

Māori survivors' experiences of abuse and neglect in care

Summary and key messages



JUNE 2024



Abuse in Care
Royal Commission of Inquiry

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and in the Care of Faith-based Institutions to assist accessibility

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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 Ringatūkinō 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 tākirihiā 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 summary provides an overview of Māori survivors' experiences of abuse and neglect in care during 1950-1999.

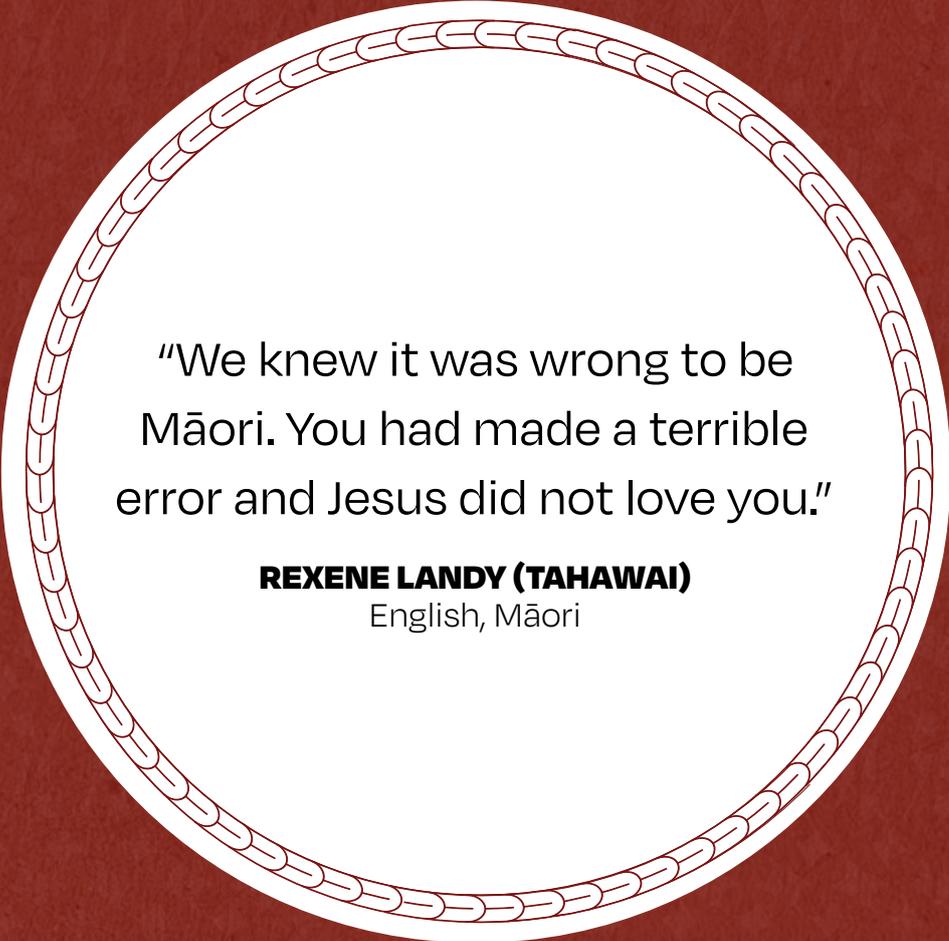
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“We knew it was wrong to be
Māori. You had made a terrible
error and Jesus did not love you.”

REXENE LANDY (TAHAWAI)

English, Māori

Chapter 1: Introduction

1. This summary describes the abuse and neglect in State care and in the care of faith-based institutions suffered by Māori survivors and the impacts on them and their whānau, hapū, iwi and hāpori.
2. Chapter 2 is an executive summary.
3. Chapter 3 provides the context for this summary, including demographic information about the Māori survivors who registered with the Inquiry, and te Tiriti o Waitangi and ao Māori frameworks that have grounded and shaped the Inquiry's work.
4. Chapter 4 discusses the circumstances that contributed to tamariki, rangatahi and pakeke Māori being taken into State and faith-based care.
5. Chapter 5 summarises the nature and extent of the abuse and neglect that Māori survivors experienced in care.
6. Chapter 6 examines the lifelong, intergenerational and widespread impacts of abuse and neglect on Māori survivors and their whānau, hapū, iwi and hāpori.
7. Chapter 7 sets out the Inquiry's application of its te Tiriti o Waitangi framework.
8. Chapter 8 describes the factors that caused or contributed to the abuse and neglect of Māori survivors in State and faith-based care. It also summarises the lessons learned and the changes made to prevent and respond to abuse and neglect.

“Colonisation has always been genocidal, and the assumption of a power to take Māori children has been part of that destructive intent. The taking itself is an abuse.”

DR MOANA JACKSON

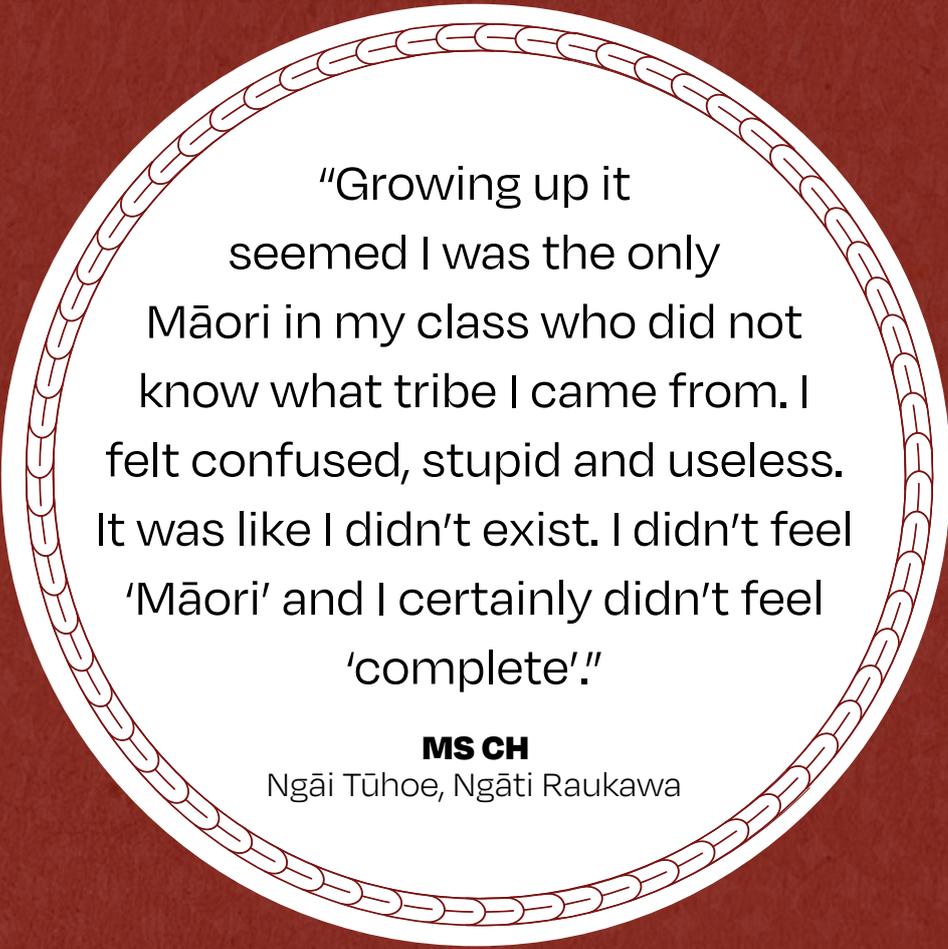
Ngāti Kahungunu, Ngāti Porou,
Rongomaiwahine

Chapter 2: Executive summary

9. The story of abuse and neglect in care is the story of Māori in care.
10. Traditionally, Māori had their own systems of care, health, justice and law governed by tikanga Māori. Pēpi and tamariki were seen as taonga belonging to and living within a community who had a shared responsibility for them. This ensured that pēpi and tamariki were safe and nurtured.
11. Traditional Māori attitudes to hauora had multiple dimensions, including hauora hinengaro, hauora tinana, hauora whānau, and connection to whenua. This meant that whānau haua, tangata kāpō, tangata Turi, tāngata whaikaha, and tāngata whaiora were not viewed through the narrow Western lens of disability, but instead were viewed as integral to their collective community, to their whānau and hapū. Similarly, Takatāpui were also seen an integral to their whānau and hapū.
12. When the Crown signed te Tiriti o Waitangi, it guaranteed to protect the right of Māori to exercise tino rangatiratanga. This right included the full authority of Māori over their taonga, whenua and kāinga – including the right to continue to organise and live as Māori, and to care for and raise the next generation. This guarantee of tino rangatiratanga was not upheld.
13. Te Tiriti o Waitangi envisaged that the Crown and Māori would be equal partners with different roles and spheres of influence. This required the co-operation of both the Crown and Māori to agree to their respective areas of authority and influence – a kāwanatanga sphere, and a tino rangatiratanga sphere – and to act honourably and in good faith towards each other. The Crown could not decide for Māori what Māori interests were or what the sphere of tino rangatiratanga included. Rather, the Crown's duty was to actively engage with Māori and to ensure shared decision-making with Māori.
14. Over many generations, the Government, at times actively assisted by churches, pursued colonial and assimilationist policies aimed at breaking down Māori authority and social structures and asserting government control over Māori, their land and resources. The subordination of Māori power and authority, the deprivation of an economic base and dispossession of land and resources, the denigration of culture and assimilation caused severe intergenerational impacts that are still felt today. These, coupled with societal, structural, and institutional racism, have resulted in Māori bearing the brunt of inequities and distress, including poverty, intergenerational trauma and poor health, educational and employment outcomes.

15. Throughout the Inquiry period, Māori were disproportionately placed into State and faith-based care in many settings, and Māori made up the majority of those in care, particularly in social welfare settings. Many structural, societal and whānau factors contributed to tamariki and rangatahi Māori entering social welfare care settings. These factors included the ongoing impacts of colonisation, assimilation, urbanisation, racism and targeting of tamariki and rangatahi Māori, poverty, parental mental distress and addiction, lack of support available for whānau to care for their own, and tamariki and rangatahi being targeted for expressing behaviours in response to distress.
16. Children and young people were often placed into faith-based care as a response to overcrowding in social welfare residences. Māori were over-represented in social welfare care settings, and so were disproportionately affected by this tendency to shift State wards from overflowing social welfare care settings to faith-based care settings.
17. Throughout the Inquiry period, the State pursued a policy of segregated, often large-scale institutional care for disabled people. Whānau hauā were classified based on pathological definitions of their impairment by medical professionals, and their whānau were often encouraged to place their disabled whānau member into care and told it was in everyone's best interest. Before colonisation, the segregation of whānau members would have been considered contrary to tikanga. The State's emphasis on institutionalisation of whānau hauā conflicted with its guarantee to Māori of tino rangatiratanga over kāinga.
18. Māori survivors were subjected to all forms of abuse and neglect across care settings, including racial, psychological, emotional, physical, sexual, cultural, educational, medical, and spiritual abuse and neglect. Entries into care were often traumatic for survivors, initiating a disruption of close whānau and community connections that continued throughout many Māori survivors' experiences of care.
19. The most distinct and common experience for Māori survivors was the racial and cultural abuse and neglect that often occurred alongside many other forms of abuse and neglect, including being targeted for abuse and neglect because of their Māori identity. Tāngata whaikaha and tāngata Turi had specific experiences of abuse and neglect that were compounded by disablism, ableism and audism. Takatāpui survivors' experiences were compounded by homophobia and transphobia. Wāhine Māori suffered abuse and neglect compounded by sexism and misogyny.

20. The Inquiry considered abuse and neglect suffered by Māori survivors from an ao Māori worldview and a tikanga perspective. Every instance of violence and tūkino of any kind was a transgression against individuals, their whānau and whakapapa; a transgression against the individual's mana and the mana of the collective; and a transgression against tapu, mana motuhake, mauri and wairua.
21. The impacts of abuse were significant, pervasive, lifelong, and intergenerational, affecting survivors and their families, communities, and society. Survivors shared how the abuse and neglect they suffered impacted on their physical and mental health, emotional wellbeing and spirituality, identity and cultural identity, education and employment opportunities. Survivors' relationships, ability to form and maintain relationships, and ability to trust, were also impacted by the abuse they suffered. Some survivors normalised and internalised the violence they experienced in care. Some lost all trust in the State and in authorities. Some experienced homelessness or unemployment. Some found that they were caught in a pipeline from care to prison. Many shared how the trauma of the abuse they suffered impacted on every aspect of their lives, and on the lives of their families, siblings, children, and grandchildren.
22. Māori survivors in particular, suffered a disconnection from their cultural identity, and a sense of disconnection from their whakapapa. For many, this was one of the most damaging impacts they experienced, which rippled out and impacted their sense of self, and their emotional, mental and spiritual wellbeing. As a result, many Māori survivors spoke about feeling whakamā, isolated, lost and not having any sense of self. This impact was intergenerational and collective, and was a significant hara against survivors, their whānau, hapū, and iwi.
23. Ultimately, the State failed in its responsibilities to keep tamariki, rangatahi and pakeke Māori safe from abuse and neglect in State and faith-based care. There were many factors which contributed to Māori being taken into care and suffering abuse and neglect in care. This included personal, structural, systemic, and societal factors.
24. For Māori survivors, two additional factors compounded the effects of the others – the Crown's failure to uphold the rights guaranteed to Māori in te Tiriti o Waitangi and the racism in the care system that reflected the societal attitudes introduced through colonisation and Christian beliefs. These attitudes were underpinned by the view that Pākehā culture, lifestyle and values are superior to those of other cultures. Racism contributed significantly to the disproportionate numbers of Māori in care, and the abuse and neglect they were subjected to. Aotearoa New Zealand still has significant steps to take before racism is eliminated from our society.



"Growing up it
seemed I was the only
Māori in my class who did not
know what tribe I came from. I
felt confused, stupid and useless.
It was like I didn't exist. I didn't feel
'Māori' and I certainly didn't feel
'complete'."

MS CH

Ngāi Tūhoe, Ngāti Raukawa

Chapter 3: Context

25. The Terms of Reference directed the Inquiry to appropriately recognise te Tiriti o Waitangi and to partner with Māori throughout the Inquiry. The Inquiry was directed to be underpinned by te Tiriti o Waitangi and its principles. It was also directed to recognise the disproportionate representation of Māori in State and faith-based care.¹
26. Key terms used include:
- > kāwanatanga is a reo Māori term, an adaptation of the English word 'governor'
 - > kaupapa Māori means a Māori approach or customary practice
 - > mana motuhake means self-determination, independence, sovereignty and authority over one's own destiny
 - > mātauranga Māori means Māori knowledge
 - > Takatāpui is a traditional reo Māori word meaning 'intimate friend of the same sex', which includes all Māori who identify with diverse sexualities, gender expressions and/or variations of sex characteristics
 - > tāngata whaikaha is a reo Māori term for disabled people, which reflects a definition of people who are determined to do well
 - > tāngata Turi is a reo Māori term for Deaf people
 - > tāngata whaiora is a reo Māori term for people who are seeking health, and can also be used to refer to a person receiving assessment and treatment in mental health, addiction and intellectual disability services
 - > tikanga Māori means behavioural guidelines for living and interacting with others in te ao Māori
 - > tino rangatiratanga means self-determination, sovereignty, independence and autonomy
 - > whānau hauā is a reo term for Māori with disabilities, which reflects te ao Māori perspectives and collective orientation
 - > whāngai means Māori customary adoption or fostering of children or young people.

¹ Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 6.

