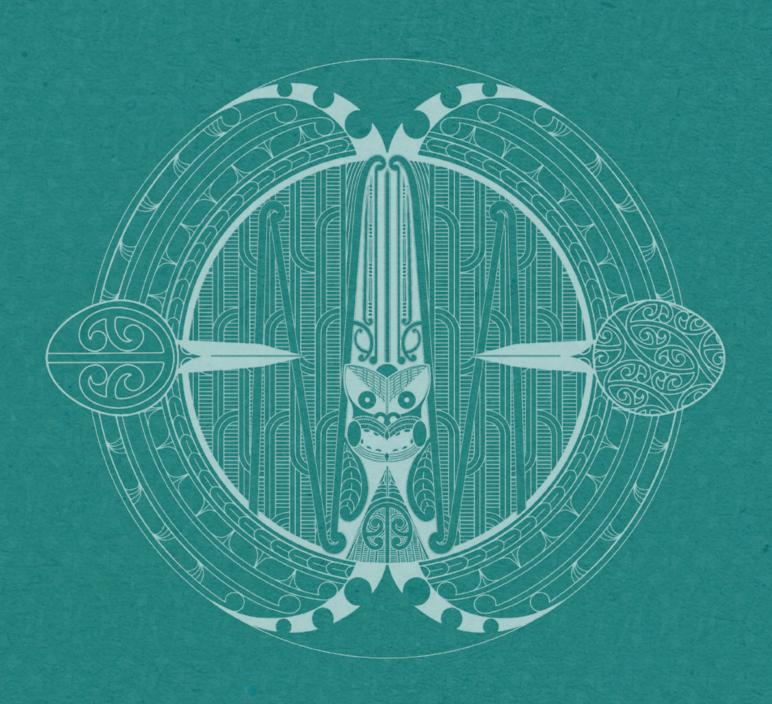
Disabled survivors' experiences of abuse and neglect in care

Guide and key messages



Developed by the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions to assist accessiblity

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Whakairihia ki te tihi o Maungārongo



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! 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.



Pānui whakatūpato

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



Distressing content warning

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

The Royal Commission of Inquiry examined the abuse and neglect of children, young people and adults in State care and in the care of faith-based institutions. This guide provides an overview of the key messages of the experience of disabled survivors during 1950-1999.



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Chapter 1: Introduction

- This guide provides a high-level summary of the abuse and neglect experienced by disabled survivors in State and faith-based care settings during the Inquiry period (1950 to 1999). It also sets out where to find additional information in the Final Report and in the Kimberley Centre case study.
- 2. Chapter 2 is an executive summary.
- 3. Chapter 3 provides contextual information relevant to disabled survivors and disability issues during the Inquiry period.
- 4. Chapter 4 summarises the circumstances that led to children, young people and adults entering disability settings during the Inquiry period.
- 5. Chapter 5 discusses the nature and extent of abuse and neglect experienced by children, young people and adults in disability settings.
- 6. Chapter 6 describes the impact on survivors and their families of the abuse and neglect they suffered in these settings.
- 7. Chapter 7 summarises the factors that contributed to children, young people and adults being abused and neglected in disability settings. It also summarises the lessons learned and the changes made to prevent and respond to abuse and neglect by State and faith-based institutions that provided care.

Chapter 2: Executive summary

- 8. During the Inquiry period, societal attitudes towards disability in Aotearoa New Zealand were influenced by arrival of European settlers and the adoption of Christianity as the predominant religious faith. New Zealanders were expected to fit in and conform to a narrow definition of what was considered 'normal'. People with physical and / or mental impairments were 'abnormal' and were seen as less valuable than others.
- 9. Many disabled people were placed in large, State-run psychopaedic and psychiatric institutions and separated from their families and society. Disabled children and young people were also placed in special residential schools rather than attending mainstream schools. Others were placed in sheltered workshops. While few faith-based institutions catered for disabled adults, some private and church-based organisations opened residential homes for disabled people.
- 10. The State's policy of institutionalisation of disabled people, which was influenced by the eugenics movement and societal attitudes that saw people with impairments as 'abnormal', created a pathway into State-run institutions and special schools. Many families believed they were doing the right thing by placing their loved ones into disability settings, as they were acting on the advice of medical professionals or trusted religious figures. The lack of alternative supports for the parents and caregivers of disabled people was another pathway into care settings.
- 11. Disabled people disproportionately entered care, and disproportionately experienced abuse and neglect while there. While all forms of abuse were experienced by survivors in disability settings, the most pervasive form of abuse the Inquiry heard about was extreme neglect. Almost all survivors described abuse and neglect that stripped them of their personhood, identity, dignity and autonomy. They were also denied affection and the nurturing and stimulating environment needed for normal growth and healthy psychological development.
- 12. Disabled survivors said that abuse and neglect caused them to lose their sense of self, their personhood the 'essence of being human' and connections to their families, communities, cultures and language. This impact was especially profound for tangeta whaikaha Māori and disabled Pacific survivors.
- 13. At the heart of the factors that caused and contributed to disabled people being abused and neglect in care was that they were not seen as valuable members of society. They were placed 'out of sight, out of mind' and not considered worthy of being kept safe from harm. Even when abuse and neglect was detected, the people who were responsible for holding abusers to account senior leaders in charge of institutions, senior public servants and government Ministers failed to do so.
- 14. At the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing, the Crown thanked survivors who had spoken out, acknowledging that they had "each outlined and coloured in a shameful picture of inhumanity". This is an apt description of what disabled survivors experienced.

