022, page 3).

94 Witness statements of Erica Dobson (2 December 2021, page 8); Ms FW (12 August 2022, page 5, paras 32–34); Sharon Byles (24 July 2021, page 6) and Waiana Kotara (17 February 2022, para 80).

95 Witness statements of Sir Robert Martin (2019, page 2, paras 4–6); Sally Champion (23 August 2022, page 3); Ms KH (30 November 2021, page 7) and Margaret Priest (28 January 2022, page 3, para 2.7).

96 Brief of evidence of Dr Brigit Mirfin-Veitch at the Inquiry’s Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 9 October 2019, paras 42, 44); Mirfin-Veitch, B & Conder, J, “Institutions are places of abuse”: The experiences of disabled children and adults in State care between 1950–1992 (Donald Beasley Institute, 2017, page 25).

97 Witness statements of Tony Ryder (28 February 2022, page 8) and Miss Howell (26 January 2022, page 3); Brief of evidence of Dr Brigit Mirfin-Veitch at the Inquiry’s Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 9 October 2019, para 32).

98 Witness statement of Sir Robert Martin (2019, page 2, para 6).

99 Private session transcript of Ms VO (25 November 2019, pages 90–91).

100 Witness statement of Ms MT (9 August 2021, page 2).

Te tūkinotanga ā-tinana me te whakahapa i roto i te pūnaha taurima

Physical abuse and neglect in care

86. Physical abuse is a broad term used to refer to any actions that cause harm to people's bodies.¹⁰¹ The Inquiry considers that physical abuse includes any actions that cause harm to people's bodies, but also includes any physical violence or assault, bodily interference, and forced actions such as excessive exercise intended as punishment. Sexual assault is also a form of physical abuse, which is discussed in the following section.
87. Physical abuse was one of the most prevalent and pervasive forms of abuse that survivors told the Inquiry about, across all settings and groups, and often co-occurred with other forms of abuse. While physical abuse varied in severity, many reported ongoing extreme violence in care, including regular beatings at the hands of staff, foster parents, peers, and teachers. Survivor William Wilson reported that he almost died as the result of physical abuse in care.¹⁰² The Inquiry heard of incidents where students died at Marylands School, and it is alleged that this was a result of physical abuse from staff.¹⁰³ As stated in the Inquiry's report, *Stolen Lives, Marked Souls*, in the absence of coronial records, the Inquiry was unable to investigate allegations that boys died from abuse at Marylands.¹⁰⁴ From the limited information received, the Inquiry has concerns about the circumstances surrounding the deaths of students at Marylands.
88. Survivors shared how they experienced so much physical violence that they became 'immune' or 'used' to it.¹⁰⁵ The Inquiry heard that those in authority knew about this violence but did little to stop it.¹⁰⁶ The frequency and severity of violence in institutions contributed towards creating atmospheres of fear,¹⁰⁷ ensuring that physical violence was often a key part of wider psychological abuse of those in care.

101 World Health Organisation, *Responding to child maltreatment: A clinical handbook for health professionals* (2022, page 2).

102 Transcript of William Wilson at the Inquiry's Tulou – Our Pacific Voices: Tatala e Pulonga (Pacific Peoples' Experiences) Hearing (Royal Commission of Inquiry into Abuse in Care, 22 July 2021, page 261).


103 Royal Commission of Inquiry into Abuse in Care, *Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust* (2023, pages 156–157).

104 Royal Commission of Inquiry into Abuse in Care, *Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust* (2023, page 157).

105 Witness statements of Wiremu Waikari (27 July 2021, page 21, para 130); Mr SN (30 April 2021, page 4) and Tumohe Clarke (August 2021, page 10).

106 Witness statements of Mr JM (11 July 2022, page 10); Mr TE (14 September 2022, page 1); Mr MX (17 December 2021, page 5); David Williams (aka John Williams), (15 March 2021, para 59); Scott Carr (March 2021, para 16) and Tony Lewis (21 August 2021, para 40); Private session transcript of survivor who wishes to remain anonymous (27 November 2019, page 5).

107 Royal Commission of Inquiry into Abuse in Care, *Beautiful children: Inquiry into the Lake Alice Child and Adolescent Unit* (2022, page 102).

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89. Survivors told the Inquiry they were punched and slapped,¹⁰⁸ kicked,¹⁰⁹ pushed, shoved and grabbed,¹¹⁰ dragged,¹¹¹ pushed into a wall,¹¹² knocked unconscious,¹¹³ put in headlocks,¹¹⁴ burned,¹¹⁵ hosed down with high pressure water,¹¹⁶ whipped and beaten with a variety of implements¹¹⁷ and given electric shocks¹¹⁸ by staff and caregivers. This happened across care settings. The Inquiry also heard about incidents where survivors had been suffocated or strangled,¹¹⁹ including being choked with rope.¹²⁰ Some survivors described abuse which resembled waterboarding from foster parents¹²¹ or residence staff.¹²²
90. Survivors spoke about staff and caregivers interfering with their bodies or forcing them to undertake actions that were intended to cause physical or psychological harm, such as excessive and harsh physical training,¹²³ force-feeding (including their own vomit),¹²⁴ physical restraint,¹²⁵ humiliating or demeaning actions,¹²⁶ misuse of electro-convulsive therapy, and chemical or medicinal harm. Misuse of electro-convulsive therapy and chemical restraint are discussed in the Medical abuse and neglect section.

108 Witness statements of Catherine Hickey (2 August 2021, paras 36–39); Ms AK (8 September 2021, page 18); Jenni Tupu (11 December 2021, page 4); Wiremu Waikari (July 2021, paras 79–81) and Mr FQ (22 September 2021, page 11).

109 Witness statement of Danny Akula (13 October 2021, page 20).

110 Witness statement of Robert Donaldson (24 August 2020, page 6).

111 Witness statement of Hayden Simonsen (5 May 2023, page 6).

112 Witness statement of Mr TO (2021, page 24).

113 Witness statement of Wiremu Waikari (27 July 2021, paras 79–81).

114 Witness statements of Walter Warner (28 June 2021, page 9); Mr CA (September 2021, page 5) and Vernon Sorenson (22 July 2021, page 5).

115 Private session transcript of Nikky Kristoffersen (28 May 2019, page 7); Witness statements of David Postlethwaite (20 February 2023, page 2) and Dallas Pickering (21 October 2019, page 3).

116 Witness statements of Catherine Hickey (2 August 2021, page 6, para 37); Sir Robert Martin (2019, page 9, para 28) and Murray Sharp (5 May 2023, page 4).

117 Witness statements of Mereani Harris (17 August 2021, page 5); Tumohe Clarke (11 August 2021, page 9); Ms AK (8 September 2021, page 18); Jenni Tupu (11 December 2021, page 4); Wiremu Waikari (27 July 2021, page 117, paras 80–81); Mr FQ (22 September 2021, page 11) and Hone Tipene (22 September 2021, page 16).

118 Private session transcript of survivor who wishes who remain anonymous (25 August 2020, page 3).

119 Witness statements of Mr FQ (22 September 2021, page 4); Scott Carr (March 2021, page 7) and Mr TE (14 September 2022, page 6).

120 Department of Social Welfare, Report into allegations of mistreatment at Moerangi Treks (29 May 1998, page 5).

121 Witness statement of Mr HZ (8 April 2021, page 2).

122 Witness statement of Nikky Kristoffersen (21 October 2020, page 15).

123 Witness statements of GQ (11 February 2021, page 3); Ms HJ (13 December 2021, page 10); Tyrone Marks (22 February 2021, pages 8–9) and Nellie Boynton (24 November 2020, page 9).

124 Witness statement of Ann Thompson (15 February 2022, page 3).

125 Witness statement of Mr TO (2021, page 16).

126 Witness statements of Kevin England (28 January 2021, page 6); Dinah Lamber (1 December 2021, page 5); Linda Taylor and Janice Taylor (11 March 2021, page 18, paras 136–138) and Mr TE (14 September 2022, page 6).

Te whiu-ā-ringā

Corporal punishment

91. Physical abuse was often used as punishment and to enforce the control of staff or other carers. This happened across all care settings. Almost all survivors who experienced physical abuse spoke about it being used as punishment, often for minor infractions or behaviours outside of their control, including bedwetting,¹²⁷ for behaviours considered deviant such as running away,¹²⁸ or for discriminatory reasons such as being Pacific,¹²⁹ Māori,¹³⁰ disabled¹³¹ or Deaf.¹³²
92. Corporal punishment occurred with other types of abuse and neglect, such as psychological abuse and physical neglect. For example, the Inquiry heard of caregivers and staff intentionally withholding food and shelter. This could be for extended periods or under further adverse circumstances, such as in rain or cold weather.
93. Corporal punishment in social welfare residences and institutions was permissible up until the 1980s. The Department of Social Welfare completely prohibited corporal punishment in 1986.¹³³ Corporal punishment in registered schools and early childhood centres, was banned in 1989.¹³⁴ During this period, proponents of corporal punishment justified its use as a means of correcting behaviour, shaping character and maintaining staff authority. However, sources show that some agencies advised against corporal punishment except as a last resort.¹³⁵
94. The extremity of physical abuse under the guise of corporal punishment was recognised in many instances as going above and beyond what was societally acceptable at the time.¹³⁶ While some survivors described canings or physical training as punishment, many stories showed how staff members went to extremes with such actions to inflict as much pain as possible. Survivors discussed long-term health impacts from these instances, which are outlined in Part 6. Other instances of abuse frequently involved extended and severe beatings.

127 Witness statements of Hone Tipene (22 September 2021, page 6); Dallas Pickering (21 October 2019, page 3) and Linda Taylor and Janice Taylor (11 March 2021, page 18, paras 136–138).

128 Witness statements of Craig Dick (26 March 2023, page 17); Walter Warner (28 June 2021, page 6) and Rawiri (David) Geddes (15 April 2021, page 7).

129 Witness statement of David Williams (aka John Williams), (15 March 2021, page 3).

130 Witness statements of Milton Reedy (20 May 2022, para 3.16) and June Harvey-Kitto (23 February 2023, para 54).

131 Witness statements of Antony Dalton-Wilson (13 July 2021, page 19) and Sir Robert Martin (2019, page 23, paras 70–71).


132 Witness statements of Mr JU (27 October 2022, page 2) and Ms Bielski (18 October 2021, pages 4–5).

133 New Zealand Regulations Archive, Children and Young Persons (Residential Care) Regulations (1986, section 22).

134 Education Act 1989, section 139A.

135 Department of Education, Child Welfare Division, Field Officers' Manual (1957, pages 35–36), J.113–J.114; Department of Social Welfare, Residential Workers' Manual (1975), F6.06.

136 Witness statements of Wiremu Waikari (27 July 2021, paras 79–82, 117–123) and Tyrone Marks (22 February 2021, pages 6–7).

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95. Māori survivors experienced corporal punishment that was perpetrated under the guise of a culturally specific practice. This occurred in Māori faith-based boarding schools and at providers such as Whakapakari on Aotea Great Barrier Island.¹³⁷ The Inquiry heard of an instance where a student attending Hato Pāora was made to waewae takahia (stamp / tap foot in kapa haka) for hours and then told to hold a tūturu stance (bend the knees) for periods of time which would cause the person's legs to wobble and give out.¹³⁸ Those who fell over were hit with a paddle. Another survivor shared how he was knocked out by the paddle four times.¹³⁹
96. Similarly, Pacific survivors discussed corporal punishment that was given with a cultural justification. Survivors from the Methodist Wesley College in Pukekohe such as William Wilson recalled violent punishments such as the 'Samoan Slap' and 'Island Respect Hidings'.¹⁴⁰
97. Instances of violence that occurred with a cultural framing contributed to the separation of survivors from their culture, as this abuse meant they wanted nothing to do with the practice or the abusers.
98. Disabled survivors discussed corporal punishment within various settings, including schools and residences. NZ European survivor Tony Ryder recalled that at a children's home he was regularly punished by being made to sit in an electric chair that 'zapped' people.¹⁴¹
99. Blind survivors told the Inquiry they were punished by staff at blind schools for behaviours such as using echolocation to navigate spaces.¹⁴² Blind people can use echolocation to help perceive their environment and can include using sounds such as mouth clicks, finger snaps, whistling and cane taps.¹⁴³ Blind survivors described their blindness as being a part of their cultural identity, so being punished for behaviours associated with that identity represented psychological and emotional abuse and cultural neglect.¹⁴⁴
100. As discussed in the Inquiry's case study on Van Asch College and Kelston School for the Deaf, Deaf survivors between the 1950s and 1980s experienced and witnessed corporal punishment at the hands of teachers, including being strapped, in response to their use of Sign Language.¹⁴⁵ As Sign Language is a fundamental element of Deaf culture, suffering corporal punishment in this context represented psychological and emotional abuse and cultural neglect.

137 Witness statements of Jason Fenton (15 April 2022, page 16) and Kamahl Tupetagi (3 October 2021, pages 16–17).

138 Transcript of Hato Pāora and Hato Pētera Wānanga (3–4 November 2022, pages 33–34).

139 Transcript of Hato Pāora and Hato Pētera Wānanga (3–4 November 2022, page 34).

140 Witness statement of William Wilson (6 July 2021, pages 6–8).

141 Witness statement of Tony Ryder (28 February 2022, page 3).

142 Witness statement of Jonathan Mosen (18 November 2021, page 4).

143 Thaler, L "Echolocation in people," *Physiology News Magazine* (May 2022).

144 Witness statement of Jonathan Mosen (18 November 2021, page 1).

145 Witness statements of Ms MK (28 June 2022, page 5); Milton Reedy (20 May 2022, pages 3–4) and Ms Bielski (18 October 2021, pages 4–5).

Te tūkinotanga ā-tinana aropā

Peer-on-peer physical abuse

101. Peer-on-peer physical abuse among care residents is a complex form of abuse. It includes the same behaviours and actions identified above, although often with different motivations, and is influenced by several factors.
102. Cultures of violence within many settings encouraged and allowed violence between peers. In some settings, particularly in social welfare residences and institutions, staff instructed residents to assault other residents, seemingly for purposes of control or amusement, or wilfully ignored abuse. Survivors talked about receiving 'beatings' and 'hidings' from other residents, as well as being assaulted with makeshift weapons, such as books in socks, or sharpened objects.
103. In psychiatric and psychopaedic settings, survivors described being bullied, punched, bitten, stabbed, hit with objects and thrown down some stairs by their peers.¹⁴⁶ Sometimes peer-on-peer violence could be extreme. Survivor Danny Akula who was a patient at Porirua Hospital as a young man, told the Inquiry about a time he was held down by other patients and forcibly tattooed.¹⁴⁷
104. The Inquiry heard from survivors of faith-based schools that peer violence was common in school settings. Some survivors described daily abusive and torturous attacks from seniors, who were often put in positions of authority by staff.¹⁴⁸ One survivor who attended St Patrick's College (Catholic), Silverstream in the 1970s experienced older students taking part in 'de-grutting' where they would put their hands down the back of other students' pants, yank their underpants out and lift them onto coat hooks which caused some students' backsides to bleed.¹⁴⁹
105. Within social welfare residences and institutions, 'kingpin' hierarchies or other formalised measures of peer-on-peer violence would see stronger residents perpetrate violence on younger or smaller residents. This happened "at the direction of staff members, who would use the kingpin as a form of discipline while providing the kingpin favours and privileges not afforded to other children".¹⁵⁰
106. Many care settings had initiation rituals whereby new residents were physically assaulted by their peers on entry. Staff members often knew about these beatings.¹⁵¹ Hierarchies and initiation beatings of this sort existed in boys' and girls' residences, although some female residential survivors reported that rather than a kingpin, hierarchies were dominated by packs of girls.

146 Witness statements of Catherine Hickey (2 August 2021, page 4, para 22); Mr LD (15 May 2021, page 5); Philip Banks (15 October 2020, page 10) and Alison Pascoe (29 April 2022, page 18).


147 Witness statement of Danny Akula (13 October 2021, page 23).

148 Witness statements of William Wilson (6 July 2021, page 11); Mr TE (14 September 2022, page 6); Jim Goodwin (21 September 2020, page 6) and Brendon Eddington (11 November 2021, para 24).

149 Written statement of Mr WB (7 May 2021, page 64).

150 Brief of evidence of Sonja Cooper and Amanda Hill on behalf of Cooper Legal (5 September 2019, page 13).

151 Witness statement of Mr SN (30 April 2021, page 8).

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107. Similarly, in faith-based children's homes, a culture of violence among children and their peers was sometimes encouraged by staff. One survivor recalled an incident at Sunnybank Boys Home (Catholic) where a nun ordered all the boys in the school to attack him.¹⁵² Some faith-based residences, such as Hodderville Boys Home (The Salvation Army), had similar cultures of violence to social welfare residences and institutions.¹⁵³
108. While peer-on-peer violence was not always directly instructed or condoned by staff, it occurred, in part, because of staff negligence, flaws managing resident behaviour and disposition, and the typically punitive, harsh environments.

Te whakahapatanga-ā-tinana

Physical neglect

109. Physical neglect includes being deprived of basic needs such as adequate food, clothing, shelter, and hygiene products. Physical neglect encompasses being left unattended or lack of oversight by caregivers and staff.
110. Many survivors spoke about experiencing some form of physical neglect, such as being left cold and hungry, with inadequate or little to no food or shelter. The Inquiry heard about children having to sleep in sheds¹⁵⁴ or on floors,¹⁵⁵ being so starved they had to eat out of rubbish bins¹⁵⁶ and so dehydrated they had to drink dirty bath water¹⁵⁷ or from toilets.¹⁵⁸
111. Some survivors with disabilities were physically neglected or abused during their personal care routines, including those who required assistance with toileting, showering, cleaning teeth or eating.¹⁵⁹ Staff aggressiveness or indifference to the challenges faced by people with disabilities could cause pain and injury. The Inquiry also heard about survivors being deprived of essential hygiene care.
112. Across all care settings, female survivors were often denied access to menstrual products, as well as information and support around menstruation.¹⁶⁰ In faith-based settings, this form of physical neglect often co-occurred with psychological and spiritual abuse – menstruating women and girls were shamed, humiliated and verbally abused. Male survivors also spoke about the lack of support for physical changes during puberty.¹⁶¹

152 Private session transcript of Mr UA (27 January 2021, pages 14–15).

153 Witness statement of Mr N (8 September 2021, pages 3–6).

154 Witness statements of Mr EH (19 April 2022, page 12, para 62); Mr EC (24 February 2022, page 4) and Mr MB (24 February 2022, page 18).

155 Witness statements of Nellie Boynton (24 November 2020, page 2); Brian Moody (4 February 2021, page 16); Nikky Kristoffersen (21 October 2020, page 20) and Ms OI (16 June 2023, page 6).

156 Witness statement of Erica Dobson (2 December 2021, page 8, para 39).

157 Witness statement of Stephen Shaw (28 February 2022, page 9, para 60).

158 Witness statement of Erica Dobson (2 December 2021, page 8, para 39).

159 Witness statements of Mr EY (1 February 2022, page 5) and Sheree Briggs (24 January 2022, page 5); Mirfin-Veitch, B & Conder, J "Institutions are places of abuse": The experiences of disabled children and adults in State care between 1950–1992 (Donald Beasley Institute, 2017, page 25).

160 Private session transcript of survivor who wishes to remain anonymous (Part 1), (25 November 2019, page 11); Private session transcript of Gwyneth Beard (Part 1), (30 April 2019, page 8); Witness statements of June Lovett (14 December 2021, para 93); Ms HQ (23 March 2022, para 4.4.15) and Nikky Kristoffersen (21 October 2020, page 22).

161 Witness statement of Kevin England (28 January 2021, para 134).

113. Survivors also experienced lack of appropriate oversight and physical support. This was experienced most acutely by those who had daily personal care and support needs such as residents in disability and psychiatric settings. Survivors spoke about how residents in disability settings could be left for hours in soiled clothes.
114. The Inquiry heard that inadequate bathing and hygiene practices in some disability and mental health settings resulted in the spread of diseases such as glue ear, hepatitis, and intestinal infections.¹⁶²
115. Survivors and residents were also physically neglected by being left unattended which could risk their physical safety. This could result in extreme or even fatal consequences, such as choking to death on food.

Te taitōkai i roto i ngā pūnaha taurima


Sexual abuse in care

116. Sexual abuse can be understood in many ways and according to different standards. The Inquiry has considered the definitions used by international organisations as well as legal standards to inform its understanding of sexual abuse. It should be noted that the Inquiry's consideration of sexual abuse is broader than actions required to constitute a crime.
117. The World Health Organization defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work".¹⁶³
118. It is important to consider consent within a definition of sexual abuse. Consent is reflected in the above definition through the terms 'unwanted' and 'coercion'. Consent is a crucial part of determining sexual abuse or assault between adults. However, it is not a factor in defining the inappropriateness of sexual activity involving children, as children cannot consent to sexual activity.
119. After taking victim perspectives and legal definitions into consideration, the Australian Royal Commission into Institutional Responses to Child Sexual Abuse defined child sexual abuse as "any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards".¹⁶⁴

¹⁶² Letter from a Kimberley medical officer to a Palmerston North Hospital pathologist (2 June 1977); Tokanui Hospital, Annual Report 1974, Nursing staff (5 May 1975, page 3).

¹⁶³ Krug, EG, World report on violence and health (World Health Organization, 2002, page 149).

¹⁶⁴ Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final report: Nature and cause, Volume 2 (2017, page 30).

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120. As outlined in the Inquiry's report, *Stolen Lives, Marked Souls*, the word 'rape' is commonly used in Aotearoa New Zealand to describe non-consensual penetrative intercourse of any person by a male.¹⁶⁵ In legal terms,¹⁶⁶ 'rape' in Aotearoa New Zealand is a gendered offence that requires the penetration of female genitalia by a penis.¹⁶⁷ Survivors used the term rape to describe various forms of sexual assault, by different genders. The World Health Organisation understands rape more broadly as "physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object".¹⁶⁸
121. This Inquiry has taken experiences of sexual abuse, legal definitions and te ao Māori perspectives. The Inquiry acknowledges that sexual abuse from a te ao Māori perspective violates a person's tapu, their whakapapa and their mana tipuna. The Inquiry considers that sexual abuse is any act which exposes a person to, or involves a person in, any non-consensual sexual activity or sexual process or content where a person is under the age of 16 or is unable to give consent or is unable to understand the sexual activity.
122. Sexual abuse was identified in many care settings. Survivors were subjected to grooming, inappropriate touching, inappropriate conversations about sex and masturbation, sexual assault, rape, being forced to perform sexual acts on others (including peers, themselves or the abuser), and combinations of these types of abuse. Survivors also witnessed (by seeing or hearing) the sexual abuse of others and, in some cases, were forced to do so. Some survivors spoke about instances of what seemed like organised sexual abuse.

165 Royal Commission of Inquiry into Abuse in Care, *Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust* (2023, page 61)

166 Crimes Act 1981, sections 128, 128B.

167 Crimes Act 1981, section 2. 'Genitalia' is defined in section 2 of the Crimes Act as including a surgically constructed or reconstructed organ analogous to naturally occurring male or female genitalia (whether the person concerned is male, female or of indeterminate sex).

168 Krug, EG, *World report on violence and health* (World Health Organization, 2002, page 149).

123. Survivors told the Inquiry they were sexually abused and raped by caregivers,¹⁶⁹ staff,¹⁷⁰ peers or other residents,¹⁷¹ police officers,¹⁷² medical practitioners,¹⁷³ teachers,¹⁷⁴ nurses,¹⁷⁵ nuns,¹⁷⁶ priests and religious ministers,¹⁷⁷ other religious leaders such as Christian Brothers or Brothers of St John of God,¹⁷⁸ and other adults who were given access to them.¹⁷⁹ In most instances of sexual abuse reported by survivors, perpetrators were male. This is consistent with other research including the Australian Inquiry into Child Sexual Abuse¹⁸⁰
124. Some survivors experienced one incident of sexual abuse; others experienced multiple incidents during their time in care. For many survivors, sexual abuse started the day they arrived in care, and continued for many years. In some settings, sexual abuse was described as habitual and ongoing, and an entrenched part of the culture and environment.
125. The Inquiry heard from many survivors who described being repeatedly targeted by the same or different abusers. In some settings, survivors explained that once it was known they had been sexually abused, other staff or caregivers targeted them too. Mr AU, who shared his experience in the Stolen Lives, Marked Souls report, tells how he was targeted by the brothers once they learnt he had been abused by his stepfather before arriving at the orphanage.¹⁸¹
126. The Inquiry is aware that specific groups of survivors placed in positions of vulnerability were targeted by abusers. For example, the Inquiry heard how a cleaner at Tokanui Psychiatric Hospital located south of Te Awamutu would sexually abuse a young man with cerebral palsy who was unable to communicate through speech or movement. This cleaner would suck the boy's penis into a high-powered vacuum cleaner. This sexual abuse co-occurred with psychological and emotional abuse as this cleaner would laugh about the abuse with other members of staff.¹⁸²

169 Witness statement of Mr FZ (14 April 2008, para 30); Private session transcript of survivor who wishes to remain anonymous (9 September 2020, page 7); Witness statement of Andrea Richmond (3 March 2022, para 36).

170 Witness statements of Ms LO (3 May 2023, pages 5–7) and Nellie Boynton (24 November 2020, page 7).

171 Private session transcript of survivor who wishes to remain anonymous (2 February 2021, page 6); Witness statements of Wiremu Waikari (27 July 2021, para 232); Sharyn (16 March 2021, paras 76–77) and Ms JR (16 February 2022, page 11).

172 Witness statement of Ms OI (16 June 2023, page 8).

173 Witness statements of David Postlethwaite (20 February 2023, page 3) and Neta Kerepeti (22 April 2021, page 12).

174 Witness statements of Mr NC (17 October 2022, pages 7–8) and Adam Humphries-Steele (7 October 2022, pages 3–4).

175 Witness statement of Danny Akula (13 October 2021, page 17).

176 Witness statements of Steven Storer (15 June 2021, page 3) and Ms I (17 September 2020, page 5).

177 Witness statements of Frances Tagaloa (2 October 2020, page 1, para 3); Ian Werder (26 August 2021, page 8) and Jacinda Thompson (30 September 2020, para 10); Private session transcript of Desmond Adams, (26 August 2020, pages 10–14).


178 Second witness statement of Sam Benton, Sonja Cooper and Amanda Hill of Cooper Legal – relating to the Protestant and Other Faiths Investigation (28 July 2022, pages 43–44); Written statement from survivor who wishes to remain anonymous (17 September 2021, page 14); Witness statement of Mr KT (14 September 2020, page 6); Royal Commission of Inquiry into Abuse in Care, Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust (2023, page 147).

179 Witness statement of Mr EI (20 February 2021, pages 7–8); Second witness statement of Sam Benton, (28 July 2022, pages 43–44).

180 Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final report: Nature and cause, Volume 2 (Commonwealth of Australia, 2017, page 12).

181 Royal Commission of Inquiry into Abuse in Care, Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust (2023, page 161).

182 Witness statement of Caroline Arrell (21 March 2022, pages 16–17).

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127. Disabled people who lived in institutions often relied on others for a great deal of intimate care. This placed them into a position of vulnerability that led to targeted sexual abuse. Disabled people were also subjected to abuse that interfered with their sexual capacity and reproductive systems, including sterilisation and abortions without their personal consent.

Te whakawaiwai

Grooming

128. Grooming involves incremental acts by an abuser which increase in intensity to gain access to a victim / survivor as well as to initiate, maintain and conceal abuse. Grooming can involve or co-occur with other abuse, such as manipulation or spiritual abuse, as is especially evident in pastoral care contexts.
129. For many survivors, sexual abuse often began with some form of grooming, where relationships of trust were developed with survivors, and sometimes their whānau, before the abuse occurred.¹⁸³ The Australian Royal Commission into Institutional Responses to Child Sexual Abuse stated that grooming is:
- “designed to establish an emotional connection and build trust to gain access to the victim and to initiate, maintain and conceal sexual abuse. In this respect, grooming can involve psychological manipulation that is subtle, prolonged, calculated, controlling and premeditated. The process is often gradual and intended to make the child feel comfortable, acquiesce to abusive behaviour, and maintain the secrecy of the abuse.”¹⁸⁴*
130. While initial stages of grooming can appear innocent, later stages tend to be more overt in the abuser’s attempt to desensitise the victim / survivor to sexual activity.¹⁸⁵ Grooming involves an unequal power dynamic between abusers and victim / survivors, whereby abusers hold a lot of influence over and within the lives of those they target.

183 Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final report: Nature and Cause, Volume 2 (Commonwealth of Australia, 2017, page 41).

184 Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final report: Nature and cause, Volume 2 (Commonwealth of Australia, 2017, page 41).

185 O’Leary, P, Koh, E & Dare, A, Grooming and child sexual abuse in institutional contexts: Report prepared for the Australian Royal Commission into Institutional Responses to Child Sexual Abuse (2017, page 10).

131. Often, abusers put themselves in situations that made children more accessible through regular and unsupervised contact. This was particularly the case for religious leaders, who were widely respected within communities and by survivors' families. For example, one survivor was sexually abused by a school counsellor, a Marist brother, at the Catholic St Bernard's College. He explained how the school counsellor would ask him questions about sex and took photos of him under the guise of capturing results of his new gym routine:

"The way he gained my trust was to show me photos of another guy a couple of years older than me, ah, who I really looked up to ... He arranged a sheet as a backdrop and up went the tripod. It was time to strip down to my undies, which I did ... Then the question 'fuck it, why don't you take off your underwear and celebrate your manliness, be a man'."¹⁸⁶

132. The Inquiry heard from survivors that abusers would, give them drugs or alcohol, or expose them to pornography¹⁸⁷ or inappropriate sexual instruction in order to create the opportunity to perpetrate sexual abuse.¹⁸⁸ Sometimes survivors were given 'treats' or 'privileges' such as more recreational time, lollies, money, drugs, alcohol or tobacco to groom them or keep them quiet.¹⁸⁹ Sometimes abusers would help them or show kindness when the survivor was being bullied.¹⁹⁰ Some survivors reported that their abusers would threaten them to keep them quiet, including being threatened with never being released from care.¹⁹¹

186 Private session transcript of survivor who wishes to remain anonymous (18 November 2019, pages 18–21).

187 Witness statements of Mr GM (20 September 2021, page 6) and Jason Fenton (15 April 2022, page 10).

188 Witness statement of Michael T.P. Chamberlain (1 February 2022, page 9) and Rūpene Amato (16 July 2021, page 7).

189 Witness statements of Mr CA (September 17 September 2021, 2021, page 6); Mr DG (18 May 2021, page 5); Mr GM (20 September 2021, page 4); Mr GU (13 April 2021, page 3); Heidi Nayak (5 September 2022, pages 7–8); Ms FT (21 June 2022, page 9) and Mr HU (30 June 2022, page 11); Private session transcript of Matthew Hohipa (4 March 2020, page 12).

190 Witness statements of Mr SN (30 April 2021, page 14) and Mr CA (17 September 2021, page 16).

191 Witness statements of Mr DG (18 May 2021, page 5) and Mr OK (3 May 2023, page 19).

Te whakariterite taitōkai

Organised sexual abuse

133. The Inquiry uses the term 'organised sexual abuse' to mean any occurrence of sexual abuse where "multiple victims have been exploited by multiple abusers acting in concert".¹⁹²
134. Several survivors spoke about instances of organised sexual abuse. One survivor told the Inquiry he had heard of boys from Epuni Boys' Home being "prostituted out" – driven to a Catholic facility in vans where clergy walked "around the van to look at the boys inside and select who they would take" to sexually abuse.¹⁹³ The Catholic Church's National Office for Professional Standards told the Inquiry it had worked alongside a person who had reported this abuse and they had undertaken an investigation which has since been completed. They told the Inquiry it had not been able to identify which Catholic institution this allegation could have been referring to. The Inquiry is unaware as to whether the Catholic Church reported this to NZ Police.
135. Another survivor who went through Ōwairaka Boys' Home also told the Inquiry there was 'prostitution' of the boys by staff – he described guards driving boys to homes in the community and being offered 'extra privileges' if they had sex with women:
- "This didn't happen once or twice; this happened on a regular basis and it wasn't with the same lady but with different ladies at different houses they were using the boys for. These trips happened more than once and were facilitated by the guards. I saw money being given from the older people to the guards on these trips."*¹⁹⁴
136. The Inquiry also received evidence from survivors about organised sexual abuse. This included evidence from Cooper Legal about a deceased woman they had represented. This survivor was placed into Glendenning Children's Homes in Ōtepoti Dunedin from age 13 to 14 years old. There, she described being subjected to severe sexual abuse, including being "passed around a ring of paedophiles who she recalled were parishioners of the local Presbyterian Church".¹⁹⁵ These individuals raped and sodomised her, often when she was made to visit them for meals or after church services. She also described being raped and "fondled" by two staff members from the orphanage.¹⁹⁶

192 Salter, M, Organised sexual abuse (1st edition, Routledge, 2013, page 6).

193 Third witness statement of Keith Wiffin (19 April 2021, page 2).

194 Witness statement of Rawiri (David) Geddes (15 April 2021, page 9).


195 Second witness statement of Sam Benton, Sonja Cooper and Amanda Hill of Cooper Legal – relating to the Protestant and Other Faiths Investigation (28 July 2022, pages 43–44).

196 Second witness statement of Sam Benton, Sonja Cooper and Amanda Hill of Cooper Legal – relating to the Protestant and Other Faiths Investigation (28 July 2022, pages 43–44).

He whakatewhatewhanga i ngā whakapaenga mō te taitōkai nahanaha o ngā tamariki i ngā pūnaha ā-Kawanatanga

Investigation into allegations of organised sexual abuse of children in State care settings

137. In its early stages, the Inquiry received allegations about organised child sexual abuse or a “paedophile ring” by former central government politicians in social welfare settings in the Horowhenua area in the 1980s.
138. The Inquiry began a separate and confidential investigation into the allegations because of a concern that survivors and witnesses may not come forward to the Inquiry out of fear of retribution, or that there would be a “cover up” if alleged abusers became aware of the investigation.
139. The scope of the investigation later broadened to include all allegations of organised abuse of children and young people in State care by people in public positions of power and influence.
140. The investigation considered seven broad allegations:
 - > The transportation of children and young people from social welfare residences and institutions and other State care residences and institutions in the Horowhenua area to private locations in the Horowhenua and Te Whanganui-a-Tara Wellington regions. It is alleged at the private locations they were sexually abused by former central government politicians and prominent public servants
 - > Missing children and young people from social welfare residences and institutions in the Horowhenua region had been buried under trees or dumped in a lake
 - > Groups of men being brought into the Kimberley Centre (a psychopaedic hospital near Taitoko Levin) to sexually abuse non-speaking girls in care
 - > Abuse of children and young people in care by former central government politicians in Tāmaki Makaurau Auckland
 - > Abuse of children and young people in care at a Tāmaki Makaurau Auckland brothel
 - > Abuse of young people in care working as underage sex workers in Te Whanganui-a-Tara Wellington and Ōtepoti Dunedin by prominent public servants, and
 - > An allegation that police officers had abused girls who had run away from their care placement before returning them to care.

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141. The investigation was challenging. The investigation team conducted witness interviews throughout Aotearoa New Zealand with people who had registered with the Inquiry, but also with others who had not. Care was taken in approaching potential witnesses directly to obtain sensitive information, and significant time was spent building trust with these potential witnesses. Often, several meetings or interviews would be held with witnesses before they felt comfortable sharing aspects of their experiences that were relevant to these matters. Other investigation methods were also used, including research of historical records and notices issued under section 20 of the Inquiries Act to NZ Police, Oranga Tamariki and the Ministry of Social Development requesting relevant information.
142. The Inquiry located one witness with first-hand direct evidence of such organised abuse of children and young people in social welfare care settings. Most witnesses spoke to the Inquiry of hearing about organised abuse from others, which was sometimes second or third-hand information. Attempts to corroborate the information from people named to the Inquiry as being survivors of such abuse were unsuccessful. Many of the leads that were followed up did not result in evidence of organised abuse. Several people named by others as survivors or as having relevant information had died or were too unwell to speak to the Inquiry, and some were unable to be located. In other instances, the information provided indicated that organised abuse may have occurred, but no survivors could be identified.
143. Another key difficulty was that some people who may have held relevant information did not want to provide a witness statement or survivor account to the Inquiry because they were fearful of repercussions due to the powerful position formerly or still held by their alleged abuser. This included beliefs that NZ Police were aware of the paedophile rings at the time and had not investigated them. It was clear that some people did not trust the Inquiry's processes, including its ability to protect the confidentiality and safety of individuals who shared information. The Inquiry acknowledges that there were and will continue to be many barriers for survivors to disclose abuse. Those barriers can be exacerbated where the abuser has an actual or perceived position of power over the victim.
144. Ultimately none of the allegations of organised group abuse in State care settings described above were able to be substantiated by direct evidence.
145. The Inquiry did receive direct information from two survivors who alleged they had been sexually abused by different individual former central government politicians. One of the allegations was referred to NZ Police in June 2023. NZ Police provided an update to the Inquiry in November 2023, indicating that progress has been hindered by challenges in locating evidence.

146. The Inquiry did receive direct eye-witness evidence from NZ European survivor Mr EI who said he witnessed the repeated rape and sexual violation of several non-speaking children at the Kimberley Centre near Taitoko Levin in the early 1960s by a group of members of the public who were regularly granted entry after paying the nursing staff.¹⁹⁷ Mr EI said:

"I was woken up by the same woman and taken over to this other room. When we arrived, there were girls and boys there around my age. There were also several adult men and women. There was a girl laying on a bed with no clothes on. The bed looked like an old-fashioned hospital bed. It was on wheels. Her legs were spread apart, with her feet up on things that looked like crutches or braces. They looked like restraints. One of the men got up and had sexual intercourse with her, while we watched. Two other girls were sexually interfered with. They were sexually touched by hand by the adults, while me and this other boy were made to watch. This happened for about an hour. After, I was made to go and wipe down the girls' private parts and the adults left."¹⁹⁸

147. While the evidence that the Inquiry received is deeply suspicious, the Inquiry is unable to make a finding that organised abuse of children and young people in State care occurred by groups of people in public positions of influence.

Te taitōkai aropā


Peer-on-peer sexual abuse

148. Peer-on-peer sexual abuse is similarly complex to peer-on-peer physical abuse and occurs for many reasons. These can include coercion by staff or caregivers and learned behaviours. It is important to note that while some children inflict sexual behaviours on peers because they themselves have been abused, this does not mean that all people who have experienced sexual abuse will inflict the same behaviours on others.
149. The Inquiry heard sexual abuse by peers was common across care settings, particularly where survivors had been in abusive environments previously. For children, this was often when they were placed in close contact with older peers, unsupervised. For example, Deaf survivors said that many students at special schools experienced peer-on-peer sexual abuse, often from older students.¹⁹⁹

¹⁹⁷ Witness statement of Mr EI (20 December 2021, pages 5–9).

¹⁹⁸ Witness statement of Mr EI (20 December 2021, pages 5–6, paras 2.31–2.3).

¹⁹⁹ Witness statement of Ms JR (16 February 2022, page 11).

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150. Peer-on-peer sexual abuse commonly occurred in the context of wider bullying and in situations where physical abuse and violence was present, including initiations into residences and as part of kingpin hierarchies. Allison Campbell, who was an IHC worker from the 1980s to the 2000s, told the Inquiry that she thought “there was a culture of violence, including sexual violence, at Campbell Park School, Oamaru. This is my impression based on my dealings with people who came out of Campbell Park. All had no self-esteem, were violent, unhappy and very troubled.”²⁰⁰
151. Sometimes peer-on-peer sexual abuse was directed, where children were told to perform sexual acts on others by adults.²⁰¹
152. Survivors also reported that peer-on-peer sexual abuse occurred while they were in hospital settings, particularly psychiatric hospitals. NZ European survivor Christina Ramage was admitted to care when she was 15 years old. She was raped multiple times at Carrington Hospital in Tāmaki Makaurau Auckland by staff members in the 1970s, and sexually abused by other patients there. The Inquiry heard from her and other survivors²⁰² that sexual abuse between patients was common.²⁰³

Te tūkinotanga ā-kaikiri me te whakahapa ahurea i roto i te pūnaha taurima

Racial abuse and cultural neglect in care

153. Racial abuse and cultural neglect are discriminatory types of abuse that target or impact core components of an individual’s identity involving their ethnicity or culture. While the experiences that survivors shared showed that these were distinct forms of abuse, they were also often interrelated.
154. The Inquiry refers to ethnicity, rather than race, as the central, self-described characteristic that is attacked through racial abuse.
155. The Inquiry defines racial abuse as any instance of abuse that includes hostility, contempt, ridicule, hurtful or offensive actions on the grounds of a person’s skin colour, race, or ethnic or national origins. As such, it is a type of abuse that manifests through other more broadly experienced types such as verbal, physical or sexual abuse, but provides another ‘layer’ to these actions that victims experience differently depending on their identity (and often the identity of the abuser).²⁰⁴

200 Witness statement of Allison Campbell (15 February 2022, page 12).

201 Royal Commission of Inquiry into Abuse in Care, *Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust* (2023, page 145); Witness statement of Hone Tipene (22 September 2021, page 26).

202 Witness statement of Danny Akula (13 October 2021, page 17–18).

203 Witness statement of Christine Ramage (27 July 2021, page 19–21).

204 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 15).

156. Racial abuse differs from the concept of 'racism'. Not everyone can experience racism. Racism is intrinsically tied to and backed by power, ideology, and disparities, and is reinforced by the dominant culture, institutions and worldviews of a society.²⁰⁵
157. For survivors, abusers did not always discriminate based on the specific ethnicity of those they were abusing; often it was out of colourism, or an underlying prejudice towards those with dark skin (which is itself based in colonial and racist ideologies). Samoan survivor David Williams (aka John Williams), who was placed in care when he was 11 years old, told the Inquiry:
- "The thing is, no matter where you went, if you had brown skin, you were going to get abused. Physically or sexually or both. Occasionally one of the white boys would, but he would have to be a real bad bugger. If you were brown you were going to get done no matter what."***²⁰⁶
158. Culture encompasses the ideas, beliefs, behaviour, knowledge, laws, customs, language, and habits of a particular group or society; this is not exclusive to racial or ethnic groups. Many different groups of people fit within the scope of 'culture', including those based on religion, spirituality, disability, age and gender.
159. In the Inquiry's report He Purapura Ora, he Māra Tipu – From Redress to Puretumu Torowhānui, the Inquiry defined cultural neglect as:
- > Disconnection from culture, language, whakapapa or identity as a result of being placed in care institutions where a survivor's own culture is not recognised or where their cultural connections are actively discouraged.
 - > Misidentification of ethnicity or cultural identity by a care institution denying a survivor knowledge of their culture, language, whakapapa or identity.²⁰⁷
160. In addition to this definition, it is the Inquiry's view that cultural neglect occurs when only the culture belonging to the most dominant, powerful group in society is upheld within institutions. Throughout the Inquiry period, this was typically an ableist, Pākehā, Christian culture.
161. Racial abuse and cultural neglect are closely related. However, they are distinct in that racial abuse involves an intent to harm someone based on their ethnicity or skin colour, while cultural neglect is about an absence of connection to culture. Both can be the product of the same structural prejudice toward non-Pākehā ethnicities (or in the case of Deaf communities, non-hearing people) and systemically embedded in institutions. They can also appear in the same instance of abuse; for example, racially motivated punishment for using te reo Māori can lead to a survivor becoming distanced from te reo Māori.

²⁰⁵ Herak, M, Racism – roots and recovery: Creating and teaching a two-component introductory curriculum on 'unlearning racism' (University of Montana, 1994, page 7); Berman, G & Paradies, Y, "Racism, disadvantage and multiculturalism: Towards effective anti-racist praxis," Ethnic and Racial Studies, 33(2), (2010, page 228); Moewaka Barnes, A, Taiapa, K, Borell, B, McCreanor, T, "Māori experiences and responses to racism in Aotearoa New Zealand," MAI Journal, 2(2), (2013, page 64).

²⁰⁶ Witness statement of David Williams (aka John Williams), (15 March 2021, page 15).

²⁰⁷ Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui (2021, page 283).

162. Because of the way in which they target collective characteristics within identities, racial abuse and cultural neglect not only impact individuals, but “[strike] at the very identity and soul of the people it is aimed at; it attacks their sense of self-esteem, it attacks their connectedness to their family and community”.²⁰⁸
163. This Inquiry has focused on the racial abuse experienced by Māori and Pacific survivors, and cultural neglect experienced by Māori, Pacific and Deaf survivors. It is important to recognise that survivors experienced these forms of abuse intersectionally – that is, depending on their identities, they could have experienced multiple instances of this abuse, targeting multiple aspects of their identity. Many survivors had a shared whakapapa to Māori and Pacific cultures, which meant most experienced abuse and neglect that corresponded to either or both parts of their cultural identity.

Ngā wheako tūkinotanga ā-kaikiri me te whakahapa ahurea o te Māori

Māori experiences of racial abuse and cultural neglect

164. Common across most Māori survivor experiences was recognition that the care settings they entered were inherently racist and did not support their connection to their culture. They commonly experienced overt, targeted abuse based on their ethnicity and culture. This is indicative of systemic racism.²⁰⁹
165. Māori survivors recall enduring racial abuse in many different forms and within many different contexts. Many were punished for simply saying or doing anything Māori.²¹⁰ Survivors often recalled experiencing racist verbal abuse and ridicule from staff who would mock their Māori heritage and whānau. English, Māori survivor Rexene Landy (Tahawai) told the Inquiry about her time at a Catholic orphanage:
- “We knew it was wrong to be Māori. You had made a terrible error and Jesus did not love you. He did not love you, dirty little natives. That was what the sisters made sure we knew. I remember thinking of killing myself so that I could go to Jesus and apologise to him for being Māori.”²¹¹*
166. Some survivors reported co-occurrence of racial abuse with other forms of abuse, including physical and sexual abuse where abusers expressed racist sentiments while abusing or as justification for abuse.²¹² Survivor Hone Tipene said that at Wesleydale Boys’ Home, Tāmaki Makaurau Auckland, a staff member abused him: “[He] called me names such as ‘black nigger’, ‘black ass’ and would say things like ‘you think you are a big man’ before he beat me up.”²¹³

208 Bamblett, M & Lewis, P, “Detoxifying the child and family welfare system for Australian Indigenous Peoples: Self-determination, rights and culture as the critical tools,” *First Peoples Child & family Review*, 3(3), (2007, page 46).

209 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, pages 12–18).

210 Witness statement of Leena Kalpus (12 April 2022, page 6).

211 Witness statement of Rexene Landy (20 October 2022, page 2).

212 Witness statements of Wiremu Waikari (27 July 2021, pages 12, 17, paras 78, 107–108) and Mr VV (17 February 2021, page 9).

213 Witness statement of Hone Tipene (22 September 2021, page 6).

Te whakaparaunga me te motunga o ngā here ki te ahurea Māori Denial and disconnection from taha Māori

167. Māori have their own distinct ideas, beliefs, behaviours, knowledge and customs that shape how they perceive and interact with the world and those around them. Although Māoritanga is a term used to describe Māori culture, there is no 'universal' Māori identity – iwi have distinct, histories and identities that shape their kawa, their reo, their perspectives and their responses to issues.²¹⁴
168. Nonetheless, there are certain shared histories, values and beliefs held by Māori from different whānau, hapū and iwi that govern the way in which they might approach an issue or interact with others. For many Māori, whakapapa is an important gateway to remaining connected to te ao Māori.
169. For others, their sense of belonging and ability to identify as Māori came through their immersion in te ao Māori, tikanga and their reo.²¹⁵ Unfortunately, the process of colonisation and removal of practices and structures that would support access to Māori beliefs, values and customs has meant that some survivors who whakapapa Māori did not have the same sense of belonging and connection as their counterparts. This was a situation created for many Māori through their time in care, as a continuation of colonisation.
170. Māori survivors spoke at length about being severed from their taha Māori, including their mātauranga, tikanga, reo Māori, and crucially, their connection to whakapapa, whānau, hapū and iwi. Survivors told the Inquiry about the immense mamae, whakamā and loss that separation had caused. Some described feeling like they had had their identities 'stolen' or 'stripped' from them.²¹⁶ This was an abuse that occurred for more than just the individual in care, as survivors spoke about how this disconnection and cultural loss resonated throughout their whānau and whakapapa intergenerationally.²¹⁷
171. In some cases, the denial of cultural needs of Māori survivors was experienced via the explicit banning of Māori customs. Māori survivor Leena Kalpus (Ngāti Wairere, Tainui) explained that she wasn't allowed to speak te reo and was punished for "doing anything considered Māori at the Presbyterian North Haven home."²¹⁸


²¹⁴ Ngai Tūhoe, *Being Tūhoe* (2021), <https://www.ngaituhoe.iwi.nz/being-tuhoe>.

²¹⁵ Witness statement of Hone Tipene (22 September 2021, page 2).

²¹⁶ Witness statements of Terry King (10 August 2021, page 15); Ms AF (13 August 2021, page 3) and Maryann Rangī (13 April 2021, page 24).

²¹⁷ Witness statement of Ellen Amohanga (20 January 2021, page 9).

²¹⁸ Witness statement of Leena Kalpus (12 April 2022, page 6).

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172. In other cases, care settings failed to support and provide access to cultural knowledge (matauranga Māori), tikanga, and an environment that could nurture cultural identity – many institutions failed to provide survivors with any link to te ao Māori, including their whakapapa.²¹⁹ Survivors shared how they were not given any opportunity to learn about important Māori values and concepts including whanaungatanga,²²⁰ mana, wairua and papakāinga (a Māori village or community settlement). During their placement, they missed out on many cultural lessons,²²¹ which made some feel confused, stupid, useless and not Māori.²²² This impacted their ability to maintain a positive connection to their Māori identity and sense of self; Māori survivors shared that they felt uncomfortable around other Māori because they never spent time on a marae.²²³
173. The Inquiry also heard of instances where care facilities disregarded Māori culture and beliefs with their culturally insensitive decisions. For instance, in mental health settings, access to traditional healing and tohunga were not available to some survivors²²⁴ as it was seen as an invalid practice.²²⁴
174. Māori survivor Mr OL (Ngāi Tai ki Tāmaki, Ngāti Kohua, Ngāti Tupaia, Ngāti Tanewai) was adopted at birth. He spoke about being matakite, a Māori term for an experience of heightened spiritual or intuitive connection. It can include seeing, hearing, smelling, tasting and feeling things that cannot be perceived by other. He said this was not considered when he was later diagnosed as having a mental illness that required treatment.²²⁵ Māori survivor Mr IA (Ngāti Raukawa, Ngāti Toa Rangatira) shared how when he was young, he had experienced a form of mākutu (witchcraft, black magic, sorcery).²²⁶ He was sent to a psychiatric hospital for treatment at 12 years old. While he was there, Māori healers would visit him but the hospital would not acknowledge them or include them in his treatment.²²⁷ He shared that it was the Māori healers that had helped him with that experience rather than the treatment he had received from the psychiatric hospital.²²⁸

219 Witness statement of Ms CH (15 June 2022, pages 9–10).

220 Witness statement of Gwen Anderson (30 December 2021, page 19).

221 Witness statement of Gwen Anderson (30 December 2021, page 19).

222 Witness statement of Ms CH (15 June 2022, pages 9–10).

223 Witness statement of Gwen Anderson (30 December 2021, page 19).

224 Witness statements of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 40) and David Culham (19 April 2022, para 3.26).

225 Witness statement of Mr OL (29 September 2020, page 3).

226 Witness statement of Mr IA (2 June 2022, pages 5–6).

227 Witness statement of Mr IA (2 June 2022, pages 5–6).

228 Witness statement of Mr IA (2 June 2022, pages 5–6).

Ngā wheako tūkinotanga ā-kaikiri me te whakahapa ahurea o ngā uri Pasifika

Pacific experiences of racial, cultural abuse and neglect

175. Pacific survivors told the Inquiry about they experienced racial abuse and cultural neglect, including the denial of access to knowledge of their specific cultural identities, the denial of opportunities to learn about their specific culture or to practise or speak their specific cultural customs and languages; and the denial of access to, and knowledge of their kainga (family). Many Pacific survivors that came forward to the Inquiry also had whakapapa Māori, meaning they often experienced multiple and compounding forms of racial abuse and cultural neglect and were often denied access to multiple cultural identities and their associated knowledge, languages and customs.
176. Pacific survivors experienced verbal taunts and racist name calling that made them too embarrassed to identify with or share their culture. Cook Island Māori survivor Jovander Terry shared how he was fluent in Cook Island Māori prior to entering into care. However, after the racist name-calling experienced by peers and staff at a boy's home,²²⁹ he chose not to speak his language. Other institutions dissuaded Pacific survivors from speaking their specific language by using corporal punishment if they were caught doing so.²³⁰
177. Derogatory statements were also made in survivors' records, which they discovered years later upon receiving them. Samoan survivor Fa'amoana Luafutu found comments that disparaged his family and held negative views towards Pacific Island migrants, such as:
- "This 12-year-old boy comes from a family who have not settled into European ways readily and cling to a Samoan language and dress. If the parents would take a greater interest in English, then they would have been able to assist their boy to a far greater extent."***²³¹
178. A Māori and Niuean survivor who was placed in care when he was 12 years old shared how one staff member wrote in his notes that he was not productive as a member of the work group and suggested he should go back to the islands where his present way of life could be acceptable.²³²

229 Witness statement of Jovander Terry (29 June 2021, page 26).

230 Witness statement of David Williams (aka John Williams), (15 March 2021, page 3).

231 Witness statement of Fa'amoana Luafutu (5 July 2021, page 13).

232 Witness statement of Mr VV (17 February 2021, page 9).

179. Pacific survivors of institutional residential care reflected on how residential facilities and homes were not set-up to provide for them culturally in the first place. Fa'amoana Luafutu, for instance, said that Kohitere Boys' Training Centre, Taitoko Levin, "had no function to meet the needs of a Samoan like me".²³³ Similarly, Tokelauan and Māori survivor Mr TH said that "there was no cultural support at Epuni".²³⁴
180. For Pacific survivors with disability or mental health conditions, institutions did not provide for a connection to culture, including within therapeutic processes.²³⁵ Samoan survivor, Lusi Faiva, with cerebral palsy who described the lack of opportunities she had to learn about and participate in her culture during her time at the Kimberley Centre near Taitoko Levin:

*"(No) one ever talked to me about my Samoan heritage ... I felt like people didn't know or care about my Samoan culture. Even if they did there was no recognition, interest or inclusion. There was no respect or effort to recognise me for who I am. Even I didn't know."*²³⁶

Te whakaparaunga me motunga o ngā here ki te kāinga **Denial and disconnection from kainga**

181. For some survivors, cultural neglect was primarily experienced through being disconnected from kainga, as these were the people who could provide them with the cultural shelter they needed or desired. When Pacific survivors entered care, family contact and relationships were limited, not maintained consistently, or severed. This significantly impacted their future wellbeing, sense of self, identity, and connections to their culture, language, kainga, and other people.
182. Associate Professor Folasāitu Dr Apaula Julia Ioane explained cultural safety further, saying "safety is not just about the absence of threat, it is the presence of connection".²³⁷ At a practical level, cultural safety means ensuring Pacific children, young people, and adults can maintain connection, or be connected, to their cultures, families, and communities while in care. The Honourable Luamanuvao Dame Winnie Laban stated that it also means ensuring carers and institutions "have an understanding and a respect for our culture, for our history, for our values", which might include pronouncing Pacific names correctly or ensuring that communication and engagement with Pacific families is done appropriately.²³⁸

²³³ Witness statement of Fa'amoana Luafutu (5 July 2021, page 9).

²³⁴ Witness statement of Mr TH (7 June 2021, page 9).

²³⁵ Witness statement of Rachael Umaga (18 May 2021, page 22).

²³⁶ Mirfin-Veitch, B, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 77).

²³⁷ Witness statement of Folasāitu Dr Apaula Julia Ioane (21 July 2021, page 24).

²³⁸ Transcript of evidence of Associate Professor Hon Luamanuvao Dame Winnie Laban at the Inquiry's Tulou – Our Pacific Voices: Tataia e Pulonga (Pacific Peoples' Experiences) Hearing (19 July 2021, page 22).

183. Dr Sam Manuela explained: "In instances where survivors were placed into the care of others, these then became substitutes for family. However, the vā [the "space between" that holds people and things together] that exists between family members does not have the same meaning as the vā between a person and unfamiliar others."²³⁹ For many, maintaining a connection to kainga is critical to their wellbeing and is a crucial link to culture, cultural heritage, language and identity.
184. Survivors have shared how they were not allowed to see their family while they were in care. In the rare instances when they were allowed to see them, it was only for a short visit over a holiday.²⁴⁰ For some survivors, the brief time they could see their families pained them because they knew they could not see them for long.²⁴¹
185. Other survivors were not told that they had family they could contact and connect with. Samoan survivor David Crichton shared that the social welfare residences and institutions he stayed in held the contact details for his extended Samoan family, but never facilitated that connection or told him about them.²⁴² Cook Islands and Māori survivor Anau Jr (Ngāpuhi), who was placed in care at 12 years old, was denied the ability to connect to his family as the social welfare residences and institutions did not try to contact his immediate and extended family while he was in care.²⁴³
186. Some survivors were denied their connection to their kainga because the State failed to correctly identify and support their ethnicity while they were in care. The Inquiry has heard of instances where survivors were made to believe that they were Māori but only found out later in life that they were Cook Island Māori,²⁴⁴ or learned they were Samoan after they had requested their records from the Ministry of Social Development.²⁴⁵
187. The denial of access and knowledge of kainga was acknowledged by Oranga Tamariki at the Inquiry's State Institutional Response Hearing, where it was conceded that "children were severed from families, [and] children were severed from their extended families".²⁴⁶

239 Witness statement of Dr Sam Manuela (12 July 2021, page 13, para 65).

240 Witness statement of Mr TH (7 June 2021, page 16).

241 Witness statement of Mr TH (page 16).

242 Witness statement of David Crichton (9 July 2021, pages 21–22, 24).

243 Private session transcript of Anau Jr Anau (9 June 2020, page 23).

244 Private session transcript of Te Pare Meihana (5 May 2021, page 8).

245 Witness statement of David Crichton (9 July 2021, page 2).

246 Transcript of evidence of Chief Executive Chappie Te Kani for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (22 August 2022, page 655).

Te tautuhi tuakiri hē me ngā ngoikoretanga raraunga Ethnic misidentification and data deficiencies

188. Several survivors of care settings discussed how their ethnicity was misidentified and misrecorded by care staff, or not recorded at all. This primarily affected individuals from Māori, Pacific and mixed ethnicity backgrounds. Such errors could follow survivors throughout their time in care and contribute to wider cultural neglect, as care staff did not to recognise all or part of their cultural heritage.
189. Two Department of Statistics documents from the 1980s outline the systemic issues that led to flawed ethnicity recording policies and contributed to staff incorrectly following revised policies that were intended to mitigate these issues.²⁴⁷ Oranga Tamariki has acknowledged that data on ethnicity was not kept prior to 2001, and that this has contributed to an incomplete picture of who was in care throughout this time.²⁴⁸ The Ministry of Health has made similar acknowledgments.²⁴⁹
190. Faith-based organisations have made limited concessions about ethnicity recording failures. The Anglican Church admitted there has been poor record keeping of ethnicity within its institutions, but said that there has “never been an obligation to record ethnicity data about our members in the past.”²⁵⁰ Representatives from Presbyterian Support Central stated that their lack of ethnicity recording was a failure and “a poor part of our service”.²⁵¹
191. Pacific survivors reported incorrect ethnicity recording across settings including State²⁵² and faith-based care,²⁵³ faith-based schools²⁵⁴ and psychiatric care.²⁵⁵ For example, Mr TH received some of his files and saw that sometimes he had been recorded as only Māori and not Tokelauan.²⁵⁶ Samoan survivor David Crichton was mislabelled as Māori upon entry into the care of Presbyterian Support Services as an infant, an error that followed him through his time into social welfare residences and institutions and then adulthood.²⁵⁷ Due to thinking he was Māori, David missed out on the opportunity to connect with his Samoan culture and aiga, a neglect which he feels was the worst aspect of his time in care.²⁵⁸ Cook Islands Māori survivor Te Pare Meihana described how “with the flick of a pen”, her ethnicity was changed to Māori to make her easier to adopt out to a Māori family.²⁵⁹

247 Brown, PG, An investigation of official ethnic statistics (Department of Statistics, 1983); Department of Statistics, Report of the Review Committee on Ethnic Statistics (1988).

248 Oranga Tamariki, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce No 418 (10 June 2022, page 136).

249 Updated brief of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, pages 3–4).

250 Witness statement of the Most Reverend Philip Richardson (Archbishop of Tikanga Pakeha of the Anglican Church) and the Most Reverend Steven Tamihere (Archbishop of Tikanga Māori of the Anglican Church), (5 October 2022, page 13).

251 Transcript of evidence of Chief Executive Joe Ashgar and former Chief Executive Patrick Waite for Presbyterian Support Central at the Faith-based Institutions Response Hearing (Royal Commission of Inquiry into Abuse in Care, 19 October 2022, pages 255–256).

252 Witness statement of Fa'amoana Luafutu (5 July 2021, para 83).

253 Witness statement of Ms RK (30 June 2021, page 3).

254 Witness statement of Kamahl Tupetagi (3 October 2021, page 22).

255 Witness statement of Rachael Umaga (18 May 2021, pages 4–13).

256 Witness statement of Mr TH (7 June 2021, pages 22–23).

257 Witness statement of David Crichton (9 July 2021, pages 3–4).

258 Witness statement of David Crichton (9 July 2021, page 35).

259 Private session transcript of Te Pare Meihana (5 May 2021, pages 8–9).

192. Māori in care were also subjected to incorrect and incomplete ethnicity recording, often due to flawed processes failing to record mixed-ethnicity individuals, or because institutions neglected to record at all. Māori survivor Ms AF (Ngati Tahinga / Ngāti Ira) described how after her birth, her doctor and social workers colluded to have her ethnicity changed to 'European' on her birth certificate, to make her 'more adoptable'; her adoptive mother had specifically asked for a white baby. She said that, "in doing so, they stole my whakapapa and my whenua from me and my descendants."²⁶⁰

Ngā wheako whakahapa ahurea o te hunga Turi

Deaf experiences of cultural neglect

193. Deaf survivors told the Inquiry that Deaf culture was neglected and actively discouraged in special schools for the Deaf and in mainstream education settings. This was partly due to Audism. Audism is a negative and prejudiced attitude towards anyone who can't hear or speak and sees Deafness as a disability.²⁶¹ This meant that students were not supported to choose their means of communication and instead were forced to learn oralism.
194. Dating back to the 19th century, oralism was introduced as an official State policy for Deaf education and was enforced in specialist Deaf schools, Deaf units, and in mainstream education. Oralism refers to educating Deaf students to produce oral language using lip reading, mimicking mouth shapes, using breathing patterns and vocal exercises of speech.²⁶²
195. Deaf survivors were forced to adopt oralist methods of communication, including lip reading and vocalisation,²⁶³ and were prevented from using communication methods that were relevant to them, such as Sign Language, which was banned in education at a National level by the Department of Education until 1979.²⁶⁴ To prevent the use of Sign Language, survivors were physically punished; their ears were twisted²⁶⁵ or they were physically strapped.²⁶⁶ Some were hit over their ears while wearing hearing aids.²⁶⁷

²⁶⁰ Witness statement of Ms AF (13 August 2021, pages 2–3).

²⁶¹ Human Rights Commission, Whakamahia te tūkinokore ināianei, ā muri ake nei: Acting now for a violence and abuse free future (December 2021, page 63).

²⁶² Oralism and the Deaf Community, What is oralism (n.d.), <https://oralismandthedeafcommunity.weebly.com/what-is-oralism.html>.


²⁶³ Witness statement of Mr JU (27 October 2022, page 2).

²⁶⁴ Bennett, K, "Exploring New Zealand Sign Language's discriminatory past and uncertain future," 1 News (10 May 2019), <https://www.1news.co.nz/2019/05/10/exploring-new-zealand-sign-languages-discriminatory-past-and-uncertain-future/>; Amended statement of claim to the Waitangi Tribunal of Steven Wilson and Karen Pointon on behalf of Tāngata Turi (Māori Deaf), (Wai 2143, 1.1.1(a)), (17 December 2019).

²⁶⁵ Witness statement of Mr JU (27 October 2022, page 2).

²⁶⁶ Witness statement of Ms Bielski (18 October 2021, pages 4–5).

²⁶⁷ Witness statement of Ms Bielski (18 October 2021, page 4).

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196. Survivors shared how they were forced to speak.²⁶⁸ A student who attended Sumner School for the Deaf from 1979 to 1984 recalls their hands being tied to their chair so they could not use them to communicate.²⁶⁹ Others during that time (and earlier) used their Sign Language secretly and taught it to Deaf students.²⁷⁰ Māori Deaf survivor Mr JU (Ngāti Porou) who was a student at St Dominic's Catholic Deaf Centre in Papaioea, Palmerston North, in the 1960s shared how he and other Deaf children would hide among the trees so they could sign to each other. They were punished if they got caught.²⁷¹
197. In mainstream school environments from the 1960s to the 1980s, all lessons were conducted verbally. Deaf children were expected to lip read and copy the teachers lip patterns. They were also encouraged to speak. These communication barriers meant that teachers would focus on the hearing children.²⁷² Deaf survivors also experienced bullying in mainstream schools.²⁷³ Some explained that in some education settings they experienced linguistic and cultural neglect because there were no Deaf teachers or hearing staff with adequate understanding of either Sign Language or Deaf culture.²⁷⁴
198. The use of Sign Language was banned throughout Aotearoa New Zealand until 1979 and therefore prohibited by some schools that were specifically set up for Deaf education,²⁷⁵ for example St Dominic's Catholic Deaf Centre in Papaioea Palmerston North,²⁷⁶ Sumner School for the Deaf in Ōtautahi Christchurch,²⁷⁷ and Van Asch College in Ōtautahi Christchurch and Kelston School for the Deaf in Tāmaki Makaurau Auckland.²⁷⁸
199. The Inquiry heard of Deaf survivors being ridiculed when they tried to use facial expressions while signing. Facial expressions are a crucial part of communication for Deaf people.²⁷⁹
200. Tāngata Turi Māori were barred from signing along with other students in Deaf schools, and there was no access to te reo Māori.²⁸⁰ The Inquiry heard how tāngata Turi Māori who attended residential Deaf schools grew up without access to, or an understanding their Deaf and Māori identities.²⁸¹

268 Witness statement of Mr JU (27 October 2022, page 2).

269 Witness statement of Ms Bielski (18 October 2021, page 5).

270 Witness statement of Ms MK (28 June 2022, page 5).

271 Witness statement of Mr JU (27 October 2022, page 2).

272 Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, pages 3–4).

273 Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, pages 3–4).

274 Witness statements of Ms KF (20 December 2021, page 6) and Mr LQ (17 August 2021, page 7).

275 McKee, R, "The eyes have it! Our third official language: New Zealand Sign Language," *Journal of New Zealand Studies*, No 4/5 (2006, pages 129–148).

276 Witness statement of Mr JU (27 October 2022, page 2).

277 Witness statement of Mr JU (27 October 2022, page 3).

278 Witness statement of Ms Bielski (18 October 2021, pages 4–5).

279 Witness statement of Ms Bielski (18 October 2021, page 5).

280 Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, page 5).

281 Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, pages 5–6).

201. Deaf survivors shared how the lack of knowledge and access to Sign Language and Deaf culture occurred in settings beyond education, which exacerbated their experience of abuse and neglect. In hospitals, Deaf survivors were misdiagnosed because no effort was made to use an interpreter to ask the survivor directly how they felt and explain what was happening to them.²⁸² The survivor was left out of the decision-making process.
202. The suppression and denial of their language and culture made it difficult for Deaf children to understand and report other forms of abuse experienced in these settings.

Te tūkinotanga me te whakahapa ā-wairua, ā-whakapono hoki i roto i te pūnaha taurima Spiritual and religious abuse and neglect in care


203. Spiritual and religious abuse and neglect are closely related forms of abuse that interfere with the spiritual wellbeing, wairua, or religious beliefs of individuals, or use these elements to further other abusive aims.
204. Spiritual abuse has numerous definitions in academic and faith-based literature. The Inquiry uses spiritual abuse as an umbrella term to refer to any instance of abuse where an abuser uses spirituality to gain power and control over a victim or has the result of harming the spiritual wellbeing of an individual. Spiritual abuse can co-occur with or enable physical, sexual or emotional abuse, and can intensify the impacts of that abuse by giving it a spiritual dimension, for example, feeling guilty or 'sinful' after sexual abuse.
205. Spiritual abuse should be understood as being broader than abuse experienced within the bounds of Christianity or the church. Other culturally specific beliefs and practices of 'spirituality' could be manipulated for, or the target of, abuse. These could result in someone being disconnected from cultural and spiritual wellbeing. Although this has a strong crossover with cultural neglect, the Inquiry heard from survivors who shared their experience of abuse within their whānau²⁸³ and abuse by others who share their culture²⁸⁴ which impacted their attempts to reconnect to anything related to their culture, practices and beliefs.²⁸⁵
206. Spiritual neglect refers to the failure of a care setting to cater to the spiritual wellbeing of people in care. This can be through failure to provide access or acknowledgement of an individual's unique spiritual beliefs or expressions (in this sense, it also has a strong connection to cultural neglect).

²⁸² Witness statement of Mr LF (13 February 2020, page 4).

²⁸³ Witness statement of Tumohe Clarke (11 August 2021, page 10).

²⁸⁴ Witness statement of Alison Mae (24 September 2021, page 26).

²⁸⁵ Witness statement of Alison Mae (24 September 2021, page 26).

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207. Religious abuse is defined by the Inquiry as “using faith or church beliefs and teachings (including prayer, scriptures and deference to God) to perpetrate abuse and harm, and to discourage disclosure of that abuse and harm”.²⁸⁶ Religious abuse has also been characterised as the use of religious philosophies and practices to manipulate, control and abuse another; and can occur when someone misuses their position of religious power to dominate or manipulate.²⁸⁷
208. Spiritual and religious abuse occurred through different actions, and alongside many other forms of abuse. These included spiritual leaders using their position and teaching to groom survivors for sexual abuse; psychologically abusing and dehumanising individuals using religious teachings and describing them as morally corrupt or sinful; imposing beliefs or religious practices on those in care; and undermining faith (possibly resulting from the betrayal of belief systems due to the actions of abusers). These forms of spiritual abuse are noted in international literature.²⁸⁸
209. Religious abuse was extremely prominent as a part of clerical sexual abuse within churches, as power dynamics of relationships between religious leaders and those in their care were central to this abuse.²⁸⁹ The Inquiry heard how religious leaders were not only powerful, but also trusted and respected by whānau and communities, which allowed them to have unique access to children, young people and adults. This enabled abuse to occur, and intensified barriers to reporting. This status, combined with the importance of obedience in faith-based care settings, often made it difficult for survivors to identify abuse or question the abusive behaviour. In some cases, abusers used their status and ‘closeness to God’ as a means of silencing survivors.
210. Examples of abuse involving religious teaching often featured a religious leader or staff member using their teaching or mentoring to groom victims, and sometimes to justify or explain the abuse.²⁹⁰ Survivor Vincent Reidy, who was abused by a Catholic priest, told the Inquiry that:

“spiritual trauma is worse than psychological, emotional or physical abuse, because being attacked by clergy, the priest holds a powerful position, because a priest is closer to God. Abuse discounted all the sureties of life that I had been brought up to take for granted.”²⁹¹

286 Royal Commission of Inquiry into Abuse in Care, *Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust* (2023, page 362).

287 Johnson, D & VanVonderen, J, *The subtle power of spiritual abuse: Recognizing and escaping spiritual manipulation and false spiritual authority within the church* (Baker Books, 2005).

288 Bergin, J, “Dysfunctional organization? Institutional abuse of children in care,” *Journal of Management, Spirituality & Religion*, 4(4), (2007, pages 461–485); Kinmond, K & Oakley, L, *Breaking the silence on spiritual abuse* (Palgrave Macmillan, 2013); McPhillips, K, “Soul murder: Investigating spiritual trauma at the Royal Commission,” *Journal of Australian Studies*, 42(2), (2018, pages 231–242); Scottish Child Abuse Inquiry, *Case study No 1: Daughters of Charity of St Vincent de Paul* (Attorney General of Scotland, 2018).

289 Transcript of evidence of Dr Peter Wilkinson and Professor Desmond Cahill for the Inquiry’s Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 8 November 2019, page 1103).

290 Witness statements of Mr MO (4 May 2022, page 5) and Jacinda Thompson (30 September 2020, page 3).

291 Witness statement of Vincent Reidy (21 September 2020, page 11).

211. Religious teachings were used in faith-based schools, orphanages and residences as a part of creating institutional environments of fear, where children were told to be afraid of eternal damnation as punishment for wrongdoing.²⁹² Strict religious practices such as early morning prayer were imposed, with harsh punishments for those who didn't comply.²⁹³ Similarly, survivors from some faiths told the Inquiry that religious teachings about separation from society were used to keep members obedient to leadership out of fear that they would be cut off from their friends and family in the community.²⁹⁴
212. Many survivors from faith-based schools, orphanages, residences and unmarried mothers' homes told the Inquiry that staff saw them as morally corrupt. These survivors were abused using spiritualised language that framed them as intrinsically sinful. This framing was used to justify further physical, sexual and psychological abuse and neglect.²⁹⁵ Survivors who were Māori,²⁹⁶ disabled²⁹⁷ or takatāpui and Rainbow²⁹⁸ were also described as evil or sinful for having these identity traits, and were subject to further abuse seemingly justified through religious beliefs.
213. Discrimination against Rainbow, takatāpui and MVPFAFF+ identities, as well as conversion practices were primarily experienced in a pastoral care context. Mr UB, a Māori (Ngai Tahu) and Tongan fakaleitī, survived two instances of conversion therapy, one that was initiated by the church and the other that was initiated by his school.²⁹⁹
214. Conversion practices are discussed in further detail in the following section, Medical abuse and neglect in care.

292 Witness statement of June Lovett (14 December 2021, para 45).

293 Private session transcript of Liz Peterson (26 August 2021, page 9).

294 Witness statements of Mr QM (16 August 2021, para 3.3.5) and Neville McCallum (19 July 2022, page 26).


295 Witness statement of Mr UZ (16 March 2021, page 5); Written statement of Ms CQ (7 September 2021, pages 15–16); Private session transcript of Helen Mafi (29 June 2021, pages 2–3); Private session transcript of Nikky Kristofferson (28 May 2019, page 10); Private session transcript of Ms VP (8 June 2020, page 21).

296 Private session transcript of Rexene Landy (17 February 2021, pages 5–7).

297 Witness statement of Ms PQ (25 June 2021, pages 13–14).

298 Private session transcript of Lilia Tarawa (Part 2) (3 November 2021, page 17).

299 Witness statement of Mr UB (3 April 2022, page 7).



Te tūkinotanga me te whakahapa ā-rongoā i roto i te pūnaha taurima

Medical abuse and neglect in care

215. Medical abuse is a broad term capturing many abusive actions involving the improper application of medical treatment and practices, the misuse of medicine or medical equipment for purposes other than treating illness, or the medicalisation of issues that were not related to illness. It can include instances of treatment without informed consent, as well as instances of medical trials or experimental treatment. Medical abuse occurred in most care settings, including social welfare settings, disability and mental health settings, health camps, and faith-based settings particularly unmarried mothers' homes.³⁰⁰
216. Often, different types of abuse would co-occur when medical resources were misused. For example, survivor Mr OW described how he was held down and strapped to a bed with dog-like collars at Porirua Hospital in the late 1960s before receiving electric shocks to his testicles.³⁰¹ He told the Inquiry "the staff thought it was funny to do it".³⁰²
217. Staff across care settings and institutions sometimes used medical treatment and medications as tools to control and punish children, young people and adults in care, including aversion techniques involving electric shocks and painful injections of medication. This was particularly common in psychiatric and psychopaedic institutions and social welfare residences and institutions.
218. Many survivors, particularly those who were in disability and mental health settings, spoke about receiving treatment without giving informed consent. The Inquiry acknowledges there were instances where treatment without informed consent was legal and an accepted practice. This section of the Inquiry's report, focuses and reflects on survivors' experiences where they received treatment that they did not give informed consent to and that they describe as abusive and traumatic.

300 Witness statements of Terry King (10 August 2021, page 7); Mr MM (11 August 2021, page 12); Danny Akula (13 October 2021, page 21); Walton Ngatai-Mathieson (11 May 2021, page 11); Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 5); Joan Bellingham (25 February 2020, pages 6–7); Mr LF (13 February 2020, page 4); Milton Reedy (20 May 2022, page 8); Alison Pascoe (29 April 2022, pages 8–9, para 2.46); Steven Storer (24 May 2021, page 7) and Catherine Hickey (2 August 2021, page 5, paras 32–33).

301 Witness statement of Mr OW (17 May 2021, page 5).

302 Witness statement of Mr OW (17 May 2021, page 5).

219. The denial of reproductive rights is another form of medical abuse that survivors, particularly women and girls, experienced in care. This was carried out through the administration of contraception, sterilisations and abortions. Contraception refers to drugs, devices and techniques used to prevent pregnancy. Sterilisations are procedures that render a person unable to reproduce. Abortions are procedures that terminate pregnancy. The Inquiry found there was often a lack of informed consent around these procedures. In some cases, these procedures were forced on survivors.

Te whakahau i te kai rongoā ki te whakahaere, ki te aupēhi rānei i te tangata

Forced medications to manage or control people

220. Medication was used to control, subdue or 'manage' people's behaviours while they were in care settings, often for the benefit of staff. 'Overmedicalisation' refers to the inappropriate application of medical analysis or diagnosis to non-medical situations, as well as the use of unnecessary treatments, which applies to many instances of medical abuse the Inquiry has heard about.³⁰³
221. The Inquiry heard evidence of medication being used in an experimental nature in psychopaedic and psychiatric settings. Former staff have used the term 'medical experiments' to describe the kind of trials that took place in these settings.³⁰⁴
222. Dr Enys Delmage, consultant in adolescent forensic psychiatry, told the Inquiry that caution should be exercised when "passing judgment on historical prescribing practices". He said clinicians in those days "would not have had the benefit of decades of research and innovation that followed".³⁰⁵
223. At the Inquiry's State Institutional Response Hearing, Ministry of Health Chief Executive and Director-General of Health, Dr Diana Sarfati publicly acknowledged that:

"Much of the nature and standard of care and treatment provided in historical psychiatric or psychopaedic institutions would be unacceptable today and are now, rightly, reviewed as neglect or abuse."³⁰⁶

303 British Medical Journal website, Too much medicine (2023), <https://www.bmj.com/too-much-medicine>

304 Witness statement of Marleen Verhoeven (26 September 2022, page 5); Transcript of evidence of Dr Olive Webb at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 13 July 2022, page 226).

305 Expert witness report of Dr Enys Delmage (13 June 2022, page 15).

306 Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 205).

224. Dr Mhairi Duff, deputy clinical director at the Mason Clinic, said that although prescribing practices have improved “there is still an overreliance on medication with a powerfully sedating side effect within mental health”.³⁰⁷ Expanding on this, she said:

“If you run a medical model you’re going to get medical interventions high in the hierarchy of choices and a relative downgrading of the value of non-medication interventions.”³⁰⁸

225. Survivors often used the term ‘guinea pig’ to describe how they felt being given different medications, typically without their informed consent. Samoan survivor Leota Scanlon, who was placed in Lake Alice Child and Adolescent Unit at 13 years old, described how he “just felt like a guinea pig there” as “the staff spent their time figuring out what drug worked best to settle us down and to shut us up”.³⁰⁹

226. Chemical restraint is a type of restraint where medication is used to control a person’s behaviour, typically to sedate, subdue and encourage compliance. Chemical restraints can be proactive and used to stop an anticipated behaviour occurring. When it is used in this way it is called overmedicalisation, as a regular dose of medication is being given to maintain control over the behaviour. At other times, medication is used reactively to control or curb unwanted behaviour. The Inquiry has heard evidence of chemical restraint being used in care settings such as disability and mental health settings, as well as social welfare residences and institutions.

227. Dr Martyn Matthews described how the use of medication as a means of behavioural control could develop in psychopaedic institutions that lacked staff, had little or no staff training or had a highly institutionalised practice:

“This is an international problem and is one of the major contributing factors to the continuing overmedication of people with a learning disability. Within the records reviewed for this report, there was clear evidence of PRN [as the circumstances arise] antipsychotic and hypnotic medication being used for behavioural control.”³¹⁰

228. Dr Matthews explained that “many of the challenging or ‘problem’ behaviours seen in care settings were a direct result of the living environment and poor quality of support and treatment that were received.”³¹¹

307 Witness statement of Dr Mhairi Duff (26 September 2022, page 18).

308 Witness statement of Dr Mhairi Duff (26 September 2022 page 18).

309 Witness statement of Leota Scanlon (23 June 2021, pages 3, 6).

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

311 Matthews, M, The medicalisation, use of psychotropic medications and seclusion and restraint for people with a learning disability and / or autism spectrum disorder, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (7 August 2022, page 16).

229. Survivor Robert Shannon (8 years old) was placed in an adult ward at Palmerston North Hospital for eight months in the early 1960s. He told the Inquiry he was sedated throughout his time at the hospital, and that it:

“Was only necessary because I was not in an appropriate facility and I was not receiving any treatment for my condition [paediatric behavioural challenges later diagnosed as Childhood Behavioural Disorder].”³¹²

230. In a letter to a charge nurse at Alice Child and Adolescent Unit, Rangitikei, Dr Pugmire refers to both paraldehyde and Largactil (the brand name for antipsychotic medication, chlorpromazine) as “tranquilizers”.³¹³ Not only was this kind of medication used as a chemical restraint in care, but paraldehyde injections were often used as tools to inflict aversive punishment.

From: S.L. Pugmire

To: Charge Nurse, Villa 6.

When each child is admitted to Villa 6, the Medical Officer should be asked to sign for emergency medication of syrup containing 10 c.c. of Paraldehyde by mouth, or syrup containing Largactil 100 mgs by mouth. **In case the behaviour of the child is so difficult that all medication is impossible, there should be a P.R.N. permission for half of either of these tranquilizers to be given by injection in an emergency situation.**

As normal practice, if a child is displaying psychotic or severely disturbed behaviour, the first step is to place the child in an area where there is reduced external stimulation, get them away from their audience as quickly


Portion of the letter from S.L. Pugmire to Charge Nurse on 19 September 1977 noted in footnote 313.

231. Medical abuse in the form of chemical restraint and over-medicalisation enabled other types of abuse to occur, particularly sexual abuse. Sexual abuse sometimes occurred while survivors were physically or chemically restrained (including being heavily medicated) in settings such as psychiatric hospitals.³¹⁴ Survivors spoke about how they were intentionally taken advantage of while in these states.

³¹² Witness statement of Robert Shannon (9 June 2021, pages 9–10).

³¹³ Letter from Dr Pugmire to charge nurse, Villa 6 (19 September 1977).

³¹⁴ Witness statements of Christine Ramage (27 July 2021, pages 12, 18) and Steven Storer (24 May 2021, page 7).

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232. The Inquiry has also been told about punitive medicating. Dr Olive Webb, clinical psychologist specialising in intellectual disabilities and autism spectrum disorder, gave an example of the ward doctor at Sunnyside Hospital in Ōtautahi Christchurch who increased a patient's medication as punishment. The patient had broken the antenna on his car in retaliation for something he had said that upset her.³¹⁵
233. Contraceptives were used to control girls' and women's bodies. For example, injections of Depo-Provera for example were used to 'manage' menstruation, by limiting the care that could have been required from staff, and to decrease the likelihood of pregnancy.³¹⁶
234. An amendment to the Mental Health Act 1969 in 1977 gave medical superintendents, or employees acting at the superintendent's direction, authority to administer any contraceptive to "mentally subnormal" females under care of the relevant hospital.³¹⁷ In the same year, the Contraception, Sterilisation, and Abortion Act 1977 was enacted, allowing parents, guardians, people with custody of any female, or medical practitioners in the course of treatment to administer contraceptives to "mentally subnormal" females if it was in their best interests.³¹⁸
235. The Inquiry is also aware of non-therapeutic sterilisation of males. Māori survivor Walton James Ngatai-Mathieson (Ngāti Porou) told the Inquiry he received contraceptive medication at Lake Alice without his consent. He shared that he was given a blue pill which he understood was to make sure he couldn't get anyone pregnant. He referred to this pill as the "kill cocker".³¹⁹
236. Dr Olive Webb told the Inquiry that she witnessed male patients receiving Melleril, which had the 'advantage' of producing erectile dysfunction, and said it was seen as a way of controlling the men's sexual behaviour. Dr Webb explained that this thinking was a carryover from the eugenic beliefs of people such as Truby King who set up the psychopaedic hospitals to segregate inferior breeding stock.³²⁰

315 Witness statement of Dr Olive Webb (25 May 2022, page 12).

316 Witness statements of Claire Ryan (16 November 2022, pages 12–13) and Ms PA (28 January 2023, page 7).

317 Mental Health Act 1969, section 55. This section was amended on 16 December 1977.

318 Contraception, Sterilisation, and Abortion Act 1977, section 4.

319 Witness statement of Walton Ngatai-Mathieson (11 May 2021, page 13).

320 Witness statement of Dr Olive Webb (25 May 2022, page 12).

Ngā whakahaunga arotake hauora me ngā pokanga Forced medical examinations and procedures

237. The Inquiry heard of procedures and examinations taking place without survivors' informed consent. For example, many girls, sometimes even under 5 years old, were subjected to forced vaginal examinations. This mostly occurred in social welfare residences and institutions, but also in unmarried mothers' homes, and health camps.
238. The Inquiry also heard of occasions where children were subjected to vaginal examinations to see if they had been sexually abused, even when there was no alleged abuse. Forced vaginal examinations were a routine practice upon entry into social welfare residences and institutions, and also occurred when girls returned from holiday or leave. Examinations occurred in an uncaring and often degrading way. The Inquiry heard of many survivors being traumatised by these procedures, and that some medical staff used the procedures as an opportunity to sexually abuse those in their care.
239. Forced internal examinations at girls' homes were not compulsory. However, girls were locked in secure units until they agreed to undergo a test. The tests were given to girls even if they were not sexually active. Testing took place upon entry and return if a girl had run away. Survivors saw forced medical examinations as a punishment.³²¹
240. The Auckland Committee on Racism and Discrimination, in their 1978 investigation into children's homes, found that the method and manner of testing for sexually transmitted infections, particularly at Bollard Girls Home, Tāmaki Makaurau Auckland, constituted "degrading"³²² treatment or punishment under article 7 of the International Covenant on Civil and Political Rights that states: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation."³²³
241. The Inquiry also heard about contraceptive procedures such as the insertion of intrauterine devices and sterilisation surgeries such as tubal ligation, being performed on survivors in institutional care, particularly larger-scale disability and mental health institutions.³²⁴

321 Auckland Committee on Racism and Discrimination, Ngā Tamatoa & Arohanui Inc, Child welfare or Child abuse? Compiled by ACORD for the Public inquiry into child welfare homes, 11 June 1978, in association with Nga Tamatoa and Arohanui Inc (ACORD, 1979), in Sutherland, O, Index of the Document Bank for the brief of evidence of Oliver Robert Webber Sutherland, (Wai 2615), document A12(a), (2017, page 146).

322 Auckland Committee on Racism and Discrimination, Ngā Tamatoa & Arohanui Inc, Child welfare or Child abuse? Compiled by ACORD for the Public inquiry into child welfare homes, 11 June 1978, in association with Nga Tamatoa and Arohanui Inc. (ACORD, 1979), in Sutherland, O, Index of the Document Bank for the brief of evidence of Oliver Robert Webber Sutherland (Wai 2615), document A12(a), (2017, page 150).