27. Part 2 of the Final Report sets out the historical and social context relevant to the Māori experiences of abuse and neglect in care, including:
- > traditional Māori attitudes to care, wellbeing, health and disability (Chapter 2)
 - > the arrival of missionaries in Aotearoa New Zealand (Chapter 3)
 - > the origins, signing and impacts of te Tiriti o Waitangi Treaty of Waitangi (Chapter 3)
 - > societal attitudes during the Inquiry period, including racism and negative stereotypes of Māori (Chapter 4)
 - > increasing hardship on Māori communities in the period 1900-1950 (Chapter 5)
 - > Māori adapting to an urban way of life and Māori activism in the period 1950-1970 (Chapter 6)
 - > growth of the Māori-Crown relationship, Māori beginning to be overrepresented in care, and Māori activism in the period 1970-1999 (Chapter 7)
 - > demographic data relating to Māori during the Inquiry period (Chapter 8)
 - > Aotearoa New Zealand's system of government, the public service and State administration during the Inquiry period (Chapter 9)
 - > State-based care settings during the Inquiry period (Chapter 10)
 - > faith-based institutions and care settings during the Inquiry period (Chapter 11).

Māori survivors who registered with the Inquiry

28. Māori survivors made up almost half (44 percent) of the 2,329 survivors who registered with the Inquiry.
29. Survivors who registered with the Inquiry were a self-selecting subset of everyone who was in State and faith-based care, and do not represent all those who were abused or neglected in care. The Inquiry recognises that the true number of Māori survivors who experienced abuse and neglect in State and faith-based care may be far greater. There are likely many Māori survivors the Inquiry did not hear from and who did not disclose the abuse and neglect they suffered. This, and the poor record-keeping of survivors' demographic information and failure to document incidents of abuse and neglect mean we may never know the true numbers of Māori survivors who were subjected abuse and neglect in State and faith-based care.
30. Although it was not possible to reference or quote every survivor who came forward to the Inquiry in this report, the experiences of every survivor were heard and informed the Inquiry's observations, findings and recommendations.
31. The table below sets out additional demographic information about the 1,018 registered Māori survivors.

Key facts about registered Māori survivors

Number and percent of registered Māori survivors

Gender

> Female	388 survivors (38 percent)
> Male	624 survivors (61 percent)
> Gender diverse, non-binary, other, prefer not to say, no data	6 survivors (1 percent)

Part of Takatāpui, Rainbow and MVPFAFF+* community **60 survivors (6 percent)**

Average age when entered care **8 years old**

Type of care

> State care	859 survivors (84 percent)
> Faith-based care	240 survivors (24 percent)
> State and faith-based care	145 survivors (14 percent)
> Unknown	64 survivors (6 percent)

Deaf 63 survivors (6 percent)

Disabled 270 survivors (27 percent)

Experienced mental distress 857 survivors (84 percent)

Gang whānau (member of a gang or had family members in a gang) 264 survivors (26 percent)

Experienced incarceration 425 survivors (42 percent)

* MVPFAFF+ refers to diverse sexualities, gender expressions and roles in the Pacific (Māhū, Vakasalewalewa, Palopa, Fa'afafine, Akava'ine, Fakaleitī (or Leiti), Fakafifine).

32. The Inquiry acknowledges that not all Māori survivors disclosed their whakapapa. The data reported in the table below reflects those registered survivors who identified their iwi. The iwi identified by survivors were grouped according to Statistics New Zealand's iwi and iwi-related groups statistical classification V2.1.0.

Iwi affiliation of registered Māori survivors

Iwi listed by iwi groups (identified by survivors)	Number of survivors
<p>Te Tai Tokerau / Tāmaki Makaurau (Northland / Auckland) region iwi Ngāi Takoto, Ngāpuhi, Ngāti Hine, Ngāti Kahu, Ngāti Kahu ki Whangaroa, Ngāti Kura, Ngāti Kurī, Ngāti Whātua, Ngāti Wai, Te Aupōuri, Te Rarawa, Te Roroa</p>	190 survivors
<p>Waikato / Te Rohe Pōtae (Waikato / King Country) region iwi Ngāti Hikairo, Ngāti Korokī Kahukura, Ngāti Maniapoto, Ngāti Te Wehi, Ngāti Raukawa, Waikato-Tainui</p>	70 survivors
<p>Hauraki (Coromandel) region iwi Ngāti Hako, Ngāti Maru (Hauraki), Ngāti Paoa, Ngāti Porou ki Harataunga ki Mataora, Ngāti Pūkenga ki Waiau, Ngāti Tamaterā, Ngaati Whanaunga</p>	19 survivors
<p>Tauranga Moana / Mātaatua (Bay of Plenty) region iwi Ngāi Te Rangī, Ngāti Awa, Ngāti Manawa, Ngāti Pūkenga, Ngāti Ranginui, Ngāti Tūwharetoa (Bay of Plenty), Te Whānau-ā-Apanui, Tūhoe, Whakatōhea</p>	114 survivors
<p>Te Arawa / Taupō (Rotorua / Taupō) region iwi Ngāti Pīkiao, Ngāti Rangitīhi, Ngāti Rangiwewehi, Ngāti Tahu–Ngāti Whāoa, Ngāti Whākaue, Tāhourangi</p>	15 survivors
<p>Te Tai Rāwhiti (East Coast) region iwi Ngāi Tāmanuhiri, Ngāti Porou, Rongowhakaata, Te Aitanga ā Māhaki</p>	119 survivors
<p>Te Matau-a-Māui / Wairarapa (Hawkes Bay / Wairarapa) region iwi Ngāti Hineuru, Ngāti Kahungunu, Ngāti Kahungunu ki Heretaunga Tamatea, Ngāti Kahungunu ki Te Wairoa, Ngāti Kahungunu ki Wairarapa, Tāmaki Nui-ā-Rua, Ngāti Pāhauwera, Ngāti Rongomaiwahine, Ngāti Ruapani mai Waikaremoana, Te Rohe o Te Wairoa iwi and hapū</p>	93 survivors
<p>Taranaki region iwi Ngāa Rauru Kīitahi, Ngāruahine, Ngāti Maru (Taranaki), Ngāti Ruanui, Taranaki iwi, Te Atiawa (Taranaki), Te Pakakohi</p>	37 survivors
<p>Whanganui / Rangitīkei (Whanganui / Rangitīkei) region iwi Ngāti Hauiti, Ngāti Rangī, Te Korowai o Wainuiārua (Central Whanganui), Whanganui Iwi/Te Āti Haunui-a-Pāpārangī, Whanganui (Lower Whanganui)</p>	20 survivors

Iwi listed by iwi groups (identified by survivors)	Number of survivors
Manawatū / Horowhenua / Te Whānganui-a-Tara (Manawatū / Horowhenua / Wellington) region iwi Muaūpoko, Ngāti Raukawa ki te Tonga, Te Āti Awa (Wellington)	33 survivors
Te Waipounamu (South Island) region iwi Kāti Māmoe, Ngāi Tahu, Ngāti Apa ki te Rā Tō, Ngāti Rārua	85 survivors
Rēkohu / Wharekauri (Chatham Islands) region imi/iwi Moriori, Ngāti Mutunga o Wharekauri (Chatham Islands)	6 survivors
Iwi named, region not known Ngāti Apa, Ngāti Hauā, Ngāti Mutunga, Ngāti Tama, Ngāti Toa Rangatira, Rangitāne, Waitaha	35 survivors
Confederations and waka, iwi not named Tainui waka, Te Arawa waka	127 survivors
Chose not to disclose	57 survivors

How Māori survivors and their whānau, hapū, iwi and hāpori engaged with the Inquiry

33. Māori survivors could engage with the Inquiry in person, through their whānau, through legal representatives or advocates, during community meetings or wānanga.
34. The health, wellbeing and mana of survivors was at the centre of the Inquiry's approach and it always sought to avoid further harm. Interactions with survivors and their whānau or support networks were trauma informed. This meant being sensitive to the impacts of trauma and treating survivors and their whānau with atawhai (kindness), humanity, compassion, dignity, respect and generosity.²
35. The Inquiry respected the mana motuhake (autonomy) of survivors and empowered them to make their own decisions about how they would be involved. Some survivors shared their experiences as a group, community or collective. Survivors could meet privately with a commissioner or kaitakawaenga (a representative of the Inquiry). Face to face interviews were held with survivors in prison.

² Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Pūretumu Torowhānui, Volume 1 (2021, page 68).

36. The Inquiry established a hauora policy and a survivor hauora team to provide appropriate support for survivors before, during and after they engaged with the Inquiry. Survivors and their whānau had access to wellbeing support and services, including rongoā Māori practitioners, free of charge.³ In 2021, the Inquiry worked with a hauora Māori clinical expert to review and update its survivor wellbeing approach to ensure it was mana informed.
37. The Inquiry held 133 days of public hearings between 2019 and 2022, to give survivors an opportunity to talk publicly about what happened to them and witnesses of abuse and neglect to describe what they saw or heard. They also provided an opportunity for the Inquiry to publicly hold State and faith-based institutions to account. Most hearings were held in Tāmaki Makaurau Auckland. Ngāti Whātua Ōrākei provided cultural guidance and support for the hearings, including opening and closing the sessions.
38. The Inquiry held its Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing was held at Ōrākei Marae in Tāmaki Makaurau Auckland in March 2022. Ngāti Whātua Ōrākei gifted the name, which refers to hope and healing for survivors of abuse in care, after years of darkness. This hearing was co-chaired by Commissioners Julia Steenson (Ngāti Whātua Ōrākei, Waikato-Tainui) and Dr Andrew Erueti (Ngā Ruahinerangi, Ngāti Ruanui, Te Āti Haunui-a-Pāpārangī) generally in person from Ōrākei Marae.
39. Commissioners went on haerenga (journeys) to Kaitiāia, Kaikohe, Waikato, Tūranganui-a-Kiwa Gisborne, Ōtautahi Christchurch, Ōtepoti Dunedin, Te Tai Poutini West Coast, Waihōpai Invercargill and Motupōhue Bluff to engage particularly with survivors (communities including iwi), leaders and providers of care in these places.
40. A gang whānau hui was held in February 2023 and the Inquiry was invited to attend. The hui provided a platform for gang whānau (nine gangs and more than 250 participants) to share with the Inquiry their experiences of abuse and neglect in care and their views on its connection to gang membership. Two female focus groups were also held to hear their unique experience. The Inquiry offered one-on-one interviews for gang whānau who were survivors of abuse and neglect in care.
41. The Inquiry brought together Te Taumata, a group of Māori leaders and pukenga (experts). Its role changed over time. By early 2022 its function was to ensure that the Inquiry had implemented an effective te Tiriti-based approach. Te Taumata provided strategic advice and guidance on engaging with iwi, hapū, whānau, and haporī Māori.

³ Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions, Terms of Reference, clause 24.

42. Pou Tikanga (a group of tikanga and te reo Māori experts) was set up in 2021 to provide advice guidance on tikanga-based approaches to the Inquiry. In late 2021, the Inquiry began to meet with Te Ara Takatū, a group of Māori-led survivors, kaupapa Māori advocates and academics that had formed independently of the Inquiry. Te Taumata, Pou Tikanga and Te Ara Takatū were provided with draft material, in confidence, to provide expert feedback for consideration in the finalisation of the reports.

Frameworks underpinning the Inquiry's work

43. The Inquiry used five frameworks to guide its analysis and understanding of survivors' experiences of abuse and neglect in State and faith-based care. The Inquiry used these frameworks to analyse evidence and identify where these frameworks, values and worldviews were breached or transgressed.
44. The two frameworks of most relevance to Māori survivors – te Tiriti o Waitangi and tikanga and te ao Māori – are described below. Chapter 6, Part 1 of the Final Report discusses the other three frameworks: human rights, Deaf, disability and mental distress framework, and Pacific values framework.

The Inquiry was underpinned by te Tiriti o Waitangi

45. Guided by the intention to recognise te Tiriti o Waitangi and its principles, as well as the status of iwi and Māori under te Tiriti o Waitangi,⁴ the Inquiry sought to centre te Tiriti o Waitangi in all its work.
46. The status of te Tiriti o Waitangi in Aotearoa New Zealand's legal system has evolved over time.⁵ No longer a "simple nullity",⁶ te Tiriti o Waitangi is now recognised as "of the greatest constitutional importance".⁷ If it is included in legislation, it has direct legal force and effect. Where it is not explicitly mentioned, courts have found that te Tiriti o Waitangi can be relevant to interpretation of the statute and the development of the common law. The courts have adopted a general presumption that Parliament intended to legislate in terms consistent with te Tiriti o Waitangi.⁸

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

5 For example, *Wi Parata v Bishop of Wellington* (1877) 3 NZ Jur (NS) 72 (SC); *New Zealand Māori Council v Attorney-General* [1987] 1 NZLR 641 (CA); *Huakina Development Trust v Waikato Valley Authority* [1987] 2 NZLR 188 (HC), (paras 206 and 210).

6 *Wi Parata v Bishop of Wellington* (1877) 3 NZ Jur (NS) 72 (SC); Sir Robin Cooke, "Introduction" (1990) 14 NZULR 1 (page 1).

7 *New Zealand Māori Council v Attorney-General* [1994] 1 NZLR 513 (PC), (pages 513 and 516).

8 *Ulrich v Attorney-General* [2022] NZCA 38, [2022] 2 NZLR 599, para 55; *Trans-Tasman Resources Limited v Taranaki-Whanganui Conservation Board* [2021] NZSC 127, (paras 8, 146–151 and 296).

47. The Inquiry reviewed the significant body of jurisprudence that the Waitangi Tribunal and the courts have developed over the last 40 years to apply to Te Tiriti o Waitangi and its principles in the context of its work. While there are some well-established Te Tiriti o Waitangi principles, their interpretation and articulation has developed over time.⁹ The Inquiry placed weight on recent descriptions of Te Tiriti o Waitangi principles by the Waitangi Tribunal. This is consistent with the courts' approach of considering the opinion of the Waitangi Tribunal that Te Tiriti o Waitangi is always speaking.¹⁰
48. The Inquiry was aware of the significant debate over the differences between Te Tiriti o Waitangi and the Treaty of Waitangi.¹¹ Talking about the principles can be controversial, particularly when they are interpreted in a way that lessens or undermines guarantees in the reo Māori text.¹²
49. The Terms of Reference refer to "Te Tiriti o Waitangi/the Treaty of Waitangi and its principles".¹³ The Inquiry took meaning from the text, intent and circumstances surrounding the signing of Te Tiriti o Waitangi. The principles cannot be separated from, and necessarily include, the articles and language of Te Tiriti o Waitangi itself.¹⁴ The Supreme Court has demonstrated a willingness to refer to and uphold the articles.¹⁵ The Waitangi Tribunal has found that Te Tiriti o Waitangi principles must be based in the actual agreement entered in 1840 between rangatira and the Crown.¹⁶ Recent Cabinet Office guidance has noted that "while the courts and previous guidance have developed and focused on principles of the Treaty, this guidance takes the texts of the Treaty as its focus".¹⁷

9 For example, Treaty of Waitangi Act 1975, Preamble and section 5; New Zealand Māori Council v Attorney-General [1987] 1 NZLR 641 (CA).

10 For example, New Zealand Māori Council v Attorney-General [1987] 1 NZLR 641 (CA), (pages 661–662, 642 and 656); Treaty of Waitangi Act 1975, Preamble and section 5; Wairarapa Moana ki Pouākani Incorporation v Mercury NZ Ltd [2022] NZSC 142 (para 16); Te Rūnanga o Muriwhenua Inc v Attorney-General [1990] 2 NZLR 641 (CA), (page 656).

11 For example, Fletcher, N, *The English text of the Treaty of Waitangi* (Bridget Williams Books, 2022, pages 1–3, 17, 529).

12 Mikaere A, "Te Tiriti and the Treaty: Seeking to Reconcile the Irreconcilable in the Name of Truth" in *Colonising Myths – Māori Realities: He Rukuruku Whakaaro* (Huia Publishers and Te Tākapu, Te Wānanga o Raukawa, September 2021, pages 123–146).