¹ Transcript of evidence of the closing statement by the Crown at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 20 July 2022, page 699).

Chapter 3: Purpose and process

15. The Terms of Reference directed the Inquiry to recognise and focus on the experiences of groups who have been disproportionately represented in care and disproportionately suffered abuse and neglect in care, including disabled people.²

Disabled survivors who registered with the Inquiry

- 16. Disabled survivors made up just over a quarter (27 percent) of the 2,329 survivors who registered with the Inquiry. This does not include Deaf survivors or survivors who experienced mental distress. Part 1, Chapter 4 of the Final Report includes information about the disabled survivors who registered with the Inquiry, including gender, age, ethnicity, where they were in care and self-identified impairments.
- 17. Part 1, Chapter 5 of the Final Report describes how the Inquiry engaged with disabled survivors, their whānau and wider communities.
- 18. Part 1, Chapter 6 of the Final Report sets out the framework the Inquiry used to guide its analysis and understanding of disabled survivors who suffered abuse and neglect in State and faith-based care. The framework was also used to understand the experiences of Deaf survivors and survivors who experienced mental distress.
- 19. Part 1, Chapter 6 of the Final Report also describes the principles from the United Nations Convention on the Rights of Persons with Disabilities and Enabling Good Lives, which the Inquiry considered appropriate to help frame its understanding and analysis of the abuse and neglect suffered by disabled survivors.

Context relevant to disability in Aotearoa New Zealand

20.	Part 2 of the Final Report includes more detailed contextual information:
	Chapter 2 describes traditional Māori, Pacific and settler societal attitudes to disability
	Chapter 4 explains ableism, disablism and the eugenics movement
	Chapters 5 and 6 describe the development and implementation of the State's policy segregating disabled people in large-scale institutions in the 1950s–1970s
	Chapter 7 describes the closure of institutions in the 1970s–1990s, and the disability rights movement
	Chapter 8 discusses demographic data about disabled people during the Inquiry period
	Chapter 10 describes the State-run disability care settings during the Inquiry period, including psychopaedic institutions, sheltered workshops and special schools
	Chapter 11 describes the faith-run disability care settings during the Inquiry period.
21.	Chapter 2 of the Kimberley Centre case study sets out the history of the Kimberley Centre, a psychopaedic hospital in Taitoko Levin that operated for 61 years from 1945 to 2006.

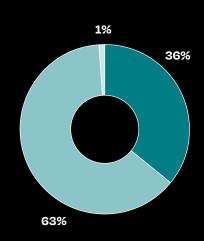
Key facts about registered disabled survivors



Total Number of Survivors: 624

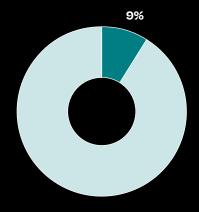
Gender

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



Part of Takatāpui, Rainbow and MVPFAFF+ community

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



Age

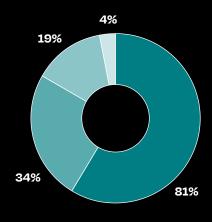
	YEARS OLD
Average age when entered care	9