323 Office of the United Nations High Commissioner for Human Rights, International Covenant on Civil and Political Rights (1976, web version 2023), Article 7, <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights#:~:text=the%20present%20covenant-,Article%207,to%20medical%20or%20scientific%20experimentation>

324 Statement of claim of Ms LV (Cooper Legal, 22 December 2005, page 8); Witness statements of Enid Wardle (13 October 2021, page 5) and Mark Benjamin (5 October 2022, page 7).

242. Most of the evidence the Inquiry reviewed surrounding sterilisation related to the sterilisation of women. The Inquiry heard from survivors who were sterilised while in institutional care,³²⁵ family members who questioned the consent processes surrounding their loved ones' sterilisations,³²⁶ and disability sector workers who confirmed that sterilisations historically occurred in institutions.³²⁷
243. Mark Benjamin, the former chief executive of Standards and Monitoring Services in Aotearoa New Zealand, told the Inquiry that from his personal observations it was unlikely people who were sterilised would have gone through "a process of making an informed choice about these procedures".³²⁸
244. The Inquiry also heard of forced and unconsented abortions happening in disability, mental health, and social welfare settings. Family members and other patients described women they were in care with or women they were related to who were in care, being forced into abortions without their knowledge and consent.³²⁹ Mostly, the Inquiry heard of women who realised during or after that the procedure they had undergone was an abortion. The Inquiry also heard that some of their pregnancies were a result of sexual abuse occurring in care.³³⁰
245. Survivor Christine Ramage became pregnant after being raped by a psychiatrist while in the care of Carrington Hospital's psychiatric ward, Park House in Tāmaki Makaurau Auckland, and was given an abortion without her knowledge or consent:

"A few months later, after the psychiatrist raped me, I was taken by a nurse to a room that was normally always locked. This room had lots of shiny things. I was told to get on the bed and I recall there being a nurse at my side and one behind me. I assumed I was there to get some sort of examination. Suddenly, everything went dark. I'm not sure whether this was because I had a mask over my face or if they had given me gas. The next thing I knew, I was awake. I can't guarantee the exact words, but the nurse beside me said something along the lines of, 'It's okay, you haven't got a baby anymore'."³³¹

325 Statement of claim of Ms LV (Cooper Legal, 22 December 2005, page 8); Witness statement of Sunny Webster (18 December 2021, page 12).

326 Multiple documents including letter between staff members, regarding claims and consent forms from eight former Lake Alice patients (25 October 2001, pages 30, 34, 35).

327 Witness statements of Enid Wardle (13 October 2021, page 5) and Mark Benjamin (5 October 2022, page 7).

328 Witness statement of Mark Benjamin (5 October 2022, page 7).

329 Witness statements of Ms GI (17 August 2021, pages 5–7); Sunny Webster (18 December 2021, page 12); Christine Ramage (27 July 2021, pages 17–18) and Ms WC (1 November 2022, page 6).

330 Witness statements of Sunny Webster (18 December 2021, page 12); Christine Ramage (27 July 2021, pages 17–18) and Paul Milner (1 June 2022, page 5, para 2.8).

331 Witness statement of Christine Ramage (27 July 2021, pages 17–18).

246. Non-consensual abortion, sterilisation and contraception for disabled people prevented their inclusion and participation in the mutual support and interdependence of parenthood. Rather than respect their difference and diversity, the care system devalued their human potential as parents and denied them that opportunity.

He whakawhiunga, he aupēhinga te whakamahinga o ngā tukanga kaupare

Aversion techniques to punish and control

247. Aversion therapy is a form of behaviour therapy where undesirable behaviour is matched with an unpleasant (aversive) stimulus and delivered in a measured, controlled way.³³² As unpleasant feelings or sensations become associated with that behaviour, the goal is for the behaviour to decrease or stop. Aversion therapy has been the focus of debate for many years among educators, medical professionals and practitioners.³³³ Its use remains controversial on ethical grounds and because of concerns about its effectiveness and safety.³³⁴
248. The Inquiry has seen some evidence of aversion techniques being used on children, young people and adults across different care settings in an attempt by staff to reduce behaviours they viewed as 'problematic' or challenging. This was often done through the delivery of uncomfortable, sometimes intolerable medical stimulus such as electric shocks delivered through ECT machines and painful injections. Survivor Mr JJ said that he was given electric shocks on 12 occasions in one day after accidentally breaking a pot at Lake Alice Child and Adolescent Unit.³³⁵ The Inquiry refers to these as aversive techniques, rather than therapy, as they represented medical abuse as a form of punishment and control.
249. The effects of medical abuse, such as electric shocks, could enable subsequent abuse to occur. As discussed in the Inquiry's report *Beautiful Children: Inquiry into the Lake Alice Child and Adolescent Unit*, several survivors suspected they were raped while heavily sedated or unconscious after ECT.³³⁶ Survivor Malcolm Richards, said he had no idea how long he had been unconscious after ECT, but he "came to back in the cell with a sore, sticky rectum" and believed he had been raped.³³⁷

332 APA Dictionary of Psychology website, aversion therapy (2023), <https://dictionary.apa.org/aversion-therapy>; APA Dictionary of Psychology website, behaviour therapy (2023), <https://dictionary.apa.org/behavior-therapy>

333 Letter from professor to detective superintendent re: Lake Alice allegations (2009, page 2).

334 Letter from professor to detective superintendent re: Lake Alice allegations (2009, page 2).

335 Witness statement of Mr JJ (23 March 2021, para 25).

336 Royal Commission of Inquiry into Abuse in Care, *Beautiful children: Inquiry into the Lake Alice Child and Adolescent Unit* (December 2022, page 127).

337 Witness statement of Malcolm Richards (31 March 2021, para 33).

250. The Inquiry has seen evidence of paraldehyde injections being used as aversive punishment. Paraldehyde is a hypnotic and sedative with anti-convulsant (anti-seizure) effects, known to have an extremely offensive taste and smell.³³⁸ Administration by way of injection is understood to be extremely painful.³³⁹ Following administration, people report being unable to use the part of the body that received the injection over a long period, until the effects have worn off.³⁴⁰

251. Medical abuse in the form of aversion techniques also commonly occurred consequently to children, young people and adults in care who were impacted by other types of abuse and neglect. Caroline Arrell, a former worker at two large-scale disability and mental health institutions, Tokanui Psychiatric Hospital near Te Awamutu and the Kimberley Centre near Taitoko Levin, said young residents' 'challenging behaviour' was overwhelmingly caused by emotional and physical neglect and a lack of stimulus:

*"I believe [residents] as demonstrated in their behaviour, were also responding to a wide variety of abuse. I believe that they were behaving in perfectly understandable ways in very abnormal environments."*³⁴¹

Te whakapanoni hemahematanga i ngā mahi taurima hinengaro Conversion practices in psychiatric care

252. Conversion practices, also referred to as 'conversion therapy', is an umbrella term used to describe a range of interventions based on the shared belief that a person's sexual orientation or gender identity and expression can and should be changed. Those with diverse sexualities and genders continue to experience profound prejudice in Aotearoa New Zealand. Homosexuality was illegal until 1986 and was pathologised and classified as a mental illness that many medical professionals believed could and should be treated,³⁴² commonly through conversion practices. The conversion practices survivors were subjected to varied between psychiatric settings and faith-based settings.

253. Such views meant that members of the takatāpui, MVPFAFF+ and Rainbow communities have experienced conversion practices, typically through harmful aversion techniques, while in State and faith-based care settings (most commonly in institutional psychiatric settings).

338 New Zealand Formulary for Children, Medicines for Children – information for parents and carers: Rectal paraldehyde for stopping seizures (2019).

339 Gallen, R, Report on the Lake Alice incidents (Crown Law Office, 2001, page 8).

340 Gallen, R, Report on the Lake Alice incidents (Crown Law Office, 2001, page 8).

341 Witness statement of Caroline Arrell (21 March 2022, page 15).

342 Submission by Pugmire, SL, re V Young's Private Member's Decriminalisation Bill (1974–75, pages 1–4) in Guy, L, "Straightening the Queers": Medical perspectives on homosexuality in mid-twentieth century New Zealand," Health and History, 2(1), (2000, pages 113–114).

254. Survivors explained that once they disclosed their sexuality to staff members or medical professionals in psychiatric settings, attempts were sometimes made by these institutions to convert them to heterosexuality. The Inquiry found that in psychiatric settings, the most common conversion practice experienced by survivors was being subjected to aversion techniques in the form of electric shocks. Survivors talked about the traumatising experience of receiving 'treatments' to 'fix' or 'cure' them, sometimes without their informed consent.³⁴³
255. This form of medical abuse typically co-occurred with other types of abuse, particularly psychological and emotional abuse, such as homophobic name-calling.

Te whakahapanga ā-rongoā

Medical neglect

256. Medical neglect means the failure to provide or allow for adequate medical care that could be needed by children, young people and adults in any care setting. This includes injuries and illnesses being left unnoticed, untreated or caregivers or staff withholding access to medical treatment for any length of time.³⁴⁴ Family members told the Inquiry that they brought injuries to the attention of staff, but they remained untreated.
257. Medical neglect itself could lead to other harmful experiences in care or after leaving care. For example, former IHC staff member Allison Campbell, who had extensive contact with various disability settings from 1980 to 2002 told the Inquiry that dental care in larger-scale disability institutions, such as psychopaedic hospitals, was so bad that when people moved into smaller group homes, many had to have "their teeth pulled out".³⁴⁵

³⁴³ Witness statements of Joshy Fitzgerald (25 January 2022, pages 6–7) and Mr Invictus (6 October 2022, page 2).

³⁴⁴ Mirfin-Veitch, B & Conder, J, "Institutions are places of abuse": The experiences of disabled children and adults in State care between 1950–1992 (Donald Beasley Institute, 2017, page 26).

³⁴⁵ Witness statement of Allison Campbell (15 February 2022, page 10).

258. The Inquiry heard of instances from most care settings where survivors suffered physical injuries and ailments, including loss of consciousness, broken bones or infections because of other types of abuse experienced in care, but were denied or unable to access medical help.³⁴⁶ In some cases, the medical treatment they did receive was inadequate.



Sunnyside Asylum, Ōtautahi Christchurch. Source: Burton Bros, Dunedin

³⁴⁶ Witness statement of Mr TO (1 July 2021, page 11); Private session transcript of Mr N (26 November 2019, pages 50–51).

Te whakataratahinga i te pūnaha taurima

Solitary confinement in care

259. 'Solitary confinement' is an umbrella term the Inquiry uses to refer to any practice in care that involved forcibly isolating children and adults for any period. This covers similar procedures that were known by different names across settings, including isolation, solitary confinement, secure, and seclusion. For most survivors being placed in solitary confinement was traumatising. In some settings, these practices were pervasive.³⁴⁷
260. The use of solitary confinement was widespread in social welfare residences and institutions, including boys and girls homes, faith-based residences and children's homes,³⁴⁸ psychiatric care, psychopaedic care, special schools and Gloriavale Christian Community. Some survivors discuss similar practices in their foster homes as well.³⁴⁹ Solitary confinement involved locking children, young people and adults into confined spaces, sometimes for extended periods. The nature of rooms varied between settings, although they were usually small and bare. Occasionally, survivors reported being placed in a location such as a box or cupboard.³⁵⁰
261. Policies surrounding solitary confinement varied between settings. The Residential Social Workers Manual from 1975 stated that placement into 'secure' should be seen as a "temporary, emergency measure", but that it should also be used as punishment, for the protection of the child's interests or those of the community or institution, and directly on admission, where necessary.³⁵¹ This policy was further formalised in 1986, and punishment was removed as a valid reason for placement in solitary confinement.³⁵²

347 Confidential forum for former in-patients of psychiatric hospitals, Te Āiotanga: Report of the confidential forum for former in-patients of psychiatric hospitals (Department of Internal Affairs, 2007, page 22); Stanley, E, *The road to hell: State violence against children in postwar New Zealand* (Auckland University Press, 2016); Mirfin-Veitch, B & Conder, J, "Institutions are places of abuse": The experiences of disabled children and adults in State care between 1950–1992 (Donald Beasley Institute, 2017, pages 20–21); Sutherland, O, *Justice and race: Campaigns against racism and abuse in Aotearoa New Zealand* (Steele Roberts Aotearoa, 2020, page 91); Shalev, S, *Seclusion and restraint: Time for a paradigm shift. A follow up review of seclusion and restraint practices in New Zealand* (New Zealand Human Rights Commission, 2020, page 9).


348 Letter from Cooper Legal to the National Office for Professional Standards (23 May 2018, page 4); Witness statements of Linda Taylor and Janice Taylor (11 March 2021, page 10, para 73); Ann Thompson (15 February 2022, page 6) and Maureen Taru (22 March 2021, pages 6–8); Written statement of Ms CQ (7 September 2021, page 14); Private session transcript of Dale Batchelor (10 September 2019, pages 23–24); Private session transcript of Ms VJ (19 February 2020, page 42); Written account of Ms OM (1 June 2021, page 14); Private session transcript of Mr NO (11 October 2019, page 20); Private session transcript of Mr UA (27 January 2021, pages 21–22); Private session transcript of Michael Ellis (2 March 2020, page 7); Private session transcript of Christine Hopa (7 July 2021, page 14).

349 Witness statements of Ms FW (12 August 2022, page 4, para 30); Erica Dobson (2 December 2021, page 7, para 34) and P Wilde (23 February 2023, page 9, para 4.4).

350 Witness statements of Mr NP (3 August 2021, page 3); Ellen Amohanga (20 January 2021, page 5).

351 Shalev, S, *Uses and abuses of solitary confinement of children in State-run institutions in Aotearoa New Zealand*, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (July 2022, pages 11–12).

352 Shalev, S, *Uses and abuses of solitary confinement of children in State-run institutions in Aotearoa New Zealand*, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (July 2022, page 12).

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262. The use of 'seclusion' is currently legal under the Mental Health (Compulsory Assessment and Treatment Act) 1992,³⁵³ and had been in widespread use within psychiatric and disability institutions in the decades before this.³⁵⁴
263. The damaging effects of these practices have been acknowledged by the State. During the Inquiry's State Institutional Response Hearings, Oranga Tamariki recognised that the practice of solitary confinement was inhumane,³⁵⁵ and the Ministry of Health and Whaikaha both acknowledged there was inappropriate use of seclusion and restraint in psychopaedic settings. The Ministry of Health acknowledged there was inappropriate use of seclusion and restraint in psychiatric settings.³⁵⁶
264. The Ministry of Health acknowledged that 'seclusion' has no therapeutic use, but they also stated that "in certain circumstances it is unfortunately a necessity".³⁵⁷
265. Solitary confinement was often used in many social welfare residences and institutions and disability and mental health institutions as a means to contain, control and manage behaviour, and punish perceived bad behaviour, particularly for running away.³⁵⁸ The Inquiry heard that while in solitary confinement, survivors were sometimes subjected to psychological abuse and neglect, and physical neglect. They were often deprived of basic needs such as access to food, water and toilets, as well as human contact, education, and activities.

353 Mental Health (Compulsory Assessment and Treatment) Act (1992), section 71 (2).

354 Matthews, M, The medicalisation, use of psychotropic medications and seclusion and restraint for people with a learning disability and / or autism spectrum disorder, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (7 August 2022, paras 8.2, 8.6).

355 Transcript of evidence of Chief Executive Chappie Te Kani for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry, 23 August 2022, page 724).

356 Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (17 August 2022, page 205); Transcript of evidence of Chief Executive Geraldine Woods for Whaikaha – Ministry of Disabled People at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 216).

357 Transcript of evidence of Dr John Crawshaw for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 254).

358 Witness statements of Beverly Wardle-Jackson (7 November 2019, page 9) and Alison Pascoe (29 April 2022, page 8).

266. Across all State residences, children and young people, sometimes as young as 8 years old, were locked in small cells that were cold, dark, and unhygienic, with access to only a bed and toilet. The Inquiry heard survivor evidence alleging they were held in solitary confinement for days, weeks, or sometimes months.³⁵⁹ This also occurred in Borstals run by the Department of Justice. Māori and Pākehā survivor John Baxter (Taranaki iwi, Whakatōhea), who said he was held in solitary confinement for three months at Waikeria Borstal told the Inquiry:

“Solitary confinement was used as a punishment at Waikeria and was one of the hardest things to cope with. Most inmates lasted about two hours before they began to panic and started to beg in hell to be let out, banging on the door as they called. This could go on for several hours before there was the sound of a scuffle and things went quiet or subsided into a measurable whine. This made me feel as if the walls in my cell had begun to shrink in on me. A couple of times I thought I would start kicking the door and screaming too. Only the fear of being beaten up [by the guards] stopped the feeling of panic rising.”³⁶⁰

267. Solitary confinement could co-occur with and enable many other forms of abuse. In some cases, staff in social welfare residences and institutions took advantage of solitary confinement to sexually and physically abuse survivors.³⁶¹ Pākehā survivor Alison Pascoe shared how she was placed in solitary confinement at Kingseat Hospital in Karaka when she was 9 years old, as punishment for trying to run away from the severe abuse she was suffering. She described being held in solitary confinement and how the staff member Sister Noble tried to make her drink her own urine and eat her own faeces.³⁶²

268. In disability and mental health settings, some survivors were locked in areas with limited or no access to toilets, showers or water. Survivors often had no choice but to soil themselves.³⁶³ At times they were also restrained manually or with devices, or medications that rendered them immobile or limited their ability to think and act. Residents could be held in ‘seclusion’ for hours, days and sometimes weeks. The Inquiry heard that in some institutions, being locked in rooms was a nightly routine.³⁶⁴

359 Witness statement of Alan Nixon (8 October 2021, pages 1–6).

360 Private session transcript of John Baxter (17 August 2021, page 10).

361 Witness statements of Kevin England (28 January 2021, pages 8–9); Mr SN (30 April 2021, para 88); Andrew Meadows (26 March 2021, paras 51–53) and Susan Kenny (15 July 2021, para 55).

362 Witness statement of Alison Pascoe (29 April 2022, pages 8–9, paras 2.43, 2.53).

363 Witness statement of Steven Storer (24 May 2021, page 7).

364 Witness statement of Ms OF (21 November 2022, page 9).

269. Solitary confinement was also experienced by survivors in faith-based care. Some survivors described the nuns using solitary confinement as a form of punishment at Mount Magdala, a Catholic home for “women and girls experiencing disadvantage” and Marycrest,³⁶⁵ a Catholic training school.³⁶⁶ Survivors of Anglican children’s homes described being locked in closets and rooms as punishment.³⁶⁷ Survivor Mr NP was placed in care when he was 2 years old. He told the Inquiry about a cupboard under the stairs where children would be locked in at the Anglican All Saints children’s home – the children called it their ‘jail’ or ‘cell’.³⁶⁸ The cupboard had no light or seat, and children were not allowed a meal while they were locked in.³⁶⁹ Once Mr NP spent at least 24 hours in there.³⁷⁰
270. Solitary confinement was sometimes used as a form of punishment at Gloriavale Christian Community. Survivor Ms PM told the Inquiry that people would be put in a hut / flat if they did anything that the Gloriavale elders viewed as seriously wrong:

“You would be in in isolation for three or four weeks until you had, in the eyes of the Elders, repented for your sin.”³⁷¹

Te tūkinotanga-ā-pūtea, ā-oahaoha anō hoki i te pūnaha taurima

Financial abuse and forced labour in care

271. Financial abuse and forced labour occurred in some State and faith-based settings. The Inquiry defines financial abuse as any action that interferes with someone’s money or belongings without their consent or without proper purpose, as well as their ability to access or acquire these things for themselves. This includes theft, extortion, manipulation and coercion.

³⁶⁵ Witness statement of Maureen Taru (22 March 2021, pages 6–8); Private session transcript of Christine Hopa (7 July 2021, page 14).

³⁶⁶ Good Shepherd New Zealand website, The story of Good Shepherd in Aotearoa (19 April 2022), <https://goodshepherd.org.nz/news-and-media/the-story-of-good-shepherd-in-aotearoa/>.

³⁶⁷ Witness statements of Mr UZ (16 March 2021, para 36); Robert Hanson (30 March 2022, para 61) and Mr NP (3 August 2021, page 3); Written statement of Mrs SR (23 April 2021, page 17); Written statement of survivor who wishes to remain anonymous (28 April 2022, page 10); Written submission of survivor who wishes to remain anonymous (7 July 2020, paras 30–31).

³⁶⁸ Witness statement of Mr NP (3 August 2021, page 3).

³⁶⁹ Witness statement of Mr NP (3 August 2021, page 3).

³⁷⁰ Witness statement of Mr NP (3 August 2021, page 3).

³⁷¹ Witness statement of Ms PM (17 May 2021, para 40).

272. Forced labour is closely related to financial abuse, as it involves making people work against their will, often through threats or force,³⁷² sometimes for no pay, and sometimes for the economic benefit of others. Forced labour could involve a range of circumstances, from having to do excessive chores to working exceedingly long hours in businesses connected to a State or faith-based institution where the person was in care.
273. Staff and caregivers stole personal possessions and money from those in their care, or exerted control over how they managed or used their money. Survivors spoke about payment being withheld for labour they had completed,³⁷³ or being coerced, sometimes violently, into labour such as farm work and unreasonable housework.³⁷⁴
274. Survivors spoke of being forced to work without any personal reward, often in severe conditions and subjected to psychological and physical abuse.³⁷⁵ From a Māori worldview, this reflects the status and position of taurekareka or enslavement, which was believed to represent the lowest status within Māori society. When someone is enslaved, they lose the ability to enact their rangatiratanga and be self-determining over decisions about what they do, when and how they do it, and for whom they do it.
275. The term taurekareka can be literally translated as 'slave'. However, it is also used to describe someone of low status, or who is shameful, disgraceful, and dishonourable. The whakamā associated with being forced into a position of taurekareka was extreme, as it epitomised the degrading of a person's position in their community and society, and their sense of self-worth
276. In foster homes, it was common for survivors to be forced to engage in physical labour, particularly farm work, housework, and caring for or raising other children, often at the expense of their own education. Survivors' work in this context was over and beyond what would be considered everyday chores or tasks that most families would expect children to complete. Survivors were often punished, with physical and psychological abuse, if they did not complete the tasks and work they were forced to do. Survivor Denise Cordes shared how she and her siblings felt like 'little slaves' in their 1980s foster home, saying that their foster parents:

*"made us do a lot of chores and would punish us if things didn't get done."*³⁷⁶


372 International Labour Organization website, What is forced labour, modern slavery and human trafficking (2023), <https://www.ilo.org/global/topics/forced-labour/definition/lang--en/index.htm>

373 Witness statement of Mr KO (3 May 2023, page 5); Pritchard, L, "When will NZ apologise for child migration," Child Migrant News (December 2021, page 14); British Child Migration to New Zealand-1949 to 1954: The Royal overseas scheme (2002, page 6).

374 Witness statements of Mr EH (19 April 2022, page 16, paras 85-86); Mr AI (2021, page 8); Alison Pascoe (29 April 2022, page 4); Maryann Rangī (13 April 2021, page 7) and Jenni Tupu (11 December 2021, page 3).

375 Witness statements of Daniel Rei (10 February 2021, paras 133-135); William Macdonald (4 February 2021, para 186) and Mr HC (25 August 2022, paras 6.28-6.30).

376 Witness statement of Denise Cordes (3 March 2022, para 37).

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277. In faith-based care, women and girls in unmarried mothers' homes were forced to work, often while heavily pregnant, including cleaning and providing food for residents of other wings at the hospital. The Inquiry heard evidence of women at St Mary's Home for Unwed Mothers (Anglican) being forced to pay board through their sickness benefits and to work as domestics.³⁷⁷ Survivors from other faith-based orphanages, children's homes and residences described extensive work and chores, both inside the residences and in gardens or on farms.³⁷⁸
278. Survivors from other faiths have also described various ways they were financially abused through restrictive and exploitative employment conditions, and through losing control of their financial independence. Many survivors from Gloriavale Christian Community reported arduous labour within the community with no pay. Male survivors worked extreme hours from their childhood years onwards, up to 16-hour shifts as teenagers, with no time off for injuries.³⁷⁹ Female survivors reported similar experiences working in the community kitchens and laundries, practices that have been ruled by the Employment Court to be examples of forced labour (under appeal).³⁸⁰
279. In disability settings across the Inquiry's review period, financial abuse was experienced through the exploitation of residents in sheltered workshops, where they were made to work for minimal to no pay,³⁸¹ and with no worker's rights.³⁸² Under the Disabled Persons Employment Promotion Act 1960 disabled people could be employed in sheltered workshops that were excluded from having to meet labour legislation covering pay and other conditions.³⁸³ Survivors and their whānau also told the Inquiry that financial abuse occurred in disability and mental health settings through the theft of personal possessions, including staff members stealing survivor's personal allowances.³⁸⁴ This abuse contributed to the devaluation of disabled people by reinforcing social and economic disadvantage.

377 Transcript of evidence of Maggie Wilkinson for the Inquiry's Faith-based Redress Hearing (Royal Commission of Inquiry into Abuse in Care, 9 December 2020, page 754).

378 Written account of Ms CQ (7 September 2021, page 16); Private session transcript of Dale Batchelor (10 September 2019, page 22); Witness statements of Linda Taylor and Janice Taylor (11 March 2021, pages 11, 13, paras 79, 94); Mr NO (14 April 2021, page 5); Ann Thompson (15 February 2022, pages 4, 6) and Annasophia Calman (October 2019, page 2); Private session transcript of Rexene Landy (17 February 2021, page 5); Private session transcript of Maurice McGregor (27 January 2022, page 10); Written account of Ms OM (1 June 2021, page 14); Private session transcript of survivor who wishes to remain anonymous (30 March 2020, pages 4–6); Private session transcript of Ms VM (3 August 2021, page 6); Private session transcript of Mr UA (27 January 2021, pages 9, 13, 17, 23); Private session transcript of Louis Coster, (21 June 2022, page 18).

379 Witness statements of Mr QM (16 August 2021, page 20) and Isaac Pilgrim (8 July 2021, page 2).

380 *Pilgrim v The Attorney General* [2023] NZEmpC 105; *Pilgrim v The Attorney General* [2023] NZEmpC 227.

381 Witness statement of Tony Ryder (28 February 2022, page 7, para 2.58).

382 Witness statement of Claire Ryan (16 November 2022, page 4).

383 National Advisory Health 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, page 86).

384 Witness statements of Alison Pascoe (29 April 2022, page 8) and Sunny Webster (18 December 2021, page 9).

Te whakahapa ā-mātauranga i roto i te pūnaha taurima

Educational neglect in care

280. Education can include school curriculum as well as teaching those in care basic and necessary life skills. Some examples include health education, where girls are taught about menstruation, or teaching Deaf students to 'speak' at the expense of curriculum learning. The Inquiry's definition of educational neglect is the omission of any of these educational and life skills required to live a full and meaningful life. This contrasts with Oranga Tamariki's definition which only focuses on allowing truancy, failure to enrol in education or inattention to education needs.³⁸⁵
281. Educational neglect occurred across settings, including State³⁸⁶ and faith-based residential care,³⁸⁷ foster care,³⁸⁸ special residential educational settings, and mainstream educational settings such as day schools and faith-based private or State integrated boarding schools.³⁸⁹ Educational neglect could occur with varying severity, ranging from poor resourcing,³⁹⁰ lack of engagement from teachers³⁹¹ and narrow curriculums to a complete lack of any kind of meaningful education while in care.³⁹²
282. Survivors from social welfare residences and institutions said that when they were in care education was minimal or non-existent.³⁹³ Survivors from some foster placements discussed how their foster families forced them to work, rather than attend school.³⁹⁴

385 Oranga Tamariki Practice Centre website, Neglect (2019), <https://practice.orangatamariki.govt.nz/practice-approach/practice-standards/ensure-safety-and-wellbeing/definitions-of-abuse-neglect-and-harm/neglect/>.

386 Witness statements of Gwyneth Beard (26 March 2021, paras 15, 23, 168) and Wiremu Waikari (27 July 2021, para 252).

387 Witness statements of David Ready (8 May 2021, para 3.5.1) and Adam Powell (16 June 2021, para 51).

388 Witness statement of Hemi McCallum (1 December 2021, paras 81–82) and Ms QB (28 January 2022, para 4.4.1).

389 Collective submission of attendees at Hato Pāora and Hato Pētera Wānanga to the Royal Commission of Inquiry into Abuse in Care (4 October 2022, para 5(o)); Witness statement of Ms VZ (2 August 2021, paras 35–39).


390 Witness statement of Jonathan Mosen (18 November 2021, para 3.57).

391 Witness statement of Adam Powell (16 June 2021, para 51).

392 Witness statement of Ms Bielski (18 October 2021, paras 2.23–2.36).

393 Witness statements of Mr SK (22 February 2021, para 369); Mr GV (27 July 2021, para 33) and Ms GB (7 December 2020, para 74).

394 Witness statements of Ms AG (25 August 2021, para 52) and Ms AJ (22 August 2021, para 52).

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283. Throughout these care settings, both Māori and Pacific survivors reported that they were often disregarded and ignored by teachers, streamed into classes with easier work, or outright racially abused.³⁹⁵ They were also punished more frequently and more severely for perceived misbehaviour than their Pākehā counterparts. During the Inquiry's State Institutional Response Hearing, Chief Executive and Secretary for Education Iona Holsted acknowledged that the education system's expectations of Māori and Pacific children and young people, were 'too low', which had harmed these groups and contributed to poor educational outcomes over generations.³⁹⁶ Ms Holsted acknowledged that the system had not sufficiently valued Māori cultural understanding and had failed to respond to Māori identity, language and culture needs.³⁹⁷
284. A Deaf survivor told the Inquiry that when they were a student in the 1970s, teachers in mainstream classrooms forgot they had a Deaf student and taught lessons with their back turned to the class³⁹⁸ or without their mouth visible when they spoke – making it difficult for the Deaf student to lip-read.³⁹⁹ Some survivors who were students during the 1960s and 1970s described their experiences in mainstream and special schools as frustrating because of the breakdown in communication that would occur between themselves and other students and staff.⁴⁰⁰
285. Deaf and blind survivors experienced educational neglect in special residential education settings and mainstream schools.⁴⁰¹ Educational neglect contributes to, or could even represent, more general forms of cultural neglect for Deaf survivors.⁴⁰²
286. The Inquiry heard that in psychopaedic institutions such as the Kimberley Centre near Taitoko Levin and the Templeton Centre located near Ōtautahi Christchurch, survivors experienced serious educational neglect in the form of limited or no access to education, and / or poor quality of education.⁴⁰³

395 Witness statements of Michael Katipa (5 April 2023, para 47) and Gwen Anderson (30 December 2021, para 44).

396 Transcript of evidence of closing statement by the Crown (26 August 2022, page 1103).

397 Transcript of evidence of closing statement by the Crown (26 August 2022, page 1070).

398 Witness statement of Mr LQ (17 August 2021, pages 4–5).

399 Witness statement of Mr LQ (pages 4–5).

400 Witness statements of Milton Reedy (20 May 2022, page 7) and Mr JT (20 December 2021, page 3).

401 Witness statements of Jonathan Mosen (18 November 2021, para 3.57) and Mr LQ (17 August 2021, paras 5.3–5.5).

402 Witness statement of Ms Bielski (18 October 2021, paras 2.16–2.22).

403 Witness statement of Alison Adams (6 December 2021, page 10).

287. The Inquiry heard that access to education was an issue in various mental health settings, particularly among survivors who were young when they entered.⁴⁰⁴ Survivors and former staff members told the Inquiry there was often no opportunity for individuals to access any form of schooling, even if they wanted to pursue or maintain education.⁴⁰⁵ In many cases, people in disability and mental health care settings did not receive sex education⁴⁰⁶ or education about “personal relationships, or intimacy and sexuality”.⁴⁰⁷
288. Survivors told the Inquiry about educational neglect in faith-based care.⁴⁰⁸ Survivors also spoke about educational neglect in care homes where they sometimes experienced poor education and little encouragement. For example, one survivor said she was only the second girl from St Andrew’s Home for Girls (Anglican) to get School Certificate and said her potential wasn’t encouraged by staff.⁴⁰⁹

Te whakataunga o ngā momo tūkinotanga me ngā whakahapa i te pūnaha taurima

Conclusion on the different types of abuse and neglect in care

289. Survivors told the Inquiry about a wide range of abuse and neglect that they experienced in State and faith-based care in Aotearoa New Zealand. For many, care was abusive from the very start, as the process of entering care was often discriminatory, involving the disruption of attachments and the start of institutionalisation. From there, survivors experienced:
- > psychological and emotional abuse and neglect
 - > physical abuse and neglect
 - > sexual abuse
 - > racial abuse and cultural neglect
 - > spiritual and religious abuse and neglect
 - > medical abuse and neglect
 - > solitary confinement
 - > financial and economic abuse and forced labour
 - > educational neglect.

404 Witness statements of Hakeagapuletama Halo (25 March 2020, page 14); Mr PC (14 September 2021, page 6); Toni Jarvis (12 April 2021, page 11); Christina Ramage (27 July 2021, page 5) and Alison Pascoe (29 April 2022, page 7).


405 Witness statements of Danny Akula (13 October 2021, page 27); Mr IA (2 June 2022, page 5) and Jane Castelfranc-Allen (31 March 2022, page 5); First witness statement of Joshy Fitzgerald (25 January 2022, page 5).


406 Witness statement of Allison Campbell (15 February 2022, page 8).

407 Witness statement of Caroline Arrell (21 March 2022, page 10).

408 Witness statements of Mr UZ (16 March 2021, para 48); Jarrod Burrell (9 August 2021, page 2); Isaac Pilgrim (8 July 2021, paras 8–9) and Virginia Courage (25 June 2021, para 3.5.1); Written statement of Mrs SR (23 April 2021, page 14); Private session transcript of survivor who wishes who to remain anonymous (19 November 2019, page 13).

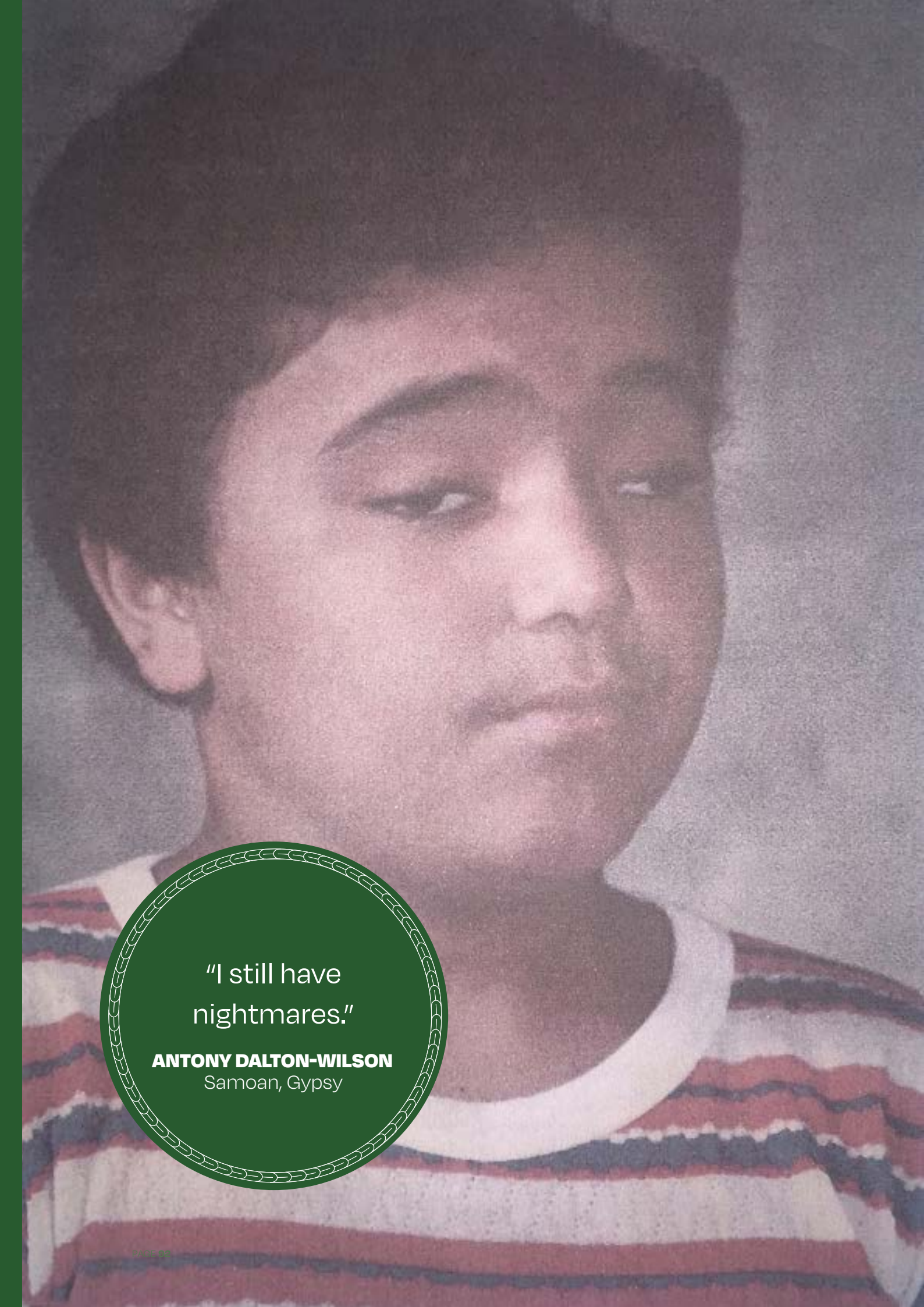
409 Written statement of Mrs SR (23 April 2021, page 14).

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290. These forms of abuse and neglect were often experienced concurrently, with instances involving traits or dynamics from many types of abuse. Every instance of abuse had a component that was psychological. Abuse was also experienced cumulatively for many survivors, with repeated instances adding up to greater effect over time. This kind of cumulative abuse came to define many settings as systemically abusive.
291. Much of the abuse discussed by survivors from all groups, and across all settings, involved dehumanisation of those within care, which indicated a destructive and callous disregard for those in care across the entire system.
292. Often, dehumanisation in care reflected structural discrimination or prejudice that exists in the wider society of Aotearoa New Zealand. This included factors such as racism, sexism, disablism, classism, and discrimination against sexual or gender minorities. This meant that while all survivors who suffered abuse were dehumanised in some way, survivor groups such as Māori, Pacific Peoples, Deaf and disabled, Rainbow, takatāpui and MVPFAFF+ and women / girls experienced targeted, identity-specific abuse and neglect. Harm experienced along these ideological lines reflected the purpose of State and faith-based care institutions, which was not care, but control; it further reinforced the viewpoint of those in power that these identities were in some way defective.



"Spiritual trauma
is worse than
psychological, emotional or
physical abuse, because being
attacked by clergy, the priest holds a
powerful position, because a priest is
closer to God. Abuse discounted all
the sureties of life that I had been
brought up to take for granted."

VINCENT REIDY
NZ European



"I still have
nightmares."

ANTONY DALTON-WILSON
Samoan, Gypsy

Antony Dalton-Wilson

Hometown: Tāmaki Makaurau Auckland

Age when entered care: 10 years old

Year of birth: 1967

Time in care: 1977–1980

Type of care facility: Hospital – Ward 12 at Auckland Hospital, Māngere Hospital; residential school – Mount Wellington Residential School in Tāmaki Makaurau Auckland, Bucklands Beach Residential School (Waimokoia Residential School) in Tāmaki Makaurau Auckland.

Ethnicity: Samoan, Gypsy and German

Whānau background: Antony grew up the eldest of four children, with two brothers and one sister. His mum is English and his dad is Samoan. Samoan culture was important in his family. Antony also feels a strong connection to tikanga Māori through his stepdad, who he also called 'Dad'. Antony's Gypsy and Samoan side were the pinnacle in his upbringing.

Currently: Antony married Jaitoon in 1997 and they had lots of happy times together. She passed away in 2019. He lives in Royal Oak, in Tāmaki Makaurau Auckland.



When I was 7 years old, I was crushed by a truck at my dad's work. I don't really remember the accident, but I know that I slipped, and a stock truck was backing up and hit me. The truck crushed my head and parts of my body.

My brain got really hurt and I couldn't walk, talk or write any more. I can't see anything out of my left eye and I'm 90 percent blind in my right eye.

After I left hospital, I got physical and speech therapy at the Wilson Home. When I went back to live with my mum and my dad, I started going to school again, but I didn't stay there very long because they couldn't help me after my accident.

Before my accident, I went to Balmoral Seventh-Day Adventist School. I liked going there because I really like learning. I had lots of fun with my brothers and sister. I liked playing, reading, drawing, watching TV, playing soccer and swimming. Religion was important in our family. We went to church every week and I also learnt about God at school.

When I was 9 years old, I moved to Mount Roskill Primary School for a trial in the physically handicapped class – I didn't like the name of that class. The work wasn't hard but I needed help with writing. Sometimes I asked the teacher for help lots of times but she wouldn't come and help me.

Sometimes I wasn't allowed to go outside and play with the other kids. Nobody told me why I had to stay inside, and I would get frustrated and angry – I would misbehave and sometimes I would hit people.

I didn't stay at Mount Roskill for very long because I didn't like it and they couldn't support me. I moved back to the Seventh-Day Adventist school for a very short time but I had the same problems as before, so it didn't work out.

When I was 10 years old, I went to Ward 12 at Auckland Hospital and it was very scary. The nurses gave me more medication than I was on when I went in. I didn't like it – they were drugging me up. The male nurse said mean things to me.

I was sometimes locked in a time out room, even if I didn't do anything wrong. It was a room that had no beds or blankets, and it was freezing cold. I had to go there for about an hour if the staff thought I was being annoying or naughty. It happened more than once.

I was in Ward 12 for about five months and when I left, my mum and dad had split up. I stayed at home with my dad, my brothers and my sister.

I went to the adjustment class at Ruapōtaka Primary School. The teachers were alright, but I got very tired so I went home and slept in the afternoon. Mrs Clare was my favourite teacher.

I sometimes went to Māngere Hospital in the holidays but I'm not sure why. I hated it and was treated really badly there. The staff called me handicapped even though I asked them not to. I don't like that word – it undermines me.

When I first went there, they put me straight in time out and told me to wait. I was yelling for somebody to get me out. I didn't have any food or drink. The staff didn't come until night-time.

Then I was sent to foster care. The foster father was a bastard and his care was really bad. I was placed there for a long time and I didn't get to go outside and play with my friends. Nobody ever told me what was happening, so I was worried about what would be next.

After Ruapōtaka, when I was 11, I went to Mount Wellington Residential School and then Bucklands Beach Residential School (Waimokoia). My records say that I was a 'special admission' because I was different from the other kids.

One of the things I really remember is that the teachers were very mean. Lots of them would call me 'bung-eye' and some would put their cigarette butts out on me. I think they liked to harass me. They called me names, laughed at me and gave me the fingers.

Some of the other kids at the school would call me names. The teachers knew about the bullying, but never did anything to stop it.

The teachers wouldn't let me sleep in the afternoon even though my mum told them I needed to. They sometimes even made me stay awake at night. Sometimes the teachers wouldn't let me have food. They said it was because I was naughty.

One of the teachers was a bloody bastard who physically hurt me. He took me to the doctor in the school van, pulling my collar to get me in and pushing me out of the van. During one trip, he was so rough with me when I was already hurt, I called him a "fat bloody bastard". He left me in the time out room with no food and no bedding all night.

The headmaster at Mount Wellington made me pull my pants down and he hit me with a belt. It would really hurt. He did this to me many times – sometimes it would be a few times in one week. He also told me that the staff didn't like me and I cried.

Another teacher physically hurt me too. He made me sit on a chair and tap my finger on the desk. He then pushed the back of my chair and I fell to the ground. Then he made me go in the time out room for the whole night. This happened about four times.

I was put in the time out room nearly every day. I remember there was one time out room at Mount Wellington and two at Bucklands Beach. All of the rooms were really scary because they were very dark. The room at Mount Wellington was the worst because there were no windows and I could hardly breathe.

I didn't feel good when I had to go in the time out room. I felt scared and I felt like I wasn't loved. Sometimes the teachers would tie my hands behind my back with rope before they threw me in there. Sometimes I had to stay the night in the time out room and one time I had to stay there for the whole weekend.

The teachers didn't tell me why they were putting me in the time out room but sometimes I was put in there if I wet the bed. It wasn't my fault that I wet the bed – I think it happened for a few reasons but one of them was because I was taking a lot of medicine. I also remember a time I had to go to time out because I accidentally broke one of the dinner plates.

Another time, when I hadn't done anything wrong, a group of teachers stood around asked what they should do to me. One of the teachers said to put me in time out, so they did. Then they just stood and laughed at me.

There was nothing to do in the time out room. I cried and yelled because I wanted somebody to let me out. There was no toilet and I banged on the door so that a teacher would come. They never did so I had to wee on the floor.


Sometimes instead of putting me in the time out room, the teachers held my hands tight behind my back and threw me hard on my bed in the dormitory. Sometimes I had been a bit naughty but sometimes they just did it.

When I wet the bed at night, the teachers sometimes wouldn't let me change the sheets. They made me sit in the corner of my room for the whole night. They didn't give me blankets or anything to sleep on. I was very upset and cold. Other times, if I wet the bed, the staff threw a whole bucket of cold water on me.

I left Bucklands Beach when I was 12 years old. Mum and my stepdad just came and picked me up one day – I was so happy to go home. That was the end of that. I am hurt about what happened there. I just don't understand why the teachers did those things to me.

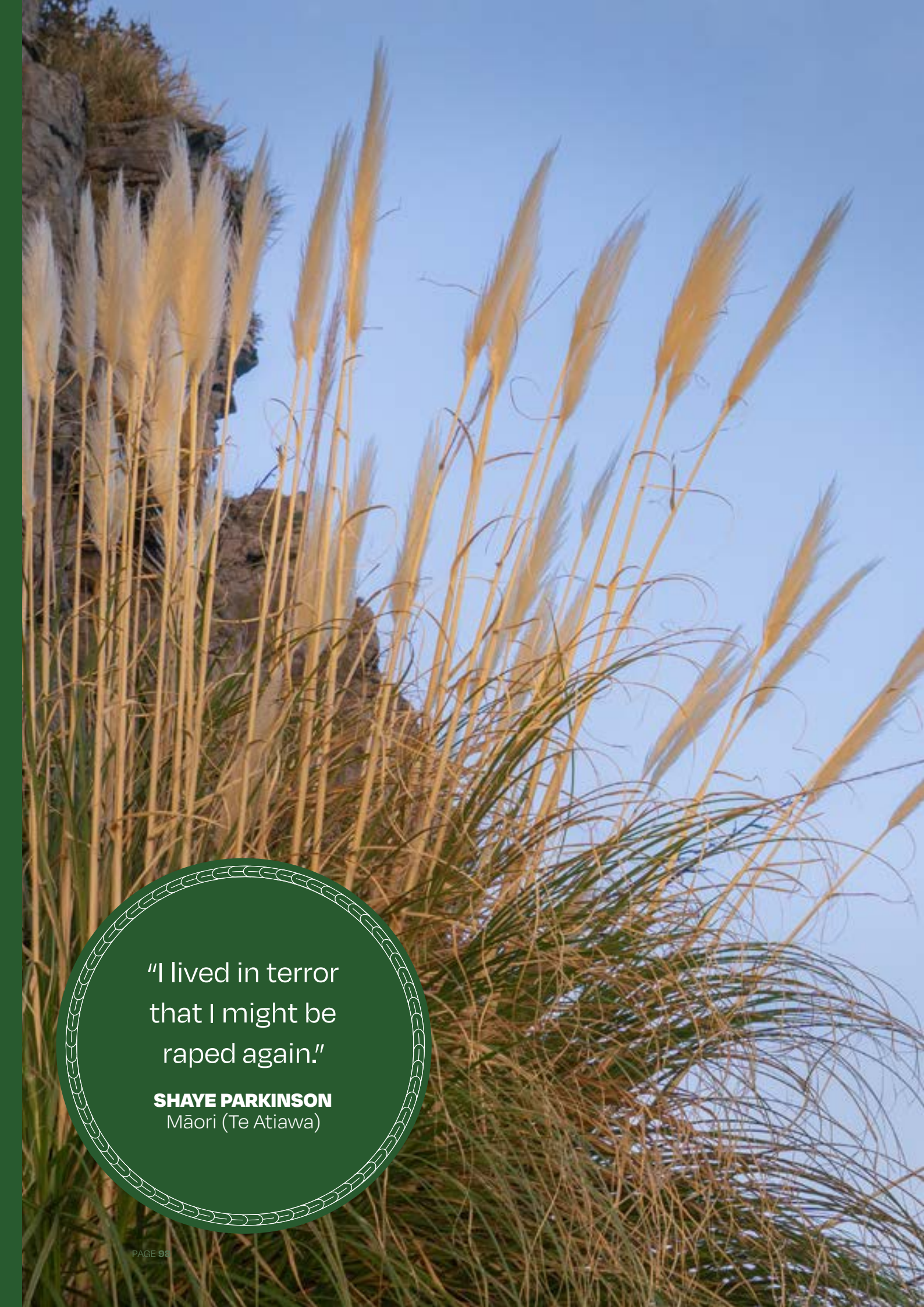
I try not to think about what happened to me when I was in care, but I still have lots of nightmares about it. For a long time, I didn't talk about the abuse because I thought that I would get into trouble. I want to share my story because I want to help other children who have had brain injuries.⁴¹⁰

410 Witness statement of Antony Dalton-Wilson (13 June 2021).



"Sometimes the teachers would tie my hands behind my back with rope before they threw me in there. Sometimes I had to stay the night in the time out room and one time I had to stay there for the whole weekend."

ANTONY DALTON-WILSON
Samoaan, Gypsy



"I lived in terror
that I might be
raped again."

SHAYE PARKINSON
Māori (Te Atiawa)

Shaye Parkinson

Hometown: Waitara

Age when entered care: 8 years old

Year of birth: 1986

Time in care: 1995–2000

Type of care facility: Residential school – McKenzie Residential School in Ōtautahi Christchurch; foster homes in Tāmaki Makaurau Auckland (Waipareira Trust), Hāwera and Waitara; youth justice residences – Te Papaioea Palmerston North, Weymouth Boys' Home in South Tāmaki Makaurau.

Ethnicity: Māori (Te Atiawa)

Whānau background: Shaye has a brother and a sister.

Currently: Shaye lives with his partner and is still struggling with the impacts from his time in care alongside the difficulties of the claims process.



I don't remember much of my childhood. There were difficulties at home because my father was physically abusive and a bit of an alcoholic who hit my mum. I was diagnosed with ADD at an early age.

By the time I was about 7 years old, I began stealing and committing petty crimes. That's when CYFS got involved. When I was 8 years old, I was put on a plane and shipped off to McKenzie Residential School in Christchurch. I never really got told why, but I put it down to my behaviour. I remember crying at the airport, and my mum crying.

During my time at McKenzie, I was sexually abused by the staff member who was in control of the lolly room. He would frequently take children into his office and give them lollies. This would generally happen on a Friday night which was movie night, or on the days children arrived back at McKenzie from the holidays. He was widely known among the children as 'the dirty old man' or 'the lolly man'. I referred to him as 'the scary man'.

On three occasions he took me into his office for a chat, asking me about my time at home. He gave me lollies out of the box, and talked to me about people I knew, like my family. He groped my buttocks, and asked me to sit on his knee and rocked me back and forwards. Those assaults made me feel frightened and uncomfortable, but I didn't feel able to object while I was alone with him in his office.

I was also raped by another child. One evening, a boy in my dorm came into my bed and raped me, using violence to restrain me. He masturbated and licked my back and anally penetrated me during the assault, which lasted about 15 minutes. No staff members were around when this happened – staff only checked the dorm rooms occasionally during the evenings. Afterwards, he threatened to kill me if I reported the incident to anyone.

He was probably a year or two older than me. He had a reputation for being aggressive and talking about sexually profane subjects. I recall he was also receiving some mental health supervision or special treatment – he got other help that we didn't. I was scared of him before the rape as he was bigger than me. Afterwards, I lived in terror that I might be raped again, often crying myself to sleep.

Then there was the physical abuse. I was always beaten up there, crying without crying, bleeding noses. I was physically abused by a number of boys, particularly one larger boy who beat me and intimidated me – sometimes to steal my belongings, like my basketball cards. I suffered bruising as a result of these beatings.

If you did something or said something naughty in school, they'd lock you in a room. I was often placed in a secure unit or time out room. I was made to stand still with my arms folded to calm down before I was allowed out. The 'blue line' was another form of punishment. It was a straight line in the hall – I had to go stand on that line for a couple of hours after school. I wasn't allowed off that line.

I was at McKenzie for over a year before I was discharged to go to Motonui Primary School in Waitara. When I got expelled from there, the teacher had all my meds stacked up. My controlled meds had to go to the teachers to be locked away, but he hadn't been giving them to me.

I endured CYFS homes all around New Zealand. In Auckland, at a Waipareira Trust foster home, I was introduced to prostitutes and I was smoking dope from the caregiver. That's why I spent most of my life running from CYFS homes – scared, running home.

I went to CYFS homes in Hāwera and Waitara. Waitara was alright because I knew the guy who ran it. I got involved in the Waitara Rowing Club, and the yachting. I was a coxswain in the rowing club and I got to sit in the front seat and steer the rowing boats.

At the weekend, in Hāwera, another caregiver would come and pick us up and take us to his farmhouse – I'd just sit there on the couch, drinking piss and smoking dope. This was when I was 10 or 11 years old – up until I was old enough to hit Family Court and then I was in residences all over New Zealand. I'd still just run scared – get beaten up every day and then just run, steal a car and drive home, or jump on the back of a bus. I was only young.

Palmerston North and Weymouth are the two residences I can remember, but most of them were just prisons. I got hidings at Palmerston North and I got beaten up at Weymouth too.

At Palmerston North, they had a staff member who got sacked for smoking dope and cigarettes, and watching porn in the gym. He set up the TV and took all the Pacific Island boys. We wondered why all these Islander boys and Māori were going and throwing sticks around in the hall, behind the curtains, but they got caught out.

I remember being taught some discipline. I learned how to wood carve there and I later learned my whakapapa, so that's what I liked about that place.

I made complaints about a staff member at Weymouth – he was a big, muscly Samoan wrestler guy. He put me in submission locks between his legs and pulled my neck back. He was pretty scary.

You get scared and you run. The emergency fire doors were magnets and they'd have to re-latch, so at 12 o'clock at night I put a pen spring in there and we were off. Bang, and the fire doors opened, and we were over the fence, running – ran into an electric fence. Ended up in some Samoan's shed stealing a stolen car.

I was back there a week later – we got caught in a high-rise apartment that was getting built in Auckland. We were in the Pink Batts trying to keep warm. Dumb stuff like that all stacks up in Youth Court and makes you look real bad and that's why I have a reputation. The police don't care about me. They'd happily shoot me dead and say that I had a gun pointed at them – that's how I feel.

My records said that at only 8 years old I was placed in a harsh, badly supervised environment where violence was common, and where I was vulnerable to sexual predation by staff and residents. My experience of abuse at McKenzie caused me to develop distrustful anti-social behaviours, anti-authority attitudes, and various mental health problems. These issues have profoundly altered the course of my life, making me unable to function in a normal society and priming me for a future of institutionalisation.

Indeed, following my placement at McKenzie, I was placed in various social welfare residences and institutions around New Zealand. During my adult life, I've been incarcerated multiple times. I've spent most of my life in prison – six months was the longest I'd ever been out of jail until now.

It's impacted my opportunities to get work. There are jobs out there and I'm applying for them, and turning up to the appointments. If you've got criminal convictions, you tell the truth – at least you told the truth.

Since my childhood I've struggled with major anxiety and depression. I had anger management issues for which I received counselling. I'm on meds for my ADD, anxiety and depression. I've been very suicidal at different stages in my life. I isolate myself from a lot of people, but there are times when I push myself to take my dog for a walk down the beach just to get outside and among the community – because, in my eyes, I'm a valuable member of society.⁴¹¹

411 Private session transcript of Shaye Parkinson (2 February 2021).

Ūpoko | Chapter 3

Te mārama i te tūkinotanga me te whakahapa e ai ki ngā tirohanga motuhake ā-ahurea

Understanding abuse and neglect as transgressions from specific worldviews

293. This chapter seeks to understand how actions of abuse and neglect are understood as transgressions from a te ao Māori worldview, from a Deaf, disability and mental distress framework, and from Pacific values. This chapter expands on the frameworks set out in Part 1.
294. Acts of abuse and neglect are often transgressions against multiple and overlapping values, principles, and aspects of a person and their collective. For example, an act of whakaiti can be understood as a transgression of a person's mana and tapu, and in some cases, a transgression of their whakapapa.

Ngā takahitanga e ai ki tā te tirohanga Māori

Transgressions from a te ao Māori worldview

295. From a te ao Māori worldview, violence and tūkino of any kind is a transgression against:
- > individuals, their whānau and whakapapa
 - > the individual's mana
 - > the mana of the collective and
 - > tapu, mana motuhake, mauri and wairua.



Ngā takahitanga o te whakapapa me te mana motuhake Transgressions against whakapapa and mana motuhake

296. The most common and destructive transgression against whakapapa and mana motuhake has been the removal of tamariki, rangatahi and pakeke Māori into the State and faith-based care systems, and their continued separation from whānau, hapū, iwi, tūrangawaewae, and their taha Māori, once in care.
297. Whānau have been prevented from upholding their collective whakapapa rights and responsibilities to whānau members in care and from exercising mana motuhake over decisions impacting the lives of their whānau members. This also applies to hapū and iwi, and other collective groupings.
298. Māori survivors spoke of the separation from their whānau as a double alienation from knowledge and connection to their whakapapa and identity. The separation denied survivors their rights and responsibilities associated with their personal and collective whakapapa, thereby impacting on their ability to develop important bonds and practice whanaungatanga. It also prevented survivors from practicing and connecting to their taha Māori, including reo Māori, tikanga Māori, and mātauranga Māori. This transgression against whakapapa strikes at the core of an individual's right to their identity, their knowledge of, and connection with their tūrangawaewae and their understanding of the ao Māori world.
299. The separation from identity and transgression against whakapapa were further exacerbated by other forms of Tūkino (abuse, harm and trauma) experienced in care, including racist abuse and cultural neglect perpetuated by individual abusers and institutions. Many of these instances were not only transgressions against whakapapa, but also transgressions against the mana, tapu and wairua of survivors.
300. The institutionalisation and depersonalisation of many Māori survivors was also a form of tūkino which served to further strip survivors of their identities, and transgressed whakapapa.
301. Generally, the Inquiry also observed that adoption processes transgressed against whakapapa. Closed adoption processes and practices in particular were extreme transgressions, with survivors being completely severed (from both a legal and practical viewpoint) and kept isolated from knowledge of and connection to their identities and whakapapa. It also removed the rights and responsibilities of whānau who adopted out their tamariki.


Ngā takahitanga o te tapu me te mana Transgressions against tapu and mana

302. Tapu and mana are inseparable, both are inherited and must be protected. An individual's tapu and mana are also inseparable from the mana of the collective – if a person's tapu was transgressed, it would traditionally carry significant consequences, as this would also be a transgression against the mana of the collective, not just the individual.
303. Tapu is not a linear concept but exists in multiple layers and many ways that are all interconnected. The violation of a person's physical body would not just be a transgression of their physical state and tapu, but also of their psychological and emotional states, and those of their whānau and hapū. Their mana tangata (personal mana) would be likewise affected, as would their mana tūpuna (ancestral mana) along with that of their whānau and hapū.
304. All body parts are tapu and the transgression of them can affect a person's health and wellbeing. Certain parts of the body hold other layers of tapu and require further care, respect, and protection. This includes the tapu of the head and the whare tangata (womb), which is directly tied to the survival of people and preservation of whakapapa.
305. The tapu associated with genitalia and the reproductive system is intimately tied to the concept of whakapapa and mana tūpuna, as well as one's personal physical mana tangata. Sexual abuse, and the defiling of someone sexually, is therefore considered to be one of the most severe forms of tūkino – abuse, harm and trauma – as it not only violates the tapu of an individual's of the genitalia and reproductive system of an individual, but also transgresses against whakapapa and mana tūpuna. Where sexual abuse is inflicted upon a woman, it is considered "a violation of not only the woman herself but also of past and future generations"⁴¹²

"Māori saw rape and especially incest as transgressing the mana, the status, the dignity and the future birth right of not only the victim but also the abuser and his people. Shame was seen, lain, addressed, actioned and put in its place. People still remember today, in tikanga, the transgressions of Sexual Violence dating back 1,200 years."⁴¹³

412 Pihama, L, Te Nana, R, Cameron, N, Smith, C, Reid, J & Southey, K, "Māori cultural definitions of sexual violence," Sexual abuse in Australia and New Zealand, 7(1), (2016, page 9).

413 Pitman, M, "The Māori experience" in Broadmore, J, Shand, C, Warburton, TJ & Doctors for Sexual Abuse Care (NZ) (eds), Rape: Ten years' progress?: An interdisciplinary conference (Doctors for Sexual Abuse Care, 1996, page 45), in: Pihama, L, Te Nana, R, Cameron, N, Smith, C, Reid, J & Southey, K, "Māori cultural definitions of sexual violence," Sexual abuse in Australia and New Zealand, 7(1), (2016, page 9).

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306. The Inquiry was also told of other tūkino – abuse, harm and trauma – that transgressed against the tapu, mana, mana tūpuna, and whakapapa of survivors – including invasive vaginal examinations, and the denial of reproductive rights, specifically through forced abortions and sterilisations. This was an extreme form of tūkino, completely removing survivors’ rights over their own whakapapa and denigrating the tapu of their tinana.
307. Māori survivors’ mana, tapu and wairua were transgressed through tūkino – abuse, harm and trauma – such as whakaiti, takahi mana, patu wairua, patu hinengaro and, patu manawa. Where tūkino was targeted and inflicted upon a tamariki, rangatahi or pakeke Māori in care because of their culture and ethnicity, this was also a transgression against whakapapa.

Ngā takahitanga o ngā anga Turi, whaikaha me te wairangitanga

Transgressions of Deaf, disability and mental distress framework

Ngā takahitanga o te mana tangata me te whakaute i te motuhaketanga ā-tangata

Transgressions against inherent dignity and respect for difference

308. The separation of Deaf, disabled and mentally distressed people from their families and placement in care away from their communities (segregation) transgressed the principles of inherent dignity and respect for difference, as it reflected social attitudes that marginalised Deaf, disabled and mentally distressed people and saw them as less valuable than others. Grouping people together into care based on diagnoses, actual or perceived impairments, or behaviour (congregation) transgressed the principles of inherent dignity and respect for difference, because it often led to them being depersonalised and dehumanised rather than being treated as an individual with diverse qualities, interests and needs.
309. Transgressions of inherent dignity can manifest in physical or non-physical form. Abuse and neglect of a person’s body, such as physical and sexual abuse, seclusion and restraint, dental and medical neglect and medical abuse, was a transgression of the principle of inherent dignity. Non-physical abuse and neglect, including emotional, spiritual, educational, developmental, financial and psychological abuse and neglect, and dehumanising and degrading treatment, was also a transgression of inherent dignity.

310. Society's devaluation of Deaf and disabled people, and people with mental distress, and how this attitude was reflected in care settings, was a transgression of the principle of respect for difference. The compounding abuse and neglect experienced by Deaf, disabled and mentally distressed people who were Māori, Pacific Peoples, or had diverse sexualities and gender expression was a transgression of the principle of respect for difference.

Ngā takahitanga o te tōkekenga me te painga o te whai wāhitanga me te whakaurunga atu

Transgressions against full and effective participation and inclusion

311. The segregation of Deaf, disabled and mentally distressed people transgressed the principle of full and effective participation and inclusion, because it denied them the ability to live with their families, be part of the community and contribute to society on their own terms. Living in large-scale institutions, or in smaller segregated residential facilities, was a transgression of the principle of inclusion because it denied people the ability be part of a family, be part of the community, attend their local school, and participate in the work force.

Ngā takahitanga o te mana motuhake me te taurima arotahi ki te tangata

Transgressions against self-determination and person-centered care

312. Failure to provide individualised care that met the specific needs of Deaf, disabled and mentally distressed people was a transgression of the principle of person-centred care. This transgression manifested in the form of people being treated homogenously and receiving the same care and support regardless of their individual needs.
313. Failure to give people the ability to make decisions about their care and be in control of their own lives, including the dignity of being able to take risks and make mistakes, was a transgression against the principle of self-determination.

Ngā takahitanga o ngā uara o Te Moana-nui-a-Kiwa Transgressions of Pacific values

Ngā takahitanga o te kāinga Transgressions against kainga

314. The removal of Pacific children, young people and adults into care, and being kept separated from family once in care, was a transgression against kainga (family). This not only disconnected Pacific survivors' from their kainga, but also damaged survivors sense of self and severed their ties to their culture, cultural identity and language.
315. The transgression against kainga was further exacerbated by abuse and neglect survivors' suffered in care, including racist abuse and cultural neglect at an individual and institutional level. Most care settings failed to provide Pacific children, young people and adults with access to their culture – this was in and of itself a transgression against kainga.
316. In some cases, Pacific survivors entered into care having knowledge and connection to their culture, language and identity, only to exit care without it. This was a form of cultural neglect and was reflective of institutional racism prevalent throughout State and faith-based care.
317. Transgressions against kainga affected Pacific survivors not only at the individual level, but also on the collective and intergenerational levels. Kainga were also denied the opportunity to build and maintain relationships with their family members, and to teach and raise their children in an environment where they were surrounded by their culture and language.
318. Closed adoption practices and the misrecording of ethnicity information, which resulted in Pacific Peoples losing connections with their cultures, languages and identities, were transgressions against kainga. Where Pacific Peoples were separated from their families because of transgressions against the vā (the "space between" that holds people and things together) between family members (for example, abuse by a relative), the resulting transgression against kainga was worsened.

Ngā takahitanga o te tapuakiga / talitonuga

Transgressions against tapuakiga / talitonuga

319. For many Pacific Peoples, a “relationship with God and the church is actively maintained to ensure positive health, wellbeing and identity”.⁴¹⁴ They believed that each human was of value to God. Though not all Pacific Peoples consider themselves to be religious or go to church regularly, “the church can [still] be seen as an anchor for stability and belonging”.⁴¹⁵ While many Pacific families have strong affiliations with different churches, “many Indigenous aspects of spirituality” are also still “a prevailing feature of many Pacific cultures” and families and can therefore be part of their identity and sense of belonging as well.⁴¹⁶
320. Disconnection from the church, disconnection from or loss of faith or spirituality, as a result of being abused by clergy or lay people in faith-based care settings, was a transgression against tapuakiga / talitonuga (spirituality, indigenous beliefs and Christianity). The Inquiry also heard of instances where Pacific survivors experienced sexual abuse in pastoral care. These instances demonstrate the transgression of tapuakiga / talitonuga for Pacific survivors by pastoral sexual abuse. As the actions of the abusers tarnish the sacredness of their spiritual relationship and the authority vested in the church by their communities has been tarnished by the actions of abusers. This disrupted the vā within their kainga and between their kainga and the church.
321. Tapuakiga / talitonuga were also transgressed when Pacific survivors were disconnected in care through being denied opportunities to attend church, to pray in their language, express their identities and follow their own beliefs.

Ngā takahitanga o te kaitasi

Transgressions against kaitasi

322. As a subset of transgressions against kainga and tapuakiga / talitonuga, connections to wider cultural and church communities are important for Pacific Peoples because “the identity of a Pasifika person belongs within their family and community”.⁴¹⁷ Disconnection of Pacific Peoples from their communities is a transgression against kaitasi, or the ability to belong to a collective that shares responsibility for one another. This is a subset of transgressions against kainga and tapuakiga / talitonuga.

414 Witness statement of Folasāitu Dr Apaula Julia Ioane (21 July 2021, page 12).

415 Witness statement of Folasāitu Dr Apaula Julia Ioane (21 July 2021, page 12).

416 Witness statement of Dr Sam Manuela (12 July 2021, para 32).

417 Witness statement of Folasāitu Dr Apaula Julia Ioane (21 July 2021, page 9).



Ngā takahitanga o te vā

Transgressions against the vā

323. If Pacific Peoples' wellbeing is understood "as the totality of the quality of [their] relationships", then the nature, extent and impacts of abuse and neglect must be examined by understanding how they rupture relationships and result in disconnection from self, from family, from culture, and community, from faith, and spirituality, as well as from possibilities for the future.⁴¹⁸
324. Abuse and neglect of Pacific children, young people and adults in care is a transgression against the vā:
- "When there is harm and abuse, the vā has been breached."*⁴¹⁹
325. The concept of the vā can itself be misused and abused.⁴²⁰ For example, some Pacific survivors or their families may choose to hide abuse for the sake of avoiding shame or stigma, or to preserve reputation and "maintain the traditional values of respect, solidarity, and resilience within families and the wider community".⁴²¹ Secrecy and silence about abuse and neglect is a transgression against the vā, because the values have already been breached.⁴²²


418 Witness statement of Dr Sam Manuela (12 July 2021, page 12).

419 Transcript of evidence of Folasāitu Dr Apaula Julia Ioane at the Inquiry's Tulou – Our Pacific Voices: Tatala e pulonga (Pacific Peoples' Experiences) Hearing (Royal Commission of Inquiry into Abuse in Care, 30 July 2021, page 696).

420 Transcript of evidence of Folasāitu Dr Apaula Julia Ioane at the Inquiry's Tulou – Our Pacific Voices: Tatala e pulonga (Pacific Peoples' Experiences) Hearing (Royal Commission of Inquiry into Abuse in Care, 30 July 2021, pages 695–696).


421 McRobie, S & Makasiale, C, "On values and spirituality in trauma counseling", in Agee, MN (ed), Pacific identities and well-being: Cross-cultural perspectives (Taylor & Francis Group, 2012, page 130).

422 McRobie, S & Makasiale, C, "On values and spirituality in trauma counseling", in Agee, MN (ed), Pacific identities and well-being: Cross-cultural perspectives (Taylor & Francis Group, 2012, page 130).



"Spiritual trauma is worse than psychological, emotional or physical abuse, because being attacked by clergy, the priest holds a powerful position, because a priest is closer to God. Abuse discounted all the sureties of life that I had been brought up to take for granted."

VINCENT REIDY
NZ European

A portrait of Neta Kerepeti, a Māori woman with dark hair pulled back, wearing a floral-patterned jacket over a mustard-colored top. She has traditional Māori tattoos (moko) on her chin and neck, and is wearing a large, light-colored, crescent-shaped pendant necklace. The background is dark.

"After I was raped
I became even angrier,
bolshier, more vocal
and tougher."

NETA KEREPETI

Māori (Te Rarawa, Ngāpuhi,
Ngāti Wai, Ngāti Mutunga)

Neta Kerepeti

Hometown: Whangārei

Age when entered care: 12 years old

Year of birth: 1961

Time in care: 1974–1978

Type of care facility: Foster care; girls' home – Bollard Girls' Home in Tāmaki Makaurau Auckland

Ethnicity: Māori (Te Rarawa, Ngāpuhi, Ngāti Wai, Ngāti Mutunga)

Whānau background: Neta is the youngest of 10 children, her mother died when she was 6 years old. She was cared for by her father between the ages of 8 and 11 years old and again between the ages of 15 and 16 years old.

Currently: Neta is married with a family – she is the proud nan of 16 mokopuna and nine mokopuna tuarua, all of whom are flourishing.



When I was 12 years old I was removed from my home for truancy, then placed into care with evil people and within institutions where I was abused.

My mother died when I was 6, and it all started to go wrong from there.

I grew up in Ngunguru, a small settlement on the north-eastern coast from Whangārei. There was a real sense of community there, with all my whānau living in the area. Te ao Māori and te reo were a big part of my upbringing. It was the language the old people would speak to us in. It was all around us.

I was the youngest of 10. My mother was from Panguru in the Hokianga, and of Te Waiariki, Ngāti Manawa, Ngāti Korokoro, Ngai Tūpoto whakapapa, and connections to other tribal groups. She was known as a tohunga rongoā, and a hunter gatherer; a resourceful, kindly, and well-loved woman.

My father connects me to the hapū of Te Waiariki, Ngāti Kororā and Ngāti Takapari, in the Horahora and Ngunguru rohe. My father was many great things, but he was also an alcoholic and an abuser. My earliest childhood memory of being abused was at his hands, between the ages of 8 and 11 years old. Despite that, I continued to love him, and I've since been able to forgive him.

I started to realise the abuse I was suffering wasn't right and it was affecting me in different ways. By intermediate school I was acting out and truancy became one of the reasons I came to the attention of the authorities. My records from Whangārei Intermediate School in November 1974 say I was "increasingly aggressive, belligerent, obstructive, defiant...".

I was once picked up by a policeman in downtown Whangārei. Instead of taking me home, he took me to Tikipunga Falls where he parked up and attempted to rape me. He said no one would believe me if I talked about it because I was a naughty child and had a reputation for being wayward. I was only 12.

The day I became a ward of the State I was taken out of the Whangārei Court and placed into a room by myself. I had no idea what was going on. No one told me why I was being taken away from my whānau.

That day my father had been summoned to appear in court because of my truancy from school and for not having proper care and control over my behaviour. That seemed to be enough for the Court to make me a ward of the State. Both my father and I should have had an advocate at the Court to begin with. My father wouldn't have known what was going on and what the impact would be on his child and whānau.

I was placed into the hands of the Department of Social Welfare. From the start of the Court process, the police were there to deliver me, pick me up and take me away. The social worker was there to tick boxes and it was all process driven but there was no one there to explain to me what was going to happen.

First, I was placed into a family home in Whangārei with a Pākeha couple with about six or seven other kids, who were wards of the state also. The mother would treat some of us differently because we were Māori. The father was an abuser and so was their oldest son. I remember thinking 'why was I removed from my home for truancy and then placed into care with evil people who were abusive?'

I hated it so much at the family home that I ran away. I was eventually found at the Whangārei port. I was taken back to the foster home, but I continued to run away as I couldn't stand it there.

I spent some time in another family home run by a lovely couple in Onerahi, as well as with private foster families. They were good people, but culturally we were miles apart. It wasn't an option for me to go where I wanted or to live with whānau.

As a 13 year old under the guardianship of the Director-General, Department of Social Welfare, I was incarcerated at Bollard Avenue Girls Home in Avondale; apparently for increasingly uncontrollable behaviour, truancy and running away from school.

It was all new for me. There was no one there to support me or tell me what was going on.

Most of the girls there were Māori, at least three quarters. There was no acknowledgement of Māori culture there.

On entry to Bollard I had to be seen by a doctor who examined me to see if I had a venereal disease. There was no nurse, only a male doctor. He made me lay naked on the bed with my legs apart and feet in stirrups. I was never told why he was doing this; it just happened to me.

I also learned very quickly at Bollard, that if you behaved yourself, you got certain privileges, including the privilege of cleaning a staff member's house. One day I was chosen, and he raped me at his home.

Sometime after I remember waking up one morning with bad stomach cramps. The sheets of my bed were covered in blood. I was miscarrying. I went to the office to speak to the house mother. I was told to run a bath and wait for a doctor.

It was about four or five days later before the doctor saw me. By then the bleeding had ended.

I later spoke to a staff member and told her I thought I had just had a miscarriage. She didn't believe me, she said I was just having a heavy period. Following this experience, I was seen by a doctor, different to the one who examined me to see if I had a venereal disease.

Through the Commission's inquiry process, it has been revealed from notes on my State file penned by the doctor who saw me after the miscarriage, that it is highly likely I did indeed suffer a miscarriage, given at the time, the symptoms I described to the doctor.

Bollard became too much for me. I had not seen my whānau, and after I was raped by the principal I became even angrier, bolshier, more vocal and tougher. I tried to run away – about four of us ran away and two managed to evade the police but eventually we were caught and returned to Bollard.

When I was 14 I ran away again, and this time I stayed away. I went down to Auckland, hitch-hiked to Wellington. I lived on the run for about two years; living on the streets, under bridges, in the bush, just living rough generally and surviving any way that I could.

At 16 I was wandering around Whangārei and decided not to hide anymore. I ended up going down to the wharves and on the ships. I made some friends there. I got involved with substance abuse, then I got pregnant. I had my first child when I was 16, in March 1978.

I was discharged from the care of Social Welfare later that year.

I had trust issues with people because of the abuse I suffered. One of the things I learned from sexual abuse ... was the art of manipulation, and that if I gave something, I'd get something in return. Abuse, sexual abuse, taught me how to manipulate people, and that sex could be used to get what I want.

After studying social work at Victoria University, I worked for CYFS for many years. I now work as a general manager for my hapū, managing our ahu whenua trust located in Te Tai Tokerau.

I journeyed a pathway through counselling, taking advantage of that counselling and as many sessions as I could get.


During these phases I met and became incredibly close to a wonderful Māori woman, who my whānau fondly refer to as Auntie Miriama – her name was Miriama Kahu. She was born and bred in Kaikōura. She passed away several years ago but she was the dearest of friends. I attribute much of my healing to her. She took me to places I really didn't want to go to confront the doubt and damage resulting from my childhood sexual abuse. It doesn't matter how many times anybody said, and might still say ... "It wasn't your fault, it wasn't your fault", there is this little seed of doubt.

I don't want the State to intervene in my family's life. It's incumbent on me and other family members to ensure that we step up to the plate. To ensure that the safety of the child remains paramount, and yes, we may need some help to be the best family / whānau caregivers that we can be. I struggle to see how it can be fair that we / Māori, should not receive access to resources to meet those familial obligations and responsibilities, especially when we know because evidence exists confirming that complete strangers, mostly non-Māori, would have ready access to such resources as the 'chosen ones' to look after our Māori children.

I think if we want a system that is not racist and if we want a system that acknowledges tāngata whenua and all citizens, then we want a system that not only talks about the Treaty in principle but applies the principles of that Treaty. It's going to require a major shift in the system and an attitudinal and behavioural change in the people who are part of that system.

Any change needs to involve the entire system – the Courts, Corrections, the police and social workers, education providers, as well as all other institutions that have contracts, obligations or responsibilities to ensure the safety of tamariki and mokopuna. And change can't be made in isolation from the people whose lives will be either improved or impacted by such change.⁴²³


423 Witness statement of Neta Kerepeti, (22 April 2021).



"I remember thinking 'why was I removed from my home for truancy and then placed into care with evil people who were abusive?'"

NETA KEREPEPI

Māori (Te Rarawa, Ngāpuhi, Ngāti Wai, Ngāti Mutunga)



"I saw the sky for the second time since I've been here, when they took me to the medical block to have my toenails cut today.. The sudden excess of light gave me one hell of a headache though and I was only outside for two minutes at the most."

JOHN BAXTER

Survivor

Ūpoko | Chapter 4

Te tūkinotanga me te whakahapa i roto i ngā momo whakaritenga taurima rerekē

Abuse and neglect in particular care settings

326. The purpose of this chapter is to provide a deeper understanding of the specific experiences of abuse within each setting. Most forms of abuse were present in all settings, particularly psychological, physical, sexual and cultural abuse.
327. The environments and most pervasive and unique forms of abuse and neglect in social welfare settings, faith-based settings, and disability and mental health settings are expanded on below.

Te tūkinotanga i roto i ngā whakaritenga tokoora

Abuse in social welfare settings

328. Social welfare settings include foster care, family home foster care, social welfare residences, youth justice institutions (including borstals), and third-party care providers. As previously discussed, most children and young people entered social welfare settings through children's courts, after being charged with an offence or for not being under proper control by a parent. A smaller number of children and young people entered into social welfare care following social workers' notifications of abuse or neglect at home or through voluntary agreement with parents. Many children and young people were considered by the social welfare system or NZ Police to be delinquents in need of control and order, despite some not having committed crimes. Tamariki and rangatahi Māori were disproportionately placed into social welfare settings and made up the majority of the population.
329. Many survivors had existing trauma, were neuro-diverse or experienced mental distress, and this presented as behavioural issues. Children and young people were regularly dehumanised, degraded and treated as criminals. Survivors were subjected to all forms of abuse and neglect in social welfare settings that were often environments of violence, fear, abuse, and neglect.
330. As well as moving between social welfare settings, many survivors experienced a combination of social welfare, faith-based and disability or mental health care settings.

Ngā kāinga maha i te pūnaha tokoora

Multiple placements across social welfare settings

331. Repeatedly removing children and young people and placing them in new care settings, out of home, was traumatic for them. While some foster placements were both necessary and successful for children and young people, continuous upheaval often resulted in survivors' psychological and neurological development being neglected. In addition, repeatedly removing and placing tamariki and rangatahi Māori could sever any connections they could have had to their whānau, community, and cultural identity.

332. Survivors who experienced multiple placements explained how new environments could disrupt their relationships, lifestyle and education. Survivors also described the loss, grief and anxiety they felt when leaving a placement where they may have felt safe and settled. NZ European Survivor Ms EF shared her experience after having multiple foster and institutional placements from when she was 9 years old in the late 1960s:

"When you go through 20 changes in your young life, living in different homes, you can't tell me that you'll be the person who you could have been. I never knew in advance where I was going to go. When I arrived somewhere, I never knew how long I was going to stay there. Even now, packing a bag to go away still brings up that anxiety. Every home you go in you do things differently, and it changes from one home to another ... I would need to watch and learn to figure out how to slot into their life."⁴²⁴

333. Expert witness Dr Sarah Calvert explained that at each placement disruption, there is a further loss that causes the child to experience grief again. This compounding grief can cause a child to "fear the pain associated with potential relationship loss and choose simply to avoid deeper human connectedness".⁴²⁵

334. For some survivors, withdrawing from caregivers was a way to protect themselves, which could become a reason for social workers to move them again. NZ European Survivor Ms ED described her experience in social welfare and youth justice residential care throughout the 1970s and 1980s, from age 18 months to 19 years old:

"I have had my files for quite a long time, so I have spent a lot of years processing and reading between the lines. From what I can gather, a number of placements broke down for the simple fact that I was unable to form a bond with the parents and they struggled with that."⁴²⁶

424 Witness statement of Ms EF (27 October 2021, paras 56 and 109–111).

425 Calvert, S, Attachment and related issues, Expert opinion report prepared for the Royal Commission of Inquiry into Abuse in Care (2022, page 27).

426 Witness statement of Ms ED (7 February 2022, para 9).

335. The Inquiry heard that survivors were frequently shifted between social welfare settings' placements due to resource constraints and overcrowding within social welfare facilities,⁴²⁷ and perceived behavioural problems.⁴²⁸ Consideration was rarely given to the behaviour children and young people were exhibiting could be a result of abuse they were experiencing in social welfare settings, or trauma from being moved so often.⁴²⁹ Many survivors told the Inquiry they felt blamed for their social welfare settings' placement breakdowns. Many survivors said that no one ever asked or listened to why they were behaving in such ways.⁴³⁰ Even if they did complain, it was seen as safer to move them out of that care, rather than move the alleged abuser, who often remained.⁴³¹ Children and young people would routinely be silenced and moved again.
336. Some survivors described being separated from their siblings when entering social welfare settings. NZ European survivor Ms BA was placed in care when she was 7 years old. She shared how she was repeatedly moved between placements in the 1970s after her existing trauma from her father's sexual abuse was not addressed:

"I was put into several family homes and foster homes. I think I had a few issues at the time, including that I didn't trust men. When I was about 7, my foster father at the time came home from work and gave me a hug. I attacked him. No one could understand why. Everyone thought it was because I had a behavioural problem, but it was because I had no trust in males, because of the sexual abuse. No one picked this up when something could have been done to help me. I was shifted from place to place. I would come home from school and a social worker would be there to tell me they were moving me."⁴³²

427 Witness statement of Ms OI (16 June 2023, para 2.28).


428 Witness statements of Ms E (3 March 2022, para 49); Jane Sabine (2 February 2022, paras 77–79) and Steven Long (15 October 2021, para 14).

429 Witness statement of Mr SN (10 March 2021, para 12).

430 Witness statement of Steven Long (15 October 2021, para 15).

431 Letter from senior social worker to the Director-General, re: Allegations made against foster parents (exhibit to the Witness statement of Andrew Meadows (21 October 1980, page 4).

432 Witness statement of Ms BA (31 May 2021, paras 11–13).

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337. Māori survivor Dallas Pickering felt she was blamed when her foster placements broke down. She told the Inquiry that she spent her childhood and teenage years being shifted from one foster home to another:

*"I was shifted 12 times by the time I was 15 ... I was removed from that foster home because of my behaviour. There were always comments and labels like, you're naughty, you're bad, you've got a chip on your shoulder. Nobody ever asked me why I was behaving in this way? I did behave badly, I got into fights at school, I was aggressive. My bad behaviour was always the focus. Nobody focused on how to help me deal with the trauma and abuse I had suffered."*⁴³³

338. Dallas was placed with a family that could have been her 'forever home' had they been given the support that they asked for. This family included her in their family photos, celebrated her birthdays and took her on family holidays. However, her social worker's attitude towards her behaviour meant they made a reactive decision that led to further abuse:

*"It felt like normal family life. My foster mother asked for a short break from me, due to my challenging behaviour. She requested counselling to assist me with my behaviour. When she asked to have me back again, she was told I was not coming back. Instead of providing counselling to assist and support my foster family and me, the State decided to remove me from this foster home ... I had built a secure attachment to that family and that was severed by the State."*⁴³⁴

433 Witness statement of Dallas Pickering (21 October 2019, paras 13–14).

434 Witness statement of Dallas Pickering (21 October 2019, para 17).

Te tūkinotanga me te whakahapa i ngā kāinga taurima tamariki me ngā kāinga whānau hoki

Abuse and neglect in foster care and family homes

339. Foster care and State-operated family homes represent the settings where children and young people in social welfare settings were most often placed.⁴³⁵ While some survivors had positive experiences in some foster homes and State-operated family homes, some were environments where abuse and neglect occurred, with many children isolated from any external support.
340. Foster parents had control over the lives of children and young people within their home. Some survivors described how their foster caregivers were adept at “putting on a show” to hide any signs of abuse or neglect when social workers visited. Māori survivor P Wilde (Ngāpuhi) described how in one foster placement, she and other foster children would be dressed in their best clothes and told what to say when the social workers arrived. “[We] were then ‘presented’ to the social workers who were never allowed to speak with us alone.”⁴³⁶
341. Survivors told the Inquiry they felt trapped in what they described as violent and fearful environments. Many talked about experiencing regular beatings, sexual abuse and rape from caregivers as well as from caregiver’s children or foster siblings. Some children and young people were forced to work, or lived in conditions of severe neglect.
342. Survivors who ran away from their foster homes to escape abuse would often be returned to their caregivers without being asked why they had run away. This reflected negative institutional and societal attitudes towards children. NZ European survivor Ms VQ, who had experienced abuse in foster care, explained that although she and other foster children had tried to run away from a foster home, they were never listened to when they tried to explain what was happening in the foster home:

“It is crazy to think that us and others were running away because we were scared and feared for our safety, only to be put back into a situation where the caregiver would be angrier.”⁴³⁷

435 Department of Education, Report on child welfare, State care of children, special schools, and infant-life protection (1950, page 2); Department of Education, Report on the work of the Child Welfare Division for the year ended 31 December 1970 (1971, page 18).