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

14 New Zealand Māori Council v Attorney-General [1994] 1 NZLR 513 (PC), (page 517).

15 In *Trans-Tasman Resources Ltd v Taranaki-Whanganui Conservation Board* [2021] 1 NZLR 801, [2021] NZSC 127 see the reference to "the guarantee in art 2 of the Treaty of tino rangatiratanga" (para 154), per William Young and Ellen France JJ; in *Ellis v R* [2022] NZSC 114 (para 98) see the reference to "the tino rangatiratanga guarantee in Article 2" per Glazebrook J, and para 174, per Winkelmann CJ the mention of "the protection of the law ... guaranteed to Māori under Article 3 of Te Tiriti o Waitangi".

16 Waitangi Tribunal, *He Whakaputanga me te Tiriti The Declaration and the Treaty: Te Paparahi o Te Raki Inquiry Stage 1 Report* (2014, pages 526–529); Waitangi Tribunal, *Tino Rangatiratanga me te Kāwanatanga: Te Paparahi o Te Raki Inquiry Stage 2 Report, Part I* (2023, page 22).

17 Cabinet Office, *Te Tiriti o Waitangi / Treaty of Waitangi Guidance*, Cabinet Office Circular CO (19) 5 (22 October 2019, para 17).

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

a. tino rangatiratanga

b. kāwanatanga

c. partnership

d. active protection

e. options

f. equity and equal treatment

g. good government

h. redress.

51. More detail about these principles is set out in Part 1 of the Final Report.

How the Inquiry applied te Tiriti o Waitangi and its principles

52. The Inquiry applied te Tiriti o Waitangi and its principles to consider the provision of care by the State and faith-based institutions, as appropriate to the context. This meant identifying when the State and faith-based institutions failed to uphold their obligations and commitments under te Tiriti o Waitangi and its principles, and how this affected Māori survivors.

53. The Crown's obligations in respect of care provided by the State stem directly from being a party and signatory to te Tiriti o Waitangi. When the Crown delegates responsibilities to State organisations (such as Oranga Tamariki or the Ministry of Health), the Crown must ensure those institutions recognise Māori rights and values and act in accordance with the Crown's te Tiriti o Waitangi obligations.¹⁸ This is consistent with the principle of active protection. The Crown's obligations therefore apply to all State organisations that provide care.

¹⁸ Waitangi Tribunal, Tauranga Moana 1888–2006: Report on the Post-Raupatu Claims, Volume 1, MSC0010510 (2010) (page 476).

54. Although faith-based institutions and indirect care providers are not te Tiriti o Waitangi partners, the Inquiry took the approach that:
- > legislation may require faith-based institutions and indirect care providers to act consistently with te Tiriti o Waitangi¹⁹
 - > te Tiriti o Waitangi influences the interpretation of all legislation dealing with Māori, and therefore may impact on faith-based institutions and indirect care providers when they care for tamariki, rangatahi and pakeke Māori²⁰
 - > if faith-based institutions and indirect care providers made their own commitments to te Tiriti o Waitangi, they may be held accountable to meet those commitments.²¹

Ngā tikanga me te ao Māori

55. The Inquiry used a tikanga Māori (Māori customary practices or behaviours) framework to assist in understanding and analysing Māori survivors' experiences from an ao Māori (Māori worldview) perspective. The Inquiry chose to draw on these tikanga and ao Māori perspectives because a disproportionate number of survivors are Māori and, for many, a meaningful response to the tūkino – abuse, harm and trauma – inflicted and suffered can only occur on Māori terms.
56. The descriptions of tikanga and ao Māori concepts and values set out below reflect what guided the Inquiry's analysis and investigations. They are not intended to be a comprehensive analysis of the terms and concepts used. The Inquiry was informed by the expertise of its Pou Tikanga group.

Te ao Māori – a relational world

57. Te ao Māori means the Māori worldview (the way Māori see the world through a Māori cultural lens) and the cultural world that Māori live in and operate in. When survivors talked about being dislocated and isolated from their Māori culture, they were often referring to both these contexts. Disenfranchisement from the Māori cultural world comes from not being able to access the knowledge that would support engagement and participation in the cultural life of whānau, hapū and iwi.

¹⁹ For example, Education and Training Act 2020, sections 4–5, 9 and 127.

²⁰ *Trans-Tasman Resources Ltd v Taranaki-Whanganui Conservation Board* [2021] 1 NZLR 801, [2021] NZSC 127 (pages 8 and 151); *Ngāti Whātua Ōrākei Trust v Attorney-General* [2022] NZHC 843 (pages 589–590); *Huakina Development Trust v Waikato Valley Authority* [1987] 2 NZLR 188 (HC) (page 210); *Barton-Prescott v Director-General of Social Welfare* [1997] 3 NZLR 179 (page 184).

²¹ *Te Pou Matakana Limited v Attorney-General* [2022] 2 NZLR 148, [2021] NZHC 2942. Although this case concerned the Ministry of Health's policy commitments to exercise its powers in accordance with te Tiriti, it may be arguable that faith-based institutions exercise public powers and functions when providing care and therefore could be amenable to judicial review if a decision is inconsistent with its own te Tiriti commitments.

58. Te ao Māori is guided by the understanding and operation of tikanga Māori. Tikanga are the primary customary system of values and practices that have developed over time. They are based on shared, commonly held beliefs and values that are passed on intergenerationally and guide behaviours and practices. Tikanga set expectations about what is right and just, and what is wrong and should be avoided. When followed and adhered to, tikanga helps keep people and things safe. The way tikanga Māori manifests can vary between different whānau, hapū and iwi but the values and principles underlying tikanga are relatively consistent.²²
59. The hauora (wellbeing) of an individual in te ao Māori is intimately tied to the hauora of their collective. The care, protection and nurturing of a person's whole wellbeing was the responsibility of the collective. Negative impacts on the mana, tapu, mauri, wairua and rangatiratanga of an individual has a collective impact on the mana, tapu, mauri, wairua and rangatiratanga of the wider whānau, hapū and iwi.

Ngā tikanga Māori

60. From conception, a person is imbued with all these collective attributes – whakapapa, mana, mana motuhake, tapu, mauri and wairua. They interconnect and support each other to create and nourish the foundations of life and hauora. These values and beliefs are explained in detail in Chapter 6, Part 1 of the Final Report:

a. whakapapa

b. mana

c. mana motuhake

d. tapu

e. mauri

f. wairua

g. hauora.

²² Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, page 56).

61. The tikanga relating to the care and treatment of people and things individually and collectively illustrate the notion of a duty of care and regard for people and the environment. These tikanga are explained in more detail in Chapter 6, Part 1 of the Final Report:

a. whanaungatanga

b. manaakitanga

c. atawhaitanga, tauwhiroatanga and kaitiakitanga

d. tūkinō

e. utu and muru

f. ea.

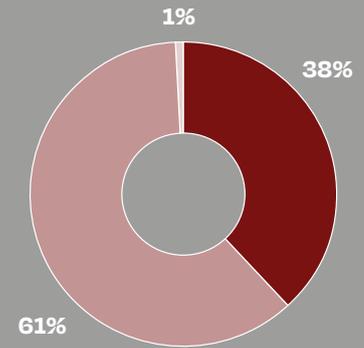
62. Failure to uphold these tikanga will have a direct impact on the mana of an individual and their whānau or hapū. In such circumstances, the responsibilities and connections usually maintained and nurtured through the practice of whanaungatanga can become frayed and lead to social fragmentation and hostility. The opposite impact occurs when these tikanga are upheld and realised well. This results in an enhancement of the mana of whānau, hapū or iwi, particularly their status, prestige and social cohesion.



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

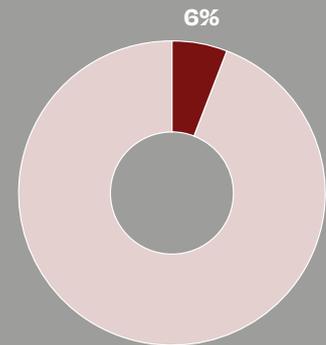
Gender

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



Part of Takatāpui, Rainbow and MVPFAFF+ community

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

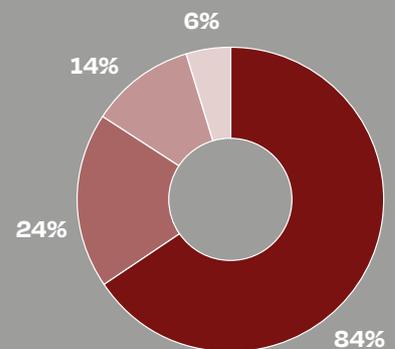


Age

Average age when entered care: 8 YEARS OLD

Type of care

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



"[t]he history of New Zealand since colonisation has been the history of institutional decisions being made for, rather than by, Maori people."

PUAO-TE-ATA-TU (DAY BREAK): THE REPORT OF THE MINISTERIAL ADVISORY COMMITTEE ON A MĀORI PERSPECTIVE FOR THE DEPARTMENT OF SOCIAL WELFARE, 1988

Chapter 4: Circumstances that led Māori survivors into care

63. 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.
64. The circumstances that led to Māori entering State and faith-based care varied depending on the care setting and their own personal circumstances. What was clear is that circumstances and entries for Māori were often layered with targeted racism, over-surveillance, criminalisation, and pathologisation. The experiences we heard from survivors and existing research shows that Māori received harsher treatment and were more likely to end up in care.

Māori were disproportionately represented across care settings

65. There is very limited data on entries into care across different groups and care settings. From the data that does exist, it is evident that Māori were disproportionately placed into care and in many settings, Māori made up the majority of those in care, particularly in social welfare settings. A 1998 study showed that by age 18, tamariki Māori were three and a half times more likely to experience an out of home placement than Pākehā children.²³

Circumstances that led Māori into social welfare care settings

66. Many structural, societal and whānau factors contributed to tamariki and rangatahi Māori entering social welfare care settings, including colonisation, assimilation, urbanisation, racism and targeting of tamariki and rangatahi Māori, poverty, parental mental distress and addiction, lack of support available for whānau to care for their own, and being criminalised for expressing behaviours in response to distress.
67. The State's role in relation to children and young people has evolved over time. Between 1925 and the 1980s, legislation required the State to intervene when a child's parents were seen to be failing.²⁴ Between the 1950s and 1970s, there was more State intervention and entries into care. From the early 1980s until the early 2000s, the numbers in social welfare care dropped off and remained stable but they began to rise again from the early 2000s.

23 Roulund, B, Vaithianathan, R, Wilson, D, & Putnam-Hornstein, E, "Ethnic disparities in childhood prevalence of maltreatment: Evidence from a New Zealand birth cohort," *American Journal of Public Health*, 109(9), (2019, pages 1255–1257).

24 Doolan, M, "Practice notes: Understanding the purpose of youth justice in New Zealand," *Aotearoa New Zealand Social Work*, Issue 3 (2008, page 64). Mike Doolan is the former chief social worker of Child, Youth and Family Services.

68. Throughout the Inquiry period, children and young people entered State care through the court system, after being brought to the children's courts either by police or child welfare officers, later called social workers.²⁵ A minority of children and young people were placed into care at their own request or the request of their whānau.²⁶

Tamariki and rangatahi Māori made up the majority in social welfare care

69. Tamariki and rangatahi Māori were the majority of the thousands of children and young people passing through social welfare care settings in the 1970s.²⁷
70. The number of Māori in social welfare care settings was the highest in the 1970s and the early 1980s, reaching up to 80 percent in some social welfare residences. Following the Children, Young Persons, and Their Families Act 1989, increased emphasis was given to placement with whānau or community. The overall number of children placed in social welfare residences significantly reduced. However, the proportion of tamariki and rangatahi Māori admitted to social welfare residences remained high.²⁸
71. While many social welfare residences did not record ethnicity consistently over the Inquiry period, available information shows tamariki and rangatahi Māori were over-represented across social welfare residences. Professor Elizabeth Stanley recorded that tamariki and rangatahi Māori constituted about 25 percent of the boys in Ōwairaka Boys' Home in Tāmaki Makaurau Auckland in the late 1950s and early 1960s. By the 1970s, this figure had increased to more than 80 percent.
72. In 1985, the State recorded a 78 percent Māori population across six social welfare residences in Tāmaki Makaurau Auckland – Allendale Girls' Home, Bollard Girls' Home, Ōwairaka Boys' Home, Te Atatu Group Home, Wesleydale Boys' Home, and Weymouth Girls' Home. Epuni Boys' Home in Te Awakairangi ki Tai Lower Hutt, Hokio Beach School near Taitoko Levin and Kohitere Boys' Training Centre in Taitoko Levin had similarly high proportions.²⁹
73. A 1998 birth cohort study of 56,904 babies in Aotearoa New Zealand showed that by the age of 18, tamariki and rangatahi Māori were three and a half times more likely to experience out of home placement than Pākehā children and young people.³⁰

25 Garlick, T, *Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011*, (Steele Roberts, 2012, page 65); Dalley, B, *Family matters: Child welfare in twentieth-century New Zealand* (Auckland University Press, 1998, pages 191, 270–271, 276).

26 Dalley, B, *Family matters: Child welfare in twentieth-century New Zealand* (Auckland University Press, 1998, page 128); Stanley, E, *The road to hell: State violence against children in postwar New Zealand* (Auckland University Press, 2016, pages 43–44).

27 Sutherland, O, *Justice and race: Campaigns against racism and abuse in Aotearoa New Zealand* (Steele Roberts, 2020, pages 84 and 102).

28 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 13 and 96).

29 Stanley, E, *The road to hell: State violence against children in postwar New Zealand* (Auckland University Press, 2016, page 38).

30 Rouland, B, Vaithianathan, R, Wilson, D, & Putnam-Hornstein, E, "Ethnic disparities in childhood prevalence of maltreatment: Evidence from a New Zealand birth cohort," *American Journal of Public Health*, 109(9), (2019, pages 1255–1257).

74. Various reports and research show the disproportionality between Māori girls and non-Māori girls in care. In 1987, a study conducted on behalf of the Department of Social Welfare, looked at 239 girls between the ages of 15 and 16 who were under the guardianship of the Director-General of Social Welfare. The study found that 37 percent were Pākehā, 51 percent were Māori and 12 percent were from other ethnic groups, primarily of "Pacific Island origin."³¹
75. Evidence the Inquiry has received also supports that Māori girls disproportionately entered care. A 1975 report from Allendale Girls' Home has an ethnic breakdown of admissions that shows 23 Māori, three Pacific, and 12 Pākehā girls were admitted between February and April of that year.³² This overrepresentation of Māori girls in Allendale was also recorded for the years 1981 and 1983.³³
76. Documents from Kingslea Girls' Home in Ōtautahi Christchurch (also known over the years as Burwood and Christchurch Girls' Training Centre) showed a disproportionate number of Māori and Pacific girls being admitted between the 1950s and the 1970s. In 1961, Kingslea had a total of 37 admissions of girls, reporting that 15 were either Māori or Pacific. In 1970 there were a total of 62 admissions, with Kingslea reporting that 36 were Māori or Pacific. The report did not differentiate between the two groups. The report also made a comment with racist undertones, noting that the increase in Māori and Pacific girls "introduced new problems for training and discipline."³⁴

31 von Dadelszen, J. An examination of the histories of sexual abuse among girls currently in the care of the Department of Social Welfare, (1987). Cited in 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 91).

32 Letter from Miss Langley, teacher Allendale girls home, re: Review of the status and financing of schools in social welfare institutions, Auckland (April 1976, page 88).

33 Letter from Principal Miss J M Hough to Regional Manager, Department of Social Welfare (1 January 1982, page 128); Allendale Girls' Home, Annual Report for the year ended 31 December 1983 (1983, page 65).