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

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

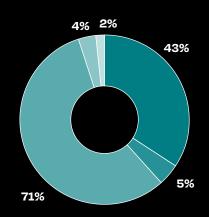
Type of care

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



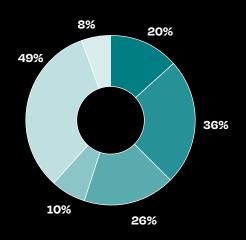
Ethnicity

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



Needs as identified by survivor*

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



Chapter 4: Circumstances that led to disabled people entering care

- 22. Part 3 of the Final Report sets out the circumstances that led to children, young people and adults entering State and faith-based care during the Inquiry period.
- 23. The State's policy of institutionalisation of disabled people, which was influenced by the eugenics movement and societal attitudes that saw people with impairments as 'abnormal' and less valuable than 'normal people,' created a pathway into psychopaedic and psychiatric hospitals and special schools. The lack of alternative supports for the parents and caregivers of disabled people was another pathway into care settings. For Māori and Pacific families, the lack of alternative supports was exacerbated by the lack of culturally appropriate supports in general.
- 24. Chapter 3 of the Kimberley Centre case study sets out the circumstances that led to disabled people being placed at the Kimberley Centre.
- 25. Part 3, Chapter 4 of the Final Report describes the circumstances that led disabled people into care, including:
 - > the State's policy of institutionalisation
 - > advice or pressure from authorities, including medical professionals
 - > lack of alternative care and support options for families, including culturally appropriate supports for tangata whaikaha Māori and their whānau, and Pacific disabled people and their kainga.
- 26. Part 3, Chapter 4 also explains that many disabled people have experienced lifelong involvement with State care and support services. It describes how disabled people continued to experience abuse, neglect and discrimination after the shift to community-based care.

Chapter 5: Nature and extent of abuse and neglect of disabled people in care

- 27. Part 4 of the Final Report describes the nature and extent of abuse and neglect suffered by survivors of State and faith-based care.
- 28. Disabled survivors were subjected to all the types of abuse and neglect identified by the Inquiry. Neglect was pervasive and experienced by almost every disabled survivor the Inquiry heard from, particularly in large-scale institutional settings.
- 29. Chapter 4 of the Kimberley Centre case study describes the nature and extent of abuse and neglect at the Kimberley Centre.

30.	Part 5 of the Final Report includes more detailed information on the nature and
	extent of abuse and neglect of disabled people in care:
	Chapter 2 explains that being placed into care caused trauma and disruption to forming attachments, and separated disabled survivors from their identify, whānau, community and society
	Chapter 2 describes the psychological and emotional abuse and neglect (including institutionalisation and depersonalisation), physical abuse and neglect sexual abuse, racial abuse and cultural neglect, medical abuse and neglect, solitary confinement, financial abuse and forced labour, and educational neglect suffered by disabled people in care
	Chapter 3 explains how abuse and neglect of disabled people can be seen as transgressions of te ao Māori worldviews, disability principles and Pacific values
	Chapter 4 describes abuse and neglect in disability care settings, including large- scale psychopaedic and psychiatric institutions, group homes and community care, and special schools
	Chanter 5 sets out the extent of abuse and neglect in disability care settings

Chapter 6: Impacts of abuse and neglect of disabled people in care

- 31. Part 5 of the Final Report describes the impacts of abuse and neglect suffered by survivors of State and faith-based care during the Inquiry period.
- 32. While there are many impacts that are broadly common to all survivors and across all care settings, the segregation of disabled survivors away from their families, communities and broader society led to lifelong struggles to 'find their place'. It denied Māori and Pacific survivors access to their cultural beliefs, values and practices. Disabled survivors were also regularly dehumanised and stripped of their autonomy, which not only caused immense mental and emotional harm but also restricted survivors' life opportunities.
- 33. Chapter 5 of the Kimberley Centre case study describes the impacts of abuse and neglect at the Kimberley Centre.

34.	Part 5 of the Final Report includes more detailed information on the impacts of abuse
	and neglect of disabled people in care:
	Chapter 2 explains the impacts on interpersonal relationships, physical health, mental health and emotional wellbeing, and life pathways of disabled survivors (including entrapment in institutional care and evidence of unmarked graves)
	Chapter 3 describes the impacts on disabled survivors of being placed in large- scale institutions
	Chapter 4 explains how the negative impacts of abuse and neglect in care have contributed to further adverse outcomes for many disabled survivors and the disability community as a whole.

Chapter 7: Factors that contributed to disabled people being abused and neglected in care

- 35. Part 7 describes the factors that the Inquiry identified as having caused or contributed to the abuse and neglect of children, young people and adults in State and faith-based care. Part 7 also identifies the lessons learned and the changes made to prevent and respond to abuse and neglect. Part 7 concludes by setting out findings relating to:
 - > breaches of relevant standards
 - > factors that caused or contributed to abuse and neglect in care
 - > fault
 - > lessons learned.
- 36. The Inquiry identified that four factors all caused or contributed to the abuse and neglect of disabled survivors in State and faith-based care. These included:
 - > the factors relating to the people at the centre of abuse and neglect
 - > institutional factors
 - > structural and systemic factors
 - > societal factors.
- 37. Disabled people including whānau haua in State and faith-based care were diverse, with diverse care and support needs. Although each person in care was unique, every person needed support, strong protection, and safeguarding. Strong protection refers to a set of internationally-recognised factors that contribute to resilience because they promote healthy development and well-being and can reduce the risk of experiencing abuse and neglect. These factors are a combination of personal, parental, and environmental factors.
- 38. The rights guaranteed in te Tiriti o Waitangi reinforce many protective factors. For example, connection to whakapapa, whānau, hapū and iwi are taonga protected by te Tiriti o Waitangi.
- 39. Had these rights been upheld during the Inquiry period such as the right to tino rangatiratanga over kāinga, and the right to continue to live in accordance with indigenous traditions and worldview guaranteed by the principle of options these rights would have been amplified protective factors for tamariki, rangatahi, and pakeke Māori, reducing entry into care and the risk of abuse and neglect in care.
- 40. Human rights recognise that children, young people, adults, people with disabilities and Māori as indigenous to Aotearoa New Zealand are distinct groups that also require special measures, particularly protective measures. In care settings, this means special protection measures like comprehensive standards of care needed to be in place. During the Inquiry period, the lack of special protections or measures for people in care were factors that contributed to abuse and neglect.