436 Witness statement of P Wilde (23 February 2023, para 4.4).

437 Witness statement of Ms VQ (3 February 2023, para 39).

Te whakahapa me te kaipou kai, marumaru, kākahu hoki i te kāinga taurima tamariki

Neglect and withholding of food, shelter and clothing in foster care

343. Foster care survivors regularly described how their basic needs were neglected through the denial of adequate food, shelter, or clothing. Māori survivor Ms AJ (Tainui) told the Inquiry that it was not a priority to ensure she ate. "I remember having to sit at the table and eat mouldy sandwiches for dinner."⁴³⁸
344. The Inquiry heard of many caregivers withholding or failing to provide appropriate food and drink. This led some children to scavenge in bins, steal food and drink toilet water. Survivor Ms ED said her foster mother withheld food from her for days, before she was force fed and made to eat her own vomit.⁴³⁹
345. The Inquiry heard how some foster caregivers neglected to provide, or intentionally withheld, appropriate sleeping conditions and shelter. Survivor Ernest Seadon said he was made to sleep with the foster family's pet cats, where the cats would "poo and widdle".⁴⁴⁰

NZ European survivor Mr EH described how he was made to sleep outside in a shed despite there being a room inside he could sleep in. When describing the conditions, he said "I had no light out there and I only had the outside toilet ... I wasn't allowed to sit down in the sitting room by the fire or anything."⁴⁴¹

346. The State provided assistance grants for clothes and bedding, with caregivers required to ensure clothing was "kept in good order".⁴⁴² Some foster carers would keep this money for themselves.⁴⁴³ Māori survivor Gina Sammons (Ngāti Kura) and her siblings described being given second-hand clothes and not often having the correct school uniform or enough clothes in winter, despite finding out that "CYFS [Child, Youth and Family Services] was paying our foster parents board and clothing allowances and other costs that were supposed to be spent on us."⁴⁴⁴

438 Witness statement of Ms AJ (22 August 2021, para 58).

439 Witness statement of Ms ED (2 December 2021, para 41).

440 Witness statement of Ernest Seadon (15 December 2020, paras 156–157).

441 Witness statement of Mr EH (19 April 2022, para 62).

442 Ministry of Social Development, Legislation and social work guidance over the years (2 November 2016, page 28); Ministry of Social Development, Child Welfare Division Field Officer's Manual, Conditions of placement of State wards with foster parents (1957).

443 Witness statement of Susanne Murphy (26 April 2023, para 4.9.7, 4.9.19–4.9.20).

444 Witness statement of Tanya and Gina Sammons (24 February 2020, para 17).

Te tūkinotanga ā-hinengaro, ā-kaikiri hoki i ngā kāinga taurima tamariki, kāinga whānau hoki

Psychological and racial abuse in foster care and family homes

347. Children and young people were threatened, manipulated, isolated, humiliated and verbally abused. Survivors described being trapped with foster caregivers who would torment them. Some survivors were treated as animals and many survivors in foster care and State-operated family homes were made to feel worthless or powerless.
348. NZ European, survivor Ms M shared her and her sister's experience over five years in the late 1960s of repeated rape, physical abuse, taunts and terrorising from their foster father. He 'decorated' homemade pies with his teeth, wrapped her severed pet lamb's tail as a Christmas present, would abuse and humiliate his wife including tearing her clothes off in front of the sisters, and threatened the sisters with a loaded shotgun:

*"Have you ever heard a crayfish scream as it's put into boiling water? I was terrified and then later, when I went to bed there was a live crayfish in it ... I realised that he wanted us to cry and so I learnt not to."*⁴⁴⁵

Te whakaiti me te takahi

Degrading and demeaning treatment

349. Foster care survivors were made to feel excluded and 'less than' and described feeling like second-class citizens by some foster parents.⁴⁴⁶ Examples included being denied birthday celebrations and toys.⁴⁴⁷ The Inquiry heard how differently some foster care survivors were treated from caregiver's biological children, and sometimes other foster children. Survivor Erica Dobson, who was in foster care from age 10 months to 5 years old, explained that she and her foster brother were treated very badly compared to the foster parent's biological children: "We always sat away from them during meals, and we weren't allowed to play together. [Their own] kids got love and attention and [we] didn't."⁴⁴⁸
350. Many survivors were degraded and treated like animals by foster parents. Survivor Leoni McInroe was frequently made to sleep on the washhouse floor with the dog and eat alone.⁴⁴⁹ English survivor Malcolm Axcell also described being treated like a dog in the 1950s: "I was never allowed to eat with [my foster parents]. They used to put my meals on the step outside the back door, and if I didn't get there before the dog got there, I didn't have anything to eat."⁴⁵⁰

445 Witness statement of Ms M (5 November 2020, paras 49–55).

446 Witness statement of Leoni McInroe (24 February 2022, para 16).

447 Witness statement of Stephen Shaw (28 February 2022, para 24).

448 Witness statement of Erica Dobson (2 December 2021, para 35).

449 Witness statement of Leoni McInroe (24 February 2022, para 15).

450 Witness statement of Malcolm Axcell (31 May 2021, para 63).

351. Māori survivor Mr EC (Ngāti Kuri, Ngāti Maniopoto, Ngāpuhi, Tainui) shared with the Inquiry how his foster father buried him in a pit where they would dispose of rubbish such as eel guts and dog mess. He described being buried overnight with only his head exposed, where he was 'pissed on' by the family dog, and the dog started 'having sex' with his head while people laughed.⁴⁵¹
352. Several foster care survivors described being wrongly blamed by foster parents for incidents. In some instances, foster parents lied to NZ Police or social workers about the foster child to intentionally show them in a bad light or get them in trouble.⁴⁵² Mr EC told the Inquiry he was constantly "blamed for everything ... I was the ugly little boy so you blame him. That's life, mate."⁴⁵³

Te tūkinotanga ā-kaikiri i roto i te kāingapūnaha taurima tamariki **Racist abuse in foster care**

353. Racism could play a part in survivors experiencing differential treatment. Māori survivor Neta Kerepeti (Te Rarawa, Ngāpuhi, Ngāti Wai, Ngāti Mutunga) described being treated differently when placed in a State-operated family home:
- "We were only given water or cocoa to drink whereas the others would be given Horlicks and Milo. Whenever new people would come into the house, we always had to double bunk but [the Pākehā girl] had a room to herself."*⁴⁵⁴
354. Some survivors were demeaned because of their ethnicity. Māori survivor Kath Coster (Ngāi Tahu, Ngāti Apa, Ngāti Kuia, Rangitāne) experienced racism in multiple foster homes. At one foster home, the foster family were fixated on the colour of her skin and saw her brownness and whakapapa Māori as 'dirty'. In one instance, she overheard her foster mother saying she wanted to bleach her skin, and that she believed Māori "belong on the streets."⁴⁵⁵
355. Māori survivor Hemi McCallum (Ngāi Tahu, Ngāpuhi) experienced racist verbal abuse from his foster father: "He would call me the C word, or 'black ass'. Not being called my name added to the feeling of being worthless."⁴⁵⁶

451 Witness statement of Mr EC (24 February 2022, paras 53–56).

452 Witness statements of Ms EM (28 May 2021, para 25) and Kath Coster (9 March 2022, para 124).

453 Transcript of evidence of Mr EC for the Inquiry's Foster Care Public Hearing (Royal Commission of Inquiry into Abuse in Care, 14 June 2022, page 118).

454 Witness statement of Neta Kerepeti (22 April 2021, para 37).

455 Witness statement of Kath Coster (9 March 2022, paras 70, 74–76).

456 Witness statement of Hemi McCallum (1 December 2021, para 41).

Te whakawehe i te whānau, te tuakiri me te ahurea Separation from whānau, identity, and culture

356. Some foster caregivers actively tried to separate foster children from their biological whānau. This could be in the form of obstructing communication, preventing physical contact such as visits home or deliberate actions such as destroying gifts from whānau.⁴⁵⁷ Māori survivor Ms AJ (Tainui) was prevented from talking to whānau by her foster mother, who would threaten her and her siblings into staying silent when her father visited the home. She said her father would sit outside calling for them while they had to stay inside pretending not to hear him.⁴⁵⁸
357. This disconnection from identity was further amplified by the physical separation many survivors had from their whānau, friends and community. For many, a foster placement involved being geographically isolated from any support they could have had, making it difficult or impossible for whānau to visit their children and young people in care.⁴⁵⁹ Isolation and separation also made it harder for children and young people in care to return to whānau after leaving care.
358. The Inquiry heard of many survivors being placed into foster care that did not support their connection to their cultural identity. Māori survivor Hone Tipene (Ngāpuhi) described how, when he went into care he chose to not speak much te reo Māori to certain people: "In some places, the caregivers told us not to use te reo because they couldn't understand us and thought we were plotting something."⁴⁶⁰
359. The Inquiry heard from many Māori survivors who went through foster homes that the one of the biggest tūkinō – abuse, harm and trauma – for them was the 'loss' of whakapapa. Māori survivor Glenda Maihi (Ngāti Pikaou) explained this loss meant she grew up to be a lost soul, not knowing who she was and where she came from: "One of the worst effects of being in State care has been the loss of my identity, my whānau and the loss of my whakapapa ... I wanted to know, [why] there was no work by Social Welfare to retain my whakapapa."⁴⁶¹

457 Private session transcript of survivor who wishes to remain anonymous (14 June 2021 page 11).

458 Witness statement of Ms AJ (22 August 2021, para 48).

459 Witness statement of Stephen Shaw (28 February 2022, para 90).

460 Witness statement of Hone Tipene (22 September 2021, para 233).

461 Transcript of evidence of Glenda Maihi at the Inquiry's Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing (8 March 2022, page 79).

360. Māori and Samoan survivor Jenni Tupu (Ngāpuhi, Ngāti Hine) was adopted at 3 months old and lost her identity through foster care and adoption. She told the Inquiry she doesn't not hold any knowledge of her true whakapapa or cultural identity and is searching for her links and connection.⁴⁶² Māori siblings Mr AI and Ms AG (Waikato-Tainui) went into care aged 6 and 4 years old.⁴⁶³ Ms AG described how being in foster care impacted her knowledge and connection to her whakapapa:

*"I have learnt all the words to my mihi, but I don't feel connected to them, and I don't feel connected to the places in it. Some of those places I have never been to, or don't remember."*⁴⁶⁴

He wā tōna ka noho te kāinga taurima tamariki me ngā kāinga whānau hei taiao kaikoka tinana **Foster care and family homes could be an environment of physical violence**

361. Survivors told the Inquiry about a range of experiences in foster care where violence was used as a form of punishment or means of intimidation. Children and young people were beaten, left bruised and injured, and hospitalised at the hands of their foster caregivers. Many survivors spoke about receiving 'hidings', 'beatings', and extreme forms of violence.⁴⁶⁵ Often physical abuse came out of nowhere, adding to a child or young person's fear. For many in care, physical abuse was part of daily life.

362. Some caregivers used weapons against foster children, including everyday household items. The Inquiry heard of children and young people being beaten with vacuum cleaner poles,⁴⁶⁶ jug cords,⁴⁶⁷ leather belts,⁴⁶⁸ irons,⁴⁶⁹ wooden spoons,⁴⁷⁰ walking canes,⁴⁷¹ and sticks.⁴⁷² Some survivors also shared how they were deliberately burnt or branded by a foster parent.⁴⁷³

363. Māori survivor Tania Kinita (Ngāti Hineuru, Ngāi Tahu, Te Arawa and Ngāiti Whakaue) described how her foster father subjected her to extreme violence: "He knocked me out, pummelled my face black and blue, cracked my cheek bones, broke my nose, sprayed my blood up the walls and kicked me senseless."⁴⁷⁴

462 Transcript of evidence of Jenni Tupu at the Inquiry's Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing (9 March 2002, page 3).

463 Witness statements of Mr AI (2021, para 10) and Ms AG (2021, para 8).

464 Witness statement of Ms AG (2021, para 145).

465 Witness statements of Erica Dobson (2 December 2021, para 40); Mr EH (19 April 2022, para 75) and Mr EC (24 February 2022, paras 35, 66–67).

466 Witness statements of Maryann Rangī (13 April 2021, para 60); Hemi McCallum (1 December 2021, para 24); Denise Cordes (3 March 2022, para 20) and Mr AI (19 August 2021, para 34).

467 Witness statements of Maryann Rangī (13 April 2021, para 60); Glenda Maihi (3 August 2021, para 40); Ms AH (19 August 2021, para 120) and Mr AI (19 August 2021 para 34).

468 Witness statements of Vernon Sorenson (22 July 2021, para 1.9); Mr EC (24 February 2022, para 25) and Mr GD (8 July 2022, para 53).

469 Witness statement of Erica Dobson (2 December 2021, para 34).

470 Witness statements of Ms AH (19 August 2021, para 120); Mr AI (19 August 2021, para 34) and Walter Warner (28 June 2021, para 60).

471 Witness statements of Denise Cordes (3 March 2022, para 36) and Mrs EJ (13 May 2022, para 90).

472 Witness statements of Mr TO (1 July 2021, para 60); Ms AH (19 August 2021, para 120) and Mr FQ (23 September 2021, para 50).

473 Private session transcript of survivor who wishes to remain anonymous (24 November 2021, page 12) (2021, page 26).

474 Witness statement of Tania Kinita (2 August 2021, page 4, para 2.2).

Te tūkinotanga ā-tinana hei aupēhi, hei whakawhiu

Physical abuse to control and punish

364. Some foster parents used violence to discipline or punish those in their care. Several survivors told the Inquiry they were hit or beaten to 'teach them a lesson' for alleged bad behaviour, such as stealing. Violence from caregivers could be a response to behaviour outside of the child's control, including wetting the bed, being sick, or having nightmares. Being physically abused as a punishment for wetting the bed was a common experience shared by survivors of foster care as well as other social welfare settings.⁴⁷⁵
365. Foster care survivor Stephen Shaw shared how he was given 'hidings' for waking his caregivers when he had nightmares.⁴⁷⁶ He described a foster placement where he was beaten so badly his jaw could have been broken, because he threw up while playing on a swing.⁴⁷⁷
366. Many survivors told the Inquiry they were violently abused for running away from foster homes or attempting to report abuse, including some survivors who were beaten and choked.⁴⁷⁸ Survivor Mr FQ said he was forced to pick up thistles and punched and kicked by his foster father because he ran away.⁴⁷⁹
367. Māori Survivor John Heke (Tainui, Maniapoto) said that his foster parents physically abused him and his brother as punishment, including giving them hidings for arriving home late from school or lying:

*"To punish me, they put my fingers in the car door and they slammed the door on my fingers with the result of losing all my fingernails. I've already got a missing finger and so they picked on that hand ... and it was like, 'Good job, that's what happens when you steal!'"*⁴⁸⁰

475 Witness statements of Sir Robert Martin (2019, para 10); Dr Oliver Sutherland (4 October 2019, para 45) and Mr EC (24 February 2022, para 62–63).

476 Witness statement of Stephen Shaw (28 February 2022, para 58).

477 Witness statement of Stephen Shaw (28 February 2022, para 41).

478 Private session transcript of survivor who wishes to remain anonymous (5 August 2021, page 4); Witness statements of GH (2 March 2022, para 55); Ms AG (2021, para 27) and Denise Corde (3 March 2022, para 20).

479 Witness statement of Mr FQ (22 September 2021, para 9).

480 Private session transcript of John Heke (2021, page 36).

Te tūkinō aropā

Peer-on-peer abuse

368. Survivors who spent time in foster care were also at risk of physical, sexual and psychological abuse from their caregivers' biological children or other foster siblings. Some recalled feeling unable to report abuse while in foster care from biological children because they were unlikely to be believed by the abuser's parents or could be threatened with further abuse.

369. Ms AG shared her experience of being beaten by her caregiver's children at one of many foster placements during the 1990s and 2000s:

"I think I was about 12 at this stage, and they were all older than me. The daughters were going to the same school as me, so there was no reprieve from their abuse ... If I complained to their mum, instead of telling them off, she would encourage them to taunt me more."⁴⁸¹

370. Several foster care survivors shared how caregivers would use other children or young people to punish them. NZ European Survivor Mr EH told the Inquiry about a foster placement he had at seven years old, where he was regularly physically abused by his caregiver's biological son who was also seven:

"[If] I did something wrong then [my foster father] would get us in the shed, boxing gloves on, and hold me for his son to punch me. I used to try and punch back but I couldn't. I was only a small boy."⁴⁸²

371. Some foster placements also involved the risk of sexual abuse from other foster children.⁴⁸³ NZ European Survivor Mr HK was sexually abused when sharing a bunk bed with a foster sibling at a State-operated family home in the early 1980s. He was made to get in the top bunk and masturbate the sibling, who would do the same to him. "He'd use some sort of round wooden thing ... and insert it into my anus."⁴⁸⁴

481 Witness statement of Ms AG (2021, paras 103, 105).

482 Witness statement of Mr EH (19 April 2022, para 32).

483 Witness statement of GH (2 March 2022, para 48).

484 Witness statement of Mr HK (19 July 2022, para 34).

Te taitōkai i roto i te kāinga taurima tamariki me ngā kāinga whānau Sexual abuse in foster care and family homes

372. In foster and State-operated family homes, survivors were subjected to grooming, inappropriate touching, sexual assault and rape and forced to perform sexual acts on others. Some survivors found they would be ignored, disbelieved or at risk of further abuse when reporting to one foster parent that they were abused by the other.⁴⁸⁵
373. The private nature of foster homes, and the power caregivers had over their lives, meant children and young people were particularly exposed to the risk of being sexually abused. The Inquiry regularly heard how foster caregiver abusers would manipulate and take advantage of those in their care to both enable and conceal abuse. Some survivors were as young as five years old when a caregiver began to groom, rape or molest them.⁴⁸⁶
374. Some survivors shared how the dynamics of 'family' were used to manipulate, groom, and sexually abuse them. One survivor who was raped by his foster mother from 11 years old shared that if he wanted anything, he would have to have sex with her.⁴⁸⁷
375. NZ European survivor Andrea Richmond entered foster care when she was 10 years old. She described how her foster father groomed her through touching her in a way that seemed innocent at first by 'play fighting' with her. She said this was a test to see how she responded: "I joined the play fighting because I wanted to be part of the family ... [This] happened a couple of times, then it moved to full sexual abuse, he would have full sex with me."⁴⁸⁸
376. Multiple survivors gave evidence of being sexually abused in their beds by foster parents and other children, including their caregiver's biological children. Survivor Ms EM described how the foster father who molested and raped her and others "would use the same line with all the girls by saying that he was coming to tuck us in".⁴⁸⁹
377. Survivor Dallas Pickering, who was in foster care during the 1970s and 1980s, stated it "became the norm" to be abused by other children in the foster home:
- "Older kids would come into my bedroom at night and sexually abuse me. I did not feel safe at all. There was no supervision. There are no records of my time at this [State-operated] family group home. The caregiver was not supervised, and neither was I!"***⁴⁹⁰

485 Witness statement of Jenni Tupu (11 December 2021, para 30).

486 Witness statement of Mr FZ (14 April 2008, para 3).

487 Private session transcript of survivor who wishes to remain anonymous (9 September 2020, page 7).

488 Witness statement of Andrea Richmond (3 March 2022, paras 36, 38).

489 Witness statement of Ms EM (28 May 2021, para 41).

490 Witness statement of Dallas Pickering (21 October 2019, paras 21–22).

378. Survivors told the Inquiry of caregivers forcing them to perform sexual acts with other children against their will. Pākehā, Māori survivor Mr FZ (Tainui Maniapoto) said that his foster parents forced him to do sexual acts with a young girl in the home.⁴⁹¹ Survivor Vincent Hogg told the Inquiry he and two other young girls were sexually abused by their foster father, who would touch the three of them and encourage them to touch each other.⁴⁹²
379. Some survivors who went through foster care described being abused by non-caregiving adults who were given access to them. Māori survivor GH, who is non-binary, shared that they and their brother were abused by the male colleague their mother used for respite care:

“He would make us jack him off and perform sexual favours including making [my brother] ejaculate him. He would also rub his private parts all over me. This happened every weekend that we were left in his care.”⁴⁹³

380. For some survivors, their experience of foster care included abuse from the social workers who were supposed to keep them safe. One survivor who went into care as a baby shared how a social worker groomed and molested him throughout many placements in the 1960s. He recalled being moved to over 100 different homes: “The minute someone got close to what was going on to ask [the social worker] questions, I’d be moved again.”⁴⁹⁴

Te whakahāwinitanga o ngā tamariki me ngā rangatahi i roto i te kāinga taurima tamariki

Children and young people exploited for labour in foster care

381. Many foster care survivors described being exploited for their labour,⁴⁹⁵ and some worked in conditions they described as slavery.⁴⁹⁶ The Inquiry heard about exploitation on farms, with overwhelming chores or duties, and when providing care for others. Many survivors missed out on education or other important parts of their development.
382. What is considered appropriate work for children has changed over time, but many accounts go beyond any accepted standard of children’s work in Aotearoa New Zealand. Children and young people were regularly withheld from schooling against their wishes in order to work for the benefit of their foster caregivers. Ms EJ shared, “I worked while I was [in foster care]. I was their free labourer. I wasn’t allowed to go to school, even though I wanted to go to school.”⁴⁹⁷

491 Witness statement of Mr FZ (14 April 2008, para 39).

492 Witness statement of Vincent Hogg (15 December 2021, para 26).

493 Witness statement of GH (2 March 2022, para 51).

494 Private session transcript of survivor who wishes to remain anonymous (1 May 2019, page 11).

495 Witness statements of Mr EC (24 February 2022, para 40); Denise Cordes (3 March 2022, para 37) and Malcolm Axcell (31 May 2021, paras 16 and 22).

496 Witness statements of Mr FQ (2021, para 14); Mr EH (19 April 2022, para 68) and Hemi McCallum (1 December 2021, para 21).

497 Witness statement of Ms EJ (13 May 2022, para 71).

383. Some survivors felt they were exploited for work and household duties by their foster caregivers. Several survivors on rural foster placements described having to do excessive farm work from a young age.⁴⁹⁸ Survivor Mr EH described what he had to do before school on one of the farms he was forced to work on as a 12-year-old in the 1950s:

"I'd have to go and milk the cows by hand. Put the cream out, feed the pigs, have breakfast, get ready, and then go to school. It was the same thing at night again."⁴⁹⁹

384. The Inquiry also heard how the labour exploitation of children and young people could occur alongside racism. Samoan and Māori survivor Jenni Tupu (Ngāpuhi, Ngāti Hine) described how her Pālagi and South African foster parents would make her and other foster tamariki Māori work on their farm while their biological children went to school. She told the Inquiry: "I remember being made to do lots of work on the farm and I have memories of often being hungry and being referred to as a 'little brown darky'."⁵⁰⁰

Te Hōtaka Tamariki Manene me te whakahāwinitanga The Child Migrant Programme and labour exploitation

385. The Inquiry heard how labour exploitation in foster placements took place in the Child Migrant Programme. From 1947 to 1954, 549 children and young people were taken from their families in the UK and sent to Aotearoa New Zealand alone.⁵⁰¹ Many had to carry out intensive and unpaid farm work at rural foster placements.⁵⁰² Survivor Leslie Pritchard described being sent to Aotearoa New Zealand as a child migrant:

"It was all supposed to be a new beginning in a land of opportunity. Nobody told me I'd be sent to the middle of nowhere, clearly just a source of unpaid labour."⁵⁰³

386. The programme had labour at its heart⁵⁰⁴ and children and young people were placed with families on an employment basis.⁵⁰⁵ Custody records showed placements with 'employers' and opportunities to learn farm work.⁵⁰⁶ For many survivors, the reality meant carrying out hazardous and intensive labour at the expense of their child / teenage-hood and education.

498 Witness statements of Ms AG (2021, para 50) and Mr EH (19 April 2022, para 85).

499 Witness statement of Mr EH (19 April 2022, para 85).

500 Witness statement of Jenni Tupu (11 December 2021, page 3, para 14).

501 Oranga Tamariki, Statutory declaration and Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 498 (19 August 2022, pages 4–5). The Child Welfare Amendment Act 1948 provided for the care of unaccompanied migrant children.


502 Young, S & Barber, B, British Child Migration to New Zealand–1949 to 1954: The Royal Over-Seas League Scheme (2002, pages 6–7).

503 Pritchard, P, "When will New Zealand apologise for child migration?" Child Migrant News (December 2021, page 14).

504 Correspondence between superintendent and boys' welfare officer (14 May 1953).

505 Correspondence between superintendent and district child welfare officer, Masterton (17 April 1953, pages 1 and 4).

506 Form for superintendent, child migration application for custody of child from United Kingdom (17 April 1953, pages 1–2).

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387. These children and young people were entitled to wages and their caregivers had further employment obligations.⁵⁰⁷ Despite this, many survivors were never paid and some experienced physical and sexual abuse while labouring.⁵⁰⁸
388. English survivor Malcolm Axcell was placed into an Aotearoa New Zealand foster home through the programme in the 1950s. He told the Inquiry that children as young as five years old were made to work on the farm for free, and that he was treated “like a slave”. At 15 years old, Malcolm was taken from school to work on the farm every day. He was beaten with a strap by his social worker whenever he tried to raise any issues with his placement.⁵⁰⁹
389. Survivors of the Child Migrant Programme in Aotearoa New Zealand shared how their exploitation for work purposes exposed them to the risk of further physical, sexual or psychological abuse and meant their education and development were neglected. Overseas inquiries into child sexual abuse found that many of the survivors of the Child Migrant Programme were abused and exploited,⁵¹⁰ leading the Australian government to make formal an apology on 16 November 2009.⁵¹¹ In the same year the former Social Development and Employment Minister, Hon Paula Bennett, considered the treatment of child immigrants who were part of the Migrant Programme was better than what had occurred in other countries and despite then British Prime Minister Gordon Brown announcing that he would make a formal apology for Britain's role in the Child Migrant Programme.⁵¹² No State apology to survivors of the Child Migrant Programme has been made in Aotearoa New Zealand.⁵¹³

507 Department of Education, Child Welfare Division, Circular Memorandum 49/30 for all district child welfare officers, re: Child migration (22 July 1949, page 1).

508 Young, S & Barber, B, *British Child Migration to New Zealand—1949 to 1954: The Royal Over-Seas League Scheme* (2002, pages 6–7).

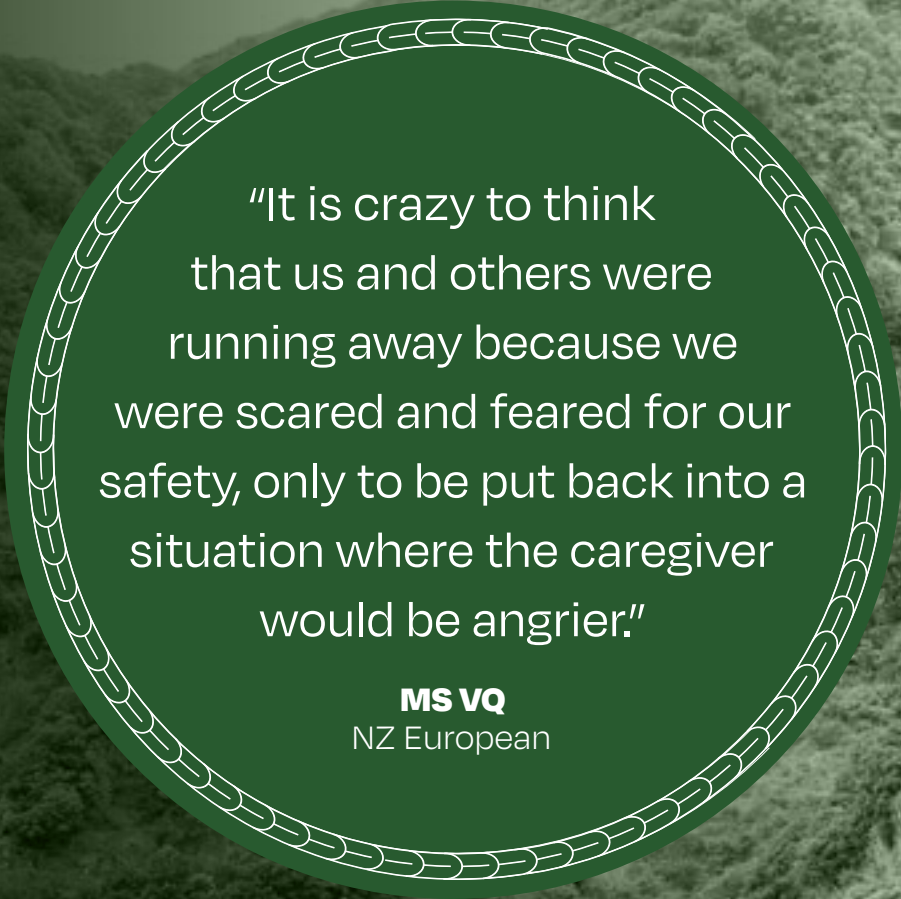
509 Witness statement of Malcolm Axcell (31 May 2021, paras 76–77).

510 Correspondence from the general manager, client advocacy and review, Ministry of Social Development to the Human Rights Commission regarding the draft report on the Crown's response to historic claims (29 June 2010, page 8).

511 National Museum Australia website, National apology to Forgotten Australians and former child migrants (updated 28 September 2022), <https://www.nma.gov.au/defining-moments/resources/national-apology-to-forgotten-australians-and-former-child-migrants>.

512 “Children exiled to NZ not ill-treated – Paula Bennett,” RNZ News (17 November 2009), <https://www.rnz.co.nz/news/national/16410/children-exiled-to-nz-not-ill-treated-bennett>.

513 Correspondence from the general manager, client advocacy and review, Ministry of Social Development to the Human Rights Commission regarding the draft report on the Crown's response to historic claims (29 June 2010, page 8).



"It is crazy to think that us and others were running away because we were scared and feared for our safety, only to be put back into a situation where the caregiver would be angrier!"

MS VQ
NZ European



Te tūkinotanga me te whakahapa i ngā wāhi tokoora

Abuse and neglect in social welfare institutions

390. The term 'social welfare institutions' is used at times throughout this report. There was often no distinction made by survivors between social welfare residences that catered for children and young people with 'care and protection' needs where it had been determined by a social worker or the courts that they required out-of-whānau care and support; and youth justice residences that catered for children and young people placed there by the courts as a result of youth justice charges. In addition, these facilities and their environments shared many similarities including that they tended to be isolated from mainstream communities, sometimes located in remote places, segregating the children and young people in them from society even further. Although the term 'residences' suggests a homely environment of warmth and love, the reality for those survivors living in these types of facilities was the opposite.
391. During the Inquiry period, some social welfare facilities functioned as both social welfare residences (known from 1989 as 'care and protection' residences)⁵¹⁴ as well as youth justice residences / institutions that were run at the time by the Department of Justice. This meant that the facility housed:
- a. Some children and young people with 'care and protection' needs; and
 - b. Some children and young people that were placed in the facility by the courts as a result of youth justice charges.
392. Survivors described social welfare institutions as hierarchical environments where some staff and residents would regularly take advantage of those younger or 'weaker'.⁵¹⁵ Institutional life centred on control and discipline, often through extremely abusive means.⁵¹⁶ The process by which children and young people lose their identity and independence through spending time in an institution is known as institutionalisation.

514 Introduced for first time in the principles and objectives of the Children, Young Persons, and Their Families Act 1989, noted in Watt, E, A history of youth justice in New Zealand, (2003, page 26).

515 Witness statements of Helen Boynton (24 November 2020, paras 32–33); Ernest Seadon (15 December 2020, para 134); Brian Moody (4 February 2021, paras 31–33) and Mr VV (17 February 2021, para 24).

516 Witness statements of Greg from Ōwairaka (10 March 2020, para 59); Scott Carr (7 March 2021, para 19); Mr PM (23 March 2021, para 45) and Mr GQ (11 February 2021, para 91).

393. The institutionalisation of children and young people was not only an impact of being placed in social welfare institutions, but also a deliberate strategy to address perceived delinquency. Children and young people considered too difficult, old, or 'unsocialised' for foster care would often be placed in social welfare institutions to fix their behaviour.⁵¹⁷ The State favoured highly regimented and controlled environments over whānau or foster placements for supposed delinquents.⁵¹⁸
394. In some instances, social worker's reports recommended placement in a social welfare residence or youth justice institution,⁵¹⁹ to remove the child from the influence of their whānau, or because they were a 'lost cause' destined for a criminal or psychiatric institution.⁵²⁰ Institutionalisation of residents began with the depersonalised and traumatic admissions process and continued day to day.
395. The institutionalisation process often separated children from their identity (in some cases, deliberately), including cultural identity, family, wider whānau and support network. Most larger social welfare institutions were national institutions, which meant that children and young people were placed in them from across the country.⁵²¹ This made regular visits from whānau extremely difficult and isolated those in care. These children and young people were fully reliant on the social welfare institution and its staff to meet their emotional and developmental needs. In these institutions the delivery of care and protection was often inadequate. This could manifest with children and young people experiencing:
- a. delays in their emotional, cognitive and physical development with a heightened risk of developing behaviours and becoming a victim of emotional, physical and sexual abuse;
 - b. a regimented routine, which resulted in the children and young people following a prescribed daily schedule with little flexibility with limited encouragement or support to develop and show their personal preferences and individuality.

517 Department of Education, Child Welfare Division, Social worker's case report recommending long-term institutional training (22 August 1972).

518 Department of Education, Child Welfare Division, Child welfare officer's case report, re: placement at Kohitere (25 November 1971); Department of Education, Child Welfare Division, Social worker's case report, re: application for Hokio (April 1974).

519 Department of Education, Child Welfare Division, Social worker's case report, re: recommendation for institutional training (29 August 1972, page 4); Department of Education, Child Welfare Division, Social worker's case report, re: referral to Hokio (10 January 1973, page 9).

520 Department of Education, Child Welfare Division, Social worker's case report, re: recommendation for institutional training (29 August 1972, page 2); Department of Education, Child Welfare Division, Social worker's case report, re: referral to Hokio (10 January 1973, page 9).

521 Department of Education, Child Welfare Division, Social Work Manual, 'National Training Centres' (1970), J6.1.

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396. A disproportionate number of children and young people being admitted to social welfare institutions were Māori and Pacific, and in many social welfare institutions, tamariki and rangatahi Māori made up the majority of the residents. Not only were tamariki and rangatahi Māori and Pacific children and young people subjected to racist abuse in social welfare institutions, there were no processes in place to positively acknowledge their identity or ensure they were able to practice or maintain their culture. Samoan survivor David Williams (aka John Williams) shared that “No one asked me officially what ethnicity I was when I arrived. But they knew who was a Māori and who was a Pacific Islander. They never acknowledged our culture or ethnicity in a positive sense”.⁵²²
397. Institutional life was an unsuitable and inherently abusive environment for children and young people, that failed to meet their needs. The Inquiry heard from many survivors and staff about the embedded culture of violence in social welfare institutions, how abuse was so prevalent it was to be expected, and how staff encouraged or condoned violence.
398. Survivors described social welfare institutions as feeling like prisons and reported being treated as criminals. This was reinforced by dehumanising experiences including strip searches, neglect of basic needs, and solitary confinement in secure units or ‘cells’.⁵²³

Te whakaiti i te urunga atu

Degrading treatment upon entry

399. Many survivors described how frightening, confusing, and traumatic entering social welfare institutions could be. For some survivors, entry into care was the beginning of the worst time in their lives. One described Allendale Girls’ Home in Tāmaki Makaurau Auckland as a “soul destroying” place for many girls, and how living there “broke people’s spirit”.⁵²⁴
400. Survivors’ impressions when entering social welfare institutions were characterised by dehumanising treatment,⁵²⁵ a suppression of individual identity,⁵²⁶ intimidating behaviour, and failure to identify and respond to individual children’s needs. The transfer and arrival processes were often an introduction for survivors to abuse and the invasion of their privacy and bodies. Communication about what was happening to them and why completely lacked transparency and many survivors were lied to by the State.⁵²⁷

522 Witness statement of David Williams (aka John Williams), (15 March 2021, para 37).

523 Witness statements of Rawiri (David) Geddes (15 April 2021, paras 16–19, 29) and Ms EM (28 May 2021, paras 23–24).

524 Evidence provided by survivor for the 1978 ACORD Inquiry (n.d.).

525 Witness statement of Tracey Peters (7 October 2021, para 4.3).

526 Witness statement of Toni Jarvis (12 April 2021, para 65).

527 Circular memorandum from Superintendent CE Peek to all Department of Child Welfare officers regarding admissions to Kohitere Boys’ Training Centre (5 June 1959); Department of Social Welfare, Admissions to training centres (July 1954).

401. Children and young people were stripped of clothing and possessions on arrival and subjected to invasive practices such as forced strip searches,⁵²⁸ and being showered in “nasty chemicals”.⁵²⁹ Pākehā Māori survivor Rawiri (David) Geddes (Ngāpuhi) described arriving at Ōwairaka Boys’ Home in Tāmaki Makaurau Auckland in 1981: “The first thing they made you do on arrival, and I felt very belittled by this, was to strip you down to nothing.”⁵³⁰
402. Youth justice institution residents were also subjected to invasive strip searches. One resident said in 1998 that she had to strip in front of a staff member and spread her legs with no other staff present.⁵³¹ Samoan survivor Mr GU described how in such an instance he could hear staff laughing and realised that they were making him “bend over naked, multiple times, just for their own amusement.”⁵³²
403. The routine practice in State institutions of immediately placing children and young people into solitary confinement is discussed later in this section, along with ‘initiation’ beatings by other residents.

Te arotake puapua manioro

Invasive vaginal examinations

404. Some girls and young women were subjected to vaginal examinations to test for sexually transmitted infections on their admission to social welfare institutions. Girls and young women would lie on a bed, naked from the waist down, usually with their legs placed in stirrups.⁵³³ They were often held down by staff or strapped to the bed so they could not move.⁵³⁴
405. Some survivors described to the Inquiry how these invasive vaginal examinations were routinely performed without explanation or consent, which denied their bodily autonomy and only added to the trauma of the examinations. Vaginal examinations represented physical, sexual, psychological, and cultural abuse for many survivors.

“Those examinations told me that adults had rights to my body, no matter who they were. That is wrong. It is so wrong to get that idea in your head as a child, because as a woman, your value for yourself is lost.”⁵³⁵

528 Witness statement of Scott Carr (7 March 2021, para 24).

529 Witness statement of Tracey Peters (October 2021, para 4.1).

530 Witness statement of Rawiri (David) Geddes (15 April 2021, para 16).


531 Northern Residential Centre, Complaint form, 1997.

532 Witness statement of Mr GU (March 2021, para 66).

533 Witness statement of Gwyneth Beard (26 March 2021, para 75).

534 Witness statement of Loretta Ryder (30 March 2021, para 125).

535 Witness statement of Gwyneth Beard, WITN0159001 (Royal Commission of Inquiry into Abuse in Care, 26 March 2021) para 206.

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406. Vaginal examinations were regularly conducted in an uncaring fashion, with survivors made to feel 'unclean'.⁵³⁶ Vaginal examinations were undertaken on the assumption that girls in care were promiscuous and infected with diseases, even in cases where girls and young women stated they were not yet sexually active, they were often not believed and still required to undergo an examination.⁵³⁷ These examinations instilled a sense of shame in girls and young women around their assumed promiscuity and were based on sexist and misogynistic assumptions of girls and women in care.
407. Examinations could be even more frightening for survivors with a history of rape or abuse. Some shared how despite being a child or young person, staff would never investigate why their examination indicated they were not a virgin.⁵³⁸ Many survivors were so traumatised by these vaginal examinations that they tried to shut out those memories in later life.
408. Abusers also used vaginal examinations as an opportunity to sexually abuse girls and young women. Māori survivor Gwyneth Beard (Ngāti Porou) described getting an abusive examination from Dr Morgan Fahey on returning to Strathmore Girls' (Ferry Road) Home in 1977, a doctor who was later convicted for similar sexual offending against multiple women:
- "When I look back to the way Dr Fahey took swabs, I understand what was going on. He was touching parts of my body down there that he should not have been. Looking back, I know it was wrong."***⁵³⁹
409. Survivors also told the Inquiry they could be placed in solitary confinement as punishment for refusing to consent to vaginal examinations,⁵⁴⁰ despite social work guidance from 1975 onwards, stating that examinations were only to be pursued for 'at risk' girls and young women.⁵⁴¹
410. For Māori survivors, this tūkino – abuse, harm and trauma – was a transgression against the tapu of their body, particularly that of whare tangata.

536 Witness statement of Maryann Rangī (13 April 2021, paras 98–101).

537 Statement of Linda Bowler, assistant house mistress at Bollard Girls home, 1976–77, for the ACORD Inquiry (n.d.).

538 Witness statement of Gwyneth Beard (26 March 2021, paras 71–72, 74–78).

539 Witness statement of Gwyneth Beard (26 March 2021, para 81).

540 Private session of survivor who wishes to remain anonymous (4 December 2019, page 13).

541 Department of Social Welfare, Residential Social Work Manual (1975, page 13), F2.26.

Te tūkinotanga ā-hinengaro, ā-ahurea anō hoki Psychological and cultural abuse

411. Psychological abuse was experienced by all survivors who spoke to the Inquiry about their time in social welfare institutions. At a system level, these institutions were inherently abusive and inappropriate environments for children and young people, cutting them off from whānau and failing to provide them with the support and nurturing they needed.
412. Bullying and verbal and emotional abuse by staff at an individual level was entrenched and widespread across all social welfare institutions. Bullying by other residents went unchecked or was encouraged. Many survivors told the Inquiry of being constantly put down and told they were useless,⁵⁴² stupid and made to “feel bad and degraded”.⁵⁴³ Survivors were told as children or young people that no one loved or wanted them, that they were a “worthless piece of shit”, and that they would amount to nothing.⁵⁴⁴
413. Many children and young people in social welfare institutions were told they were destined for a life in prison or psychiatric care. Some survivors were told that they were “born criminals”. NZ European survivor Michael Rush told the Inquiry that he and other social welfare settings’ residents were conditioned to think they were criminals who would go to prison:
- “If you keep telling someone they are going to end up in prison, sooner or later they will believe you and that’s what will happen.”***⁵⁴⁵
414. Survivors regularly shared how social welfare institutions were harsh and lacking in aroha, care and affection.⁵⁴⁶ Pākehā and Māori survivor, Sharon Byles (Ngāti Tūwharetoa, Ngāti Raukawa, Ngāti Hineuru, Ngāti Uenuku, Ngāti Kahungunu ki Te Wairoa, Ngāti Kahungunu ki-Heretaunga, Ngāti Apa, Ngāti Kahungunu) described the lack of care from staff at Allendale in the 1970s: “You would have a girl in the corner crying, but the staff wouldn’t do anything about it. It’s like they just didn’t care at all.”⁵⁴⁷
415. Expert witness Dr Sarah Calvert explained that care institutions cannot provide the opportunity for residents to develop secure attachments with staff, because there is no continuous relationship or sense of belonging.⁵⁴⁸ Dr Calvert said the institutional environment, “can lead to difficulties in adjustment and can disrupt healthy development. Care giving institutions simply cannot replicate a “family environment”.”⁵⁴⁹

542 Witness statement of Walter Warner (28 June 2021, para 55).

543 Witness statement of Ms GX (1 July 2021, para 30).

544 First witness statement of Mr FN (16 July 2021, para 2.8); Witness statements of Daniel Rei (10 February 2021, para 74) and Mr SN (30 April 2021, para 138).

545 Witness statement of Michael Rush (16 July 2021, para 130).

546 Witness statements of Erica Dobson (2 December 2021, para 43) and Ms FW (12 August 2022, para 33).

547 Witness statement of Sharon Byles (24 July 2021, para 43).

548 Calvert, S, Attachment and related issues, Expert opinion report prepared for the Royal Commission of Inquiry into Abuse in Care (2022, page 19).

549 Calvert, S, Attachment and related issues, Expert opinion report prepared for the Royal Commission of Inquiry into Abuse in Care (2022, page 19).

416. Many residents felt that living in social welfare residences and institutions and conforming to that facility's systems, often with little or no whānau contact, reduced their mana. Māori survivor Waiana Kotara (Ngāti Hako, Ngāti Maniapoto) spent four years at social welfare institutions in the 1970s. She described the lack of care she experienced:

"[I was placed] in institutions for my 'care and protection' but there was nothing caring about being removed from my whānau. There was nothing caring about the staff telling me that my mother was bad because she was involved with gangs. There was no love, no care and no protection. At that time, my mum was not in the gangs. This was the system's interpretation of my mum."⁵⁵⁰

417. Many survivors explained how social welfare institutions were strict, regimented, militant, and made them fearful of stepping out of line. Survivor Greg from Ōwairaka, who entered Ōwairaka Boy's Home in Tāmaki Makaurau Auckland in the mid-1960s when he was 13 years old, described the regimented structure:

"Everything was about discipline and you were shit scared of everything and everyone. There was no compassion or empathy or support shown from staff. You had to do what you were told or there were consequences. It was very regimented and structured – don't rock the boat."⁵⁵¹

418. European survivor Walton Warner described how the bullying and verbal abuse he suffered from staff at Ōwairaka Boy's Home in the 1950's was relentless:

"To be constantly bullied and told that I was useless was not a good environment to live in ... It's hard to articulate, but when you are told that you're a pig every day, you get used to it. It becomes water off a duck's back."⁵⁵²

419. NZ European survivor Philip Laws described the emotional and psychological abuse he experienced from staff and peers at Hamilton Boys' Home as "hell on earth" and "round the clock torture". He told the Inquiry about the verbal and physical abuse he experienced which was sometimes compounded with racial discrimination: "I remember being told I was useless, scum, a white maggot and a pākehā scumbag. They would push me on the ground and make me crawl. It was degrading."⁵⁵³

550 Witness statement of Waiana Kotara (17 February 2022, para 85).

551 Witness statement of Greg from Ōwairaka (10 March 2020, para 59).

552 Witness statement of Walton Warner (28 June 2021, paras 55, 74).

553 Witness statement of Philip Laws (23 September 2021, paras 3.36–3.37).

420. A shared experience for many survivors was how being in social welfare settings made them lose a part of their identity. Dehumanising practices such as being referred to by a number rather than a name amounted to psychological abuse or neglect for many survivors. The Inquiry received evidence of one resident who detailed some of these practices at Ōwairaka Boys' Home and Wesleydale Boys' Home in Tāmaki Makaurau Auckland during the 1970s, including that staff would never use his name, or only use his last name.⁵⁵⁴
421. The erosion of identity and dehumanisation experienced by some survivors in institutional environments amounted to psychological abuse and cultural neglect. Māori and Pacific survivors were effectively disconnected from their language, identities and culture by social welfare settings, sometimes violently. Māori survivor Hohepa Taiaroa (Ngāti Apa, Ngāti Kahungunu) shared that he and others were scolded by Māori staff members at Kohitere Boys Training Centre in Taitoko Levin if they heard them speaking reo Māori.⁵⁵⁵ Māori survivor Mr LT said: "I lost my te reo and my tikanga at Epuni [Boys' Home] and Kohitere [Boys' Training Centre]. They beat it out of me."⁵⁵⁶ In this way, Māori survivors experienced whakaiti which was targeted at their Māoritanga.
422. Some survivors also spoke about overt racism they experienced while in social welfare settings. Survivors described to the Inquiry how some from social welfare settings' staff believed that Māori and Polynesians were inferior intellectually and culturally.⁵⁵⁷ Staff members labelled tamariki and rangatahi Māori as 'dumb',⁵⁵⁸ and belittled Pacific children and young people by speaking 'pidgin English' to them.⁵⁵⁹ Pacific survivor Fa'amoana Luafutu, shared how boys' in Ōwairaka Boys' Home in Tāmaki Makaurau Auckland were told to submit to the authority of white staff because they were smarter than Pacific children and young people and cleverer than tamariki and rangatahi Māori.⁵⁶⁰

554 Case file of a survivor (n.d., page 1).

555 Witness statement of Hohepa Taiaroa (31 January 2022, pages 6–7).

556 Witness statement of Mr LT (7 March 2022, para 42).

557 Submission to Archbishop Johnstone regarding Ōwairaka, Wesleydale and Bollard (16 October 1982, page 5).

558 Interview with Wesleydale Girls' Home staff member (n.d, page 1).

559 Staff notes of staff member regarding Ōwairaka (n.d., page 1).

560 Witness statement of Fa'amoana Luafutu (5 July 2021, para 40).

Te whakahapa kaikiri, ahurea hoki Racism and cultural neglect

423. Racial discrimination and cultural neglect were regularly experienced by Māori and Pacific survivors while in social welfare settings.
424. Māori and Pacific language and cultural activities were not perceived as a priority in most social welfare institutions and more broadly across other State settings. Some survivors described being punished for practicing their culture. One survivor described Epuni Boys' Home and Kohitere Training Centre both in Taitoko Levin in the 1970s:

*"There was no acknowledgement of cultural needs in any of the boys' homes. We were not allowed to speak te reo Māori. There wasn't anything to do with recognizing our cultural identity; that wasn't encouraged in any way."*⁵⁶¹

425. Survivors also spoke about being targeted, degraded and abused because of their ethnicity. Māori and Pacific children were often grouped in treatment. Records from social welfare settings, and across many other care settings, would group both as 'Polynesian'. Māori survivor Loretta Ryder told the Inquiry about her experiences of racism at Bollard Girls' Home:

*"When there were certain staff working, you knew you had to watch your walk and your talk. This happened more when the staff were Pākehā. I didn't know what racism was when I was growing up but at Bollard, the Pākehā girls got treated a lot better than the Māori girls did."*⁵⁶²

*Staff members spoke differently to us Māori girls compared to the Pākehā girls. The tone was different, and they used nicknames like honey or love when talking to Pākehā girls, but they didn't do that with us.*⁵⁶³

426. Samoan survivor David Williams (aka John Williams) described the racism that he saw and experienced from staff at Ōwairaka Boys' Home in Tāmaki Makaurau Auckland in the 1970s:

*"The racism was another thing. You had the white boys who were treated not too bad. Then you had the Māori who were treated like shit. But then if you were an Islander you were dog shit. They would step all over you. Staff used to tell me nobody wanted me and other things like 'you're useless, you should go and kill yourself.' Don't get me wrong, the Māori were treated like shit. But if you were underneath that, you were absolutely nothing."*⁵⁶⁴

⁵⁶¹ Witness statement of William MacDonald (4 February 2021, para 234).

⁵⁶² Witness statement of Loretta Ryder (30 March 2021, para 102).

⁵⁶³ Witness statement of Loretta Ryder (30 March 2021, para 103).

⁵⁶⁴ Witness statement of David Williams (aka John Williams), (15 March 2021, para 55).

427. In addition to the targeted abuse towards Māori and Pacific children and young people, there were instances of staff inciting race-based violence. A Pākehā survivor who was a resident of Epuni Boys' Home in Taitoko Levin described how a staff member provoked an attack against him by telling a group of kids that he had called them niggers.⁵⁶⁵

“And then next minute they’re attacking me. And he would just sit there, like a [salivating spectator of gladiators], watching me fucken [sic] defend myself.”⁵⁶⁶

428. Interviews with former staff indicate they were aware targeted abuse occurred. Accounts from the 1970s included that “white staff” used “humiliation techniques” on tamariki and rangatahi Māori,⁵⁶⁷ and “housemasters abused Polynesian boys in [the] dining room”.⁵⁶⁸ Despite the efforts of some staff, survivors continually suffered from incidents of targeted racial abuse.

Te whakahapa tinana me te whakaparau i ngā matea matua Physical neglect and denial of basic needs

429. The Inquiry heard that the neglect of basic needs was a regular experience for survivors in social welfare settings. The Inquiry also heard from survivors who experienced medical neglect, through illness and injuries that went untreated. For some, their neglect was underpinned by negative or dismissive attitudes to children and young people in care⁵⁶⁹ and outright racism,⁵⁷⁰ ableism and disablism.⁵⁷¹

430. Staff from social welfare settings sometimes withheld food to punish residents.⁵⁷² A former boys' home head teacher described an 'off privilege' system of collective punishment, where no residents received morning tea, afternoon tea, or supper including from the time a child ran away until they were found.⁵⁷³ Survivor Monique de Latour told the Inquiry that when she was placed in the secure unit at Bollard Girls' Home in Tāmaki Makaurau Auckland, residents had food withheld when they tried to talk to each other through the air vents.⁵⁷⁴

565 Ministry of Social Development, Claim Assessment (2020, page 7).

566 Ministry of Social Development, Claim Assessment (2020, page 7).

567 Staff notes of psychologist regarding visit to Melville Boys' Home and Day St Girls' Home (n.d., pages 1–2).

568 Staff notes of staff member regarding Ōwairaka (n.d., page 1).

569 Witness statement of Jovander Terry (29 June 2021, paras 95, 97).


570 Witness statement of Ms T (12 March 2021, para 115).

571 Witness statement of Tracy Peters (7 October 2021, para 3.2).

572 Witness statement of Loretta Ryder (30 March 2021, para 112).

573 Interview with head teacher at Wesleydale Boys' Home (n.d., page 1).

574 Witness statement of Monique deLatour (28 March 2022, para 44).

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431. Some survivors slept on the floor in social welfare residences,⁵⁷⁵ often because of under-resourcing and overcrowding.⁵⁷⁶ Some concerns were raised about sleeping conditions by staff. A 1973 letter from a senior social worker to the Director-General of Social Welfare described Fareham House in Kaiwaewae Featherston being in a poor state of repair, including having sagging mattresses with distorted frames.⁵⁷⁷
432. Survivors described how being provided with inappropriate clothing caused sickness and injuries at social welfare residences. Survivor Vernon Sorenson described having to wear jeans during a hike at Kohitere Boys' Training Centre in Taitoko Levin in the 1970s. "They got all wet and I came down with pneumonia."⁵⁷⁸
433. Long-term social welfare residences such as Kohitere Boys' Training Centre in Taitoko Levin and Miramar Girls' Home in Te Whanganui-a-Tara Wellington had a focus on vocational training.⁵⁷⁹ A key part of this was work programmes, with Kohitere Boys' Training Centre providing forestry work and other training programmes throughout its history.⁵⁸⁰ The Inquiry heard survivors describe work programmes as unsafe environments without appropriate oversight, which could result in serious accidents.
434. Survivor Daniel Rei described how children and young people in the forestry programme at Kohitere Boys' Training Centre in the late 1980s did not receive any training before cutting down trees:
- "There were no safety measures or regulations in place. We were given axes and a file ... If you were too slow, some of the older boys behind you would cut the trees on top of you. I was injured on a number of occasions."***⁵⁸¹
435. Despite this high-risk work environment, NZ European and Māori survivor Peter Brooker (Waitaha) told the Inquiry that he and other boys would "sniff glue and paint while working in the forest ... The forestry bosses sat in their little offices on site, while we ran around the forest high on glue or paint. The staff were aware."⁵⁸²

575 Witness statement of Beverly Wardle-Jackson (7 November 2019, paras 29–30).

576 Allendale: Draft profile (20 March 2006, page 2).

577 Letter from senior social worker to Director-General re: damage and poor conditions at Fareham House (27 April 1973, paras 2, 3 & 11).

578 Witness statement of Vernon Sorenson (22 July 2021, para 2.30).

579 Parker, W, Social welfare residential care 1950–1994, Volume III: A selection of boys' and girls' homes, (Ministry of Social Development, 2006, page 223); Parker, W, Social welfare residential care 1950–1994, Volume II: National institutions (Ministry of Social Development, 2006, page 59).

580 Ministry of Social Development, Understanding Kohitere (2009, page 36).

581 Witness statement of Daniel Rei (10 February 2021, paras 135,142).

582 Witness statement of Peter Brooker (6 December 2021, paras 185–186).

436. Institutional records confirm that survivors sustained serious injuries during work placements. A 1963 accident report from Kohitere Boys' Training Centre shows that a 14-year-old boy: "suffered a severe laceration of the back of his arm [when it] came in contact with the blade of a rip saw machine".⁵⁸³ In addition, the 1971 Kohitere Boys' Training Centre annual report noted that five boys had required surgery, with 20 being admitted to hospital after "a more-than-usual run of minor accidents, the majority in the forestry section".⁵⁸⁴
437. Survivors also shared how social welfare settings staff neglected their health. Pacific survivor Mr TO described being denied treatment as a punishment at Epuni Boys' Home in Taitoko Levin in the 1990s: "A medical appointment was made for me. Because I was not doing what I was told during recreation time, staff cancelled my medical appointment. The next day, [a staff member said] that I should have been taken to hospital."⁵⁸⁵
438. Social welfare settings neglected to properly support and educate survivors who were going through puberty. Māori survivor Gwyneth Beard (Ngāti Porou) described learning about period hygiene in a social welfare girls' homes, and how she now understands her experience in light of the tapu of her whare tangata:
- "No one said, 'This is what you're meant to do.' ... I didn't understand that a period is what you get ... I'm just really embarrassed about that and I shouldn't have to be – as Māori women, our bodies are sacred."***⁵⁸⁶

583 Correspondence from Kohitere manager to district officer re: Accident in carpentry workshop (2 April 1963, page 2).

584 Kohitere Boys' Training Centre, Annual Report 1971 (1972, pages 9–10).

585 Witness statement of Mr TO (2021, para 167).

586 Private session transcript of Gwyneth Beard (30 April 2019, pages 8–9).

He rite tonu te whakamahia, te ākina hoki o te kaikoka ā-tinana Physical violence was routinely used and encouraged

439. Cruelty, violence and abuse were embedded in the way social welfare settings functioned and were ritualised in survivors' day-to-day lives. Most survivors who spent time within social welfare institutions such as Hamilton Boys' Home in Kirikiriroa Hamilton, Kohitere Boys' Training Centre and Epuni Boys' Home in Taitoko Levin and Ōwairaka Boys' Home in Tāmaki Makaurau Auckland discussed the culture of violence within those facilities. Survivors recall physical violence being so common in social welfare institutions that it was unavoidable. Māori survivor Wiremu Waikari (Ngāti Porou) described how violence was everywhere at Epuni Boys' Home:

"I could feel myself becoming immune to the violence that was all around me ... after I had been at Epuni for a while, when a housemaster kicked me as I walked past him, it did not feel like assault because it did not actually break any bones."⁵⁸⁷

440. For many survivors, an 'initiation beating' soon after they were admitted to the social welfare or youth justice institution would be their introduction to peer-on-peer physical violence. This could include 'stompings' 'blanket bashing' or being forced to 'walk the line' (run between two lines of peers who would each physically abuse the newcomer in turn).⁵⁸⁸ Evidence from former staff supports that they were aware of, or even condoned initiation beatings for new residents at social welfare institutions.

441. Speaking about Ōwairaka Boys' Home, survivor Mr GA explained: "I was a hard fella. I could take a beating, but I'd never been knocked out before I ended up in that place."⁵⁸⁹ Survivor Mr HO described a violent initiation after entering Ōwairaka Boys' Home in the 1970s:

"When I arrived at the gym I got my welcome beating. It was the boys who would beat you, but the screws watched it. I did not know this at the time but later learned that it happened to all the boys who came through Ōwairaka."⁵⁹⁰

442. Former staff, experts, and survivors described social welfare institutions as environments where abuse was part of everyday life. Some survivors recalled staff and residential social workers hitting them with makeshift weapons, such as sticks, a vacuum head, a pool cue and a broom stick. In a statement to NZ Police, a survivor recalled going to hospital after being hit by a house master: "[He] grabbed a hockey stick and used it to smash my right ankle."⁵⁹¹

587 Witness statement of Wiremu Waikari (27 July 2021, para 130).

588 Arewa Ake te Kauapa – an independent submissions form gang whānau to the Royal Commission of Inquiry into Historical Abuse in State Care and in Care in Faith-based Institutions (31 July 2023)

589 Witness statement of Mr GA (26 November 2020, page 5).

590 Witness statement of Mr HO (13 July 2022, para 66).

591 Statement to NZ Police (16 June 2009, page 3).

443. Physical abuse was routinely used to control and punish children and young people, with the fear of this violence used to reinforce the power imbalance between staff and residents. Professor Elizabeth Stanley told the Inquiry that physical violence was experienced through cruel or unusual forms of punishment in social welfare residences and institutions, was used to assert control and enforce compliance, and was "endemic".⁵⁹²

444. Punishments could be extremely violent and given for minor behaviour issues, sometimes for things that were outside of children's control. The Inquiry heard how staff pulled children's hair, punched, slapped,⁵⁹³ and kicked them.⁵⁹⁴ Survivors described being dragged by staff, wrestled to the ground, thrown into walls, and put into headlocks.

445. Samoan survivor David Williams (aka John Williams), who entered care when he was 9 years old and spent time at Invercargill Borstal Institution for Lads said staff created a culture of fear and violence that was used to control residents and prevent acting out:

*"These two guards, they grabbed this other fella and grabbed me by the hair and just dragged us ... straight in the cell, and we got ... a couple of kicks in the guts for our troubles. But the thing is you didn't have to do anything, it was just at their amusement. You know, you didn't have to get into trouble, but that's how they kept everybody in line."*⁵⁹⁵

446. Social welfare survivors spoke about the harsh physical training and extreme violence they were subjected to, often under the guise of punishment. Māori Survivor William MacDonald told the Inquiry about the violence he experienced at the hands of a housemaster at Epuni Boys' Home in Taitoko Levin:

*"[The housemaster at Epuni] had a bad attitude, he was so aggressive. When we came outside, they used to have lines on the concrete and I didn't know what these were for. So when I met him on my first day out of secure he came up to me and said, 'get on the line'. Then he just came up and hit me with a piece of wood on the back of my legs and I fell to the ground. He'd whack you until you had your feet firmly on that line. I also remember him whacking me against a door."*⁵⁹⁶


592 Transcript of evidence of Professor Elizabeth Stanley at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 4 November 2019, page 659).

593 Fareham House Inspection Report (August 1961, page 1).

594 Witness statements of Craig Dick (26 March 2023, para 5.9.5); Hayden Simonsen (5 May 2023, para 4.5.22) and Eric Mactier (7 December 2021, para 21).

595 Private session of David Williams (aka John Williams), (11 August 2020, page 15).

596 Witness statement of William MacDonald (4 February 2021, para 92).

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447. Staff not only physically abused residents themselves, but often encouraged, instigated or organised peer-on-peer abuse. The Inquiry heard staff would often arrange fights between children and young people, usually to punish one of them. Many survivors described a culture where children and young people were expected to resolve issues through violence.⁵⁹⁷
448. Some survivors were placed in situations where they had no option but to fight peers to avoid beatings from staff members.⁵⁹⁸ The Inquiry heard how some staff encouraged violence, standing by while residents fought. NZ European Survivor Scott Carr said: "Outside of Epuni [Boys' Home], violence was considered bad, but inside Epuni it was encouraged."⁵⁹⁹
449. The Inquiry heard of instances where staff organised physical fights between children and young people in social welfare institutions for their own entertainment. Māori survivor Rawiri (David) Geddes described this occurring at Ōwairaka Boys' Home:
- "We were used by the guards ... we were put in boxing rings, told to fight each other, even if the other person didn't know how to – blood was drawn and it did not stop there."⁶⁰⁰*
450. Some survivors recalled racist abuse accompanying violence. Māori survivor Wiremu Waikari shared how an Epuni Boys' Home staff member slapped him and called him a 'bloody little monkey' as an 11 year old in 1969.⁶⁰¹ Wiremu also described racist violence from staff at Epuni Boys' Home and how a staff member once picked him up and threw him across the room: "I remember [him] on his knees next to me, punching my head and shoulders, calling me a 'little black bastard'."⁶⁰²

597 Private session of Mr TZ (27 November 2019, page 5).

598 Witness statement of David Williams (aka John Williams), (15 March 2021, para 59).

599 Witness statement of Scott Carr (March 2021, para 16).

600 Witness statement of Rawiri (David) Geddes (15 April 2021, para 48).

601 Witness statement of Wiremu Waikari (27 July 2021, para 78).

602 Witness statement of Wiremu Waikari (27 July 2021, para 81).

Te pūnaha pou kīngi The kingpin system

451. The kingpin system was a type of peer-on-peer abuse common throughout social welfare institutions, where one 'kingpin' resident would exercise and maintain control over others through intimidation and physical abuse. The kingpin was usually older, stronger and had defeated other residents in physical fights to attain the title. The kingpin would physically abuse other residents, and recruit peers to assist them with violence. Many settings had some form of hierarchical peer-on-peer abuse but 'kingpin' was a specific term used in social welfare institutions.
452. Some staff used the kingpin system as a means of control, forcing children to abuse their peers.⁶⁰³ Staff would arrange for the kingpin to violently 'discipline' residents who misbehaved.⁶⁰⁴ In return, staff members provided 'rewards' and privileges to the kingpin, such as cigarettes, extra food, or easier chores.⁶⁰⁵ Survivor Scott Carr told the Inquiry that instead of disciplining residents themselves, staff members got older and bigger residents to do it: "If I misbehaved, staff members would threaten me with a 'mean hiding' from one of the bigger boys."⁶⁰⁶
453. Kingpins would target residents they perceived as different. Survivor Rawiri (David) Geddes witnessed a kingpin abuse another resident based on their perceived sexuality:

"The kingpin had told everybody this boy was a homosexual and all I remember is the young boy being put on to the ground, held down, and the boys taking the rake and raking it straight down his back."⁶⁰⁷

603 Witness statement of Tony Lewis (21 August 2021, para 40).

604 Witness statement of Scott Carr (March 2021, para 19).

605 Witness statements of Brian Moody (4 February 2021, para 32) and Mr SN (30 April 2021, para 82).

606 Witness statement of Scott Carr (March 2021, para 19).

607 Witness statement of Rawiri (David) Geddes (15 April 2021, para 37).



I rangiwhāwhāhia te taitōkai, ā, i āta whāia Sexual abuse was pervasive and often targeted

454. Children and young people in social welfare institutions were subjected to widespread and severe sexual assault and rape by staff, peers and external visitors. For survivors growing up in social welfare institutions, this environment was generally lacking in affection or support from adults. Some abusers used this to their advantage to facilitate grooming by showering survivors with attention and gifts. Grooming would lead to abusers initiating sexual contact, with some abusers falsely claiming they were being caring or loving.
455. Māori survivor Mr GQ was groomed at Kohitere Boys' Training Centre in the 1980s. He told the Inquiry that at first he thought the staff member was being nice. "Then he started touching my knee and moved on to trying to fondle me. As he did so he would tell me that it was okay and that he was just trying to love me."⁶⁰⁸
456. It was common for staff abusers in social welfare institutions to intentionally isolate children to enable sexual abuse. The Inquiry heard how survivors were given particular jobs where staff could corner them or were placed into isolation rooms and secluded. Samoan survivor David Williams (aka John Williams) shared how, at Hokio, if you got called into the chef's kitchen, other residents knew what would happen: "There was nothing we could do for the poor bugger."⁶⁰⁹
457. Pākehā survivor Gary Climo entered care when he was 11 years old and was a victim of sexual abuse at Epuni Boys' Home in the 1960s. He recalled how staff abusers would isolate and abuse other boys within the residence:
*"There were a hell of a lot of dark corners at Epuni. [A staff member] was getting the boys in the gym and doing it around corner[s]. The staff would come into the showers and do it as well."*⁶¹⁰
458. Scottish survivor Nellie Boynton entered care when she was 13 years old. She shared with the Inquiry that when a 1970s Kingslea Girls' Home staff member was alone on the night shift, he would isolate her in a staff room and sexually abuse her. She said "He abused me so frequently that I stopped counting the times. He would identify and pick out the weakest girl in the group."⁶¹¹

608 Witness statement of Mr GQ (11 February 2021, para 101).

609 Witness statement of David Williams (aka John Williams), (15 March 2021, para 107).

610 Witness statement of Gary Climo (15 December 2020, paras 64–66).

611 Witness statement of Nellie Boynton (24 November 2020, para 113).

459. Rawiri (David) Geddes, a survivor who went through Ōwairaka Boys' Home during the 1970s spoke about how sexual abuse from staff was common. He described boys going missing at movie nights:

"We knew where they had gone, they had been picked out by the guards to be sexually abused. When an abused boy came back in you could tell what had happened. They would have their heads down, tears streaming down their face."⁶¹²

460. Many survivors spoke about staff in social welfare institutions targeting children or young people they believed to be weak. Some staff abusers watched initiation beatings to identify targets for sexual abuse. Māori survivor Mr SN described how staff members at Holdsworth School in 1972 knew about the initiation process and some watched it:

"When I was young, I did not realise that those staff members were watching us to see which boys were weak. If you were weak, staff would regard you as a person that they could manipulate and eventually abuse."⁶¹³

461. Interviews with staff from Weymouth Girls' Home in Te Tonga o Tāmaki Makaurau South Auckland and Ōwairaka Boys' Home in the late 1970s showed awareness of targeted abuse towards survivors.⁶¹⁴ Samoan survivor David Williams (aka John Williams) recalled racist abuse during sexual assaults by staff in the 1970s. He said: "When I was being raped ... I was told 'this is all you're good for, you're a coconut, you are the lowest of the low, you are just a piece of shit!'"⁶¹⁵ This was an example of co-occurring abuse that was specifically intended to degrade someone due to their race.

612 Witness statement of Rawiri (David) Geddes (15 April 2021, para 54).

613 Witness statement of Mr SN (30 April 2021, paras 49–51).

614 Auckland Committee on Racism and Discrimination, Notes from interviews with staff from Weymouth Girls' Home and Ōwairaka Boys' Home (n.d., page 4), Auckland Committee on Racism and Discrimination, Ngā Tamatoa & Arohanui Inc, Compiled by ACORD for the Public inquiry into child welfare homes, 11 June 1978, in association with Ngā Tamatoa and Arohanui Inc (ACORD, 1979, page 13 and appendix page 2).

615 Witness statement of David Williams (aka John Williams), (15 March 2021, para 112).

Te taitōkai aropā

Peer-on-peer sexual abuse

462. Within social welfare institutions, survivors described an embedded hierarchal environment where older or larger children would take advantage of those who were weaker or younger.⁶¹⁶ New residents might be targeted for sexual abuse during initiations including younger and smaller boys being forced to perform oral sex, and forced anal penetration of some boys with a broomstick handle.⁶¹⁷
463. Sexual abuse was used as a form of retribution in some social welfare institutions by peers for 'narking'. One Māori, European, French, survivor Mr SK (Ngāti Maniapoto, Ngāti Porou) shared how he was abused by his peers "I was stomped by five other boys. My pants were taken off and something or someone entered me."⁶¹⁸
464. Takatāpui and Rainbow children and young people were targeted due to their sexuality, gender expression or sex characteristics. Boys perceived as effeminate or homosexual were also at risk of abuse.⁶¹⁹ Survivor Sharyn, who is intersex and was repeatedly placed in boys' homes, described being sexually assaulted by peers several times before staff recognised what was happening.⁶²⁰
- "They would rape me. I think part of it was to explore me because I looked different. I had something between my legs but it wasn't like theirs ... [Staff] eventually put me in my own room ... they could see I was a victim."*⁶²¹
465. The Inquiry heard evidence of sexual abuse occurring in Girls' Homes and Boys' Homes.⁶²² One survivor described how she was raped by older girls at a Girls' Home.⁶²³
466. The move to mixed gender social welfare residences such as the Northern Residential Centre at Weymouth in the 1990s meant that girls became at risk of sexual harassment and abuse by male peers. This included name calling, verbal abuse, requesting sexual favours, exposing genitals to female residents⁶²⁴ and unwanted touching.⁶²⁵ Several female survivors were raped or otherwise sexually assaulted by males while in mixed gender care.⁶²⁶

616 Witness statements of Nellie Boynton (24 November 2020, para 107) and Mr BE (May 2023, paras 50–51).

617 Witness statement of Wiremu Waikari (27 July 2021, para 278).

618 Witness statement of Mr SK (22 February 2021, para 356).

619 Private session transcript of Rawiri (David) Geddes (27 November 2019, page 16); Witness statement of Sharyn (16 March 2021, para 60).

620 Witness statement of Sharyn (16 March 2021, paras 76–77).

621 Witness statement of Sharyn (16 March 2021, para 76).

622 Witness statement of Gwyneth Beard (26 March 2021, para 53).

623 Private session transcript of Ms VO (25 November 2019, page 29).

624 Oranga Tamariki, Table of complaints, Response to Royal Commission of Inquiry Notice to Produce 14 (2021, complaint numbers 65, 93, 170, 262, 276, 290, 296).

625 Oranga Tamariki, Table of complaints, Response to Royal Commission of Inquiry Notice to Produce 14 (2021, complaint numbers 67, 93, 148, 170, 290).

626 Oranga Tamariki, Table of complaints, Response to Royal Commission of Inquiry Notice to Produce 14 (2021, complaint numbers 108, 172, 289).

Te tāruatanga o te whakataratahitanga Routine use of solitary confinement

467. Most survivors who went through social welfare institutions spent time in solitary confinement or 'secure', either as a condition of entry, or as a form of punishment.⁶²⁷ Children as young as 8 years old were placed in secure cells for days, weeks or months.⁶²⁸ Conditions in secure cells were like those in prison.⁶²⁹ In some settings such as Kohitere Boys' Training Centre, secure units were based on the secure building at Arohata Prison.⁶³⁰
468. Evidence from survivors highlighted how solitary confinement was like a "jail cell",⁶³¹ "an old dungeon",⁶³² a "pig cell"⁶³³ and "a maximum-security prison".⁶³⁴
469. Secure units were considered necessary to contain and control residents and make life easier for staff. Placement in solitary confinement on admission was common practice in social welfare institutions until 1986, as was the placement for residents on remand awaiting trial or convicted of offending. Chappie Te Kani, Chief Executive of Oranga Tamariki acknowledged the conditions of secure units were 'inhumane' at the inquiry's State Institutional Response hearing.⁶³⁵
470. Survivor Neta Kerepeti described how solitary confinement at Bollard Girls' Home in 1975 was like jail:
- "The secure units were covered with spiders. To make matters worse the doors were locked ... there was a bed and a little toilet. No one bothered to come and check on me other than to put food through the sliding door."*⁶³⁶
471. Some secure units did not have beds, or only a metal or wooden frame. Survivors slept on mattresses that they rolled up and put away each day. Prof. Elizabeth Stanley told the Inquiry that the practice of taking mattresses away during the day was to "ensure discomfort".⁶³⁷ At Waikeria Borstal, Māori survivor John Issac recalled his clothes being taken away: "I was naked the whole time that I was in the secure unit."⁶³⁸

627 Human Rights Commission, The use of secure care and related issues in social welfare institutions (June 1989, pages 7–9).

628 Witness statement of Alan Nixon (8 October 2021, paras 28–29).

629 Memo from senior residential social worker to Principal Ōwairaka re: Secure care (14 July 1983, page 1).

630 Draft statement of evidence of Michael Doolan, Daniel Rei v Attorney General (25 February 2010, page 21).

631 Witness statement of Mr GR (16 November 2021, para 52).

632 Witness statement of Tyrone Marks (22 February 2021, para 92).

633 Witness statement of Mr FP (10 March 2022, para 13).


634 Witness statement of Mr SY (9 May 2021, para 44).

635 Transcript of evidence of Chief Executive Chappie Te Kani for Oranga Tamariki at the Inquiry's State Institutional Hearing (day two), (Royal Commission of Inquiry into Abuse in Care, 23 August 2022, page 724).

636 Witness statement of Neta Kerepeti (22 April 2021, para 51).

637 Expert witness statement of Professor Elizabeth Stanley (11 October 2019, page 6, para 23(a)).

638 Witness statement of John Isaac (28 March 2022, para 63).



472. Survivors described daily life in solitary confinement as demoralising. They were left alone, with little to do and no social contact or communication. Some were not allowed to exercise or out of their cells for days. Māori survivor Mr TG (Ngāti Rongomaiwahine) went into care when he was 12 years old. He told the Inquiry that being in solitary confinement at a boys' home meant you were more locked up than if you were in jail.⁶³⁹ Survivor David Williams (aka John Williams) described how being in secure made him think he was going mad:

"At times I wanted to die because your mind, you don't talk to no-one, you're by yourself, you sit on your bed. You know what that does to a child?"⁶⁴⁰

473. Expert witness Dr Enys Delmage explained to the Inquiry how being managed separately from peers, such as in secure areas like solitary confinement, can have a number of negative consequences:

"Peer socialisation is very important for the developing tamariki / child so protracted periods of separation are likely to break that social connection. Animal studies also indicate that the richness of the environment can influence healthy brain development and this would also be a consideration for young people being managed in restricted secure areas for protracted periods."⁶⁴¹

⁶³⁹ Private session transcript of Mr TG (26 January 2022, page 14).

⁶⁴⁰ Transcript of evidence of David Williams (aka John Williams) at the Inquiry's Children's Residential Care Hearing (Royal Commission of Inquiry into Abuse in Care, 5 May 2021, page 22).

⁶⁴¹ Expert witness report of Dr Enys Delmage (13 June 2022, page 37).

474. Expert witness Dr Sharon Shalev's 2022 report, 'Uses and abuses of solitary confinement of children in State-run institutions in Aotearoa New Zealand', further described some of the effects being in secure could have on children and young people:

"Solitary confinement 'attacks' the isolated individual in two ways: it places them in highly stressful conditions, and it takes away the usual coping mechanisms – access to human company, nature, and things to do. Perhaps unsurprisingly, the documented adverse health effects of solitary confinement, both psychological and physiological, are wide ranging and long lasting."

"Commonly reported problems include anxiety, panic attacks, depression, hopelessness, anger, poor impulse control, cognitive disturbances, perceptual distortions, paranoia, psychosis, and a significantly increased risk of self-harm and suicide. Physiological problems include gastro-intestinal and genito-urinary problems, insomnia, deterioration of eyesight, weakness, profound fatigue, migraine headaches, joint pains, and an aggravation of pre-existing medical issues."⁶⁴²

475. Dr Shalev's report highlighted that solitary confinement could be particularly damaging for those with pre-existing health conditions and who were at risk because of age, gender, disability or personal history.⁶⁴³
476. Staff manuals have required children in solitary confinement be: "constructively occupied as far as possible",⁶⁴⁴ with at least an hour of physical activity per day, since 1957.⁶⁴⁵ However, many survivors told the Inquiry they had no reading material, no schooling and no access to other resources while in secure units.⁶⁴⁶ Survivor Mr FI was 11 years old when placed in care at Epuni Boys' Home during the 1970s. He told the Inquiry that he didn't get to go outside for three weeks: "I had comic books ... but I would usually sit there and twiddle my thumbs and cry a lot."⁶⁴⁷

642 Shalev, S, Uses and abuses of solitary confinement of children in State-run institutions in Aotearoa New Zealand, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (July 2022, page 4).


643 Shalev, S, Uses and abuses of solitary confinement of children in State-run institutions in Aotearoa New Zealand, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (July 2022, page 5).

644 Department of Social Welfare, Child Welfare Division, Field Officers' Manual (1957, page 42), J.124(xi); Department of Social Welfare, Residential Workers' Manual (1975, page 7), F7.08.

645 Department of Social Welfare, Child Welfare Division, Field Officers' Manual (1957, page 41), J.124(vii); Department of Social Welfare, Residential Workers' Manual (1975, page 8), F7.09.

646 Witness statements of Mr FP (10 March 2022, para 13); Ms HA (22 September 2021, para 38); Tyrone Marks (22 February 2021, para 28) and William MacDonald (4 February 2021, para 80).

647 Witness statement of Mr FI (27 July 2021, page 3).

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477. Survivors in solitary confinement experienced demeaning treatment from staff. Māori, European, French survivor Mr SK (Ngāti Maniapoto, Ngāti Porou) recalled that when he asked about his parents, staff would look at him through peepholes in the door to his unit and tell him they were 'dead'.⁶⁴⁸ Survivors also experienced chores and punishments specific to secure units. Survivor Lindsay Eddy told the Inquiry that at both Stanmore Road Boys' Home and Hokio Beach School, boys were made to stand all day in their secure cells.⁶⁴⁹
478. Secure units were a closed environment, out of sight of the rest of the institution. Children and young people in solitary confinement depended on staff to have their basic needs met. Some staff however, exploited the vulnerability of children who were locked in solitary confinement to enable their abuse.⁶⁵⁰ For some survivors, the abuse they faced in secure units could be more severe and regular than in other institutional environments.
479. Survivor Daniel Rei recalled a boy being beaten 'severely' in the secure unit at Kohitere Boys' Training Centre. He stated: "There were many, many others, because boys got beaten for running away."⁶⁵¹ Another survivor, Wiremu Waikari, also described regular assaults by staff in the secure unit at Eponi Boys' Home and Kohitere Boys' training Centre.⁶⁵²
480. The Inquiry heard multiple accounts of sexual abuse during solitary confinement at social welfare institutions.⁶⁵³ Survivors described how some staff frequently used the isolated and locked nature of secure units to 'create opportunities' to sexually abuse children and young people in secret.⁶⁵⁴ In many cases the identity of the abuser was unknown, and their abuse went undetected by others.
481. Survivor Andrew Meadows described sexual abuse by different staff at the Ōwairaka Boys' Home secure unit in 1980: "It started when I was in the secure unit. On about three separate occasions, male staff came into my cell, while I was alone, and took advantage of me."⁶⁵⁵

648 Witness statement of Mr SK (22 February 2021, para 106).

649 Witness statement of Lindsay Eddy (24 March 2021, para 35).

650 Witness statement of Lindsay Eddy (24 March 2021, para 87).

651 Witness statement of Daniel Rei (10 February 2021, para 150).

652 Witness statement of Wiremu Waikari (27 July 2021, paras 167, 247, 266).

653 Witness statement of Kevin England (28 January 2021, paras 63–65).

654 Witness statement of Mr SN (30 April 2021, para 88).

655 Witness statement of Andrew Meadows (26 March 2021, para 51).

482. At Miramar Girls' Home, the Inquiry heard that one staff abuser targeted girls when they were in solitary confinement and other staff were not present.⁶⁵⁶ Irish and Māori survivor Ms GB (Ngāpuhi) told the Inquiry the abuse was pre-planned: "He always had a condom, so he knew what he was doing."⁶⁵⁷ Residents had previously warned the survivor about this staff member, and she was aware that other girls were sexually abused by him.⁶⁵⁸
483. Former social worker Edward Anand was convicted in 2016 on multiple charges of rape and indecent assault for sexual offending he committed between 1980 and 1986 at Elliot Street Girls' Home in Ōtepoti Dunedin.⁶⁵⁹ Māori survivor Ms HA (Tuhoe) shared how he sexually abused her and other girls at Elliot Street Girls' Home's secure unit:

*"He raped me about six or so times down there. No one could hear me screaming. That didn't just happen to me, he was also molesting my two sisters and other girls as well. He came down to secure and visited different cells ... [He] mostly abused us during the day."*⁶⁶⁰

Ngā rongoā hei aupēhi, hei mauhere kainoho anō hoki Medication to control and restrain residents

484. This Inquiry has repeatedly heard how staff in social welfare institutions used medication including sedatives, anti-psychotics and anti-convulsants to control children and young people.⁶⁶¹
485. Former staff member Patricia Lee worked as a matron's assistant at Holdsworth from 1971 to 1973. She recalled 'a dozen' boys aged from 9 to 12 years old on medication including Largactil: "Medication tended to keep the boys a bit calmer, though I would imagine it would have also made them pretty scratchy or spaced out."⁶⁶² Tiredness, weight gain, and 'movement disorders' are side effects of Largactil.⁶⁶³
486. Survivor Susan Kenny described being 'drugged up' following her admission to Kingslea in the late 1960s, when she was medicated with paraldehyde, Tryptanol and Largactil. She believes staff tried to use these drugs to prevent her running away: "I was unable to move, even if I wanted to. I was so heavily drugged ... The medication made me heavily sedated and very fat."⁶⁶⁴

656 Witness statement of Ms GB (7 December 2020, para 49).

657 Witness statement of Ms GB (7 December 2020, para 52).

658 Witness statement of Ms GB (7 December 2020, para 52).

659 McNeilly, H, "You robbed me of my innocence' victim tells rapist Edward Anand," Stuff.co.nz (4 May 2016).

660 Witness statement of Ms HA (22 September 2021, paras 39–41).

661 Report from Principal of Kinglsea to Director-General on psychiatric care of inmates at Kingslea (23 May 1978, page 8).

662 Witness statement of Patricia Lee (5 February 2021, para 10).

663 Expert witness report of Dr Enys Delmage (13 June 2022, page 19).

664 Witness statement of Susan Kenny (15 July 2021, paras 87, 92).

487. Gary Hermansson, a staff member at Kohitere Boys' Training Centre and Epuni Boys' Home during the 1960s and 1970s, believed the administration of medication generally followed psychiatric assessment or professional diagnosis.⁶⁶⁵ However, Mr Hermansson stated that "with the benefit of hindsight", residents could have been put on medication, like Ritalin, "when they may have not needed to be".⁶⁶⁶ He explained how assessments from psychiatric or other medical professionals were rarely questioned by staff:

"There was the fairly typical stance adopted those days whereby those with specialist training, such as psychologists, and especially those with medical and psychiatric credentials, would be treated with great respect and deference, and challenging their opinions and recommendations would have been unlikely."⁶⁶⁷

488. A survivor who went through Epuni Boys' Home spoke about how children and young people would "all be on medication" at Epuni during the 1970s.⁶⁶⁸ He explained medication would especially be handed out at night, so the children and young people would not "be any trouble". He continued: "This medication sort of sedated us. The staff liked a nice quiet evening, not us all running around causing trouble."⁶⁶⁹ Survivor Sharon Byles recalled waking up 'groggy' from afternoon naps at Bollard Girls' Home, and is now unsure whether she and other children were drugged:

"I wasn't on any medication, so it seems funny I would wake up feeling groggy all the time. We had to have Milo before we went to sleep, they could have easily put medication in the drinks."⁶⁷⁰

489. Department of Social Welfare psychologist Dr A Frazer collected statistical data on Miramar Girls' Home residents from 1971 to 1974.⁶⁷¹ He found that because of assessments for "so-called psychiatric disorders", 39 (22 percent) of the 180 girls studied were put on psychiatric drugs.⁶⁷² Similarly, at Epuni Boys' Home, Dr Frazer assessed 250 adolescent boys from 1971 to 1973.⁶⁷³ Of these boys, 75 (30 percent) were put on psychiatric drugs, while 13 were medicated for enuresis (bedwetting).⁶⁷⁴

665 Witness statement of Gary Hermansson (1 October 2022, para 13.7).

666 Witness statement of Gary Hermansson (1 October 2022, para 13.4).

667 Witness statement of Gary Hermansson (1 October 2022, para 13.12).

668 Witness statement of Mr GR (16 November 2021, para 61–64).

669 Witness statement of Mr GR (16 November 2021, para 64).

670 Witness statement of Sharon Byles (24 July 2021, para 56).

671 Frazer, AG, Psychiatric needs of disturbed social welfare children and adolescents and consultative psychiatric practices in social welfare institutions (Department of Health, March 1975, pages 43–59).

672 Frazer, AG, Psychiatric needs of disturbed social welfare children and adolescents and consultative psychiatric practices in social welfare institutions (Department of Health, March 1975, page 58).