34 A review of some of the changes in the centre in the period 1942–70, Principal KJ Ford (page 125).

Colonisation and racism contributed to Māori being placed in social welfare care

77. The pathway for tamariki and rangatahi Māori into social welfare care settings needs to be considered within the continuing process of colonisation, urbanisation and the ongoing denial of the inherent right for Māori to exercise mana motuhake.
78. Dr Moana Jackson, a witness at the Inquiry's Contextual Hearing considers that colonisation's ultimate goal is to assume power and impose legal and political institutions in places that already have their own.³⁵ In Aotearoa New Zealand, it means subordinating the mana and tino rangatiratanga of iwi and hapū, and deliberately undermining whānau, hapū and iwi structures.³⁶ Colonisation is more than just the appropriation of land.³⁷ The effects of colonisation, along with its racist ideologies, may include removing tamariki and rangatahi Māori from whānau and denying the rights of whānau, hapū and iwi to make decisions for tamariki and rangatahi Māori.³⁸
79. International research shows a strong connection between colonisation, assimilation, racism, the removal of Indigenous children into State care and cultural genocide. Inquiries in Australia and Canada have made findings of cultural genocide where Indigenous children have been removed within the context of settler colonialism and under assimilation policies.³⁹

³⁵ Witness statement of Dr Moana Jackson (25 October 2019, para 47).

³⁶ 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 13); Maori Perspective Advisory Committee, Puao-te-Ata-tu (Day Break): The report of the Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare (Department of Social Welfare, 1988, pages 18 and 69); Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 151).

³⁷ Kiddle, R, Elkington, B, Jackson, M, Ripperka Mercerier, O, Ross, M, Smeaton, J & Thomas, A, Imagining decolonisation (Bridget Williams Books, 2020, Chapter 1).

³⁸ Witness statement of Dr Moana Jackson (25 October 2019, para 48); Coster, L, Moyle, P, Tauri, K, Waretini-Karena, R, Clarke, H, Jones, C, McIntosh, T, Messiter, D, Stone, D, Sykes, A, Taonui, R, Tauri, J & Wirihana, R, Te Ara Takatū, Report from a wānanga on a tikanga Māori based approach to redress for Māori abused in state or faith-based care (Auckland University School of Law, July 2021, page 11).

³⁹ National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, Bringing them home (1997, pages 231, 237, 241); Truth and Reconciliation Commission of Canada, Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada (2015, page 1).

80. Expert witness Dr Moana Jackson considered there to be connections between the Canadian and New Zealand governments and indigenous child removal into care, noting that the colonising governments shared the same assimilation intentions.⁴⁰ Dr Jackson noted that the State had also seized land, forcibly transferred Māori, banned te reo Māori, persecuted spiritual leaders, forbidden spiritual practices, destroyed objects of spiritual value,⁴¹ and disrupted whānau to prevent the transmission of cultural values. Dr Jackson said the actions of the State could be “equally and properly” described as cultural genocide:⁴²

“Colonisation has always been genocidal, and the assumption of a power to take Māori children has been part of that destructive intent. The taking itself is an abuse.”⁴³

81. The Crown accepted, during the Waitangi Tribunal's 2021 Inquiry into Oranga Tamariki, that “the broader forces of colonisation and structural racism and the ongoing effect of historical injustices on iwi, hapū, and whānau have been significant contributing factors”⁴⁴ to the number of tamariki and rangatahi Māori being taken into care.

Increased Māori urbanisation and assimilation

82. The 1930s to 1980s saw the mass migration of Māori from rural areas to towns and cities.⁴⁵ This was fuelled by younger Māori seeking new opportunities and the novelty and excitement of city life and escaping poverty and the lack of job and educational prospects.⁴⁶

83. As Māori increasingly migrated into urban areas, the pressure to conform to Pākehā ways of living increased⁴⁷ and was reinforced through policies of assimilation. At the same time, increased proximity heightened Pākehā fears and discrimination, which amplified the surveillance of Māori, including through child welfare officers.

84. Welfare issues were increasingly identified by officials in both urban and rural Māori communities. Explanations for these welfare problems included Pākehā racial prejudice against Māori, intolerance and ignorance of Māori custom, as well as poor employment opportunities, substandard housing, and the breakdown of traditional Māori structures and other ongoing impacts of colonisation and urbanisation.⁴⁸

40 Witness statement of Dr Moana Jackson (25 October 2019, para 52).

41 Witness statement of Dr Moana Jackson (25 October 2019, paras 52–56).

42 Witness statement of Dr Moana Jackson (25 October 2019, paras 52–56).

43 Transcript of evidence of Dr Moana Jackson at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 29 October 2019, pages 232–234).

44 Waitangi Tribunal, He Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 180).

45 Anderson, A, Binney, J & Harris, A, Tangata Whenua: An illustrated history (Bridget Williams Books, 2014, page 395).

46 Meredith, P, Urban Māori: Urbanisation (Te Ara – The Encyclopaedia of New Zealand, 2015, page 1), <https://teara.govt.nz/en/urban-maori/page-1>.

47 Statement of Dr Hilary Stace for the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 2019, page 16, para 63).

48 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, page 32).

85. Without the supportive factors of tribal and communal life, as many Māori had in their traditional kāinga, many whānau suffered increased economic disadvantage, social isolation and dislocation and cultural disconnection.⁴⁹

Moral panic, surveillance and targeting of tamariki and rangatahi Māori

86. From the early 1950s the increasingly youthful nature of the population, rising rates of reported youth crime, and the emergence of youth culture in suburbs and cities, heightened public anxieties about a growth in so-called 'juvenile delinquency'. As more Māori settled in urban areas, tamariki and rangatahi Māori became more visible.
87. Tamariki and rangatahi Māori often came to the notice of State authorities, including NZ Police, for 'potential delinquency' rather than for their welfare.⁵⁰ NZ Police tended to treat gatherings of rangatahi Māori on the streets as inherently suspect, whether or not they were involved in criminal activity. NZ Police officers were more likely to intervene with Māori youth.⁵¹
88. Māori survivor Mr IA described how a 'hit squad' of NZ Police would travel from Ōtaki to Palmerston North to round up boys on the street, beat them and throw them in cells. The boys were all aged around 15 or 16 years old. Mr IA said:
- "We would hang around town, sometimes get up to mischief, all male, all Māori but not a gang. We would go to the pictures on Friday nights and be hanging out and just be picked on and picked up by the police. We were shit scared of the police because we got the bash every single time."⁵²*
89. At the time, young girls were held to different moral standards as State authorities and wider society were particularly concerned about wāhine Māori behaving immorally. Professor Elizabeth Stanley explained that girls would come to the attention of State authorities for things like running away, staying out, or behaving in a way that was judged as being sexually promiscuous.⁵³ This was compounded for wāhine Māori, who faced both racism and sexism. Professor Stanley explained that girls who upset gendered norms, and Māori children who "offended Pākehā sensibilities" often found themselves "inspected by authorities who readily legitimised institutionalisation as a means to domesticate, civilise or control them."⁵⁴

49 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 44).

50 Labrum, B, "Bringing families up to scratch: The distinctive working of Māori state welfare 1944–1970," New Zealand Journal of History 36(2), (2002, pages 161–184).

51 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 33).

52 Witness statement of Mr IA (2 June 2022, paras 2.1–2.5)

53 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 37).

54 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 38).

90. Some whānau came to the attention of State authorities following complaints from neighbours or whānau were under scrutiny because other members had experienced State care themselves.⁵⁵
91. Ultimately, State authorities' reactions to the behaviours and circumstances of tamariki and rangatahi Māori determined whether they were removed from their home. At times, it appeared that the authorities' responses were influenced by discriminatory or racist attitudes.⁵⁶ This often led to rangatahi Māori appearing in court.⁵⁷
92. Research shows that rangatahi Māori were overrepresented in social welfare care settings, recording that tamariki and rangatahi Māori were "more likely to be brought to the attention of the State, more likely to be criminalised, more likely to be taken into State care for less apparent risk, more likely to be placed in harsher environments, and less likely to receive intensive support while in care than Pākehā children".⁵⁸
93. Tamariki and rangatahi Māori were much more likely to appear before the Children's courts, regardless of gender, and for extremely low-level or even trivial offending.⁵⁹ Once convicted, tamariki and rangatahi Māori were disproportionately sentenced to more punitive care settings such as borstals, compared to non-Māori.⁶⁰

55 Witness statements of Te Enga Harris (17 August 2021, para 38), Ms AK (8 September 2021, page 4, para 16), Ms AG (25 August 2021, paras 9 and 12), Natasha Emery (8 June 2021, para 7.4) and Poihipi McIntyre (14 March 2023, page 18, para 4.14.3); Private session transcript of Grenville Fahey (7 April 2021, page 4); Labrum, B, "Bringing families up to scratch: The distinctive working of Māori state welfare 1944–1970," *New Zealand Journal of History* 36(2), (2002, page 161).

56 Witness statements of Poihipi McIntyre (14 March 2023, para 4.14.4) and Leena Kalpus (12 April 2022, para 16).

57 Private session transcript of Grenville Fahey (7 April 2021, page 4).

58 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 138, 181, 183, 199).

59 Joint Committee on Young Offenders Working Sub-Committee, *Incidence of juvenile offending amongst Maoris [sic] over recent years* (16 August 1972, page 21); Māori Perspective Advisory Committee, *Māori voices from Pua Te Ata Tu: A summary of submissions to the Ministerial Advisory Committee on a Māori perspective on the Department of Social Welfare, 1985–1986* (Department of Social Welfare, 30 June 2021, page 11).

60 Witness statement of Dr Oliver Sutherland (4 October 2019, page 6).

Community and whānau circumstances were a pathway into care

94. Many Māori survivors spoke about whānau and community circumstances that may have contributed to their entering social welfare care, including poverty, financial hardship, their parents experiencing mental distress,⁶¹ and abuse and neglect at home.⁶²
95. Māori survivor Mr HS (Ngāti Kahungunu) entered care after being caught stealing food to support his whānau. His father was hospitalised and sent home with no support, and because he wasn't working, they couldn't afford food:
- "Despite being only 13 years old I took on the role of caring for my father, cooking and looking after him and my brothers because there was no-one else to do it. When I was 14 years old, I started stealing food to feed our whānau and I was caught and sent to Epuni Boys' Home. I was there for about 11 months during which time my father passed away."*⁶³
96. In many instances, it was clear that whānau were not supported enough to care for their own and did not receive wraparound support – even when attempting to seek it. For Māori, all of these factors were further amplified and were direct and compounding impacts of colonisation and urbanisation, along with the State's intentional breakdown of Māori authority and social structures, and racism.⁶⁴
97. In some cases, particularly where survivors were experiencing abuse and neglect at home, the State had valid reasons for intervening, particularly when tamariki and rangatahi were not safe. At the same time, the way survivors were taken, and the environments in which they were placed into, often failed to keep them safe and only further compounded their trauma.
98. It was also often the case that State authorities only removed tamariki and rangatahi from unsafe environments once the behaviour of a tamariki or rangatahi became a problem, rather than acting for protection, and the deeper root causes of their behaviours were never addressed or considered.⁶⁵

61 Witness statement of Waiana Kotara (17 February 2022, paras 22-25).

62 Witness statement of Te Aroha Knox (16 August 2021, paras 22-24).

63 Witness statement of Mr HS (27 March 2022, paras 3.3-3.6).

64 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 and 49); See also: Reid, P, "The cost of doing nothing," E-Tangata (20 November 2022), <https://e-tangata.co.nz/comment-and-analysis/papaarangi-reid-the-cost-of-doing-nothing/>; Curcic, M, The making of Māori hyper-incarceration: Narratives of imprisonment and the violence continuum, Doctoral thesis, University of Auckland (2019, page 84).

65 Witness statements Terry King (10 August 2021, paras 27 and 40), Ms T (12 March 2021, paras 35-36), Ms NN (13 August 2021, para 22) and Ms KJ (5 April 2022, paras 5, 13, and 17); Transcript of evidence of Loretta Ryder at the Inquiry's State Residential Care Hearing (Royal Commission of Inquiry into Abuse in Care, 7 May 2021, pages 288-290).

Punishment for 'acting out' in response to distress at home

99. Many survivors expressed behaviours that were considered challenging or problematic as a result of their whānau circumstances, such as poverty, financial hardship, parental distress, and abuse and neglect at home. Survivors explained that nobody inquired more deeply into why they were behaving in such ways, and when they had disclosed why (including abuse and neglect at home) that they were often ignored or not believed.⁶⁶ Instead, their responses to these behaviours increased the likelihood of tamariki and rangatahi coming into contact with State authorities including the youth justice system..⁶⁷

Pathways into different types of social welfare care settings

100. The following section explains the pathways for Māori into foster care, social welfare residences (boys' and girls' homes and family homes), borstals, youth justice institutions, and third-party care providers. Tamariki and rangatahi Māori were more likely than Pākehā children and young people to be placed more restrictive environments, such as borstals or social welfare residences, Pākehā and Pacific children and young people were more likely to end up in foster placements.⁶⁸

Foster care

101. Government policy caused ethnic inequality within foster care placement, "as placement schemes were not designed for Māori foster parents, or Māori tamariki."⁶⁹ Pākehā were often reluctant to foster tamariki and rangatahi Māori, which led to more tamariki and rangatahi Māori ending up in social welfare institutions and family homes.⁷⁰

66 Witness statements of Gwyneth Beard (26 March 2021, para 29), Terry King (10 August 2021, para 42) and Elison Mae (24 September 2021, para 102).

67 Reil, J, Lambie, I & Allen, R, "Offending doesn't happen in a vacuum: The backgrounds and experiences of children under the age of 14 years who offend," *Journal of Criminology*, 55(2), (2022, page 208).

68 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 15 and 91).

69 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 29).

70 Witness statement of Tā Kim Workman (5 October 2019, para 8).

102. Beginning in the 1950s, 'kin placements' were paid at a lesser rate by the Child Welfare Division resulting in fewer Māori foster homes being available, and tamariki and rangatahi Māori often being placed with Pākehā foster parents.⁷¹ Later in 1979, the State introduced the Intensive Foster Care Scheme. This aimed to provide foster placements for children defined as 'difficult' and harder to place in conventional foster homes, but also allowed foster parents to express preferences for ethnicity.⁷² Seventy-seven percent of the conventional foster care parents did not have an ethnicity preference for the child, compared to 57 percent of the Intensive Foster Care Scheme foster parents. More than a quarter of the Intensive Foster Care Scheme parents preferred to foster only Pākehā children.⁷³
103. Applicants wanting to foster through the Intensive Foster Care Scheme were assessed against criteria that appeared to uphold Pākehā ideals of family and home life and did not include cultural competence.⁷⁴ This meant that potential whānau Māori were sometimes denied the opportunity to foster through this scheme, as they were not seen to reflect the idealised family structure or physical home environment.⁷⁵
104. Some Māori survivors told the Inquiry that the State would not allow them to live with whānau who were willing to take them in, including aunties, uncles, and grandparents. Māori survivor Ms NN (Ngāti Porou) told the Inquiry her aunt fought for her for a long time but was unsuccessful:
- "I have thought a lot about why I couldn't go to my Aunty. My uncle worked and my cousins were well looked after. She is Māori and it is hard not to wonder if that had something to do with it."*⁷⁶

71 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).

72 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 88).

73 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 88–90).

74 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 88–90).

75 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 88–90); Labrum, B, "Bringing families up to scratch: The distinctive working of Māori state welfare 1944–1970", *New Zealand Journal of History* 36(2), (2002, page 8).