41.	Many of these factors were exacerbated by societal attitudes that saw disabled people as 'abnormal' and less valuable than other people. These attitudes, and the consequent discrimination of disabled people, meant that disabled people were more likely to be placed into care, and more at risk of being abused and neglected while in care. Disabled people who were Māori, Pacific and / or Takatāpui, Rainbow or MVPFAFF+ experienced the compounding effects of racism and homophobia on top of ableism and disablism.
42.	Chapter 6 of the Kimberley Centre case study describes the factors that caused or contributed to abuse and neglect at the Kimberley Centre.
	Part 7 of the Final Report includes more detailed information on the factors that caused or contributed to the abuse and neglect of disabled people in care:
	Chapter 2 describes the factors related to people in care, abusers and bystanders that contributed to abuse and neglect in care
	Chapter 3 explains that standards relevant to care (including te Tiriti o Waitangi Treaty of Waitangi and human rights protections) were inadequate, inconsistent and routinely breached
	Chapter 4 discusses the poor employment policies and practices that contributed to abuse and neglect in care, including failure to vet staff, inadequate recruitment and training, and under-resourcing
	Chapter 5 explains that complaints processes were absent or easily undermined, that survivors were often not believed if they reported abuse and neglect, and that senior leaders prioritised the reputations of institutions and abusers over the safety of people in care
	Chapter 6 explains that oversight and monitoring were ineffective
	Chapter 7 summarises the institutional, structural and systemic factors set out in Chapters 3–6 that contributed to abuse and neglect including there was little accountability for abuse and neglect.
	Chapter 8 describes the faith-specific factors that contributed to abuse and neglect, including ableism based on religious concepts
	Chapter 9 discusses the State's responsibility for care, including that its highest-level decision-makers rarely took accountability for abuse and neglect in care
	Chapter 10 explains that societal factors, including ableism and disablism,

contributed to abuse and neglect in care.

Lessons identified and changes made

- 43. During the Inquiry period, the State attempted to make some changes to address problems identified in different care settings and to prevent and respond to abuse and neglect in State and faith-based care.
- 44. Most changes were specific to certain care settings. These changes included the creation of new legislation, policy, rules, standards and practices to prevent and respond to abuse and neglect in care as well as subsequent tweaks to these regulations, as new lessons were learned. Several of these changes had a positive impact on people in care, while some had intentions that were not achieved in practice.
- 45. Legislative and policy changes can largely be seen as a good faith attempt by the State to address lessons identified and to respond to and mitigate abuse and neglect in care. With hindsight, much more abuse and neglect could have been prevented if changes had been applied consistently across all settings and implemented differently. The changes often reflected discrete elements of a lesson, which limited their potential impact for preventing and responding to abuse and neglect in care.
- 46. Implementation repeatedly frustrated successful change. Common failures of implementation included funding and resourcing constraints, and lack of diversity in leadership positions, policy design and service delivery.



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 mõu kei taku põkai kõtuku ki te oranga

E hua ai te pito mata i roto rā kei aku purapura ora

Tiritiria ki toi whenua, onokia ka morimoria ai

Ka pihi ki One-haumako, ki One-whakatupu

Kei reira e hika mā te manako kia ea i te utu

Kia whakaahuritia tō mana tangata tō mana tuku iho nā ō rau kahika

Koia ka whanake koia ka manahua koia ka ngawhā

He houkura mārie mōwai rokiroki āio nā koutou ko Rongo

Koia ka puta ki te whaiao ki te ao mārama

Whitiwhiti ora e!

- Paraone Gloyne

A Love Song for the Living Seeds

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

Left alone, abandoned by justice and order

Subjected to the silent suffering of mistreatment

A heaviness in the core, silenced into stillness

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

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

A night dark and dense

Where there may be no turning in your memories

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

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

Is memory dead? No, certainly not!

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

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

Emerging from the troubled world to a world of promise

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

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

Scattered across the land, cherished and growing in abundance

Rising in One-haumako, in One-whakatupu

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

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

Thus, it will thrive, flourish, and burst forth

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

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

A crossing of life indeed!

– Paraone Gloyne