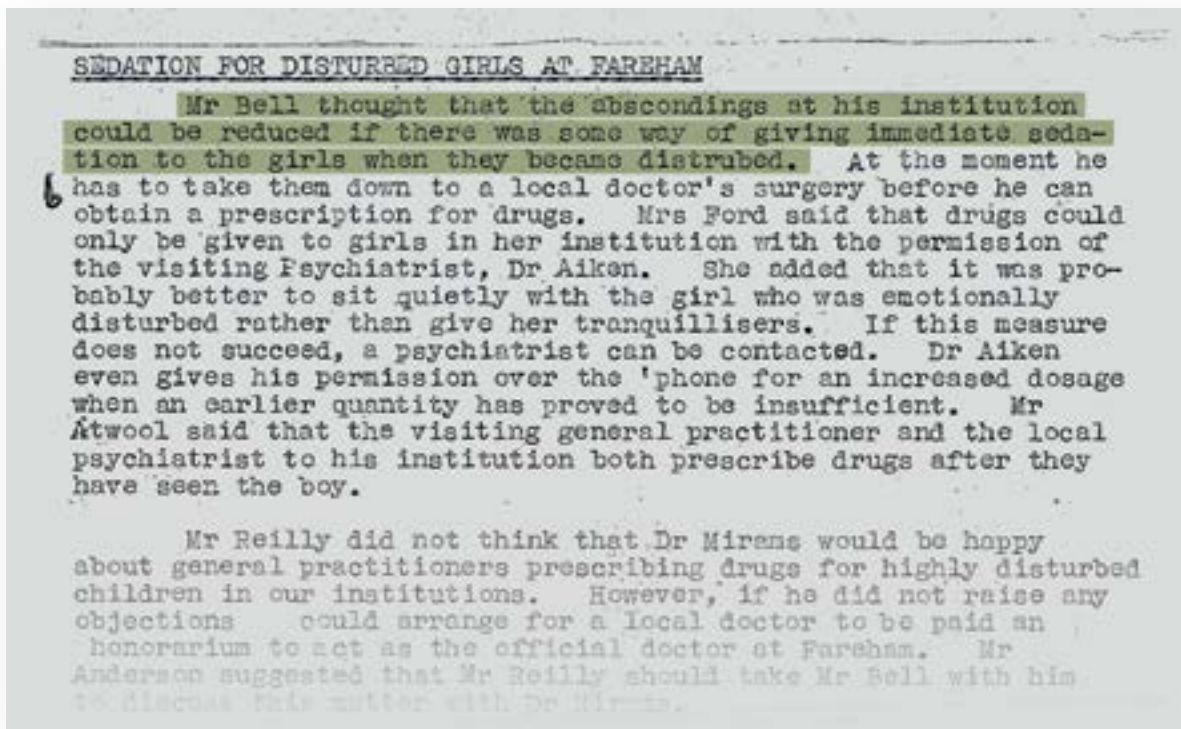
673 Frazer, AG, Psychiatric needs of disturbed social welfare children and adolescents and consultative psychiatric practices in social welfare institutions (Department of Health, March 1975, pages 60, 81).

674 Frazer, AG, Psychiatric needs of disturbed social welfare children and adolescents and consultative psychiatric practices in social welfare institutions (Department of Health, March 1975, page 86).

Te āhua o te horopaki: Te whāngai rongōā i Fareham House

Setting Profile: Medicalisation at Fareham House

490. Opened in 1944, Fareham House was originally a child welfare home that predominantly targeted Māori girls.⁶⁷⁵ In the early 1960s, Fareham House opened its doors to “troubled girls from all backgrounds”,⁶⁷⁶ although Māori girls continued to make up more than 70 percent of the residents in the 1960s and 1970s.⁶⁷⁷
491. During the mid-1960s and early 1970s, social welfare psychiatrists at Fareham House undertook a “mass diagnosis” of girls with epilepsy, resulting in their “mass treatment”, by prescribing anti-convulsant medication without consent.⁶⁷⁸ Mr Bell, the principal at the time, described this as “an effort to aid difficult disturbed children adjust and to give them an opportunity to establish acceptable patterns of behaviour”.⁶⁷⁹ Mr Bell stated in 1965 that he wanted to reduce running away through “some way of giving immediate sedation to the girls when they became disturbed”.⁶⁸⁰



Portion of the letter regarding sedation for disturbed girls at Fareham on 2 August 1965 noted in footnote 680.

675 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 60).

676 Fareham website, Our past (n.d.), <https://www.fareham.nz/wp/about-us/our-past/>

677 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, pages 60, 61, 109).

678 Ministry of Social Development, Interview with Don Brown, educational psychologist (6 October 2008, page 9).

679 Fareham House, Annual Report 1968, Temporal lobe epilepsy – related to difficult behaviour (n.d., page 6).

680 Sedation for disturbed girls at Fareham (2 August 1965, page 1).

492. From about 1967, every girl admitted to the home was referred to Porirua Hospital to undergo a brain scan called an electroencephalogram, leading to many being diagnosed with temporal lobe epilepsy and prescribed the anti-convulsant drug Nydrane.⁶⁸¹ Nydrane is an anti-convulsant, anti-epileptic medication, thought to be of low toxicity and therefore favoured as an anti-epileptic drug at the time.⁶⁸² This practice was described by a superintendent in 1969 as “drug therapy prescribed for inmates of Fareham house”, which followed “experimental drug treatment for disturbed inmates” at Kingslea Girls’ Home in Christchurch.⁶⁸³ Mr Bell later stated in an affidavit to the High Court that “a number of girls were prescribed Nydrane” during his tenure⁶⁸⁴
493. Child epilepsy experts told the Inquiry that mass testing for epilepsy at the time was a reasonable request for patients entering a psychiatric institution.⁶⁸⁵ However, because Fareham House was not a psychiatric institution, “the standardised approach of sending children for EEG [a brain scan known as an electroencephalogram] testing upon arrival at Fareham was not appropriate.”⁶⁸⁶ The experts stated that an electroencephalogram test alone was “not a sufficient basis to make a diagnosis of TLE” (temporal lobe epilepsy).⁶⁸⁷
494. At times, girls from Fareham House were convinced to attend their electroencephalogram testing voluntarily at Porirua Hospital by being given privileges such as ice creams, with some seeing the experience as a “pleasant day out”.⁶⁸⁸ ‘Results’ of the trial were recorded in a report titled Temporal Lobe Epilepsy – Related to Difficult Behaviour, prepared by Mr Bell, who had no medical qualifications. The report talks about a “recorded progress in social adjustment”, possibly linked to the use of Nydrane.⁶⁸⁹
495. Survivor Ms HV told the Inquiry that during her time at Fareham House in the late 1960s, she had an electroencephalogram that showed an abnormal graph, but that this was common at the time.⁶⁹⁰ The test indicated that she had epilepsy.⁶⁹¹ She was prescribed Nydrane at least once a day and it made her feel “lethargic and sedated”.⁶⁹² She learnt later that she never had epilepsy and should never have been prescribed this medication.⁶⁹³

681 Minutes of Fareham House staff meeting re: Management by drugs of behaviour characteristic of temporal lobe epilepsy (13 November 1968, page 1).

682 Letter from Fareham House principal to Dunedin DCWO re: EEG test result and treatment (6 December 1968, page 1).

683 Letter to principal of Fareham House re: Drug treatment for girls in residence (30 May 1969, para 1). This drug therapy programme was led by Dr Frazer, supported by Dr Clouston and Dr McKay.

684 Affidavit of Rae Woolf Bell, Jackson v Attorney General and anonymous defendants HC Wellington, CIV-2004-485-747 (14 July 2009, paras 67-68).

685 Expert opinion from Dr Claire Spooner and Dr Cynthia Sharpe, paediatric neurologists (13 October 2022, page 12).

686 Expert opinion from Dr Claire Spooner and Dr Cynthia Sharpe, paediatric neurologists (13 October 2022, page 12).

687 Expert opinion from Dr Claire Spooner and Dr Cynthia Sharpe, paediatric neurologists (13 October 2022, page 11).

688 Fareham House, Annual Report 1967 (n.d., page 9).

689 Bell, R, Temporal lobe epilepsy: Related to difficult behaviour (n.d., page 14).

690 Witness statement of Ms HV (8 August 2022, para 145).

691 Witness statement of Ms HV (8 August 2022, para 131).

692 Witness statement of Ms HV (8 August 2022, para 146).

693 Witness statement of Ms HV (8 August 2022, para 132).

496. Some staff at Fareham House were critical of the use of medication. Concerns voiced by teachers, and overruled by Mr Bell, finally ended in 1971 when Mr Kildey arrived. He was employed as the new principal of Fareham House and was told by the children on medication that getting a 'head test' gave them anxiety, and they asked him if they were 'mad'.⁶⁹⁴
497. Mr Kildey was concerned about whether medication would continue once the girls had left and said, "the drugs were doing what staff should be attempting to do".⁶⁹⁵ A 1969 report to the principal stated:
- "I consider it thoroughly inadequate to continue attempting to deal with these children through comparatively untrained and inexperienced staff together with the present almost 'blanket' drug 'therapy' programme with minimal expert professional oversight."*⁶⁹⁶
498. Mr Kildey ended the mass medication practice and recorded in the 1971 annual report that it was the appropriate action to take, there were no negative impacts on the children's behaviour, and that 'normality' returned to the residence.⁶⁹⁷
499. Evidence shows that from the late 1960s, 20 to 30 percent of girls at Fareham House were admitted, or 'graduated', to mental health settings after leaving.⁶⁹⁸

694 Letter from the principal of Fareham House to the superintendent, Department of Education Child Welfare Head Office re: Prescribed medication for Fareham inmates (29 March 1971, page 1).

695 Letter from the principal of Fareham House to the superintendent, Department of Education Child Welfare Head Office re: Prescribed medication for Fareham inmates (29 March 1971, page 1).

696 Report from senior teacher to principal, Fareham House (8 December 1969, pages 1–2).

697 Fareham House, Annual Report 1971 (1 February 1972, page 3).

698 Stanley, E, *The road to hell: State violence against children in postwar New Zealand* (Auckland University Press, 2016, page 67); 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 207).

Te tūkinotanga i ngā whakanohonga ki ngā kaitaurima ā-kirimana Abuse in placements with contracted care providers

500. Indirect care is when the State passes on its authority or care functions to another individual, entity, or service provider, and includes contracted care providers.⁶⁹⁹ During the Inquiry period this was done informally and formally, with or without formal contracts. After 1989, children and young people in care experienced social welfare institutions' placements with contracted care providers (also known as third-party providers, or section 396 providers).⁷⁰⁰ While there are many types of third-party providers within the State care system most survivor evidence the Inquiry heard was about abuse that occurred in 'boot camp' settings such as Moerangi Treks in Ruatoki, Eastland Youth Rescue Trust near Opotiki and Te Whakapakari Youth Programme on Aotea Great Barrier Island.⁷⁰¹ Children were regularly sent to these programmes as an alternative to going to a youth justice facility.
501. Third-party providers set up programmes that they designed to provide for the rehabilitation of youths. The programmes offered activities such as wilderness training, designed to develop competence in the child or young person's ability to cope, learn and experience a positive lifestyle with outdoor pursuits and life skills. However, children and young people placed in these programmes suffered neglect and often extreme physical, sexual and psychological abuse. The Inquiry heard many examples of violence from survivors who experienced abuse from third-party providers, some involving guns or death threats. Pākehā survivor Mr PM entered care at 12 years old. He described how at Te Whakapakari Youth Programme one staff member used extreme scare tactics:
- "He made us dig our own graves. The holes were deep, and we were made to get in and lay face down. We weren't allowed to look, and he threatened to shoot us. The supervisor started shooting into the air and we were screaming, begging for our lives and freaking out. It was horrifying. When we tried to get out of the holes, he would just kick us and beat us back in."*⁷⁰²
502. Third-party providers could provide care to both children and young people in need of care and protection, or as a result of an order by the Youth Court as an outcome of proven youth justice charges. At Te Whakapakari Youth Programme, for example, this meant that there was a mix of children and young people who required different types of care, and the programme was

699 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions Order 2018, clause 17.3(b).

700 Oranga Tamariki Act 1989, section 6.

701 Royal Commission of Inquiry into Abuse in Care, Boot camp – Te Whakapakari Youth Programme – A case study of State-funded violence and abuse of young people needing care and protection (2024). The Whakapakari case study has multiple examples of youth justice / care and protection placements at section 396 providers.

702 Witness statement of Mr PM (23 March 2021, paras 49–50).

- not adapted to meet the different needs of the two cohorts.⁷⁰³ The Inquiry also received evidence of this occurring at Eastland Youth Rescue Trust.⁷⁰⁴ This practice of mixing young people with those placed for a youth justice outcome was inconsistent with the general State care practices at the time and contrary to statutory criteria.⁷⁰⁵
503. Moerangi Treks was established in 1993, to provide a specialist youth residential rehabilitation programme in a wilderness setting. Instead, the Inquiry heard many survivor accounts of abuse. Māori survivor Mr TN (Ngāti Hako) entered care when he was 13 years old. He told the Inquiry how a Moerangi Treks staff member held a rifle to his head and told him to “shut the fuck up”.⁷⁰⁶ Māori survivor Ronald Topia stated: “We had to do a lot of bushcraft and things of that nature, if we weren’t doing it up to standard, we’d get a smack and get verbally abused.”⁷⁰⁷
504. Survivor Mr UE described the physical abuse he suffered on his first day:
*“The main tutor said, ‘Kia ora’. I replied, ‘Kia ora’, putting my stuff down on the table. Then at this moment he stood up and started to punch me in the head constantly until I was concussed, losing my balance.”*⁷⁰⁸
505. Māori survivor Mr VP shared how Moerangi Treks staff psychologically abused him and caused him to be trampled by a horse.⁷⁰⁹ Māori survivor Mr HC (Ngāti Porou, Te Arawa) told the Inquiry about boys carrying out pest control work during 1997, where they worked with cyanide despite being under 18, and were not paid for their labour.⁷¹⁰
506. A Department of Social Welfare report into complaints of mistreatment at Moerangi Treks noted that survivors’ allegations of being hit in the head, choked with a rope and hit in the face with a gun “have been corroborated by more than one of the clients on the programme”.⁷¹¹ The report’s conclusions included: “There is a substantial amount of evidence to suggest that physical abuse is a regular occurrence at Moerangi Treks. The abuse is systematic and harsh, and serious injuries have occurred as a result.”⁷¹²
507. Survivors’ testimony suggests that violence and abuse was a ‘way of life’ at Moerangi Treks,⁷¹³ despite its Code of Practice stating that: “No form of physical or emotional punishment is acceptable for disciplining youths.”⁷¹⁴

703 Thom, A, Whakapakari: A brief enquiry (Children and Young Persons Service, September 1995, para 4.3).

704 Witness statement of Mr VT (5 July 2021, paras 54–60).

705 Royal Commission of Inquiry into Abuse in Care, Boot camp – Te Whakapakari Youth Programme – A case study of State-funded violence and abuse of young people needing care and protection (2024).

706 Witness statement of Mr U (12 February 2021, para 58).

707 Witness statement of Mr TN (21 April 2023, para 3.3).

708 Private session transcript of Mr UE (25 May 2021, page 5).

709 Witness statement of Mr VP (25 August 2022, paras 66–68).


710 Witness statement of Mr HC (26 May 2022, paras 6.29–6.30).

711 Department of Social Welfare, Report into allegations of mistreatment at Moerangi Treks (29 May 1998, page 5).

712 Department of Social Welfare, Report into allegations of mistreatment at Moerangi Treks (29 May 1998, page 8).

713 Witness statement of Mr VP (25 August 2022, para 105).

714 Moerangi Treks, Code of practice: Appendix for Standard 11: Discipline of youths (n.d., page 28).



Te tūkinō me te whakahapa i roto i ngā whakaritenga tūāpapa ā-whakapono Abuse and neglect in faith-based care settings

508. Faith-based institutions played a large role in providing care during the Inquiry period. Abuse in faith-based care was extensive and included sexual, physical, psychological, emotional, spiritual, and neglect. Survivors also experienced racism, ableism, disablism and discrimination based on gender and sexual orientation. Survivors of abuse in faith-based care described positions of religious power being used to dominate them, and religion being used as a mechanism to manipulate and control. Survivors often experienced multiple forms of abuse and neglect.
509. Survivors were abused by male and female care providers including clergy, religious leaders, lay staff, volunteers and foster parents. Survivors were also abused by their peers including classmates and other students, fellow care residents and foster siblings.
510. Many survivors did not know at the time what they were experiencing was abuse or how serious the abuse was. Due to barriers to disclosure and poor recordkeeping, the true nature and extent of abuse in faith-based care is unlikely to ever be known.
511. Survivors experienced abuse in faith-based care in residential and non-residential settings, including care homes, foster care and adoption, pastoral care, as well as in educational institutions including schools, seminaries and institutes of religious formation. Many experienced abuse in more than one faith-based care setting.
512. Some faith-based settings had significant crossover or interaction with non-faith settings, such as social welfare and youth justice residences, and disability and mental health institutions that had visits from priests, who then abused children in these locations, or took them elsewhere. This meant that while these survivors were not in a faith-based institution, they still experienced abuse within a form of pastoral care.
513. In many instances, others were aware of, or even facilitated, abuse and neglect, but failed to take appropriate action. Children and young people who disclosed abuse were often disbelieved or punished. The status and perceived trustworthiness of clergy and religious leaders in society played a crucial role in people not believing survivors or intervening in abuse.

514. Of the faiths that were investigated by the Inquiry, the Catholic, Methodist, Presbyterian, Anglican and The Salvation Army Churches have acknowledged the abuse and harm that has been perpetrated within their institutions as being unacceptable.⁷¹⁵ Gloriavale Christian Community has acknowledged there has been intergenerational sexual abuse in that community, and that children were physically abused there.⁷¹⁶

Te tūkinō i roto i ngā whakaritenga taurimatanga pīhopa Abuse in pastoral care

515. Within the context of this Inquiry, pastoral care describes the care relationship between a person who has been conferred power and authority by a faith-based institution and a child or vulnerable adult in care. Not all people receiving pastoral care are considered to be in care of the faith-based institution. Where such a relationship is connected to the institution's work, or is enabled through the institution's conferral of authority, the child or adult in care could properly be described as being in the care of the faith-based institution.⁷¹⁷
516. The physical settings where pastoral care occurs are therefore very broad including "youth group activities (including day trips and camps); Bible study groups; Sunday school or children's church activities; day trips and errands; pastoral or spiritual direction, mentoring, training or counsel in groups or individually (including visiting congregation / faith community members in their homes, outside the institution's grounds, or elsewhere)".⁷¹⁸
517. The influence that faith-based or religious leaders have over those in their care is often significant, and they are often sought out for guidance in religious or spiritual belief and life choices. As such, pastoral care relationships are usually characterised by "trust and vulnerability".⁷¹⁹ Clergy and religious leaders often became privy to the most personal and intimate information for individuals and their families, which created opportunities for further abuse.


⁷¹⁵ Transcript of opening statement from the Catholic Church on Education at the Inquiry's Faith-based Institutions Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 October 2022, page 109); Transcript of closing statement from the Catholic Church at the Inquiry's Faith-based Institutions Response Hearing (20 October 2022, page 582); Transcript of evidence for the Methodist Church and Wesley College at the Inquiry's Faith-based Institutions Response Hearing (Royal Commission of Inquiry into Abuse in Care, 18 October 2022, pages 271 and 280); Transcript of evidence of Jo O'Neill for Presbyterian Support Otago at the Inquiry's Faith-based Institutions Response Hearing (Royal Commission of Inquiry into Abuse in Care, 19 October 2022, page 278); Transcript of the opening statement by Dilworth School and Dilworth Trust Board at the Inquiry's Faith-based Institutions Response Hearing (Royal Commission of Inquiry into Abuse in Care, 19 October 2022, pages 332–334); Transcript of Right Reverend Ross Bay, Most Reverend Donald Tamihere and Most Reverend Philip Richardson at the Inquiry's Faith-based Institutions Response Hearing (Royal Commission of Inquiry into Abuse in Care, 20 October 2022, pages 544, 550); Witness statement of Colonel Gerald Walker on behalf of The Salvation Army (18 September 2020, para 2.1–2.3); Transcript of evidence of Colonel Gerald Francis Walker for The Salvation Army New Zealand at the Inquiry's Faith-Based Redress Hearing (Royal Commission of Inquiry into Abuse in Care, 15 March 2021, pages 20–21, 33).

⁷¹⁶ Transcript of Howard Wendell Temple and Rachel Stedfast Joint Questioning at the Inquiry's Faith-based Institutions Response Hearing (Royal Commission of Inquiry into Abuse in Care, 13 October 2022, pages 61, 68).

⁷¹⁷ Royal Commission of Inquiry into Abuse in Care, Minute 16: Faith-based Care (20 September 2021, page 4).

⁷¹⁸ Royal Commission of Inquiry into Abuse in Care, Minute 16: Faith-based Care (20 September 2021, page 3, para 15).

⁷¹⁹ Royal Commission of Inquiry into Abuse in Care, Minute 16: Faith-based Care (20 September 2021, page 4, para 16).

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518. The Inquiry heard from survivors who suffered sexual, emotional, and psychological abuse by males in pastoral care positions. This frequently co-occurred with psychological, spiritual or religious abuse. Survivors told the Inquiry how they were abused when they were most at risk, including: where there was a significant age difference between them and their abuser; where they were in poor emotional states and / or where there was unequal power dynamic between them and their abuser.
519. For many survivors, sexual abuse occurred in different locations including churches, schools, community locations, vehicles, and private homes. Often the abuse happened when the survivor and abuser were on their own but sometimes others were present.
520. Survivors discussed abuse in pastoral care that occurred both as children and adults. Abuse for adults frequently occurred within pastoral or mentoring relationships, when survivors were experiencing a difficult period in their life, or when they were in a training programme such as a seminary.

**I rite tonu te kitea o te whakawaiwai, te taitōkai me te tūkinotanga ā-wairua
Grooming, sexual abuse and spiritual abuse often co-occurred**

521. Sexual abuse in pastoral care often involved grooming, through which trusting relationships were developed between abusers and a child, young person or adult and their whānau or support network. This grooming largely occurred through, and was enabled by, the provision of religious teaching and spiritual guidance. Grooming within pastoral care was therefore also spiritual and religious abuse, occurring through the unequal power dynamic within these relationships. Abusers who abused under this authority, and teachings that protected them from scrutiny, were spiritually harming their victims. This had a profound impact on survivors' experiences of sexual abuse and what it meant within their wider life.

522. Pastoral relationships that involved grooming were frequently enabled by the abuser's standing within the community and the trust afforded to them by a child, young person or adult in care and their whānau or support network, as well as the influence the abuser had over the child, young person or adult's lives.⁷²⁰ Some people viewed churches, clergy or religious leaders, as being literally closer to God, which cemented their authority.⁷²¹ Pākehā survivor Dion Martin, who was sexually abused while training in a Catholic seminary, told the Inquiry: "I would never refuse a priest. In my mind, whatever a priest said was correct."⁷²² Survivor Christopher Longhurst, who was sexually abused during his interview for the seminary, described his abuser in a similar way:

"[He] has authority and influence and power. He's like my prospective – it's more than an employer. He's the guy who will make the recommendation to the bishop for me to go into the seminary. This is my dream ... you know, this is my next step in life after high school."⁷²³

523. Many whānau felt it was a good thing if people in religious ministry took an interest in their children or young person or adult and spiritually mentored them. Pākehā survivor Ian Werder was sexually abused by the priest assistant, Father Bernard King, from the age of 7 to 13 years old. He said the priest:

... "would tell my parents that he was going in to hear my prayers. While in my room he would play with me and eventually have penetrative sex ... When I raised it with my parents that I did not like the way Father King heard my prayers, they responded that it was an honour for Father King to want to hear my prayers. When I told my parents about it again in 1997, they remembered this conversation. My father was very angry and wanted to go and have it out with Father King. They had clearly misunderstood what I said in the 1960s"⁷²⁴

524. Religious teaching and rituals could be used to groom and control survivors. In the 1970s, Ms OC, told the Inquiry she was sexually abused, including rape, kissing and groping, by an Anglican priest. She described his controlling behaviour saying: "[he] would withhold communion bread from me when he was unhappy with me."⁷²⁵

720 Witness statement of Leonie Jackson (21 September 2020, page 3).


721 NZ Police statement of a survivor (16 December 2019, page 5, paras 22–23).

722 Witness statement of Dion Martin (21 June 2021, page 12, para 81).

723 Private session transcript of Christopher Longhurst (22 February 2021, page 53).

724 Witness statement of Ian Werder (26 August 2021, page 8, paras 64–65).

725 Witness statement of Ms OC (1 June 2021, page 3, para 26).



525. Often, grooming and abuse occurred during moments in survivors' lives when they had sought pastoral care. Māori survivor Desmond Adams (Ngāpuhi) was befriended by his local Catholic parish priest while Desmond's mother was dying. The priest went on to sexually abuse Desmond when he was 14 years old, at church and in his home. On one occasion, when Desmond was home alone while his grandmother and aunty attended a tangi, the priest went to his house and raped him. Desmond said:

*"This was a trusted man in a position who took advantage of a 14-year-old boy. This was six months after my mother passed away. Why did men do this to me? I felt like I had some sign on my head that said, 'help yourself'. I think I got to a point where I just normalised it."*⁷²⁶

526. Following her son's death, Jacinda Thompson was sexually and psychologically abused under the guise of grief care by her parish priest, Reverend Michael van Wijk. Jacinda said that his status within the church and invocation of religion created a significant power imbalance "not just because he was almost 10 years older than me and because I trusted him, but because he was a man of God who at one point during the period of abuse told me he could see Jesus cradling my deceased son in his arms".⁷²⁷

527. This power imbalance often protected religious abusers from scrutiny or suspicion. Survivors sometimes found it difficult to recognise abuse or disclose it.⁷²⁸ This influence was a component of the spiritual abuse experienced by survivors, as many reported feeling guilt or blame around what had happened and were fearful of what would happen to themselves, their whānau and church communities if they were to tell others about the abuse.⁷²⁹

528. NZ European Māori Survivor Leonie Jackson (Whangai to Ngāti Kahungunu) shared her experience of being groomed by two Marist brothers who made her feel special and privileged as a child. "I took on this abuse and internalised it as something I had done wrong. I felt that I was a 'bad' girl. This made sense to me as Brother Michael [Beaumont] has made me feel bad, so I must be bad, because he was a man close to God."⁷³⁰

⁷²⁶ Witness statement of Desmond Adams (8 June 2022, page 11, paras 5.12–5.13).

⁷²⁷ Witness statement of Jacinda Thompson (30 September 2020, para 10).

⁷²⁸ Witness statements of Frances Tagaloa (2 October 2020, para 50) and Mr MO (4 May 2022, pages 5–6).

⁷²⁹ Witness statement of Mr MO (4 May 2022, pages 5–6); First witness statement of the Right Reverend Te Kitohi Wiremu Pikaahu (Te Pihopa o Te Tai Tokerau), (18 July 2022, para 46).

⁷³⁰ Witness statement of Leonie Jackson (21 September 2020, page 4, para 2.16).

529. Pacific survivors had particularly strong challenges for disclosing pastoral sexual abuse within their kainga (family) and communities. Religious leaders are often held in high esteem in Pacific communities and challenging this can bring individuals and their kainga into disrepute. Samoan / Pālagi survivor Frances Tagaloa, who was raised in a Catholic family, was sexually abused by Brother Bede Fitton at a Catholic Marist intermediate school. She also witnessed another girl getting abused by Brother Bede Fitton. Frances described how when she came to understand as an adult the abuse that had happened to her, the spiritual repercussions of disclosing the abuse would be intensely felt within her family:

“Faith and my parents’ strength of faith in the Catholic Church was significant. Catholicism, for my family, is a cultural way of life. That Brother Bede [Fitton] had access to and offended against me using his position within the Catholic Church was another barrier, compared to if I was disclosing abuse from someone who was not a clergyman, as I would be calling into question my parents’ faith.”⁷³¹

530. Samoan and Māori survivor Rūpene Paul Amato (Ngati Kahungunu / Nga Ariki Kaiputahi) said that after being sexually abused by a Catholic priest who used “sex education” and confession as opportunities to abuse children without being disturbed, they did not tell their parents about it because of fear: “At the time, I knew that it would be my word against the church. I knew Dad would take the church’s word over mine.”⁷³²

531. These instances demonstrate the transgressions against tapuakiga / talitonuga for Pacific survivors by pastoral sexual abuse, as the sacredness of their spiritual relationship and the authority vested in the church by their communities has been tarnished by the actions of abusers. This disrupted the vā within both their kainga and communities and also between their kainga and the church.

731 Witness statement of Frances Tagaloa (2 October 2020, pages 11–12, para 55(3)).

732 Witness statement of Rūpene Amato (16 July 2021, page 9, para 53).

Te whakamahinga o ngā ritenga panoni hemahematanga ki runga i ngā mema o te hāpori Uenuku

Conversion practices for members of Rainbow communities

532. Within some denominations, takatāpui, MVPFAFF+ or Rainbow communities, individuals experienced conversion practices (known as 'conversion therapy') that aimed to change their sexual orientation. Conversion practices within pastoral care focused on the psychology of those in care, through methods such as counselling, and involved the reinforcement of the moral authority of religious leaders and the church. These themes were presented in an independent submission to the Inquiry, *As a Kid, I Always Knew Who I was – Takatāpui, Rainbow and MVPFAFF+ survivors heard by the Inquiry*.⁷³³
533. Survivor Craig Watson was subjected to conversion practice at 12 years old in a Baptist church, and was taught that "homosexuality was not just wrong, but an abomination ... you are no longer human, but a piece of filth below humanity and you would be better off being dead than being gay".⁷³⁴
534. Mr UB, as a Māori (Ngai Tahu) and Tongan fakaleitī, survived two instances of conversion therapy, one that was initiated by the church and one that was initiated by his school.⁷³⁵ In the first instance, Mr UB was made to attend a counselling session where "a discussion was had about the incompatibility between being gay and the beliefs of the church".⁷³⁶ Both of these instances happened within Pālangi faith environments.⁷³⁷

733 Moyle, P, "As a kid, I always knew who I was" – Takatāpui, Rainbow and MVPFAFF+ survivors heard by the Inquiry, An independent submission to Royal Commission of Inquiry into Historical Abuse in State Care and in Care in Faith-based Institutions (2023).

734 Witness statement of Craig Watson (13 May 2022, para 2.9).

735 Witness statement of Mr UB (3 April 2022, page 7).

736 Witness statement of Mr UB (3 April 2022, page 7, para 57).

737 Witness statement of Mr UB (3 April 2022, page 8, para 63).

Te tūkinotanga me te whakapapa i roto i ngā kāinga taurima tamariki ā-whakapono, me ngā kāinga noho

Abuse and neglect in faith-based children's orphanages and residences

535. Abuse reported by survivors within faith-based children's orphanages and residences was similar to State-based settings, including psychological and physical abuse and neglect, and sexual abuse, perpetrated by staff, including religious leaders, clergy, religious,⁷³⁸ lay staff and volunteers, and peers.⁷³⁹ The environments of the faith-based children's orphanages and residences and their systems had similar characteristics to social welfare institutions and were primarily set up to control and reform the behaviour or character of those in their care from a Christian perspective. Many survivors moved between State and faith-based residences and reported similar experiences of abuse in each. The main difference discussed was that much of the abuse in faith-based residences had an underpinning of spiritual or religious abuse.
536. Faith-based children's orphanages and residences, including reformatory residences, were run by the Anglican, Catholic, Methodist, Presbyterian, and The Salvation Army churches, often through various incorporated societies or trusts associated with the churches. Catholic institutions were commonly staffed by clergy, nuns or brothers. Most Anglican children's homes and residences were not staffed by clergy. In many cases, abusers were often people with religious standing and authority within the community.
537. Māori survivors of faith-based children's orphanages and residences sometimes experienced racism with spiritual or religious overtones.

⁷³⁸ Witness statement of Steven Storer (15 June 2021, page 3).

⁷³⁹ Witness statements of Mr UZ (16 March 2021, para 32); Leena Kalpus (12 April 2022, page 6); Mr OA (19 October 2020, page 3); Ann Thompson (15 February 2022, page 6); Robert Hanson (30 March 2022, page 9); Nikky Kristofferson (21 October 2020, pages 12–16) and Gloria Harris (White), (23 September 2020, page 5–7).

Te tūkinotanga me te whakapapa hei aupēhi, hei whakatika hoki i ngā purapura ora

Abuse and neglect to control and reform survivors

538. Ann Thompson, a survivor of St Joseph's Orphanage in Te Awa Kairangi ki Uta Upper Hutt and Nazareth House in Ōtautahi Christchurch told the Inquiry: "I was so scared of the nuns ... No one will ever be able to understand how frightened I was."⁷⁴⁰
539. Survivors from faith-based children's homes and residences said that in many of these settings, staff viewed children and young people in their care as in need of spiritual 'saving' in some way. This religious perspective was dehumanising, and used as a justification for physical, psychological and sometimes sexual abuse. Faith-based children's orphanages and residences frequently reflected these values, and this purpose, in their facilities and systems of operation, as children lived in fearful regimented places intended to 'reform' them.⁷⁴¹
540. Some staff in some faith-based children's orphanages and residences verbally abused residents with spiritualised language that framed them as 'sinful' or 'evil'. Some survivors were called 'evil'⁷⁴² or told they had the devil in them⁷⁴³ by Catholic orphanage and school nuns. Some nuns told survivors they were unloved and unwanted.⁷⁴⁴
541. Physical abuse was employed for the reason of purifying survivors and paired with psychological abuse as a mean of control.⁷⁴⁵ NZ European survivor June Lovett, who was placed at St Andrew's Orphanage (Anglican) in Whakatū Nelson, said the matron of the home, Ms Hammond, would 'thrash' the children and tell them: "we had to pay for every limb out of purgatory, or we would go to hell".⁷⁴⁶

⁷⁴⁰ Witness statement of Ann Thompson (15 February 2022, page 5, para 32).

⁷⁴¹ Witness statements of Linda Taylor and Janice Taylor (11 March 2021, page 11); Danny Akula (13 October 2021, page 5) and Ann Thompson (15 February 2022, page 5).

⁷⁴² Witness statements of Linda Taylor and Janice Taylor (11 March 2021, page 32, para 251) and Ms I (17 September 2020, pages 3–4).

⁷⁴³ Witness statement of Ann Thompson (15 February 2022, page 6, para 40).

⁷⁴⁴ Private session transcripts of Elizabeth Peterson and Sandra MacDonald (26 August 2021, page 7) and Mr UA (27 January 2021, page 7).

⁷⁴⁵ Letter from Cooper Legal to the National Office for Professional Standards (23 May 2018, page 3); Witness statements of Linda Taylor and Janice Taylor (11 March 2021, paras 73–79); Steven Storer (15 June 2021, page 2); Ann Thompson (15 February 2022, page 5) and Danny Akula (13 October 2021, page 5); Private session transcripts of Dale Batchelor (10 September 2019, page 21), Elizabeth Petersen and Sandra MacDonald (26 August 2021, page 10); Ms QF (9 June 2020, page 36) and Lynette Hose (16 September 2019, page 7).

⁷⁴⁶ Witness statement of June Lovett (14 December 2021, page 6, para 45).

542. Religious teaching and language was used to control survivors and make them fearful. Many survivors of faith-based children's orphanages and residences said they were highly regimented with strict routines for church, breakfast, school and jobs.⁷⁴⁷ Spiritual practices such as prayer and church services became instances of discipline that were associated with these strict regimes, lacking any form of love or emotional attachment and engagement. Survivors were punished if they did not take part in spiritual practices or were perceived to be non-compliant. Survivor Cathie Manchester, who was sent to Catholic Star of the Sea Orphanage in Tāmaki Makaurau Auckland when she was 5 years old, described how "the lights would flick on at five o'clock in the morning. If you didn't get out of bed within like seconds, and [be] kneeling on that floor ... you had to line up and get the cane because you weren't down on that floor quick enough praying."⁷⁴⁸
543. Survivors discussed widespread neglect in faith-based children's orphanages and residences, some of which was religiously justified as part of the harsh treatment that was supposed to reflect the sinful nature of those in care and reform them.⁷⁴⁹ Across various denominational settings, survivors were deprived of basic needs including nutrition,⁷⁵⁰ hygiene⁷⁵¹ and clothing.⁷⁵² Some remember having to eat rotten food,⁷⁵³ or food being withheld as punishment.⁷⁵⁴ NZ European survivor Mr NO said that he was told that nuns at Sunnybank Boys' Home located at Wakapuaka near Whakaū Nelson told residents of the Boys' Home "Jesus died for your sins", and so he believed that he had to learn to suffer.⁷⁵⁵

747 Private session transcripts of Cathie Manchester (28 May 2019, page 17); Michael Ellis (2 March 2020, page 5); Raewyn Davies (9 March 2020, page 4); Ms QF (9 June 2020, pages 9–10) and Elizabeth Petersen and Sandra MacDonald (26 August 2021, pages 7–8). Witness statements of Linda Taylor and Janice Taylor (11 March 2021, page 15) and Steven Storer (15 June 2021, page 2).

748 Private session transcript of Elizabeth Petersen and Sandra MacDonald (26 August 2021, page 9).

749 Private session transcript of Mr NO (11 October 2019, page 25); Witness statement of June Lovett (14 December 2021, page 6).

750 Private session transcripts of Michael Ellis (2 March 2020, page 5); Raewyn Davies (9 March 2020, pages 4–5); Elizabeth Petersen and Sandra MacDonald (26 August 2021, pages 6–8) and Thomyris Cameron (15 October 2019, page 13); Written account of Ms CQ (7 September 2021, paras 15–16, 28); Dale Batchelor (10 September 2019, paras 24, 25) and Cathie Manchester (28 May 2019, page 25); Witness statement of Linda Taylor and Janice Taylor (11 March 2021, paras 13–15); Ann Thompson (15 February 2022 para 14); Mr NO (14 April 2021, para 22) and Mr N (8 September 2021, para 44).

751 Private session of Dale Batchelor (10 September 2019, page 41); Witness statements of Linda Taylor and Janice Taylor (11 March 2021, para 113); Ann Thompson (15 February 2022, para 16) and Nikky Kristofferson (21 October 2020, para 128).

752 Witness statements of Linda Taylor and Janice Taylor (11 March 2021, para 113); Ann Thompson (15 February 2022, para 16); Mr N (8 September 2021, para 50) and June Lovett (14 December 2021, para 94).

753 Witness statement of Ann Thompson (15 February 2022, pages 4–5, para 28).

754 Letter from Cooper Legal to the National Office for Professional Standards (23 May 2018, page 4); Private session transcript of Mr UA (27 January 2021, page 21).

755 Private session transcript of Mr NO (11 October 2019, page 25).

544. Similar to survivor experiences of pastoral care and in faith-based schools, religious abuse could co-occur with sexual abuse through the use of religious language to justify sexual acts by abusers. Survivor Mr UZ described how he was sexually abused by a staff member at the Anglican-run Stoddart House, from the age of 7 to 9 years old:

“He used to tell me what an evil boy I was. Then he used to beat me and make me pray ... He would say ‘You’re an evil child, the Lord hates you, you’ve made me feel bad, now you have to make me feel better’. He then made me perform oral sex on him on his wife’s bed while she was out there in the kitchen cooking ... On two later occasions, [the staff member] said to me ‘you’re an evil child’. He then raped me.”⁷⁵⁶

545. Many survivors said that they lacked love and affection while living in these settings. Many who had been in Catholic and Anglican orphanages described them as sterile environments, where the nuns and staff provided no real care or affection.⁷⁵⁷ Religious reasoning was sometimes given as a justification for the staff’s emotional neglect of residents. Mr N, a NZ European survivor from Hodderville Boys’ Home and Training Farm (The Salvation Army) in Putaruru, said that staff never checked on the boys and if they reached out for help, staff simply told them to accept Jesus into their lives.⁷⁵⁸
546. Some disabled survivors described experiencing neglect in faith-based residences, similar to State residences, where their basic needs were not met. Survivor Tracy Peters, who was sent to The Nest (The Salvation Army) located in Kirikiriroa Hamilton by her mother, said that because of injuries, she “couldn’t play with the other kids. The staff gave up using my homemade wheelchair and would just leave me in the same spot for hours. I often wet myself because I couldn’t get an adult’s attention to go to the bathroom.”⁷⁵⁹
547. Some survivors also discussed how the staff they encountered at faith-based children’s homes and residences tried their best to help those in their care and provided support for emotional development. Survivor Ms TC described how Sister Rona at the Methodist Children’s Home in Whakaoriori Masterton “was a really lovely lady” who tried to help the children.⁷⁶⁰

756 Witness statement of Mr UZ (16 March 2021, page 5).

757 Witness statements of Anne Hill (28 September 2020, page 4); Linda Taylor and Janice Taylor (11 March 2021, pages 11, 16) and Victoria Marie Rutter Taylor, (18 February 2022, para 25); Private session transcript of Dyanne Hansen (10 September 2019, page 8); Elizabeth Petersen and Sandra Mac Donald (26 August 2021, pages 6 and 19); Raewyn Davies (9 March 2020, page. 6); Will Harding (10 November 2020, pages 15, 17); Kevin Kiley (10 March 2020, page 8) and Mr UA (27 January 2021, page 8) Written account of Ms CQ (7 September 2021, pages 26–27); Letter from Cooper Legal to the National Office for Professional Standards (23 May 2018, page 4).

758 Witness statement of Mr N (8 September 2021, paras 42–43).

759 Witness statement of Ms Tracy Linda Peters (7 October 2021, para 3.2).

760 Private session transcript of Ms TC (23 June 2021, page 13).

Te tūkinu me te whakahapa i te ia me te hemahematanga Abuse and neglect surrounding gender and sexuality

548. Female survivors reported that they were subjected to gendered verbal abuse which included body shaming, shaming around sexuality and demonisation of health needs. June Lovett, a NZ European survivor from St Andrew's Orphanage in Whakatū Nelson, said the matron would often make comments about the girls' appearances, such as calling them 'fat'.⁷⁶¹ The matron told June Lovett that her mother was a 'slut' and that she and her sister had "bad blood" and would grow up to be like their mother. Survivor Margie Robertson described how the house father at Abbotsford Childrens Home in Waipawa told her that her older sister was a prostitute. When she was 12 years old, he told her that "he would put money" on her being pregnant by the time she was 16.⁷⁶²
549. NZ European survivor Nikky Kristoffersen said girls at The Grange Girls Home in Remuera (The Salvation Army) were verbally abused and humiliated by the matron and were called 'filthy', and 'dirty' when they had their periods.⁷⁶³ Female survivors also reported neglect of menstrual products, and education about menstruation.⁷⁶⁴
550. The Inquiry also heard from survivors about homophobia in faith-based residences and orphanages. This manifested in a range of ways, including children being scolded for touching other children of the same gender in friendship.⁷⁶⁵ Ann Thompson, was placed in two Catholic orphanages, first at St Joseph's Girls Orphanage run by the Sisters of Mercy in Te Awa Kairangi ki Uta Upper Hutt and at Nazareth House in Ōtautahi Christchurch. While at Nazareth House, she told the Inquiry she would get 'thrashed' if she was "seen talking to or holding hands with another girl. They said it was rude and dirty." Several survivors were punished for sleeping in the same bed as their siblings.⁷⁶⁶ On their first night at St Joseph's Girls Orphanage, in Te Awa Kairangi ki Uta Upper Hutt, English, Māori survivor Rexene Landy (Tahawai), who was 4 years old at the time, slept in a bed with her sister because she was scared. In the morning, when a nun found them, Rexene said they "just got dragged out as 'filthy lesbians' and bash, bash, bash". The restrictions on associating with others, including siblings, were a form of abuse which prevented some survivors from forming attachments and friendships in these settings.

⁷⁶¹ Witness statement of June Lovett (14 December 2021, page 8).

⁷⁶² Witness statement of Margaret Robertson (6 June 2021, paras 90–96).

⁷⁶³ Witness statement of Nikky Kristofferson (21 October 2020, para 151).

⁷⁶⁴ Witness statements of Nikky Kristofferson (21 October 2020, para 144) and June Lovett (14 December 2021, para 93).

⁷⁶⁵ Witness statement of Ann Thompson (15 February 2022, page 6); Private session transcripts of Dale Batchelor (10 September 2019, page 22) and Elizabeth Petersen and Sandra MacDonald (26 August 2021, page 6).

⁷⁶⁶ Private session transcripts of Ms JF (19 November 2020, page 11) and Mr UA (27 January 2021, pages 7–8).



**I rongo ngā purapura ora Māori me te Pasifika i te kaikiritanga,
te whakahapatanga ahurea me te tūkinotanga ā-wairua
Māori and Pacific survivors experienced racism, cultural neglect and
spiritual abuse**

551. Racism and cultural neglect appeared in many forms for Māori and Pacific survivors in faith-based orphanages and residences. At times, this co-occurred with spiritual abuse and neglect.
552. Many Māori survivors told the Inquiry their identity was stripped from them while in care at faith-based orphanages and residences. The Inquiry heard that in some locations this abuse and neglect was informed by a religious belief that Māori culture was inferior to Pākehā Christian culture. Some Māori survivors in care were led to believe they were inherently 'sinful'.⁷⁶⁷ Māori survivor Dinah Lambert (Ngā Rauru, Ngāti Kahungunu, Ngāti Porou) said:
- "[We] were brought up very 'Pākehā-fied' within the children's homes. There was no encouragement to say where you were from, none of that. It was never ever spoken that I was Māori, and it never occurred to me that I was, unless it was pointed out, usually in a derogatory way."⁷⁶⁸*
553. When Dinah left Abbotsford Childrens Home in Waipawa, she did not know anything about her identity as Māori or the concept of whānau.⁷⁶⁹ This was a form of whakaiti and led to whakarere – a loss or lack of cultural connection and knowledge.

767 Witness statement of Dinah Lambert (1 December 2021, para 81); Private session transcript of Rexene Landy (17 February 2021, page 5).

768 Witness statement of Dinah Lambert (1 December 2021, para 81).

769 Witness statement of Dinah Lambert (1 December 2021, paras 244 and 249).

554. Māori and Pacific survivors discussed how they were routinely singled out in front of their peers based on their skin colour, verbally abused, and given fewer opportunities than Pākehā residents. Irish, Asian survivor Anne Hill told the Inquiry that at Catholic Star of the Sea Orphanage in Tāmaki Makaurau Auckland “there was a hierarchy of who was favoured and traumatised little minority children were not high in the hierarchy”.⁷⁷⁰ Survivor Ms OY who has Samoan, Māori (Ngāti Tamaterā, Ngāti Maru) and Pākehā ancestry said that at Tikipunga Protestant Children’s Home, her pale sister was treated better than her, who had brown skin.⁷⁷¹ Mr TH (Ngāti Whātua Ōrākei, Ngāpuhi, Tokelau) described the entrenched racism he experienced while at Hodderville Boys’ Home and Training Farm (The Salvation Army) in Putaruru:

“The white boys were always treated better than the brown boys ... It was lots of little things like if they did something good, they would get extra puddings. The white boys always got more aroha, attention and praise. The brown boys would never be rewarded or even acknowledged for anything we did right. The staff members referred to us as ‘niggers’!”⁷⁷²

555. Māori survivors spoke of the denial of access to their culture and an absence of culturally literate staff in faith-based children’s orphanages or residences. Vincent Hogg said there was no cultural training at Sedgley Home (Anglican) in Whakaoriori Masterton, so when he was there, he had no idea about his Māori background and culture.⁷⁷³ Pacific survivors also experienced being denied access to their culture and having no culturally literate staff. Mr TH stated that Hodderville was “purely Salvation Army white Pālagi”.⁷⁷⁴ “[T]hey] need more Māori and Pacific Island staff working in these places. They can relate better to Māori and Pacific kids because they are in the same waka.”⁷⁷⁵

⁷⁷⁰ Transcript of evidence of Anne Hill at the Inquiry’s Faith-based Redress Hearing (Phase 1), (Royal Commission of Inquiry into Abuse in Care, 1 December 2020, page 163).

⁷⁷¹ Witness statement of Ms OY (6 March 2022, page 6).

⁷⁷² Witness statement of Mr TH (7 June 2021, para 98).

⁷⁷³ Witness statement of Vincent Hogg (15 December 2021, para 87).

⁷⁷⁴ Witness statement of Mr TH (7 June 2021, page 15, para 105).

⁷⁷⁵ Witness statement of Mr TH (7 June 2021, page 26, para 188).

I āta whakawehea ngā purapura ora i ō rātou whānau Survivors were intentionally isolated from their whānau

556. Like social welfare residences, survivors from faith-based children's orphanages and residences were often isolated and had limited contact with their whānau and the outside world. Survivors also discussed how their relationships with their remaining whānau were limited.
557. Survivors whose parents had died were often expected to move on with their lives and not speak about their loved ones. NZ European survivor Mrs SR, who went to an orphanage when she was 4 years old following the death of her mother, described how when the mothers of some of those in orphanages died, staff ensured that "all traces of the mother were got rid of as quickly as possible".⁷⁷⁶
558. Care staff sometimes lied and told children they were orphans. Survivor Linda Taylor was told by the nuns at the Catholic Star of the Sea Orphanage in Tāmaki Makaurau Auckland that her mother was dead. The nuns assaulted Linda for crying about this loss and told her to stop talking about it, but she later discovered that her mother was not dead and had been told not to visit.⁷⁷⁷ Survivors also shared that orphanage nuns instructed survivors' families not to visit, and that some treated visits from family as a privilege that could be taken away as a punishment for perceived bad behaviour.⁷⁷⁸
559. The sister and advocate of survivor Barbara Tait, New Zealand, Australian, who was at the Methodist South Island Children's Home said that their mother's visits were reduced to one a month because their mother was overheard asking her children if they were okay in the home.⁷⁷⁹
560. Many survivors discussed how connections with whānau and friends were suppressed. Some of the survivors were separated into different parts of the orphanage due to age differences.⁷⁸⁰ Survivor Linda Taylor was separated from her older sister Janice possibly due to the age difference. She told the Inquiry that she was not allowed to speak to her older sister. Referring to the separation of herself and her three siblings, Linda said: "I was put into the top dormitory. I don't know why. Maybe to do with our ages. We were not allowed to make contact with one another. In the same day we were four children, then two, then one."⁷⁸¹

776 Written submission of Mrs SR (23 April 2021, page 13).

777 Witness statement of Linda Taylor and Janice Taylor (11 March 2021, pages 6, 13, paras 45, 90–93).

778 Witness statement of Linda Taylor and Janice Taylor (11 March 2021, pages 13–14, paras 98–102); Private session transcript of Ms VM (3 August 2021, page 7).

779 Private session transcript of Barbara Tait (18 February 2020, pages 13, 16–17).

780 Witness statements of Anne Hill (28 September 2020, page 4) and Linda Taylor and Janice Taylor (11 March 2021, page 7, para 50); Private session transcript of Rexene Landy (17 February 2021, page 4).

781 Witness statement of Linda Taylor and Janice Taylor (11 March 2021, para 50).

561. Other survivors were deliberately separated from their siblings as they were sent to different orphanages.⁷⁸² One survivor who lived with his brother at the Home of Compassion (Catholic) in Te Whanganui-a-Tara Wellington said “the nuns would separate me and [my brother].⁷⁸³ Sibling support was important for some survivors who were allowed to maintain connection. For example, a survivor who along with her sister was at St Joseph’s Orphanage in Ōtepoti Dunedin, said that her sister was her “life force” and that she “helped me survive living in such a loveless punishing environment”.⁷⁸⁴ This appeared to be part of a wider stripping of individual identity within residences across both State and faith-based care settings, something many survivors reported as a key aspect of institutionalisation.⁷⁸⁵

I rongō ngā purapura ora i te tūkinotanga ki ngā kāinga taurima tamariki ā-whakapono **Survivors experienced abusive foster placements in faith-based organisations**

562. Many survivors of faith-based foster care were placed in foster care through arrangements made by the children’s orphanage or other faith-based organisation they had been in. This occurred in centres run by the Anglican Church, Catholic Church, Methodist Social Services, Presbyterian Support Southland, and Dingwall Trust.
563. The formality and oversight of these arrangements is unclear. Some survivors discussed being fostered out to families on holiday placements, others also had permanent foster arrangements through faith-based services.
564. Survivor Ms TC recalled being picked up from the Methodist Children’s Home in Ōtautahi Christchurch by strangers: “We don’t even know who these people are. They just pick us up and take us.” In one of these family settings, she was sexually abused by another child.⁷⁸⁶


782 Private session transcripts of Elizabeth Petersen and Sandra MacDonald (26 August 2021, pages 4–5); Kevin Kiley (10 March 2020, pages 7–8); Ms VM (3 August 2021, page 7) and Mary Minto (21 July 2021, page 16); Written account of Sheryll Joyce (8 February 2022, page 13); Witness statement of Ms HQ (23 March 2022, page 16).

783 Private session transcript of Kevin Kiley (10 March 2020, page 8).

784 Written statement of Ms CQ (7 September 2021, page 28).

785 See Chapter 3: Understanding abuse and neglect as transgressions from specific worldviews. See also: Written statement of Ms CQ (7 September 2021, page 16); Witness statements of Anne Hill (28 September 2020, page 4) and Linda Taylor and Janice Taylor (11 March 2021, para 111); Letter from Cooper Legal to the National Office for Professional Standards (23 May 2018, page 5); Private session transcript of Rexene Landy (17 February 2021, page 4); Ann Thompson (9 September 2019, page 10) and Mr UA (27 January 2021, page 9).

786 Private session transcript of Ms TC (23 June 2021, page 15).

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565. Survivors from these placements suffered similar abuse to those in foster placements arranged by the State. Sexual abuse was common and perpetrated by both foster parents and other children in the homes.⁷⁸⁷ Children and young people were violently and cruelly punished. On several occasions, Leoni McInroe had her feet stabbed with darning needles to see if she was awake, and her foster mother put her arm through a washing machine ringer. Leoni had to do most of the housework.⁷⁸⁸
566. As was experienced in State-based foster placements, faith-based foster parents sometimes treated foster children differently to their own, placing more restrictions on them and not affording them the same privileges.⁷⁸⁹ Survivor Ms UC, who was sexually abused in foster care after living at an orphanage run by the Methodist Church, thinks the abuse was the result of “people not being screened properly or if at all”.⁷⁹⁰
567. Faith-based foster families also subjected children to spiritual and cultural abuse. Cook Islands Māori / Māori survivor Ngatokorima Mauauri told the Inquiry how a Palagi foster family arranged by Dingwall Trust tried to convert him to their form of Christianity and lead him to reject his Cook Island culture, which had positively shaped his early life. This was an interference with Ngatokorima’s tapuakiga / talitonuga and his relationship with his kainga. He said: “They wanted me to let go of my identity and adopt theirs. I remember wanting to hang up my pareu [lavalava] in my room because it had an image of my Island in the Cook Islands on it, and they wouldn’t let me.”⁷⁹¹

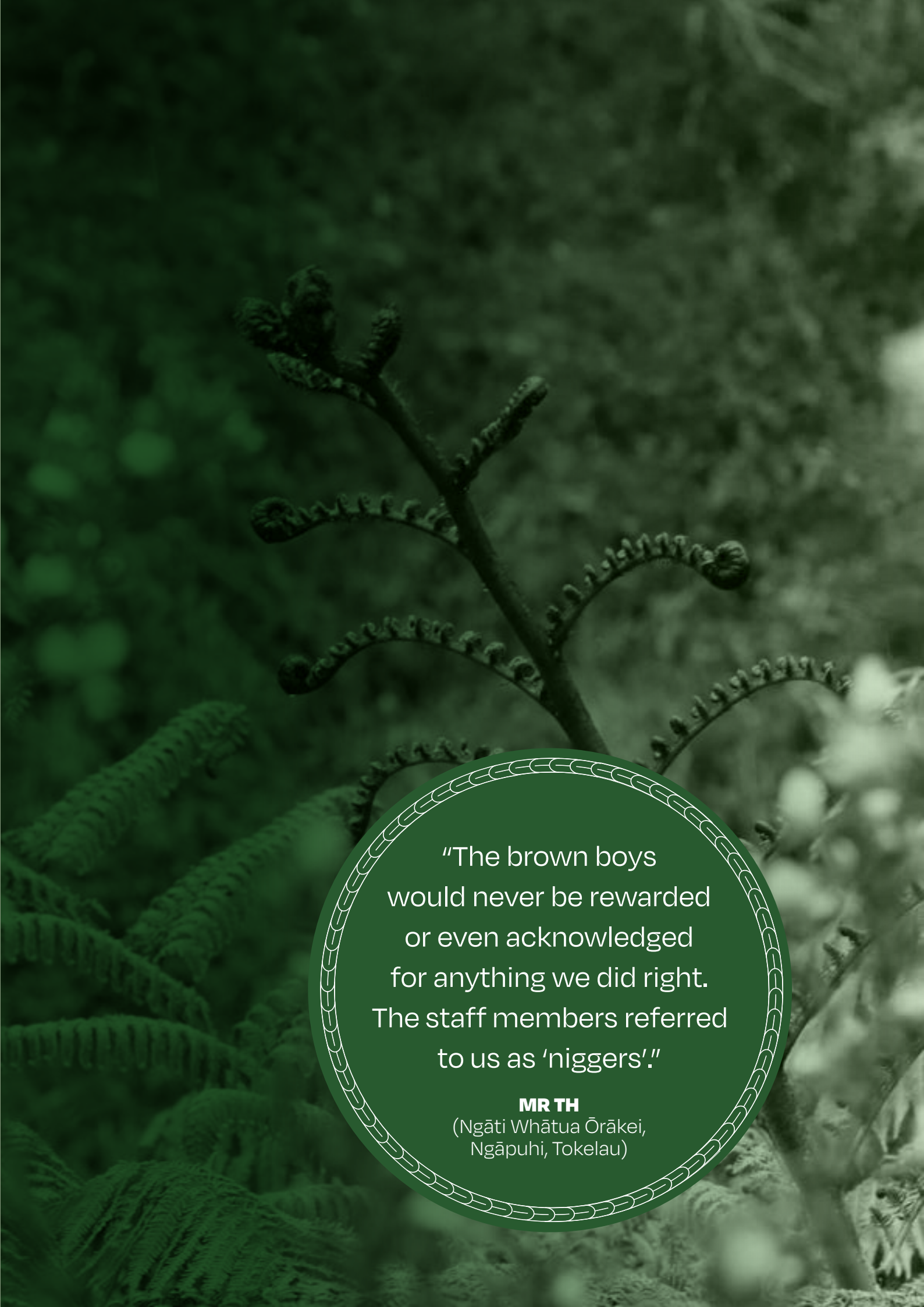
787 Private session transcript of Ms TC (23 June 2021, page 16); Second witness statement of Sam Benton, Sonja Cooper and Amanda Hill of Cooper Legal – Relating to the Protestant and Other Faiths Investigation (28 July 2022, page 9); Witness statement of Mr HU (30 June 2022, page 8).

788 Witness statement of Leoni McInroe (31 July 2020, para 14).

789 Second witness statement of Sam Benton, Sonja Cooper and Amanda Hill of Cooper Legal – Relating to the Protestant and Other Faiths Investigation (28 July 2022, page 9).

790 Written submission of Ms UC (24 December 2021, page 4).

791 Witness statement of Ngatokorima Allan Mauauri (2 July 2021, pages 10–11).



"The brown boys
would never be rewarded
or even acknowledged
for anything we did right.
The staff members referred
to us as 'niggers'!"

MR TH

(Ngāti Whātua Ōrākei,
Ngāpuhi, Tokelau)

Te tūkinotanga i roto i ngā kāinga taurima māmā takakau

Abuse in unmarried mothers' homes

568. The Inquiry heard evidence that abuse reported in maternity homes catering for unmarried mothers was similar to abuse reported in faith-based children's orphanages and residences. Much abuse stemmed from unmarried pregnant women and girls being deemed morally corrupt by these institutions. The Inquiry heard about abuse in The Salvation Army (Bethany), Anglican, Presbyterian and Catholic and non-denominational unmarried mothers' homes.
569. Girls and women who were pregnant out of wedlock were sent to these homes to be reformed. Survivor Maggie Wilkinson described St Mary's Home for Unwed Mothers (Anglican) in Ōtāhuhu, Tāmaki Makaurau Auckland, as a "prison for sad girls".⁷⁹² This spiritual abuse, which reflected misogyny present in society, was used as a form of dehumanisation of these girls and women, and their babies.⁷⁹³ This led to them being subjected to unique forms of verbal abuse, physical and financial abuse such as forced labour, medical abuse surrounding the birth of babies, and psychological / emotional abuse through forced adoptions.
570. Patricia Salter, who was sent to Childhaven Home for Unwed Mothers in Epsom, Tāmaki Makaurau Auckland at age 14, remembered feeling "a lot of shame in Childhaven. Nobody stopped to ask how a 14-year old child had become pregnant or whether I had been abused or traumatised."⁷⁹⁴ Patricia also shared how she was dehumanised and neglected while she was giving birth to her child:

"When I went into labour, I was sent to Auckland Hospital. I was treated like dirt. While I was having the baby, the doctor or nurse slapped me across the face. After the baby was born, they stitched me up with no anaesthetic or pain relief. The baby was taken away from me straightaway. I had no say. I have never seen that baby again. I have blacked out a lot of what happened at that time because it was so traumatic."⁷⁹⁵

792 Witness statement of Maggie Wilkinson (17 September 2020, page 6).

793 Shawyer, J, Taken, not given: A submission in support of unmarried mothers whose infants were forcefully taken for adoption by 'faith-based' Christian institutions in New Zealand during the 'baby scoop era' (Royal Commission of Inquiry into Abuse in Care, 2019, page 2).

794 Witness statement of Patricia Salter (20 September 2022, para 3.2).

795 Witness statement of Patricia Salter (20 September 2022, paras 3.5–3.6).

Nā te whakahahani i ngā kōhine me ngā wāhine takakau hapū ka nui kē atu te tūkino me te whakahapa
Demonisation of unmarried pregnant girls and women led to further abuse and neglect

571. Survivors from unmarried mothers' homes were deemed morally corrupt and in need of redemption. Their children were also seen as in need of rescue and redemption by being adopted to respectable families.⁷⁹⁶ This was spiritual and psychological abuse and opened the door to further abuse and neglect in many forms, which severely affected the girls and women as mothers or future mothers.

572. The stigma of being an unmarried pregnant girl, woman or mother existed within wider society and was part of the traditional Christian morality prominent in Aotearoa New Zealand throughout the Inquiry period. Survivor Mrs D told the Inquiry how she was forced to adopt two of her babies out of the Anglican St Mary's Home for Unwed Mothers in Otahuhu. Mrs D was later told by her mother that when she realised Mrs D was pregnant, she asked the Anglican Church for advice. The Church said to send Mrs D to St Mary's Home for Unwed Mothers in Ōtāhuhu.⁷⁹⁷ This prejudice against those who had become pregnant outside of marriage was present within these institutions. Susan Williams, a survivor of Bethany Home (The Salvation Army) in Te Whanganui-a-Tara Wellington, explained:

"We were all sent there to hide our shame or just hide, as one girl from Australia told her parents she was on a working holiday. We were not bad mothers or could not mother. It was just somebody had decided that our babies were going to be somebody else's."


573. She further explained:

"I believed it was fueled by the government wanting to solve two problems: filling the empty cots of New Zealand with so-called 'illegitimate' children to give to infertile couples and not have to pay a benefit to single mums."⁷⁹⁸

⁷⁹⁶ Shawyer, J, Taken, not given: A submission in support of unmarried mothers whose infants were forcefully taken for adoption by 'faith-based' Christian institutions in New Zealand during the 'baby scoop era' (Royal Commission of Inquiry into Abuse in Care, 2019, page 3).

⁷⁹⁷ Witness statement of Mrs D (21 September 2020, para 12).

⁷⁹⁸ Witness statement of Susan Williams (16 February 2022, pages 3 and 9).

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574. Survivor Nancy Levy, who went to St Mary's Home for Unwed Mothers in Ōtāhuhu, Tāmaki Makaurau Auckland in 1968 just before her 17th birthday, told the Inquiry that the residents' very presence as bearers of 'illegitimate' children meant they were sinners and worthy of punishment.⁷⁹⁹ Women and girls there were not allowed to use their own names and were referred to by the matron's surname, 'Gallagher',⁸⁰⁰ a part of the depersonalisation undertaken based on the belief that their identities were 'sinful'. Matron Gallagher told residents that if they did not do what she said, their babies would die.⁸⁰¹
575. Survivors said that they were also subjected to gendered slurs or heard these used to refer to their mothers. At St Vincent's Home of Compassion (Catholic) in Herne Bay, Tāmaki Makaurau Auckland, survivor Angela Kinley said the nuns called her birth mother and other resident women "hookers, prostitutes, slags, hos [sic]" and other names to indicate they were "filthy women".⁸⁰² At St Mary's Home for Unwed Mothers in Ōtāhuhu, Tāmaki Makaurau Auckland, Matron Gallagher and other nuns subjected the residents to constant verbal abuse, calling them "dirty girls",⁸⁰³ and describing them as worthless, fallen, useless, selfish, used, tarnished and "illegitimate".⁸⁰⁴ The harsh treatment in these institutions was intended to be a part of reforming the residents into respectable, moral girls and women in the eyes of Christian society. As survivor Maggie Wilkinson said, Matron Gallagher told residents "that we were 'fallen' women and that she would make 'decent' women out of us".⁸⁰⁵
576. As part of the treatment that was supposed to reform them, residents at unmarried mother's homes were subjected to forced labour while pregnant, doing work that benefited the institution for no pay. This amounted to economic and physical abuse. Survivor Nancy Levy told the Inquiry that pregnant residents of Anglican unmarried mothers' homes were made to do all the chores, including cooking, cleaning and laundry.⁸⁰⁶ Work deemed insufficient would result in punishment. Nancy recalled that if they did not clean the floors right, they had to do it again with a toothbrush, "on all fours, for hours and hours".⁸⁰⁷

799 Witness statement of Nancy (Sally) Levy (16 December 2021, pages 8, 9).

800 Witness statement of Nancy (Sally) Levy (16 December 2021, para 16); Witness statement of Mrs D (21 September 2020, para 41).

801 Witness statement of Mrs D (21 September 2020, page 10).

802 Private session transcript of Angela Kinley (20 November 2019, page 12).

803 Witness statement of Nancy (Sally) Levy (16 December 2021, page 8).

804 Witness statements of Mrs D (21 September 2020, para 64) and Maggie Wilkinson (17 September 2020, para 29).

805 Witness statement of Maggie Wilkinson (17 September 2020, para 29).

806 Witness statement of Nancy (Sally) Levy (16 December 2021, para 27).

807 Witness statement of Nancy (Sally) Levy (16 December 2021, para 28).

577. Survivors from St Vincent's Home of Compassion (Catholic) in Herne Bay, Tāmaki Makaurau Auckland said that they also worked full-time throughout their pregnancies for no pay.⁸⁰⁸ Joss Shawyer, campaigner, founder of The Council for the Single Mother and Her Child, and founding member of Jigsaw (which helped women find children who had been adopted out), and a survivor of abuse at the Childhaven Home for Unmarried Mothers (which was run by the non-denominational New Zealand Council of Christian Women) explained that survivors also had to look after babies and toddlers in the unmarried mothers' homes that operated daycares.⁸⁰⁹ Survivors described the 'sad' and 'miserable' lives of the babies and toddlers in these nurseries, who had not been adopted out.⁸¹⁰
578. Some survivors described how laundry work was particularly gruelling.⁸¹¹ Pākehā survivor Christine Hamilton recalled two Māori girls, aged 14 and 16 years old, who did 'back-breaking' work every day using antiquated equipment while pregnant.⁸¹² Pregnant girls and women residing in unmarried mothers' homes were given little time to rest – after working all week, they still had to be at morning mass at six o'clock on Sunday.⁸¹³

Te tūkinotanga me te whakapapa i te hapūtanga ki te whānautanga Abuse and neglect throughout pregnancy and childbirth

579. Survivors from unmarried mothers' homes reported various forms of abuse and neglect that involved their pregnancy and the birth of their children. While this was largely physical and psychological abuse, much of it had an underpinning of medical abuse and neglect as healthcare of pregnant survivors and their babies should have been at the forefront of their time in care.
580. Hunger and malnutrition were present in unmarried mothers' homes.⁸¹⁴ Survivor Maggie Wilkinson said they were given inadequate food because Matron Gallagher wanted them to have small babies so there would not be problems during delivery.⁸¹⁵ Survivor Ann-Marie Shelley, who attended Bethany Home (The Salvation Army) in Te Whanganui-a-Tara Wellington said:
- "The food was scarce and atrocious. The milk was off, the butter was rancid. We often vomited after meals. But there was nothing we could do. None of us had anywhere else to go."*⁸¹⁶

808 Letter in support of group submission for Inquiry into forced adoptions (n.d., page 30).

809 Shawyer, J, Taken, not given: A submission in support of unmarried mothers whose infants were forcefully taken for adoption by 'faith-based' Christian institutions in New Zealand during the 'baby scoop era' (Royal Commission of Inquiry into Abuse in Care, 2019, pages 3, 20 and 21).

810 Letter in support of group submission for Inquiry into forced adoptions, (n.d., page 32); Written account of Christine Hamilton (25 October 2021, page 3).

811 Letter in support of group submission for Inquiry into forced adoptions (n.d., pages 32–33).

812 Written account of Christine Hamilton (25 October 2021, page 3).

813 Written account of Christine Hamilton (25 October 2021, page 3).

814 Witness statements of Nancy (Sally) Levy (16 December 2021, para 23); Ann-Marie Shelley (6 August 2020, paras 2.60 and 2.63) and Susan Williams (16 February 2022, page 4).

815 Witness statement of Maggie Wilkinson (17 September 2020, para 45).

816 Witness statement of Ann-Marie Shelley (6 August 2020, page 7).

581. One survivor of unmarried mothers' homes described being given medication during childbirth without her consent.⁸¹⁷ While at St Vincent's Home of Compassion (Catholic) in Herne Bay, Tāmaki Makaurau Auckland, Pākehā survivor Christine Hamilton was administered several drugs including sedatives and narcotics while she was in labour and woke up the next day, 17 hours after giving birth and felt very disorientated. She said: "I remember asking for the time, it was 6.00am, 5th September. I had been completely sedated on drugs for hours."⁸¹⁸
582. Upon receiving her records from the Director of Catholic Family and Social Services in 2005, Christine realised: "They had drugged me to take my little boy. I had always blamed myself for been so weak and not fighting to keep him."⁸¹⁹
583. Survivors of unmarried mothers' homes also told the Inquiry about a lack of information provided to them about what to expect during childbirth. Survivor Mrs D, NZ European, who stayed at St Mary's St Mary's Home for Unwed Mothers in Ōtāhuhu Tāmaki Makaurau Auckland, said: "Neither doctor prepped me with any knowledge of delivery of attended during labour or the birth." She added that women who had already had their babies were separated from those yet to give birth.⁸²⁰ Survivor Maria Hayward, who stayed at St Vincent's Home of Compassion (Catholic) in Herne Bay, Tāmaki Makaurau Auckland, said she "felt like a non-person", and residents were never given information about their pregnancies.⁸²¹
584. Survivors also experienced medical and psychological neglect during and after childbirth.⁸²² Survivor Mrs D was left alone to labour for three days, except for when she was physically beaten by Matron Gallagher, who told her she deserved it because she was promiscuous. Mrs D was then forced to give birth lying on her side, so she would not catch a glimpse of her baby. She recalls being brought food but does not remember a doctor coming to check on her.⁸²³ When Nancy Levy was recovering from labour at St Mary's Home for Unwed Mothers in Ōtāhuhu Tāmaki Makaurau Auckland, a nurse sat with her all day but offered her no help. Instead, as Nancy was "sick and coming in and out of consciousness", she said the nurse sneered at her and said: "I hope it was worth it ... What did you expect, you're a dirty girl?". The nurse told Nancy nobody would want her because she "was worthless" and a "dirty bitch".⁸²⁴

817 Written account of Christine Hamilton (25 October 2021, pages 4–5).

818 Written account of Christine Hamilton (25 October 2021, page 5).

819 Written account of Christine Hamilton (25 October 2021, pages 4–5).

820 Witness statement of Mrs D (21 September 2020, paras 52 and 57).

821 Letter in support of group submission for Inquiry into forced adoptions (n.d., page 33).

822 Letter in support of group submission for Inquiry into forced adoptions (n.d., page 33); Witness statements of Nancy (Sally) Levy (16 December 2021, para 72) and Maggie Wilkinson (17 September 2020, para 58).

823 Witness statement of Mrs D (21 September 2020, paras 12–14).

824 Witness statement of Nancy (Sally) Levy (16 December 2021, para 72).

Ngā whakahaunga whāngai me ngā whakawehenga i ngā whānau Forced adoptions and whānau separation

585. Churches facilitated adoptions through the unmarried mothers' homes they ran, including the Catholic Church, The Salvation Army, and the Anglican Church. Survivors from these homes told the Inquiry that they were pressured, bullied or coerced into adopting out their babies. This pressure stemmed from the premise that having children outside of wedlock was 'sinful' and shameful, and that their babies were to be saved through adoption.
586. All of the St Vincent's Home of Compassion (Catholic) in Herne Bay Tāmaki Makaurau Auckland survivors told the Inquiry that the nuns applied constant pressure on them to adopt out their babies, often through the application of guilt.⁸²⁵ Pākehā survivor Christine Hamilton had her first son taken through a forced adoption while she was at the home. She told the Inquiry she was made to feel like a stain on society.⁸²⁶
587. Maggie Wilkinson described overt spiritual abuse occurring within the forced adoption of her baby at St Mary's Home for Unwed Mothers in Ōtāhuhu, Tāmaki Makaurau Auckland. She was made to swear on the Bible that she would never try to find her daughter and told the Inquiry: "The fact that I swore on the Bible that I would not try to find my daughter meant that I felt I could never take steps to do so."⁸²⁷
588. Forced adoptions were commonly organised through the co-operation of churches and their unmarried mothers' homes, State social welfare workers, and medical workers and nurses.⁸²⁸ Sometimes adoption processes began and were approved quickly by the Department of Social Welfare with undue pressure applied to mothers who were inappropriately discouraged from keeping their babies. Women and girls subjected to forced adoptions within the Catholic Church said they had no support or understanding of the legal adoption process and were denied information about the rights of their children and themselves in the process.⁸²⁹ Survivors spoke of similar experiences in Anglican adoptions.⁸³⁰ Susan Williams, who was in The Salvation Army's Bethany Home in Te Whanganui-a-Tara Wellington, said:
- "We were all brainwashed into adoption. It was the only option we were ever told about ... finding out years later I could have got the Domestic Purposes Benefit ... never any mention that we had options."***⁸³¹

825 Private session transcripts of Renée Habluetzel (22 October 2020, pages 49–50) and Angela Kinley (20 November 2019, page 24); Letter in support of group submission for Inquiry into forced adoptions (n.d., page 34); Written account of Christine Hamilton (25 October 2021, page 3).

826 Written account of Christine Hamilton (25 October 2021, page 4).

827 Witness statement of Maggie Wilkinson (17 September 2020, para 71).

828 Shawyer, J, Taken, not given: A submission in support of unmarried mothers whose infants were forcefully taken for adoption by 'faith-based' Christian institutions in New Zealand during the 'baby scoop era' (Royal Commission of Inquiry into Abuse in Care, 2019, page 6).

829 Written account of Christine Hamilton (25 October 2021, page 4); Witness statement of Ms AF (13 August 2021, para 8.2); Private session transcript of Angela Kinley (20 November 2019, page 12).

830 Witness statement of Mrs D (21 September 2020, para 17) and Nancy (Sally) Levy (16 December 2021 paras 44–50) and Maggie Wilkinson (17 September 2020, paras 60–72).

831 Witness statement of Susan Williams (16 February 2022, page 4).

589. Many adoptions were 'closed' adoptions to strangers conducted according to the 'clean break' theory, which held that it was better for adopted children to have no idea of their origin or whakapapa (genealogy and background). The 'clean break' approach was supported by the Pākehā view that if a child was 'illegitimate' this should be kept hidden for the benefit of the child.⁸³² This commonly resulted in the creation of a new birth certificate claiming that the child had been born to its adoptive parents.⁸³³

590. Survivors were often given no opportunity to meet or bond with their newborn babies after childbirth – childbirth that was often traumatic and without adequate medical support. Joss Shawyer, campaigner and a survivor of abuse at the Childhaven home for unmarried mothers (which was run by the non-denominational New Zealand Council of Christian Women) in Tāmaki Makaurau Auckland, said Bethany Home:

“systematically and relentlessly applied the adoption separation formula to successfully break the bonds of mother and infant, to satisfy would-be adopters and to secure ongoing government funding. The goal was to separate unmarried mothers from their newborn babies.”⁸³⁴

591. Women were expected to pretend as though their pregnancy never happened, adding to the trauma of this experience. Māori survivor Ms AF (Ngati Tahinga / Ngāti Ira) was sent to Rosanna Good Shepherd Hostel for expectant mothers in Te Awa Kairanga ki Tai Lower Hutt by her adoptive parents, and upon her return home, was told she could never speak about the birth, the adoption or her son.⁸³⁵

592. The Inquiry heard that in some instances of forced adoption, babies were exchanged for money, either through a payment to matrons or church donations made by adoptive families. Nancy Levy stated: “The baby was the commodity we were providing. We, the mothers, were dispensable.”⁸³⁶ Thirty years after Mrs D was forced to adopt out her child, the adoptive mother told Mrs D that she had paid \$200 to Matron Gallagher to replace her own baby that was stillborn.⁸³⁷

593. Māori caught up in closed adoptions, either as mothers or adopted children, missed the opportunity for the baby to be raised by a relative as a whāngai and to grow their knowledge of their whakapapa and tikanga.⁸³⁸ Ms AF said her son, who was adopted out from her at Rosanna Good Shepherd Hostels in Lower Hutt, was raised with “no connection with his Māori identity”.⁸³⁹

832 Statutory Declaration on behalf of Oranga Tamariki, Response to Royal Commission of Inquiry into Abuse In Care Notice to Produce 340 (25 February 2022, page 8).

833 Shawyer, J, Taken, not given: A submission in support of unmarried mothers whose infants were forcefully taken for adoption by 'faith-based' Christian institutions in New Zealand during the 'baby scoop era' (Royal Commission of Inquiry into Abuse in Care, 2019, page 4).

834 Shawyer, J, Taken, not given: A submission in support of unmarried mothers whose infants were forcefully taken for adoption by 'faith-based' Christian institutions in New Zealand during the 'baby scoop era' (Royal Commission of Inquiry into Abuse in Care, 2019, page 6).

835 Witness statement of Ms AF (13 August 2021, page 8).

836 Witness statement of Nancy (Sally) Levy (16 December 2021, para 26).

837 Witness statement of Mrs D (21 September 2020, para 20).

838 Haenga-Collins, M, Closed stranger adoption, Māori and race relations in Aotearoa New Zealand, 1955–1985, Doctoral Thesis, Australian National University (2017, pages vii–viii).


839 Witness statement of Ms AF (13 August 2021, page 9).

Te tūkinō i roto i te pūnaha mātauranga ā-whakapono

Abuse in faith-based education

594. Abuse suffered by survivors in faith-based schools had elements in common with faith-based children's orphanages and residences, and more broadly social welfare settings. These included psychological and physical abuse and neglect, sexual abuse, religious and spiritual abuse, racial abuse and cultural neglect, solitary confinement, and educational neglect. Boarding schools were particularly risky environments due to their highly regimented nature and the unrestricted access staff had to students who were separated from their families.
595. The Inquiry received evidence from survivors in a range of faith-based schools run by or associated with the Catholic, Anglican, Presbyterian, and Methodist churches. Abuse experienced by survivors from the school within Gloriavale is also discussed below.
596. In faith-based schools, abusers were clergy, priests, religious leaders, religious brothers and nuns, and lay people who were in the positions of mentors, teachers and disciplinarians. These roles were used as opportunities to physically, sexually and psychologically abuse children. This abuse was often justified as corporal punishment and discipline. The Inquiry heard about entrenched cultures of physical, psychological and emotional violence at faith-based schools, enforced and encouraged by school staff and students. Survivor Patrick Cleary, who attended St Patrick's College, Silverstream run by the Society of Mary (Catholic) in the early 1950s explained how "some of the benighted priests enjoyed cultivating a reign of terror".⁸⁴⁰ Abuse occurred in boarding and day schools.
597. Because many staff in faith-based schools were also religious leaders, much of the abuse within these settings also occurred within pastoral care. However, if the survivor's relationship to the religious leader was primarily experienced as an educator, the abuse that occurred through that relationship is included in this section.
598. Survivors also experienced abuse in faith-based schools from peers. Senior students were used or instructed by staff to 'discipline' juniors in sometimes violent ways. This abuse could be sexual in nature or feature sexual aspects within violent physical assault.

⁸⁴⁰ Letter from Patrick Cleary regarding abuse at St Patrick's (1 August 2018, page 2).

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599. Survivors of Māori faith-based boarding schools reported abuse that was similar to other settings, including physical, psychological and sexual abuse, as well as cultural and educational neglect that was specific to Māori culture. Some physical abuse in these settings featured inappropriate applications of cultural practices. Māori survivors of mainstream boarding schools experienced common types of abuse as well as racial discrimination.
600. Racial targeting also occurred for Māori in mixed-ethnicity faith-based schools. NZ European, Māori survivor Mr SW (Ngāi Tahu) described being part of a generation of Māori who were targeted for abuse by staff at St Edmund's School (Catholic) in Ōtepoti Dunedin. He said: "It was so endemic back then. In my time at that school there were three Māori pupils. We were targeted like those few Asian or Polish pupils because we were different."⁸⁴¹
601. Disabled survivors of faith-based education reported peer-on-peer bullying, educational neglect, and physical and sexual abuse.

Te tūkinotanga ā-tinana hei whakawhiunga Physical abuse as a means of control

602. Physical abuse was used by staff across faith-based schools as a means of corporal punishment and control.
603. Survivors from Catholic,⁸⁴² Anglican⁸⁴³ and Presbyterian⁸⁴⁴ run or associated schools reported corporal punishment that went far beyond the standards of the day, often for minor infractions. Survivors said the teachers and others in the school community knew of the abuse but did nothing about it. Mr SW, a NZ European, Māori (Ngāi Tahu) survivor of St Edmund's School (Catholic) in Ōtepoti Dunedin, told the Inquiry that "any little thing would induce violence in these men", including talking in class, having socks down or not having caps on properly.⁸⁴⁵ Survivor Robert Donaldson said he knew of several parents who had taken their children out of a Christian Brothers (Catholic) school because of the physical abuse inflicted by one of the brothers.⁸⁴⁶
604. Survivors from Wesley College (Methodist) in Pukekohe also discussed physical abuse from staff.⁸⁴⁷ Physical abuse was primarily peer-to-peer that was directed, condoned or tolerated by staff. This was a common feature across many faith-based schools.

841 Witness statement of Mr SW (9 September 2020, page 7).

842 Witness statements of Mr KT (14 September 2020, pages 4–5) and Ms AF (13 August 2021, page 5).

843 Witness statements of Mr NC (17 October 2022, page 3–4); Charles Peter Reynolds (21 October 2021, page 4) and Mr ND (31 August 2021, page 5).

844 Letter from a survivor to St Andrew's College (n.d., page 1).

845 Witness statement of Mr SW (9 September 2020, page 6).

846 Witness statement of Robert Donaldson (24 August 2020, page 4).

847 See, for example, witness statement of Mr TE (14 September 2022, paras 68–71).

605. Several survivors told the Inquiry about abuse they had suffered at St Edmunds (Catholic) in Ōtepoti Dunedin from Brother Fay. NZ European survivor Mr NG explained Brother Fay had regularly and 'viciously' beat him, saying it was so brutal it affected his learning and traumatised him.⁸⁴⁸ Another survivor, Mr KT, recalled being punched by Brother Fay until he was on the ground fading in and out of consciousness:

"Outside of being strapped, other punishment was often brutal. Being told to stand still and then punched in the back of the head or stomach with the full force of an adult man. This punishment was often given by Brother Fay, a former school boxing trainer."⁸⁴⁹

606. Survivors described abusers losing control as they were physically abusing them. For example, a survivor who attended St Andrew's College (Presbyterian) in Ōtautahi Christchurch described being caned by one of his teachers for going outside:

"I bent over on the third strike of the cane. The cane shattered into strips. He then lost the plot and went berserk caning my buttocks a further six times, where I placed my hands to prevent him continuing. He caned my fingers which swelled one inch thick each, he was totally out of control ... the P.E. teacher had to physically drag him off ... His treatment of me was barbaric in that day and age to this day and age."⁸⁵⁰

607. Similarly, survivors from Dilworth School (Anglican) in Tāmaki Makaurau Auckland reported excessive discipline such as caning.⁸⁵¹ Survivor Mr NC said that he got caned one night for going to the urinal by tutor Peter Dignan, who was drunk. The caning was so severe that Mr NC went back to bed with his "backside and legs bleeding", which soaked his sheets in blood.⁸⁵² Mr NC said that detentions at Dilworth sometimes involved staff making students hold piles of textbooks until they collapsed, or physical training like press-ups or sit-ups.⁸⁵³

608. Survivors from Marylands School (Catholic) in Ōtautahi Christchurch discussed physical abuse from staff co-occurring with sexual abuse, some of which was intended as punishment.⁸⁵⁴ Cooper Legal noted that many sexual assaults by Brother McGrath had "an added violent, ritualistic and fetishistic component".⁸⁵⁵

848 Witness statement of Mr NG (28 April 2022, page 3).

849 Witness statement of Mr KT (14 September 2020, page 4).

850 Letter from a survivor to St Andrew's College (n.d., page 1).

851 Witness statements of Charles Reynolds (21 October 2021, page 4) and Mr ND (31 August 2021, page 5).

852 Witness statement of Mr NC (17 October 2022, pages 3–4).

853 Witness statement of Mr NC (17 October 2022, page 4).

854 Royal Commission of Inquiry into Abuse in Care, Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust (2023, pages 164–165).

855 Witness statement of Sonja Cooper and Sam Benton of Cooper Legal (8 October 2021, para 356).

I taitōkai ngā kaimahi i ngā purapura ora Staff sexually abused survivors

609. Survivors told the Inquiry about sexual abuse by staff occurring in Catholic and Anglican schools. Most of the survivors who engaged with the Inquiry about abuse attended Christian Brothers, Society of Mary and Marist Brother schools and reported they had been sexually abused. Survivors from Dilworth School (Anglican) in Epsom, Tāmaki Makaurau Auckland also discussed extensive sexual abuse being perpetrated by staff members. Many teachers who previously taught at Dilworth School have been convicted of offences, such as indecent assault, indecency and attempted sexual violation.⁸⁵⁶ On 18 September 2023, Dame Silvia Cartwright and Frances Joychild KC released their independent inquiry into sexual and physical abuse at Dilworth School between 1950 and 2005⁸⁵⁷ That report found extensive sexual abuse, physical violence and bullying occurred at the school for many decades; that students who reported abuse to senior school staff were disbelieved, humiliated and caned; and that the school failed to report abuse to NZ Police. Dilworth School survivor Lindsay Roxburgh told the Inquiry: "Victims of abuse were everywhere. It was an unspoken existence."⁸⁵⁸
610. Throughout their accounts, some survivors described the sexual violence as opportunistic and situational, while others talked about orchestrated and repeated abusive episodes that typically followed a period of grooming. Some of this abuse co-occurred with religious abuse. Sexual abuse by school staff also happened outside of the school grounds, including at the beach, sports clubs and in vehicles.⁸⁵⁹
611. Survivors told the Inquiry about abusers in faith-based schools who used any opportunity to commit sexual abuse. NZ European survivor Mr SZ n shared he was sexually abused by a priest at St Patrick's College, Wellington in the 1950s. He arrived late to class following a doctor's appointment about his testicles. When he explained why he was late to the priest, he was asked to show his testicles. Sean told the Inquiry that the priest threatened him with a cane when he resisted, then proceeded to 'inspect' his testicles, and masturbate him.⁸⁶⁰

856 "Dilworth offender Ian Robert Wilson jailed three years, seven months over indecent assaults," RNZ News (23 March, 2021), <https://www.rnz.co.nz/news/national/438963/dilworth-offender-ian-robert-wilson-jailed-three-years-seven-months-over-indecent-assaults>; "Former Dilworth School house master jailed for almost four years," RNZ News (1 July, 2022), <https://www.rnz.co.nz/news/national/470181/former-dilworth-school-house-master-jailed-for-almost-four-years>; "Former Dilworth School teacher sentenced to six years jail for historic sex abuses," RNZ News (7 February, 2023), <https://www.rnz.co.nz/news/national/483782/former-dilworth-school-teacher-sentenced-to-six-years-jail-for-historic-sex-abuses>; "Former Dilworth School teacher jailed for sex offences," RNZ News (12 August, 2022), <https://www.rnz.co.nz/news/national/472741/former-dilworth-school-teacher-jailed-for-sex-offences>.