76 Witness statement of Ms NN (13 August 2021, para 28).

105. Oranga Tamariki Chief Executive Chappie Te Kani acknowledged at the Inquiry's State Institutional Response Hearing that the care and protection system between 1950 and 1999 did not have the legislative or policy settings to ensure sufficient emphasis was put on considering alternatives before placing children in State care:

“This included not always providing support to families in need and not always working with extended family, whānau, hapū and iwi to support them to care for their tamariki safely and choosing to place some tamariki with non-kin caregivers rather than exploring family options.”⁷⁷

106. In 1983, Maatua Whāngai was launched by the departments of Māori Affairs, Social Welfare and Justice in partnership with Māori communities. Social workers were designated as Maatua Whāngai officers and worked with Māori Affairs staff to find more Māori foster parents.⁷⁸ It quickly expanded into a community-based preventative scheme with iwi funded and, supported by the Government to place tamariki and rangatahi Māori in need of alternative care, regardless of their involvement with the Department of Social Welfare, into homes within their own wider whānau, hapū and iwi networks.⁷⁹
107. Maatua Whāngai drew on the traditional Māori practice of whāngai that involved tamariki and rangatahi Māori being cared for and nurtured within their extended whānau. The objective of the Maatua Whāngai programme was to stem the flow of tamariki and rangatahi Māori into social welfare care settings.⁸⁰
108. Some survivors shared that they had positive experiences in Maatua Whāngai placements which incorporated te ao Māori and tikanga into their care, including caregivers making them “feel valued” and like they “could be a child in their care.”⁸¹ Others had mixed experiences,⁸² or solely negative⁸³ ones involving abuse and neglect.

77 Transcript of evidence of Chief Executive Chappie Te Kani for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (22 August 2022, pages 577–578).

78 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 330).

79 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 330); Department of Social Welfare, Maatua Whangai (1985).

80 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 266); Anderson, A, Binney, J, Harris, A, Tangata Whenua: An illustrated history (Bridget Williams Books, 2014, page 440); Department of Social Welfare, Maatua Whangai (1985).

81 Witness statement of Moana Bryers (26 February 2023, para 63).

82 Witness statement of Peter Jones (12 October 2022, paras 18–35).

83 Witness statements of Mr SL (8 August 2022, paras 3.20–3.29), Ms TB (15 August 2022, paras 7.1–7.11) and Mr KP (8 May 2023, paras 25–26).

109. Maatua Whāngai went through a number of evolutions and shifts in focus. While these shifts appeared to offer a greater degree of tino rangatiratanga to Māori, Maatua Whāngai remained a programme with the State maintaining power and control.⁸⁴ Ultimately, inadequate investment by the State and the overly bureaucratic processes meant the programme was not sustainable.⁸⁵ Maatua Whāngai ended in 1992.

Boys' and girls' homes and youth justice institutions

110. Social welfare institutions, which included State and faith-based care facilities like boys' and girls' homes and youth justice institutions, were often used as a way of curbing delinquent behaviour, and often the decision to place a child was made pre-emptively to reduce the risk of 'dysfunctional' behaviour developing.
111. Tā Kim Workman described the admission criteria policy for social welfare institutions as indiscriminate. He explained that the boys were sent there for a variety of reasons, some were minor offenders, while others were sent there for more serious crimes. No attempt was made to distinguish them or address their individual needs.⁸⁶
112. Some social welfare institutions were just intended for short visits while others were for longer stays and focused on correctional training. Older children were much more likely to be placed into youth justice institutions, because foster parents often preferred younger children.⁸⁷
113. Pressure on the system caused by the growth in the State ward population drove an increase in both the real numbers and the proportion of State wards living in youth justice institutions from the 1960s.
114. By the late 1970s, the social welfare institution system was under scrutiny⁸⁸ and by the mid-1980s, the Department of Social Welfare was making plans to close its social welfare institutions in response to criticism about the treatment of State wards and the living conditions.⁸⁹

⁸⁴ Witness statement of Sonja Cooper and Amanda Hill relating to the Māori Investigation / Ngā wheako o te iwi Māori e pā ana ki te tūkinotanga nā te ringa taurima (29 August 2022, paras 77 and 79).

⁸⁵ Garlick, T, *Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011* (Steele Roberts, 2012, page 120); Murphy-Stewart, KR, Murphy-Stewart, JM, *A brief historical account of the Maatua Whangai programme and its impact as a field of practice, agency and social work programme operational in the Department of Social Welfare* (Department of Social Welfare, 2006, pages 6–7 and 14–15); 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 360); Witness statement of Tā Kim Workman (5 October 2019, para 64).

⁸⁶ Witness statement of Tā Kim Workman (5 October 2019, para 17).

⁸⁷ 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 91).

⁸⁸ Garlick, T, *Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011* (Steele Roberts, 2012, page 103).

⁸⁹ Dalley, B, *Family matters: Child welfare in twentieth-century New Zealand* (Auckland University Press, 1998, pages 291 and 313); Garlick, T, *Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011* (Steele Roberts, 2012, page 133).

115. By 1989, only a third of the national bed capacity in social welfare institutions was being used, with resources being redirected to community-based alternatives.⁹⁰ Following the introduction of the Children, Young Persons, and Their Families Act 1989, the use of social welfare institutional care facilities dropped further.⁹¹ Even more than its predecessors, this Act stressed family placements as the best option for children and young people, with social welfare institutions to be considered only as a last resort.⁹²
116. Despite these changes, tamariki and rangatahi Māori continued to be the majority of those placed into social welfare institutions during the Inquiry period.⁹³

Third-party care providers including faith-based care

117. As part of being placed in social welfare institutions run by the State, children and young people also experienced youth justice placements into indirect State care providers (also known as third party care providers) under section 396 of the Children, Young Persons and their Families Act 1989. Children and young people were sent to these facilities as an alternative to being placed into other youth justice settings. Some facilities were described as ‘boot camp’ style institutions due to the regimented and often harsh corrective training programmes and the poor living conditions. The Inquiry’s case study on Te Whakapakari Youth Programme discusses this further.
118. Cooper Legal, which represents survivors who were abused in third-party care provider facilities, described the State’s reliance on these facilities for those who were ‘difficult to place’:

“Throughout the 1990s and into the 2000s, a number of programmes were utilised by CYFS for young people, in particular young Māori men, who were regarded as too difficult to place anywhere else. These programmes had common traits. They were often run by a single charismatic man, who had total control over the organisation. They were often in remote places and were not regularly visited or monitored by CYFS.”⁹⁴

90 Garlick, T, Social developments: An organisational history of the Ministry of Social Development and its predecessors, 186–2011 (Steele Roberts, 2012, page 133).

91 Garlick, T, Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011 (Steele Roberts, 2012, page 133).

92 Children, Young Persons, and Their Families Act 1989, sections 43 and 365; Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 316).

93 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 109).

94 Witness statement of Sonja Cooper and Amanda Hill on behalf of Cooper Legal (5 September 2019, paras 86–88).

Pathways between multiple social welfare care settings

119. For those who spent extended periods in social welfare or faith-based care, multiple placements were common.⁹⁵ Extreme overcrowding and resourcing pressures on social welfare care settings during the 1970s and 1980s increased the amount of movement for children and young people.⁹⁶ Given their disproportionate representation in social welfare care settings, tamariki and rangatahi Māori were disproportionately affected by this unstable and harmful, 'revolving door' experience.⁹⁷
120. Much like perceived delinquency and 'challenging' behaviour was a reason for children and young people entering social welfare care settings, it was also a reason given for moving children across care facilities. Survivors explained that their behaviour, which could prompt entry into a new, more 'secure' care placement, was often influenced by trauma experienced before entering, and / or while in care.

Pathways into more 'secure' settings, including correctional facilities

121. Running away from social welfare residences, often to find siblings, was a common behaviour that could also lead to children and young people being shifted, including to more 'secure' settings.
122. The State placed some of its wards in long-term homes such as Holdsworth Boys' Home in Whanganui and Weymouth Boys' Home. Placement in these types of facilities were seen as a last resort when other social welfare institutions were unable to 'control' the escalating behaviours of tamariki or rangatahi.⁹⁸
123. Māori survivors also told the Inquiry that the State also transferred children and young people to youth justice institutions, including borstals, when the social welfare residence they were placed in found them too difficult to manage.⁹⁹ There were high rates of readmission, often into the same youth justice institution multiple times.¹⁰⁰

95 Transcript of evidence of Dr Sarah Calvert at the Inquiry's Foster Care Hearing (14 June 2022, pages 85–86).

96 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 292).

97 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998).

98 Witness statements of Mr SL (8 August 2022, para 4.15) and Mr BE (24 May 2021, paras 109–112).

99 Witness statement of Ms HA (22 September 2021, paras 78–79).

100 Carson, R, New horizons: A review of the residential services of the Department of Social Welfare, (Department of Social Welfare, 1982, page 20); Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 215); Williams, DV, "The abolition of borstal training: A penal policy reform of a failure to reform penal policy," NZLRFOP (1984, page 79).

Social welfare care to psychiatric care

124. The State sometimes transferred tamariki and rangatahi Māori from social welfare care into psychiatric care settings.¹⁰¹ This was in response to actual or perceived mental, emotional, and / or behavioural issues. Sometimes this was for short periods of observation. Survivors felt that their mental health record increased their likelihood of being recommitted into psychiatric and psychopaedic institutions.¹⁰²

Circumstances that led Māori into faith-based care settings

125. Half of all registered survivors reported their experiences of faith-based care were through education or pastoral care, often voluntarily and sometimes due to stress factors at home.¹⁰³ Around a fifth of all registered survivors reported being required by the State to enter faith-based residential settings due to unsafe home environments, including abuse and neglect at home and troubled behaviour.¹⁰⁴

Pathways into faith-based orphanages, family homes, reformatory institutions, and foster care as a result of social welfare 'overflow'

126. Tamariki and rangatahi Māori were also placed into faith-based care, particularly children's homes,¹⁰⁵ as a response to overcrowding in social welfare residences.¹⁰⁶ Given the over-representation of tamariki and rangatahi Māori in social welfare care settings, they were likely disproportionately affected by these actions, particularly during the 1960s and 1970s.¹⁰⁷
127. The Department of Social Welfare also placed so-called 'wayward' children and young people into Catholic reformatory institutions¹⁰⁸ as an alternative to being placed into State-run social welfare residences, or by the courts as punishment for minor offending.¹⁰⁹
128. Some Māori survivors who spoke to the Inquiry about entering these types of faith-based care settings were already wards of the State and experienced multiple faith-based placements throughout their time in care.¹¹⁰

101 Witness statements of Tyrone Marks (22 February 2021, para 52), Ms MC (9 June 2022, paras 2.54–57), Mr FP (10 March 2022, para 46) and Ms MV (28 July 2022, para 4.24); Private session transcript of Matthew Hohipa (4 March 2020, page 10).

102 Private session transcript of Matthew Hohipa (4 March 2020, pages 33–35).

103 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023); Mathew, HC, The institutional care of dependent children in New Zealand (New Zealand Council for Educational Research, 1942).

104 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023).

105 Witness statement of Ms OM (11 April 2022, para 5).

106 Tennant, M, The fabric of welfare: Voluntary organisations, government, and welfare in New Zealand 1840–2005 (Bridget William Books, 2007, page 107).

107 Tennant, M, The fabric of welfare: Voluntary organisations, government, and welfare in New Zealand 1840–2005 (Bridget William Books, 2007, page 107).

108 Catholic Social Services Newsletter (July 1979, page 12).

109 Private session transcripts of Christine Hopa (7 July 2021, page 6) and Lynette Mills (19 November 2019, page 11).

110 Witness statements of Mr TH (7 June 2021, para 87) and Margurite Cassidy (15 December 2022, para 2.9).

Pathways into faith-based education for tamariki and rangatahi Māori

129. Education has been, and continues to be, the main provider of faith-based care for children and young people in Aotearoa New Zealand and was the most common pathway for survivors into faith-based care where they suffered abuse.¹¹¹ Faith-based boarding schools for Māori played a significant role in bringing many tamariki and rangatahi Māori into faith-based care.
130. There were two main pathways into faith-based boarding schools for Māori – their whānau enrolled them in the hopes of a quality education that incorporated Māori culture,¹¹² or the State placed tamariki and rangatahi who were in the State’s social welfare or youth justice system into the schools.¹¹³
131. For whānau, their religious affiliation, and the extent of that affiliation, was often a factor behind tamariki and rangatahi attending faith-based schools.¹¹⁴ Māori survivor Mr KL (Muaūpoko, Ngāti Raukawa ke ti Tonga), who experienced abuse at Hato Pāora College in Aorangī Feilding between 1982 to 1984, spoke of the significance of religious affiliation and the encouragement of religious leaders in influencing this pathway:

“My whānau were Catholic [and] when I was at school many Māori families were tūturu Catholic. Father Wall was a huge reason why boys were enrolled at Hato Pāora. Everyone knew him. He would come into the communities and the red carpet would be rolled out.

He had reach into the Māori community and he would say ‘your son / grandson needs to come to Hato Pāora’. It was a great recruitment strategy. The priests were god-like. Our parents and grandparents trusted that they would look after us. I believe only a small percentage of the old boys that I know remain Catholic today.”¹¹⁵

132. Intergenerational associations with specific schools and financial scholarships¹¹⁶ also influenced whānau to enrol their tamariki and rangatahi. For some survivors, their whānau enrolled them to stop them from misbehaving or being sent to social welfare or youth justice facilities.¹¹⁷

¹¹¹ Te Rōpū Tautoko, Table of reports of abuse in the care of the Catholic Church (17 December 2021).

¹¹² Witness statements of Mr TE (14 September 2022, paras 10–11), Mr KL (6 April 2023, para 13) and Rūpene Amato (16 July 2021, page 5); Collective submission of attendees at Hato Pāora and Hato Pētera Wānanga (4 October 2022, para 15).

¹¹³ Witness statement of Kamahl Tupetagi (3 October 2021, paras 67–69); Private session transcripts of Ms JF (19 November 2020, page 20) and Michael Isherwood (21 December 2020, page 5).

¹¹⁴ Witness statement of Rūpene Amato (16 July 2021, paras 21–25).

¹¹⁵ Witness statement of Mr KL (6 April 2023, paras 11–12).

¹¹⁶ Hato Pāora College, Te Rōpū Tautoko Briefing Paper #8, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 497, on behalf of the bishops and congregational leaders of the Catholic Church in Aotearoa New Zealand (18 July 2022, page 35, para 116); Coney, S, Standing in the sunshine: A history of New Zealand women since they won the vote (Viking Penguin, 1993, pages 198–199); Witness statement of Mr HO (13 July 2022, para 31).

¹¹⁷ Witness statement of Mr HO (13 July 2022, paras 28–31); Private session transcripts of E Te Tuiroi Hakopa (3 November 2021, page 19) and Michael Isherwood (21 December 2020, page 5).

Pathways into other faith-based care settings

133. Pastoral care was provided by the Catholic, Anglican, Methodist, Presbyterian, Plymouth Brethren and Gloriavale Christian Community.
134. The pathway to pastoral care was often through religious affiliation of survivor's whānau and inherent trust, conferral of authority and status given to those in positions of authority. Where a pastoral relationship is related to the faith-based institution's work or is enabled through the institution's conferral of authority, a child, young person, or adult may be said to be in the care of the faith-based institution.¹¹⁸
135. Māori and Pākehā survivor Ms NI, who was abused at a Presbyterian Church youth group, told the Inquiry:
- "Mum and Dad were both involved in the church. Mum was an elder and Dad was one of the managers. Mum was more on the faith-based side of it, while Dad mostly did practical things like maintenance. We were closely involved with the people at church, both ministers and their families, and with others who went to church. So, I spent a lot of time at and around church growing up."*¹¹⁹
136. The Inquiry saw specific examples of abusers' calculated and predatory exploitation of certain communities in the context of their pastoral care.¹²⁰ Brother McGrath targeted tamariki and rangatahi Māori and Pacific children and young people, as well as their wider communities, while he was at Hebron Trust in Ōtautahi Christchurch.¹²¹
137. For Gloriavale Christian Community, the pathways into care for Māori was a result of being born into,¹²² or having their families join, the church.¹²³

Circumstances that led tāngata Turi and tāngata whaikaha to enter care

138. During the Inquiry period, tāngata Turi and tāngata whaikaha entered a range of care settings. The types of residential institutions included psychopaedic hospitals, specialist wards in general hospitals, education settings such as special schools and residential schools, and occupational training centres.¹²⁴ Tāngata whaikaha were also sometimes placed into psychiatric institutions. Later in the Inquiry period, as the State began to close large-scale institutions, many tāngata whaikaha were placed into community-based group homes and other supported living arrangements.