857 Dilworth Independent Inquiry, An independent inquiry into abuse at Dilworth School (2023).

858 Witness statement of Lindsay Roxburgh (3 November 2022, page 5).

859 Witness statement of Michael T.P. Chamberlain (1 February 2022, paras 1.18–1.39 and 1.46–1.49).

860 Private session transcript of Mr SZ (4 March 2020, page 8).

612. Other survivors experienced sexual abuse that was systematic, planned, and sometimes organised between multiple abusers. As discussed in the Inquiry's report *Stolen Lives, Marked Souls*, a survivor of Marylands School in Ōtautahi Christchurch described a situation where a brother brought him into his bedroom where another brother was waiting naked in the bed and they tried to sexually abuse this survivor together.⁸⁶¹ In such instances, many survivors explained how they were subjected to forms of grooming, that escalated to sexual abuse and violence. Survivors of St Patrick's College, Silverstream, described grooming by brothers.⁸⁶² This progressed from expressions of interest in students to various forms of sexual coercion and assault.⁸⁶³
613. Abusers would use their school duties to create situations in which they could sexually abuse children. The Inquiry heard that sexual abuse of students in the care of the Christian Brothers' schools occurred around the school grounds – in classrooms, chapels, principals' offices, sick bays, school fields, bathrooms and showers. The Inquiry was told Brother Mills would 'supervise' children in the toilets at St Edmund's (Catholic) in Ōtepoti Dunedin to urinate by holding the boys' penises.⁸⁶⁴
614. Pākehā Survivor John de Wit was sexually abused by Brother Giles at Xavier Intermediate School (Catholic) in Ōtautahi Christchurch. Brother Giles groomed John by teaching him about puberty, masturbation and ejaculation. He showed him pornography and would ask him if he had been practising.⁸⁶⁵ John explained that because Brother Giles was the principal he didn't "take too much notice at the time ... I respected his authority but looking back I can see that he was grooming me".⁸⁶⁶
615. Some survivors who were sexually abused in Christian Brothers schools told the Inquiry that some of the abusers were aware of one another's sexual offending. In some instances, survivors experienced co-offending where they were sexually abused by more than one brother at the same time. Mr KT, who was sexually abused by Brother Victor Sullivan and Brother Desmond Fay, told the Inquiry: "On two separate occasions, while being 'smacked' across Brother Sullivan's knee, I had my head held by Brother Fay and pulled forward to force my mouth around his limp penis."⁸⁶⁷ Steven Fraser gave evidence of being fondled by Brother Sullivan while Brother Fay watched and laughed.⁸⁶⁸

861 Royal Commission of Inquiry into Abuse in Care, *Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust* (2023, page 74).

862 At the end of Father Durning's six-year term at St Patrick's College, Silverstream, he moved to St Patrick's College Wellington where he subsequently abused students there. Witness statement of Michael Nicholas (13 May 2021, page 4); Letter from Patrick Cleary regarding abuse at St Patrick's (1 August 2018, pages 1–2).

863 Witness statement of Tina Cleary on behalf of Patrick Cleary (16 September 2020, page 2); Letter from Patrick Cleary regarding abuse at St Patrick's (1 August 2018); Witness statements of Mr BD (17 September 2020, pages 2–4) and Michael Nicholas (13 May 2021, page 4).

864 Written account of Steven Fraser (17 September 2021, page 14).

865 Witness statement of John de Wit (26 August 2020, page 5).

866 Witness statement of John de Wit (26 August 2020, page 5).

867 Witness statement of Mr KT (14 September 2020, page 6).

868 Written account of Steven Fraser (17 September 2021, page 14).

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616. Survivors from Dilworth School discussed organised and repeated sexual abuse from multiple staff members, some of whom worked with other teachers, others associated with the school, and friends, to set up situations where boys could be abused.⁸⁶⁹ Mr NC discussed how he was groomed by Scout leader Richard Galloway. This began with interactions through Dilworth Scouts and progressed to gatherings at Galloway's house, where he Mr NC and other boys would "often consume a lot of alcohol and drugs" and be shown child pornography.⁸⁷⁰ Eventually, Galloway took Mr NC on a trip away where Galloway sexually abused him.⁸⁷¹ Similarly, Adam Steele shared how he was repeatedly taken home for weekends by his tutor, Alistair Grant-Harlow, and sexually abused by him at weekends.⁸⁷²
617. Sexual abuse could co-occur with psychological, physical and religious abuse, sometimes as part of grooming.⁸⁷³ As discussed in the Inquiry's report *Stolen Lives, Marked Souls*, multiple survivors from Marylands School, run by the Order of St John of God, described pervasive sexual abuse from multiple abusers while students. Many instances co-occurred with religious abuse, including abusers justifying their sexual abuse through religious language⁸⁷⁴ or saying that God wanted the boys to participate, which would get them into heaven.⁸⁷⁵ Survivor George Cant, NZ European, reported that he was sexually abused by Brother McGrath on a marble altar in the chapel.⁸⁷⁶ Others discussed how brothers told them that the sexual abuse would 'cleanse' the demons they had inside them.⁸⁷⁷

869 Witness statement of Lindsay Roxburgh (3 November 2022, para 94); Mr NE (17 June 2021, pages 13–16); Brendon Eddington (11 November 2021, pages 8–12) and Mr ND (31 August 2021, para 36).

870 Witness statement of Mr NC (17 October 2022, page 6).

871 Witness statement of Mr NC (17 October 2022, pages 7–8).

872 Witness statement of Adam Humphries-Steele (7 October 2022, pages 3–4).

873 Royal Commission of Inquiry into Abuse in Care, *Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust* (2023, pages 144–148).

874 Witness statement from the Order of St John of God internal redress interview (NZ Police, 19 July 2002, page 1).

875 Witness statement of Darryl Smith (13 September 2021, para 54).

876 Witness statement from the Order of St John of God internal redress interview (NZ Police, 19 July 2002, page 1).

877 Royal Commission of Inquiry into Abuse in Care, *Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust* (2023, page 147).

618. Mr NB, a survivor who attended St Peter's school (Anglican) in Kemureti Cambridge, was groomed and sexually abused by Reverend Gerald Coney. Reverend Coney held mandatory divinity classes at his house on the school grounds. While watching film strips, Reverend Coney chose boys to sit on his lap, and when it was time to move the film strip on, he would "place his hand inside the boy's shorts and squeeze the child's buttock to indicate it was time to wind the film strip forward".⁸⁷⁸ Reverend Coney also held regular 'confession' sessions at his home, which Mr NB had to attend by himself. Mr NB said Reverend Coney would have his hand on his buttock or g/tals, while asking:

"... highly charged sexual questions such as whether I was attracted to boys, questions around masturbation and 'impure thoughts' or did I get erections around boys or girls and the circumstances that this would happen."⁸⁷⁹

619. Pākehā survivor Helen Mafi told the Inquiry about sexual abuse she experienced at 6 years old that co-occurred with physical and religious abuse, while attending Baradene College of the Sacred Heart (Catholic) in Tāmaki Makaurau Auckland. After she accidentally rang a bell, a nun told her off, calling her a "daughter of Satan" and a "nasty, ridiculous child" and sent her to confession.⁸⁸⁰ Upon arriving in confession, she was sexually assaulted by the priest, in the first instance of what would continue for the next three years.⁸⁸¹ Following this, the nun asked her if she liked it, and told her: "If you don't behave yourself, you're going to go and get more".⁸⁸²

620. It is unclear if the nun explicitly knew what had happened, but she had effectively delivered Helen to be sexually abused. Subsequent abuse increased in severity, and all took place in the confessional in the presence of Jesus on the cross, which Helen "didn't understand".⁸⁸³ Helen told the Inquiry:

"I really believed that Jesus was going to come and save me but I couldn't understand why he didn't come down and say something like, 'Leave that little girl alone'. But none of that happened and I couldn't understand why he didn't save me and I hated him."⁸⁸⁴

878 Witness statement of Mr NB (16 August 2021, para 38).

879 Witness statement of Mr NB (16 August 2021, paras 41–42).

880 Private session transcript of Helen Mafi (29 June 2021, page 3).

881 Private session transcript of Helen Mafi (29 June 2021, page 3).

882 Private session transcript of Helen Mafi (29 June 2021, page 3).

883 Private session transcript of Helen Mafi (29 June 2021, page 3).

884 Private session transcript of Helen Mafi (29 June 2021, page 3).

Te tūkinō aropā i ngā kura ā-whakapono Peer on peer abuse in faith-based schools

621. The Inquiry heard from survivors about violence and sexual abuse among students in faith-based education settings. Peer abuse was common as part of initiations (or 'hazing'), especially at boarding schools.⁸⁸⁵ Initiations were often violent and involved psychological, physical and sometimes sexual abuse.⁸⁸⁶ This was amplified by a 'no narking' culture.⁸⁸⁷
622. In many faith-based schools, this abuse was either tolerated or directly endorsed by staff members, who viewed hierarchical domination as a useful way to maintain control over boys and "[put] young people in their place."⁸⁸⁸ Survivor Jim Goodwin told the Inquiry that at Christ's College (Anglican) in Ōtautahi Christchurch in the 1970s "prefects were delegated authority to cane the more junior boys. This had to be approved by the housemaster each time."⁸⁸⁹ Staff also permitted 'hauling'.⁸⁹⁰ Jim said:
- "The school had this institution called 'hauling', where senior boys would take a junior boy off and beat him up, basically, give him a hard time ... Hauling was not an initiation; it was done as a punishment for perceived offences committed by the junior boy."*⁸⁹¹
623. When Jim was hauled he was forced by three senior students to swallow six half-gallon flagons of warm salty water which resulted in his vomiting and bleeding from his nose. He was then made to clean the rubbish bin he vomited into and was sexually abused by the boys.⁸⁹²
624. Hauling was also used at Dilworth School to describe the hierarchical system among boys, where older students were authorised to physically punish younger students for perceived misbehaviour. Survivor David Vane described how senior students would pressure junior students to clean their rugby boots or make their beds.⁸⁹³ Some survivors described cruel and humiliating punishments often disproportionate in response to any misconduct,⁸⁹⁴ as well as completely unprovoked physical abuse that was dished out by senior students at their whim.⁸⁹⁵

885 Witness statements of Rodney Anderson (20 September 2021, page 4); Nooroa Robert (13 August 2022, page 8) and Mr TE (14 September 2022, page 3).

886 Witness statements of Rev Heidi Nayak (5 September 2022, pages 7–8) and Mr TE (14 September 2022, page 3).

887 Witness statement of Mr TE (14 September 2022, page 3).

888 Transcript of evidence of the Methodist Church of New Zealand and Wesley College from the Inquiry's Faith-Based Institutions Response Hearing (Royal Commission of Inquiry into Abuse in Care, 18 October 2022, page 290).

889 Witness statement of Jim Goodwin (21 September 2020, page 6).

890 Witness statement of Jim Goodwin (21 September 2020, page 6).

891 Witness statement of Jim Goodwin (21 September 2020, page 3).

892 Witness statement of Jim Goodwin (21 September 2020, pages 4–5).

893 Witness statement of David Vane (14 March 2022, page 6).

894 Witness statement Brendon Eddington (11 November 202, para 24).

895 Witness statement of Neil Harding (13 October 2020, page 6).

625. Similarly, survivors from Methodist boarding school Wesley College in Pukekohe, Tāmaki Makaurau Auckland, told the Inquiry about established staff-endorsed hierarchies where senior students frequently bullied and assaulted younger students, often with overtones of cultural justification.⁸⁹⁶ Respect for seniors and prefects was known as the 'Wesley Way', which was synonymous with the physical violence that was used to teach and enforce it.⁸⁹⁷ Survivor Mr TE said: "The seniors and prefects also used juniors as their personal slaves ... If you didn't do as you were told, you'd get bashed for it."⁸⁹⁸ Samoan and Pālagi survivor William Wilson was subjected to an extended beating called an 'Island Respect Hiding', where he was beaten by a prefect and six students for two-and-a half hours.⁸⁹⁹ This beating was ordered by a teacher.⁹⁰⁰
626. Wesley School survivors told the Inquiry about physical abuse that included nipple twisting,⁹⁰¹ being hit and kicked,⁹⁰² being forced to ingest pills,⁹⁰³ being hung on coat hooks,⁹⁰⁴ having items including basketballs and cricket balls thrown at them,⁹⁰⁵ and being forced to do many push-ups by seniors.⁹⁰⁶ Some of these were initiation practices. Beatings were severe – one student who was given an extended beating in 1991 did not have a pulse when the school matron found him and resuscitated him.⁹⁰⁷ Assaults could also be sexual. Survivor Mr DE described being sexually assaulted in the communal showers, having his testicles 'yanked' and squeezed by seniors, having seniors play with his penis and forcing him to masturbate himself.⁹⁰⁸ Other survivors reported similar forced masturbation and oral sex, and being made to touch the genitals of other boys.⁹⁰⁹

896 While Wesley College was established in 1844 as a Māori boarding school, it has become strongly associated with the Pacific communities of New Zealand, specifically those with large Methodist populations.

897 Witness statement of Mr LI (25 August 2022, para 14).

898 Witness statement of Mr TE (19 September 2022, page 4).

899 Witness statement of William Wilson (6 July 2021, paras 48–49).

900 Witness statement of William Wilson (6 July 2021, page 8).

901 Witness statement of Mr TE (14 September 2022, para 41).

902 First witness statement of Sam Benton and Sonja Cooper of Cooper Legal – Relating to the Protestant and Other Faiths Investigation (13 July 2022, paras 14, 23, and 46); Witness statement of Mr DE (3 October 2022, para 49) and William Alexander Marshall Wilson (6 July 2021, para 39).

903 Witness statement of Mr TE, (14 September 2022, paras 45–47).

904 Witness statement of Mr DE (3 October 2022, paras 61–62).

905 Witness statement of Mr LI (25 August 2022, paras 18, 25); First witness statement of Sam Benton and Sonja Cooper of Cooper Legal – Relating to the Protestant and Other Faiths Investigation (13 July 2022, para 27).

906 Witness statement of Mr TE (14 September 2022, page 6).

907 Holmes, "The Bully – Part 1 and Part 2," TV ONE (1994).

908 Private session transcript of Mr DE (2 February 2021, pages 5–6).

909 First witness statement of Sam Benton and Sonja Cooper of Cooper Legal – Relating to the Protestant and Other Faiths Investigation (13 July 2022, paras 9–10); Witness statement of Mr DE (3 October 2022, paras 66–71).

627. As reported in *Stolen Lives, Marked Souls*, some survivors of Marylands School in Ōtautahi Christchurch described scenarios where brothers directed them to sexually abuse other boys, and reported that some brothers had ‘normalised’ this behaviour among many of the boys.⁹¹⁰ In at least one instance, Brother Lebler used this approach to stop a student from disclosing Lebler’s sexual abuse against him. In a statement provided by Cooper Legal, the survivor described being told “that he would get in trouble if he disclosed the abuse because Brother Lebler had made the boy have sex with a younger boy, so the boy was ‘like him’ now – that is, in abuler”.⁹¹¹

Te tūkinotanga i roto i ngā kura a-whakapono Māori Abuse in Māori faith-based schools

628. Throughout the country, the Anglican and Catholic Churches ran faith-based schools for Māori students that were intended to evangelise Māori through education, while ensuring preservation of aspects of te ao Māori in association with the relevant faith.
629. Survivors of abuse at Māori faith-based schools reported similar types of abuse to mainstream faith-based schools, including extremely harsh punishments,⁹¹² sexual abuse from staff,⁹¹³ sexual abuse among peers,⁹¹⁴ and physical bullying and homophobic abuse among peers.⁹¹⁵ Survivors also told the Inquiry about unique abuse involving cultural practices and educational neglect.
630. Many survivors, particularly from the schools for Māori boys, have expressed their continued loyalty to their schools and some shared their positive experiences. Mr HO said:

“One thing I liked about the school was the togetherness we had when we played rugby and kapa haka. When other schools used to come, like Hato Pētera, it was great. My cousins used to go to Hato Pētera and I remember our school went all around the field and did a haka. It was mean. When Auckland Grammar Boys College came they used to be scared. You could literally feel the ground shake. You felt the mana, everyone was strong. We could feel our tipuna. I just loved being with all these other Māori. Our own people.”⁹¹⁶

910 Royal Commission of Inquiry into Abuse in Care, *Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust* (2023, page 145).

911 Witness statement of Sonja Cooper and Sam Benton of Cooper Legal (8 October 2021, para 81).

912 Witness statement of Mr GD (8 July 2022, paras 27, 31–33).

913 Witness statements of Hone Tipene (22 September 2021, para 96) and Kamahl Tupetagi (3 October 2021, pages 18–19).

914 Witness statements of Kamahl Tupetagi (3 October 2021, pages 19–20) and Hone Tipene (22 September 2021, page 15).

915 Supplementary witness statement of Mr KL (6 April 2023, para 18); Witness statements of Mr GD (8 July 2022, para 24) and Johnny Nepe (10 December 2021, page 20, paras 112–114).

916 Witness statement of Mr HO (13 July 2022, para 43).

631. Survivor Mr KL, who was sexually and physically abused by a priest at Hato Pāora, was able to reflect on the important function Māori boarding schools have in Aotearoa New Zealand:

“It was the leaders at the schools who let us down, not the schools themselves. The schools have a special place in Aotearoa and have produced some great Māori leaders.”⁹¹⁷

632. While exposure to te reo Māori and Māori culture was an attractive feature of Māori faith-based schools, particularly during a period before the kōhanga reo and kura movement, the Inquiry was told te reo and tikanga Māori did not always feature to the extent that tamariki and rangatahi Māori, or their parents, had expected.⁹¹⁸ Survivor E. Te Tuiri Hakopa went further and told the Inquiry that “te reo wasn’t prevalent, even at Te Aute College, which was a big disappointment.”⁹¹⁹

633. Survivor Mr KL said that at Hato Pāora:

“there was a te reo Māori language class taught by an external teacher from Whanganui who was an old boy, and there was a kapa haka and Māori mass. Other than that, there was no tikanga woven into how the school was run, nor was it used to keep the boys safe. I didn’t see tikanga like manaakitanga and kaitiakitanga in action when I was a student.”⁹²⁰

634. In contrast, some Hato Pāora old boys shared experiences of staff and boys showing manaakitanga and kaitiakitanga in their day to day lives. The Inquiry was told that the tikanga and kawa of the school is an important reason why parents and whānau send their kids to the Kura today.

635. Another student, Kamahl Tupetagi, who attended Hato Pāora, said:

“Culture was so important at Hato Pāora. It was so much a part of everything we did, and because I knew nothing about this when I got to Hato Pāora, I became a target for this as well.”⁹²¹

636. This student also described being abused by staff and students.⁹²² He told the Inquiry that some of this abuse was inflicted by students after he made mistakes in culture class, such as singing the wrong words, doing the wrong actions, or falling over while attempting to hold a stance.⁹²³

917 Witness statement of Mr KL (6 April 2023, para 37).

918 Private session transcript E. Te Tuiri Hakopa (3 November 2021, page 19). Supplementary witness statement of Mr KL (6 April 2023, para 15).

919 Private session transcript E. Te Tuiri Hakopa (3 November 2021, page 19).

920 Supplementary witness statement of Mr KL (6 April 2023, para 15).

921 Witness statement of Kamahl Tupetagi (3 October 2021, para 73).

922 Witness statement of Kamahl Tupetagi (3 October 2021, para 68).

923 Witness statement of Kamahl Tupetagi (3 October 2021, paras 72 and 74).

637. The use of cultural practices as an abuse tool was a unique experience for survivors at these schools.⁹²⁴ There was a strong focus on kapa haka, and military-style training extended into that forum. Survivor Lee Akapita said that at Hato Pāora as a third and fourth form student he was made to do “waewae takahia jumps” for hours until he dropped, and the “tuturu haka stance” for long periods until his legs would wobble and give out:

“We would stand up to shake it off and rest, only to stand up into the tutors swinging wooden paddles above our heads ... [In my first] week of school I stood up and caught a paddle in the side of my head. I just remember waking up on the ground, getting up off the ground hearing ‘Stay down!’ ... I was knocked out four more times after that. Someone later told me I had been knocked out by that paddle.”⁹²⁵

Te tūkinotanga me te whakahapa i ngā kura ā-whakapono mō te hunga Turi me te hunga whaikaha
Abuse and neglect in faith-based schools for Deaf people and disabled people

638. Deaf survivors and disabled survivors, including both tangata Turi and tangata whaikaha of faith-based boarding schools reported abuse and neglect that devalued them, disregarded their inherent human value and denied and disrespected their diverse learning needs.

639. Survivor Maurice McGregor, who is of Fijian and NZ European descent, described an experience at a Catholic school where he was made to stand in front of the class and read. This was humiliating as he could not read or write. The teachers did not realise that he was dyslexic:

“The worst thing was, like, sometimes the teachers try and make me stand up and try and read in front of the class, and I couldn’t, and it was embarrassing. I still don’t read, today, very much, you know, it was like the class would ridicule me and laugh at me and stuff like that. Same with writing and that, it was – my knuckles were forever getting rapped from the teachers.”⁹²⁶

640. Survivor Ms AF (Ngati Tahinga / Ngāti Ira), who is tangata whaikaha, attended St Joseph’s Primary School and Sacred Heart Girls College in New Plymouth. She said: “Being ADHD and a girl, it was not diagnosed during that time. There was no support for children with disabilities. We were seen as the problem, not our disabilities ... They would tell me the only thing that was wrong was that I was dumb or naughty.”⁹²⁷

924 Transcript of Hato Pāora and Hato Pētera Wānanga (3–4 November 2022, pages 33–34).

925 Written statement of Lee Akapita (4 August 2022, page 9).

926 Private session transcript of Maurice McGregor (19 January 2022, page 14).

927 Witness statement of Ms AF (13 August 2021, para 5.7).

641. Even at dedicated schools, survivors did not necessarily receive appropriate education. NZ European survivor Jarrod Burrell's parents sent him to St Dominic's School for the Deaf (Catholic) in Papaioea Palmerston North at the recommendation of a local nun. All of the St Dominic's students were Deaf, yet there was little attempt to ensure students were communicated with, and to, in a way the children could understand. Jarrod explained:

*"None of the Deaf children could understand anything that was said in church. The teachers and nuns never made any attempt to explain what was happening to us. There was no Sign Language available. Instead, we just had to sit there and endure the worship. It was very boring."*⁹²⁸

642. Jarrod said the focus on oralism at the time meant the "education in academic areas was not a priority" and overall "education was of a very low quality".⁹²⁹ There were no Deaf teachers to teach students about Deaf culture.⁹³⁰

Te tūkinotanga i te hāpori Karaitiana o Gloriavale Abuse in Gloriavale Christian Community

643. The nature of abuse experienced in Gloriavale Christian Community was strongly shaped by the community's social and physical environments and their interpretation of religious teachings. Survivors reported abuse that stemmed from the authoritarian control that leadership had over their lives and separation from the rest of the world, both of which are central practices stemming from Gloriavale's understanding of Christian beliefs. This meant survivors had few close connections with people from outside the community.

644. Much abuse co-occurred with spiritual abuse, as community membership and adherence to rules were viewed within the community as necessary for salvation. Failure to comply with these teachings often resulted in excommunication.


Te aupēhinga ā-whakapono me te whakahau kia noho wehe i te pāpori Religious control and enforced separation from society

645. Teachings adhered to by the Gloriavale Christian Community emphasise that to keep members unaffected by the sin in the world, members should live separately to mainstream society. Many members of the Gloriavale Community followed these teachings, but survivors saw this separation as a form of abuse, a contributing factor to further abuse and something that triggered abusive actions by leadership if the rules weren't followed.

928 Witness statement of Jarrod Burrell (9 August 2021, para 3.9).

929 Witness statement of Jarrod Burrell (9 August 2021, para 3.7).

930 Witness statement of Jarrod Burrell (9 August 2021, para 3.4).

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646. Gloriavale members have almost no contact with the outside world due to religious teaching and subsequent geographical isolation. Those who gave evidence insisted that they were taught that if they leave the community, they will go to hell.⁹³¹ The Inquiry heard that Gloriavale members are taught they are superior to those who live outside of their community and must retain separation from the world to preserve this status.⁹³²
647. Survivors frequently told the Inquiry about the way in which fear-based religious teaching was used to control their lives and make them do things that they did not want to do, as well as limit their opportunities for healthy and fulfilling lives. This led to many negative impacts while they were in the communities and when they left. Survivor Mr QM referred to Gloriavale's strict religious teaching as "false and misleading biblical interpretations of divine justice" whereby the scriptures were manipulated to suit the needs of Gloriavale's leaders.⁹³³
648. Survivors from Gloriavale spoke about the psychological and spiritual abuse they were subjected to and described lives that were totally controlled by community leaders, who often used shame and humiliation to silence dissent. Survivor Mr QM told the Inquiry that he started to question decisions and seek clarification on their theological merit. He recalled:
- "The answer I received was essentially, 'How dare you question me?' The next morning, in public, the leader vilified me ... he did not name me but it was obvious who he was speaking about and I was thereafter ostracised from the community for a period of about four months."***⁹³⁴
649. Solitary confinement was another form of abuse used as a form of punishment in Gloriavale. There was a purpose-built hut for placing people in isolation.⁹³⁵ Ms PM told the Inquiry about someone who was placed into isolation for three weeks as punishment for having sex before marriage. No one could interact with her during those three weeks except her parents who would deliver her food at night.⁹³⁶
650. Some Gloriavale members who left or were forced out of the community faced "almost insurmountable barriers", including separation from their family and loss of access to their finances and possessions.⁹³⁷

931 Witness statement of Rosanna Overcomer (17 June 2021, page 22, para 4.3.1.25).

932 First witness statement of Mr QM (16 August 2021, page 4).

933 First witness statement of Mr QM (16 August 2021, page 6).

934 First witness statement of Mr QM (16 August 2021, page 9).

935 First witness statement of Ms PM (17 May 2021, para 41).

936 First witness statement of Ms PM (17 May 2021, para 41).

937 First witness statement of Mr QM (16 August 2021, page 7).

651. Gloriavale survivors spoke to how the leadership's control over their community also resulted in medical neglect, as leaving Gloriavale for treatment could be done only with "the consent of the Elders".⁹³⁸ This led to many people being denied treatment, as Ms PM said: "You had to put up a case as to why you should leave. If it was just a common cold or the flu, you were told you had to work your way through it. You would not get permission to go."⁹³⁹ Ms KM (Ngāti Porou) said many medical conditions were unknown or not taken seriously. She found out she was anaemic after leaving Gloriavale; iron supplements had not been available to her. Ms KM's mother and brother both have coeliac disease, but "this would be mocked by the leaders".⁹⁴⁰

Te tūkinotanga ā-oaha me te whakahapa mātauranga Economic abuse and educational neglect

652. The exclusive nature of Gloriavale also led to economic abuse⁹⁴¹ and educational neglect. Due to their separation from society, Gloriavale members view work that supports their community economies as essential. This is conducted through either community or family-owned businesses or activities, which could also deal with the general public. Education and training of community members is therefore geared towards these ends, usually along strict gendered lines.

653. Survivors from Gloriavale report being made to work long hours with no compensation from as young as 4 years old.⁹⁴² Isaac Pilgrim, who worked for the community from 7 years old, said: "Everyone was used to working in a perpetual state of exhaustion."⁹⁴³ After being injured at work at 15 years old, he had to keep working and was denied outside help due to community rules against drawing ACC, reflecting medical neglect.⁹⁴⁴

654. Survivors spoke about receiving limited educational opportunities and very little education beyond a high school level.⁹⁴⁵ Māori survivor David Ready (Ngāti Porou) said Gloriavale's schooling system is "essentially a vehicle for communication of the prevailing dogma of the leadership".⁹⁴⁶ He told the Inquiry "that the materials we worked from were prepared and typed up within Gloriavale rather than containing any form of objective or historically accurate information".⁹⁴⁷

938 First witness statement of Ms PM (17 May 2021, para 29).

939 First witness statement of Ms PM (17 May 2021, para 29).

940 First witness statement of Ms KM (10 June 2021, para 3.5).

941 See *Pilgrim v The Attorney-General* [2023] NZEmpC 105 and *Pilgrim v The Attorney-General* [2023] NZEmpC 227.

942 First witness statement of Mr QM (16 August 2021, pages 20–21); Witness statement of Louise Taylor (15 September 2022, para 2.1.1.3).


943 Witness statement of Isaac Pilgrim (8 July 2021, page 3).

944 Witness statement of Isaac Pilgrim (8 July 2021, page 2).

945 Witness statement of survivor who wishes to remain anonymous (8 May 2021, para 3.5.8).

946 Witness statement of David Ready (8 May 2021, para 3.5.2).

947 Witness statement of David Ready (8 May 2021, para 3.5.2).

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655. Education and training were highly gendered. Male survivors were made to study in areas such as the trades or agriculture and start working for community-run businesses from a young age.⁹⁴⁸ Women were expected to work only within the home and so received even less education than men. Mandatory subjects for girls focused on home economics, childcare and food safety.⁹⁴⁹ David Ready explained that in Gloriavale, “from an early age young women are taught, through formal education and observance of social stricture, that they are worth less than men in the community”.⁹⁵⁰ Louise Taylor, a lawyer for many Gloriavale leavers, reported that women who attended Gloriavale’s school within the last 25 years were the least likely of Gloriavale survivors to be satisfied by their primary school education.⁹⁵¹ When survivors wanted to leave the community, this meant they had limited skills and knowledge for living in the outside world.⁹⁵²
656. Survivor Ms KM (Ngāti Porou) told the Inquiry that food and other supplies were rationed, leading to neglect and gendered inequality within the community. There was generally not enough food and boys were allotted more food than girls.⁹⁵³ She said they were allowed one bottle of shampoo for the year, and that she once had to go two weeks without washing her hair to conserve shampoo.⁹⁵⁴ Soap, deodorant and menstrual products were also rationed.⁹⁵⁵

Te whakahāwea i te hunga uenuku me ngā ritenga panoni hemahematanga Rainbow discrimination and conversion practices

657. Like some other faiths, Gloriavale taught against any sexuality or gender identity that was not cisgendered heterosexuality (i.e. their gender identity had to fully correspond to the sex that was assigned at birth). Survivors experienced or witnessed attempts to change sexual identity which involved demonising such identities.
658. A survivor from Gloriavale discussed how her bisexuality was seen by the community as “an evil thing, a sin”.⁹⁵⁶ Her attraction to other girls was punished by “a spanking with a leather belt”.⁹⁵⁷

948 Witness statements of Virginia Courage (25 June 2021, page 24) and Isaac Pilgrim (8 July 2021, paras 8–9).

949 Witness statement of Virginia Courage (25 June 2021, page 24).

950 Witness statement of David Ready (8 May 2021, para 3.7.3).

951 Witness statement of Louise Taylor (15 September 2022, para 2.1.3.3).

952 Witness statement of Virginia Courage (25 June 2021, para 3.3.11).

953 First witness statement of Ms KM (10 June 2021, para 3.3).

954 First witness statement of Ms KM (10 June 2021, para 3.7).

955 First witness statement of Ms KM (10 June 2021, para 3.7).

956 Private session transcript of Lilia Tarawa (Part 2), (3 November 2021, page 17).

957 Private session transcript of Lilia Tarawa (Part 2) (3 November 2021, page 17).

Tūkino – te tūkinotanga, te whakawhara me te pāmamae – i rāngona e te Māori

Tūkino – abuse, harm and trauma – experienced by Māori

659. Survivors discussed how Māori members were disparaged and looked down upon, and te reo Māori and tikanga Māori branded as 'evil'. These tūkino – abuse, harm and trauma – reflected negative attitudes towards Māori and showed a blatant disregard for the wellbeing of Māori members.
660. This discrimination was encouraged and justified through religious teaching.⁹⁵⁸ Lilia Tarawa said Gloriavale believe “you don't have ethnicity, you're just a child of God”.⁹⁵⁹ However, Pākehā culture was never questioned as an ethnicity. Racism, believing that personality, behaviour and morals can be traced back to race, and the belief that one race is superior to another was reflected in language used by Gloriavale leaders. Māori survivor Ms KM (Ngāti Porou) said she felt “a lot of shame about being Māori when I was younger”.⁹⁶⁰ She recalled leaders teaching that te reo Māori was “Satan's language” and that Māori were lazy and thieves.⁹⁶¹
661. Māori survivors discussed how their identity was disparaged and both mana tipuna and mana tangata trampled on through Gloriavale's Eurocentric education. Survivor Constance Ready (Ngāti Porou) stated that in early childhood, “there was absolutely no interest in Māori culture, te reo or tikanga ... unless there was an ERO visit”, in which case her whānau would be asked to weave flax that was tokenistically placed on the walls.⁹⁶² Survivor David Ready (Ngāti Porou) said that in later education, Māori were presented as “ignorant cannibals and Pākehā as superior”.⁹⁶³ Survivor Ms SU (Ngāi Tahu) said that a teacher, Peter Righteous, would discriminate against her and another Māori girl in her class, and would call Māori “vile heathens”.⁹⁶⁴ When she was 11 years old, she was punished for using te reo Māori by being made to “stand in the corner for two or three hours”.⁹⁶⁵ Education on te Tiriti o Waitangi was minimal and inaccurate.⁹⁶⁶

958 Witness statement of Ms SU (2 June 2021, para 3.3.5).

959 Private session Transcript of Lilia Tarawa, part 1 (3 November 2021, page 35).

960 Witness statement of Ms KM (10 June 2021, para 4.1.2).

961 Witness statement of Ms KM (10 June 2021, para 4.1.2).

962 Witness statement of Constance Ready (4 August 2022, page 13).

963 Witness statement of David Ready (8 May 2021, para 3.5.2).

964 Witness statement of Ms SU (2 June 2021, para 3.3.5).

965 Witness statement of Ms SU (2 June 2021, para 3.3.5).

966 Witness statement of Constance Ready (4 August 2022, pages 13–14).

Te whakakararehetanga o te hunga whaikaha Dehumanisation of disabled people

662. Several survivors from Gloriavale said they had witnessed the physical and psychological abuse of a disabled community member, Prayer Ready.⁹⁶⁷ This instance of abuse appeared to indicate a wider abusive stance towards disabled people within the community, as it was justified through religious teaching that echoed a traditional Christian understanding of disability as punishment for sin (as interpreted from the Old Testament of the Bible). Melody Pilgrim, Prayer's sister, explained:

*"There was a lot of ignorance of special needs among leaders and community members in Gloriavale and my family was told that Prayer's condition was a punishment for them not being good enough Christians."*⁹⁶⁸

663. As a result, Prayer suffered educational neglect as she was expected to perform at the level of other students without assistance⁹⁶⁹ and medical neglect as her health needs went uncared for.⁹⁷⁰

I whakanoatia te tūkinotanga ā-tinana, te taitōkai me te whakaiti hemahematanga Physical and sexual abuse and sexual shaming was normalised

664. Gloriavale survivors discussed how the leadership teachings normalised physical and sexual abuse, through promoting harsh discipline and normalising the public discussion of sexual topics.

665. Gloriavale survivors shared that, due to teachings within the community, physical abuse was normalised within the community as punishment and a means to control families. Louise Taylor, in reporting on themes she had identified through legally representing more than 50 leavers of Gloriavale, said: "The leaders of the community condoned and, encouraged this degree of violence in the discipline of children because submissive wives and children was a sign of a well-managed family, and the father of a well-managed family could rise in the social hierarchy in Gloriavale."⁹⁷¹ Similarly, some survivors experienced physical abuse from teachers, who encouraged students' families to 'beat' them for misdemeanours.⁹⁷²

666. Louise stated that a previous community leader, Hopeful Christian, hated the sound of children crying, so taught parents to cover their children's mouths and noses to prevent them from crying "until the child was struggling to breathe whenever they cried". Several survivors said they had seen children turn blue in these instances.⁹⁷³

967 Witness statements of Melody Pilgrim (8 May 2021, page 5); Constance Ready (4 August 2022, pages 22–23) and David Ready (8 May 2021, page 13).

968 Witness statement of Melody Pilgrim (8 May 2021, page 5).

969 Witness statement of Melody Pilgrim (8 May 2021, page 18).

970 Witness statement of Melody Pilgrim (8 May 2021, pages 15–16).

971 Witness statement of Louise Taylor (15 September 2022, page 51).

972 Witness statements of Mr QM (16 August 2021, page 19); Virginia Courage (25 June 2021, para 3.5.5) and survivor who wishes to remain anonymous (8 May 2021, para 3.5.3).

973 Witness statement of Louise Taylor (15 September 2022, page 54, para 4.1.10).

667. Sexual abuse was prevalent between community members.⁹⁷⁴ Isaac Pilgrim, who lived in Gloriavale for 37 years, said “sexual abuse was forever an underlying current within the Gloriavale community. You were constantly hearing rumours about a person having either committed some form of sexual abuse or been the subject of sexual abuse.”⁹⁷⁵
668. Survivor Rosanna Overcomer, who was born in Gloriavale and lived there from 1986 to 2013, is a survivor of sexual abuse by multiple boys and men throughout this period. She shared how girls who were sexually abused would ‘always’ be blamed for their abuse and stated: “I was aware from a young age that if anything happened to me, I would be labelled a slut and a whore.”⁹⁷⁶ This reflects a wider gendered discrimination within Gloriavale that was also present in the division of labour, the limits placed on what education girls could undertake, and historically, promotion of violent discipline of wives by their husbands (a practice that Survivor Mr QM said was preached about in the past but is “no longer a feature of marriages at Gloriavale”).⁹⁷⁷
669. During the Inquiry’s Faith Institutional Response Hearing, Gloriavale leader Howard Temple accepted that there had been intergenerational sexual abuse in that community.⁹⁷⁸ This was acknowledged by an NZ Police report, which stated:
- “The offending is a practice that has not begun with this generation and there is certainly some evidence of this occurring at least at the level of indecent acts and oral sex in the now mid-20s generation and older males in their 30s ... During the course of this investigation it has become clear that a number of parents (male and female) who are trying to support their own children ... are also victims of historical sexual offending.”***⁹⁷⁹
670. Survivor Clement Ready said that the grounds for sexual abuse were established through the promotion of a “sexualised culture in the community” by previous leader Hopeful Christian, who sexually abused Clement.⁹⁸⁰ Clement said:
- Sex was spoken of openly, children saw and heard their parents having sex due to close living quarters and sexual abuse was, and remains, far too commonplace ... I was told by my daughter that [Hopeful] told her about the shape and size of a man’s penis, for example ... He and other leaders would take the microphone at mealtimes and describe their sexual activities of the night before.”***⁹⁸¹

974 Witness statement of Mr MS (31 May 2021, pages 4–5).

975 Witness statement of Isaac Pilgrim (8 July 2021, page 3).

976 Witness statement of Rosanna Overcomer (17 June 2021, page 4).

977 Witness statements of Mr QM (16 August 2021, page 17) and Louise Taylor (15 September 2022, paras 2.2.2.1–2.2.2.6).

978 Evidence of Howard Temple at the Inquiry’s Faith-based Institutions Response Hearing (Royal Commission of Inquiry into Abuse in Care, 13 October 2022, page 61).

979 NZ Police Report Notes, Leaders Meeting, Breakdown of Offending (25 August 2020, page 3).

980 Witness statement of Clement Ready (30 May 2022, page 13).

981 Witness statement of Clement Ready (30 May 2022, page 13).



Te tūkinotanga i ngā whakaritenga turi, whaikaha, whaiora anō hoki

Abuse in Deaf, disability and mental health settings

671. Deaf, disability and mental health settings include larger-scale institutions such as psychopaedic and psychiatric hospitals, smaller-scale care and support settings and services, including group homes, and special education settings. While all forms of abuse were experienced across most disability and mental health settings, this section focuses on the most pervasive and unique forms that the Inquiry has heard about.
672. The Inquiry observes that across the specific sub-settings, the harmful nature of the environments and the types of abuse within them were similar. The Inquiry heard that all disability and mental health settings were environments of isolation, fear, violence and control for many survivors and witnesses.⁹⁸² Features of these settings included:
- > strict regimented routines
 - > a lack of personalised care and instead focused on providing a uniform approach delivering the same services to everyone in care regardless of age, gender or sexual identity, abilities or needs
 - > people in care experiencing depersonalisation, for example people in care being processed in groups according to fixed timetable, without consideration for individual privacy needs
 - > one size fits all approach, institutional care follows a uniform approach, providing the same services to all children, young people and adults in care regardless of their age, gender, abilities, needs, or reasons for separation from parents / caregivers
 - > isolation from whānau, children, young people and adults in care in institutions are often isolated from their whānau, support networks, hapū and iwi, and communities, far from their places of origin, and unable to maintain relationships with parents, whānau and support networks.
673. Children, young people and adults in Deaf, disability and mental health care settings experienced physical abuse that was violent, pervasive, and created a climate of fear for many survivors. Most of the abuse that occurred was perpetrated by staff, and in many instances the abuse was intentional. Some abuse was perpetrated by peers of the survivors, and some by other people with staff allowing or facilitating the abuse.

⁹⁸² Witness statement of Roderick Wills (5 August 2022, page 9); Helen Porter (26 August 2022, page 9) and Sunny Webster (18 December 2021, page 9).

674. The Ministry of Health acknowledged the presence of physical abuse in disability and mental health care settings from 1950 to 1999 and recognised that during this time, these care settings did not always adequately safeguard people from harm.⁹⁸³
675. Survivors and whānau told the Inquiry that the most pervasive form of abuse in these settings was neglect,⁹⁸⁴ with the denial of an individual's personhood being an insidious and damaging feature of all disability and mental health settings. Personhood has been described as the:
- “essence of being human” and includes “choice, a sense of autonomy, being part of a loving family, the chance to labour, love and consume”.*⁹⁸⁵
676. Many survivors told the Inquiry they were physically abused by other patients or residents at institutions. Peer abuse inside institutions was widespread, recurrent and often not dealt with by staff. Survivors described being hit in the head and knocked out by a cricket bat, bitten, stabbed in the stomach and thrown downstairs by their peers.⁹⁸⁶
677. Almost all survivors described abuse and neglect that stripped them of their personhood, identity, dignity, and autonomy. This abuse and neglect represented a disregard for the inherent human value of blind, Deaf and disabled individuals, disrespect of their diverse identities and needs, and a failure to fulfil their rights to participation, inclusion and decision-making. This abuse also represented a disregard for the collective whakapapa rights of survivors whānau, and a failure to support their rights to participate in the decision-making of their whānau member in care.

983 Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 206, lines 6–12).

984 Witness statement of Ms Bielski (18 October 2021, pages 4–8, 9); Transcript of Commissioner Gibson at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 20 July 2022, page 702); Transcript of Counsel at the Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2022, pages 3, 8).

985 Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 117).

986 Witness statement of Catherine Hickey (2 August 2021, page 4); Mr JS (27 May 2022, page 8, para 2.55); Mr LD (15 May 2021, page 5); Philip Banks (15 October 2020, page 10) and Alison Pascoe (29 April 2022, page 18).

Te tūkinotanga i ngā whare taurima hunga mate hinengaro me ngā horopaki hōhipera mō te hunga whaikaha

Abuse in psychopaedic, psychiatric and hospital settings for people with physical disability

678. The bulk of evidence received on disability and mental health settings relates to the large-scale institutional environments discussed in this section, particularly prevalent until the latter 20th century.

679. The biomedical model of care influenced institutional responses towards disability, difference and diversity. Medicalisation shaped the nature of the residential environments, the power dynamics within them, and the experiences that people had within these settings.⁹⁸⁷ Medicalisation overlaid much of the abuse perpetrated in these institutional settings, allowing for the justification of abusive and dehumanising practices, and enabling resources within the medical environment, such as medication, equipment and spaces for solitary confinement, to be used in harmful ways.

680. Dr Olive Webb highlighted the powerlessness of people placed into these institutions compared to staff:

“The systems in which everybody lived and worked were terribly cruel, because you had one group of people who had the power of life and death and daily activity, and every single piece of power that you could wish to have, completely dominating another group who had absolutely no power at all. They didn’t decide what they ate, what they wore, where they went, or anything, they were simply – they were required to be obedient.”⁹⁸⁸

681. Mark Benjamin, former chief executive of Standards and Monitoring Services New Zealand, echoes what the Inquiry learnt from survivors who were in large-scale institutions when he stated: “The impression for many of us working in the [disability] sector is that it is unlikely people would leave an institutional or faith-based setting without being abused or assaulted in some form or another.”⁹⁸⁹

682. Counsel for the Crown Secretariat described the evidence presented at the Inquiry’s public hearing on disability, Deaf and mental health institutions as “a shameful picture of inhumanity”.⁹⁹⁰ This is an apt description of what was experienced in these settings.

987 Witness statement of Dr Mhairi Duff (26 September 2022, pages 17–19).

988 Transcript of evidence of Dr Olive Webb from the Inquiry’s Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 13 July 2022, page 199).

989 Witness statement of Mark Benjamin (5 October 2022, page 7).

990 Transcript of evidence of the closing statement by the Crown at the Inquiry’s Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 20 July 2022, page 699).

Te whakahapa, te whakahāwea me te taunu Neglect and dehumanising and degrading treatment

683. Society's attitude of devaluing disabled people and people experiencing mental distress, was concentrated within the confines of institutional settings. Staff viewed and treated individuals in their care as 'less than'⁹⁹¹ – many survivors talk about staff failing to provide residents with even a basic level of respect and dignity.⁹⁹² For example, survivors shared it was common for psychopaedic nursing staff to use fire hoses on disabled people in their care if they were incontinent.⁹⁹³
684. Survivor Carla Mann, who spent part of her pregnancy in Carrington Hospital in Tāmaki Makaurau Auckland said: "You weren't treated like a person there, you were treated like a 'thing'."⁹⁹⁴
685. In September 1986, two nursing tutors formally documented their concerns about the treatment of residents by staff at Templeton and filed their report with the Canterbury Hospital Board. Among the concerns raised was that "many staff demonstrate lack of respect for the dignity of the people who are placed in their care by trusting relatives".⁹⁹⁵
686. A lack of physical privacy paired with highly regimented daily routines was common in psychiatric and disability institutions and contributed to survivors' feeling of a loss of dignity and personhood in care.⁹⁹⁶ Many survivors said there were few or no private spaces within institutions. Individuals were typically expected to use the bathroom, get changed, and shower in front of peers and staff.⁹⁹⁷
687. Dr Olive Webb described the morning routine of a villa at Sunnyside Hospital in Ōtautahi Christchurch housing about 70 men. The routine involved being stripped naked, marched from their villa, herded into a large bathroom with multiple shower heads, and showered as a group by staff wearing rubbers and gumboots. These men were then dried and herded back naked to be dressed. When asked what this routine reminded her of, Dr Webb said "concentration camps came to mind".⁹⁹⁸ She remarked that when she visited the wards at the Templeton Centre located near Ōtautahi Christchurch, a psychopaedic hospital, many of the residents were naked. When people shared the toilet pans, they were all in one room. The staff who worked in that ward called it the "milking session".⁹⁹⁹

991 First witness statement of Ms KH (30 November 2021, page 8).

992 Witness statement of Carla Mann (15 March, 2022, para 66); Sunny Webster (18 December 2021, page 9) and Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, para 8.9).

993 Transcript of evidence of Sheree Briggs at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 177).

994 Witness statement of Carla Mann (15 March 2022, para 66).

995 Letter from the acting head of the nursing studies department, Christchurch Polytechnic, to the chief nurse, Canterbury Hospital Board, Comprehensive students' clinical experience at Templeton (September 1986, page 1).

996 Witness statement of Sunny Webster (18 December 2021, page 9).

997 Witness statements of Sir Robert Martin (17 October 2019, para 21); Miss Howell (26 January 2022, page 3); Ross Hamilton Clark (15 February 2022, page 2); Bill McElhinney (3 March 2022, page 4) and Tony Ryder (28 February 2022, page 8).

998 Transcript of evidence of Dr Olive Webb from the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 13 July 2022, page 196).

999 Witness statement of Dr Olive Webb (25 May 2022, para 3.2).

688. Survivor Denise Caltaux similarly described the lack of dignity and care afforded to patients at Tokanui Psychiatric Hospital in the early 1990s, describing it as 'horrendous'.¹⁰⁰⁰ Denise recalled that patients in the unit at Tokanui were "herded like animals" to be locked in a communal space during the day, showers were conducted communally by gender each morning, and there were no choices given around food and drink.¹⁰⁰¹
689. A report about Tokanui Psychiatric Hospital in 1985 concluded:
"Residents live as paupers, with no personal possessions and often no personal clothing. They are frequently dressed /undressed in the middle of a day room, bathed in large groups, toileted in hallways on potty trolleys, and generally treated with little respect for the dignity and privacy of each person. Staff have become insensitive to the dehumanising aspects of these care procedures."¹⁰⁰²
690. The basic human need to be recognised and celebrated as an individual was neglected within these large-scale care settings. Denying someone the opportunity to express themselves and explore their unique skills and interests goes with the erosion of personal identity and ultimately institutionalisation – a feature of large-scale psychopaedic and psychiatric settings.
691. In psychiatric institutions, people would live in pyjamas or dressing gowns issued to them upon arrival.¹⁰⁰³ Survivors were also not given their own clothes in psychopaedic institutions.¹⁰⁰⁴ Sir Robert Martin said that at Kimberley Centre near Taitoko Levin he had to share a pool of clothes and grab what he could get and never had his own underwear.¹⁰⁰⁵
692. This stripping of individuality did not only happen with physical appearance. Ms KH, former Templeton Centre located near Ōtautahi Christchurch staff member, believes some staff members did not see the residents as people. She said that residents at Templeton were rarely called by their given name.¹⁰⁰⁶
693. The Inquiry heard how people were transferred between psychopaedic and psychiatric institutions "in busloads and treated as a group, all assigned the same birthday once they arrived".¹⁰⁰⁷

1000 Witness statement of Denise Caltaux (4 October 2022, page 22).

1001 Witness statement of Denise Caltaux (4 October 2022, page 22–23).

1002 Patricia McNelly, Report of consultation efforts regarding services for the intellectually handicapped at Tokanui Hospital August (October 1985, page. 6).

1003 Witness statement of Jane Castelfranco-Allen (31 March 2022, page 3).

1004 Witness statements of Margaret Priest (28 January 2022, para 2.8); Sir Robert Martin (17 October 2019, para 18) and Allison Campbell (15 February 2022, para 2.2).

1005 Witness statement of Sir Robert Martin (17 October 2019, para 18).

1006 First witness statement of Ms KH (30 November 2021, page 8).

1007 Witness statement of Sharon Brandford (10 August 2022, page 4).

Te whakahapa-ā-kareāroto, ā-hinengaro, ā-whanaketanga hoki i roto i ngā whare Kāwanatanga nui

Emotional, psychological and developmental neglect in large scale institutions

694. Across large-scale institutional settings, the Inquiry was told of survivors' emotional, psychological and developmental needs being neglected. Aroha, care, emotional support and attention were withheld from survivors, and they were not given opportunities to grow and learn through meaningful activities and stimulation.
695. Survivor Sally Champion, who spent around three years in several hospitals from the age of 18 months to 6 years old due to polio, said "the routine of any hospital wasn't geared towards the developmental needs of a young child, such as play, socialisation, education, love and acceptance".¹⁰⁰⁸
696. Former Templeton Centre staff member, Ms KH, said there were some good staff working there but that a lot "did not give a damn" and made limited attempts to engage and treat residents as individuals worthy of attention and love.¹⁰⁰⁹
697. Margaret Priest (NZ European), whose sister Irene was admitted to the Kimberley Centre near Taitoko Levin at 6 years old said:
- "I do not think Irene was given any love while at Kimberley ... Most of the time, the staff I met did not see my sister as a child who needed love and care. Kimberley was just a place of people existing."***¹⁰¹⁰
698. Survivors of some psychiatric care settings did not feel emotionally supported to process earlier trauma and adversity they had experienced in their life, including in other State and Faith-based care settings.¹⁰¹¹ They believe trauma and adversity probably contributed to their mental and emotional state at that time. Survivor Ms SD said she did not receive support from staff in Sunnyside to help her process grief she was experiencing alongside other challenges, and instead, "it was all just sort of brushed under the carpet."¹⁰¹²
699. This absolute disregard for survivors' emotional safety, and lives, was reflected in an experience the Inquiry heard from Catherine Hickey whose brother Paul "suffered prolonged and premeditated abuse [at Porirua Hospital] at the hands of the very people who were entrusted to protect him".¹⁰¹³
- "There was no value placed on his young life, and the very people who were put in that position of trust showed complete disregard for his wellbeing and safety."***¹⁰¹⁴

1008 Witness statement of Sally Champion (23 August 2022, page 3).

1009 First witness statement of Ms KH (30 November 2021, page 7).

1010 Witness statement of Margaret Williamson Priest (28 January 2022, page 3).

1011 Witness statement of Robert Shannon (9 June 2021, paras 3.5–3.6); and Ms ON (11 May 2022, paras 101–106, 247).

1012 Private session transcript of Ms SD (1 December 2021, page 15).

1013 First witness statement of Catherine Hickey (2 August 2021, para 32).

1014 Second witness statement of Catherine Hickey (15 February 2023, page 7).

700. A 1979 letter from the psychiatric medical officer at Hawke's Bay Psychiatric Unit to Porirua Hospital states: "I wish [Paul] better luck with his mutilation ... since the only real relief I can see for him is in his death."¹⁰¹⁵ Paul took his own life nine months later.
701. Emotional neglect co-occurred with other forms of neglect, including physical and medical. Survivor Alison Pascoe, who was in Carrington Hospital in Tāmaki Makaurau Auckland in 1990, said:
- "If I was in pain the staff would say it was just in my mind. I once cut my arm very badly in seclusion. When [the nursing] Sister saw it, she said it was self-inflicted and they wouldn't do anything about it. It got all infected and swelled up."*¹⁰¹⁶
702. In addition to emotional neglect and a lack of care and attention in the care settings, there was an "an acute lack of stimulation and purposeful activity" in daily life in institutions.¹⁰¹⁷ Researcher Paul Milner concluded that the defining motif of a villa day room was that "on a good day nothing happened".¹⁰¹⁸ This was a unique and pervasive form of neglect the Inquiry heard about across psychopaedic and psychiatric institutions and hospitals.¹⁰¹⁹
703. Survivors and staff members shared how there were often no activities such as sports, singing or dancing, or trips outside of the institutions.¹⁰²⁰ Instead, some survivors undertook monotonous duties as a form of activity, such as setting up tables at mealtimes.¹⁰²¹
704. The Inquiry heard how staff interactions with residents and patients were rarely personal and based largely on getting through the regimented daily care routine.¹⁰²² There was no time made for enjoyable activities or supporting people to develop and achieve personal goals.¹⁰²³ Further, staff recall being reprimanded if they attempted to create activity for individuals, such as through playtime.¹⁰²⁴

1015 Letter from psychiatric medical officer to the medical superintendent at Porirua Hospital re treatment (6 December 1979).

1016 Witness statement of Alison Pascoe (29 April 2022, page 22).

1017 Brief of evidence of Dr Brigit Mirfin-Veitch prepared for the purposes of the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 9 October 2019, page 6).

1018 Transcript of evidence of Paul Milner at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 95).

1019 Witness statement of Ms MR (23 November 2021, page 10); Joshy Fitzgerald (25 January 2022, page 5); Sheree Briggs (24 January 2022, page 3); Ms LS (30 May 2022, page 7) and Ms MT (9 August 2021, pages 2–3).

1020 Witness statement of Miss Howell (26 January 2022, page 3, para 2.9); Leoni McInroe (24 February 2022, para 71); Hakeagapuletama Halo (25 March 2020, para 81) and Ms PA (29 January 2023, para 4.16).

1021 Witness statement of Ross Hamilton Clark (15 February 2022, page 2).

1022 Witness statements of Toni Jarvis (12 April 2021, page 11) and Caroline Arrell (21 March 2022, page 6).

1023 Witness statements of Jane Castelfranc-Allen (31 March 2022 page 3) and Caroline Arrell (21 March 2022, page 10).

1024 Witness statement of Catherine Wilsher (27 June 2022, page 9).

705. The lack of activities within in-patient psychiatric units have been described by survivors as 'intolerable'.¹⁰²⁵ People's need for meaningful activity and stimulation was neglected. Samoan survivor Rachael Umaga said that at Te Whare Ahuru at Hutt Hospital:

"There was nothing to do at the unit. We just sat there all day and smoked. I felt neglected because there was nothing to do, except wait for 10 o'clock, 12 o'clock, three o'clock and five o'clock for our pills or for a cup of tea."¹⁰²⁶

706. Rachael told the Inquiry that while there was a craft room, music room and room where you could cook or bake under the supervision of a nurse, no one could do these activities because the facilities were not adequately maintained or resourced with staff to supervise: "It really felt like the staff provided us all these things to show they care but it was all just surface level and for show."¹⁰²⁷
707. The 1985 report on Tokanui Psychiatric Hospital, located south of Te Awamutu, concluded similarly: there were many residents who received minimal personal attention or effort to stimulate them and "these residents spend their days virtually ignored by staff except for foods, fluids and baths".¹⁰²⁸
708. Paul Milner, who was involved in the deinstitutionalisation of the Kimberley Centre near Taitoko Levin, said: "[Life] at Kimberley could generally be characterised by long periods of inactivity, interrupted by brief and scripted flurries of orchestrated action".¹⁰²⁹ He found that more than 50 percent of residents' time fell into the category of 'sedentary activity', that is, time spent "sitting, standing, staring, and snoozing".¹⁰³⁰ If wandering and self-stimulation was included, approximately 80 percent of residents' time in the Kimberley Centre was spent doing no form of purposeful activity.¹⁰³¹
709. This form of neglect could have been experienced even more acutely by individuals with high and complex support needs.¹⁰³² Sir Robert Martin, a survivor with a learning disability, observed the following at the Kimberley Centre near Taitoko Levin:

"There was nothing to do. Some people stayed on the floor all day rocking back [and] forth. Especially people with the highest needs. There were so many of them, they were just left on the ground."¹⁰³³

1025 Witness statement of Denise Caltaux (4 October 2022, pages 24, para 12.18).

1026 Witness statement of Rachael Umaga (18 May 2021, page 6).

1027 Witness statement of Rachael Umaga (18 May 2021, page 10).

1028 McNelly, P, Report of consultation efforts regarding services for the intellectually handicapped at Tokanui Hospital August (October 1985, page 6).


1029 Witness statement of Paul Milner (1 June 2022, para 2.18).

1030 Witness statement of Paul Milner (1 June 2022, para 2.18).

1031 Witness statement of Paul Milner (1 June 2022, para 2.18).

1032 Report to Mr Sheppard on comprehensive students' clinical experience at Templeton (October 1986, page 4).

1033 Witness statement of Sir Robert Martin (17 October, 2019, para 22).

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710. Sheree Briggs, a psychopaedic training officer at Māngere Hospital in the early 1980s, shared that when she visited a ward she saw “toys stuck to the walls, out of reach of the kids. Supposedly they had been placed out of the children’s reach so that they didn’t ruin them.”¹⁰³⁴
711. Survivors from Carrington Hospital in Tāmaki Makaurau Auckland and Sunnyside Hospital in Ōtautahi Christchurch recalled that residents who were teenagers or younger would wander around aimlessly because they had nothing to do.¹⁰³⁵ Survivors described feeling frustrated and upset because of the lack of engaging activity in psychiatric hospitals. One survivor told the Inquiry she smashed the TV at Oakley Hospital in Tāmaki Makaurau Auckland just to make things livelier:
- “They made people vegetables. They’d sit you in front of the TV, you know, like a – like rows of cabbages and that kept you quiet and people would just sit watching TV. And a couple of times I smashed the TV, they never caught me, they didn’t know who did it. Just went and grabbed a handful of something and yanked. And the TV was out of order for a few days. And people started talking to each other and doing their knitting and, you know, I mean it was a little bit more lively.”¹⁰³⁶*
712. The experiences presented throughout this section highlight how neglect can take the form of denial of an individual’s personhood and sense of autonomy.

Te whakahapa ā-mātauranga i roto i ngā whare Kāwanatanga whaiora **Educational neglect in psychopaedic and psychiatric institutions**

713. The Inquiry heard that in psychopaedic institutions such as the Kimberley Centre near Taitoko Levin and Templeton Centre near Ōtautahi Christchurch, survivors experienced serious educational neglect in the form of limited, or no access to education, and / or poor quality of education.¹⁰³⁷ This educational neglect contributed to an ongoing social and economic disadvantage for disabled people in these institutions.

1034 Witness statement of Sheree Briggs (24 January 2022, page 5).

1035 Witness statements of Hakeagapuletama Halo (25 March 2020, page 14) and Ms KR (15 February 2022, page 13).

1036 Private session of survivor who wishes to remain anonymous (7 July 2020, pages 12–13).

1037 Witness statements of Miss Howell (26 January 2022, page 3); David Newman (31 May 2022, page 14) and Darryl Smith (13 September 2021, page 13).

714. Margaret, whose sister Irene Priest (NZ European) was at the Kimberley Centre for 40 years from the early 1960s, said that Irene received no education, despite the family's request:

*"It was apparent to me, though, that Irene regressed while she was at Kimberley ... From my understanding, the staff at Kimberley never made any effort to communicate with Irene. When I was older and had more involvement in Irene's care, I asked the staff at Kimberley if they would investigate developing a specific sign language for Irene, which would allow her to point to pictures, but they did not do that."*¹⁰³⁸

715. It is clear from both survivor and former staff members' accounts that staff members assumed residents had little ability to learn.¹⁰³⁹ Enid Wardle, who worked at Templeton, said the training school was considered an alternative to school for children with learning disabilities. She said children were considered 'trainable' rather than 'educable' and overall, there were significant limitations in the education resources available for staff and therefore residents.¹⁰⁴⁰

*"Our teaching in the training centre focused on what the children were capable of learning, such as colours and shapes. We had to create all our learning resources using our personal knowledge. We mostly worked in classes, rather than the one-on-one, so there were no individualised education plans for the children."*¹⁰⁴¹

716. A 1984 review of education at the Kimberley Centre in found that only 14 of the 133 children below the age of 19 years old attended school.¹⁰⁴²

717. Educational neglect was experienced in large-scale psychiatric institutions as well. Survivor Alison Pascoe shared how, during her time in Kingseat Hospital in Karaka, Tāmaki Makaurau Auckland, other children went to school but she was "deprived of an education. I was entitled to an education, and I was eligible for it, but they wouldn't let me go."¹⁰⁴³

1038 Witness statement of Margaret Priest (28 January 2022, page 4).

1039 Witness statement of Ms OT (10 August 2022, page 2).

1040 Witness statement of Enid Wardle (13 October 2021, page 2).

1041 Witness statement of Enid Wardle (13 October 2021, page 3).

1042 Palmerston North Hospital Board, Meeting of executive committee (18 June 1984, page 3).

1043 Witness statement of Alison Pascoe (29 April 2022, page 7, para 2.35).

Te whakahapa ā-tinana i ngā whare Kāwangatanga nui

Physical neglect in large-scale institutions

718. The Inquiry heard about extreme physical neglect in large-scale disability and mental health institutions, including being denied nutritious food, hygiene needs going unmet, being left unattended and having inadequate or a complete lack of medical care and treatment. This was experienced most acutely by those with high / complex support needs, reflecting a disregard for the diverse needs of those in care and their inherent human value of people in these institutions.
719. Some survivors required staff at the institutions to assist them with bathing, but the Inquiry heard that this care was often neglected. Mr EY (Te Ati Awa, Rangitāne, Ngāi Tahu) described a distressing visit to Tokanui Psychiatric Hospital near Te Awamutu to see his brother, who had a learning disability and was a wheelchair user. Due to physical neglect of cleaning and care, Mr EY said his brother's "whole bottom was meat. It was raw."¹⁰⁴⁴ He told the Inquiry, "He hadn't been cleaned, and from what I saw, it looked like he wasn't being cleaned very often at all. The whole area he was sitting on was complete rawness."¹⁰⁴⁵
720. Former IHC staff member Allison Campbell said that many people coming out of the Kimberley Centre near Taitoko Levin had glue ear, hearing loss, and other hearing issues due to poor bathing practices:
- "Staff members would bathe residents at the same time, and they would not change the water often enough. I heard that if patients defecated in the bath, they would just scoop it out and keep going instead of changing the bathwater. This is how so many of the patients developed ear infections which developed into hearing problems."*¹⁰⁴⁶
721. Some survivors and staff from the Kimberley Centre recalled themselves or residents not being able to get to the bathroom and being left, sometimes to sit in their dirty clothes for long periods.¹⁰⁴⁷
722. A 1986 report recorded that in the Kimberley Centre's Nikau Villa, it was common in the mornings to find bedridden residents who had been incontinent in the night "lying on dry drawsheets, but the lower sheet and under-blankets are saturated and offensive smelling".¹⁰⁴⁸

¹⁰⁴⁴ Witness statement of Mr EY (1 February 2022, page 5).

¹⁰⁴⁵ Witness statement of Mr EY (1 February 2022, page 5).

¹⁰⁴⁶ Witness statement of Allison Campbell (15 February 2022, page 10).

¹⁰⁴⁷ Witness statements of Sheree Briggs (24 January 2022, page 5) and Tony Ryder (28 February 2022), para 2.62).

¹⁰⁴⁸ Report to Mr Sheppard on comprehensive students' clinical experience at Templeton (October 1986, page 3).

723. Some survivors described witnessing the neglect of others. Survivor Leoni McInroe was made to work in the geriatric villa while at the Lake Alice Child and Adolescent unit in Manawatū. Here she remembers seeing an elderly male patient who had “a swollen red testicle the size of a mango”.¹⁰⁴⁹ She told the Inquiry how poorly the patients were treated:

“The unit stunk of urine, faeces, decay, and old age. It was such a distressing place to be in. The sounds of groaning and muttering and despair all around, all the time. I hated being there. I was 15 years old. It was unthinkable bad.”¹⁰⁵⁰

724. Neglect was so severe and common that diseases spread throughout some institutions, including hepatitis and intestinal infections.¹⁰⁵¹ That people in care were allowed to remain in conditions that led to disease outbreaks is another example of widespread devaluation of disabled people and those experiencing mental distress.

725. Shigellosis, a type of intestinal infection, and hepatitis were prevalent at the Kimberley Centre near Taitoko Levin. This is acknowledged in a letter from a Kimberley medical officer to a pathologist at Palmerston North Hospital which expressed concern about these diseases.¹⁰⁵² The letter noted that Kimberley Centre staff had tried their best to prevent the spread of hepatitis by contact, but that taking measures “to prevent oro-faecal spread seems a practical impossibility”.¹⁰⁵³ Oro-faecal is a disease route of transmission where tiny amounts of faeces from an infected person are taken in by another person through their mouth.¹⁰⁵⁴

726. The Inquiry heard of menstruation needs being neglected. Survivor Denise Caltaux said that, because of understaffing, they were put in solitary confinement for days and were left “caked” in their own menstrual blood.¹⁰⁵⁵ Ms KH, a former staff member at Templeton in the early 1980s, said she saw a resident left in her menstrual blood.¹⁰⁵⁶ A 1986 report on the Templeton Centre, located near Ōtautahi Christchurch, noted that women in Hinau Villa were not assisted in managing their periods or using sanitary towels. While sanitary towels were available, women were instead given two pairs of large bloomers to wear which were changed irregularly during the day and no attention was given to bathing for comfort and hygiene.¹⁰⁵⁷

1049 Witness statement of Leoni McInroe (24 February 2022, para 74).

1050 Witness statement of Leoni McInroe (24 February 2022, para 75).

1051 Letter from a Kimberley medical officer to Palmerston North Hospital pathologist (2 June 1977); Tokanui Hospital, Annual Report for Year Ending December 1974, Nursing Staff (5 May 1975, page 3).

1052 Letter from a Kimberley medical officer to Palmerston North Hospital pathologist (2 June 1977).


1053 Letter from a Kimberley medical officer to Palmerston North Hospital pathologist (2 June 1977).

1054 Knee, J, Summary report: Faecal oral transmission and the implications of COVID-19 on sanitation and water services (Hygiene Hub, 2024, page 1).

1055 Witness statement of Denise Caltaux (4 October 2022, para 5.8).

1056 First witness statement of Ms KH (30 November 2021, page 11).

1057 Report to Mr Sheppard on comprehensive students' clinical experience at Templeton (October 1986, page 5).

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727. Another form of physical neglect experienced was a lack of food or denial of individualised nutritional needs. Some survivors told the Inquiry they struggled to maintain a healthy weight. These experiences were particularly common in large-scale psychopaedic and psychiatric institutional settings.
728. Margaret, whose sister Irene Priest (NZ European) was at the Kimberley Centre, described how Irene became extremely thin, with her weight falling as low as 32 to 33kg.¹⁰⁵⁸ Catherine Hickey shared that when her mother visited her brother Paul at Porirua Hospital in the late 1970s, she found him in a “shocking state. He became like a zombie. He had always been thin but this was completely different. By the end of his life, he was emaciated.”¹⁰⁵⁹
729. Alison Adams, whose sons Nigel and Malcolm were at the Templeton Centre located near Ōtautahi Christchurch from the late 1970s to the late 1990s, attributed Nigel’s weight loss to a lack of staff supervision at mealtimes: “The other residents were stealing all his food. I asked where the supervision was and got told Nigel needed to stick up for himself.”¹⁰⁶⁰
730. In some institutions, a lack of access to enough food was built into the routine. A 1986 report recorded that at Templeton Hospital residents in Briar Villa would receive their evening meal at 3.30pm. This meant they would have to wait 17 hours for breakfast.¹⁰⁶¹
731. In other cases, the food served in institutions was unappetising or inappropriate. Ross Hamilton Clark, a blind survivor with a learning disability, said that at Kimberley Centre near Taitoko Levin they would serve lumpy porridge which he didn’t like: “I couldn’t see very well and some of the other residents warned me not to eat the porridge because there were dead flies in it.”¹⁰⁶²
732. This lack of attention when food was served sometimes created dangers for residents. The Inquiry found evidence of extremely neglectful oversight in the Kimberley Centre, which resulted in three adults choking to death over a four-year period. This, and the coroner’s findings, are explored further in the Inquiry’s Kimberley Centre case study.

¹⁰⁵⁸ Witness statement of Margaret Priest (28 January 2022, page 5).

¹⁰⁵⁹ Witness statement of Catherine Hickey (2 August 2021, page 6).

¹⁰⁶⁰ Witness statement of Alison Adams (6 December 2021, page 8).

¹⁰⁶¹ Report to Mr Sheppard on comprehensive students’ clinical experience at Templeton (October 1986, page 3).

¹⁰⁶² Witness statement of Ross Hamilton Clark (15 February 2022, page 2).

733. Caroline Arrell, a former staff member at Tokanui Psychiatric Hospital and the Kimberley Centre, shared concerns for the number of people who were fed by percutaneous endoscopic gastrostomy (PEG) at Kimberley. PEG is a feeding tube that transports food and fluid directly into the stomach. When the Kimberley Centre was closed, many people were assessed as not medically requiring the feeding tube.¹⁰⁶³ Caroline, whose role was to help relocate people to their new homes, said: "It was distressing to learn that many of the people who had PEGs inserted, had this due to their complex behavioural needs and absolute dislike of mealtimes."¹⁰⁶⁴

734. Some people in institutions were given medicines that caused extreme weight gain, leading to physical and emotional distress.¹⁰⁶⁵ Staff often failed to put in place individualised nutrition and exercise plans to prevent weight gain. Mr EY (Te Ati Awa, Rangitāne, Ngāi Tahu) whose brother was at Tokanui Psychiatric Hospital in the mid-1960s, said:

"He was squashed in [to his wheelchair]. His stomach was bulging all over. It was huge. He was about 20 stone [127 kg]. He would have been over three times the size he should have been. He couldn't acknowledge us. He couldn't even say anything. He was sitting there in a state of obvious anguish, in physical and mental pain."¹⁰⁶⁶

Te whakahapa ā-hauora niho, ā-hauora hoki i roto i ngā whare Kāwanatanga whaiora Dental and medical neglect in psychopaedic and psychiatric institutions

735. The Inquiry was told about institutions' "appalling" dental care and staff not cleaning residents' teeth.¹⁰⁶⁷

736. Sometimes dental neglect led to people having their teeth removed.¹⁰⁶⁸ Survivors shared about multiple instances of teeth removal, occurring both within institutions and after residents left. Margaret Priest told the Inquiry that her sister Irene had teeth problems and was scared of going to the dentist:

"The only way [Irene] could be examined was for her to be given general anesthetic. Because of the difficulty examining her teeth, the medical staff at Kimberley decided that it would be easier if all her teeth were removed."¹⁰⁶⁹

1063 Witness statement of Caroline Arrell (21 March 2022, page 8).

1064 Witness statement of Caroline Arrell (21 March 2022, page 8).


1065 Witness statement of Antony de Malmanche (13 July 2021, para 72); 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 23).

1066 Witness statement of Mr EY (1 February 2022, page 4).

1067 Witness statements of Allison Campbell (15 February 2022, page 10) and Enid Wardle (13 October 2021, pages 10–11).

1068 Witness statement of Enid Wardle (13 October 2021, pages 10–11).

1069 Witness statement of Margaret Priest (28 January 2022, page 4).



737. Alison Adams, whose two sons spent years at the Templeton Centre near Ōtautahi Christchurch, said it had its own dental clinic and the dental care there was good. However, the institution wanted to take out every second back tooth to make it easier for staff to clean.¹⁰⁷⁰ NZ European survivor Mr El, who was admitted to the Kimberley Centre near Taitoko Levin in 1963 when he was 12 years old, explained that teeth were sometimes removed without injections:

"I know that kids at Kimberley had their teeth pulled out without any injections. The dentist would pull their teeth out and tell the other staff, 'Don't worry about it, they don't feel pain'. Of course we feel pain. Everybody feels pain. It does not matter if you are IHC or what, everybody feels pain. It makes me so angry to think about this."¹⁰⁷¹

738. The Inquiry heard that wounds such as boils, ulcers and bedsores went unnoticed while in psychopaedic and psychiatric institutions.¹⁰⁷² Survivors also shared that physical injuries they received as a result of abuse in care often went untreated. Survivor Alison Pascoe, who was 8 years old when she was admitted to Kingseat Hospital in Karaka in the 1950s, said:

"The staff wouldn't do anything about my medical issues. I had broken bones from the physical abuse that I suffered at Kingseat ... I didn't get any medical treatment for my broken bones. They let patients die because they didn't believe them when they needed treatment."¹⁰⁷³

739. Catherine Hickey, whose brother Paul was in Porirua Hospital in the 1970s from the age of 15 to 20 years old, said her mother sometimes found Paul "cowering in a corner in the ward, with fresh bruises, black eyes, swollen lips and cuts on his body. She brought this to the hospital's attention and nothing happened. This happened more than once."¹⁰⁷⁴

740. In a few cases, the failure to adequately treat injuries and illnesses led to more devastating and long-term outcomes. Sheree Briggs, a former Māngere Hospital staff member, told the Inquiry about "staff's failure to properly treat a resident's contractures [a tightening or shortening of muscles, tendons or joints]. This ultimately led to the amputation of his legs."¹⁰⁷⁵

1070 Witness statement of Alison Adams (6 December 2021, page 10).

1071 Witness statement of Mr El (20 December 2021, para 2.25).

1072 Witness statements of Sir Robert Martin (17 October 2019, page 7, para 20) and Sheree Briggs (24 January 2022, page 6).

1073 Witness statement of Alison Pascoe (29 April 2022, page 7).

1074 Witness statement of Catherine Hickey (2 August 2021, page 6).

1075 Witness statement of Sheree Briggs (24 January 2022, page 6).

Te whakahapa-ā-taiao tinana

Physical environment neglected

741. The environments that survivors lived in while in psychopaedic and psychiatric care were neglected themselves. Survivor Ms MQ, who was admitted to Porirua Hospital in 1982 at 19 years old, said the “most accurate description I can give of this ward is that it was the saddest place on earth”.¹⁰⁷⁶
742. Dr Olive Webb gave evidence about the experiences of people in disability and mental health institutional settings during the Inquiry’s review period:
*“You know, ‘these people’ were – this was considered to be an appropriate place for ‘these people’ and ‘these sorts of people’. They had no value and it was considered to be our social responsibility to keep people warm and well fed, end of story.”*¹⁰⁷⁷
743. However, the State failed to provide even the most basic things Dr Webb mentions, including warmth. The Inquiry was provided evidence that shows the environments of psychopaedic settings were “run down”, “poorly resourced”¹⁰⁷⁸ and “old and cold”.¹⁰⁷⁹
744. The Inquiry heard about the “dirty and unhygienic” facilities at Māngere Hospital in 1989 from Enid Wardle, a former staff member, who said: “[You] would walk down the hallways and there would be faeces scattered on the floor.”¹⁰⁸⁰ Ms KH, said that there were some dormitories at the Templeton Centre near Ōtautahi Christchurch that never seemed to receive sunlight and were always dark.¹⁰⁸¹ She explained the newer villas were purpose-built and had a pleasant atmosphere, but the majority of villas were barren, with wooden or linoleum floors and no curtains. She said it was always freezing, and the male villa smelt strongly of stale urine.¹⁰⁸²

Te tūkinotanga ā-hauora i ngā whare Kāwanatanga nui

Medical abuse in large-scale institutions

745. People in medicalised disability and mental health institutional settings were abused by staff who had access to resources intended to deliver treatment, such as equipment and medication. Such tools were used on extremely harmful, degrading and dehumanising ways.¹⁰⁸³

1076 Witness statement of Ms MQ (24 May 2021, page 12).

1077 Transcript of evidence of Dr Olive Webb at the Inquiry’s Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 13 July 2022, page 203).

1078 Witness statement of Enid Wardle (13 October 2021, page 6).

1079 Witness statement of Mr NA (20 January 2022, page 2).

1080 Witness statement of Enid Wardle (13 October 2021, page 10).

1081 First witness statement of Ms KH (30 November 2021, page 5, para 4.11).

1082 First witness statement of Ms KH (30 November 2021, page 6).

1083 Witness statement of Terry King (10 August 2021, page 7).

746. Like other forms of abuse, medical abuse could intersect with, and be compounded by, forms of discrimination, including racism. Samoan survivor Leota Scanlon shared that although he did not know what racism was at the time, he has been able to identify differential treatment in his memories of Lake Alice Child and Adolescent Unit in Manawatū:

“Looking back on my time at Lake Alice, it was clear that Polynesian and Māori kids were treated worse than the Pālagi kids because we were getting more injections and electric shocks than the Pālagi kids. There were rules for them and different rules for us.”¹⁰⁸⁴

Ngā rautaki kaupare hei aupēhi i ngā kainoho Aversion techniques to control residents

747. Aversion techniques were used in large-scale disability and mental health institutions as a way for staff to assert control over children, young people and adults in care. This report refers to these as aversive ‘techniques’, not therapy, as they often involved the misuse of medical equipment, such as electro-convulsive therapy (also known as ‘ECT’) machines and known painful injections, without usual administration protocols being followed. Drugs that produced nausea and induced sleep were also used to deliver aversion techniques.
748. For example, when given according to protocol, electro-convulsive therapy involves the induction of a seizure (convulsion) through the application of an electrical stimulus (current) to the brain. A specified number of treatments are administered weekly over a specified period.¹⁰⁸⁵ Prior to the mid-1950s, electro-convulsive therapy was often delivered without anaesthetic and muscle relaxant (referred to as unmodified ‘ECT’).¹⁰⁸⁶ However, by the 1960s, this had changed, and the standard practice was for electro-convulsive therapy to be administered with general anaesthesia and muscle relaxants (referred to as modified ‘ECT’).¹⁰⁸⁷ By the 1970s, it was no longer considered appropriate to administer unmodified electro-convulsive therapy.¹⁰⁸⁸

1084 Witness statement of Leota Scanlon (23 June 2021, page 5).

1085 Weiss, A, Hussain, S, Ng, B, Sarma, S, Tiller, J, Waite, S & Loo, C, “Royal Australian and New Zealand College of Psychiatrists professional practice and guidelines for the administration of electroconvulsive therapy”, Australian & New Zealand Journal of Psychiatry (2019, page 8).

1086 Letter from professor of child and adolescent psychiatry to detective superintendent re: Lake Alice allegations (20 January 2009, page 2).

1087 Ministry of Health, Use of electroconvulsive therapy (ECT) in New Zealand: A review of efficacy, safety, and regulatory controls (2004, page 6); Weiss, A, Hussain, S, Ng, B, Sarma, S, Tiller, J, Waite, S & Loo, C, “Royal Australian and New Zealand College of Psychiatrists professional practice and guidelines for the administration of electroconvulsive therapy”, Australian & New Zealand Journal of Psychiatry (2019, page 3); Letter to Richard Parker from Dr Pugmire re: ECT treatment, (17 July 1975, page 1).

1088 Letter from professor of child and adolescent psychiatry to detective superintendent re: Lake Alice allegations (20 January 2009, page 5).

749. In the 1970s, electro-convulsive therapy was primarily used to treat those with severe depression (now known as 'major depression') as well as people with mania and schizophrenia.¹⁰⁸⁹ Its primary purpose is to rapidly relieve unwanted symptoms of a mental health condition.¹⁰⁹⁰
750. As detailed in Beautiful Children, the Inquiry's report into the Lake Alice Child and Adolescent Unit, electro-convulsive therapy machines were used to deliver electric shocks – often without anaesthetic – as punishment. This was experienced by survivors and staff from other psychiatric institutions as well, such as Carrington Hospital in Tāmaki Makaurau Auckland and Porirua Hospital.¹⁰⁹¹
751. Survivor Keith Wiffin received an electroencephalogram, also known as an 'EEG' at Porirua Hospital in 1970. After this he was diagnosed with a form of epilepsy and prescribed a sedative and an anti-convulsant drug.¹⁰⁹² Keith believed the electroencephalogram test was used as a convenient excuse to get him on this medication, and stated that this diagnosis was never supported by medical evidence or any of his subsequent doctors.¹⁰⁹³
752. Injections of paraldehyde were primarily used in psychiatric institutions, but in some instances, were also used in social welfare institutions. The Inquiry heard this happened in response to unwanted behaviours such as attempting to run away.¹⁰⁹⁴ It is important to note that running away can be a trauma response that could have been explained by survivors' experiences in these settings.
753. There are examples of equipment available in a medicalised environment being misused to punish and even torture individuals. The Inquiry's investigation into the Lake Alice Child and Adolescent Unit found that the use of electric shocks and paraldehyde to punish met the definition of torture as outlined by the Solicitor-General.¹⁰⁹⁵
754. Aversion techniques at Māngere Hospital included the delivery of electric shocks through belts and helmets developed by staff, snapping ammonia capsules under a person's nose, giving residents cold showers and spraying water on their faces.¹⁰⁹⁶

1089 Letter from professor of child and adolescent psychiatry to detective superintendent re: Lake Alice allegations (20 January 2009, pages 3–4); Weiss, A, Hussain, S, Ng, B, Sarma, S, Tiller, J, Waite, S & Loo, C, "Royal Australian and New Zealand College of Psychiatrists professional practice guidelines for the administration of electroconvulsive therapy", Australian & New Zealand Journal of Psychiatry (2019, page 3).

1090 Weiss, A, Hussain, S, Ng, B, Sarma, S, Tiller, J, Waite, S & Loo, C, "Royal Australian and New Zealand College of Psychiatrists professional practice guidelines for the administration of electroconvulsive therapy," Australian & New Zealand Journal of Psychiatry (2019, page 3).

1091 Royal Commission of Inquiry into Abuse in Care, Beautiful children: Inquiry into the Lake Alice Child and Adolescent Unit (2022, pages 28, 82–84); Witness statements of Christine Ramage (27 July 2021, page 8); Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 4) and Steven Storer (24 May 2021, page 7).

1092 Statement of Keith Wiffin (14 February 2006, para 14).

1093 Statement of Keith Wiffin (14 February 2006, para 20).

1094 Witness statements of Susan Kenny (15 July 2021, page 9) and Ms MV (18 July 2022, para 4.22).

1095 Royal Commission of Inquiry into Abuse in Care, Beautiful children: Inquiry into the Lake Alice Child and Adolescent Unit (2022, page 35).

1096 Witness statement of Sheree Briggs (21 January 2022, page 3).

755. While aversive techniques were still being promoted in Aotearoa New Zealand in the 1980s, they were considered outdated and poor practice in the UK because of their serious and traumatising side effects.¹⁰⁹⁷

Ngā ritenga panoni hemahematanga

Conversion techniques

756. Other types of medical equipment, as well as drugs that produced nausea and inhibited sleep, were used to deliver aversion and conversion techniques. The punitive approach of conversion practices, whereby individuals in psychiatric settings had to deny their sexuality or be subjected to electric shocks under the guise of 'treatment', reflected the discrimination and denigration of homosexuality in wider society.

757. For example, an appendix to the 1962 Kingseat Hospital in Karaka annual report states that a unit was organised at the hospital to conduct behaviour therapy, where three homosexuals had been treated.¹⁰⁹⁸ A room was "painted black with all light sources blocked" and "when the patient became anxious a tape was played decrying the activities for which they sought treatment".¹⁰⁹⁹ The second phase of the 'treatment' involved "prolonged wakefulness" through the administration of methedrine – another term for methamphetamine – and apomorphine, delivered every four hours.¹¹⁰⁰

"With the appearance of guilt and depression the tape and the attitudes of the Nurses and Medical Staff changed from a critical derogatory one to a congratulatory and optimistic approach. At this time the patients felt that they were able to handle their problem."¹¹⁰¹

1097 Matthews, M, The medicalisation, use of psychotropic medications and seclusion and restraint for people with a learning disability and / or autism spectrum disorder, Expert opinion provided to the Royal Commission into Abuse in State Care (7 August 2022, pages 14–15).

1098 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (pages 8–9).

1099 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (page 8).

1100 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (page 8).

1101 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (page 8).

758. The report noted that one of these patients was subjected to slightly different conversion techniques:
- "The last homosexual treated was under treatment for only 12 hours. Here, the aversion was not produced by electrical stimulation or nausea as had been done in the other cases, but by a feeling of depression and hopelessness produced by personal criticisms while under the influence of Lysergic Acid. Various masculine members of the staff adopted a critical, disparaging role, while some feminine volunteers from the staff adopted an optimistic encouraging role. With the distortion of the patient's time sense, he felt the treatment had extended over a period of perhaps a week."*¹¹⁰²
759. The Inquiry has also heard from Michael Ferriss, director of the New Zealand chapter of the Citizens Commission on Human Rights. He said that in 1992, a Citizens Commission on Human Rights volunteer interviewed the clinical supervisor at Kingseat Hospital who discussed treatments conducted in the 1960s, including behaviour modification in the form of electric shocks to homosexual patients' genitals.¹¹⁰³ This was using a modified machine otherwise used to try to treat bed-wetting.¹¹⁰⁴ The clinical advisor explained that while the patient had to give consent for the treatment, he did not believe individuals were prepared for how intense this treatment would be.¹¹⁰⁵ The Inquiry has not received any other witness evidence, or any other evidence, of this kind of treatment at Kingseat Hospital. The Inquiry is unable to confirm the accuracy of this evidence.
760. The Inquiry has seen some evidence that aversion techniques at Kingseat Hospital in Karaka were used with both abusers of sexual abuse against children and homosexual patients, without making a distinction between these groups.¹¹⁰⁶ This highlights the harmful association at the time between homosexuality and perversion.¹¹⁰⁷

1102 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (page 9).

1103 Witness statement of Michael Ferriss (30 June 2022, page 29).

1104 Witness statement of Michael Ferriss (30 June 2022, page 30).

1105 Witness statement of Michael Ferriss (30 June 2022, page 30).

1106 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (pages 8–9).

1107 Guy, L, "Straightening the queers": Medical perspectives on homosexuality in mid-twentieth century New Zealand", Health and History, 2(1), (2000, page 110).

761. NZ European survivor Peter Saffill, who also spent time at Tokanui Psychiatric Hospital located south of Te Awamutu, shared the story of his friend who he described affectionately as a “queen”, who was subjected to multiple instances of electric shocks. Peter described getting hold of their friend’s medical files and reading the following:

“And in the file, it said ... question, ‘Are you still a homosexual? Are you a homosexual?’ ‘Yes’. ‘Shock treatment’. Question, ‘Are you a homosexual?’ ‘Yes’. ‘Shock treatment’. This went on for quite a while. So ‘Are you a homosexual?’ and [my friend] said, ‘don’t know’. And I cried and cried, and I cried. [My friend] didn’t say, ‘No’, he said, ‘I don’t know’, and that was the first sign of him not being able to hold out anymore.”¹¹⁰⁸

762. Peter is also gay, but he did not receive any ECT. He did see the debilitating impact it had on his friend through the attempt to erase part of his identity: “And I sat there and watched my friend become a vegetable, couldn’t talk to me, couldn’t play, couldn’t do anything.”¹¹⁰⁹

763. Survivor Mr Invictus¹¹¹⁰ described the experiences of an acquaintance who was taken to Carrington and later took his own life. Mr Invictus said that staff:

“put him in a room, probably with a couple of attendants, and they showed him pornographic films between males or something or other. When [he] would get some pleasure out of looking at [the film], [the staff would] give [him] some kind of shock treatment.”¹¹¹¹

1108 Private session transcript of Peter Saffill (20 July 2020, page 62).

1109 Private session transcript of Peter Saffill (20 July 2020, page 62).

1110 Not his real name.

1111 Private session transcript of Mr Invictus (20 July 2020, page 15).

764. New Zealand Māori survivor Joshy Fitzgerald (Te Arawa), who was at Tokanui Psychiatric Hospital as teenager, described how staff knew he was gay and tried to “shock the gayness” out of him: “And then while I was there, I ... had three lots of electric shock treatment and I was about 15”.¹¹¹² Joshy said no one talked to him about being diagnosed with anything, but that once he mentioned he was gay “everything changed”:

“That’s when they did the electric shock treatment. I wasn’t diagnosed with anything that I can remember... I received the electric shocks because I was gay.

I remember when I was walking to get the first shock done and asked, ‘Where are you taking me’? The male staff member said, ‘We’ve got to get this gay out of you’. I said, ‘Well, it’s not something that I choose to be’. There was this talk with me, but it was really short and that’s when I knew I was having it for being gay.

I just had the three sessions of electric shock treatment and then nothing was ever said. I had no choice in whether to receive the electric shocks... I don’t remember a lot after the ECTs. It’s like it wiped my memory. The three or four months before the ECT, I don’t have any memory.”¹¹¹³

765. These examples demonstrate how medical conversion therapy medicalised a non-medical issue and denied survivors their agency.

¹¹¹² Private session transcript of Joshy Fitzgerald (25 January 2022, page 14).

¹¹¹³ Witness statement of Joshy Fitzgerald (25 January 2022, pages 6–7).

Ngā rongoā me ngā pūmatū hei aupēhi, hei mahere hoki i ngā kainoho

Medications and chemicals to control and restrain residents

766. Survivors also experienced chemical restraint in psychiatric settings, which was often used instead of providing appropriate treatment.¹¹¹⁴ NZ European Mr SA, a survivor with a learning disability, described being “drugged up” on Largactil (a sedating medication) at Tokanui Psychiatric Hospital.¹¹¹⁵ Survivor Alison Pascoe (NZ European) was also injected with Largactil while at Kingseat Hospital, which she described as “chemical straitjacket therapy”.¹¹¹⁶
767. David Newman described his brother’s experiences of overmedication and polypharmacy (taking a large amount of medication) at the Kimberley Centre near Taitoko Levin, and Templeton and Brackenridge Estate (located on the former Templeton Centre site) near Ōtautahi Christchurch and Hillmorton Hospital in Ōtautahi Christchurch.¹¹¹⁷ David said his brother “was essentially managed by sedation as a means of behavioural control”.¹¹¹⁸
768. Gary Hobson, who has attention deficit hyperactivity disorder and spent seven months as a forensic patient at Oakley Hospital in Tāmaki Makaurau Auckland, shared how he felt after being overmedicalised and receiving electroconvulsive therapy: ‘After a few days, I was put back in the room with every other zombie. I didn’t want to be like everyone else, but I acted and looked like them.’¹¹¹⁹
769. Sharon Brandford, who has worked to support people with learning disabilities for more than 35 years, explained that there was diagnostic overshadowing present in disability care settings. This is where a health or behavioural presentation is assumed to be because of a person’s disability.¹¹²⁰ She had seen “several women in their 40’s treated with psychotropic medication for agitation and distress when their issue was menopause”.¹¹²¹

1114 Witness statements of Ms WC (1 November 2022 page 3) and Mr MP (11 October 2021, page 5).

1115 Witness statement of Mr SA (7 April 2022, page 3).

1116 Witness statement of Alison Pascoe (29 April 2022, page 9).

1117 Witness statement of David Newman (31 May 2022, page 8).

1118 Witness statement of David Newman (31 May 2022, page 8).

1119 Witness statement of Gary Hobson (19 May 2022, page 7).

1120 Witness statement of Sharon Brandford (10 August 2022, page 4).

1121 Witness statement of Sharon Brandford (10 August 2022, page 4).

I whakahēngia ngā mōtika whakaputa uri o ngā kainoho Residents were denied their reproductive rights

770. The Inquiry has reviewed information, including material that has been provided by the Citizens Commission on Human Rights New Zealand, regarding people in psychiatric settings being administered treatment without their informed consent,¹¹²² being forced to receive injections,¹¹²³ and not being informed of potential side effects of contraceptives.¹¹²⁴ Sometimes these failures to consult were in contravention of hospital policies that encouraged consent to be sought from residents.
771. A 1980s Cherry Farm (located near Ōtepoti Dunedin) clinical management manual for so-called 'intellectually handicapped' residents states that decisions around contraception for female patients should be "taken by medical staff in consultation with nursing staff and, where possible, the resident herself".¹¹²⁵
772. The Inquiry also heard of parents who were not consulted on contraceptive practices. This is evident in a 1977 complaint, provided by Citizens Commission on Human Rights New Zealand, from parents whose daughter was administered contraception at Porirua Hospital without any parental consultation when she was 12–years-old.¹¹²⁶ The parents asked social welfare why she was being administered the contraceptive injection (Depo-Provera) and were informed that the hospital had the authority to administer it.¹¹²⁷ In later years, Porirua Hospital recognised some of the problematic policies around the administration of contraception and sought to change them.¹¹²⁸
773. Māori survivor Walton James Ngatai-Mathieson (Ngāti Porou), who had been in Lake Alice Child and Adolescent Unit in Manawatū, told the Inquiry that staff members gave drugs to male patients that left them impotent, and that a staff member gave him pills that chemically castrated him, saying:
- "I was given a 'blue pill' when I was older at Lake Alice. I understood this was to make sure I could not get anyone pregnant. I called it the 'kill cocker'. This belief was confirmed by what other patients also told me."***¹¹²⁹

1122 Letter from Sonja Cooper, Cooper Legal to Una Jagose, Crown Counsel (23 May 2011, page 2); Witness statement of Mr BG (21 July 2021, page 7).

1123 Citizens Commission on Human Rights, file note of telephone call (8 June 1994).

1124 Statement of patient at Porirua Hospital, dated 19 September 1981 (Citizens Commission for Human Rights); Witness statement of Allison Campbell (15 February 2022, page 6).

1125 Cherry Farm Hospital, IH Sub-Hospital, List of clinical management decisions concerning IH residents (n.d., page 237).

1126 Affidavit of the parents of a patient at Porirua Psychiatric Hospital (21 November 1977, page 2).

1127 Affidavit of the parents of a patient at Porirua Psychiatric Hospital (21 November 1977, page 3).

1128 Memo to staff at Porirua Hospital: Contraceptive use at Porirua Hospital (16 August 1993, page 1); Fax from John Cranshaw, manager of Mental Health Services, to Terry Patterson regarding contraception at Porirua hospital (13 August 1993); Memo from John Cranshaw, manager of Mental Health Services, to Brian Geary – New Zealand Family Planning Association (16 August 1993).

1129 Witness statement of Walton Ngatai-Mathieson (11 May 2021, page 13).

774. Institutional evidence revealed sterilisation referrals and sterilisations occurred in inappropriate circumstances and circumstances where consent was unclear.
775. In a 1988 letter from a medical officer to a consultant obstetrician, the medical officer noted that the family of a Tokanui Psychiatric Hospital patient located south of Te Awamutu wished for her to have a tubal ligation. The letter said that the patient did not want more children "but would prefer Depo-Provera as she says it would be less painful".¹¹³⁰ Despite this preference the letter went on to request that consultant obstetrician consider tubal ligation, noting that the patient "might have a lucid moment and agree".¹¹³¹

Dear Mr Kitchen,

re: [REDACTED]
d.o.b. [REDACTED]

I spoke to you on the phone re the above named, at present in Tokanui Hospital, ward 21A. She is [REDACTED] the latest born [REDACTED] at [REDACTED] at Waikato Hospital. The others are aged 6 and 2, and have been adopted out.

She has been socially withdrawn and almost mute from the age of 10 when her mother and sister died in a fire in Taumarunui. She has had frequent admissions to Tokanui where she was initially diagnosed as personality disorder but has since been psychotic with florid delusions requiring ECT, oral and intramuscular phenothiazines. She tends to abuse drugs when living in the community with her de facto and to stop her antipsychotics.

Her father, mother-in-law (de facto) and de facto, [REDACTED], would all like her to have a tubal ligation. [REDACTED] herself, wants no more children but would prefer Depo Provera as she says it would be less painful. She does not want an IUCD.

I would be grate ful it you would see her sometime and perhaps consider her for a tubal ligation. She might have a lucid moment and agree. Thanks for saying you would check out the legal situation. She is a committed patient.

Portion of the letter from Dr M. Roper, M.O. to Mr Kitchen, on 3 August 1988 noted in footnote 1122, 1131 and 1132.

776. A 1978 affidavit by a patient that resided at Kingseat Hospital in Karaka also outlines a sterilisation procedure occurring in inappropriate circumstances. The patient shared that during her admission to Kingseat Hospital in 1974, she discovered she "had had a tubal ligation and became very upset". She was informed she had agreed to this operation when she was in a depressed state.¹¹³²

1130 Letter from medical officer at Tokanui Psychiatric Hospital to consultant obstetrician at Waikato Hospital re potential sterilisation of anonymous patient (3 August 1988).

1131 Letter from medical officer at Tokanui Psychiatric Hospital to consultant obstetrician at Waikato Hospital re potential sterilisation of anonymous patient (3 August 1988).

1132 Affidavit of an anonymous patient at Kingseat (21 November 1978, page 2).

777. In a 2004 report provided to the Minister of Health, a total of 24 cases were identified of women with learning disabilities who received hysterectomies from 1997 to 2000. The report noted that of these cases, 16 of the patients' received hysterectomies to manage excessive and frequent menstruation, the average age of these patients was 15 years old. The patient's ability to participate in decision / consent processes was also noted – in one case, a patient had limited to reasonable ability, in another case, a patient had limited ability, and in 12 cases, patients were unable to participate in decision / consent processes.¹¹³³ Earlier statistics, reported in an unpublished paper by disability researcher Sue Gates, found that from 1991 to 1994, 169 New Zealanders with a learning disability were sterilised, 40 of whom were under 15 years old.¹¹³⁴
778. Failures to discuss contraception with patients or to obtain their consent illustrate pervasive disregard for the agency of the individuals in disability and mental health settings.¹¹³⁵ Roderick Wills, a staff member who worked as a social worker at Māngere Hospital from 1989 to 1993, said the "notion of consent was not part of the culture of care".¹¹³⁶
779. The Inquiry was told of people being forced to have abortions while living at disability and mental health institutions and that there was a lack of informed consent around this process. Sometimes survivors had become pregnant as a result of sexual abuse within institutions.¹¹³⁷
780. Survivors said they did not consent to abortion procedures and often only realised they had received an abortion after the procedure had occurred.¹¹³⁸ Survivor Ms WC, who was admitted to Oakley Hospital at 15 years old and was there for four years, shared that she watched her pregnant friend being taken into a room:

"She was screaming. Once they had finished, she wasn't pregnant anymore. She later told me that she was aborted ... I don't know why they did that to her, or to any of us. I don't think they liked disgraced, unmarried, pregnant women. They treated me badly, too – I was just a slut to them. It didn't matter what had caused it, or that we had been abused. They were so degrading to women."¹¹³⁹

1133 Ministry of Health, Health Report: Hysterectomies in young women with intellectual disabilities (20 March 2002, pages 3, 5, 8).

1134 Gates, S, "A human wrong? Sterilization of young girls and women with intellectual disabilities in New Zealand" (Unpublished manuscript, 2000), in Hamilton, C, "Sterilisation and intellectually disabled people in New Zealand – still on the agenda?" *Kōtuitui: New Zealand Journal of Social Sciences Online* 7(2), (2012, Table 1, page 64).

1135 Witness statement of Claire Ryan (16 November 2022, pages 12–13).

1136 Witness statement of Roderick Wills (5 August 2022, page 11).

1137 Gates, S, "A human wrong? Sterilization of young girls and women with intellectual disabilities in New Zealand" (Unpublished manuscript, 2000), in Hamilton, C, "Sterilisation and intellectually disabled people in New Zealand – still on the agenda?" *Kōtuitui: New Zealand Journal of Social Sciences Online* 7(2), (2012, Table 1, page 64).

1138 Witness statements of Sunny Webster (18 December 2021, page 12) and Christine Ramage (27 July 2021, pages 17–18).

1139 Witness statement of Ms WC (1 November 2022 page 6).

781. Survivor Ms GI told the Inquiry that her sister, who was in a psychiatric institution, woke up to find that she was undergoing an abortion:

*"She said that she did not want the abortion, but one night she had woken up and they were operating on her to abort the baby. I am certain that this put her into a deeper depression."*¹¹⁴⁰

Kāore he whakamōhiotanga whakaaetanga i roto i ngā mahi rangahau me ngā whakamahutanga

Lack of informed consent in research trials and treatments

782. Sheree Briggs, a former Māngere Hospital staff member, told the Inquiry that research trials were conducted at the hospital. Sheree was not aware of consent being given by the people receiving the medication, or their parents.¹¹⁴¹ The research was for anti-psychotic drugs and they were trialed on children as young as 5 years old.¹¹⁴²

783. Dr Olive Webb told the Inquiry she was aware of research being conducted at Māngere Hospital and the Templeton Centre near Ōtautahi Christchurch, where prescribed medications were being manipulated.¹¹⁴³ She said that when the researcher was at a meeting with psychologists, he chuckled and said: "It's great because the retards are one step higher than rats".¹¹⁴⁴

784. Dr Ken Bragan, a psychiatrist who worked at Cherry Farm in the late 1960s, said:

*"I think there was a general attitude among some psychiatrists, during the mid-20 century, of wanting to give new treatments a go ... If you look at it objectively, I think these psychiatrists were pursuing these treatments for their own interests rather than that of their patients."*¹¹⁴⁵

785. The Inquiry received evidence of psychiatrists in Aotearoa New Zealand using LSD treatment "despite this method being on the fringes of psychiatry even in the 1970s".¹¹⁴⁶ The Inquiry also heard there could have been unconsented LSD trials at Cherry Farm and Ngawhatu Psychiatric Hospital.¹¹⁴⁷

1140 Witness statement of Ms GI (17 August 2021, page 12).

1141 Transcript of evidence of Sheree Briggs at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 175).

1142 Transcript of evidence of Sheree Briggs at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, pages 175–176).

1143 Transcript of evidence of Dr Olive Webb at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 13 July 2022 page 226).

1144 Transcript of evidence of Dr Olive Webb at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 13 July 2022, page 226).

1145 Witness statement of Ken Bragan (19 February 2021, page 7).

1146 Witness statement of Timothy McKergow (17 March 2021, page 3).

1147 Witness statement of Dr Hilary Stace for the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, October / November 2019, para 57); Witness statement of Mark Benjamin (5 October 2022, page 6).

786. In 1979, George Gair, the Minister of Health, advised that approval for the use of psilocybin (an hallucinogen) had been overlooked and the requirement of the Misuse of Drugs Act 1975 had not been met.¹¹⁴⁸ Correspondence notes that the use of the drug on two children had been discussed with their parents and the technical breach remedied with retrospective approval from the Minister of Health.¹¹⁴⁹

787. Dr John Werry, a child psychiatrist, explained that when he moved back to Aotearoa New Zealand from the United States in the early 1970s, he was horrified to find that lobotomies were still being performed here, given that “the practice of lobotomy was almost unknown in the United States by that time”.¹¹⁵⁰ He said:

“I found ... that psychosurgeries [also known as neuro-lobotomies] were still being performed on patients at Oakley Hospital, then under Dr Pat Savage. Dr Savage would have been the most senior psychiatrist in New Zealand at that time. He was very old-fashioned. He believed in hospital care for everybody and in locking people away in mental hospitals ... Patients were supposed to have an independent psychiatric review before such treatment, so I was surprised to learn that Dr Savage used to send patients for surgery with minimal checks.”¹¹⁵¹

788. NZ European survivor Ms LU, reflected on the lack of informed consent surrounding her neurosurgery – also known as a lobotomy – that took place in 1974 at Wellington Hospital when she was 29 years old:

“I can’t remember Dr Leeks or Dr Fama explaining to me what the surgery entailed, what it was for or any possible complications ... If, at the time, they had asked for my consent to do the operation, I would have said no. How dare they muck around on my brain. Even though I was a frightened little girl, I still would have said no. I was under lots of medication at the time. I was like a zombie so I’m not sure if my parents were involved in the decision to have the surgery.”¹¹⁵²

789. Ms LU said she continues to experience negative mental and emotional impacts because of this surgery.¹¹⁵³

1148 Letter from Minister of Health George Gair to MA Boyd of the Citizens Commission on Human Rights (23 February 1979, page 2).

1149 Letter from Minister of Health George Gair to MA Boyd of the Citizens Commission on Human Rights (23 February 1979, page 2).

1150 Witness statement of Dr John Werry (20 September 2021, page 11).

1151 Witness statement of Dr John Werry (20 September 2021, pages 11–12).

1152 Witness statement of Ms LU (18 May 2022, page 7).

1153 Witness statement of Ms LU (18 May 2022, page 7).

Te tūponotanga o te pāngia o ngā purapura ora e ngā pokanga hinengaro ā-hiko
Survivors could have experienced electrical lobotomies

790. A paper published in the 1958 New Zealand Medical Journal described the treatment of 25 women over the previous eight years in Aotearoa New Zealand who were "given ECT beyond the stage of gross confusion, to a stage where there is temporary dementia, with complete disintegration and loss of personality".¹¹⁵⁴ The treatments were given once daily. The author stated:

*"After a week or more, mental confusion and imperception occur, so that the patient does not recognise objects, persons and places. There is complete poverty of imagination, so that while at first some effort may be made to get out of bed to the toilet, the patient eventually becomes incontinent of urine and faeces unless regularly toileted. Eventually complete aphasia and agnosia occur, and finally there is a breaking up of the personality organisation. It is important at this stage that the treatment be continued until there is complete loss of personality. The patient may show gross regression until she curls up into the antenatal position."*¹¹⁵⁵

791. Aphasia refers to a disorder that results from damage to portions of the brain that are responsible for language, and therefore impairs one's ability to express and understand language as well as their ability to read and write.¹¹⁵⁶ Agnosia is a neurological disorder characterised by an inability to recognise and identify things such as objects or people's faces and voices.¹¹⁵⁷ Both of these 'disorders' typically result from damage to areas of the brain from strokes, traumatic brain injuries, or other neurological conditions.

792. No survivors shared their experiences of receiving this procedure with the Inquiry, and there is no other evidence of it, although the Citizens Commission on Human Rights New Zealand identified 10 survivors when they investigated this 'treatment' in 1998.¹¹⁵⁸ That statement detailed how survivors "expressed severe memory loss and other mentally and physically debilitating conditions as a result of the 'treatment'".¹¹⁵⁹

1154 Moore, RW, "Therapeutic dissociation by electro-convulsive therapy," New Zealand Medical Journal LVII (1958, page 360).

1155 Moore, RW, "Therapeutic dissociation by electro-convulsive therapy," New Zealand Medical Journal LVII (1958, page 361).

1156 National Institute on Deafness and Other Communication Disorders website, What is Aphasia? (2017), <https://www.nidcd.nih.gov/health/aphasia>.

1157 National Institute of Neurological Disorders and Stroke website, Glossary: Agnosia (2023), <https://www.ninds.nih.gov/health-information/disorders/glossary-neurological-terms#:~:text=Agnosia,dementia%2C%20or%20other%20neurological%20conditions>.

1158 Witness statement of Michael Ferriss (30 June 2022, para 50).

1159 Witness statement of Michael Ferriss (30 June 2022, para 50).

Te whakataratahitanga hei whakahaere i ngā kainoho Solitary confinement to manage residents

793. Solitary confinement, sometimes referred to as 'seclusion', was used as punishment, behavioural 'management' and even convenience in some large-scale institutional settings. Solitary confinement was used as part of the daily routine in some of these institutions and the Inquiry heard from survivors that its use was psychologically and physically abusive. Survivors' experiences in these often-barren spaces were characterised by a lack of access to toilets, showers and water and being isolated for a long time.
794. Survivors shared that they were 'locked up' all the time and treated like prisoners.¹¹⁶⁰ Survivors were commonly put in solitary confinement as punishment for running away.¹¹⁶¹ Survivor Brian Moody told the Inquiry he was secluded as retaliation for a complaint he made against staff.¹¹⁶²
795. Margaret is aware from her sister Irene Priest's (NZ European) files, that Irene was placed in solitary confinement at the Kimberley Centre near Taitoko Levin as punishment for her behaviour.¹¹⁶³ The records show that she was placed in solitary confinement on at least 18 occasions from June to August in 1990.¹¹⁶⁴ Matthew Whiting, a Māori survivor with cerebral palsy, described being placed in a room at Pukeora Hospital and being unable to leave. He explained that he witnessed similar punishments given to other residents.¹¹⁶⁵
796. 'Time out boxes' were used as part of a 'behaviour programme', based on aversion technique principles, at Māngere Hospital. Sheree Briggs, former Māngere Hospital staff member, explained that this aversion technique characterised by solitary confinement was "typically for response to aggressive behaviour, sometimes self-injurious behaviour and a person when they engaged in this specific identified behaviour were restrained and taken down to the time out box and placed in there until they were calm".¹¹⁶⁶
797. These small, wooden, lockable boxes which existed in multiple rooms at Māngere Hospital only allowed for minimal movement once someone was put in them. Sheree Briggs explained that "most of the time [people put into the box] would stand and smash against the wall or bang their heads against the walls and scream", and that there was no set amount of time someone would remain in there. One young boy was in there for over an hour for biting.¹¹⁶⁷

1160 Witness statement of Mr SA (7 April 2022, page 2).

1161 Witness statements of Beverly Wardle-Jackson (7 November 2019, page 7); Alison Pascoe (29 April 2022, page 8, para 2.43) and Ms WC (1 November 2022, page 5, para 2.29).

1162 Witness statement of Brian Moody (4 February 2021, page 15).


1163 Witness statement of Margaret Priest (28 January 2022, page 10).

1164 Kimberley seclusion registers, 12 June 1990 to 23 June 1990; Kimberley seclusion registers, 1 July 1990 to 10 July 1990; Kimberley seclusion registers 1 August 1990 to 25 August 1990.

1165 Witness statement of Matthew Whiting (22 November 2021, pages 8–9).

1166 Transcript of evidence of Sheree Briggs at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 178).

1167 Transcript of evidence of Sheree Briggs at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, page 179).

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798. While solitary confinement was sometimes used to try to manage perceived challenging behaviour, it was also sometimes embedded into the standard practices of the institution.¹¹⁶⁸ Samoan, Gypsy survivor Antony Dalton-Wilson told the Inquiry that new arrivals to Māngere Hospital were placed in solitary confinement without explanation.¹¹⁶⁹
799. In some disability settings, solitary confinement was used for the convenience of staff. For example, in a letter to the chief nurse of the Canterbury Hospital Board, the acting head of the nursing studies department at Christchurch Polytechnic described how solitary confinement was being “used for illegal lengthy periods so staff can have morning tea without interruption”.¹¹⁷⁰
800. The Inquiry also heard of degrading abuse experienced by survivors while in solitary confinement. NZ European survivor Steven Storer, who was in Oakley Hospital in Tāmaki Makaurau Auckland in the mid-1970s, shared that he would be left in a padded room with no toilet and “you would just soil yourself then at the end get hosed down”.¹¹⁷¹
801. At the Inquiry’s State Institutional Responses Hearing, the Ministry of Health and Whaikaha acknowledged the inappropriate use of seclusion, which is referred to in this report as solitary confinement, as well as restraints, that took place in psychopaedic and psychiatric settings.¹¹⁷²

1168 Brief of evidence of Dr Brigit Mirfin-Veitch at the Inquiry’s Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 9 October 2019, page 8, para 64).

1169 Witness statement of Antony Dalton-Wilson (13 July 2021, pages 12–13).

1170 Report to Mr Sheppard on comprehensive students’ clinical experience at Templeton (October 1986, page 5).

1171 Witness statement of Steven Storer (24 May 2021, page 7).

1172 Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry’s State Institutional Response Hearing (17 August 2022 page 207); Transcript of Chief Executive Geraldine Woods for Whaikaha – Ministry of Disabled People at the Inquiry’s Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 216).

I rongo ngā purapura ora i te kaikiri, te tūkinō ā-ahurea me te whakapapa i ngā whare Kāwanatanga nui

Survivors experienced racial and cultural abuse and neglect in large-scale institutions

Ngā wheako a te Māori


Māori experiences

802. Māori survivors who were placed in large-scale disability and psychiatric settings suffered individual, as well as systemic racial and cultural abuse and neglect. This abuse and neglect included physical, spiritual and emotional disconnection from whakapapa, whānau, hapū, iwi, taha Māori, and connection to whenua, in the context of a predominating Eurocentric approach to health. Historically, the care and treatment received in these settings reflected a biomedical model of care that denied a more holistic understanding of health, healing, and systems of care, including kaupapa Māori models of care.
803. Māori survivors of institutional disability care describe the trauma of living in Pākehā institutions that were dismissive of their identities, “alien to their life experiences, and unresponsive to their cultural and spiritual needs”.¹¹⁷³
804. Many were not allowed to speak te reo Māori, and Māori names were Anglicised for staff convenience.¹¹⁷⁴ In a 2004 Ministry of Health research report, three whānau members of adults with a learning disability who were institutionalised, expressed continued frustration that their whānau member was unable to live by their cultural values, such as observing karakia before kai or eating particular foods.¹¹⁷⁵
805. Denial of cultural connection and identity erodes self-identity, and affects every part of a person’s wellbeing, as well as the collective wellbeing of their whānau, hapū, and iwi.
806. Intersectional experiences of abuse and neglect have also been experienced in these settings by tāngata whaikaha Māori (Māori with disabilities who are determined to do well) and tāngata whaiora (Māori who is the subject of care, assessment and treatment processes in mental health), as well as their whānau, hapū, and iwi. Tāngata whaikaha and tāngata whaiora experienced racist and ableist forms of abuse and neglect – their removal into care was influenced by segregationist policies and societal racism which separated them from their whānau and culture; this disconnection was further exacerbated once in care, where they experienced racism and ableism.

1173 Kaiwai, H & Allport, T, Māori with Disabilities (Part Two): Report Commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Ministry of Justice, 2019, page 28); Witness statement of Mr IA (2 June 2022, page 5); Private session transcript of survivor who wishes to remain anonymous(25 May 2021, page 6).

1174 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 (Ministry of Health, 2004, page 156); Ratima, K & Ratima, M, “Māori experience of disability and disability support services,” in Robson, B & Harris, R (eds), Hauora: Māori standards of health IV – A study of the years 2000–2005 (Te Rōpū Rangahau Hauora a Eru Pōmare, 2007, page 192).

1175 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 (Ministry of Health, 2004, page 151).

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807. In a collective statement, a group of Whānau Hauā (an ‘umbrella’ term for Māori with disabilities and their collective) from Tāmaki Makaurau said the worse thing to happen to them in Pākehā disability institutions was that their culture was taken from them: “We were separated from our culture and forced to view ourselves in a light inconsistent with te ao Māori.”¹¹⁷⁶ They further explained that institutionalisation is a “modern colonisation”, as it removes them from their culture, whānau, hapū and iwi, and denies them the decision-making power over their lives.¹¹⁷⁷ The group spoke about how this relates to the Tohunga Suppression Act 1907 and how it has prevented Māori from practicing their own traditional methods of healing and supporting Whānau Hauā. This, alongside other colonial institutions and instruments, have denied whānau access to mātauranga and practices that would have enabled them to care for their own Whānau Hauā.¹¹⁷⁸
808. The Whānau Hauā group said they experienced multiple forms of abuse while in institutional disability, “often because [they] were Māori”.¹¹⁷⁹ One member stated: “We got hit for speaking Māori, slapped across the face, made to go without meals. Māori kids were the only ones who got treated this way.”¹¹⁸⁰
809. Māori survivors who were in psychiatric institutions also suffered cultural neglect.¹¹⁸¹ New Zealand Māori survivor Joshy Fitzgerald (Te Arawa) wished he had more of an opportunity to learn te reo but explained that “Māori culture never got brought up at Tokanui [Psychiatric Hospital]”.¹¹⁸² The denial of te reo was not simply a denial of language or a form of educational neglect – Joshy shared that it also denied him a “feeling of belonging”, and that because he was denied te reo, he felt as if he did not belong anywhere.¹¹⁸³
810. Sheree Briggs, a former staff member at Māngere Hospital, described a ‘significant neglect’ of culture, saying: “There were no cultural events, no support of residents’ cultural identity and no recognition of culture at all.”¹¹⁸⁴
811. Māori survivors and their whānau also experienced racism in disability and mental health settings.¹¹⁸⁵

1176 Collective statement of Tāmaki Makaurau Whānau Hauā (September 2022, paras 11–12).

1177 Collective statement of Tāmaki Makaurau Whānau Hauā (September 2022, para 15).

1178 Collective statement of Tāmaki Makaurau Whānau Hauā (September 2022, para 18–19).

1179 Collective statement of Tāmaki Makaurau Whānau Hauā (September 2022, para 10).

1180 Collective statement of Tāmaki Makaurau Whānau Hauā (September 2022, para 10).

1181 Witness statement of Ms WC (1 November 2022, page 7).

1182 Witness statement of Joshy Fitzgerald (25 January 2022, page 13).

1183 Witness statement of Joshy Fitzgerald (25 January 2022, page 13).

1184 Witness statement of Sheree Briggs (24 January 2022, page 5).

1185 Witness statement of Whiti Ronaki (20 June 2022, para 2.20); Sutherland, O, Justice and race: Campaigns against racism and abuse in Aotearoa New Zealand (Steele Roberts, 2020, page 141).

812. Māori survivor Sidney Neilson (Ngāti Porou, Ngāpuhi) told the Inquiry about the regular racism he experienced from patients and staff at Porirua Hospital. He shared: "Racism was always present in my experiences as a patient, and this was often expressed as anger directed at me by the Pākehā staff. They would stand over me or treat me like I was no good."¹¹⁸⁶ He also said that Māori and Pākehā patients were "like enemies, fighting in the kitchen",¹¹⁸⁷ and that Pākehā nurses were "rude, arrogant and racist towards us".¹¹⁸⁸
813. Sidney's sister, Cherene Neilson-Hornblow, also spoke to the Inquiry. She explained how Sidney had to 'normalise' himself to Pākehā practices in psychiatric care settings, including treatment protocols such as medication, as well as the institutional environment itself which did not represent or align with his cultural identity and therefore cultural values and needs.¹¹⁸⁹
814. The only good memories Sidney has of Porirua Hospital are when his dad would gather everyone together and put on boil-ups and rēwena bread "to manaakitanga all the Māori clients at the hospital".¹¹⁹⁰ These gatherings allowed people to practice whakawhanaungatanga and to "talk about what issues and concerns they had with the system, staff, place and environment".¹¹⁹¹
815. Some Māori survivors have spoken about how behaviours associated with Māori spirituality, specifically matakite, were misunderstood and pathologised.¹¹⁹² Medical professionals and staff would interpret these behaviours as symptoms of mental distress or a mental health condition that required treatment, including medication.¹¹⁹³
816. Sidney's sister, Cherene, also explained that staff did nothing to support their whānau introducing Māori healing practices, such as tohunga,¹¹⁹⁴ within the institutional setting:
- "When my parents tried to introduce tohunga, they were just seen as, 'oh, those Māori things over there', or if they even tried to get people in that could help my brother in the hospital, it was just invalidated. Yeah, we received quite a lot of systemic racism for historical, cultural, and racial inequities."*¹¹⁹⁵

1186 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 7).

1187 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 8).

1188 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 7).

1189 Private session of Sidney Neilson (10 June 2020, page 22).

1190 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 8).


1191 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 8).

1192 Witness statement of Mr OL (29 September 2020, paras 21–23).

1193 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 20).

1194 While the government's attempt to outlaw tohunga ultimately did not succeed, legislation such as the Tohunga Suppression Act 1907 played a part in suppressing Māori healing practices, by effectively driving them underground. See Waitangi Tribunal, Te Mana Whatu Ahuru: Report on Te Rohe Pōtae Claims Part V, prepublication version (2020, page 64).

1195 Private session transcript of Sidney Neilson (10 June 2020, page 40).

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817. These experiences highlight the layers of racism, discrimination and oppression that occurred in these institutional settings – this harm rippled out to whānau. This tūkinō – abuse, harm and trauma – reflected transgressions against many aspects of tikanga and kaupapa Māori, as well as disability values such as respecting inherent human value, diversity and the right to decision-making. This is made even more evident when such examples are compared with experiences survivors had of more inclusive and culturally validating practices.

Ngā wheako a ngā uri Pasifika

Pacific experiences

818. For Pacific survivors who experienced care in large-scale psychopaedic or psychiatric institutions, cultural identity or heritage was rarely recognised. A key point of difference for Pacific Peoples in disability and mental health care settings was the dominance of a Pālagi bio-medical model. In some instances, this not only denied survivors access to their cultures, families, and communities, but also to Pacific methods of healing and holistic understandings of wellbeing. Dr Diana Sarfati, Ministry of Health Chief Executive and Director-General of Health, acknowledged in her brief of evidence for the Inquiry's State Institutional Response hearing that:
- “Health and disability settings between 1950 and 1999 did not consistently and meaningfully ensure the cultural needs of all Pacific people were met, including providing culturally appropriate health care options, causing disconnection from their culture, identity, language and communities.”¹¹⁹⁶*
819. The Inquiry heard that in the 1990s, in-patient mental health units, did not offer culturally appropriate care options that reflected Pacific cultural practices and values.
820. Samoan survivor Rachael Umaga described how drug therapy was the only care treatment option available to her from 1992 to 2013.¹¹⁹⁷ In 2003, she sought an alternative form of treatment outside of the psychiatric unit, the Samoan fofo, but she had to get approval from her psychiatrist to do so. After undertaking fofo for seven days, Rachael experienced positive results.¹¹⁹⁸ She remained well and was discharged without further treatment or medication.

¹¹⁹⁶ Brief of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 5).

¹¹⁹⁷ Witness statement of Rachael Umaga (18 May 2021, page 22).

¹¹⁹⁸ Witness statement of Rachael Umaga (18 May 2021, page 14).

821. The importance of cultural therapeutic activities for Pacific Peoples with mental health needs was highlighted in the Government Inquiry into Mental Health and Addiction. The report focused on Pacific Peoples defined ideal practice in the mental health sector as including access to “therapeutic activities sourced to Pacific worldviews and wisdom which are often beyond the scope of standard clinical practice and beyond mainstream appreciation of what is healing.”¹¹⁹⁹
822. Rachael Umaga also recalled the lack of Pacific mental health workers particularly during the 1990s. She described how one psychiatric unit “was full of foreign nurses and foreign doctors” who she felt did not “have any idea of New Zealand culture let alone ... Samoan culture”.¹²⁰⁰
823. Survivors in these large-scale institutional settings experienced often-forced separation from family and aiga. For Pacific survivors in disability and mental health settings, this deliberate separation often meant access to kainga (family) was denied, causing them deep emotional harm. While at Wilson Home in 1975, for example, Samoan Gypsy survivor Antony Dalton-Wilson was repeatedly denied access to his mother:
- “Even though I liked being at the Wilson home in the daytime, I wanted to go home to see my mum at nighttime, but the nurses would not let me. It would upset me. Every day I would ask when I could go home but the nurses would not answer. That would make me agitated and very angry.”***¹²⁰¹
824. Survivor Lusi Faiva shared her similar experience, saying: “While I was in the Kimberley Centre, my mum never visited me. The first time she came was when she came to take me home. I didn’t know who she was and I felt nervous.”¹²⁰²
825. Inaccurate recording of names and ethnicities in care represented a way staff further neglected or denied individuals’ identities. Samoan survivor Rachael Umaga had several admissions to Hutt Hospital in Te Awa Kairangi ki Tai Lower Hutt from the late 1990s, and the acute mental health in-patient unit there. She explained that on her medical notes she saw multiple incorrect ethnicities entered as well as misspelling of her name, despite telling the staff this information several times:
- “The staff just assumed my Pacific Island ethnicity and they had that typical perception that all Islanders looked the same. They didn’t ask me to clarify or confirm my ethnicity – they just wrote it down.”***¹²⁰³

1199 Government Inquiry into Mental Health and Addiction, Mental Health Inquiry Pacific Report (2018, page 4)

1200 Witness statement of Rachael Umaga (18 May 2021, page 5).

1201 Witness statement of Antony Dalton-Wilson (13 July 2021, page 6).

1202 Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people’s experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 78).

1203 Witness statement of Rachael Umaga (18 May 2021, page 10).

Ngā wheako a te hunga Turi

Deaf experiences

826. Sheree Briggs, a staff member at Māngere Hospital, described intersectional challenges experienced by Deaf individuals with learning disability:

"In terms of Deaf culture, there were a few Deaf residents at both Māngere [Hospital] and St John's [Home for Boys' (and Girls')] in Ōtautahi Christchurch]. Some of them could sign fluently, but not all of them, so they would come up with their own unique signs to communicate. There were some staff who could sign with these residents and were able to teach them to sign. However, it was particularly challenging for Deaf residents to learn Sign Language if they had a significant intellectual disability."¹²⁰⁴

Te tūkinotanga ā-hinengaro i ngā whare Kāwanatanga nui Psychological abuse in large-scale institutions

I rongō ngā purapura ora i te whakatumatuma me te tūkinō ā-waha Survivors experienced bullying and verbal abuse

827. Survivors and residents experienced bullying in different forms that were extremely hurtful and dehumanising. Many survivors reported physical and verbal bullying in disability and mental health institutional settings that targeted people based on their disability, condition, impairment, ethnicity, gender identity and /or sexual orientation. As such, bullying was often a form of disregard for, or disparagement of, diverse identities of those in care.

828. At the Templeton Centre near Ōtautahi Christchurch it was common for residents to be sworn at and called names such as 'egghead',¹²⁰⁵ 'idiot'¹²⁰⁶ and 'little shit'.¹²⁰⁷ Survivor Antony Dalton-Wilson said that staff at Māngere Hospital called him 'handicapped', despite him asking them not to as "it undermines me".¹²⁰⁸

829. Some survivors were mocked or laughed at for their powerlessness in the face of bullying. Helen Porter, a former psychopaedic nurse at the Templeton and Seaview Hospital, explained how the male staff at Seaview would tease a wheelchair user:

"He was a biter, and if he ever bit any of the staff or tried to lash out, they would pick him up and leave him on the floor unable to move. I would get so angry and tell them to put him back in his wheelchair immediately. They would claim their actions were behavior management, but it had nothing to do with that. It was a violation of his basic human dignity. It was all about power and control."¹²⁰⁹

1204 Witness statement of Sheree Briggs (24 January 2022, page 6).

1205 Report to Mr Sheppard on comprehensive students' clinical experience at Templeton (October 1986, page 3).

1206 Witness statement of Helen Porter (26 August 2022, page 6).

1207 Witness statement of Alison Adams (6 December 2021, page 10).

1208 Witness statement of Antony Dalton-Wilson (13 July 2021, page 13).

1209 Witness statement of Helen Porter (26 August 2022, pages 9–10).

Te noho wehe i te whānau me ngā hoa Separation from family, whānau and friends

830. Separation from whānau, family, friends and support networks could itself be classed as a form of abuse. The Inquiry acknowledges the acute pain created by this separation as being central to many survivors' stories.
831. In large-scale institutions, this separation was at times encouraged or enforced by staff. At the Kimberley Centre near Taitoko Levin, parents were told not to visit their child for months.¹²¹⁰ Parents were told that their child "needed to settle into the culture of the institution and to reach an understanding that [their] family [wasn't] coming to take [them] home".¹²¹¹
832. Some whānau and friends of survivors who were in psychiatric care settings were told by staff they were not allowed to visit or were prevented from seeing their loved ones when they did visit.¹²¹² Some survivors were later told by family and whānau that staff discouraged them from making contact – they were told an individual was too 'unwell' or needed space to 'recover', although at the time, this was never communicated to the individual themselves. Survivors assumed their family did not try to reach out to, or even care about them, which made them feel like they were not part of a family.
833. Survivors felt that staff's power to make decisions around contact and visits was dehumanising and completely neglected their emotional needs. Samoan survivor Rachel Umaga described experiencing this when she was in a psychiatric ward attached to a hospital:
- "I was stuck in the room, restricted from doing anything else on the ward. They let me out to have my meal, but they restricted the number of visitors I could see. It was a dehumanising experience and a power play by the nurses and doctors in that they made all the decisions for me."***¹²¹³
834. Catherine Hickey, whose brother Paul was in Porirua Hospital, says their family's access to visits was restricted while Paul was in care and the hospital never provided reasons for this. In addition, letters Paul wrote to his family were confiscated and calls were monitored – Paul would ask for help every time he contacted his family.¹²¹⁴
835. The isolated nature of many large-scale institutions themselves further discouraged relationships and connections being maintained with the 'outside' world. Sometimes families could not visit because institutions were located too far away from where they lived.¹²¹⁵

1210 Witness statement of Paul Milner (1 June 2022, para 2.66).

1211 Witness statement of Paul Milner (1 June 2022, para 2.66).

1212 Witness statements of Mr OW (17 May 2021, para 61); Judy Mc Ardle (9 October 2020, para 3.1.6) and Stephen Cotterall (30 November 2022, para 3.30).

1213 Witness statement of Rachael Umaga (18 May 2021, page 8).

1214 Witness statement of Catherine Hickey (2 August 2021, para 34).

1215 Circular memo to chief executives or secretaries of hospital boards copy to medical superintendents-in-chief and medical superintendents psychiatric Hospitals (12 March 1973), detailing issue of 'exchange' transfers between psychiatric hospitals; Witness statements of Robyn Byers (19 May 2022, para 2.3); Walton Ngatai-Mathieson (11 May 2021, para 22) and Rodney Daken (8 September 2022, para 2.29).

Te taitōkai i ngā whare nui o te Kāwanatanga Sexual abuse in large-scale institutions

836. There was widespread sexual abuse across mental health and disability care settings.
837. Survivors who were in psychiatric settings told the Inquiry they were sexually abused by staff members and other patients. Survivors described being sexually abused while physically or chemically restrained, when receiving treatment, and when heavily medicated.¹²¹⁶ NZ European survivor Steven Storer told the Inquiry that a staff member at Oakley Hospital sexually abused him while he was in a dazed state.¹²¹⁷ Sexual abuse for survivors in these settings included indecent exposure, forced oral sex, and being repeatedly raped.¹²¹⁸
838. Survivor Danny Akula was 15 years old when he was admitted to Porirua Hospital in March 1968. Three days after he was admitted, he was made to perform oral sex on two male nurses.¹²¹⁹ He told the Inquiry that this sexual abuse happened at night in the dormitory where 20 to 30 other men were.¹²²⁰ He described the extent of the sexual abuse at Porirua:

“The two nurses would pick me up and take me to another room where I was raped. I was fully aware that there were many sexual assaults happening at night, both by staff and patients. I remember that if I thought I heard a door open or shut, I would automatically move into a fetal position, to protect myself.”¹²²¹

839. Survivor Ms ON, who spent time in Claybury House at Kingseat Hospital in 1990, described group therapy as being “like a psychiatric torture chamber”.¹²²² She explained that as a sexual abuse victim, a blindfolded touching activity was “one of the most frightening experiences of my life”.¹²²³

“One by one, we were blindfolded and led to the centre of the room where other blindfolded patients were waiting. The instructions were to ‘get to know one another by touch’. I stood rigidly on the spot as I was touched all over: my hair, my face, my neck, my shoulders, my breasts, my stomach and my bottom. I wanted to scream but no sounds came out.”¹²²⁴

¹²¹⁶ Witness statements of Christine Ramage (27 July 2021, page 12, 18) and Steven Storer (24 May 2021, page 7).

¹²¹⁷ Witness statement of Steven Storer (24 May 2021, page 7).

¹²¹⁸ Witness statements of Mr MM (11 August 2021, page 12); Ken Clearwater (14 June 2021, page 3) and Danny Akula (13 October 2021, pages 17–18).

¹²¹⁹ Witness statement of Danny Akula (13 October 2021, page 17).

¹²²⁰ Witness statement of Danny Akula (13 October 2021, page 17).

¹²²¹ Witness statement of Danny Akula (13 October 2021, pages 17–18).

¹²²² Witness statement of Ms ON (11 May 2022, page 69).

¹²²³ Witness statement of Ms ON (11 May 2022, pages 80–81).

¹²²⁴ Witness statement of Ms ON (11 May 2022, pages 80–81).

840. Survivors were also sexually abused while in in-patient mental health settings. Fijian survivor Ms LS was sexually assaulted by another patient after being admitted to the mental health unit at Whangārei Hospital. Though she reported the abuse to a nurse, nothing was done to ensure her safety. Instead, as she explained, "I was left locked in with the perpetrator for two weeks in the secure unit... We had to eat in the same area, share the same recreation space ... I found being locked up with the perpetrator to be very punishing. It was stressful and humiliating".¹²²⁵
841. This is an example where one type of abuse, in this case sexual abuse, could be compounded by other types of abuse and neglect – the institution's inappropriate response to this survivor's disclosure of abuse represented forms of emotional neglect and psychological abuse. Ms LS experienced further incidents of sexual assault during later stays at Whangārei Hospital.¹²²⁶
842. The Inquiry was told that survivors with learning disabilities were sexually abused in psychopaedic settings, and that children as young as 9 years old were sexually abused by staff members at the Kimberley Centre near Taitoko Levin.¹²²⁷ NZ European survivor Tony Ryder told the Inquiry that he was raped at the Templeton Centre near Ōtautahi Christchurch in the late 1970s after reporting physical abuse to the medical superintendent.¹²²⁸
843. The Inquiry has heard that abuse at the Kimberley Centre included organised sexual abuse facilitated by staff members. NZ European survivor Mr EI described the institution as "a place for sexual abuse".¹²²⁹ Mr EI explained how he heard conversations about cost and money and believed that the people paying were not from the Kimberley Centre. He said there was a core group of young boys and girls who would then be taken to a room who "were the main ones. The adults would pick and choose from us. From conversations I overheard in the hallway, they would say what they wanted, and the nurses would go off and find us."¹²³⁰ Mr EI said that all of the children were 17 years old or younger and disabled.¹²³¹

"From what I could tell, none of the girls that I saw being abused could speak or communicate properly. I do not know what their disability was. I just remember that they were disabled and they could not talk. This is probably how a lot of this happened, is that they victimised kids that could not speak, could not fight back, could not express themselves, and they got away with it. When it came to me, the only thing I could fight back with was running away."¹²³²

1225 Witness statement of Ms LS (30 May 2022, pages 7–8).

1226 Witness statement of Ms LS (30 May 2022, pages 10, 12).

1227 Witness statement of Sir Robert Martin (17 October 2019, page 10, para 30).


1228 Witness statement of Tony Ryder (28 February 2022, pages 3, 6).

1229 Witness statement of Mr EI (20 February 2021, page 3, para 2.13).

1230 Witness statement of Mr EI (20 February 2021, page 8, para 2.51).

1231 Witness statement of Mr EI (20 February 2021, page 8, paras 2.50, 2.52).

1232 Witness statement of Mr EI (20 February 2021, page 8, para 2.52).

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844. Former staff member Caroline Arrell shared that in the early 1970s, a senior teacher at the Education Department School at Tokanui Psychiatric Hospital (who was later convicted of sexual assault and abuse of two young men at another school) took young disabled boys “who could not move or control any part of their bodies” to his house on the weekends.¹²³³
845. As a result of Caroline Arrell raising concerns for these young men, it was arranged for them to be taken for invasive forensic sexual assault examination at Waikato Hospital on a Monday morning after a weekend at the teacher’s house.¹²³⁴ While no physical evidence was found, at the Inquiry’s State Institutional Response Hearing in 2022, the NZ Police Commissioner said: “It certainly wouldn’t meet the standards of policing now and I would be surprised if it would have been assessed as a reasonable tactic then. Putting potential victims in harm’s way to secure evidence just is not something that makes sense.”¹²³⁵
846. While the senior teacher was no longer allowed to take the young men home on the weekends, he continued to spend time with them at the school.¹²³⁶ Caroline Arrell described the way the teacher would clean the young men’s penises and that he “made it clear to his teacher aides that he was the only person to deal with their incontinence issues”.¹²³⁷ Caroline said: “No one recognised or responded to the extremely suspicious behaviour from this disgusting monster.”¹²³⁸

Te tūkinotanga ā-tinana i ngā whare Kāwanatanga nui **Physical abuse in large-scale institutions**

847. Physical abuse was pervasive within large-scale psychopaedic and psychiatric settings. The abuse was often violent and created a climate of fear for many survivors. Physical abuse was perpetrated by staff, by peers and by others, with some staff allowing or facilitating this abuse.
848. The Confidential Forum, established in 2004, allowed former in-patients to discuss their experiences of Psychiatric Hospitals. Survivors the Inquiry heard from echoed what former psychiatric patients had told the Confidential Forum, who described “an atmosphere that was violent, and of witnessing or experiencing physical violence from other patients or staff”.¹²³⁹
849. The Inquiry agrees with Mark Benjamin, former chief executive of Standards and Monitoring Services New Zealand, when he noted that in disability and mental health settings pre-1990s – in what he terms “the oppressive era” – there was overt physical violence occurring.¹²⁴⁰

1233 Witness statement of Caroline Arrell (21 March 2022, page 19).

1234 Witness statement of Caroline Arrell (21 March 2022, page 19).

1235 Transcript of evidence of Commissioner Andrew Coster for NZ Police at the Inquiry’s State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 16 August 2022, page 157).

1236 Witness statement of Caroline Arrell (21 March 2022, page 19).

1237 Witness statement of Caroline Arrell (21 March 2022, page 19).

1238 Witness statement of Caroline Arrell (21 March 2022, page 20).

1239 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 21).

1240 Witness statement of Mark Benjamin (5 October 2022, page 7).

I whakamahi ngā kaimahi i te tūkinotanga ā-tinana hei whakawhiu

Staff used physical abuse as punishment

850. Survivors shared that staff beat, kicked, grabbed and belted them, pulled their hair, hit with wet towels, hosed with water and dragged them along the ground.¹²⁴¹ In some cases, disabled people were deliberately targeted for "physical abuse. As Māori, Pākehā survivor Toni Jarvis (Ngai Tahu, Ngāti Kahungunu) put it: "Violence was more severe when patients were more disabled or impaired."¹²⁴²
851. Some institutions gained a reputation for specific types of abuse. Survivor Danny Akula told the Inquiry about receiving "concrete pills" at Porirua Hospital. This was a practice whereby two to four staff would pick up patients by their legs and arms and drop them onto concrete to make them 'harden up'.¹²⁴³
852. Physical abuse was also frequently used by staff as punishment and to reinforce power and control. Survivors were punished for failures to follow orders, minor wrongdoings or simply doing something that annoyed staff. Some of the things survivors were punished for included failing to write down notes from a board,¹²⁴⁴ breaking toys,¹²⁴⁵ declining food and medication,¹²⁴⁶ and expressing pain or trauma.¹²⁴⁷
853. Survivor Mr El, who spent time at Kimberley Centre near Taitoko Levin, as a child, said "if the kids misbehaved staff would hit them on the head with a set of keys or [smack them] across the backside".¹²⁴⁸ Such instances of punishment occurred with disregard for individual capability at tasks such as schoolwork, demonstrating a failure to accommodate diverse needs, and a denial of the right that individuals have to make their own decisions about issues such as eating, as a way to reinforce power and control.
854. Punishment was not only often unnecessary, but excessive. Alison Pascoe, a survivor who spent most of her life in psychiatric institutions, told the Inquiry about the harsh and abusive punishments she endured at Kingseat Hospital. Alison described staff using "broken pieces of a chamber pot to cut [her] legs open as punishment" and having her mouth scrubbed with a dirty toilet brush covered in faeces and disinfectant as punishment for talking back to staff.¹²⁴⁹ She saw staff beating elderly patients with heavy-duty service keys for wetting the bed.¹²⁵⁰

1241 Witness statements of Robert Donaldson (24 August 2020, page 6); Danny Akula (13 October 2021, page 20) and Catherine Hickey (2 August 2021, page 6); Mirfin-Veitch, B & Conder, J, "Institutions are places of abuse": The experiences of disabled children and adults in State care between 1950–1992 (Donald Beasley Institute, 2017, page 31).

1242 Witness statement of Toni Jarvis (12 April 2021, page 12).

1243 Witness statement of Danny Akula (13 October 2021, pages 19–20).

1244 Witness statement of Antony Dalton-Wilson (13 July 2021, page 18).

1245 Witness statement of Mr JS (27 May 2022, page 4).

1246 Transcript of Matthew Whiting at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 19 July 2022, page 565).

1247 Witness statement of Catherine Hickey (2 August 2021, page 5); Transcript of Dr Brigit Mirfin-Veitch at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care 20 July 2022, page 679).

1248 Witness statement of Mr El (20 February 2021, page 5).

1249 Witness statement of Alison Pascoe (29 April 2022, pages 9–10).

1250 Witness statement of Alison Pascoe (29 April 2022, page 18, para 2.127).

855. Physical restraints could include being touched or manhandled, being placed in a straitjacket, mechanical restraints such as belts or cuffs, and forms of therapeutic holds. Another example of physical restraints being used in a psychopaedic institution was experienced by survivor Irene Priest (NZ Eruopean), who was strapped into a special chair at the Kimberley Centre near Taitoko Levin, so she could be force-fed.¹²⁵¹
856. The Inquiry has also been told of hospital staff reacting to emergency situations by using physical restraints, resulting in physical injury. For example, a patient at the Lake Alice National Security Unit in Manawatū had his arm broken in 1993 when he was physically restrained by three staff members.¹²⁵² Another patient at Wakari Hospital in Otepoti Dunedin suffered a fracture to his arm in 1995 after being restrained.¹²⁵³

He taikaha te tūkinotanga ā-tinana, ā i ōna wā, ko te mate te hua

Physical abuse could be severe, even fatal

857. Many survivors said they were physically abused by other patients or residents at institutions and that staff did not intervene or respond appropriately. Survivors described being bullied, punched, bitten, stabbed, hit with objects and thrown downstairs by their peers.¹²⁵⁴
858. Survivors were often injured from peer abuse, sometimes severely, and from some accounts, so severe it resulted in death.¹²⁵⁵ The Inquiry was told about a head injury that needed ambulance attention, fractured bones, a resident who became blind after being kicked in the head and several times where injuries caused death.¹²⁵⁶ In 1952, a patient at Ngawhatu Psychiatric Hospital in Whakatū Nelson murdered another patient using a pipe covered in newspaper.¹²⁵⁷ On a further occasion in the 1970s, a resident at the Templeton Centre near Ōtautahi Christchurch died after having a broomstick inserted into his anus by another resident.¹²⁵⁸

1251 Witness statement of Margaret Priest (28 January 2022, page 5).

1252 Report of Wanganui District Inspector and Incident Regarding [GRO-B] at National Secure Unit (30 November 1993).

1253 Review of Restraint Incident Ward 10D Wakari Hospital (29 November 1995, page 2).

1254 Witness statements of Catherine Hickey (2 August 2021, page 4); Mr LD (15 May 2021, page 5); Philip Banks (15 October 2020, page 10) and Alison Pascoe (29 April 2022, page 18).

1255 Witness statements of Alison Pascoe (29 April 2022, page 18); Enid Wardle (13 October 2021, page 5) and Alison Adams (6 December 2021, para 3.7).

1256 Affidavit of Gay Rowe (12 February 2020, pages 6–7); Witness statements of Alison Pascoe (29 April 2022, page 18) and Sheree Briggs (24 January 2022, page 4).

1257 "Murder charge at Nelson death of mental patient," NZ Press Association (14 November 1952, page 13).

1258 Witness statements of Enid Wardle (13 October 2021, page 5) and Alison Adams (6 December 2021, para 3.7).

Te tūkinotanga ā-pūtea i ngā whare Kāwanatanga nui Financial abuse in large-scale institutions

859. Financial abuse was another way that autonomy and personhood were removed from individuals in large-scale institutional care settings, and in more community-based settings. Survivors and their family and whānau experienced different forms of financial abuse, including the removal or even theft of personal possessions and money.¹²⁵⁹ Gifts received from family, such as for birthdays, would often go 'missing' in institutional care settings.¹²⁶⁰ Financial abuse reinforced economic disadvantage for disabled people.
860. Unpaid labour while living in large-scale institutions represented another form of financial abuse.¹²⁶¹ NZ European survivor Mr EI shared that he was taken out of school at the Kimberley Centre near Taitoko Levin, to help make boxes and coat hangers. He was paid about \$5 a week.¹²⁶²
861. Margaret, whose sister Irene Priest (NZ European) was in care, suspected that some staff members at the Kimberley Centre were stealing from residents:

*"I understand that each resident at Kimberley would have a fund, which included money given by the resident's family or from the state, and this fund would be used to buy necessary personal items for the resident. I was told by my parents that they would receive statements of account, which would show 24 t-shirts were bought for Irene or a very expensive jacket, but we would never see these items."*¹²⁶³

Te tūkinotanga i ngā kāinga rōpū me ngā taurima hāpori anō hoki Abuse in group homes and community care

862. This section considers the specific nature of abuse and neglect experienced in settings such as smaller group residential homes and hostels, community-based care and support services, such as outpatient or day services.
863. Most evidence the Inquiry received that relates to these types of settings falls outside of the Inquiry period, after 1999. The evidence received that is relevant to 1950–1999 generally depicts experiences in smaller group residential homes.

1259 Mirfin-Veitch, B & Conder, J, "Institutions are places of abuse": The experiences of disabled children and adults in State care between 1950–1992 (Donald Beasley Institute, 2017, pages 35–36); Witness statements of Alison Pascoe (29 April 2022, page 8, para 2.39) and Sunny Webster (18 December 2021, page 9).

1260 Witness statement of Alison Pascoe (29 April 2022, page 15).

1261 Witness statement of Alison Pascoe (29 April 2022, page 15, para 2.101)

1262 Transcript of evidence of Mr EI at the Inquiry's Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in State Care, 11 July 2022, page 51).

1263 Witness statement of Margaret Priest (28 January 2022, para 2.9).

864. The same disablism and active devaluation of disability, difference and diversity that existed in large-scale psychiatric and psychopaedic institutions extended into these settings. These places also operated on the basis of control through disempowerment and fear, and consequently, the abuse and neglect experienced was similar.

Te whakahapa ā-kare-ā-roto, ā-hinengaro, ā-whanaketanga anō hoki Emotional, psychological and developmental neglect

865. IHC homes or hostels have been part of the disability care context throughout the Inquiry period. While these looked physically different to the large-scale settings, such as psychopaedic hospitals, and had far fewer residents, they have been described as “mini institutions” where people were still stripped of individuality and denied autonomy in many areas of their lives.¹²⁶⁴ Survivor Miss VK highlighted this point when she explained that residents “all wore the same clothes and had the same bowl haircut”.¹²⁶⁵ Allison Campbell, a former staff member at an IHC residence recalled the same.¹²⁶⁶

866. The Inquiry was also told that staff in community-based group homes neglected residents' emotional needs by being overly paternalistic. Adults living in these settings were treated like children, “not to be seen or heard but told what to do”.¹²⁶⁷ Staff sometimes required people who lived there to call them Mum and Dad.¹²⁶⁸ Some survivors deeply resented this, while others reflected positively on living in residential group homes,¹²⁶⁹ describing them as “normal houses, with a mum and a dad running the home and looking after me”.¹²⁷⁰

867. In a community-based hostel for people receiving mental health support, survivor Ms LS described the environment as “dull and boring, with nothing going on, except for chores that we had to do. You might as well have just slept.”¹²⁷¹

¹²⁶⁴ Witness statements of Ms VA (2 February 2023, page 4) and Ms PA (29 January 2023, para 3.4).

¹²⁶⁵ Witness statement of Miss VK (14 February 2022, page 5).

¹²⁶⁶ Witness statement of Allison Campbell (15 February 2022, page 4).

¹²⁶⁷ Witness statement of Ms PA (29 January 2023, para 3.115).

¹²⁶⁸ Witness statements of Allison Campbell (15 February 2022, page 4) and Sir Robert Martin (17 October 2019, page 16, para 53).

¹²⁶⁹ Witness statement of Miss Howell (26 January 2022, page 5).

¹²⁷⁰ Witness statement of Tony Ryder (28 February 2022, page 4).

¹²⁷¹ Witness statement of Ms LS (30 May 2022, page 7).

Te noho wehe i te whānau me ngā hoa Separation from family, whānau and friends

868. Survivors described the mental and emotional anguish caused by not being able to see or communicate with family, whānau and friends. Survivors who were placed in care at a younger age often mentioned feeling homesick. Matthew Whiting, a survivor placed in an IHC family home at 7 years old, believed he was “too much hard work” for his father and so he was removed from home, although he did not have a learning disability. He described his experiences and how deeply they have affected him:

“I was taken care of and [she] was nice to me but I hated it because it wasn’t home. On the weekends I got to go home and see Dad and my siblings. I really wanted to stay there. When I talk about being taken away from my home at only 7 years old, I feel very upset. It really affected me and still does today. I was just a kid wanted to be at home.”¹²⁷²

Te whakahapa nā te kore tuku kōwhiringa, mana whakahaere hoki mō te taha ki te hauora īkura

Neglect of choice and autonomy surrounding menstrual health

869. Much like large-scale institutional settings, survivors in group homes were also denied their reproductive rights and suffered medical abuse. Allison Campbell, a staff member who worked at IHC from 1980 until the early 2000s, instigated a process of explaining Depo-Provera treatment to the 30 women and girls who were receiving it.¹²⁷³ After her discussions, the majority of recipients elected to stop receiving the treatment. She faced significant criticism by IHC teachers from the nearby special school that some of these female residents attended. The teachers were unhappy with having to handle residents’ periods. They suggested Allison clean up the mess instead of teaching the girls how to manage their own periods. Allison describes their response as indicative of an approach towards disabled people that conceptualises them as “incapable of understanding or coping with [a] very normal part of life”.¹²⁷⁴

Te whakahapa nā te kore manaaki tonu

Neglect of need for continuity of care

870. In closed settings, group homes and community-based care, people were more likely to experience placement shifts, which could neglect the need for a sense of continuity of care.

¹²⁷² Witness statement of Matthew Whiting (22 November 2021, paras 2.1 and 2.2)

¹²⁷³ Witness statement of Allison Campbell (15 February 2022, page 6).

¹²⁷⁴ Witness statement of Allison Campbell (15 February 2022, page 7).

871. Survivors experienced being shifted out of large-scale institutions and then into and between different group residential homes and hostels. In addition, there was often turnover of staff and other residents in these homes or hostels that meant survivors were powerless as to who would care for them and who they would be living with. This all contributed to feelings of instability and represented a form of emotional neglect.

Te whakahapa ā-hauora Medical neglect

872. Survivor Matthew Whiting, who has physical disabilities and lived at a Crippled Children Society family home in the late 1970s, shared his experience of medical neglect. When he was about 10 years old, he got pneumonia and became very unwell:

“The couple thought I just had a cold and that I was getting better. They didn’t recognise the seriousness of the illness, and I got worse. When they finally took me to a doctor, he said if I hadn’t gone in that day I potentially could have died. I was off school and recuperating in bed for eight weeks.”¹²⁷⁵

873. In 1999, IHC conducted a review into the health needs and related medication of people who had transitioned from institutions into community residential homes, as it was apparent this had not been assessed for many years.¹²⁷⁶

“The data showed that 73 percent of people required significant health interventions, ranging from cataract operations to cancer screens, dental work, pain management and more.”¹²⁷⁷

Te tūkinotanga ā-hinengaro, inarā te whakaweti Psychological abuse, particularly bullying

874. Survivors and former staff have said that bullying occurred in group residential homes, often through threats and verbal abuse. Sometimes staff used bullying and threats to exert control over residents.
875. Mr RL, who had previously worked at IHC as a community services manager, said he was aware of staff bullying residents by threatening to withhold food.¹²⁷⁸ Mr RL recalled one instance of bullying – where a blind resident who could copy voices word for word, mimicked a threat that a staff member had made towards him, and that staff member resigned.¹²⁷⁹

¹²⁷⁵ Witness statement of Matthew Whiting (22 November 2021, page 4).

¹²⁷⁶ IHC statement for Royal Commission of Inquiry into Historical Abuse in State Care and Faith-Based Institutions (4 July 2022, page 2).

¹²⁷⁷ Witness statement of Dr Olive Webb (25 May 2022, page 14, para 7.3).

¹²⁷⁸ Witness statement of Mr RL (1 December 2021, page 6).

¹²⁷⁹ Witness statement of Mr RL (1 December 2021, pages 1, 6).

Te taitōkai

Sexual abuse

876. The Inquiry heard how survivors experienced sexual abuse by staff in group residential homes. Ms LO had a daughter with an intellectual disability and autistic spectrum disorder who was sexually abused in an IHC family home.¹²⁸⁰ She told the Inquiry the sexual abuse by a staff member occurred when her daughter was approximately 7 to 10 years old, and that her daughter did not disclose the abuse to her for more than a decade.¹²⁸¹ There are many barriers to disclosure that exist for disabled people, both at the time of the abuse and afterwards.

Te tūkinotanga ā-tinana

Physical abuse

877. For placement into smaller group residential homes, residents often had no choice about where they were going and who they would be living with. The Inquiry heard that placement was not determined by compatibility with other residents.¹²⁸² The Inquiry has heard of survivors being bullied and “regularly physically assaulted” by other people living in their home,¹²⁸³ and that people did not have the ability to leave and live elsewhere, “even when living in the midst of domestic violence”.¹²⁸⁴

878. Former IHC manager, Mr RL, said that through disclosure from staff and residents, he was aware of incidents where staff hit residents.¹²⁸⁵

879. Sometimes it seems that staff also used physical punishment as a form of entertainment. Allison Campbell, who worked as a social worker for IHC from 1980 until the early 2000s, said that in the earlier years staff would “antagonise and tease people then punish them when they retaliated”.¹²⁸⁶

1280 Witness statement of Ms LO (3 May 2023, pages 5–6).

1281 Witness statement of Ms LO (3 May 2023, pages 5–6).

1282 Witness statement of Ms PA (29 January 2023, page 3).

1283 Witness statements of Ms OQ (19 July 2022 page 7) and Ms SS (23 November 2021, page 5).

1284 Witness statement of Ms PA (29 January 2023, page 3).

1285 Witness statement of Mr RL (1 December 2021, page 6).

1286 Witness statement of Allison Campbell (15 February 2022, page 4).



Te tūkinotanga ā-pūtea Financial abuse

880. As in other settings for disability care, disabled people within closed settings were employed in sheltered workshops that were legally exempt from having to meet labour legislation covering pay and other conditions.¹²⁸⁷
881. Survivor Miss VK, who resided at an IHC home, said she did not go to school while she was there and worked instead, doing things such as woodwork and sewing. She told the Inquiry: "We were paid \$5 a fortnight, but this money was put into a bank account and we weren't allowed to touch it. We could only drink at morning tea and lunchtime, and were not given holidays or sick leave."¹²⁸⁸
882. Claire Ryan, who has worked in the disability sector for more than 30 years, reflected on financial abuse she observed as an IHC support and development worker at Rongo Home where the majority of residents had learning disabilities:
- "All residents would leave in a van in the morning and go to work in a big, cold warehouse / workshop on Ferry Road in Christchurch. There was about 250 people working from different care settings in the warehouse. This occupational activity was kind of meaningless activity.*
- People would earn a minimal wage under ten dollars a week. It was considered okay to pay disabled people such a low salary; the common view was that disabled people do not earn money ... The staff then used this money for excursions and if people wanted their money then they had to ask for it."*¹²⁸⁹
883. The Inquiry was also told that financial abuse occurred in smaller group residential home through staff members stealing residents' allowances for their own personal spending.¹²⁹⁰

1287 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 (Ministry of Health, 2004, page 88).

1288 Witness statement of Miss VK (14 February 2022, para 2.30).

1289 Witness statement of Claire Ryan (16 November 2022, page 4).

1290 Witness statement of Allison Campbell (15 February 2022, page 16).

Te tūkinotanga i roto i ngā kura me ngā akomanga mā ngā tamariki me ngā rangatahi Turi

Abuse in schools and units for Deaf children and young people

884. This section and the following section focus on survivors' experiences in special school settings. This includes special units within mainstream schools, which were often satellites of separate special schools.
885. Most, if not all, of the evidence that we have from Deaf and tāngata Turi survivors relates to experiences in these education settings around the 1960s to 1980s. While the nature of abuse in schools for Deaf and tāngata Turi children and young people could be the same as in other care and educational settings, there was a distinct element to abuse perpetrated in these settings that often directly targeted things that were fundamental to Deaf and tāngata Turi students, such as Sign Language and Deaf culture.
886. Survivors' experiences of abuse and neglect in Van Asch College and Kelston School for the Deaf are discussed in more detail in the Inquiry's case study report.

Te whakahapa ā-kare-ā-roto, ā-hinengaro, ā-whanaketanga hoki Emotional, psychological and developmental neglect

887. The basic human need to be recognised and celebrated as an individual was neglected within education settings for Deaf and tangata Turi children and young people.
888. Tangata Turi survivor Whiti Ronaki, who was a student at Kelston Deaf School in Tāmaki Makaurau Auckland from 1959, said they did not have birthday celebrations at Kelston.¹²⁹¹ Another survivor, Ms MK, confirmed this was also the case at Van Asch:
- "We didn't celebrate birthdays or holidays at Van Asch. We didn't get Easter eggs, Christmas presents, or birthday presents. We didn't have special things of our own, like toys or pictures of our families."¹²⁹²*
889. People were not allowed to choose their own hair style. Jarrod Burrell, a NZ European and Deaf survivor who attended St Dominic's School for the Deaf in Aorangi Feilding, said he had all his hair cut off by a nun at the school without his permission.¹²⁹³

1291 Witness statement of Whiti Ronaki (20 June 2022, page 3, para 2.10).

1292 Witness statement of Ms MK (28 June 2022, paras 3.50–3.51).

1293 Witness statement of Jarrod Burrell (9 August 2021, para 3.27).

Te whakahapa ā-mātauranga i ngā kura Turi **Educational neglect in Deaf schools**

890. Deaf survivors felt teaching staff sometimes held very limited views of Deaf students' abilities to learn.¹²⁹⁴ Ms Bielski, a Kiwi, Deaf survivor who was in a Deaf class at Sumner Primary in Ōtautahi Christchurch in the 1980s explained: "There were only seven of us in my Deaf class, but the first teacher I had there did not put any effort into our education. We spent a lot of time just mucking around and playing games."¹²⁹⁵
891. Jarrod Burrell, who went to St Dominic's School for the Deaf in Aorangi Feilding, shared that his education was focused on speech therapy and oralism, rather than academic areas.¹²⁹⁶ When St Dominic's was shut down, Jarrod went to a Deaf wing of St Joseph's School in Feilding where classes were more integrated with hearing students. He said: "At St Joseph's it felt impossible for us Deaf kids to catch up with our hearing peers, because we were so far behind academically. I really enjoyed the new learning opportunities, but I wished I'd been able access this curriculum earlier."¹²⁹⁷

Te tūkinotanga ā-ahurea me te whakahapa, waihoki te kaikiritanga i ngā kura Turi **Cultural abuse and neglect, including racism in Deaf schools**

892. Deaf survivors have told the Inquiry that Deaf culture was neglected and actively discouraged in special school settings. It is important to acknowledge that a fundamental element of Deaf culture is the use of Sign Language. Mr JS, a Deaf survivor who attended various mainstream and Deaf schools from the late 1960s to the early 1980s, explained the role Sign Language played in developing a personal sense of identity:

"As I accessed language and Deaf culture, I started to gain a sense of Deaf identity. I remember having this moment where I realised that I'm Deaf, I'm not stupid. I had grown up with everyone assuming and telling me that I was stupid. I just needed language and to be around kids like me."¹²⁹⁸

893. There is strong and consistent evidence from Deaf survivors, who were students from the 1950s to the 1980s, that the use of Sign Language was discouraged, including through physical punishment. Family and whānau were also encouraged not to sign when Deaf children and young people would return home over school holidays, which affected communication and represented a way that institutions further broke down familial connection.¹²⁹⁹

¹²⁹⁴ Witness statement of Whiti Ronaki (20 June 2022, page 4).

¹²⁹⁵ Witness statement of Ms Bielski (18 October 2021, page 9, para 2.50).

¹²⁹⁶ Witness statement of Jarrod Burrell (9 August 2021, page 2 paras 3.5, 3.7).

¹²⁹⁷ Witness statement of Jarrod Burrell (9 August 2021, page 2, para 4.3).

¹²⁹⁸ Witness statement of Mr JS (27 May 2022, page 5, para 2.28).

¹²⁹⁹ Witness statement of Maliah Turu (20 October 2022, page 1); Witness statement of survivor who wishes to remain anonymous (26 October 2022).


894. This cultural abuse and neglect was based on audism' Audism contributed to educational neglect and emotional and psychological abuse and affected Deaf people's experiences of other forms of abuse, including physical and sexual abuse. It inhibited Deaf survivors' ability to both understand and report abuse that happened to them in these settings.
895. Māori and Deaf survivor Milton Reedy (Ngāti Porou) was a student in Kelston in the 1960s and 1970s where he experienced corporal punishment for signing. He said that the "reasoning for that [punishment] was that if you want to get on in a hearing world, you need to learn how to speak, not use gestures and signs".¹³⁰⁰ However, oralism failed to uphold Deaf cultural values and oppressed Deaf identity and language.
896. Total Communication was introduced in the 1980s and sought to mirror English language, syntax, and grammar, by combining "communication modes like lipreading, oralism, finger spelling and some signing".¹³⁰¹ Total Communication was lobbied for by many in the Deaf community in the early 1980s, particularly the group, Manual Oral and Aural Communication.
897. Some survivors felt that Total Communication reinforced an audist mindset of English / hearing superiority. Deaf students continued to be discouraged from choosing to communicate in a way that was culturally appropriate for them, perpetuating systemic denial of access to a uniquely Deaf worldview.
898. Mr JS, who attended mainstream and Deaf schools from the late 1960s to the 1980s, said he was about 15 years old when the school he was at introduced Total Communication. He told the Inquiry that his teachers did not make an effort to explain the concepts of the English language they were signing. This meant it didn't make any sense to him or other Deaf students. He hated it because the sentence structure, which required a different sign for each word, was completely different to the sign language they had "naturally learnt and developed"¹³⁰² themselves. He said:
- "I became fed up with the teachers using TC. It was so confusing and mechanical looking — it just felt unnatural. You get bored before the end of the sentence. I told the teachers that I was going to sign my own way. I realise now that our signing was actually pure NZSL."***¹³⁰³
899. Survivors felt that Deaf culture and language was suppressed over the years through these educational policies by enforcing an English and hearing worldview onto Deaf people.

1300 Witness statement of Milton Reedy (20 May 2022, page 3, para 2.11).

1301 Witness statement of Jarrod Burrell (9 August 2021, page 2).

1302 Witness statement of Mr JS (27 May 2022, page 6).

1303 Witness statement of Mr JS (27 May 2022, page 6).



900. Teaching staff could perpetuate this cultural abuse and neglect through lack of understanding and knowledge of Deaf culture. Deaf survivors explained that in some Deaf education settings they experienced linguistic and cultural neglect because there were no Deaf teachers or hearing staff with adequate understanding of either Sign Language or Deaf culture.¹³⁰⁴ Consequently, they were not taught about Deaf culture which negatively affected their sense of identity and confidence.

901. Deaf survivor Ms Bielski, who was a student at Sumner Institute for the Deaf and Dumb (renamed Van Asch College) in Ōtautahi Christchurch in the 1980s, told the Inquiry she was ridiculed by her teacher for her facial expressions while signing, despite facial expression being a crucial part of communication when using Sign Language and therefore Deaf culture:

“The cultural neglect and abuse is what really got to me... When I was 11 years old, my teacher mocked me for what my face looked like when I signed. I do not want to disparage her, overall she was a great teacher. However, facial expressions are a part of NZSL. My face is an important part of my Sign Language. This incident demonstrated her lack of awareness of Deaf etiquette and Deaf culture. The teacher called me over and said, ‘Come and stand in front of the mirror. Look at your face’. I was so confused. I did not know what she meant. She said, ‘Look at it. That is ugly. You need to have a smooth face’. She just wanted me to look like a hearing person. This teacher never said this again, but other teachers would make those sorts of comments all the time.”¹³⁰⁵

902. Other Deaf survivor accounts confirmed this was a common experience for Deaf students. Oralism and later Total Communication robbed them of the ability to communicate in a chosen way unique to Deaf culture.

1304 Witness statements of Ms KF (20 December 2021, page 6) and Mr LQ (17 August 2021, page 7).

1305 Witness statement of Ms Bielski (18 October 2021, page 5, paras 2.19–2.20).

903. The Inquiry has heard that from the 1950s to the 1980s, staff tied Deaf students' hands to prevent them signing and used straps to inflict corporal punishment.¹³⁰⁶ Deaf Survivor Ms Bielski stated:

“When I first started at Van Asch, we were told off for using Sign Language. The teachers banned it in class. However, in the boarding zone of Van Asch we could sign more freely because there were no teachers around to tell us off. It was only on the proper school grounds that we would be punished for signing when caught doing so. I remember other students were strapped for signing, but this never happened to me.

I had not been at Van Asch for long when my teacher tied my hands to my chair to stop me from talking. I was five or six years old at the time. I think my teacher was getting sick of me for talking too much in class and answering too many questions. Because my hands were such a big part of how I communicated, my teacher stopped me from talking by putting my hands behind my back and tying them to my chair. I still kept creating a fuss until the teacher took the restraints off me.”¹³⁰⁷

904. Ms MK, a Deaf survivor who attended Sumner Institute for the Deaf and Dumb (renamed Van Asch College) in Ōtautahi Christchurch in the late 1960s and early 1970s, discussed how Deaf children had to develop their culture and language covertly:

“When staff weren't looking we used to sign our own language. Not taught by teachers or other people, but taught by kids. We developed our own way of communicating and learnt about our own culture.”¹³⁰⁸

905. Other Deaf survivors also described their use of Sign Language as being developed 'underground'.

¹³⁰⁶ Witness statements of Mr JU (27 October 2022, page 2) and Stephanie Awheto (26 October 2022, para 47).

¹³⁰⁷ Witness statement of Ms Bielski (18 October 2021, pages 4–5, paras 2.16–2.17).

¹³⁰⁸ Witness statement of Ms MK (28 June 2022, page 5).

**He maha ngā kino i wheakotia e ngā tāngata Turi Māori i ngā kura Turi
Tāngata Turi Māori had compounding experiences in Deaf schools**

906. Tāngata Turi Māori are a distinct cultural group within both te ao Māori and Deaf culture. Tāngata Turi Māori not only suffered the same types of abuse as other Deaf survivors but also experienced overlapping and compounding forms of abuse and neglect in special education settings, particularly cultural neglect and racial discrimination.
907. A Deaf Pākehā survivor Mr JS, who attended Sumner Institute for the Deaf and Dumb in the 1970s and 1980s, told the Inquiry he thought the school principal was racist towards Māori students.¹³⁰⁹ He said “he always targeted them. It was clear to me that he hated the Māori students.”¹³¹⁰ He recalls that the tāngata Turi Māori students who knew the principal from previous schooling “all hated him.”¹³¹¹
908. Some tāngata Turi Māori survivors who attended Sumner Institute for the Deaf and Dumb in the 1970s said they experienced and witnessed racism. One of them shared that:
- “The Māori students also suffered a lot of racism, not just from the teachers but also the Pākehā students who would treat us badly, tell us off, wag their fingers at us and boss us around. There are a lot of tāngata Turi with memories of this.*
- The Māori students were punished more often compared to the Pākehā students. Even if a Pākehā student got something’ wrong the teachers would be more patient with them, but if a Māori student tried to explain why they couldn’t do it, it just seemed like an excuse, and they would get punished anyway.”¹³¹²*
909. Tāngata Turi Māori also told the Inquiry that there were few or no Māori teachers at residential Deaf schools, which added to feelings of isolation, disconnection and loneliness.¹³¹³ Tāngata Turi Māori survivors said that at Kelston School for the Deaf, Tāmaki Makaurau Auckland there was no access to te reo Māori or tikanga Māori.¹³¹⁴

1309 Witness statement of Mr JS (27 May 2022, pages 8–9).

1310 Witness statement of Mr JS (27 May 2022, page 8, para 2.59).

1311 Witness statement of Mr JS (27 May 2022, page 9).

1312 Witness statement of survivor who wishes to remain anonymous (26 October 2022).

1313 Collective statement of Ōtautahi Tāngata Turi (September 2022, para 6); Witness statement of survivor (26 October 2022); Witness statements of Mr JU (27 October 2022, page 4) and Whiti Ronaki (20 June 2022, page 8).

1314 Witness statements of Milton Reedy (20 May 2022, page 7, paras 2.55–2.56) and Whiti Ronaki (20 June 2022, para 2.25).

910. Similarly, cultural neglect was experienced at St Dominic's School for the Deaf in Aorangi Feilding and Sumner School in Ōtautahi Christchurch, with one survivor, Mr JU, saying: "My schooling did not give me any access to te ao Māori at St Dominic's or Sumner School. No access to Māori culture, no access to kapa haka or marae or te reo Māori. We were removed from our whānau and from our culture."¹³¹⁵
911. The Inquiry has received two collective statements from whānau Turi based in Tāmaki Makaurau and Ōtautahi (tāngata Turi Māori and their whānau and support people from Auckland and Christchurch). The statements note that tāngata Turi Māori were not only barred from signing while in Deaf schools, but that there was no access to te reo Māori.
912. One of the statements explained: "We were denied access to both of our indigenous languages."¹³¹⁶ Further, because whānau were not supported to learn methods of communication such as NZSL, communication was extremely difficult when tamariki returned home from residential schools, creating further barriers between tāngata Turi Māori and their whānau.¹³¹⁷
913. Many tāngata Turi Māori who attended residential Deaf schools grew up without access to, or an understanding of their Māori identities, yet faced multiple layers of discrimination being both Māori and Deaf:

"I think about myself as a Deaf person. I think about my whānau as Māori. I have two identities – Deaf and Māori. We face multiple barriers and I have [faced all of these barriers] as an individual!"¹³¹⁸

1315 Witness statement of Mr JU (27 October 2022, page 5).

1316 Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, para 11).

1317 Collective statement of Ōtautahi Tāngata Turi (September 2022, pages 4–5).

1318 Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, paras 14 and 16).

Te tūkinotanga ā-hinengaro i ngā kura Turi Psychological abuse in Deaf schools

I whakatumatumahia e ngā kaimahi kura me ngā ākonga taringa rahirahi Bullying from school staff and hearing students

914. Survivor Cameron Hore, who attended Van Asch during the late 1990s, described bullying as the 'culture' of the school.¹³¹⁹ Deaf survivors described teachers who stood out to them because of their bullying behaviour. Deaf survivor Mr EV, who attended Kelston, recalled how many Deaf students were abused and bullied by the same (now former) teacher who had an extensive teaching history before he retired. Along with physical violence, Deaf students faced belittling behaviour, intimidation and bouts of anger and rage at the hands of this teacher:

*"[The teacher] always used to have such a bad attitude. He was a know it all. He thought we were all dumb and he made us feel that we could never answer his questions correctly. If we got an answer wrong, he would yell at us 'You're wrong' He would go around all of the students, 'You're wrong! You're wrong! You're wrong!'"*¹³²⁰

915. Māori Deaf survivor, Mr LF (Ngāti Maniopoto), who went to Kelston in the 1970s and 1980s, said he had suffered too many instances of emotional abuse to remember at the hands of one specific (now former) teacher.¹³²¹
916. Ms Bielski, said she had never experienced bullying by peers at Van Asch, but that she, and all other Deaf students in her class were bullied by hearing students when they were transferred to a Deaf unit within a mainstream primary school.¹³²²

¹³¹⁹ Witness statement of Cameron Hore (19 April 2023, pages 15–16).

¹³²⁰ Witness statement of Mr EV (17 January 2022, para 2.3).

¹³²¹ Witness statement of Mr LF (13 February 2020, page 2).

¹³²² Witness statement of Ms Bielski (18 October 2021, page 9).

Te kitenga o te taikaha i ngā kura Turi

Witnessing violence in Deaf schools

917. Witnessing violence, both directly or indirectly, can be understood as another form of psychological and emotional abuse. Witnessing the abuse of others causes vicarious trauma for the witnesses.¹³²³
918. Many survivors felt distressed and upset witnessing their peers being abused and suffering harm. Māori survivor Mr LF (Ngāti Maniopoto) shared:
- “While I was at Kelston, I suffered numerous instances of physical and emotional abuse at the hands of that teacher. There are too many instances to remember, but [one] that stick[s] out to me [is] [h]aving to witness the teacher break the arm of another friend of mine. This was very upsetting to me and distressing.”¹³²⁴*
919. NZ European survivor Mr LQ explained that he and his peers experienced physical abuse and psychological and emotional abuse in the form of verbal abuse and bullying at the hands of a teacher at Glen Eden Primary School in Tāmaki Makaurau Auckland, and recalled a particular Deaf peer being picked on worse than everyone else in the class.¹³²⁵ Mr LQ said that one day the bullying towards this peer was so bad that he yelled at the teacher who proceeded to physically abuse him.¹³²⁶
920. Pākehā survivor Mr EV was taught by this same abusive teacher and also recalled him picking on one peer in particular.¹³²⁷ Mr EV subsequently found out that this peer died over the school holidays and the class wondered whether they had taken their own life.¹³²⁸

Te tūkinotanga ā-tinana me te whakahapa i ngā kura Turi

Physical abuse and neglect in Deaf schools

921. The Inquiry heard of Deaf survivors experiencing physical abuse from staff within these settings. Discriminatory attitudes particularly among staff, such as audism, further influenced the nature of abuse suffered by survivors. Deaf survivors were frequently punished and abused for using Sign Language. Deaf survivors described being punched, slapped, kicked, grabbed by the face or neck, strapped and having their hands tied by staff if they were caught signing.¹³²⁹

1323 See Family Violence Act 2018 and Domestic Violence Act 1995.

1324 Witness statement of Mr LF (13 February 2020 pages 2–3, para 2.2).

1325 Witness statement of Mr LQ (17 August 2021, paras 3.7 and 3.8).

1326 Witness statement of Mr LQ (17 August 2021, para 3.13).

1327 Witness statement of Mr EV (17 January 2022, paras 2.7–2.8).

1328 Witness statement of Mr EV (17 January 2022, para 2.9).

1329 Witness statements of Ms Bielski (18 October 2021, paras 2.16–2.18) and Milton Reedy (20 May 2022, paras 2.10, 2.17).