118 Royal Commission of Inquiry into Abuse in Care, Minute 16: Faith-based care (31 January 2022, paras 15–16).

119 Witness statement of Ms NI (28 April 2022).

120 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 332, para 43).

121 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 332, para 43).

122 Witness statement of Ms SU (2 June 2021, page 2).

123 Witness statement of Hilton Green (13 May 2022, page 3, para 32).

124 Kaiwai, H & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal, 2019, page 28).

Ableism characterised entry into institutional settings

139. From the 1950s to the 1970s, the State pursued a policy of segregated, often large-scale, institutional care for disabled people.¹²⁵ The State's institutionalisation policy was despite international best practice that identified community care as the best model, and opposition from parent groups. The policy was influenced by societal attitudes like ableism and disablism and the eugenics movement, which contributed to disabled people being considered less valuable than other people. For tāngata whaikaha Māori and tāngata Turi Māori this discrimination was further compounded by racism.
140. It was common for people in positions of authority, including medical professionals, to place pressure on whānau to place their Deaf or disabled child in care. It was often hard for whānau to act against this advice, particularly in the absence of alternative support or care options.¹²⁶ Medical professionals told parents that it was in their and their disabled child's best interests that they be placed in a residential facility that offered specialised care. Sometimes this occurred as soon as the child was born.¹²⁷
141. Advice was often based on beliefs that the disabled child was inferior to others and did not need to be included in society. Parents were told that raising a disabled child would be a waste of the parent's time and energy and that non-disabled children in the family would suffer if their disabled sibling was cared for at home.¹²⁸

Denial of the right for Māori to care for tāngata whaikaha me whānau hauā

142. The guarantee of tino rangatiratanga over kāinga in te Tiriti o Waitangi provided Māori the full authority to care for and raise their own, including tāngata Turi and tāngata whaikaha. The State's policy and practice of institutionalisation of tāngata Turi and tāngata whaikaha conflicted with this promise.
143. Dr Tristram Ingham (Ngāti Kahungunu, Ngāti Porou), a member of the Kaupapa Māori expert panel for the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing, told the Inquiry that the Crown failed to meet its obligations to tāngata whaikaha Māori. He stated that the Crown's failure "has not been a one-off or isolated incident" but is instead "a pervasive, long-standing, highly systematised, highly controlled approach over many decades, generations".¹²⁹

¹²⁵ Mental Health Amendment Act 1954 (1954 No 66).

¹²⁶ Witness statements of Dr Hilary Stace (2019, para 14) and Lusi Faiva, (15 June 2022, page 1); Hutchinson, C, Cropper, J, Henley, W, Turnbull, J & Williams, I, *Services for the Mentally Handicapped: Third report of the Royal Commission of Inquiry into Hospital and related services* (The Royal Commission of Inquiry into Hospital and related services, 1973).

¹²⁷ Swarbrick, N, *Care and carers: Care of people with disabilities* (Te Ara – The Encyclopedia of New Zealand, 2011), <https://teara.govt.nz/en/care-and-carers/page-4>; Aitken, RS, Caughley, JG, Lopdell, FC, McLeod, GL, Robertson, JM, Tothill, GM & Hull, DN, *Intellectually handicapped children report: Report of the consultative committee set up by the Minister of Education in August 1951* (Department of Education, 1953, paras 6, 7, 25, 40, 46).

¹²⁸ Kaiwai, H & Allport, T, *Māori with disabilities* (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal, 2019, page 28).

¹²⁹ Transcript of evidence of Dr Tristram Ingham from the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institution Hearing (20 July 2022, page 634).

144. Dr Ingham explained that this approach specifically included “segregation and removal of tāngata whaikaha Māori from their whānau, assimilation of Māori through suppression of cultural practices and attempts to systematically eliminate people who the Crown considered undesirables on the basis of policies underpinned by eugenic ideologies.”¹³⁰
145. The policy of institutionalisation led to a lifelong denial of personhood for many disabled people. For tāngata Turi and tāngata whaikaha, it led to the disconnection from te reo, mātauranga and tikanga Māori and the denial of te Tiriti of Waitangi rights of whānau, hapū and iwi to make decisions for their own.

Lack of culturally appropriate supports for tāngata Turi and tāngata whaikaha

146. The Inquiry heard that many Deaf and disabled survivors were placed into care because there were no alternative care and support options for them. Whānau were often unsupported in their caregiving roles. Many schools would not accept children and young people with impairments, respite care was very limited, and some parents had to give up work to provide care.¹³¹ For whānau Māori, the lack of culturally appropriate supports and alternative options to allow them to care for their tāngata Turi and tāngata whaikaha at home was particularly acute.
147. Traditionally, and culturally, whānau prefer to look after tāngata whaikaha at home, rather than placing them in external care settings.¹³² The individualistic Western model of care did not align with Māori approaches to health and wellbeing that reflect a more holistic understanding of disability and uphold the collective identity of Māori as whānau, hapū, and iwi. The disability care system viewed disability as the defining feature of the person, which separated them from non-disabled people, whereas Māori viewed people as whānau who should be included and remain connected. These were factors that represent barriers for tāngata whaikaha to access culturally appropriate and adequate care and support services.¹³³

130 Transcript of evidence of Dr Tristram Ingham from the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institution Hearing (20 July 2022, page 634).

131 National Advisory Committee on Health and Disability, To have an 'ordinary' life: Kia whai oranga 'noa': Background papers to inform the National Advisory Committee on Health and Disability (2004, page 29); 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 107); Witness statement of Gary Williams (6 September 2022, para 1.11); Brief of evidence of Eddie Hokianga, Waitangi Tribunal (Wai 2575, #F28), (22 July 2022, para 13); Collective statement of Tāmaki Makarau Whānau Hauā (September 2022 page 2); Timutimu-Thorpe, H, “Ngā tangi a te whānau: Raising a child who has a disability,” in Ballard, K (ed), Disability, family, whānau and society (Dunmore Press, 1994, pages 95–116).

132 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, pages 6–7); Kaiwai, H & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal, 2019, page 77); Hickey, H & Wilson, D, “Whānau Hauā: Reframing disability from an Indigenous perspective,” Mai Journal 6, Issue 1 (2017, page 83).

133 Kaiwai, H, & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal; Ministry of Justice, 2019, pages 17–18); Ingham, TR, Jones, B, Perry, M, King, PT, Baker, G, Hickey, H, Pouwhare, R & Nikora, LW, “The multidimensional impacts of inequities for tāngata whaikaha Māori (indigenous Māori with lived experience of disability) in Aotearoa, New Zealand,” International Journal of Environmental Research and Public Health 19(20): 13558 (2022, page 12).

148. Māori survivor Gary Williams (Ngāti Porou), who has cerebral palsy, is a part-time wheelchair user and has a speech impediment. Growing up in the 1970s, Gary was treated as though he did not have a disability. He participated fully in whānau life on the marae and at the local mainstream school. After intermediate school, Gary wanted to attend the local high school with his friends. However, he was unable to attend, as the school was not physically accessible. As a result, in 1974, aged 13, Gary was sent to Pukeora Home for the Disabled located near Waipukarau, where he did his schooling via correspondence.¹³⁴ Gary recalled:

"I believe the Education Board did not want to make school accessible for me because of the financial cost."¹³⁵

149. The lack of State-resourced Māori service provision to support whānau Māori to care for tāngata whaikaha Māori and the lack of culturally competent service provision by the State was acknowledged by Director-General of Health Dr Diana Sarfati at the Inquiry's State Institutional Response Hearing:

"I acknowledge that health and disability care settings between 1950-1999 did not consistently and meaningfully ensure the cultural needs of all Māori were met, including providing culturally appropriate health care options, causing disconnection from their culture, identity, language, and communities. I acknowledge that these impacts are ongoing, and have also impacted not just those individuals, but also their whānau, hapū, and iwi."¹³⁶

150. A 1995 report prepared for the Ministry of Health into Māori disability, He anga whakamana: A framework for the delivery of disability support services for Māori, found there was a lack of available services, "... although mainstream disability service providers had taken steps to become more culturally inclusive, more Māori disability providers were needed".¹³⁷

¹³⁴ Witness statement of Gary Williams (6 September 2022, paras 2.1–2.2).

¹³⁵ Witness statement of Gary Williams (6 September 2022, para 1.11).

¹³⁶ 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, para 2.8).

¹³⁷ Ratima, M, Durie, M, Allan, G, Morrison, P, Gillies, A & Waldon, J, He anga whakamana: A framework for the delivery of disability support services for Māori, a report to the National Advisory Committee on Core Health and Disability Support Services (Massey University, Department of Māori studies, 1995, pages 36–37).

151. In 2019 the Waitangi Tribunal found that:
- > te Tiriti o Waitangi principle of partnership requires the Crown to consult and partner with Māori genuinely in the design and provision of social services such as health care, requires the Crown to be willing to work through the structures Māori prefer in the circumstances, and requires the Crown to partner with Māori in the development and implementation of policy¹³⁸
 - > te Tiriti o Waitangi principle of active protection includes the Crown's responsibility to actively protect Māori health and wellbeing through the provision of health services¹³⁹
 - > part of the Crown's active protection obligation is ensuring that health services are culturally appropriate
 - > the Crown's approach to health care that assumes that the needs of all patients are largely the same undermines the recognition of tikanga Māori and may also result in a failure to recognise and provide for the particular health needs of Māori¹⁴⁰
 - > te Tiriti o Waitangi principles of active protection and equity require that the Crown provide health services that Māori need, and that these services treat their patients equitably, are equitably accessible and equitably funded.¹⁴¹
152. The State acknowledged to this Inquiry that there was no provision made in legislative policy or practice settings for kaupapa Māori standards of care or to uphold the Crown's obligations under te Tiriti o Waitangi. The Crown has accepted that this was institutional racism.¹⁴²
153. From the 1980s, and particularly during the 1990s, more culturally responsive programmes were introduced.¹⁴³ This was acknowledged by the Waitangi Tribunal, noting that there was "increasing recognition that Māori faced particular barriers in accessing disability services" from the 1990s onwards.¹⁴⁴
154. The closure of institutions and the transition to community care in some cases created new opportunities. Kaupapa Māori disability care services began to emerge that incorporated the use of tikanga Māori, rongoā (traditional Māori medicines), and the therapeutic use of ngā toi Māori (Māori arts) and ngā mahi a rēhia (Māori games and pastimes).¹⁴⁵

138 Waitangi Tribunal, Hauora Report: Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), (2019, page 31).

139 Waitangi Tribunal, Hauora Report: Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), (2019, page 31).

140 Waitangi Tribunal, Hauora Report: Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), (2019, pages 31–32).

141 Waitangi Tribunal, Hauora Report: Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), (2019, page 34).

142 Closing submissions for the Crown at the Inquiry's Lake Alice Child and Adolescent Unit Inquiry Hearing (Royal Commission of Inquiry into Abuse in Care, 29 June 2021, page 930).

143 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 (2003, page 36).

144 Kaiwai, H & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal, 2019, page 27).

145 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, page 8).

155. The establishment of kaupapa Māori disability care services, as part of a broader spectrum of community care services from the 1980s, enabled some tāngata whaikaha to access Kaupapa Māori services.¹⁴⁶

Racism and ableism characterised entry of tamariki and rangatahi Māori into special schools

156. Deaf and disabled people were often identified as disabled at a young age, having come to the attention of State authorities for assessment via mainstream schools, including school nurses.¹⁴⁷ Assessment and classification of tamariki and rangatahi Māori could trigger enrolment into a special school or into an occupation centre.¹⁴⁸
157. During the Inquiry period, the Department of Education oversaw residential special schools for disabled children and young people, including State wards – Waimakoia Residential School in Tāmaki Makaurau Auckland, McKenzie Residential School in Ōtautahi Christchurch, Campbell Park School in Ōtākou Otago, and Salisbury School in Whakatū Nelson. Referrals to these residential special schools were made through the department's Psychological Service or Child Welfare Division. The schools were designed to cater for children and young people who were "educationally backward, delinquent or had personal or social problems."¹⁴⁹
158. Māori survivors Tanya and Gina Sammons (Ngāti Kura), along with their sister Alva, were taken into care at a very young age and raised by a foster family, where they were physically, psychologically and sexually abused.¹⁵⁰ In 1988, at the age of 14, Alva was referred to Salisbury School. Alva's social welfare file noted that her foster family led "a fairly transient lifestyle" and that the children had attended many schools. Alva developed behavioural problems that gradually got worse. Alva was at Sailsbury School for two years. She took her own life at the age of 26.¹⁵¹
159. Special schools were established for Deaf or blind children and young people – Sumner Institution for the Deaf and Dumb (later Van Asch College) in Ōtautahi Christchurch, Kelston School for the Deaf in Tāmaki Makaurau Auckland and Jubilee Institute for the Blind of New Zealand (later Homai School for the Blind) in Tāmaki Makaurau Auckland. The Inquiry's case study on Van Asch College and Kelston School for the Deaf has more detail on these two schools.

¹⁴⁶ Robson, B & Harris, R, (eds), Hauora: Māori Standards of Health IV – A study of the years 2000–2005 (Te Rōpu Rangahau Hauora a Eru Pomare – School of Medicine and Health Sciences University of Otago, 2007, page 913).

¹⁴⁷ Appendix to the witness statement of Tyrone Marks (5 March 2001, pages 1–2); Psychology Service Report of a survivor from the Department of Education (Department of Education, 18 February 1981, pages 1–2).

¹⁴⁸ Department of Education, Child welfare: State care of children, special schools, and infant-life protection report (1958, para 20); Aitken, RS, Caughley, JG, Lopdell, FC, McLeod, GL, Robertson, JM, Tothill, GM & Hull, DN, Intellectually handicapped children report: Report of the consultative committee set up by the Minister of Education in August 1951 (Department of Education, 1953, pages 10–11); Education Act 1914, section 127; Education Act 1964, No 135, section 144; Education Act 1989, section 9.

¹⁴⁹ Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 221).

¹⁵⁰ Witness statement of Tanya and Gina Sammons (24 February 2020, paras 2–3).

¹⁵¹ Paeroa Child, Youth & Family files of Alva Sammons (2 November 1992, page 51).

160. The Inquiry heard from survivors and their whānau that tāngata Turi faced the added pressures of racist assimilation: “For most of us as Deaf tamariki, our parents were told that their only option was to send us away to Pākehā Deaf schools”. Here they were denied learning both te reo Māori and Sign Language.¹⁵² Contemporary researchers and studies suggest that tāngata whaikaha face unique forms of discrimination, including institutional racism and ableism.¹⁵³ Alongside ongoing impacts of colonisation, these experiences are further barriers to accessing effective care and support.¹⁵⁴
161. In collective statements provided by whānau Turi based in Tāmaki Makaurau Auckland and Ōtautahi Christchurch, whānau were told by doctors that their only option was to send tāngata Turi away to Deaf schools as there was no assistance available for them to raise and educate tāngata Turi at home.¹⁵⁵ These Deaf schools were predominantly staffed by Pākehā teachers.
162. Māori survivor Eddie Hokianga (Ngāti Kahungunu), who is tāngata Turi, was sent to Sumner School for the Deaf in Ōtautahi Christchurch in 1968 but had no understandings at the time of why he was sent there. There was no one to teach or support his whānau in learning how to have a Deaf whānau member:
- “I remember being sad because I could not understand why I was sent away and it was the first time I was away from my family. It was not until later that [I understood] it was because I was Deaf.”***¹⁵⁶
163. The Inquiry’s case study on Van Asch College and Kelston School for the Deaf provides more detailed information on the circumstances that led to tāngata Turi entering those settings.
164. The growing trend towards mainstreaming the education of learning-disabled children led to declining rolls in special residential schools in the 1980s, and some school closures.