922. The Inquiry was told that injuries sustained from physical abuse were left untreated. Ms Bielski, a Kiwi, Deaf survivor who attended Van Asch from 1979 to 1984, shared an incident that occurred when she was 5 or 6 years old.¹³³⁰ A relief teacher slapped her hard on the side of the head when she was wearing an ear mould. She said that she was given a damp cloth and left on a bench in the storeroom. The canal length of the ear mould was cracked and broken, she said she believed it had broken off into her ear. Despite this, nobody sought to look for it and she did not get taken to see a doctor. She described her ear bleeding for the rest of the week.¹³³¹

Te taitōkai i ngā kura Turi Sexual abuse in Deaf schools

923. The Inquiry has heard from Deaf survivors, and a former staff member, that sexual abuse occurred at Deaf schools¹³³² and that a pattern existed of staff having sexual relationships with children or young adults in their care.¹³³³ Not only did survivors describe being sexually abused by staff members, but some experienced sexual abuse from other students who were often older. Survivor Ms JR, who was sexually abused by another student at Van Asch in 1984, said:

"I was using one of the only Sign Language signs I knew, the sign for 'no'. I was yelling and screaming at the top of my voice. There were two houses on either side, but somehow no one heard me. Lots of children were still watching the movie and lots were profoundly Deaf!"¹³³⁴

Te tūkinotanga i roto i ngā kura me ngā akomanga motuhake, tae noa atu ki ngā tamariki me ngā rangatahi kāpō Abuse in special schools and units, including for blind children and young people

924. In these educational settings, the nature of abuse was often tied to individuals' conditions or impairments.

1330 Witness statement of Ms Bielski (18 October 2021, page 4).

1331 Witness statement of Ms Bielski (18 October 2021, page 4).

1332 Witness statements of Mr JT (20 December 2021, pages 4, 6–7); Jarrod Burrell (9 August 2021, page 3) and Ms KF (20 December 2021, page 9).

1333 Witness statement of Ms KF (20 December 2021, page 9).

1334 Witness statement of Ms JR (16 February 2022, page 11).

I whakaparautia te motuhaketanga ā-tanga me te mana o ngā purapura ora Survivors were denied their personhood and mana

925. Celtic European and blind survivor Kylee Maloney explained that her and her peers' emotional development was largely neglected at Homai School, and this has continued to significantly impact her life:

*"We had plenty of physical and intellectual preparation (I would never have learned to do the ordinary things such as cooking and fending for myself else) but we're made up of emotional, mental and spiritual parts too, and those were largely ignored. I already had relationship issues when I arrived and Homai exacerbated them. I am now sitting here, avoiding society unless it is on my terms. It has coloured everything I am and everything I do."*¹³³⁵

926. The Inquiry was told by blind survivors that there was active suppression and devaluation of 'blindisms' and blind identity in education settings. NZ European and blind survivor Jonathan Mosen explained: "Some things that congenitally blind people do are nicknamed blindisms. For example, rocking, eye poking, and spinning. I think people do these things because it's a form of stimulation that your eyesight is not giving you."¹³³⁶

927. Blind survivors primarily discussed experiences of abuse and neglect at Homai. Jonathan described being disciplined by staff at Homai for his use of echolocation¹³³⁷ to navigate the world. He believed the teachers' knowledge of blindness and blindness came solely from books and their personal observations, and so the rationale for discouraging behaviour such as echolocation was made under the false and ableist belief that sighted people would think it was 'weird'.¹³³⁸ This was neglect of blind culture and a disregard of diverse needs; overall it demonstrated a rejection of blind identity.

928. The Inquiry also heard of a very regimented environment at Homai with many bells and strict daily routines. European survivor Paula Waby shared that she felt a "total loss of power."¹³³⁹ She said:

*"We were forced into independence, but it was a brutal way of doing it. They were just focused on getting you dressed, fed, following the routine, and not a lot else."*¹³⁴⁰

929. In the context of this impersonal, regimented environment at Homai, survivor Kylee Maloney was quickly told by staff that her long hair needed to be cut "as nobody had time to do this [tie their hair up] every day".¹³⁴¹

1335 Witness statement of Kylee Maloney (31 March 2022, para 3.25).

1336 Witness statement of Jonathan Mosen (18 November 2021, page 4).

1337 When people echolocate, they make audible emissions like mouth clicks, finger snaps, whistling, cane taps or footsteps. The echoes created by this help people perceive their environment. See: Thaler, L, Echolocation in people, Physiology News Magazine (2022).

1338 Witness statement of Jonathan Mosen (18 November 2021, page 4).

1339 Witness statement of Paula Waby (26 August 2022, para 3.5).

1340 Witness statement of Paula Waby (26 August 2022, page 5, para 2.14).

1341 Witness statement of Kylee Maloney (31 March 2022, page 3).

Te whakawehenga i te whānau, ngā hoa me te hāpori whānui

Separation from family, whānau and friends, and the wider community

930. Survivors experienced pain and frustration at being separated from their family and friends. Survivors had little say on when and how often they could see their family and there was a lack of transparency from staff as to why they could not visit more.¹³⁴²
931. Survivors said that they had little to no exposure to general social and cultural experiences, including knowledge of current events and popular culture enjoyed by others their age. This disconnection could have been felt even more acutely by people who were in segregated settings and often dehumanised and treated as 'less than' from an early age.
932. Survivor Kylee Maloney, who was at Homai felt disconnected to the community and life beyond the institution:

*"At the hostel, we were not exposed to the culture of being a kid in New Zealand in the 1970s and 1980s. I did not get to watch children's TV shows or sports or games unless I was home for the holidays. We didn't socialise with sighted kids. The only information we received from other sighted kids was either when someone new came to Homai from outside, or when we interacted with siblings and neighbours' kids during the holidays."*¹³⁴³

Te whakahapa ā-mātauranga i ngā kura Turi

Educational neglect in Deaf schools

933. Low expectations also negatively impacted on disabled people's education. Lusi Faiva, a Samoan survivor, attended a school for students with cerebral palsy. She recounted that the school "didn't really teach us though because the school was focused on recreation and rehabilitation".¹³⁴⁴ Inadequate support in the classroom with either school work or accessibility needs could also mean that disabled survivors' opportunities to learn were diminished.¹³⁴⁵
934. Jonathan Mosen explained that the concept of 'sight savers' meant educational neglect for some low-vision children at Homai. This was the idea that if you did not use your sight then you would lose it so there was a focus on reading in the 'normal' way with large prints and magnification. Low-vision children therefore lost the opportunity to learn Braille and, when their vision deteriorated as adults, they lost their functional literacy.¹³⁴⁶

¹³⁴² Witness statement of Kylee Maloney (31 March 2022, page 5).

¹³⁴³ Witness statement of Kylee Maloney (31 March 2022, page 6).

¹³⁴⁴ Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 79).

¹³⁴⁵ Witness statement of Antony Dalton-Wilson (13 July 2021, pages 8, 19).

¹³⁴⁶ Witness statement of Jonathan Mosen (18 November 2021, paras 3.59–3.60).

Te whakataratahitanga hei aupēhinga whanonga i ngā kura motuhake Solitary confinement to control behaviour in special schools

935. Antony Dalton-Wilson, a Samoan mixed-ethnicity survivor with a brain injury, had further experiences of solitary confinement at Mount Wellington Residential School (later known as Bucklands Beach Residential School or Waimokoia Residential School) in Tāmaki Makaurau Auckland, where he recalled being put in time out rooms nearly every day.¹³⁴⁷ He said the rooms were scary, dark and there was one where he could hardly breathe because it had no windows.¹³⁴⁸ Antony said the rooms often did not come with a toilet, which meant he had to go on the floor. His time in secure could last from one night to, in one instance, the whole weekend.¹³⁴⁹
936. Like other survivors, Antony was sometimes placed in solitary confinement or 'time-out' for trivial matters, or for things that were beyond his control. He was put there for breaking a dinner plate, and for wetting the bed. He wet the bed due to the amount of medication he was being given. There were also instances where he did not know why he was put in time out. He remembered a teacher who tried to intervene, and she was pulled by her collar and told to be quiet otherwise she would be put in time out too.¹³⁵⁰
937. Mrs NS shared that in 1992, she found out that her daughter, a disabled survivor, had been locked in a purpose-built cupboard at a satellite classroom of Wairau Valley Special School in Tāmaki Makaurau Auckland up to "21 times before morning tea".¹³⁵¹
938. The Inquiry heard that, regardless of circumstances where staff believed putting an individual in solitary confinement or time out may have been helpful or justified at the time, by its very nature, this action could have a harmful effect on individuals. This was reflected in the Ministry of Health's acknowledgement that there is no evidence that solitary confinement is ever therapeutic.

1347 Witness statement of Antony Dalton-Wilson (13 July 2021, page 21).

1348 Witness statement of Antony Dalton-Wilson (13 July 2021, page 21).

1349 Witness statement of Antony Dalton-Wilson (13 July 2021, page 21).

1350 Witness statement of Antony Dalton-Wilson (13 July 2021, page 20).

1351 Witness statement of Mrs NS (27 April 2023, page 7).

Te tūkinotanga ā-hinengaro i ngā kura motuhake Psychological abuse in special schools

I whakatumatuma ngā kaimahi i ngā ākonga i ngā kura motuhake Staff bullied students in special schools

939. Antony Dalton-Wilson, told the Inquiry about numerous incidents of bullying occurring at a residential school:

“One of things that I really remember is that the teachers at the school were very mean. Lots of them would call me ‘bungeye’ ... and some would put their cigarette butts out on me. It would burn me. It happened more than once but I do not know why. It was not just one teacher either, it was a few of the teachers. They would bully me.”¹³⁵²

940. He felt that the teachers at this school liked to harass him, saying “They would call me names, laugh at me and do the fingers to me.”¹³⁵³ Staff did not try to stop other students at the school also bullying him.¹³⁵⁴ Antony was laughed at by both teachers and students when he struggled to participate in physical education classes because of his disability.¹³⁵⁵

941. At another residential school, NZ European survivor Mr PK also experienced bullying at the hands of staff, saying “I was screamed at and yelled at by staff and called names on a regular basis. I specifically remember a few staff members would call me ‘tard head’.”¹³⁵⁶

942. Blind survivor Kylee Maloney who attended Homai residential school recalled staff calling her names and emotionally bullying her.¹³⁵⁷ The Inquiry was told of Homai staff inflicting psychological harm on residents through actions that disregarded children’s fears, including shutting a child who was terrified of dogs in a cage with one, throwing children who were scared of water in the pool who and chasing a child who was scared of vacuum cleaners with one.¹³⁵⁸

Te kite i te taitōkai me te taikaha Witnessing rape and violence

943. European Māori survivor Mr NV (Ngāpuhi), who has an intellectual disability, described regularly witnessing other boys being physically and sexually abused by staff members. He recalled witnessing his friend kill himself at Campbell Park School. His friend had been sexually abused.¹³⁵⁹

¹³⁵² Witness statement of Antony Dalton-Wilson (13 July 2021, page 15).

¹³⁵³ Witness statement of Antony Dalton-Wilson (13 July 2021, page 23).

¹³⁵⁴ Witness statement of Antony Dalton-Wilson (13 July 2021, page 16).

¹³⁵⁵ Witness statement of Antony Dalton-Wilson (13 July 2021, page 16).

¹³⁵⁶ Witness statement of Mr PK (1 May 2023, page 11).

¹³⁵⁷ Witness statement of Kylee Maloney (31 March 2022, pages 5–9).

¹³⁵⁸ Witness statement of Paula Waby (26 August 2022, paras 2.40, 2.52, 2.61).

¹³⁵⁹ Affidavit of Mr NV, HC Wellington CIV-2008–485–566 (14 March 2008, page 6, para 8(q)(vii)).

Te taitōkai me te tūkinotanga ā-tinana i ngā kura motuhake Sexual and physical abuse in special schools

944. The Inquiry heard that disabled survivors were sexually abused by staff members and sometimes peers in special schools.¹³⁶⁰
945. Survivor Mr NV described being sexually abused by two different staff members and by other boys at Campbell Park School in the 1980s.¹³⁶¹ He was masturbated in the shower, raped in the dormitory, and forced to perform oral sex. This happened repeatedly and involved the same staff member on each occasion.¹³⁶² The same occurred on later dates with a different staff member. Mr NV also heard other boys screaming at night while they were being sexually abused.¹³⁶³
946. Sometimes physical assaults were part of joining an institution. Sir Robert Martin said that when he was sent to Campbell Park School at 11 years old he was assaulted by the other boys as part of an initiation process.¹³⁶⁴
947. Antony Dalton-Wilson (Samoan, Gypsy) explained the medication he was on while at Mount Wellington Residential School made him wet the bed. One day, he was last to class because he had to take his wet bedsheets to the laundry to be washed. As punishment for his tardiness, he was sent to the headmaster's office and experienced physical abuse: "[The headmaster] pulled down my pants and hit me with his belt buckle on my legs. He did this at least three times."¹³⁶⁵
948. Like other survivors in special schools who were physically abused by staff for minor infractions, Antony also told the Inquiry of several instances where he experienced physical abuse at the hand of this headmaster for trivial reasons, or because he was struggling to complete work without adequate support, demonstrating a disregard for diverse needs.¹³⁶⁶ Antony described a situation where he tried to set a table:

"I remember one day I had to set the table, but I did not do it correctly. It was hard for me to remember the order that the teachers wanted the plates and knives. It was also hard for me to see where I was putting the things on the table. When I did it wrong, [the headmaster] pulled down my pants and hit my legs with his belt buckle. He hit me about three times "gain. I cried. I just do not understand why [the headmaster] would hit me so much because I was not being naughty."¹³⁶⁷

1360 Witness statement of Ms LO (3 May 2023, pages 6–7).

1361 Affidavit of Mr NV, HC Wellington CIV-2008–485–566 (14 March 2008, page 4, para8(j)).

1362 Affidavit of Mr NV, HC Wellington CIV-2008–485–566 (14 March 2008, page 4, para 8(k)).

1363 Affidavit of Mr NV, HC Wellington CIV-2008–485–566 (14 March 2008, page 4, para 8(p)).

1364 Witness statement of Sir Robert Martin (17 October 2019, paras 32–33).

1365 Witness statement of Antony Dalton-Wilson (13 July 2021, page 19).

1366 Witness statement of Antony Dalton-Wilson (13 July 2021, pages 19–20).

1367 Witness statement of Antony Dalton-Wilson (13 July 2021, pages 19–20).

Te tūkinotanga i ngā horopaki taurima i tua atu Abuse in other care settings

949. Survivors have experienced abuse and neglect in other settings, including adoptive homes, through the adoption process, in transitional and law enforcement settings, and in health camps. Much of the abuse and neglect suffered in these settings was similar to social welfare, faith-based, and disability and mental health settings.

I mōrearea ngā ritenga whāngai me ngā whakanohonga Adoption practices and placements were harmful

950. Adoption legislation and practices affected non-Pākehā in specific ways. Adoption legislation in the 1950s and 1960s imposed a Pākehā worldview on adoptions that ignored tikanga and cut through existing Māori whāngai practices where tamariki were almost always placed within whānau.¹³⁶⁸ Further, when tamariki and pēpē Māori were adopted out their ethnicity was sometimes falsely recorded or not recorded at all. This was particularly common in closed adoption practices.
951. Having access to knowledge of one's lineage, kinship connections and tūrangawaewae, was understood as an essential element of one's identity in the Māori worldview. The forcible severing of a person's understanding of themselves through the practice of closed adoption, therefore, denied the fundamental right of the tamaiti (child) and the whānau.
952. The Inquiry heard from survivors who had experienced having their ethnicity falsely recorded, and the devastating impacts this had. Māori survivor Ms AF (Ngāti Tahinga / Ngāti Ira) had her ethnicity listed as European at the hospital and her adoption was not notified to the Ministry of Māori Affairs.¹³⁶⁹
- "The moment my adoption happened was the minute I lost my legal Treaty rights as a Māori. This is the one thing that broke my heart. Under the law, I have no right [to] succeed my mother's Māori land interests."¹³⁷⁰*
953. Ms AF believed her ethnicity was inaccurately recorded because Māori babies were less desirable than Pākehā babies, and because her adoptive mother had requested a Pākehā baby.¹³⁷¹

1368 Else, A, A question of adoption: Closed stranger adoption in New Zealand, 1944–1974 (Bridget Williams Books, 1991, page 180).

1369 Witness statement of Ms AF (13 August 2021, pages 2–3).

1370 Witness statement of Ms AF (13 August 2021, pages 13, 15).

1371 Witness statement of Ms AF (13 August 2021, page 2).

954. Pacific survivors also experienced severance from their culture, roots and heritage through inaccurate recordings of ethnicity and inappropriate placements. Cook Islands Māori survivor Te Pare Meihana was matched according to her physical characteristics, namely her skin colour. Though she was of Cook Islands Māori descent, she was placed with a Māori caregiver. As she recalled: "I was a brown baby, a brown kid, and my adopted parents, my father was Māori so, you know, the colour was right."¹³⁷²
955. In the process of being placed with her adoptive family, Te Pare's ethnicity was changed to Māori, which resulted in cultural disconnection and neglect: *"Maybe they thought we were all the same... When you look at the files and it says, 'She's of the same colouring, she'll fit in well', you know, that's all I could see. I couldn't see any assessment of my father's background and actually how appropriate would he be to adopt a child. It was just all about the tidiness of the house and the colour of the skin".*¹³⁷³
956. Many survivors talked about how the cultural incongruence of their placements meant they were culturally unsafe. This had traumatic effects on them, including transgressing their right to a connection with their whakapapa and kainga (family). As Ms TU recounted: "The decision to adopt me out to Pālagi people meant I became disconnected from my Samoan heritage and cultural roots. There are no words to describe the trauma created and the impact this has had on me."¹³⁷⁴ She further explained how this felt: *"I was placed with a white family and ... there was no regard for my connection with my cultural heritage. I felt like the State tried to erase my history as a Samoan child. Regardless of whether there was any malice involved, I felt like this was a complete disregard for my needs as a cultural person."*¹³⁷⁵
957. Jenni Tupu (Ngāpuhi, Ngāti Hine), a Samoan and Māori survivor also reflected on her placement and how culture and kainga were not considered in the decisions made about her adoption: *"I think that most of those who are adopted whānau that, you know, undergo the separation. We should be able to have access to culture and that as well. And yet for many [of] us, it just wasn't an option. It wasn't there because we were adopted to strangers and there was no connection to the whānau or the whakapapa."*¹³⁷⁶

1372 Private session transcript of Te Pare Meihana (5 May 2021, page 8).

1373 Private session transcript of Te Pare Meihana (5 May 2021, page 9).

1374 Witness statement of Ms TU (29 June 2021, page 2).

1375 Witness statement of Ms TU (29 June 2021, page 19).

1376 Private session transcript of Jenni Tupu (9 March 2020, page 30).

958. Survivors also spoke about experiencing racism from adoptive parents once they were placed. For Ms AF, being adopted into a Pākehā family resulted in being subjected to racist abuse. Her mother and aunt would tell her that she was nothing but a 'dirty savage' and that she was "lucky to be raised by a Catholic white family".¹³⁷⁷

*"I don't know my family. I know who they are, but we have no real connection. My whole life I have wanted to have this connection to my whānau but we are all still suffering from the trauma we experienced. Adoption severed our whānau connection and damaged the relationships within the whānau ... There was a violent structure to my adoption. They were complicit in stripping me of my whakapapa and this violence was felt throughout my life."*¹³⁷⁸

Te tūkinotanga i roto i ngā whakaritenga whakawhiti, whakaū ture hoki

Abuse in transitional and law enforcement settings

959. The Inquiry heard from survivors about the abuse and neglect they suffered at the hands of police officers, and abuse they suffered as children in adult prisons or police cells.

Te tūkinotanga mai i ngā pirihimana

Abuse from police officers

960. Survivors experienced physical, psychological, and sexual abuse from police officers – being degraded, assaulted, forcibly strip-searched, and raped. Most of these experiences happened when survivors were young, from 10 to 15 years old, and were fearful experiences. Some survivors said they were so fearful they thought they would be killed by police officers.

961. Many survivors said they were regularly given 'hidings' by NZ Police and described being punched and kicked in the head,¹³⁷⁹ being beaten with objects,¹³⁸⁰ suffering injuries from police dogs,¹³⁸¹ and injuries from pepper spray.¹³⁸² Survivor Mr HC's hand was broken after an officer stomped on a chair that was on his hand.¹³⁸³

¹³⁷⁷ Witness statement of Ms AF (13 August 2021, page 3).

¹³⁷⁸ Witness statement of Ms AF (13 August 2021, pages 13, 15).

¹³⁷⁹ First witness statement of Mr FN (16 July 2021, page 6).

¹³⁸⁰ Witness statements of William Wilson (6 July 2021, para 26) and Michael Rush (16 July 2021, para 38).

¹³⁸¹ First witness statement of Mr FN (16 July 2021, page 6).

¹³⁸² Private session of survivor who wishes to remain anonymous (7 June 2020, page 12).

¹³⁸³ Witness statement of Mr HC (16 July 2021, para 3.19).

962. Survivors were also psychologically abused by NZ Police while in custody. Police officers degraded and verbally abused survivors, calling them derogatory terms including "little cunt",¹³⁸⁴ and "fucking shit",¹³⁸⁵ as well as unfairly criminalising them without them being charged with anything. Survivor FN said he witnessed other people attempt to take their own lives while in the cells.¹³⁸⁶
963. Survivors also said they had been humiliated by NZ Police through forced strip searches. Survivor Mr TN said he "was arrested on 6 July 1994 for threatening behaviour. I was taken by the police to the cells where I was strip-searched in front of my friends, including a female friend. I was only 13 years old."¹³⁸⁷
964. Survivor Mr CA said he was tackled, dragged to a room, pinned down and had his clothes forcibly pulled off him in front of other children, while a police officer mocked his genitals.¹³⁸⁸
965. Some survivors had multiple experiences of NZ Police abuse, starting from when they were young. Survivor LK explained he was picked up off the road by NZ Police as a child at 9 or 10 years old and accused of stealing bikes. He said he was taken to the station, beaten and verbally abused. He was so scared, he thought the officers were going to kill him.¹³⁸⁹ Mr LK had multiple experiences of abuse from the Invercargill Police. In another incident, when he was 15 years old, he had taken a hallucinogenic, was picked up by NZ Police while walking down the road, and was left in a cell for 26 hours. He said NZ Police knew he was hallucinating, but only came in every now and then to hose him down. He said he ended up smashing the concrete walls and breaking his hands, and went to the hospital after being released:
- "They just hosed us down and treated us like scum. I wasn't arrested or charged. They didn't tell Mum, they didn't give me any medical support. I stayed in hospital for about a week. The hospital staff were shocked and said I could have died."***¹³⁹⁰
966. Mr LK said the treatment he received from NZ Police was so 'damaging', he attempted to end his life soon after. He felt like he had no worth or value, saying "I had all this shit going on in my head about how the police had treated me. The police were the main reason I had no hope in life."¹³⁹¹

1384 First witness statement of Mr FN (16 July 2021, page 6).

1385 Witness statement of Mr LK (16 October 2022, page 8).

1386 First witness statement of Mr FN (16 July 2021, page 6).


1387 Witness statement of Mr TU (12 February 2021, para 16).

1388 Witness statement of Mr CA (September 2021, para 63–67).

1389 Witness statement of Mr LK (16 October 2022, page 8).

1390 Witness statement of Mr LK (16 October 2022, pages 10–11).

1391 Witness statement of Mr LK (16 October 2022, page 11).

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967. Survivor Mr IA said he and his friends, all male, and all Māori, used to be picked up off the streets for no reason. He said when he was 15 years old, there was a “hit-squad” of officers who would “round up the boys on the street, beat us up and throw us in the cells”.¹³⁹² He explained: “[We] were shit scared of the police because we got the bash every single time.”¹³⁹³
968. The physical abuse from NZ Police could be extremely violent. Following an incident where he was picked up by NZ police and beaten on the way to the station, Mr IA said he had broken ribs. He said that another time, he was driven to a paddock by police, stripped naked, and had police dogs set on him.¹³⁹⁴ Another survivor told the Inquiry how when he was 14 years old he was handcuffed lying face down in the gravel when an officer pulled his head off the ground by his hair, and hit him in the forehead with a baton. He thought he had gone blind because his eye socket had filled with blood.¹³⁹⁵
969. In some incidents, NZ Police would be involved in finding and picking up survivors who had run away from home. These survivors tried to escape abuse at home but were subjected to further abuse and humiliation from police, before being taken back home. In these instances, the police not only failed to prevent children and young people from being harmed but put them back into an abusive environment. These omissions and actions caused further harm.
970. In survivor Neta Kerepeti’s case, a police officer used the opportunity to sexually abuse her. She explained how she would run away from home after being beaten by her father, regularly being picked up by NZ Police and taken back. She said one sergeant in the Whangārei Police picked her up, took her to an isolated place and raped her when she was 12 years old. He told her that no one would believe her because he was a police officer and she was a “naughty child and had a reputation for being wayward.”¹³⁹⁶
971. The Inquiry also heard of instances where NZ Police failed to take action when complaints of abuse in care were reported to them, this was especially the case for survivors abused in the Lake Alice Child and Adolescent Unit and is discussed in detail in the Inquiry’s Beautiful Children report.

¹³⁹² Witness statement of Mr IA (2 June 2022, pages 7–8).

¹³⁹³ Witness statement of Mr IA (2 June 2022, pages 7–8).

¹³⁹⁴ Witness statement of Mr IA (2 June 2022, pages 7–8).

¹³⁹⁵ Written statement of survivor who wishes to remain anonymous (19 October 2022, page 12).

¹³⁹⁶ Witness statement of Neta Kerepeti (22 April 2021, page 8).

972. Some survivors said that while they were children, police officers assaulted them to 'extract' confessions. Mr FN explained he was punched in the face by an Invercargill police officer while handcuffed in the back of a police car in order to get a confession for a crime he did not commit.¹³⁹⁷ Māori, Pākehā survivor Toni Jarvis (Ngai Tahu, Ngāti Kahungunu), then 15 years old, said he was handcuffed and beaten with a phone book until he confessed to a crime he didn't do and only "to make him stop".¹³⁹⁸
973. Survivors told of the neglectful and harmful conditions of police cells. Mr FN said he was deprived of food, hosed down with cold water every day and left in wet clothing in a cold wet cell.¹³⁹⁹ More recent reports, including by the Children's Commissioner and the United Nations, have called to end the practice of locking children in police cells. According to the Children's Commissioner, the use of police cells for young children is effectively solitary confinement, as they need to be kept separate from adults in custody. The damaging and long-lasting effects of solitary confinement are discussed in Part 5.¹⁴⁰⁰

Te tūkinotanga o ngā tamariki me ngā rangatahi i roto i ngā manga mauhere Abuse of children and young people in prison cells

974. The Inquiry heard of children and young people who were detained on remand in adult prisons. The Inquiry heard evidence of many forms of abuse and neglect of children and young people in adult prisons including inhumane treatment such as spending weeks in prison cells without any clean clothing, being forced to use a plastic bucket for a toilet,¹⁴⁰¹ or being sexually harassed,¹⁴⁰² assaulted¹⁴⁰³ or raped by adult prisoners.¹⁴⁰⁴
975. Brent Mitchell spent one night in Mt Crawford when he was being transferred between borstals. He said he was placed in a shared cell and raped by his cellmate.¹⁴⁰⁵

1397 First witness statement of Mr FN (16 July 2021, page 6).

1398 Witness statement of Toni Jarvis (April 2021, 12 para 167).

1399 First witness statement of Mr FN (16 July 2021, page 6).

1400 Media release, Children's Commissioner, UN-funded report another reason to stop locking New Zealand children in police cells (27 April 2017), <https://www.manamokopuna.org.nz/documents/225/Media-release-seclusion-and-restraint-27-April-2018.pdf>; Gay, E, "Should be banned: 14-year-old spends two nights in police cells: Stuff.co.nz (9 March 2024), <https://www.stuff.co.nz/nz-news/350194803/should-be-banned-14-year-old-spends-two-nights-police-cells>

1401 Witness statement of Dr Oliver Sutherland (4 October 2019, para 114); Wallace, GCPA, Report to the Secretary for Justice on the Enquiry into ACORD complaints concerning detention of young persons (21 November 1984, pages 8–9).

1402 Witness statement of Dr Oliver Sutherland (4 October 2019, para 116).

1403 Witness statement of Dr Oliver Sutherland (4 October 2019, para 126).

1404 Wallace, GCPA, Report to the Secretary for Justice on the Enquiry into ACORD complaints concerning detention of young persons (21 November 1984, pages 8–9); Witness statement of Brent Calvin Mitchell (15 April 2021, para 126).

1405 Witness statement of Brent Calvin Mitchell (15 April 2021, para 126).

976. Adult prisons contain distinct solitary confinement units. William MacDonald, who was detained in Mt Crawford at 14 years old, was sent to solitary confinement (also called 'the digger') for approximately one week.¹⁴⁰⁶ The digger was an underground cell and the only light was a tiny window in the ceiling. William shared how he "broke down" in the digger and his only respite was a tiny exercise area he described as a "dog kennel".¹⁴⁰⁷

Te tūkinotanga i roto i ngā hopuni hauora

Abuse in health camps

977. For some survivors who attended health camps, being placed there was fearful and traumatic. Survivors were not told where they were going, why, or for how long.¹⁴⁰⁸ Māori survivor Stephanie Hopa (Muaūpoko) described it as 'terrifying'.¹⁴⁰⁹ Other survivors spoke about how they felt lonely and homesick.¹⁴¹⁰
978. The Inquiry heard evidence of physical, sexual and psychological abuse, and neglect of survivors who attended health camps. Survivors spoke of the cruel treatment they received, with one Māori Mr KA saying "It was hell, people were mean, and I would describe it as a very strict place. It was almost run like a prison for children."¹⁴¹¹
979. Māori, NZ European survivor Craig Dick (Ngāi Tahu) was verbally abused by staff at Roxburgh, called a "little fuckwit", "little snot" and "little dickhead."¹⁴¹² Not only was he verbally abused he was frequently hit around the ears and smacked on the leg with a metre-long rule. He was also psychologically punished by being locked in an extremely small cupboard, sometimes for hours:
- "I was locked in the cupboard regularly. I think this happened every second or third day while I was at Roxburgh. The cupboard was dark and I often felt afraid. I also felt panicked and I now understand that this feeling is claustrophobia".*¹⁴¹³
980. Mr LG spoke of being locked in a small timeout room – a cold, windowless room, which was like a cupboard. He remembers being left there for so long that he soiled himself, saying "There was no toilet in there either and I remember doing things in my pants and having to later clean it up myself, cleaning my pants and undies in the sink with my own hands."¹⁴¹⁴

1406 Witness statement of William MacDonald (4 February 2021, paras 60–61).

1407 Witness statement of William MacDonald (4 February 2021, para 61).

1408 Witness statements of Damien Clarke (2 May 2023, para 4.9.1); Phillipa Wilson (9 June 2021) and Mr LG (20 May 2022, page 5).

1409 Private session of Stephanie Hopa (8 July 2021, page 9).

1410 Witness statements of Mr LG (20 May 2022, para 3.6) and Waiana Kotara (17 February 2022).

1411 Witness statement of Mr KA (7 February 2023, para 14).

1412 Witness statement of Craig Dick (26 March 2023, para 5.3.5).

1413 Witness statement of Craig Dick (26 March 2023, para 5.3.9).

1414 Witness statement of Mr LG (20 May 2022, para 3.10).

981. Māori, European, French survivor Mr SK (Ngāti Maniapoto, Ngāti Porou) who was aged between 5 and 7 years old at the time, recalls being locked in a room for two days without any food.¹⁴¹⁵
982. Many survivors spoke of regular physical violence from staff at health camps. Survivor Daniel Nelson recalled, "It seemed fun at first, but it was horrible. It was run by women and just a couple of the ladies were really mean. If you did anything wrong the staff pulled your hair, squeezed your forearm really hard and sent you to [your] room for ages."¹⁴¹⁶
983. Other survivors recall being hit across the head with an open palm and having their arms twisted behind their back.¹⁴¹⁷ Some survivors of physical abuse at health camps recall seeing it happen to other children.¹⁴¹⁸
984. As well as physical violence, survivors, some of whom were aged from 5 to 7 years old, were also subjected to sexual abuse, including sexual harassment, sexual assaults and rape.¹⁴¹⁹ Mr V said "I got sent to Pakuranga Health Camp in term 2 of 1987. I was sexually abused by a staff member at Pakuranga Health Camp. Eventually, the abuse progressed to rape."¹⁴²⁰
985. The sexual abuse by staff of young children was regular and planned. One survivor, Mr KE, shared how nightshift caregivers at the Half Moon Bay Health Camp in Pakuranga would check on the children as they slept. If a child had urinated in their bed staff would put them in the shower and sexually abuse them. Mr KE shared that "after the abuse was finished, I would get put back in bed and was given stickers and told how much of a good boy I was".¹⁴²¹
986. Abusers were also highly manipulative, using their positions of power to get children alone, then threatening them about not disclosing the abuse to anyone. Mr NK described how an older male staff member whispered sexual things in his ear and tried to touch him under his clothes. Mr NK said:
- "He said if I say anything he will do the same to my little brother... I was very scared that he would sexually abuse [my brother] and so I put up with it."***¹⁴²²

1415 Witness statement of Mr SK (22 February 2022, para 29).

1416 Witness statement of Daniel Nelson (18 April 2023, paras 22–23).

1417 Witness statements of Craig Dick (26 March 2023, page 4, para 5.3.6); Mr KP (8 May 2023, page 3, para 15) and Mr GD (8 July 2022, page 7, para 44).

1418 Witness statement of Craig Dick (26 March 2023, page 4).

1419 Witness statements of Mr V (12 February 2021, pages 1–2) and Mr KE (3 May 2023, page 2).

1420 Witness statement of Mr V (12 February 2021, para 10).

1421 Witness statement of Mr KE (3 May 2023, page 2).

1422 Witness statement of Mr NK (25 April 2023, paras 9–10).

987. Survivor Mr KP described being sexually and physically assaulted by a male staff member at the health camp. He said:

"In the residence, he was often responsible for supervising the children on outings and during movie nights. In the school, he was the carving teacher ... Once, this staff member fondled me, and then forced me to perform oral sex on him. I was sexually assaulted by him on at least three occasions, two times in the carving room on school grounds, and one time in the sick bay, which was located next to the dining room in the residence. He warned me not to tell anybody about the assaults."¹⁴²³

988. Many very young girls who attended Glenelg Health Camp in Ōtautahi Christchurch, were also subjected to multiple invasive and unnecessary vaginal examinations. Survivor Corrina Gleeson explained:


"I think we went to Glenelg a few times. I was made to line up with four other girls. I thought this was for a nit inspection or some sort of examination. The door opened and there was a bed there so I knew what was coming ... We were taken in on our own and you could hear screams. They took vaginal swabs, measured and photographed my genitalia. They were like smear tests. Violating. I was 4 the first time. This happened four times."¹⁴²⁴

989. The abuse perpetrated on these very young girls was significantly compounded by those carrying out these examinations, when they wrongly claimed the girls had exhibited signs of previous sexual abuse. Family members of these survivors were then put through a formal investigation process causing significant harm to those families.¹⁴²⁵

¹⁴²³ Witness statement of Mr KP (8 May 2023, paras 13–14).

¹⁴²⁴ Witness statement of Corrina Gleeson (17 May 2023, para 70).

¹⁴²⁵ Private session transcript of Trevor Gibling (16 September 2019); Private session transcript of survivor who wishes to remain anonymous (20 November 2019).



"It was hell,
people were mean,
and I would describe it as
a very strict place. It was
almost run like a prison
for children."

MR KA
Survivor

Ngā whakataunga mō te tūkinotanga ā-horopaki Conclusions on abuse in particular settings

Te tūkinotanga me te whakapapa i rāngona e ngā purapura ora Māori i te pūnaha taurima

Abuse and neglect experienced by Māori survivors across care

990. Tamariki, rangatahi and pakeke Māori in care during the Inquiry period experienced all forms of abuse and neglect across all care settings. Tamariki, rangatahi and pakeke Māori were often targeted because of their ethnicity, and this was often overlaid with racism. Māori survivors reported experiencing harsher treatment across many settings, being degraded because of their ethnicity and skin colour, and reported being denied access to their ability to practice mātauranga, tikanga, reo Māori, and the ability to connect to their whakapapa, sometimes violently. For tāngata Turi Māori, tāngata whaikaha Māori, and takatāpui survivors, these abuses were further compounded with disablism, ableism, audism and /or homophobia.
991. In social welfare settings, tamariki and rangatahi Māori made up the majority. Māori were also disproportionately populated in other care settings.
992. In faith-based settings, Māori survivors experienced co-occurring racism, cultural neglect, and spiritual abuse. Survivors reported having their identities stripped from them – in some faith-based settings this was informed by a religious belief that Māori culture was inferior to Pākehā Christian culture. Some were made to believe that they were inherently sinful because they were Māori. Survivors were also routinely singled out in faith-based care, verbally abused, and were given less opportunities than their Pākehā counterparts.
993. In faith-based boarding schools for Māori, survivors experienced abuse similar to other faith-based schools, including physical, psychological and sexual abuse from staff and peers. In faith-based boarding schools for Māori, some of the physical abuse in these settings also featured inappropriate applications of cultural practices. Survivors also experienced cultural neglect in some schools, saying te reo and tikanga were not as prevalent as they had expected.
994. In large-scale disability and psychiatric settings, Māori survivors experienced racism and were denied access to their whakapapa, whānau, hapū, iwi and taha Māori. Settings were based on Eurocentric approaches to health, which denied kaupapa Māori models, and dismissed or pathologised behaviours associated with Māori spirituality.

Te tūkinotanga me te whakapapa i rāngona e ngā purapura ora o Pasifika i te pūnaha taurima

Abuse and neglect experienced by Pacific survivors across care

995. Pacific survivors experienced all forms of abuse and neglect across settings, particularly racial abuse and cultural neglect, including being denied the ability to practice and access knowledge of their cultural identities, practices, customs, languages, and access to their kainga (family). Pacific survivors also experienced overt and targeted racist abuse, including racist verbal abuse, and spoke about receiving harsher treatment across many settings.
996. In social welfare settings, and particularly in social welfare institutions, Pacific children and young people were disproportionately represented where they experienced racism and targeting.
997. In faith-based settings, Pacific survivors experienced co-occurring racism, cultural neglect and spiritual abuse in faith-based care. Survivors discussed how they were routinely singled out based on their skin colour, and experienced verbal abuse and were given less opportunities than their Pākehā counterparts. Pacific survivors had particularly strong challenges for disclosing pastoral sexual abuse within their aiga / kainga and communities, as religious leaders were often held in high esteem in their communities.
998. In faith-based schools, particularly Wesley School, Pacific survivors experienced beatings and hazing, as well as sexual assault. Violence was regularly enforced through student hierarchies and encouraged by staff.
999. In large-scale disability and psychiatric settings, Pacific survivors were denied access to their cultures, families, and communities, as well as denied access to Pacific methods of healing.



Te tūkinotanga me te whakapapa i rāngona e ngā purapura ora Turi, whaiakaha hoki i te pūnaha taurima


Abuse and neglect experienced by Deaf and disabled survivors across care

1000. Disabled and Deaf survivors experienced ableist, disablist and audist abuse, including targeted abuse and derogatory verbal abuse. Disabled and Deaf survivors were denied personhood and were often stripped of their dignity and autonomy.
1001. In faith-based settings, disabled survivors experienced physical and emotional neglect. In faith-based education, Disabled survivors reported peer on peer bullying, educational neglect, and physical and sexual abuse. In faith-based boarding schools, disabled and Deaf survivors reported abuse and neglect that devalued and degraded them and disregarded their inherent human value, including being humiliated, being told they were dumb, and being denied the ability to communicate in a way of their choosing, and being neglected of sufficient education.
1002. In disability and mental health settings, disabled survivors experienced all forms of abuse and gross neglect, including physical, mental, emotional, educational neglect. Disabled survivors experienced medical abuse including forced sterilisations and contraception.
1003. In Deaf settings, Deaf survivors were not supported to communicate how they wished to, were formed to adopt oralist methods of communication, and were ridiculed for signing with facial expressions. They were denied knowledge and access to Sign Language and Deaf culture. For tāngata Turi Māori, these experiences were compounded with racism and cultural neglect of their Māori culture – resulting in them having no access to either culture. In Deaf settings, Deaf survivors also experienced educational and psychological neglect, and physical, emotional, and sexual abuse.
1004. In special schools for blind children, we heard of emotional and educational neglect and active suppression and devaluation of “blindisms”.

Te tūkinotanga i roto i ngā whakaritenga tokoora, ture taiohi hoki

Abuse in social welfare settings

1005. Social welfare settings included foster care, family home foster care, social welfare and youth justice residences, and third-party care providers. For many, their experiences included repeated instances of abuse over many years, from multiple abusers and across different types of social welfare settings.
1006. Foster care and family homes were environments where abuse and neglect could occur behind doors, resulting in survivors feeling trapped. The Inquiry heard of gross neglect, including being neglected of basic needs such as food and shelter; ongoing and degrading psychological and racial abuse; being separated and isolated from their families and whānau; regular physical violence, particularly as a way to punish and control; sexual abuse from carers and peers; and, that survivors were treated like slaves and exploited for their labour.
1007. Social welfare residences and institutions were hierarchical environments with 'cultures of violence'. Most forms of abuse and neglect that occurred within social welfare residences and institutions were used to punish, control, and degrade survivors.
1008. The Inquiry heard of degrading treatment upon entering; pervasive psychological abuse, including survivors being told they were criminals, useless, and unwanted; racism and cultural neglect, including being degraded and targeted for being Māori or Pacific; being separated and isolated from their families and whānau; the denial of basic needs and physical neglect; the systemic and routine use of physical violence, including staff encouraging peer on peer abuse as a means of control, particularly through the Kingpin system; pervasive and targeted sexual abuse; the routine use of solitary confinement; and, the use of medications to control and restrain residents.
1009. Abuse and neglect in third-party placements were similar to those experienced in other settings. Third-party placements were unique in that they were often in isolated 'boot camp' settings and were environments of extreme psychological and physical violence.
1010. Māori, Pacific, and takatāpui, MVPFAFF+ individuals and Rainbow communities were often targeted because of their identities and experienced co-occurring discrimination with other forms of abuse and neglect.

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1011. Despite what is known from domestic and international research about the low reporting rates of sexual abuse,¹⁴²⁶ the many accounts of such abuse that survivors have provided to the Inquiry clearly demonstrate that this was a 'systemic problem' across social welfare settings.¹⁴²⁷ Aotearoa New Zealand's social welfare care system clearly did not adequately consider the risk of sexual abuse occurring, which is shown by dismissive attitudes to complaints by children and young people, or their whānau and support networks,¹⁴²⁸ and misplaced trust in some staff.

Te tūkinu me te whakahapa i roto i ngā whakaritenga tūāpapa a-whakapono

Abuse and neglect in faith-based care settings

1012. Faith-based settings included pastoral care, children's homes, orphanages, residences, foster care, unmarried mothers' homes, faith-based schools. Survivors in these settings reported abuse by clergy and religious, elders, lay staff, teachers, volunteers, foster parents, and peers.
1013. Survivors from faith-based settings reported all types of abuse and neglect with many variations of co-occurrence. Underpinning much of this abuse, however, was an abuse of religious and spiritual teaching and authority.
1014. There are examples of those in faith-based care being viewed through a religious lens as sinful or in need of redemption, which often dehumanised them and was used to justify further abuse. This was magnified for many in Māori, Rainbow and disabled groups, as religious teaching sometimes painted them as specific targets. Pacific peoples were also affected by the misuse of spiritual authority in unique ways. For many faith-based settings, this framing was woven into the purpose and systems of the institutions, which relied on their spiritual authority and standing in the community to legitimise their 'care' practices.
1015. The Inquiry heard of religious leaders taking advantage of the trust and vulnerability within pastoral care to sexually, psychologically, emotionally, and spiritually abuse survivors. Sexual abuse in pastoral care often involved grooming, particularly when survivors were in vulnerable states or when they were children.
1016. The abuse and neglect suffered in faith-based children's homes and residences were similar to those experienced in social welfare homes and institutions, including psychological and physical abuse and neglect; being separated and isolated from their families and whānau; sexual abuse perpetrated by staff and peers; and, abuse being used to control and reform survivors.

¹⁴²⁶ TOAH-NNEST website, Prevalence (2023), <https://toah-nnest.org.nz/prevalence/>


¹⁴²⁷ Oral evidence of Chief Executive Chappie Te Kani for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 24 August 2022, page 807).

¹⁴²⁸ Witness statements of Mr FP (10 March 2022, page 12); Ms MT (9 August 2021, page 2) and Alison Pascoe (29 April 2022, page 17).

1017. In unmarried mothers' homes, the Inquiry heard that women and girls were subjected to psychological and physical abuse and neglect throughout their pregnancy and childbirth, including being demonised and degraded, denied adequate food, denied information about their medications and procedures, and being beaten during and after childbirth. Survivors were also pressured, bullied, or coerced into adopting out their babies.
1018. In faith-based education, survivors experienced similar abuse and neglect to those in faith-based residential settings. Boarding schools in particular were risky environments due to their regimented and closed nature, where staff had unrestricted access to students. Abuse was often justified as corporal punishment and discipline. In some schools, sexual abuse was pervasive and organised between staff members.
1019. The Inquiry heard of abuse and neglect occurring in Gloriavale Christian Community. Much of the abuse stemmed from the authoritarian control leadership had over the community and co-occurred with spiritual abuse. Survivors spoke about the psychological and spiritual abuse community leaders perpetrated, including through the use of shame, manipulation, humiliation, and isolation; the economic and educational neglect suffered; discrimination suffered by rainbow, Māori, and disabled survivors; and, the normalised and pervasive physical and sexual abuse.

Te tūkinotanga i ngā whakaritenga turi, whaikaha, whaiora anō hoki Abuse in Deaf, disability and mental health settings

1020. Disability and mental health settings include larger-scale institutions such as psychopaedic and psychiatric hospitals, smaller-scale care and support settings and services, including group homes, and certain education settings. Survivors of these settings experienced all forms of abuse and neglect, the most unique and pervasive being systemic neglect and the denial of personhood. Medicalisation and devaluation and dehumanisation of Deaf and disabled people, and people experiencing mental distress, overlaid much of the abuse and neglect.
1021. Most of the evidence the Inquiry has relating to these settings relates to the large-scale institutions. Survivors suffered systemic neglect of their personal needs, including their physical, emotional, psychological and developmental needs; dehumanising and degrading psychological abuse; medical abuse and neglect, including medications and tools being used to harm survivors and being denied informed consent to procedures; racial and cultural abuse; violent and pervasive sexual and physical abuse; and financial abuse.

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1022. Abuse and neglect in closed settings, group homes and community care were also similar – but operated at a smaller scale – contributing to environments that also operated on control through disempowerment and fear. Survivors of these settings experienced emotional, psychological, developmental, physical, medical and cultural neglect; psychological abuse, particularly bullying; sexual and physical abuse; and financial abuse.
1023. For abuse in schools and units for Deaf children and young people, the Inquiry found most forms of abuse. A distinct element to abuse perpetrated in this setting that often directly targeted things that were fundamental to Deaf students, such as Sign Language and Deaf culture.
1024. The Inquiry found that in special schools and units, the nature of abuse was often tied to individuals' conditions or impairments. Typically placed into these educational settings from a young age, survivors experienced the separation from their family, whānau and friends, and the wider community as a form of abuse and neglect.

Te tūkinotanga i ngā horopaki taurima i tua atu Abuse in other care settings

1025. The abuse and neglect suffered at the hands of NZ Police, in prisons, and in health camps were similar to that in social welfare, faith, and disability and mental health settings. Survivors were subjected to degrading and violent abuse and neglect at the hands of authority figures who were responsible for their care.


Te tūkinotanga me te whakapapa i rāngona e ngā purapura ora tākatāpui, Uenuku MVPFAFF hoki i te pūnaha taurima Abuse and neglect experienced by takatāpui, Rainbow and MVPFAFF+ survivors across care

1026. Takatāpui, Rainbow and MVPFAFF+ survivors experienced homophobic abuse, that was sometimes couched within religious abuse and justifications. Takatāpui, Rainbow and MVPFAFF+ children and young people were targeted due to their sexuality, gender expression or sex characteristics, and were more vulnerable to abuse.
1027. Some were subjected to conversion practices in psychiatric care and faith-based settings that were psychologically and often physically abusive. In faith-based settings, this also involved religious abuse, including reinforcement of the moral authority of religious leaders and the church. Survivors were made to feel like abominations.

Te tūkinotanga me te whakapapa i rāngona e ngā kōtiro me ngā wāhine i te pūnaha taurima

Abuse and neglect experienced by girls and women across care

1028. Women and girls experienced abuse specific to their gender and much of the abuse and neglect were layered with misogyny and sexism. Survivors spoke about being treated as promiscuous and dirty, and being shamed, degraded and demonised for their bodies and behaviours. These were experienced in the form of emotional and psychological abuse, including verbal abuse.
1029. The Inquiry also heard of abusive treatment that was justified through sexist means. Degrading, traumatic and invasive vaginal examinations in social welfare settings were an example of this – where young girls were physically, psychologically and often sexually and culturally abused through treatments. These examinations were undertaken on the assumption that girls in care were promiscuous and were infected with sexually transmitted diseases, even in cases where young girls told authorities that they had never had sex.
1030. The Inquiry also heard of instances where young girls were controlled through medication. This was experienced by both boys and girls in care but note that this was commonly experienced in an all-girls setting, Fareham House, which housed mostly Māori girls. The Inquiry considers this may have been discrimination based both on sexism and racism.
1031. In faith-based settings, female survivors were subjected to gendered verbal abuse particularly around body shaming, shaming around sexuality, or demonisation of health needs. Some were made to feel dirty for having their periods. In Gloriavale Christian Community at Haupiri on the West Coast, female survivors experienced educational neglect due to beliefs around gender roles.
1032. Gendered abuse was particularly evident in unmarried mothers' homes, where young girls and women were demonised and subjected to verbal abuse such as gendered slurs, physical and financial abuse such as forced labour and beatings, medical abuse surrounding birth of babies, and psychological and emotional abuse through forced adoptions and coercion.
1033. Girls and women were neglected while in the unmarried mothers' homes, including being withheld adequate food, withheld information about childbirth. The demonisation, dehumanisation, and subsequent abuse of girls and women in the homes were justified or reinforced by religious beliefs, particularly that the girls and women were sinners in need of reform.
1034. In disability and mental health settings, the Inquiry heard of women being forcibly sterilised, medicalised (including being given contraception without informed consent), as well as women being forced to have abortions – sometimes without their knowledge until after the procedure.



"They said
I had the devil in
me, and they had
to beat it out"

ANN THOMPSON
Pākehā

Ann Thompson

Hometown: Ōtautahi Christchurch, now Whangārei

Age when entered care: Baby–2 ½ months old

Year of birth: 1941

Time in care: 1941–1965

Type of care facility: Orphanages – St Joseph’s Girls’ Orphanage in Ōtautahi Christchurch, Nazareth House in Ōtautahi Christchurch.

Ethnicity: Pākehā

Whānau background: Ann was taken without her mother agreeing. Her mum fought for Ann but was made to give her up. Ann reconnected with her brother in 1993 when she was 52 years old, but has not reconnected with her mother and other siblings. She has four sisters and two brothers.

Currently: Ann has a daughter. Her husband died and their son died when he was 27 years old.



My mother was raped when she was 15 years old, and I was the product of that assault. I was just 2 ½ months old when I was taken from my mother’s arms and sent to St Joseph’s Girls Orphanage, a Catholic orphanage in Christchurch. I only ever saw my mother once more in my lifetime. I was at St Joseph’s until the age of 10. In 1951 I was moved to Nazareth House, another orphanage where I lived full time until the age of 19. I lived on and off at Nazareth House until I was 24 years old. I was so frightened of everything and everybody, right from the start at St Joseph’s.

On my 15th birthday two ladies I didn't know came to see me. They gave me my first ever birthday cake, a pair of shoes and a beautiful jersey. When they left, I asked Sister Blandina, a nun at the orphanage, who they were. She told me one was my fairy godmother. That night Sister Blandina cut the cake up and told me to give everyone a piece. There was none left for me, and I couldn't ask anyone for a taste for fear that Sister Blandina would hit me. When I was 52 years old I reconnected with my brother, John, and he showed me a photo of our mother and her sister. I recognised them both as the two ladies who came to see me. The nuns knew about my mother and didn't tell me that I had a family – they told me I was an orphan.

I owned one toy the entire time I was in care – a doll. I later found out my mother had bought it for me. The nuns would give it to me every Christmas, then take it away on my birthday until the following Christmas. One day a nun took the doll and ripped off its arms and legs in front of everybody. I picked up the pieces and sat on the stage and cried, then I had to put it all in the rubbish. I knew right then that nobody cared about me, and nobody wanted me.

Over and over I was shown that I didn't deserve to enjoy anything or experience happiness.

At St Joseph's, the children who had no parents were lined up each Sunday morning outside the front door for adoption. The adults would look us over, and the feelings we had when no one picked us are something I will never be able to explain, but I felt it all over again when I accessed my records and found out I was put up for adoption four times. Once at St Joseph's Orphanage and three times at Nazareth House. I felt like a little girl again, going through the abuse again but, this time, it was different – it was heart-wrenching.

I was 10 years old when I went to Nazareth House from St Joseph's. While I was there they cut my beautiful long hair short, stripped us down and made us bath in Jeyes fluid. We were given a number, which we had to put on all our clothes. I was number 99.

The nuns physically and verbally abused all sense of self-worth out of me. They said I was born in the gutter and would go back there if they didn't punish me. They kept telling me the punishment was for my own good, so I didn't turn out to be like my mother. They told me that I had the sins of my mother in me, and that was why they had to punish me. At one point I got chickenpox and the nuns said it was the devil coming out of me.

I was constantly cold, all the time, day and night, and I used to get so hungry I would eat the ice that formed on top of puddles, as well as grass. I left school at the age of 12 years old to work and earn my keep at the orphanage. I didn't have much schooling and couldn't read or write very well.

If you've ever heard about clothing being so dirty that it could stand up by itself, my underpants were. Our clothes were changed once a month. My underpants were hard and stiff in the crotch. I was sore and had a rash, which bled a lot. Sometimes I couldn't walk, because the stiff knickers would cut into the tops of my thighs and my crotch. I could only wash them at night, but if I left them to dry, they would be stolen, so I would lie on top of them at night.

I would try to hide from the nuns, but Mother Euphrasia would drag me out by my hair, put me in a sack, tie the top of it and tell me that the pig man was going to come and take me away. It was so dark and I was terrified. She would hit me with a stick. I could hear her talking to a man and then she opened up the sack, and told me she had to punish me for what my mother had done.

I never knew when or where Mother Euphrasia was going to sneak up behind me. I was always looking back to see if she was there – she'd come from nowhere. The nuns would come up behind me and pinch me on my arm with the tips of their fingernails, taking skin off. It was painful and bled. We called them "fly pinches". I hated it – when the nuns got a good hold of my skin, they'd walk around while I was screaming and begging them to let me go.

You had to sleep on your back with your arms crossed over your chest, so the devil couldn't come and take you away. If you didn't, the nuns would beat you with a cane.

At night, the nuns would strip my clothes off, tie me to the bed face-down, and thrash me with a belt with the buckle. It cut into my skin until I bled and I couldn't sit down afterwards for weeks. While they were hitting me, they would say" "We have to get the devil out of you, you are like your mother."

One of the nuns would lock me in the cellar, sometimes by myself, sometimes with others. We couldn't get out and we had nothing to eat or drink while we were down there. The cellar was cold, dark and it leaked. We had no blankets to keep warm, all we could do was curl up in a ball. It was infested with rats and we had to go to the toilet on the floor.

We were taken to the swimming pool each day, not to swim but for punishment because we wet our beds. They would throw us in the deep end and a big girl would push us down. Each time we came up, the girl would push us down again.

I was taken to a grotto where the nuns had wild rams. They would chase me while Mother Euphrasia watched. I would run away and fall over, and if I tried to climb over the fence, Mother Euphrasia would push me onto the barbed wire and slap me across the face. My hands would be covered in blood.

Sister Blandina frequently put my head down the toilet and flushed it. When I wet the bed, she would make me get down on my knees and put my hands behind my back, and she would rub my head in the wet sheets.

Verbal, sarcastic attacks by the nuns and older girls were an everyday occurrence, resulting in a lifetime of low self-esteem. Each time the nuns did these horrid things to me, I would ask Mary and Jesus to take me away.

There were some older girls who would come to my bed, strip me, then one of them would sit on my face while the other one pushed my legs apart and touched my vagina. They would put things up me. I hated it, I knew that it was dirty. They'd lock me in the broom cupboard afterwards. I couldn't make any noise or they'd sit on me harder. I was so scared.

The older girls would make me lick their genitals in the bathroom. I was too afraid to go to the toilet, because that's where they would be waiting for me, so I started wetting my pants.

From the classroom to the toilets was a stairway that led up to the attic. The older girls were always up there and it was a place I ran past if I was alone. One day I was by myself and they dragged me up there by my hair. They made me drink their urine, then they took their pants off and pushed me onto my knees while pulling me around by my hair to get me to lick them. I felt trapped – if I stayed in the classroom I would get slapped for wetting my pants, but the girls were waiting for me outside as well. I couldn't see any way out. I had no one to go to for help. Once, I went to the police. They gave me hot cocoa and took me back to the orphanage. They did this every time I went to them for help. I was just another girl with no one to turn to.

I cannot overstate how much my time in care has ruined my life. It has been over 50 years since I left Christchurch, but the fear I have is still so strong, and it will not weaken in this lifetime.

My physical ailments are the least of my problems. These include spinal arthritis, partial deafness, and respiratory issues, as well as difficulties carrying children due to an injured uterus. I have miscarried eight times. I get severe migraines, due to what I suspect was a fractured skull.

But it is the mental and emotional health issues that do not relent. I suffer from Post-Traumatic Stress Disorder, depression and anxiety. A registered psychologist recorded me as having all 21 recognised symptoms of PTSD. I struggle to sleep, and I get night terrors so violent my husband and I slept apart for 30 years, because I used to hit him in my sleep.

One of my deepest sadnesses is that I had no idea how to love and nurture my children, and they suffered, probably as I suffered with the nun. The person I am is trapped by my first 24 years in the hands of the nuns and the Catholic Church.

The fear is still with me today. I'm like a mouse in a field, trying to hide from a bird circling around overhead. The nuns have taken so much away from me, besides my freedom. They took my innocence, laughter and love. The nuns have got every part of my life and my being.

I took action against mistreatment at St Josephs and received a modest settlement.

The action I took against the Nazareth nuns led to me being listened to by Sister Clare and Mary from the Order with great care and that was a first. There was again a modest settlement. Part of it was a fund ("the Commitment") the nuns would establish to be available to the 28 claimants then present. This was to be replenished every year while we lived but it did not work out. It created disappointment and felt like the old humiliation. I understand the Order plan to cancel it, which breaches our settlement agreement.

I've written two books about my experiences and lots of poetry. I always thought I had no rights as a person. I was told day after day that I was stupid, dumb, good for nothing, bad and had the devil in me. I believed it, because I never knew anything else.

I want awareness for what I went through. I want remorse. I want accountability, and I want thorough oversight of care institutions.

May God have mercy on their souls, for I will never forgive them.¹⁴²⁹

¹⁴²⁹ Witness statement of Ann Thompson (10 February 2022). See also: Affidavit of Ann Thompson (2 October 2000).



Ūpoko | Chapter 5

Te roanga o te tūkinotanga me te whakahapa i roto i te pūnaha taurima

The extent of abuse and neglect in care

1035. This chapter discusses the extent of abuse and /or neglect in care over the Inquiry period, including what is known about where abuse and /or neglect occurred and the people who were abused and /or neglected. It draws on a wide range of information, including evidence from survivors and witnesses, information requested from organisations, evidence from public hearings for State and faith-based institutions, and published research and reports.
1036. Estimates of the extent or prevalence of abuse and /or neglect are presented for the overall group of people who went through care, as well as for the different types of setting experienced by survivors.
1037. This Inquiry is unable to conclusively state the number of those who went through care, or who were abused and /or neglected while in care. Instead, this chapter presents estimates of how many people probably experienced abuse and /or neglect while in care. These estimates include international studies of the prevalence of abuse and /or neglect in similar care settings overseas. While there are many limitations to the Inquiry's available information, the extent of abuse and /or neglect was clearly significant in many different forms and in most, if not all, of the settings we have investigated.
1038. These estimates should be read with full consideration of the hundreds of survivors whose experiences of abuse and neglect in State and faith-based care has been detailed in this report.
1039. It is also important to note that the definitions outlined in Chapter 2 are not fully captured in the estimates used in this chapter. This chapter largely relies on research by MartinJenkins and DOT Loves Data. MartinJenkins used different definitions of abuse and neglect whereas DOT Loves Data's research was mostly based on the Inquiry's definitions but could not fully capture all aspects and nuances of each form.

He whakatau tata i te tātai te hunga i tūkinotia i te pūnaha taurima i Aotearoa

Estimating the number of people abused in care in Aotearoa New Zealand

1040. Estimates were provided to the Inquiry in the 2020 MartinJenkins report, commissioned to help assess the numbers of people in care, and numbers who were abused in care, within the scope of the Inquiry's Terms of Reference.¹⁴³⁰
1041. The MartinJenkins report estimated that about 655,000 people passed through State and faith-based care settings from 1950 to 2019 – with an estimated 254,000 people in faith-based settings, 254,000 people in social welfare settings, 212,000 people in Health and Disability settings and 102,000 people in education care settings.¹⁴³¹ Using this figure as the 'care cohort', that report provided low and high estimates of 114,000 and 256,000 respectively for how many of those people may have been abused and / or neglected. This amounts to a prevalence rate for abuse and neglect across all State and faith-based care settings of 17 percent using MartinJenkins' low estimate, while their high estimate would be 39 percent of that group.¹⁴³²
1042. In addition to MartinJenkins' quantitative analysis, the qualitative accounts that survivors and staff have provided the Inquiry show that both abuse and neglect were prevalent throughout many care settings during the Inquiry period.. In reaching this conclusion, the Inquiry has also considered evidence from experts, representatives of State and faith-based institutions, and existing research.

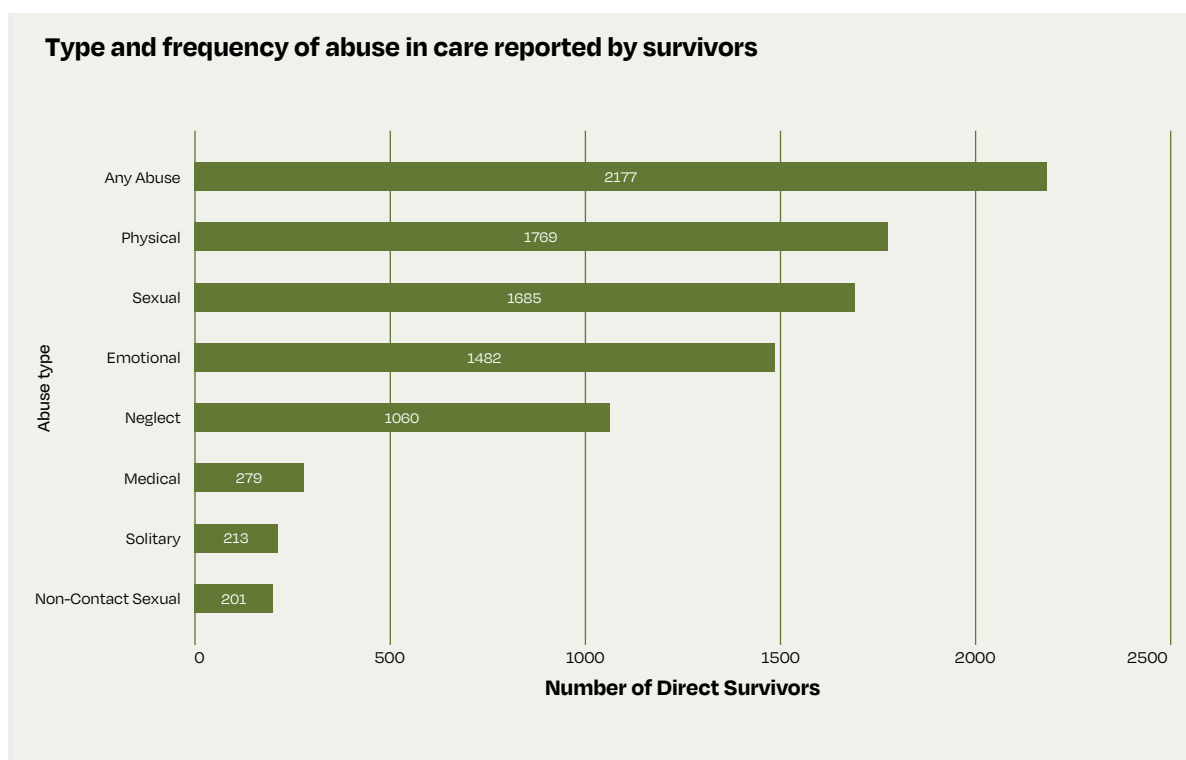
1430 MartinJenkins, Indicative estimates of the size of cohorts and levels of abuse in State and faith-based care–1950 to 2019 (2020, page 9).

1431 These numbers represent the number of new admissions to a care setting each year. For example, if a child enters a boarding school for 5 years, they are counted once, in the year they first started that school. There is an estimated overlap across the settings of 21% that has been deducted.

1432 MartinJenkins, Indicative estimates of the size of cohorts and levels of abuse in State and faith-based care–1950 to 2019 (2020, pages 6–8). See also: Appendix 2: Description of methodology and data sources, page 68.

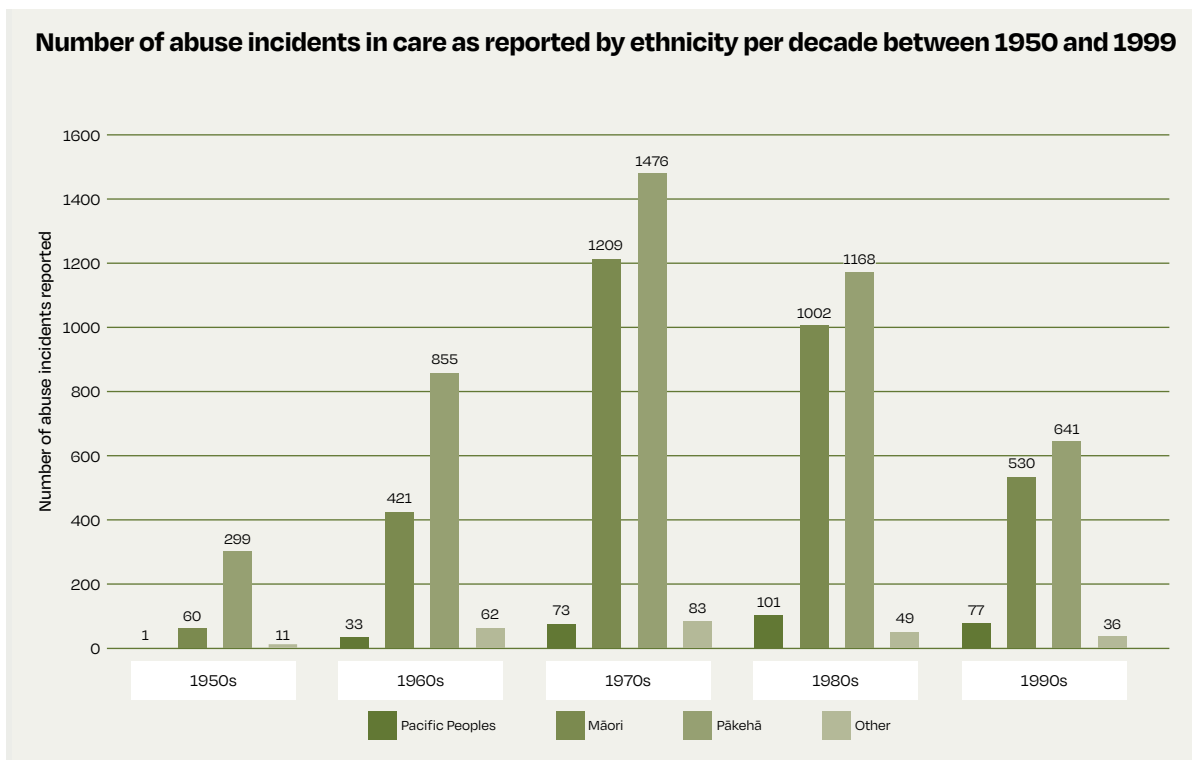
Ngā momo tūkinotanga me ngā whakahapatanga i roto i te pūnaha taurima i ripoatahia ki te Kōmihana Types of abuse and neglect in care reported to the Inquiry

1043. From 2018 to 2023, the Inquiry received accounts of abuse from more than 2000 survivors. These accounts are both compelling and credible, with statements about the extent of abuse experienced or witnessed by individual survivors consistently supported through information provided by others.
1044. DOT Loves Data was engaged by the Inquiry to produce quantitative analysis of these survivor accounts. The 2,329 survivors who gave evidence to the Inquiry are a self-selecting subset of the overall care cohort, and do not represent all those who were in care from 1950 to 31 July 2023 (the date of when the Inquiry stopped receiving evidence from Survivors).
1045. This Inquiry investigated all different types of abuse and neglect that could have applied to survivors in State and faith-based care (including direct and indirect) institutions. DOT Loves Data's analysis of the data focused on and coded seven key types of abuse: physical, sexual, non-contact sexual, emotional, neglect, medical, and solitary.¹⁴³³ The analysis indicated that physical abuse was the most common type of abuse reported by survivors, followed by sexual and emotional abuse, as seen below:



¹⁴³³ DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry, September 2023). Note: that DOT's text-based analysis of accounts has by necessity used different abuse type categories to the Inquiry, to interpret survivors' information through quantitative data.

1046. The total amount of incidents across all categories of abuse is far higher than the number of survivor accounts received, which indicates that most survivors who spoke to the Inquiry experienced multiple types of abuse or neglect while they were in care.
1047. It was acknowledged during the Inquiry's public hearings that, in addition to Māori, Pacific, and disabled people being disproportionately represented in care, they also probably suffered increased abuse.¹⁴³⁴
1048. The decade with the highest rates of abuse and neglect was in the 1970s, followed by the 1980s, and then the 1960s. The decade of the 1970s has also emerged as a time of increased abuse incidents.¹⁴³⁵
1049. The graph below shows DOT Loves Data's analysis of the number of abuse incidents reported by each decade of the scope period.¹⁴³⁶ The data is grouped by ethnicity and includes Pacific Peoples, Māori, Pākehā and other, which includes Middle Eastern, Latin American, African, Asian, other ethnicity, survivors who preferred not to say, and where the data is not known:



1434 Transcript of evidence of Chief Executive Geraldine Woods for Whaikaha – Ministry of Disabled People at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 214).

1435 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 74).

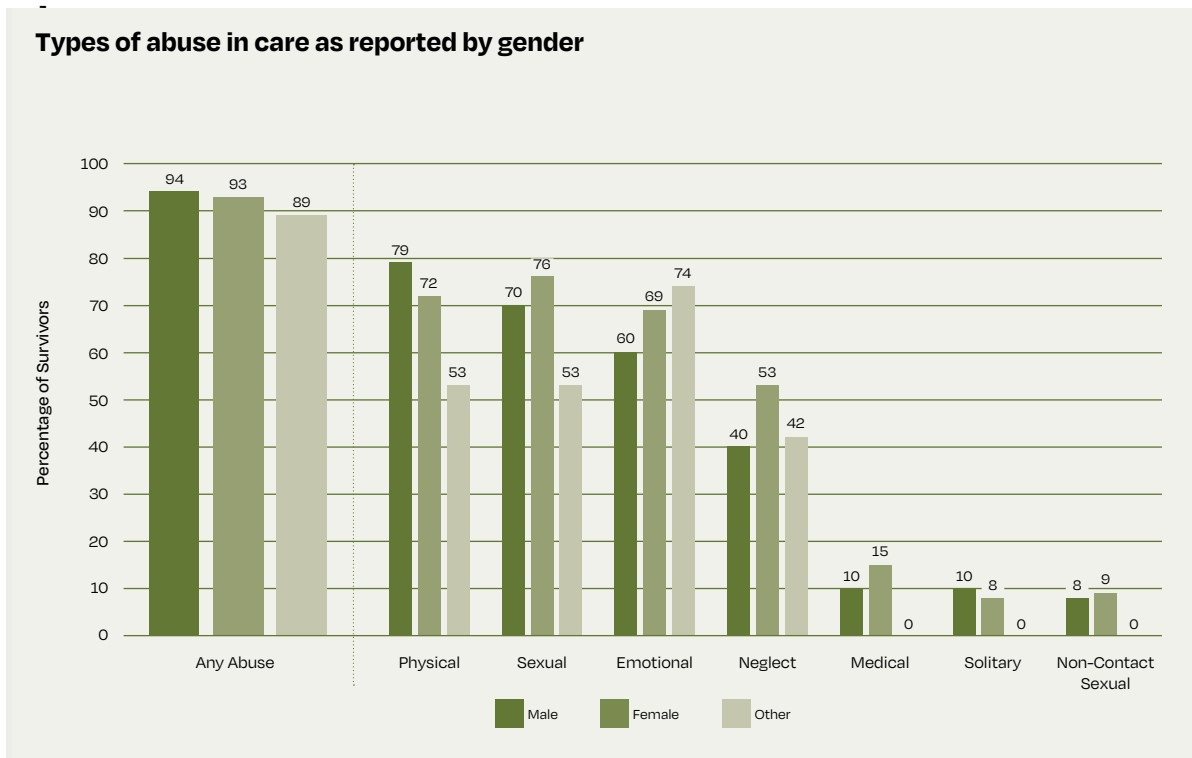
1436 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, pages 72–74, 109).

1050. Children aged 10 to 14 years old endured high levels of sexual and physical abuse.¹⁴³⁷ Māori and Pacific survivors endured higher levels of physical abuse than other ethnicities,¹⁴³⁸ and disabled survivors reported higher levels across all abuse types.¹⁴³⁹ This suggests that the age, ethnicity, and disability status of survivors played a role in the abuse and neglect they were subjected to.

Ngā rerekētanga ā-ira o ngā wheako o te tūkinotanga me te whakahapa

Gendered differences in experiences of abuse and neglect

1051. While survivors of all genders experienced all different types of abuse across all of the different settings the Inquiry investigated, there were differences in what proportion of accounts featured different types of abuse occurring in different settings. The graph below shows analysis by DOT Loves Data of the types of abuse reported by different genders in care. The genders are male, female and other, which includes gender diverse, non-binary or preferred not to say or there was no data.¹⁴⁴⁰



1437 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 43).

1438 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 45).

1439 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 52).

1440 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 47).

Ngā momo tūkinotanga ka wheakotia e ngā purapura ora wāhine **Types of abuse experienced by female survivors**

1052. Analysis of evidence from the female survivors the Inquiry heard from shows that emotional and sexual abuse were the types of abuse they most frequently experienced, occurring at least once in 58 percent and 57 percent of these accounts respectively.¹⁴⁴¹ In addition, 52 percent of female survivors were physically abused while in care and 34 percent experienced neglect.
1053. Looking at different types of care settings, more than half of female survivors who went through social welfare care settings experienced sexual abuse (55 percent), with similar proportions for emotional and physical abuse (51 percent of reports for each).¹⁴⁴² Thirty-four percent of female survivors also reported experiencing neglect while in social welfare care settings.
1054. In faith-based care, emotional abuse and sexual abuse were the abuse types most experienced by female survivors, at 48 percent and 46 percent respectively. For female survivors in disability and mental health settings, emotional and physical abuse were the most common types, at 42 percent and 41 percent of the cohort respectively.

Ngā momo tūkinotanga ka wheakotia e ngā purapura ora tāne **Types of abuse experienced by male survivors**

1055. The evidence provided to the Inquiry by male survivors shows that the most frequently experienced type of abuse across all settings was physical abuse. 60 percent of survivor accounts demonstrated this point.¹⁴⁴³ The next most common types of abuse were sexual abuse (57 percent), and emotional abuse (48 percent).
1056. Within social welfare care settings, physical abuse remained the most common type of abuse and was included in 60 percent of accounts from male survivors.¹⁴⁴⁴ Sexual abuse in social welfare care settings was experienced in almost half of these accounts (49 percent), while emotional abuse appeared in 44 percent. In addition, a quarter of male survivors of social welfare care settings described being neglected while they were there (25 percent).
1057. In terms of faith-based settings, again almost half of male survivors were sexually abused while they were there (49 percent).¹⁴⁴⁵ The next most frequent abuse types were physical and emotional, at 38 percent and 34 percent respectively. Looking at dedicated disability and mental health care settings, male survivors were physically abused in 45 percent of their accounts.

1441 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 9).

1442 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 10).

1443 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 13).

1444 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, pages 13–14).

1445 DOT Loves Data, Reporting of abuse types by gender and ethnicity, (Royal Commission of Inquiry into Abuse in Care, September 2023, page 14).

Ngā momo tūkinotanga ka wheakotia e ngā purapura ora ia-kore, kāore i herea ki te ia-tāne, te ia-wahine rānei

Types of abuse and neglect experienced by survivors who are non-binary or do not identify as male or female

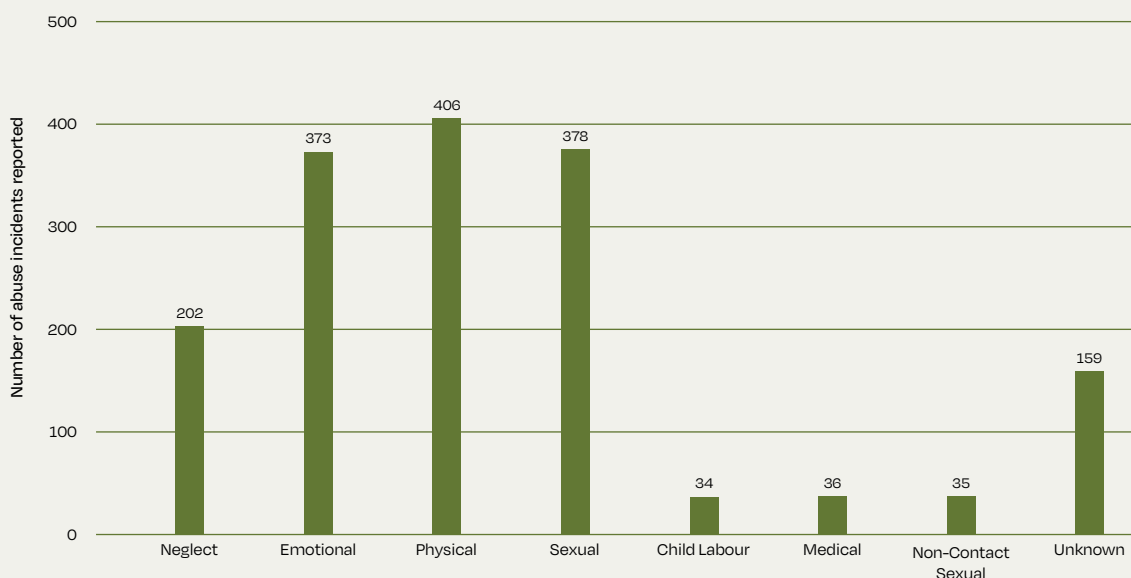
1058. For survivors who are gender diverse, non-binary or gave an ‘other’ response when identifying their gender, the abuse type most frequently experienced was emotional abuse, which was included in 62 percent of their accounts. In addition, high proportions of their accounts featured physical abuse (44 percent), sexual abuse (44 percent), and neglect (44 percent).¹⁴⁴⁶

Ngā momo tūkinotanga i rāngona e ngā purapura ora whaikaha

Types of abuse experienced by disabled survivors

1059. Many survivors who have or had a disability gave evidence to the Inquiry about experiencing all types of abuse across all the settings they were placed in. Survivors with different disabilities and impairments are discussed as part of the setting-specific analysis later in this chapter. Analysis by DOT Loves Data of the number of disabled survivors who reported each abuse type across all settings is shown below. The most common types of abuse reported by disabled people were physical, sexual and emotional, followed by neglect.¹⁴⁴⁷

Type and frequency of abuse reported by disabled survivors in care



¹⁴⁴⁶ DOT Loves Data. Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, pages 16–17).

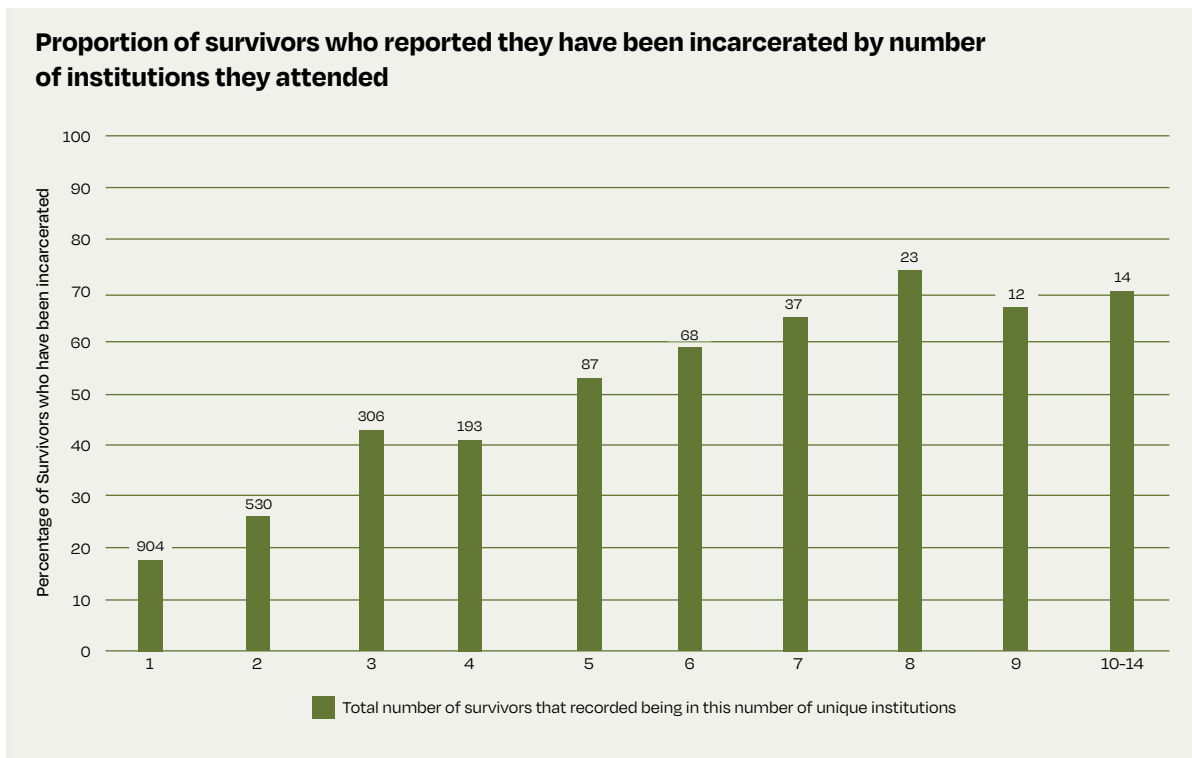
¹⁴⁴⁷ DOT Loves Data. Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, pages 24–29).

Ngā momo tūkinotanga ka wheakotia e ngā purapura ora kua mauherea

Types of abuse experienced by survivors who have been in prison

1060. The Inquiry also examined the accounts of survivors who have been in prison at some point after leaving care. The most reported abuse type was physical, which was included in 69 percent of accounts. The next most common types were sexual abuse (63 percent), and emotional abuse (55 percent). In addition, 30 percent of survivors who were in prison were also neglected while they had been in care.

1061. Further analysis by DOT Loves Data indicated that survivors were more likely to go to prison if they attended five or more institutional settings, compared with those survivors placed in four or fewer of these settings. The graph below shows the proportion of survivors who reported they have been incarcerated increases as the number of unique institutions they attended increases.¹⁴⁴⁸

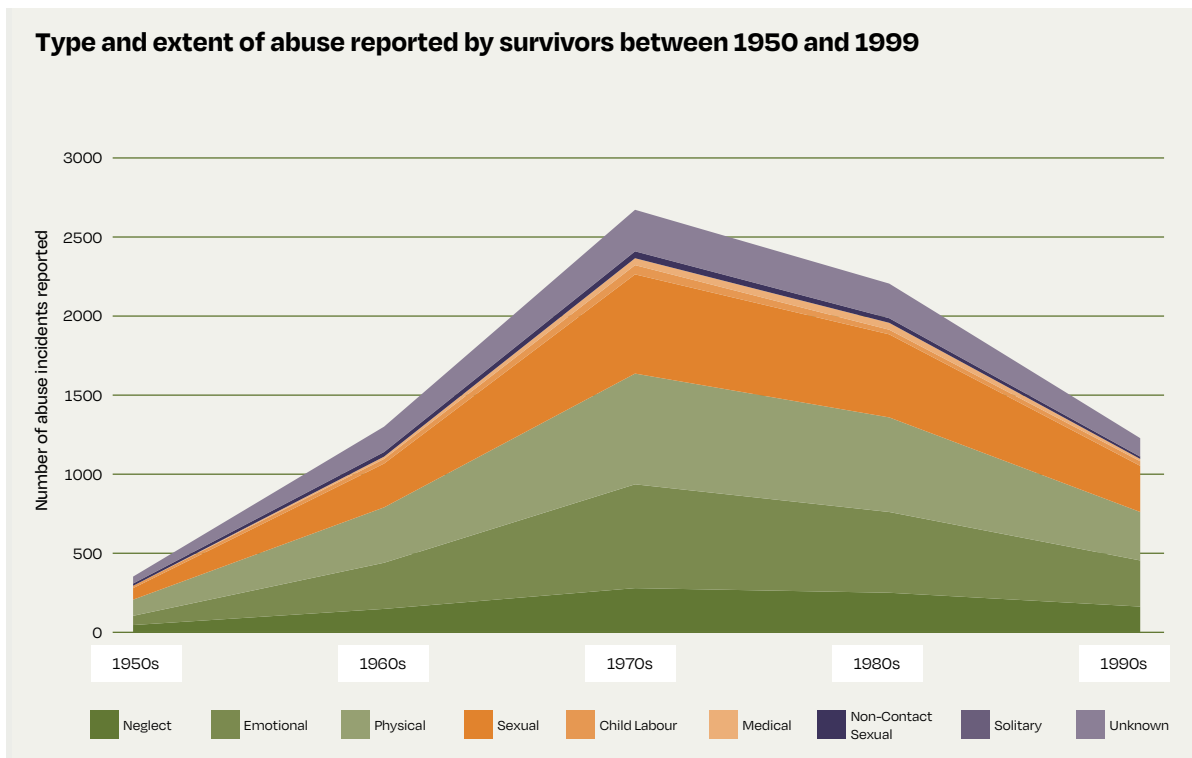


¹⁴⁴⁸ DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 61).

Ngā momo tūkinotanga i te roanga ake o te wā mātai o te pakirehua

Different types of abuse throughout the Inquiry's scope period

1062. Although the extent of different types of abuse experienced by survivors differed throughout the scope period and between different groups, there are evident trends where sexual, physical and emotional abuse were consistently the most commonly reported types of abuse. It is also evident that the volume of reported abuse peaked in the 1970s. The graph below shows DOT Loves Data's analysis of the type and extent of abuse reported by survivors between 1950 and 1999¹⁴⁴⁹

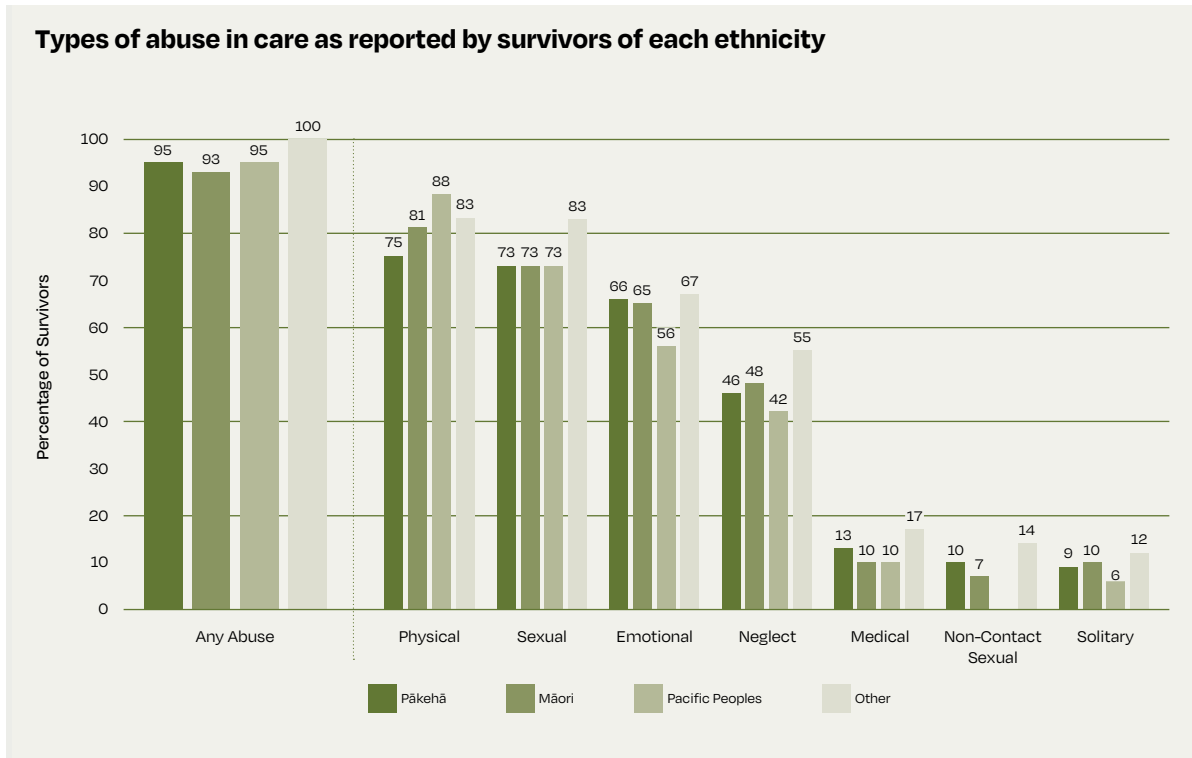


1063. Many survivors experienced multiple abuse and neglect types. For example, 82 percent of survivors who experienced sexual abuse also reported physical abuse.¹⁴⁵⁰

1449 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, pages 73–76).

1450 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 39).

1064. Where possible, this chapter will highlight where the extent of abuse or neglect within a given setting disproportionately applies to tamariki and rangatahi Māori. The graph below shows analysis by DOT of the types of abuse and neglect reported by survivors of each ethnicity. Ethnicities include Pacific Peoples, Māori, Pākehā and other, which includes Middle Eastern, Latin American, African, Asian, other ethnicity, survivors who preferred not to say, and where the data is not known.¹⁴⁵¹



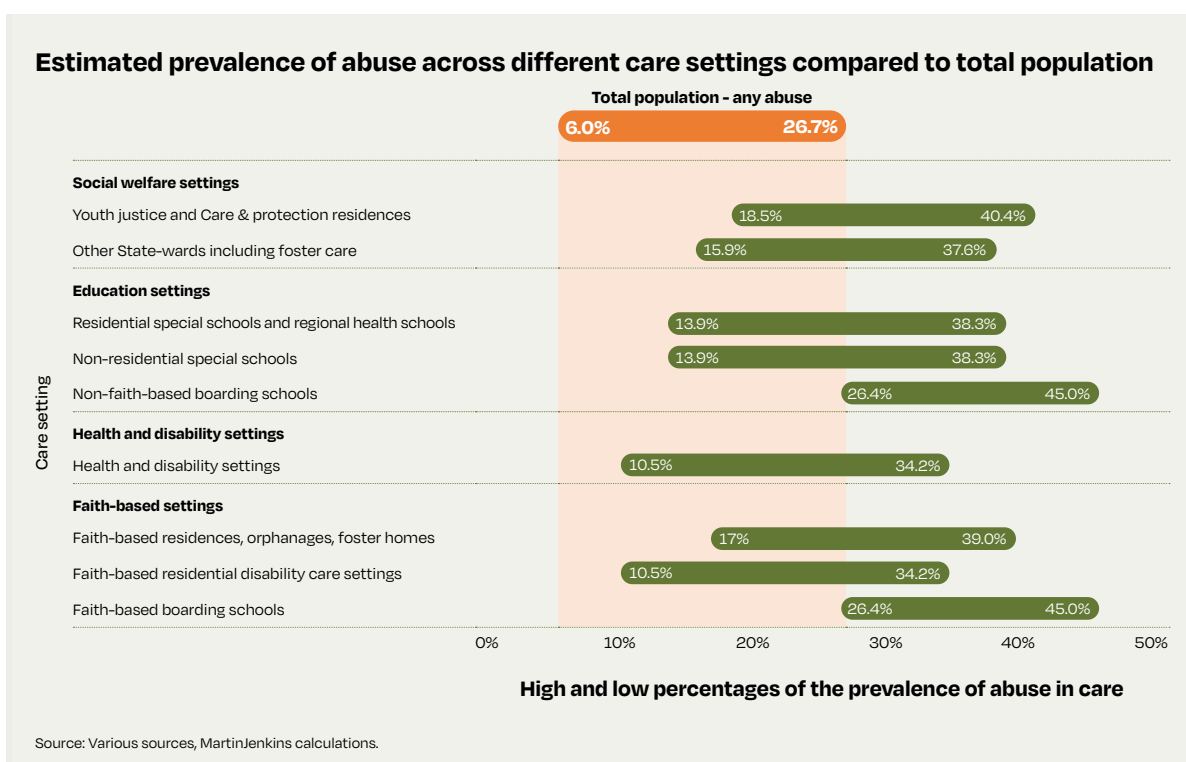
1065. Notably, the MartinJenkins report was unable to reach any conclusions regarding the proportion of survivors of abuse who are Māori or Pacific Peoples given the lack of recorded ethnicity data for people in care throughout this Inquiry's scope period.

¹⁴⁵¹ DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 44).

Te rangiwhāwhātanga o te tūkinotanga i roto i ngā whakaritenga taurima rerekē

Prevalence of abuse in different care settings

1066. Drawing on research used in the MartinJenkins report, it is evident that estimates of the extent or prevalence of abuse differ between settings, and that abuse occurred at all settings the Inquiry investigated. These prevalence estimates are probably lower than the figures of survivors who spoke to the Inquiry, as this is a self-selecting group who were more likely to have been abused, as they engaged with the Inquiry. The graph below shows the high and low estimates of the extent of abuse between different settings:¹⁴⁵²



Ngā ngaikoretanga o te mātauranga mō ngā whakaritenga taurima katoa

Limitations to knowledge for all care settings

1067. Understanding the extent of historical (and contemporary) abuse and neglect in care settings is a challenge around the world. The limitations for determining the nature and extent of abuse and neglect in Aotearoa New Zealand reflects international reviews on the historical abuse of children and adults in care. The information available to the Inquiry regarding the extent of abuse and neglect is limited across most care settings, as well as being recorded inconsistently across settings of different types.

¹⁴⁵² MartinJenkins, Indicative estimates of the size of cohorts and levels of abuse in State and faith-based care—1950 to 2019 (2020, page 24).

1068. Reasons for these limitations that impact on understanding the extent and prevalence of abuse and neglect include:
- > Under-reporting (also known as dark-figure) – under-reporting of abuse and neglect is common and occurs for many different reasons including lack of trust in authority, fear of not being believed or of being punished, dependence on the abuser for support, the person was isolated and it was difficult for them to tell anyone, the person did not know who to tell or how to get help, in some cases the person may not recognise abusive or neglectful behaviour as abnormal as the abuse / neglect was common and perceived it as a normal part of life, shame and trauma.
 - > Delayed reporting – this is common, with many children and young people unable to report abuse until they are adults or adults in care not reporting until they left institutional care settings. The reasons are similar to those for underreporting, and include fear of repercussions, particularly if the abuser is in a position of authority. The Australian Royal Commission into Institutional Responses to Child Sexual Abuse reported that Catholic Church claims data showed a 30–year or more gap in 59 percent of the claims between the first alleged incident of child sexual abuse and the date when the claim was received by the Catholic Church authority and a 20–year or more gap in 81 percent of claims.¹⁴⁵³
 - > Unrecorded reporting (also known as 'grey figure') – this is when a report is made but is not recorded adequately, either for accidental or deliberate reasons.
 - > Reports and information being obstructed – in State and faith-based care (including direct and indirect) institutions, information was often intentionally not gathered by those in positions of responsibility and leadership. Documents have also been purposefully destroyed and data has not been written and formalised, as a means of self-protection.
 - > Issues with accuracy of the information – reasons for this include the nature of reporting being potentially stressful, traumatic childhood experiences, and the method of assessment. Additionally, surveys may not collect information from people who are unable to consent to, or complete, the survey without assistance, including people with low English language proficiency, communication difficulties and differences or learning disabilities where no or limited reasonable accommodations were offered.
 - > Ethical considerations – there are ethical considerations in asking children, young people and disabled adults if they have been abused or neglected. For this reason, at-risk populations are often not included in population-based research.

¹⁴⁵³ Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final report: Religious institutions, Volume 16, Book 1 (2017, page 79).

1069. The MartinJenkins report and a peer-review of the same, identified similar limitations that apply to the report's methodology and estimates.¹⁴⁵⁴

Te pupuringa rekoatatanga i ngā whare Kāwanatanga

Institutional record keeping

1070. Information collection across all State and faith-based care (including direct and indirect) institutions has been poor and inconsistent. Some specific issues around recording extent are discussed in this section and are expanded upon in Part 6.

Ngā whakaritenga taurima tokoora

Social welfare care settings

1071. Information collection processes of Oranga Tamariki and its predecessors have been, and remain, unsatisfactory.
1072. In response to the Inquiry's Notice to Produce regarding their record keeping, Oranga Tamariki stated that their data on the number of children who were in care from 1950 to 1999, and number of allegations of abuse or neglect which were recorded for any stage during this period, were not reported and recorded at an aggregate level. Oranga Tamariki accepted that:¹⁴⁵⁵
- a. There have been occasions where children and young people have disclosed allegations of abuse which went unheard. As a result, these have not been recorded or formally responded to.
 - b. When allegations / disclosures have been responded to, there have been occasions when these allegations / disclosures were not formally recorded.
 - c. Even when allegations / disclosures have been responded to and recorded, these cannot be reported at an aggregate level.
1073. It was further noted that information on allegations of abuse, subsequent investigation and assessment, and outcomes, from 1950 to 2010, "cannot be reported without reviewing each individual case file".¹⁴⁵⁶ Similarly, "there is no available information on the breakdown in ethnicity of children in care prior to 2001", as the information was held on individual case files.¹⁴⁵⁷

1454 TDB Advisory, Peer review of MartinJenkins report: A report prepared for Royal Commission of Inquiry into Abuse in Care (2020, page 5).

1455 Oranga Tamariki, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 418 (10 June 2022, page 78, para 8.10).

1456 Oranga Tamariki, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 418 (10 June 2022, page 78, para 8.10).

1457 Oranga Tamariki, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 418 (10 June 2022, page 136, para 18.27).

1074. The lack of data regarding complaints is further supported by evidence from former staff. Gary Hermansson, who spent time as a manager and counsellor at Epuni Boys Home, Te Awa Kairangi ki Tai Lower Hutt and Kohitere Boys' Training Centre, Taitoko Levin during the 1960s and 1970s, shared how there was 'no formalised complaints system' and informal complaints were also not recorded.¹⁴⁵⁸
1075. This approach to complaints probably contributed towards the significant 'grey figure' of abuse that was reported by survivors but cannot be seen in any official statistics, representing missed opportunities for safeguarding residents or preventing abuse.¹⁴⁵⁹
1076. Oranga Tamariki was questioned regarding the 2022 report of the Independent Children's Monitor, which stated that Oranga Tamariki was only able to provide data for "5 percent of the 199 measures for all children in their care using its database."¹⁴⁶⁰ This is discussed further in Part 1. Nicolette Dickson, an Oranga Tamariki director, agreed that this limitation in terms of the data they had available to report on these standards was "a problem".¹⁴⁶¹ Oranga Tamariki advised that work was ongoing to improve information collection processes.

Ngā whakaritenga ā-whakapono **Faith-based care settings**

1077. There is no reliable figure on the extent of abuse in Aotearoa New Zealand's faith-based care during the Inquiry period. As discussed in the Inquiry's interim report He Purapura Ora, he Māra Tipu, From Redress to Pūretumu Torowhānui¹⁴⁶² faith-based institutions were found to have poor access to information and record-keeping processes. This included where information was withheld from survivors, accidentally or deliberately destroyed by the institution, lost, incorrectly recorded and incomplete.

Ngā whakaritenga taurima ā-whaikaha **Disability care settings**

1078. Like other care settings, poor practices in recording incidents of abuse, neglect, and complaints mean the Inquiry cannot quantify how many people in disability care settings were abused, to what extent they were harmed, by whom, and when. This lack of information means the Inquiry has no figures to show how people in care were targeted because of their disability, gender, ethnicity, cultural practices, or sexual orientation. While numbers would help Aotearoa New Zealand understand the prevalence of abuse and neglect in State and faith-based care settings, these remain unknown. The Inquiry must rely on the evidence of the many survivors it heard from.


¹⁴⁵⁸ Witness statement of Gary Hermansson (1 October 2022, para 5.2).

¹⁴⁵⁹ Witness statement of Gary Hermansson (1 October 2022, para 5.3).

¹⁴⁶⁰ Independent Children's Monitor, Experiences of care in Aotearoa: Agency compliance with the National Care Standards and Related Matters Regulations (January 2022, page 32).

¹⁴⁶¹ Oral evidence of Nicolette Dickson for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 24 August 2022, page 834).

¹⁴⁶² Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Pūretumu Torowhānui (2021, pages 257–260).

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1079. Drawing conclusions from international studies examining the prevalence of Deaf and disabled people experiencing abuse and neglect in psychopaedic care settings is problematic. There are very few studies that examine abuse and neglect of Deaf and disabled people in care or in institutions. Those that do exist differ in the population studied (by gender, age and type of impairment) and the type of abuse and neglect, making comparisons difficult.
1080. Most studies are not ethnically diverse or do not report on ethnicity. They rarely specify the age of the participant when they were abused. Further, since prevalence is linked to reporting, Deaf and disabled people could be less likely to report abuse and / or neglect, for example due to communication barriers. Deaf and disabled people are both under-represented and undercounted in research studies.¹⁴⁶³

Mātauranga Education

1081. Existing research and reviews in Aotearoa New Zealand regarding the extent of abuse in education settings is limited. While there is national reporting on peer-to-peer violence and bullying in education settings, there is very little reporting on abuse and misconduct perpetrated by staff or volunteers in education settings.

Te whakarāpopototanga o ngā ngoikoretanga Summary of limitations

1082. Given these challenges and others discussed throughout this report, there is inevitably a wide range of uncertainty around any estimates of the groups and of the numbers of survivors of abuse. The 'true' number of people in care and number of survivors of abuse since in Aotearoa New Zealand could never be known with any degree of precision.
1083. There are similarities between the findings of international inquiries and reviews, and accounts of New Zealanders who were in care. The accounts of survivors suggest that physical, sexual, emotional abuse and neglect were widespread in certain care settings.
1084. Potentially most, if not all of those, who resided in these care settings either experienced or witnessed some type of abuse and neglect. Therefore, the prevalence rate within such a care setting could arguably be as high as 100 percent.

¹⁴⁶³ Fry, D, Lannen, P, Vanderminden, J, Cameron, A & Casey, T, Child Protection and disability: Ethical, methodological and practical challenges for research (Dunedin Academic Press, 2017).

Te roanga o te tūkinotanga i te taurima ā-tokoora

Extent of abuse in social welfare care

Te whakatau tata o te taupori

Estimated population

1085. In this section, social welfare care refers all social welfare placements, as well as people in care and protection residences and foster care.
1086. MartinJenkins estimated how many people probably experienced abuse in social welfare care settings from 1950 to 1999. This estimate is based on data supplied from the Inquiry's survivor database, as well as prevalence data from international studies of abuse in similar settings overseas. Their analysis of available data provided a low estimate of 30,051 survivors (16.8 percent of survivors who experienced these settings from 1950 to 2019), as well as a high estimate of 69,008 survivors (38.6 percent).¹⁴⁶⁴

Ngā rangahau, ngā ripoatatanga rānei mō te whānuitanga o te tūkinotanga me te whakahapa

Research or reporting on the extent of abuse and neglect

1087. Chappie Te Kani, Chief Executive of Oranga Tamariki and Secretary for Children, accepted at the Inquiry's State Institutional Response Hearing that even without exact prevalence data, the extent of sexual abuse that has been reported within social welfare residences and institutions is so significant that it should be considered a systemic problem.¹⁴⁶⁵
1088. Professor Elizabeth Stanley provided quantitative evidence regarding the extent of abuse from her book *Road to Hell* at the Inquiry's State Institutional Response Hearings. This included that 91 percent of the 105 institutional survivors in her book suffered "serious physical violence" from staff in institutional care, with all survivors witnessing others being physically attacked by staff.¹⁴⁶⁶
1089. Professor Stanley's evidence also emphasised that violence was 'endemic' in social welfare settings. She explained that children endured "daily denigrations" that were "part of the everyday administration of the care system."¹⁴⁶⁷ Survivors accounts of the scale and routine nature of abuse in social welfare care help illustrate the extent of abuse experienced in these settings.

¹⁴⁶⁴ MartinJenkins, Indicative estimates of the size of cohorts and levels of abuse in State and faith-based care–1950 to 2019 (2020, pages 35–36).

¹⁴⁶⁵ Oral evidence of Chief Executive Chappie Te Kani for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 24 August 2022, page 807).

¹⁴⁶⁶ Witness statement of Professor Elizabeth Stanley (11 October 2019, page 2, para 6).

¹⁴⁶⁷ Transcript of Professor Elizabeth Stanley examined by Ms Spelman at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 4 November 2019, page 4).

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1090. In terms of sexual abuse in social welfare residences and institutions, abuse was not just perpetrated by a few 'bad apples' but by multiple abusers sometimes operating within the same institutions simultaneously, some of whom sexually abused large numbers of children over significant periods.
1091. One study commissioned for the former Department of Social Welfare, and published in 1987, found that 71 percent of a sample of 15-year-old State wards had experienced sexual abuse, with 40 percent of those experiencing abuse after entering care. In a sample of 239 girls, 11 percent had been sexually abused by members of their own foster family.¹⁴⁶⁸
1092. The Ministry of Social Development received more historic claims for sexual abuse relating to Epuni than any other social welfare residence over the Inquiry period.¹⁴⁶⁹ Analysis of its records shows that some survivors were sexually abused multiple times by multiple staff members at Epuni.¹⁴⁷⁰ Ministry of Social Development records also show that sexual abuse by Epuni staff was particularly widespread from 1968 to 1978, with 68 allegations made by 32 claimants.¹⁴⁷¹
1093. In a 1987 study of 136 young women in residential care (social welfare, youth justice and foster care) that was conducted by the Department of Social Welfare, 70 percent of participants said they had been sexually abused, half of them while in institutional or foster care.¹⁴⁷²
1094. Most children and young people also experienced secure cells during their placements in social welfare institutions. The Department of Social Welfare records show 90 percent of children in social welfare residences and institutions in 1986 had been in secure cells.¹⁴⁷³ This was often part of the induction process for new arrivals. For example, during the 1970s, Weymouth Girls Home in Tāmaki Makaurau Auckland placed every new arrival in secure cells, sometimes for up to two weeks.¹⁴⁷⁴ Expert witness Dr Oliver Sutherland notes that:

“These children were in fact held in prison conditions without having been committed by any judicial process and without any use of the safeguards afforded prisoners in a penal institution.”¹⁴⁷⁵

1468 Von Dadelsen, J, Sexual abuse study: an examination of the histories of sexual abuse among girls currently in the care of the Department of Social Welfare (Research Section, Department of Social Welfare, 1987, pages 46–48).

1469 Ministry of Social Development, Response to the Royal Commission of Inquiry into Abuse in Care Notice to Produce 14: Quantitative analysis based on information regarding applicants to MSD's historic claims process (2021). See also: Ministry of Social Development, MSD spreadsheet of claimant data and allegations (2020). Note: 208 allegations in total as at 13 October 2020.

1470 Witness statement of Hurae Wairau (29 March 2022, paras 23–26).

1471 Ministry of Social Development, MSD spreadsheet of claimant data and allegations (2020).

1472 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand, Auckland University Press, 1998).

1473 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016).

1474 Parker, W, Social welfare residential care 1950–1994, Volume II: National institutions (Ministry of Social Development, 2006).

1475 Sutherland, O, Justice and race: Campaigns against racism and abuse in Aotearoa New Zealand (Steele Roberts, 2020).

1095. Several investigations and reports on social welfare institutions have found similar incidents of abuse and neglect. A 1979 report by ACORD, Ngā Tamatoa and Arohanui Inc, found that social welfare residences and institutions were prison-like, and that children were subjected to cruel and inhumane treatment such as violence and assaults, psychological abuse, isolation in secure units, and forced internal examinations for sexually transmitted infections.¹⁴⁷⁶ Survivors recalled physical examinations being done by force and used as a punishment.¹⁴⁷⁷
1096. The Confidential Listening and Assistance Service (CLAS) was set up to hear from those who were in any type of State care up to 1992, if they had concerns or allegations regarding abuse or neglect during their time in care.¹⁴⁷⁸ Reports of abuse in social welfare residences and institutions and foster care were among those disclosed to CLAS. The final report included that:
- “Policy in Boys’ and Girls’ Homes seemed to support a system of institutional bullying. This bullying was done by some staff members and the older residents. Not all staff were violence or abusive, but they seemed to turn a blind eye to what went on. The abuse suffered by a young person entering such a ‘home’ could be verbal or emotional or physical or sexual, or all of these. Children learnt to fight to survive; and were sometimes made to fight for the amusement of staff.”¹⁴⁷⁹*
1097. The Christchurch Health and Development Study, a longitudinal study of more than 1,000 children born in the mid-1970s, showed an increased extent of frequent, severe physical abuse among those who experienced care aged 16 years old and younger.¹⁴⁸⁰ Māori (55 percent of total children) and European / other (34 percent of total children) also experienced increased physical violence compared to Māori and European / other children who were never in care (25 percent and 13 percent respectively).

1476 Auckland Committee on Racism and Discrimination, Ngā Tamatoa & Arohanui Inc, Child welfare or Child abuse? Compiled by ACORD for the Public inquiry into child welfare homes, 11 June 1978, in association with Nga Tamatoa and Arohanui Inc (ACORD, 1979), in Sutherland, O, Index of the Document Bank for the brief of evidence of Oliver Robert Webber Sutherland, (Wai 2615), document A12(a), (2017, page 142).

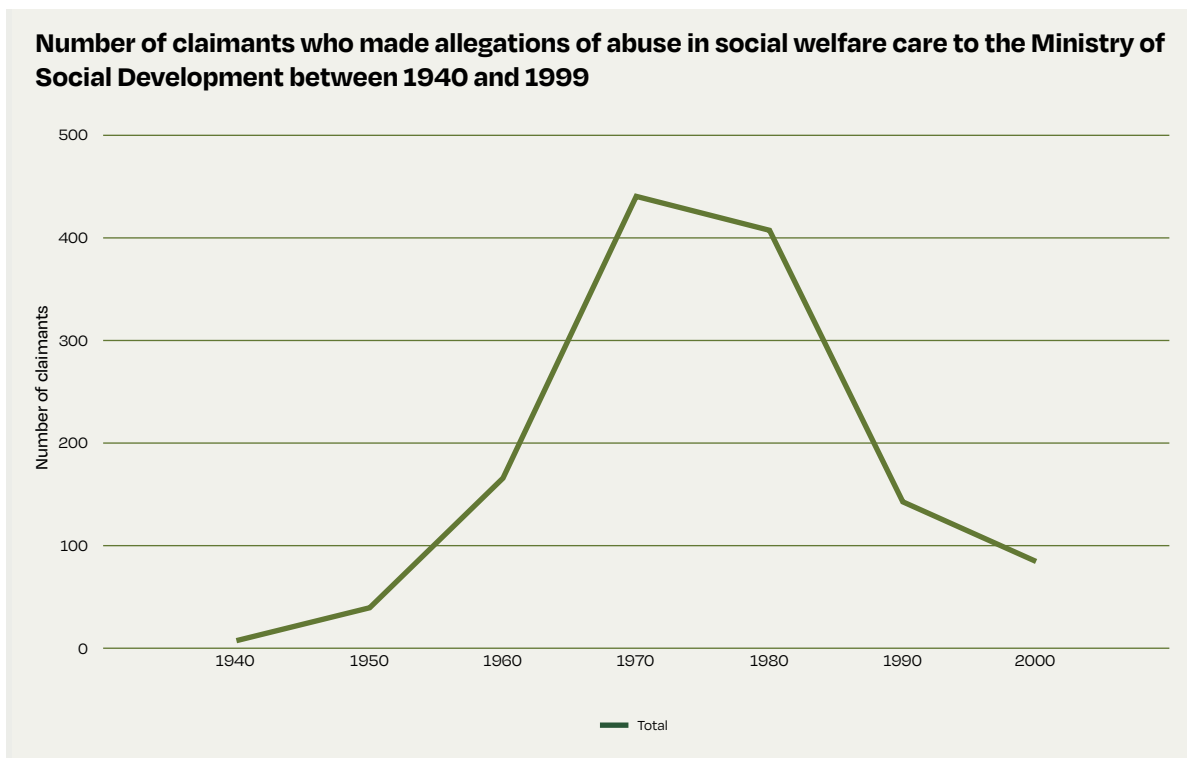
1477 Auckland Committee on Racism and Discrimination., Ngā Tamatoa & Arohanui Inc, Child welfare or Child abuse? Compiled by ACORD for the Public inquiry into child welfare homes, 11 June 1978, in association with Nga Tamatoa and Arohanui Inc (ACORD, 1979), in Sutherland, O, Index of the Document Bank for the brief of evidence of Oliver Robert Webber Sutherland, (Wai 2615), document A12(a), (2017, page 146).

1478 Confidential Listening and Assistance Service, Some memories never fade: Final Report of The Confidential Listening and Assistance Service (2015, (page 9).

1479 Confidential Listening and Assistance Service, Some memories never fade: Final Report of The Confidential Listening and Assistance Service (2015, page 27).

1480 Horwood, J, Department of Social Welfare and related care in the CHDS cohort [Unpublished] (Christchurch Health and Development Study & University of Otago, 2020), in MartinJenkins, Indicative estimates of the size of cohorts and levels of abuse in State and faith-based care: 1950 to 2019 (2020); 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).

1098. The Inquiry carried out some basic quantitative analysis of data provided by the Ministry of Social Development. Analysis of this data supports the claim that the extent of abuse incidents was probably at its highest during the 1970s and 1980s. The graph below illustrates the number of claimants who have made allegations of abuse in social welfare care to the Ministry of Social Development between the years of 1940 to 1999.¹⁴⁸¹



1099. The basic quantitative analysis of historic claim applications also provides context regarding the extent of abuse in care, including when and where these incidents occurred, what role the abuser played within the State system or how they encountered children and young people. Claims applications provided to this Inquiry included 7014 allegations of abuse, and 1490 instances of 'practice failure' from 1263 unique claimants.¹⁴⁸²

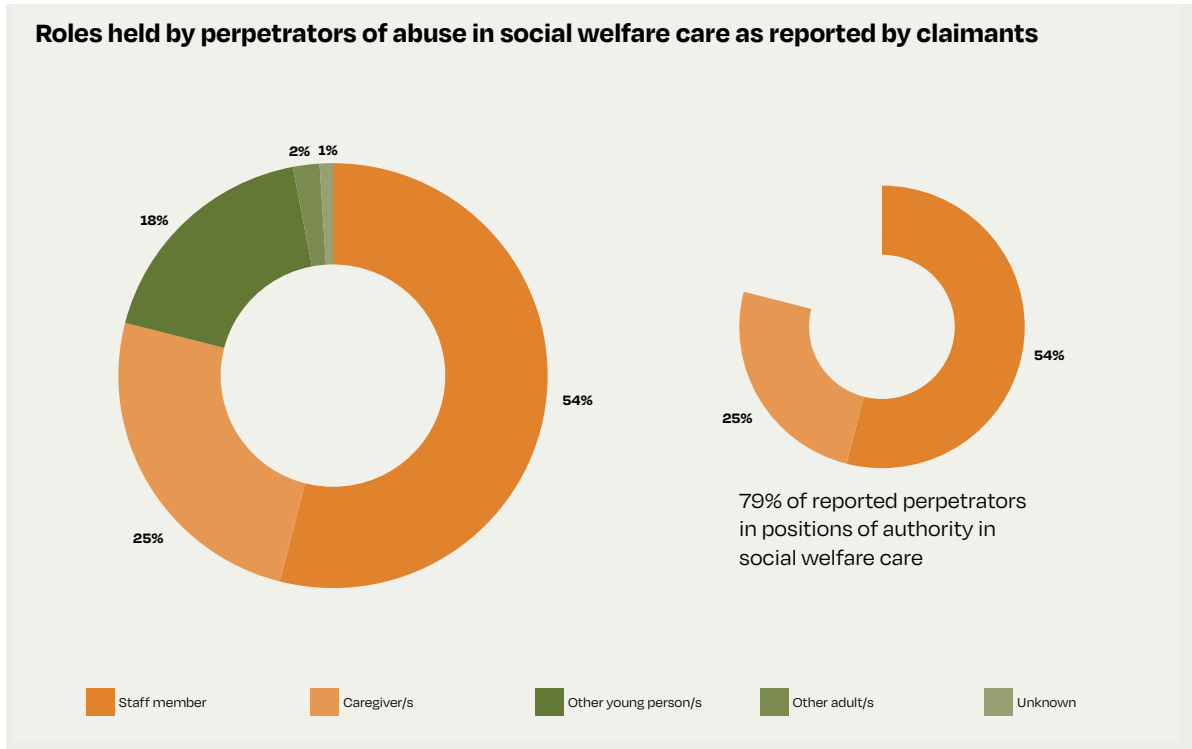
1100. The settings with the most abuse allegations were Kohitere Boys' Training Centre, Taitoko Levin Boys' Home (793 claims from 226 claimants) and Epuni Boys Home, Te Awa Kairangi ki Tai Lower Hutt (779 claims from 206 claimants).¹⁴⁸³

¹⁴⁸¹ Ministry of Social Development, MSD Master Spreadsheet of Allegations, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 14 (2020).

¹⁴⁸² Ministry of Social Development, MSD Master Spreadsheet of Allegations, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 14 (2020).

¹⁴⁸³ Ministry of Social Development, MSD spreadsheet of claimant data and allegations (2020).

1101. In relation to more than 1,400 abuse incidents with an identified abuser, the claimants reported that their abuser was a 'staff member' in the majority of incidents (793), with the next most common being a caregiver (365) or another young person (270). A comparison of the types of roles abusers held when abuse occurred, if the survivor identified an abuser, is shown below.¹⁴⁸⁴



1102. By October 2022, the Ministry of Social Development historic claims team had received more than 1,000 allegations of sexual abuse in social welfare settings.¹⁴⁸⁵

1103. There is little evidence available regarding the extent of abuse and neglect in foster care in Aotearoa New Zealand. CLAS's final report found that children were often placed with unsuitable foster families.¹⁴⁸⁶ Some of these foster parents had high social standing but were abusive and neglectful behind closed doors.¹⁴⁸⁷ While figures regarding alleged and substantiated abuse could exist in individual records, it is unclear how representative they would be in terms of actual abuse experienced in foster care.

1104. Recent figures regarding children and young people in Oranga Tamariki's care from July 2018 and June 2019 indicated that there were 707 substantiated harm incidents involving 464 children and young people (5.65 percent of those in care), including 200 substantiated findings of harm in non-family placements such as foster care.¹⁴⁸⁸

¹⁴⁸⁴ Ministry of Social Development, MSD spreadsheet of claimant data and allegations (2020).

¹⁴⁸⁵ Ministry of Social Development, MSD Master Spreadsheet of Allegations, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce (2020).

¹⁴⁸⁶ Confidential Listening and Assistance Service, Some memories never fade: Final Report of The Confidential Listening and Assistance Service (2015, page 13).

¹⁴⁸⁷ Confidential Listening and Assistance Service, Some memories never fade: Final Report of The Confidential Listening and Assistance Service (2015, page 13).

¹⁴⁸⁸ Oranga Tamariki, Safety of children in care, Annual Report July 2018 to June 2019 (2019, page 6), <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/safety-of-children-in-care/2018-19/Safety-of-children-in-care-Annual-Report-2018/19.pdf>.

1105. These figures included 82 findings of physical harm against 63 survivors, with 65 of these incidents occurring within the placement. There were 48 findings of sexual harm (43 survivors), with 15 incidents occurring within the placement. There were 63 findings of emotional harm (45 survivors), with 53 of the incidents occurring within the placement. Oranga Tamariki also recorded seven cases of neglect.¹⁴⁸⁹

Ngā purapura ora i kōrero ki te Kōmihana mō te tūkinotanga me te whakahapa

Survivors who spoke to the Inquiry about abuse and neglect

1106. The Inquiry received evidence from more than 1,300 survivors which included abuse in social welfare settings such as boys' homes, girls' homes and foster care. Across all survivors, physical abuse was the most commonly experienced type, reported in 57 percent of accounts. The next most common abuse types were sexual (51 percent) and emotional (46 percent).¹⁴⁹⁰

1107. Māori were disproportionately represented in the care system throughout the Inquiry period, particularly in the case of social welfare settings such as boys' and girls' homes. The Inquiry also heard how Māori survivors were racially targeted by abusers, or otherwise subjected to disproportionate abuse while in care.

1108. These ideas are supported by what the Inquiry heard from Māori about the extent of abuse and neglect they suffered. Of the Māori survivors who went through social welfare settings, 60 percent reported experiencing physical abuse. The next most common types of abuse by Māori survivors in these settings were sexual abuse (53 percent) and emotional abuse (49 percent).¹⁴⁹¹

1109. Looking specifically at female Māori survivors, the most experienced type of abuse for those in social welfare care was sexual abuse, which was reported by 57 percent. The next most common types were physical abuse (56 percent), and emotional abuse (53 percent).

1110. Pacific survivors in social welfare settings experienced the highest proportion of physical abuse for any ethnicity or setting: 63 percent. In addition, more than half of Pacific survivors who spoke to the Inquiry described being sexually abused while they were in social welfare care (52 percent).

1111. Pākehā was the most frequently recorded ethnicity among survivors who spoke to the Inquiry. Looking at social welfare settings, the most frequent type of abuse for Pākehā survivors was physical abuse (54 percent), closely followed by sexual abuse (50 percent).

1489 Oranga Tamariki, Safety of children in care, Annual Report July 2018 to June 2019 (2019). <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/safety-of-children-in-care/2018-19/Safety-of-children-in-care-Annual-Report-2018/19.pdf>.

1490 DOT Loves Data, Data request addition (Royal Commission of Inquiry into Abuse in Care, September 2023, pages 8–9).

1491 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 4).

1112. For survivors who identified as having any kind of disability, the most reported type of abuse in social welfare care was physical abuse (55 percent). The next most common types were sexual abuse (46 percent), and emotional abuse (45 percent).¹⁴⁹² In addition, 30 percent of disabled survivors said they were neglected while in social welfare settings.
1113. Of survivors who had difficulty learning, 53 percent were physically abused in social welfare settings, while 47 percent were sexually abused and 43 percent were emotionally abused.¹⁴⁹³
1114. The type of abuse most reported by survivors who have a communication disability was physical abuse, which was included in 59 percent of accounts. In addition, half of these survivors experienced emotional abuse (50 percent), and 45 percent were sexually abused.¹⁴⁹⁴
1115. According to DOT Loves Data analysis, across State settings, foster care had the highest proportion of reported sexual abuse.¹⁴⁹⁵
1116. The type of abuse most commonly experienced by survivors who have a mobility impairment was physical abuse, which occurred in 63 percent of these accounts. The next most common types were sexual abuse (52 percent) and emotional abuse (51 percent). The fact that the majority of mobility impaired survivors who spoke to the Inquiry experienced each of these types of abuse is damning evidence of the level of care these survivors received, in a situation where they were highly reliant on staff and caregivers to meet their needs. In addition to this overt abuse, 36 percent of mobility impaired survivors reported being neglected in these settings.
1117. For survivors with any kind of neurodivergence, more than half of those who experienced social welfare care were physically abused.¹⁴⁹⁶ In addition, 41 percent were emotionally abused and 41 percent were sexually abused.
1118. More than half of the blind survivors who spoke to the Inquiry about their experience in social welfare care settings were physically abused (53 percent).¹⁴⁹⁷ The next most common types of abuse in social welfare settings were sexual (44 percent), and emotional (36 percent).¹⁴⁹⁸ In addition, 28 percent of blind survivors were neglected in these settings.

1492 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 23).

1493 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 29).

1494 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 42).

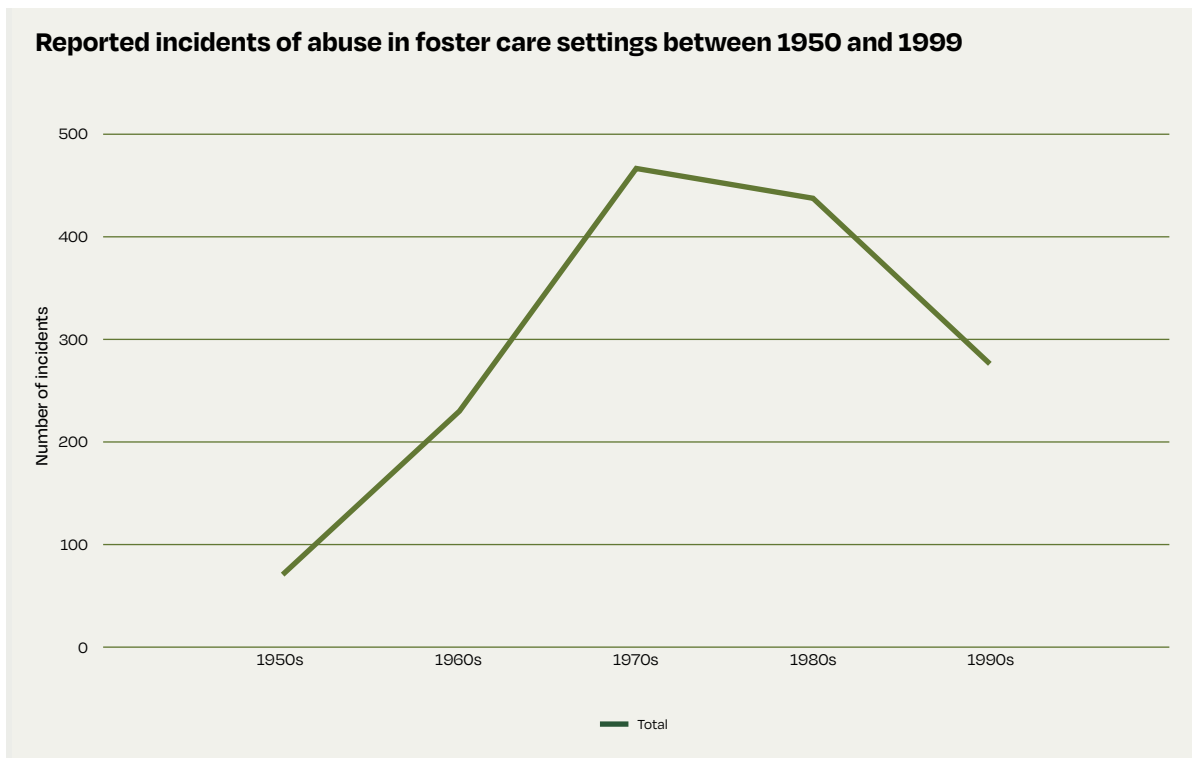
1495 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, pages 14, 18). Note: DOT's text-based analysis of accounts has by necessity used different abuse type categories to the Inquiry's Final Report, to interpret survivors' information through quantitative data.

1496 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 34).

1497 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 47).

1498 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 47).

1119. For Deaf survivors, physical abuse was the most common type of abuse experienced (61 percent). The next most common types were emotional abuse (48 percent), and sexual abuse (40 percent).¹⁴⁹⁹ In addition, 34 percent of Deaf survivors who experienced social welfare settings were neglected while they were there.
1120. More than 1,000 survivors who experienced mental distress and spent time in social welfare settings gave evidence to the Inquiry. Of this group, the abuse type most common was physical abuse (56 percent) with sexual abuse and emotional abuse, at 52 percent and 46 percent respectively.¹⁵⁰⁰
1121. DOT Loves Data analysis of accounts survivors shared with the Inquiry indicated foster care was the setting where the highest proportion of survivors experienced abuse (715 survivor accounts, with 1,108 incidents).¹⁵⁰¹ While these reports of abuse and neglect provide useful information on what happened in these settings, they cannot be used to determine the true extent of abuse throughout the foster care system from 1950 to 1999.
1122. The graph below shows the chronological spread of abuse incidents in foster care reported to the Inquiry, based on analysis by DOT.¹⁵⁰²



1499 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 51).
 1500 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, pages 56–57).
 1501 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, pages 110–112).
 1502 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 111).

Te rangahau ā-ao whānui mō te tūkinotanga me te whakahapa **International research on abuse and neglect**

1123. International literature on abuse in foster settings includes a 1999 UK study of 133 children who were fostered or in residential care over a six-year period, which found that 158 episodes of alleged physical or sexual abuse were assessed and reported by a paediatrician, with 41 percent involving foster carers as the abuser and 20 percent involving other children.¹⁵⁰³

Te roanga o te tūkinotanga i roto i te pūnaha **taurima a-whakapono** **Extent of abuse in faith-based care**

Te whakatau tata o te taupori **Estimated population**

1124. The MartinJenkins report, which used the timeframe of 1950 to 2019, estimated that approximately 254,000 people were in faith-based care settings (excluding pastoral care) over the Inquiry's scope period. Of this number, 143,000 (56 percent) were in faith-based children's homes, orphanages, and foster homes; 1,600 (0.6 percent) were in faith-based residential disability care settings; and 109,000 (43 percent) were in faith-based boarding schools.¹⁵⁰⁴
1125. MartinJenkins also determined how many people probably experienced abuse in faith-based care settings. Their analysis of available data provided a low estimate of 53,388 (21 percent of the survivors who experienced these settings from 1950 to 2019), as well as a high estimate of 105,713 (41.6 percent).¹⁵⁰⁵ The report also confirmed that faith-based settings probably had the highest prevalence of abuse, with 33 to 38 percent of those who experienced these settings probably abused.¹⁵⁰⁶

1503 Hobbs, GF, Hobbs, CJ & Wynne, JM, "Abuse of children in foster and residential care," *Child Abuse & Neglect*, 23(12), (1999, pages 1239–1252).

1504 MartinJenkins, Indicative estimates of the size of cohorts and levels of abuse in State and faith-based care—1950 to 2019 (2020, page 45).

1505 MartinJenkins, Indicative estimates of the size of cohorts and levels of abuse in State and faith-based care—1950 to 2019 (2020, page 44).

1506 TDB Advisory, Peer review of MartinJenkins report: A report prepared for Royal Commission of Inquiry into Abuse in Care (2020, page 4).

Ngā rangahau, ngā ripoatatanga rānei mō te whānuitanga o te tūkinotanga me te whakahapa

Research or reporting on the extent of abuse and neglect

1126. The Inquiry is not aware of any research conducted to try to understand the extent of abuse and neglect across faith-based care settings in Aotearoa New Zealand.
1127. However, some churches have undertaken exercises to understand the size of the problem within their own faith. Te Rōpū Tautoko (Catholic) as part of its Information Gathering Project, analysed information provided by Catholic entities. From 1950 to 2022, Te Rōpū Tautoko (Catholic) found a total of 7,807 diocesan clergy and religious present in Aotearoa New Zealand, and a total of 1,680 reports of alleged abuse held by church entities. These reports of abuse were made against 1,122 individual clergy members – 14.4 percent of the total number from 1950 to 2022.¹⁵⁰⁷

Ngā purapura ora i kōrero ki te Kōmihana mō te tūkinotanga me te whakahapa

Survivors who spoke to the Inquiry about abuse and neglect

1128. The Inquiry heard from more than 800 survivors who had experienced abuse and neglect while in the care of faith-based institutions.¹⁵⁰⁸ Analysis of accounts from survivors of faith-based care showed that the abuse types most commonly experienced varied between different groups, as discussed below. Sexual abuse was the most commonly experienced type in this setting (48 percent), followed by emotional abuse (40 percent) and physical abuse (38 percent).¹⁵⁰⁹
1129. Sexual abuse was found to be more prevalent in faith-based settings as opposed to state settings, in particular at Dilworth School (Anglican) and Marylands School (Catholic).¹⁵¹⁰ In addition, more than half of survivors who provided evidence to the Inquiry after going through a Catholic institutional setting were sexually abused.¹⁵¹¹

1507 Te Rōpū Tautoko, Information Gathering Project Fact Sheet (1 February 2022) <https://www.catholic.org.nz/assets/Uploads/20220201-Tautoko-IGP-Fact-Sheet-1-Feb.pdf>

1508 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 56).

1509 DOT Loves Data, Data request addition (Royal Commission of Inquiry into Abuse in Care, September 2023, page 9).

1510 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, pages 64–65).

1511 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, pages 64–65).

1130. The Inquiry spoke to more than 200 Māori survivors of faith-based care settings.¹⁵¹² More than 200 Māori survivors who spoke to the Inquiry experienced faith-based care. More than a third of these survivors experienced sexual (39 percent, physical (39 percent) and emotional abuse (34 percent).¹⁵¹³ Of wāhine Māori who spoke to the Inquiry about their time in faith-based settings 41 percent were sexually abused while they were there, making it the most common abuse type for this group. The next most common types were physical and emotional abuse at 39 percent and 37 percent respectively.¹⁵¹⁴
1131. For Pacific survivors in faith-based settings, the most frequently experienced types of abuse were physical (45 percent) and sexual (33 percent).¹⁵¹⁵
1132. Within faith-based settings, almost half of the Pākehā survivors who gave evidence to the Inquiry were sexually abused (49 percent). This and other similar figures that emerge from DOT Loves Data analysis indicate that the extent of sexual abuse was a systemic problem across different faith-based settings, rather than the result of 'a few bad apples'.
1133. Within faith-based settings, survivors with a disability gave evidence that sexual abuse was the most frequently experienced type, as reported by 41 percent of the group. The next most common types were physical abuse and emotional abuse, both at 37 percent of accounts.¹⁵¹⁶
1134. For survivors who had a learning disability and were placed in faith-based settings 44 percent were sexually abused while they were there.¹⁵¹⁷ The next most common types were physical abuse (41 percent), and emotional abuse (39 percent).
1135. Within faith-based settings, almost half of survivors with a mobility impairment were sexually abused (45 percent). In addition, 31 percent were physically abused in these settings, while 29 percent gave evidence of being emotionally abused.¹⁵¹⁸
1136. A quarter of survivors with a communication disability were sexually abused while in faith-based care.¹⁵¹⁹

1512 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 4).

1513 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 4).

1514 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 4).

1515 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 4).

1516 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 24).

1517 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 29).

1518 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 38).

1519 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 42).

1137. Of blind survivors who were in faith-based settings, the most common type of abuse was emotional (58 percent). The next most common types were physical abuse and sexual abuse, which were in 53 percent of accounts.¹⁵²⁰
1138. Within faith-based settings, the type of abuse most commonly experienced by Deaf survivors was sexual abuse (38 percent). The next most common types were emotional and physical abuse, which each featured in 35 percent of accounts from Deaf survivors.¹⁵²¹
1139. For mentally distressed survivors who were in faith-based settings, the most common type of abuse was sexual abuse, which was in 49 percent of accounts.

Ngā taunakitanga ā-ao whānui mō te whānuitanga o te tūkinotanga me te whakahapa

International sources on the extent of abuse and neglect

1140. Research on the extent of different types of abuse in faith-based institutions is lacking, however international abuse inquiries can provide some relevant insights, including: the 2019 UK and Wales Royal Commission; the 2019 Historic Institutional Abuse Inquiry in Northern Ireland; the 2011 Commission to Inquire into Child Abuse in the Republic of Ireland; and a 2017 research review of the Scottish Royal Commission.
1141. International literature shows that male religious leaders and others are more likely to sexually abuse than females.¹⁵²² However, most of the inquiries listed above¹⁵²³ found several church institutions where nuns and other females were physically and emotionally abusive, as well as being aware of priests sexually abusing children without reporting this to non-church authorities.
1142. A study of a German government hotline set up for survivors to anonymously disclose their experiences of sexual abuse found that of 1,050 survivors, 404 had been in Roman Catholic, 130 in Protestant and 516 in non-religious institutions.¹⁵²⁴ In addition, most victims reported that the abuse had occurred repeatedly, that the assaults had been committed by males and sexual intercourse was more frequently reported at the time of abuse by older victims and by females.¹⁵²⁵

1520 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 47).

1521 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 52).

1522 Denny, AS, Kerley, KR & Gross, NK, "Child sexual abuse in Protestant Christian congregations: A descriptive analysis of offense and offender characteristics" *Religions* 9, No 27 (2018, page 6).

1523 Specifically, the Scotland (2017), Northern Ireland (2019) and Republic of Ireland (2011) inquiries.

1524 Spröber, N, Schneider, T, Rassenhofer, M, Seitz, A, Liebhardt, H, König, L & Fegert, J M, "Child sexual abuse in religiously affiliated and secular institutions: A retrospective descriptive analysis of data provided by victims in a government-sponsored reappraisal program in Germany" *Biomedical Centre Public Health*, 14, 282 (2014 page 1).

1525 Spröber, N, Schneider, T, Rassenhofer, M, Seitz, A, Liebhardt, H, König, L & Fegert, JM, "Child sexual abuse in religiously affiliated and secular institutions: A retrospective descriptive analysis of data provided by victims in a government-sponsored reappraisal program in Germany" *Biomedical Centre Public Health*, 14, 282 (2014, page 1).

1143. A recent UK child sex abuse inquiry found that 85 percent of survivors abused in a religious context told someone about the abuse after it ended, in line with the 82 percent of survivors who made a disclosure after being abused in a non-religious context.¹⁵²⁶ When disclosing abuse as a child, survivors who were sexually abused in religious contexts often only reported their abuse to someone in authority inside the institution.
1144. Overseas inquiries and US research show similarities in the extent of abuse in faith-based institutions to non-religious organisations, and that precise estimations of prevalence could be impossible due to under-reporting of abuse,¹⁵²⁷ or significant delays in disclosing abuse (often when abused children become adults).¹⁵²⁸ Overseas inquiries also found that religious leaders' responses to reports of abuse, within Faith-based institutions, have been to keep investigations 'in-house',¹⁵²⁹ which presents significant challenges for survivors who attempt to bring their abusers and the institutions responsible for them to justice.
1145. The UK Inquiry 2019 report summarised the outcomes for abusers of reports made at the time of the abuse. These involved:¹⁵³⁰
- > religious leaders questioning abusers, but after abusers gave reassurances, they remained in their positions or were given positions of further responsibility
 - > religious leaders not reporting abuse allegations to the police nor escalating them to higher levels within churches or religious communities
 - > the abusers being moved elsewhere but remaining working in the organisation.
1146. For survivors abused in religious contexts who reported child sexual abuse after it had ended, 60 percent said that they had also disclosed to police at the time the abuse was occurring (by comparison, 54 percent of survivors reporting abuse in a non-religious context disclosed to the police). When disclosing the abuse after it had ended, survivors told a variety of other people, including staff in mental health services, family members, and partners.¹⁵³¹

1526 Independent Inquiry into Child Sexual Abuse, Truth Project thematic report: Child sexual abuse in the context of religious institutions (2019, page 41).

1527 Children's Commissioner for England, Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action (2015, page 80); See also: Independent Inquiry into Child Sexual Abuse, Truth Project thematic report: Child sexual abuse in the context of religious institutions (2019); Radford, L, Dodd, S, Barter, C, Stanley, N, & Akhlaq, A, The abuse of children in care in Scotland: A research review (Scottish Child Abuse Inquiry, 2017).

1528 Spröber, N, Schneider, T, Rassenhofer, M, Seitz, A, Liebhardt, H, König, L & Fegert, JM, "Child sexual abuse in religiously affiliated and secular institutions: a retrospective descriptive analysis of data provided by victims in a government-sponsored reappraisal program in Germany," *Biomedical Centre Public Health*, 14, 282 (2014, pages 5–6); Dressing, H, Dölling, D, Hermann, D, Kruse, A, Schmitt, E, Bannenber, B, Whittaker, K, Hoell, A, Voss, E & Salize, HJ, *Sexual abuse by Catholic priests, deacons, and male members of religious orders in the authority of the German Bishops' Conference 1946–2014* (2019); Independent Inquiry into Child Sexual Abuse, Truth Project thematic report: Child sexual abuse in the context of religious institutions (2019, pages 5, 38, 41).

1529 Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report: Religious institutions, Volume 16, Book 1, pages 26, 265); See also: Radford, L, Dodd, S, Barter, C, Stanley, N & Akhlaq, A, The abuse of children in care in Scotland: A research review (Scottish Child Abuse Inquiry, 2017).

1530 Independent Inquiry into Child Sexual Abuse, Truth Project thematic report: Child sexual abuse In the context of religious institutions (2019, page 40).

1531 Independent Inquiry into Child Sexual Abuse, Truth Project thematic report: Child sexual abuse In the context of religious institutions (2019, page 42).

Te roanga o te tūkinotanga i roto i te pūnaha hauora Turi, whaikaha, mate hinengaro, whaiora hoki Extent of abuse in Deaf, disability, psychiatric, psychopaedic and mental health care

Te whakatau tata o te taupori Estimated population

1147. In preparation of its estimates MartinJenkins included psychiatric hospitals or special and restricted facilities. It did not include other Deaf, disabled and mental distress facilities such as special schools (included within the education estimates below) or health camps.
1148. MartinJenkins estimated a total of 183,489 people in the identified health and disability care settings. The MartinJenkins report further estimates how many people probably experienced abuse in health and disability care settings. Their analysis of available data from international studies provided a low estimate of 22,153 survivors (10.5 percent of survivors who were in these settings from 1950 to 2019), and a high estimate of 72,422 survivors (34.2 percent).¹⁵³²

Ngā rangahau, ngā ripoatatanga rānei mō te whānuitanga o te tūkinotanga me te whakahapa

Research or reporting on the extent of abuse and neglect

1149. There has been limited research done on the extent of abuse and neglect in Deaf, disability, psychiatric and mental health care settings. The Ministry of Health has never kept centralised records. As part of its Notice to Produce response, the Ministry of Health reported that any complaints of abuse that could have come to the attention of the Ministry and its predecessors over the scope period would not be held in a central location and would instead be held among records for the relevant directorate or business unit.¹⁵³³ The Ministry stated it was not a health provider and so was unable to answer questions relating to records.¹⁵³⁴
1150. The Inquiry is not aware of any national-level research undertaken by any other State department.
1151. At the Inquiry's State Institutional Response Hearing, Ministry of Health representative Dr Diana Sarfati acknowledged that "many disabled people placed in care settings experienced abuse and other forms of harm."¹⁵³⁵

¹⁵³² MartinJenkins, Indicative estimates of the size of cohorts and levels of abuse in state and faith-based care—1950 to 2019 (2020, page 36).

¹⁵³³ Ministry of Health, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 420 (17 June 2022)

¹⁵³⁴ Ministry of Health, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 420 (17 June 2022, paras 8.1–8.6. See also: paras 1.9, 6.2).

¹⁵³⁵ Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 215).

Ngā purapura ora i kōrero ki te Kōmihana mō te tūkinotanga me te whakahapa

Survivors who spoke to the Inquiry about abuse and neglect

1152. For Pākehā survivors of disability and mental health settings, the most commonly experienced type of abuse was physical, at 44 percent.
1153. For those with a disability who were in disability or mental health care settings, physical abuse was experienced by 41 percent. Also, frequently experienced were sexual abuse (40 percent), emotional abuse (35 percent), and neglect (20 percent).
1154. Of those who had a learning disability, 46 percent gave evidence about being physically abused, 43 percent were sexually abused, and 38 percent emotionally abused.¹⁵³⁶ As for education-based settings, more than half of survivors with a learning disability who experienced these settings were emotionally abused.
1155. In terms of neurodiverse survivors in these settings, 40 percent experienced physical abuse and the same proportion experienced sexual abuse.¹⁵³⁷
1156. Among survivors who have a mobility impairment, 38 percent shared experiences of sexual abuse, emotional abuse, and physical abuse. In addition, 30 percent of the mobility impaired group were neglected while in disability and mental health care settings.¹⁵³⁸
1157. For survivors who had a communication disability and experienced dedicated disability and mental health settings, the most common type of abuse was emotional (44 percent). In addition, 31 percent of communication impaired survivors were physically abused and the same proportion were sexually abused.¹⁵³⁹
1158. For blind survivors, 47 percent were physically abused, while 33 percent were sexually abused.¹⁵⁴⁰
1159. Looking at survivors with chronic health conditions, physical abuse was the type most commonly experienced (43 percent), followed by emotional abuse (38 percent), and sexual abuse (35 percent).
1160. For survivors who experienced mental distress, the most common abuse type in these settings was physical, which featured in 43 percent of accounts.


1536 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 31).

1537 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 35).

1538 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 39).

1539 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 42).

1540 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 47).

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1161. Almost half of Māori survivors who went through disability or mental health care settings were physically abused (46 percent). There was also significant sexual (33 percent of accounts), and emotional abuse (31 percent of accounts) experienced by Māori.¹⁵⁴¹
1162. For wāhine Māori who spent time in dedicated mental health and disability care settings, physical abuse was the most commonly experienced type (44 percent).
1163. Of the Pacific survivors who experienced disability or mental health settings 36 percent said that they were neglected while they were there. This is a high proportion compared to other groups or settings. The next most common abuse type was physical abuse, which was experienced by 29 percent of survivors.
1164. The Inquiry also analysed the extent of abuse it heard about from Deaf survivors during the Inquiry period. For those who experienced dedicated disability and mental health settings, physical abuse was the most common type and featured in 57 percent of survivor accounts.¹⁵⁴² The next most common types were emotional abuse and sexual abuse, which each featured in 48 percent of accounts.
1165. The Inquiry heard from more than 300 survivors who experienced abuse in a psychiatric institution in Aotearoa New Zealand.¹⁵⁴³ In addition, experts and former staff witnesses discussed their experiences of working in these settings or the experiences of a loved one who had been in a psychiatric setting.

1541 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 5).

1542 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 52).

1543 DOT Loves Data. Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 57).

Te rangahau ā-ao whānui mō te tūkinotanga me te whakahapa International research on abuse and neglect

1166. Studies conducted since the 1960s have found that disabled children are at significantly greater risk of abuse and neglect.¹⁵⁴⁴ However, disabled children's risk of abuse was not brought to public notice until the 1980s when US and Canadian studies found that disabled children were up to seven times more likely to experience sexual abuse than non-disabled children.¹⁵⁴⁵
1167. Studies conducted since the 2000s estimate that the risk of child sexual abuse is about three times higher for disabled children than non-disabled children.¹⁵⁴⁶ A 2000 study by Sullivan and Knutson that used school, foster care, and police data bases together with record reviews to examine the extent of abuse and neglect, reported a prevalence of 31 percent for disabled children and 9 percent for non-disabled children.¹⁵⁴⁷
1168. Not only are disabled children and adults more likely to experience abuse, there is evidence to suggest that abuse occurs for longer periods. A 2008 report found that the duration of abuse reported by disabled women ranged from one to 22 years, with women with greater care needs reporting near life-long abuse.¹⁵⁴⁸ Another earlier report also found that women with physical impairments suffered abuse (sexual, physical, and emotional) for a longer duration than their non-disabled counterparts.¹⁵⁴⁹
1169. In 1991, a report showed 162 cases of sexual abuse in the US and found that disabled people with a wide variety of impairments were frequently the victims of sexual abuse as children and / or sexual assault as adults. They found 20 percent of victims reported a single offence, while 20 percent reported two to 10 incidents, and 50 percent disclosed 10 or more incidents of sexual abuse. The remainder (9.4 percent) described abuse as 'repeated'.¹⁵⁵⁰ One study based in Hawaii found that abuse and neglect notifications were three-and-a-half times higher for children with a learning difficulty.¹⁵⁵¹

1544 Westcott, HL, Jones, DP, "The abuse of disabled children," *J Child Psychiatry*, 40(4), (1999, pages 497–506).

1545 Briggs, F, "Safety issues in the lives of children with learning disabilities," *Social Policy Journal of New Zealand* (29), (2006, 43–59).

1546 Ward, M & Rodger, H, *Child sexual abuse in residential schools: A literature review* (Independent Inquiry into Child Sexual Abuse, 2018, page 3).

1547 Sullivan, PM & Knutson, JF, "Maltreatment and disabilities: a population-based epidemiological study," *Child Abuse & Neglect*, 24(10), (2000, pages 1257–1273).

1548 Hague, G, Thiara, RK, Magowan, P & Mullender, A, *Making the links: Disabled women and domestic violence: Summary of findings and recommendations for good practice* (Women's Aid Federation of England, 2008, page 39).

1549 Young, M, E, Nosek, MA, Howland, C, Chanpong, G & Rintala, DH, "Prevalence of abuse of women with physical disabilities," *Archives of Physical Medicine and Rehabilitation* 78, No 12, Supplement 5 (1997, page 1).

1550 Sobsey, D & Doe, T, "Patterns of sexual abuse and assault," *Sexuality and Disability* 9, No 3 (1991, page 4).

1551 Frisch, LE, Rhoads, FA, "Child abuse and neglect in children referred for learning evaluation," *Journal of Learning Disabilities*, 15, No 10, (1982, page 584); MartinJenkins, *Indicative estimates of the size of cohorts and levels of abuse in State and faith-based care–1950 to 2019* (2020, page 57).

Te roanga o te tūkinotanga i roto i ngā whakaritenga mātauranga

Extent of abuse in education settings

Te whakatau tata o te taupori

Estimated population

1170. In this section, education includes residential special school and regional health schools, non-residential special schools and non-religious boarding schools.
1171. The MartinJenkins report estimates a total of about 102,000 people were in education settings during the Inquiry period. The report further estimates how many people probably experienced abuse in education settings. Their analysis of available data from international studies provided a low estimate of people suspected to have been abused—18,570 (18 percent) a high estimate—33,349 (33 percent).

Ngā rangahau, ngā ripoatatanga rānei mō te whānuitanga o te tūkinotanga me te whakahapa

Research or reporting on the extent of abuse and neglect

1172. The Ministry of Education Notice to Produce revealed that complaints data, regarding misconduct and abuse in education settings, was not recorded and collated at a national level until 2013, and incidents went unrecorded until 2016.¹⁵⁵² Complaints of misconduct were, and continue to be, managed by boards of trustees.¹⁵⁵³ Schools are required to act on incidents if they occur, including reporting to the Teaching Council, NZ Police and /or Oranga Tamariki where appropriate.¹⁵⁵⁴
1173. The Ministry of Education is also included within the historic abuse claims process, although the scope has limitations. You may be able to lodge a sensitive claim with the Ministry of Education if you were abused (physically, sexually, psychologically), mistreated or neglected when you attended:
- > a specialist school before 1989
 - > a primary school prior to 1989
 - > any State school that is now closed (including specialist schools and health camp schools).¹⁵⁵⁵

¹⁵⁵² Ministry of Education Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 422 (17 June 2022, page 124).

¹⁵⁵³ Ministry of Education Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 422 (17 June 2022, pages 114, 120–121).

¹⁵⁵⁴ Ministry of Education Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 422 (17 June 2022, page 120).

¹⁵⁵⁵ Brief of evidence of Helen Hurst for the Ministry of Education at the Inquiry's State Redress Hearing (Royal Commission of Inquiry into Abuse in Care, 27 January 2020, pages 9–13).

1174. The Ministry has acknowledged that allegations made through the claims process are restricted to a limited range of schools, noting that its “body of knowledge will grow” as it researches and assesses further claims.¹⁵⁵⁶
1175. The Ministry of Education has received a total of 144 abuse claims for residential special schools since 2010, 43 of which have been resolved (33 including settlement payment).¹⁵⁵⁷ As of December 2020, the residential special schools with the highest number of claims made were Waimokoia Residential School, Tāmaki Makaurau Auckland (46 claims), Campbell Park School, Waitaki, North Otago (31 claims), and McKenzie Residential School, Ōtautahi Christchurch (29 claims).¹⁵⁵⁸
1176. Within schools that were specifically intended to meet the learning needs of Deaf children and young people, there was a significant extent of abuse reported to the Inquiry. While the number of Deaf survivors who experienced these settings and engaged with the Inquiry are few, an alarming 75 percent of survivors were physically abused while they were there.¹⁵⁵⁹ In addition, 50 percent of these survivors were sexually abused while they were at a Deaf school, and 44 percent emotionally abused there.

Ngā purapura ora i kōrero ki te Kōmihana mō te tūkinotanga me te whakahapa

Survivors who spoke to the Inquiry about abuse and neglect

1177. The Inquiry heard from more than 150 survivors who experienced abuse and neglect in education settings, although a major difference in approach is that DOT Loves Data analysis also includes faith-based boarding schools whereas MartinJenkins did not include faith-based education in their data.
1178. While general data on the extent of abuse in education settings remains limited, the recently published report into the nature and extent of abuse within Dilworth School indicates that a high prevalence of abuse occurred in some education settings within Aotearoa New Zealand. Of 171 former Dilworth students who spoke to that Inquiry about sexual abuse, 126 reported being sexually abused.¹⁵⁶⁰


¹⁵⁵⁶ Brief of evidence of Helen Hurst for the Ministry of Education at the Inquiry's State Redress Hearing (Royal Commission of Inquiry into Abuse in Care, 27 January 2020, page 13, para 4.26).

¹⁵⁵⁷ Brief of evidence of Helen Hurst for the Ministry of Education at the Inquiry's State Redress Hearing (Royal Commission of Inquiry into Abuse in Care, 27 January 2020, pages 12–13, paras 4.22–4.24).

¹⁵⁵⁸ Witness statement of Helen Hurst for the Ministry of Education at the Inquiry's State Redress Hearing (Royal Commission of Inquiry into Abuse in Care, 29 January 2020, pages 1–2).

¹⁵⁵⁹ DOT Loves Data, Abuse in Care data request (Royal Commission of Inquiry into Abuse in Care, September 2023, page 57). There were 12 deaf survivors who gave evidence about their experience in Deaf schools.

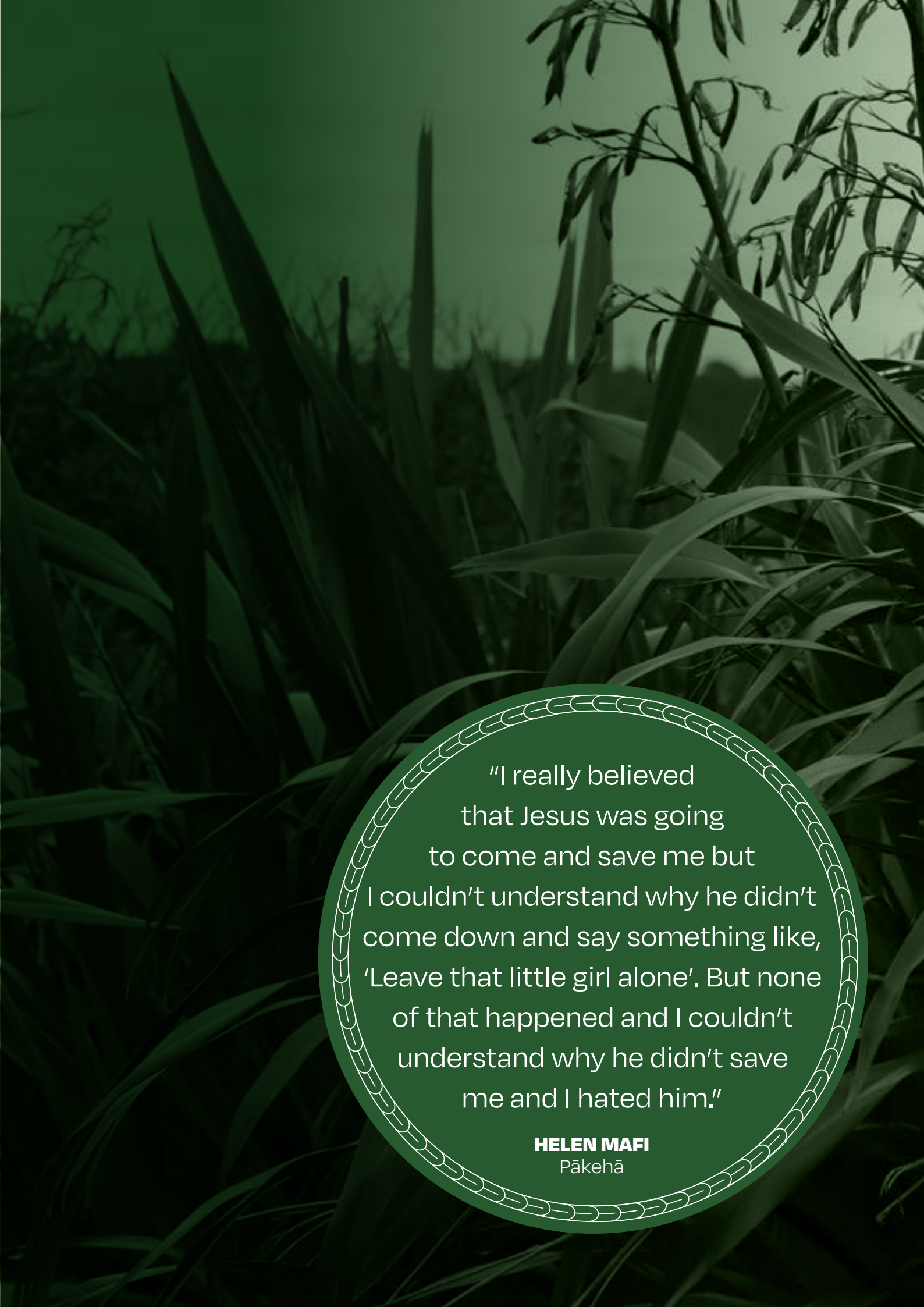
¹⁵⁶⁰ Dilworth Independent Inquiry, An independent inquiry into abuse at Dilworth School (2023, page 4).



Te whakataunga mō te whānuitanga o te tūkinotanga me te whakahapa

Conclusion on the extent of abuse and neglect in care


1179. Regardless of the data limitations, and the inability to know the true extent of abuse and neglect in State and faith-based care settings in Aotearoa New Zealand, we know that abuse and neglect occurred across all types of care settings and represents a national shame, undermining any claims that Aotearoa New Zealand has always been a compassionate or egalitarian country.
1180. The persistent underreporting and delayed reporting of this abuse, the persistent societal stigma felt by survivors, as well as how many complaints of abuse were effectively ignored or forgotten, has meant that many survivors have had to suffer the long-term effects of their abuse and neglect with little opportunity to connect with others have shared similar experiences.



"I really believed that Jesus was going to come and save me but I couldn't understand why he didn't come down and say something like, 'Leave that little girl alone'. But none of that happened and I couldn't understand why he didn't save me and I hated him."

HELEN MAFI

Pākehā



"My existence
was at odds
with everything
around me."

MR UB
Tongan, Pālangi

Mr UB

Hometown: Waihopai Invercargill

Age when entered care: 16 years old

Year of birth: 1981

Time in care: 1997

Type of care facility: Church, School

Ethnicity: Father from Canterbury and Mother from the Pacific Islands.

Whānau background: Mr UB grew up in a religious and conservative family and wider community.

Currently: Mr UB is married. He has a PhD and works as a leader and consultant.



My childhood was terrifying. My mother lived with severe psychosis and she made threatening comments to me daily – for example, that people were watching and would kidnap me. She was diagnosed with paranoid schizophrenia after a major psychotic event when I was 6 years old. She was admitted to a psychiatric hospital for six months.

When I was a pre-schooler, my mother sexually assaulted me when she bathed, dressed or toileted me. Once I could do those things for myself, she walked around naked in front of me, lifted her skirts at me and made sexualised comments. She also called me into her bedroom for morning prayers and initiated sexual contact with my father during the prayers.

Both parents verbally, physically and psychologically abused me. I was only allowed to speak when spoken to and my parents would both mimic my words. I was also refused medical care, including pain relief or other medications.

My father is from Canterbury. My mother first came to New Zealand in the late 1950s as a Pacific Islands government secondary school scholarship recipient and she returned in the early 1970s on the visitor permit scheme. Both parents were strongly of the opinion that my name and upbringing needed to be Palagi in order for me to be successful.

My parents attended separate churches. My mother was a devout Catholic, attending mass daily, while my father was a devout Anglican. He became a lay preacher in 1985 and an ordained priest in 2012. Both were involved in various church organisations and bible study groups.

I attended mass with my mother when I was home from school and alternated church services with my parents each week. As a teenager, I began attending a youth-oriented Pentecostal church.

I identify as fakaleiti, mainly because many in my extended family used to refer to me that way. In terms of sexual orientation, I identify as a gay male. But the concept of a Rainbow community eluded me until my early thirties.

In 1980s and 1990s Invercargill, binary genders were the totality of anyone's concept of gender. The deeply conservative city and community around my family meant that sexuality was never discussed. I didn't know how to connect with other LGBTIQ+ people until I found community groups in the 2010s.

I remember on the rare occasions I met my extended family, my uncles and aunts would talk about the fakaleiti and gay men in the family in an accepting and loving way. My mother would argue with them about that. I also clearly recall news items about the 'town hall' sessions protesting the Homosexual Law Reform Bill. I remember my parents being upset and angry about homosexuals.

At the age of 12, I began to repress my total identity. I purposefully monitored what I said around others, my references to myself, my posture and poise, my voice, my mannerisms and my dress sense. I had no-one to confide in about my burgeoning identities, the abuse or the pressure I felt to repress my self-expression.

I decided to open up about my sexuality in 1997, at the age of 16. By this point, I was deeply frustrated. Inside I knew that my existence was at odds with everything around me. When I came out as gay, my mother was enraged. After 48 hours of her abuse, and with no intervention from my father, I decided to leave the family home.

For years I didn't have a frame of reference where I could consider a relationship between being Pasifika and gay. In the anga fakatonga as taught in my family, being gay and being Pasifika were not aligned to the point I was told to expect abuse and hell.

I was unable to access any forms of community or social support due to prevailing attitudes in the community about both LGBTIQ+ people and Pacific peoples. I also experienced two instances of conversion practices – one initiated by the church and another by my school.

The church incident occurred because of gossip in the community about me coming out. One of the pastors led a prayer session in which church leaders laid hands on me and prayed for my ability to choose “the right path” in life.

Afterwards, I was referred to a mental health professional based at Southland Hospital. I attended a counselling session where we discussed the incompatibility between being gay and the beliefs of the church. It wasn't particularly condemnatory, but it was completely unsupportive.

The school incident happened after I came out. I had been due to attend a national speech-making competition as well as the national choral festival, but I was barred from representing the school at national competitions.

The school counsellor asked to meet with me after some classmates expressed their opinions both for and against my presence at the school. The counsellor asked me about what impact my sexuality would have on my education and asked whether I would consider moving on from the school. The counsellor claimed that some teachers were consulting with the board of trustees as to whether I should be expelled.

At the time, I saw these events as these two entities outlining their rules of engagement. I had only heard of conversion practices via TV or newspapers and thought of them as being electro-shock therapy, or intensive week-long residential courses of prayer and fasting.

As a result, I stopped attending that church and began to withdraw from church attendance overall. I considered leaving school 18 months early.

These organisations attempted to convert me away from my identity by isolating me and confronting my self-actualisation. This isolation decimated the Pacific idea of the person being connected to others as the lifeforce that helps us understand our place and value in the world. This is a simple, yet foundational, consideration that is unique to Pacific people.

Luckily these incidents occurred in Palagi environments – I've been fortunate to see conversation therapy as a 'white' phenomenon.

It taught me that Christianity is unwilling to entertain the idea that rainbow people are worthy recipients of God's love. My family's unwillingness to prioritise my story over their faith (as well as their long-standing abuse) led to the disintegration of the superficial relationship I previously had with them. I have no relationship with my remaining parent.

I've spoken with a small number of people who attended that church and school. It appears that more people knew what I was experiencing than I had realised. However, no one expressed remorse at my suffering or anger at what they knew. I have few connections to Invercargill now because people knew but didn't care.

I didn't acknowledge my gender identity as fakaleiti until I wrote my PhD in 2017. This was the first point in my life I had people I could discuss it with. When I was open about my identities, I started to feel a connection to my spirit, or life force.

My life journey has seen me underestimate my talents and accept poor behaviour in work and social environments. I've accepted countless incidents of racist intimidation and minimalisation across my career because I've had a core belief that I'm an unworthy person and I deserve poor treatment.

I never enjoyed leisure activities or travel as I was too busy working to ensure I had a stable financial base. My academic pathway was always pragmatic – I was looking for the next level up so that I could ensure I was a high-priced and valuable commodity.

The biggest impact is my lack of trust in anyone but myself. I don't trust that my employer will provide a safe workplace. I don't trust that my colleagues will treat me with respect. I don't trust that my husband will not abandon me or start abusing me. I don't trust that the Pasifika community could ever accept me. I don't trust that I can go about in the world without some random event occurring to make me feel unworthy.

Community leaders, including religious leaders and politicians, must understand the implications of their words and actions. They must be held accountable for "standing up for the family" or "holding debate". Institutions charged with care – like schools, community groups and churches – must proactively monitor the welfare and wellbeing of their participants.

No-one in my world has ever expressed regret at the things that happened to me. Many in my family deny they happened at all. The people responsible have been held in high esteem – some died with loud tributes paid, others are in influential local positions.

Having someone acknowledge the harm caused to me is unimaginable but needed. I would like to see the people who treated me this way held accountable in some way.¹⁵⁶¹


¹⁵⁶¹ Witness statement of Mr UB (3 April 2022); Expert statement of Mr UB (11 September 2022).

Ūpoko | Chapter 6


Te āhua me te whānui o te tūkinotanga me te whakahapa i te pūnaha taurima – ngā kitenga matua


The nature and extent of abuse and neglect in care – key findings

1181. Clause 31(a) of the Terms of Reference requires the Inquiry to make findings on the nature and extent of abuse that occurred during the Inquiry period.
1182. The Inquiry finds:
- a. The best available estimates indicate that up to 200,000 people were abused in care between 1950 and 2019. Precise figures are impossible due to data inadequacies and poor records kept by the State and faith-based institutions, the passage of time, barriers to disclosure, abuse going unreported, and steps commonly taken to conceal abuse. The total number may be higher than this estimate.
 - b. Many different forms of abuse and neglect were reported to the Inquiry. These included:
 - i. entry into care caused trauma
 - ii. psychological and emotional abuse and neglect
 - iii. physical abuse and neglect
 - iv. sexual abuse; racial abuse and cultural neglect
 - v. spiritual and religious abuse and neglect
 - vi. medical abuse and neglect
 - vii. solitary confinement
 - viii. financial abuse and forced labour
 - ix. educational neglect.
 - c. Sexual, physical and emotional abuse were the most common forms of abuse in care. Neglect was pervasive across all care settings and varied according to the setting.
 - d. People experienced racism in all care settings.
 - e. Policies and practices that would now be understood as ableist and disablist were common across all settings.

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- f. In some residential and institutional care settings, some children, young people and adults in care experienced the over-use of seclusion, over-medicalisation, lobotomies, sterilisation, invasive genital examinations and experimental psychiatric treatments without informed consent.
 - g. Abuse and neglect were pervasive in social welfare, Deaf, disability, and mental health residences and institutions.
 - h. State care, particularly in social welfare residences and institutions, often used punishment and control rather than care.
 - i. Tamariki, rangatahi and pakeke Māori placed in Pākehā value-based institutions often experienced severe abuse and neglect including patu (hitting / striking), whakamamae (inflicting pain) and whakarere (neglect). This was a transgression against whakapapa, personal tapu, mana, mauri and wairua.
 - j. Some survivors endured extensive and extreme abuse and neglect. At times, surviving severe physical pain and / or mental suffering.
 - k. From the over 2,300 survivors who spoke to the Inquiry:
 - i. many survivors experienced multiple forms of abuse and neglect, for example, 82 percent of survivors who spoke to us about sexual abuse also reported physical abuse
 - ii. abuse and neglect were particularly prevalent in social welfare settings, faith settings (particularly Catholic, Anglican, and Gloriavale) and disability and mental health settings
 - iii. residential and institutional care in social welfare, education and health and disability care settings typically had highly regimented systems. These types of institutions had high levels of physical abuse. The highest levels of physical abuse were reported at Wesleydale Boys' Home and Ōwairaka Boys' Home, both in Tāmaki Makaurau Auckland
 - iv. tamariki, rangatahi and pakeke Māori were more likely to experience neglect compared to non-Māori children, young people and adults in care
 - v. children aged 10–14 endured high levels of sexual and physical abuse
 - vi. Māori and Pacific survivors endured higher levels of physical abuse than other ethnicities
 - vii. disabled survivors suffered higher levels of all forms of abuse than non-disabled survivors
 - viii. Deaf and disabled survivors were more likely to report physical, emotional and sexual abuse than other forms of abuse
 - ix. a higher proportion of survivors in faith settings than in State care were sexually abused. The highest reported levels of sexual abuse were at Dilworth School in Tāmaki Makaurau Auckland (Anglican), Marylands School in Ōtautahi Christchurch (Catholic) and at Catholic institutions in general

- x. children and young people in foster care experienced the highest levels of sexual abuse among social welfare care settings
 - xi. the decade with the highest rates of abuse and neglect was the 1970s, followed by the 1960s and then the 1980s
 - xii. some survivors reported the misuse of solitary confinement or seclusion
 - xiii. male survivors reported higher levels of abuse than females, including sexual abuse. Males experienced higher levels of physical abuse than other forms of abuse
 - xiv. female survivors were more likely to experience emotional and sexual abuse, compared to other forms of abuse. Females experienced higher levels of neglect compared to males.
- l. At the Lake Alice Child and Adolescent Unit, as set out in the Inquiry's interim report *Beautiful Children*, abuse included:
- i. electric shocks and injections of paraldehyde as punishment, administered to various parts of the body including the head, torso, legs and genitals
 - ii. the misuse of solitary confinement
 - iii. patients exposed to unreasonable medical risks.
- m. At Marylands School and Hebron Trust, as detailed in the Inquiry's interim report *Stolen Lives, Marked Souls*:
- i. abuse and neglect was extensive and extreme
 - ii. sexual abuse was pervasive
 - iii. physical, emotional, and psychological abuse led to some survivors living in perpetual fear
 - iv. evidence suggests the abuse was used as punishment as well as to intimidate
 - v. there was pervasive neglect including neglect of basic needs as well as cultural, medical, and emotional needs
 - vi. children and young people suffered mental and physical pain
 - vii. cultural and religious abuse was extensive
 - viii. survivors experienced racism.
- n. At Te Whakapakiri Youth Programme on Aotea Great Barrier Island, as detailed in the Inquiry's case study:
- i. abuse and neglect were pervasive and extreme
 - ii. young people experienced severe physical violence
 - iii. young people were sent alone to an isolated island for days at a time as punishment
 - iv. there is evidence of young people being threatened with death through mock executions.

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- o. At the Kimberley Centre near Taitoko Levin, as detailed in the Inquiry's case study:
 - i. disabled children, young people and adults suffered severe and chronic abuse and neglect
 - ii. physical and sexual abuse of disabled children, young people and adults was pervasive and severe
 - iii. physical abuse was common and normalised. This was reflected by the 'Kimberley cringe' where survivors would cower and protect their head if they were approached quickly
 - iv. people experienced extreme neglect of their physical, emotional, psychological, educational, medical, and dental a needs
 - v. nutritional practices were poor with some disabled children, young people and adults not fed for long periods or fed with feeding tubes that were later assessed as not medically required
 - vi. the physical environment was neglectful with few activities and little to occupy disabled children, young people and adults in care, who spent 80 percent of their time engaged in no purposeful activity.
 - p. At Kelston School for the Deaf in Tāmaki Makaurau Auckland, and Van Asch College in Ōtautahi Christchurch, as detailed in the Inquiry's case study:
 - i. Deaf students experienced regular sexual, physical, verbal and psychological abuse
 - ii. Physical violence was normalised and pervasive
 - iii. All Deaf children and young people experienced linguistic abuse and neglect and language suppression
 - iv. Deaf children and young people were punished for using Sign Language and their Deaf culture and identity were not supported.
 - q. At Hokio Beach School in Taitoko Levin and Kohitere Boys' Training Centre in Taitoko Levin, as detailed in the Inquiry's case study:
 - i. there were cultures of normalised and pervasive violence, with many experiencing severe corporal punishment, sometimes inflicted with weapons and to the genitals
 - ii. staff condoned and encouraged peer-on-peer violence through a king-pin system including violent 'stomping' initiations of new boys
 - iii. sexual abuse was pervasive
 - iv. solitary confinement was misused
 - v. racism and cultural abuse was normalised
 - vi. staff punished boys with extreme physical training and inhumane tasks, often physically assaulting them at the same time.



"I was locked in
the cupboard regularly.
I think this happened every
second or third day while
I was at Roxburgh."

CRAIG DICK

NZ European, Māori (Ngāi Tahu)

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 pihī 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 whaiāo 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!

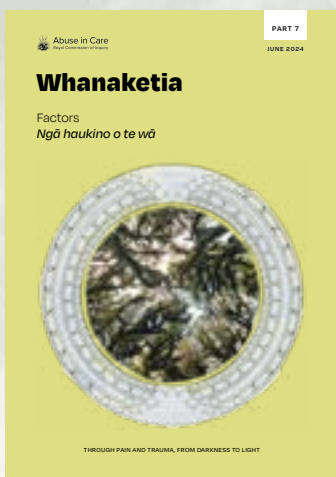
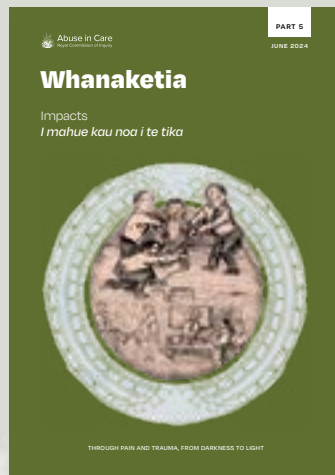
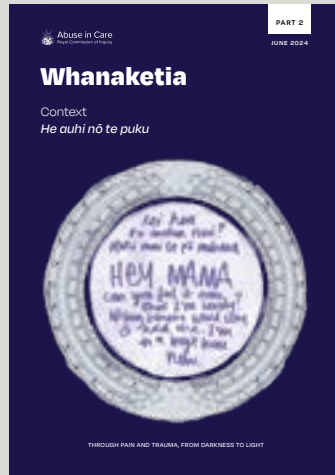
– Paraone Gloyne



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