152 Collective witness statement of Ōtautahi Tāngata Turi (7 September 2022, paras 5–6).

153 Ingham, TR, Jones, B, Perry, M, King, PT, Baker, G, Hickey, H, Pouwhare, R & Nikora, LW, “The multidimensional impacts of inequities for tāngata whaikaha Māori (indigenous Māori with lived experience of disability) in Aotearoa, New Zealand,” *International Journal of Environmental Research and Public Health* 19(20): 13558 (2022, page 11); Hickey, H & Wilson, D, “Whānau Hauā: Reframing disability from an Indigenous perspective,” *Mai Journal* 6, Issue 1 (2017, page 85).

154 Ingham, TR, Jones, B, Perry, M, King, PT, Baker, G, Hickey, H, Pouwhare, R & Nikora, LW, “The multidimensional impacts of inequities for tāngata whaikaha Māori (indigenous Māori with lived experience of disability) in Aotearoa, New Zealand,” *International Journal of Environmental Research and Public Health* 19 (20): 13558 (2022, page 11); Hickey, H & Wilson, D, “Whānau Hauā: Reframing disability from an Indigenous perspective,” *Mai Journal* 6, Issue 1 (2017, page 85).

155 Collective witness statements of Tāmaki Makaurau Whānau Turi (30 September 2022, pages 5–6) and Ōtautahi Tāngata Turi (7 September 2022, pages 1, 5).

156 Brief of evidence of Eddie Hokianga, Waitangi Tribunal (Wai 2575, #F28), (22 July 2022, paras 13 and 16).

Circumstances that led to tāngata whaiora entering psychiatric and mental health care placements

165. Survivors could be referred into psychiatric care by their family doctor or the courts for psychiatric assessment, leading to voluntary or formal admission. For many survivors, it was not clear what legal status they entered psychiatric care under, due to the age they were admitted or the lack of transparency surrounding their admission. Coercion from those in positions of power, to 'voluntarily' admit oneself, was also common.
166. The reasons for admissions into psychiatric and mental health care included prejudice and discrimination by authorities and misunderstanding of behaviours, such as those arising from trauma or neurodiversity. For tāngata whaiora Māori, these reasons were compounded by racism.
167. As with tāngata Turi and tāngata whaikaha, whānau Māori have traditionally preferred to look after tāngata whaiora at home, rather than placing them in psychiatric institutions.¹⁵⁷ In many cases, whānau were not provided with culturally appropriate supports and alternatives to enable them to care for their tāngata whaiora at home.

Rates of Māori entering psychiatric and mental health care increased

168. The number and proportion of tāngata whaiora Māori entering psychiatric care increased steadily both before and during the Inquiry period. In 1909, Māori made up just over one percent of psychiatric inpatients nationwide. This increased to 1.8 percent in 1938 and 2.6 percent in 1948.¹⁵⁸
169. From the early 1960s, both Māori and non-Māori rates of admission to psychiatric institutions increased.¹⁵⁹ Non-Māori admission rates stabilised in the mid-1960s and then declined during the 1970s and 1980s, but Māori rates of admission increased throughout the 1960s, stabilised in the 1970s, and rose again throughout the 1980s.¹⁶⁰
170. From 1970 to 1987, tamariki Māori (10 to 19 years old) and rangatahi Māori (20–29 years old) were admitted to psychiatric care at a rate approximately one and a half times higher than non-Māori. The rate of rangatahi Māori admissions increased to approximately double the non-Māori admission rate in the mid-1980s.¹⁶¹

157 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, pages 6–7).

158 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, page 6).

159 Cram, F, Te Huia, B, Te Huia, T, Williams, M & Williams, N, Oranga and Māori health inequities 1769–1992, A report commissioned by the Ministry of Health for stage two of the Waitangi Tribunal's Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B25), (Waitangi Tribunal, 2019, page 111); Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, page 8).

160 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry, Waitangi Tribunal (Wai 2575, B26), (Waitangi Tribunal, 2019, page 8).

161 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 14).

171. By the mid-1980s, Māori made up 14 percent of all psychiatric admissions despite making up only seven percent of the population.¹⁶² From 1960 to 1990, while “non-Māori first-time admissions to psychiatric facilities had only slightly increased”, the Māori rate increased by more than 200 percent.¹⁶³ By the late 1990s, the high rates of mental distress and conditions among Māori were described as a crisis of “unprecedented proportions.”¹⁶⁴ In 1999, for example, 50 percent of forensic inpatient service users and 29 percent of community-based service users were Māori.¹⁶⁵
172. The increase in Māori admissions to psychiatric facilities was partly attributed to the worsening state of mental health among Māori, and Māori accessing mental health care at a later stage of distress. Scholars attribute the worsening state to a range of factors, including alienation from traditional whānau and hapū support systems, poor access to primary health care, a lack of culturally appropriate services, racism and poverty.¹⁶⁶

Prejudice and discrimination created pathways into psychiatric care

173. In the early part of the Inquiry period, psychiatry was still an emerging discipline. Psychiatrists lacked some of the tools and understanding of today, not only to diagnose and treat conditions, but also of difference and diversity. Medical disciplines, including psychiatry, operated within a predominately Western biomedical health model.
174. Prejudice and a lack of knowledge and understanding of different behaviours or conditions saw some people admitted to psychiatric institutions for reasons that the Inquiry would view as wholly inappropriate today – including admissions based on punitive, sexist, homophobic and racist attitudes and misunderstood behaviours.¹⁶⁷ During the Inquiry’s State Institutional Response Hearing, Director-General of Health Dr Diana Sarfati acknowledged:

“Societal stigma against people with mental health conditions and learning disabilities was a contributing factor to people being placed in psychiatric settings during the 1950s-1970s, and I acknowledge that people (including children and young people) were placed in psychiatric hospitals and facilities for reasons that would not be acceptable today.”¹⁶⁸

¹⁶² Cram, F, Te Huia, B, Te Huia, T, Williams, M & Williams, N, Oranga and Māori health inequities 1769–1992, A report commissioned by the Ministry of Health for stage two of the Waitangi Tribunal’s Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B25), (Waitangi Tribunal, 2019, page 112).

¹⁶³ Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry, Waitangi Tribunal (Wai 2575, B26), (Waitangi Tribunal, 2019, page 12).

¹⁶⁴ Māori Health Commission, Tihei Mauri Ora! Report of the Māori Health Commission (1998, page 14).

¹⁶⁵ Ministry of Health Review of forensic mental health services: Future directions (2010, page 16, Table 2).

¹⁶⁶ Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, pages 17–18).

¹⁶⁷ Witness statement of Ms LV (14 February 2023, para 7).

¹⁶⁸ 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).

175. Many Māori survivors told the Inquiry that before entering psychiatric settings or engaging with mental health services, they experienced trauma and adversity, including in childhood and adolescence. Māori survivor Ms LW had been experiencing mental distress from the trauma of sexual abuse and was 18 when her mother took her to a doctor who sent her for assessment at Wellington Hospital; that same day she was placed at Porirua Hospital.¹⁶⁹ Māori survivor Ms OF (Ngāti Kahungunu) became “depressed and angry” after being sexually abused by a friend’s father and struggling with her sexuality. She was sent to Ward 12 Southland Hospital in Waihopai Invercargill after attempting to take her own life when she was aged 16.¹⁷⁰
176. Misunderstood behaviours, sometimes in response to trauma or adversity, also contributed to Māori survivors being placed in care. Tamariki and rangatahi Māori were often placed into psychiatric care from home or social welfare care for behavioural reasons, as racism contributed to authorities having less tolerance for their behaviour. Māori survivor Terry King was admitted to Ngawhatu Hospital in Whakatū Nelson at 14 years old because he kept running away from abuse at school and at home. This abuse was ignored, and instead Terry was diagnosed as “Feeble minded, with Schizoid Personality.”¹⁷¹
177. The behaviours of neurodiverse people or people with sensory or learning disabilities could be wrongly labelled as naughtiness, delinquency or even contribute to diagnosis of a mental health condition. Expert witness Dr Olive Webb told the Inquiry that until around 1980, children and young people with autism were often diagnosed with a psychiatric condition, “childhood schizophrenia.”¹⁷² Tāngata Turi Māori survivor Mr LF (Ngāti Maniapoto), who had Asperger’s syndrome was admitted to Sunnyside Hospital in Ōtautahi Christchurch when he was 21 years old. He stayed at the hospital on and off over a period of approximately 11 years:
- “I was visually misdiagnosed with schizophrenia and medicated accordingly. At no time was an interpreter used to ask me how I felt and what was happening to me. There was no support in terms of information and discussions with family at all.”***¹⁷³

¹⁶⁹ Witness statement of Ms LW (27 June 2022, paras 1.14 and 1.15).

¹⁷⁰ Witness statement of Ms OF (21 November 2022).

¹⁷¹ Appendix to the witness statement of Terry King (10 August 2021, para 42), Letter from medical officer to doctor at Wakefield (11 August 1967).

¹⁷² Webb, OJ, The likely impact of prevailing conditions and environments on people now considered to be neurodiverse, between 1950 and 1990: A paper prepared for the Royal Commission into Abuse in State Care (25 November 2022, pages 8–9, para 3.a.iii).

¹⁷³ Witness statement of Mr LF (13 February 2020, para 3.2).

178. The Inquiry heard from Māori survivors who were admitted to psychiatric care from social welfare settings after being labelled as delinquent or having their behaviours pathologised.¹⁷⁴ Māori survivor Vernon Sorenson (Ngāti Tūwharetoa, Ngāti Rākau) was moved from a family home to Lake Alice Child and Adolescent Unit in Rangitikei, because he was too young to be placed at a boys' home. He was later diagnosed with depression and given electric shocks.¹⁷⁵
179. Pathways into mental health settings were sometimes influenced by gendered discrimination, which was compounded by the racism experienced by Māori girls. Young girls at Fareham House in Pae Tū Mōkai Featherston, who were predominately Māori, were given medication in an effort to "establish acceptable patterns of behaviour."¹⁷⁶ In the late 1960s, the Inquiry heard that 20 to 30 percent of girls at Fareham House went on to be admitted to psychiatric hospitals.¹⁷⁷
180. Studies from the 1990s found that Māori adults were about two to three times more likely to be referred to psychiatric units from law enforcement agencies than non-Māori.¹⁷⁸

Circumstances that led to Māori entering other care settings

181. The Inquiry also considered the circumstances that led tamariki, rangatahi and pakeke Māori to enter other types of State and faith-based care settings, including adoption placements, unmarried mothers' homes, transitional and law enforcement settings and health camps.

Adoption and unmarried mothers' homes

182. During the Inquiry period, the Anglican, Catholic and Presbyterian churches and the Salvation Army had a role in operating unmarried mothers' homes and in arranging adoptions.
183. In the 1950s-1970s, unmarried women who became pregnant experienced intense discrimination and judgement, often based on perceived promiscuity.¹⁷⁹ The prevailing societal attitude was that unmarried mothers were incapable of being good parents and that children born to unmarried mothers would also carry a social stigma. These beliefs were largely motivated by fear of the so-called 'moral decline' and female immorality that 'illegitimate' births were seen to symbolise.¹⁸⁰

174 Witness statements of Vernon Sorenson (22 July 2021, para 1.10); Susan Kenny (15 July 2021, para 91); Mr MM (11 August 2021, para 89) and Mr LJ (28 April 2023, para 5.7.1).

175 Witness statement of Vernon Sorenson (22 July 2021, para 1.10).

176 Fareham House Annual Report 1968, "Temporal Lobe Epilepsy – Related to Difficult Behaviour" (n.d., page 6).

177 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).

178 Gassin, T, *Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575, B26), (Waitangi Tribunal, 2019, pages 8, 12); 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 14).

179 Tennant, M, *The fabric of welfare: Voluntary organisations, government and welfare in New Zealand, 1840–2005* (Bridget Williams Books, 2007).

180 Dalley, B, *Family matters: Child welfare in twentieth-century New Zealand* (Auckland University Press, 1998), pages 216–218.

184. Māori women and girls faced the compounding effects of sexism and racism during this period.¹⁸¹ In a 1967 letter a senior child welfare officer described “difficulties with adolescent Māori girls”, encouraging their placement into care because they were perceived as out of control and promiscuous:

“It is a matter of the deepest concern to us that in Hastings there is in recent months a growing number of young girls becoming involved in, staying away from their homes and schools, getting into most undesirable company and, it would seem, indulging in quite extensive sexual misbehaviour. The Maori [sic] children in Hawke’s Bay who belong to the less able families are increasingly showing this sort of insecurity – full of energy but no worthwhile channels available for it – mothers working long hours, they are left to their own devices. They are not involved in the sort of out of school activities the more able Maori [sic] families and the Europeans provide, and the natural gregariousness of these children sends them off to seek their own sort of company.”¹⁸²

185. The societal stigma, combined with the limited economic and financial options available to women in this period, left unmarried pregnant girls and women with little support and few options other than turning to unmarried mothers’ homes. Once there, they faced significant pressure, or even coercion, from family members and medical professionals to have their babies adopted out.¹⁸³ This pressure could be heightened for girls or young women who became pregnant while already in the care of the State themselves.¹⁸⁴ For example, Māori survivor Ms LV, who has a learning disability, was readmitted into Lake Alice Hospital in Rangitikei with her 3-month-old baby when she was aged 24. Her baby was taken away from her by a social worker two days after admission:

“I did not give informed consent to [my child] being adopted, I did not have any way of understanding what was happening and my rights.”¹⁸⁵

181 Royal Commission of Inquiry into Abuse in Care, Tāwharautia: Pūrongo o te Wā, Volume 1: Interim report (2020, pages 66–67); Spears, L, Note for file assistant principal, Dunedin Girls’ Home (7 November 1973).

182 Page, K, & Crocket, AM, Difficulties with adolescent Māori girls (DCWO Hastings, 16 May 1967, page 1).

183 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, pages 223–224); Else, A, A question of adoption: Closed stranger adoption in New Zealand, 1944–1974 (Bridget Williams Books, 1991, page 27).

184 Witness statements of PH siblings on behalf of their sister (21 April 2023, paras 24–27, paras 39–46) and Carrie Kake (1 November 2022, pages 4–5, para 2.14–2.25).

185 Witness statement of Ms LV (14 February 2023, para 23).

186. Māori survivor Ms AF (Ngāti Tahinga, Ngāti Ira) shared that when her mother was 16 years old, she faced 'collusion' from social workers and doctors to put Ms AF up for adoption. Ms AF became pregnant at 18 years old:

"My [adoptive] parents sent me to a Catholic nun's home for unwed mothers. I gave birth to my eldest child there and then I was forced to adopt him out 10 days later. I recall having a paper given to me after the birth and being told to sign it by my parents and the nuns. I had no idea what it was, I had no advice provided to me. The next thing I know my son had disappeared."¹⁸⁶

187. The Inquiry's summary of women's and girls' experiences provide more detailed information on the circumstances that led to Māori women and girls entering adoption placements and unmarried mothers' homes.

Transitional and law enforcement settings

188. Transitional and law enforcement settings include police cells, being held in police custody (including being picked up by NZ Police on the streets) and court cells, and going to, between or coming out of State care settings.

189. The Inquiry heard from survivors who were detained on remand in adult prisons when they were young people.¹⁸⁷ Rangatahi Māori were disproportionately affected by this practice of remanding young people in adult prisons. For example, during the 1970s the proportion of Māori or Pacific young people remanded into adult prisons steadily increased:

a. In 1974, 53 percent of the 269 young people remanded to adult prisons were Māori or Pacific¹⁸⁸

b. In 1975, 57 percent of the 320 young people remanded to adult prisons were Māori or Pacific¹⁸⁹

c. In 1977, 63 percent of the 356 young people remanded to adult prisons were Māori or Pacific.¹⁹⁰

¹⁸⁶ Witness statement of Ms AF (13 August 2021, paras 8.1–8.2).

¹⁸⁷ Witness statements of Peter Jones (12 October 2022, paras 44–47) and William MacDonald (4 February 2021, paras 60–61).

¹⁸⁸ Witness statement of Dr Oliver Sutherland (4 October 2019, para 18). Data from Powles, G, Ombudsman draft report: Children and young persons on remand in penal institutions, unpublished (5 April 1977), in which Dr Sutherland based his calculations on described children as 'Māori and 'other Polynesian descent' and grouped them together as 'non-Europeans' for the purposes of calculating percentages.

¹⁸⁹ Witness statement of Dr Oliver Sutherland (4 October 2019, para 18).

¹⁹⁰ Witness statement of Dr Oliver Sutherland (4 October 2019, para 18).

Health camps

190. Health camps were originally established as a short-term care option for children who were considered to need rest, exercise, and nutritious meals.¹⁹¹ By the 1950s, seven permanent health camps had been established, in Ōtautahi Christchurch, Tairāwhiti Gisborne, Whakatu Nelson, Ōtaki, Pakuranga, Roxburgh in Ōtākau Otago, and Whangarei.¹⁹²
191. During the 1950s and 1960s children and young people were mostly sent to health camps for emotional or behavioural issues rather than malnourishment¹⁹³ with most referrals from family doctors or the school medical service.¹⁹⁴ By the 1980s the camps were providing short stays of six weeks on average as a “change of environment” for children and young people with “social, emotional or psychological difficulties.”¹⁹⁵
192. Tamariki and rangatahi Māori were over-represented in the health camps. For example, in 1983, 33 percent of health camp participants were Māori, compared to 44 percent Pākehā, six percent Pacific peoples, and 17 percent of unknown ethnicity.¹⁹⁶
193. Māori survivors spoke about different reasons for entering health camps, due to abusive or neglectful homes, for troubled behaviour, or unknown reasons.¹⁹⁷ Many survivors who spent time in health camps were subsequently placed into other care settings.
194. Māori survivor Mr KA, who was placed in Maunu Children’s Health Camp in Whāngarei in 1979, was referred by his family GP:

“I didn’t really understand what was going on. I had never heard of health camp and didn’t want to go. I didn’t know why I had to be sent away to a camp for a damaged ear drum – why couldn’t they just fix my ear and hearing? I just wanted to stay home with my grandparents. Eventually I was told I was just going on a camping trip but instead I was taken to Maunu Children’s Health Camp. I was never told how long I would be away for.”¹⁹⁸

191 Tennant, M, Children’s health, the nation’s wealth: A history of children’s health camps (Bridget Williams Books, 1994).

192 Wojnar, A, Children’s health camps in New Zealand: An overview of current programs and issues (SIT – New Zealand, 1998, page 10).

193 Tennant, M, Children’s health, the nation’s wealth: A history of children’s health camps (Bridget Williams Books, 1994, page 9).

194 Tennant, M, Children’s health, the nation’s wealth: A history of children’s health camps (Bridget Williams Books, 1994, page 147).

195 Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, paras 37–38).

196 Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, paras 47–48).

197 Witness statement of Mr NK (25 March 2023, para 7).

198 Witness statement of Mr KA (7 February 2023, paras 11-12).

"The girls whom I refer are, in the main, the dull backward, affection-starved Māori girls who cannot produce anything near a reasonable day's work and who try and get their needed affection from any male who is handy."

WHĀNGAREI DISTRICT CHILD WELFARE OFFICER (1962)

Chapter 5: Nature and extent of abuse and neglect experienced by Māori in State and faith-based care

195. Māori survivors were subjected to all forms of abuse and neglect across care settings, including racial, psychological, emotional, physical, sexual, cultural, educational, medical, and spiritual abuse and neglect. Entries into care were often traumatic for survivors, initiating a disruption of close whānau and community connections that continued throughout many Māori survivors while in care.
196. The most distinct and common experience across Māori survivors was the racial and cultural abuse and neglect that often occurred alongside many other forms of abuse. Māori were targeted for abuse and neglect due to their ethnicity and culture.
197. While there were common experiences across Māori survivors, their individual experiences were also diverse, unique, complex and multi-layered. No two Māori survivors had the same experiences. Māori survivors experienced the intersectional effects of racism on top of other forms of discrimination. For example, tāngata whaikaha and tāngata Turi suffered racist abuse and neglect compounded by disablism, ableism and audism. Takatāpui survivors experienced homophobia and transphobia as well as racism. Wāhine Māori suffered specific forms of abuse and neglect due to the compounding effects of racism, sexism and misogyny.
198. This chapter discusses the forms of abuse and neglect Māori survivors suffered across State and faith-based care settings, and what these meant from an ao Māori perspective. Every instance of 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.
199. This chapter also describes the abuse and neglect suffered by tamariki, rangatahi and pakeke Māori in different care settings, and the extent of abuse and neglect of Māori survivors during the Inquiry period.

Types of abuse and neglect suffered by Māori survivors

Racial abuse and cultural neglect in care

200. Societal, structural and institutional racism contributed to the environments in which Māori survivors entered care and shaped their experiences once in care, including the abuse and neglect suffered. As such, racism often shaped, informed or compounded with all other forms of abuse and neglect suffered by Māori survivors.
201. 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.
202. Most Māori survivors told the Inquiry 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.¹⁹⁹
203. 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.²⁰⁰ 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."*²⁰¹
204. 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.²⁰² Survivor Hone Tipene (Ngāpuhi, Ngāti Hine, Te Rarawa) said that at Wesleydale Boys' Home in Tāmaki Makaurau Auckland, a staff member "...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."²⁰³

199 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).

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

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

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

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

205. Most common for Māori survivors was their experiences of being denied of, and disconnected from, their taha Māori. 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.²⁰⁴
206. 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.
207. For others, their sense of belonging and ability to identify as Māori came through their immersion in te ao Māori, tikanga and their reo while in care.²⁰⁵ Unfortunately, the process of colonisation and removal of practices and structures that would support access to Māori beliefs, values and customs 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.
208. 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.²⁰⁶ 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.²⁰⁷
209. 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 in Timaru.²⁰⁸

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

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

206 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).

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

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

210. In other cases, care settings failed to support and provide access to cultural knowledge (mātauranga 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.²⁰⁹ Survivors shared how they were not given any opportunity to learn about important Māori values and concepts including whanaungatanga,²¹⁰ mana, wairua and papakāinga (a Māori village or community settlement). During their placement, they missed out on many cultural lessons,²¹¹ which made some feel confused, stupid, useless and not Māori.²¹² 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.²¹³
211. 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 survivors as it was seen as an invalid practice.²¹⁴
212. 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 others. He said this was not considered when he was later diagnosed as having a mental illness that required treatment.²¹⁵ 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).²¹⁶ 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.²¹⁷ 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.²¹⁸

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

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

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

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

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

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

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

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

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

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

213. Some Māori survivors experienced cultural neglect through their ethnicity being misidentified and/or incorrectly by State and faith-based care staff, or not recorded at all. 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. Māori survivor Ms AF (Ngāti 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."²¹⁹
214. Tāngata Turi Māori were barred from signing along with other students in Deaf schools, and there was no access to te reo Māori.²²⁰ 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.²²¹ The Inquiry's case study on Van Asch College and Kelston School for the Deaf provides more detailed information on the impact of cultural neglect on tāngata Turi in those settings.

Entry into care caused trauma

215. Entries and removals into care caused trauma on various levels, at the individual level for tamariki, rangatahi and pakeke Māori survivors and at the collective level for whānau, hapū, iwi and hāpori. Entries were often done for discriminatory reasons, were psychologically traumatic for many survivors and often disrupted survivors' attachments.
216. At the individual level, Māori survivors often experienced profound trauma at removal and entry into care often led to isolation from attachments and relationships to their whānau, hapū, iwi, hāpori and connection to their taha Māori. This isolation and disconnection only compounded as survivors stayed in care and was made worse where survivors experienced multiple placements.
217. The Inquiry heard that Māori being placed into care was violent and abusive for whānau, hapū and iwi,²²² and occurred within a context of colonisation, racism and paternalistic and racist policies that sought to 'domesticate', 'civilise', and assimilate Māori into dominant Pākehā society.²²³

²¹⁹ Witness statement of Ms AF (13 August 2021, pages 2–3).

²²⁰ Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, page 5).

²²¹ Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, pages 5–6).

²²² 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).

²²³ 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).

218. For tāngata Turi and tāngata whaikaha Māori this was further compounded by ableism, disablism, and the State's policy of institutionalisation and segregation, which caused "immeasurable damage."²²⁴

Psychological and emotional abuse and neglect in care

219. Māori survivors experienced many forms of psychological and emotional abuse and neglect in care, including threats of harm, manipulation, shaming, humiliation, degradation, verbal abuse, isolation and witnessing violence. The belittling and humiliation of someone, with the intent to harm their wairua and emotional state – can be referred to as whakaiti.
220. One form of whakaiti was verbal abuse, which most survivors experienced. They were told they were useless, unwanted and unloved. This was often compounded with racism for Māori survivors, who were called racial slurs²²⁵ and told they were useless, lazy thieves, criminals, or would never get anywhere in life because they were Māori.²²⁶ In faith-based care, some Māori survivors were told their culture and whakapapa were dirty and satanic.²²⁷
221. Many survivors 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."²²⁸
222. Māori survivors also suffered institutionalisation and depersonalisation in care, which stripped them of their individuality, cultural identity and attachments to whānau, hapū and iwi. Many survivors described being in settings where routine and discipline was prioritised above their wellbeing and needs, including cultural needs, sometimes through violent means of punishment. 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."²²⁹

224 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).

225 Witness statement of Hone Tipene (22 September 2021, page 6); Witness statement of Tyrone Marks (22 February 2021, page 8).

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

227 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).

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

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

223. The Inquiry heard that multiple care settings were characterised by a lack of care, affection, aroha and emotional support and connection. This psychological and emotional neglect was an act of whakarere. Witnesses, including former staff, and Māori survivors told the Inquiry that many care settings and staff were hostile, harsh, antagonistic and cold.²³⁰ 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.²³¹
224. In contrast, 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.²³²

Physical abuse and neglect in care

225. Physical abuse was one of the most prevalent and pervasive forms of abuse, and often occurred at the same time as other forms such as psychological abuse. Physical abuse was inflicted by staff of care settings, caregivers, and peers. In many settings peer-on-peer abuse was rife.
226. The Inquiry heard that those in authority knew about this violence but did little to stop it.²³³ Māori survivors told the Inquiry they were punched and slapped,²³⁴ pushed into a wall,²³⁵ knocked unconscious,²³⁶ put in headlocks,²³⁷ burned,²³⁸ whipped and beaten with a variety of implements²³⁹ by staff and caregivers. This happened across care settings. The Inquiry also heard about incidents where survivors had been suffocated or strangled,²⁴⁰ including being choked with rope.²⁴¹ Some survivors described abuse which resembled waterboarding by foster parents.²⁴²
227. Māori 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,²⁴³ physical restraint,²⁴⁴ and humiliating or demeaning actions.²⁴⁵

230 Interview with a staff member of Melville Boys' Home (page 25); Witness statements of Ms FW (12 August 2022, page 5, paras 33–34); Letter from Cooper Legal to the National Office for Professional Standards (23 May 2018, page 4); Private session transcripts of Raewyn Davies (9 March 2020, page 6) and Will Harding (10 November 2020, pages 15, 17).

231 Witness statement of Mr TH (7 June 2021, pages 8–9).

232 Witness statement of Margurite Cassidy (15 December 2022, page 6).

233 Witness statements of Mr TE (14 September 2022, page 1) and Mr MX (17 December 2021, page 5).

234 Witness statements of 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).

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

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

237 Witness statement of Vernon Sorenson (22 July 2021, page 5).

238 Witness statement of David Postlethwaite (20 February 2023, page 2).

239 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).

240 Witness statements of Mr FQ (22 September 2021, page 4) and Mr TE (14 September 2022, page 6).

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

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

243 Witness statements of Mr GQ (11 February 2021, page 3) and Tyrone Marks (22 February 2021, pages 8–9).

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

245 Witness statements of Dinah Lambert (1 December 2021, page 5) and Mr TE (14 September 2022, page 6).

228. Physical abuse was often used as punishment and to enforce the control of staff or other carers across all care settings. Māori survivors who experienced physical abuse spoke about it being used as punishment, often for minor infractions or behaviours outside of their control, including bedwetting,²⁴⁶ for behaviours considered deviant such as running away,²⁴⁷ or for discriminatory reasons such as being Māori.²⁴⁸
229. Some 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 third party social welfare providers, such as Te Whakapakari Youth Programme on Aotea Great Barrier Island.²⁴⁹ The Inquiry heard of an instance where a student attending Hato Pāora College near Aorangi Feilding 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.²⁵⁰ Those who fell over were hit with a paddle. Another survivor shared how he was knocked out by the paddle four times.²⁵¹ Instances of violence that occurred with a cultural framing contributed to the separation of some survivors from their culture, as this abuse meant they wanted nothing to do with the practice or the abusers.
230. Survivors also reported physical neglect, including having to sleep in sheds,²⁵² being left cold and hungry sometimes to the point of starvation, and being withheld basic amenities such as showering and toilets. Māori survivor Mr SK (Ngāti Porou, Ngāti Maniapoto), who was placed in Epuni Boys' Home in Te Awa Kairangi ki Tai Lower Hutt when he was aged 10, told the Inquiry:
- "By this time in my life, I had been locked in a closet, shed, kennel and cell by people who were meant to be looking after me. I ran away a lot – I took flight to try to prevent it happening again."***²⁵³
231. Some tāngata whaikaha were left unattended, or physically neglected or abused during their personal care routines, including those who required assistance with toileting, showering, cleaning teeth or eating.²⁵⁴ The Inquiry also heard that some wāhine Māori were denied access to menstrual products, as well as information and support about menstruation.²⁵⁵

246 Witness statements of Hone Tipene (22 September 2021, page 6).

247 Witness statements of Craig Dick (26 March 2023, page 17) and Rawiri (David) Geddes (15 April 2021, page 7).

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

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

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

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

252 Witness statements of Mr EC (24 February 2022, page 4) and Mr MB (24 February 2022, page 18).

253 Witness statement of Mr SK (22 February 2021).

254 Witness statement of Mr EY (1 February 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).

255 Private session transcript of Gwyneth Beard (Part 1), (30 April 2019, page 8).

Sexual abuse in care

232. Sexual abuse is a form of physical abuse. 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. From an ao Māori perspective, sexual abuse violates a person's tapu, their whakapapa and their mana tipuna.
233. 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.
234. Māori survivors were sexually abused and raped by caregivers, staff, peers or other residents, police officers, medical practitioners, teachers, nurses, nuns, priests, other faith leaders, and other adults who were given access to them.²⁵⁶ 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 Abuse.²⁵⁷ The Inquiry also heard of instances of organised sexual abuse from Māori survivors.
235. For many survivors, sexual abuse often began with some sort of grooming. Grooming involves incremental acts by an abuser which increase in intensity to gain access to a 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. In many cases, the grooming involved the abuser developing relationships of trust with survivors, and sometimes their whānau, before the abuse occurred.²⁵⁸

²⁵⁶ Witness statement of Mr FZ (14 April 2008, para 30), Wiremu Waikari (27 July 2021, para 232), Ms OI (16 June 2023, page 8), David Postlethwaite (20 February 2023, page 3) and Neta Kerepeti (22 April 2021, page 12); Private session transcript of Desmond Adams, (26 August 2020, pages 10–14).

²⁵⁷ Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final report: Nature and cause, Volume 2 (Commonwealth of Australia, 2017, page 12).

²⁵⁸ Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final report: Nature and Cause, Volume 2 (Commonwealth of Australia, 2017, page 41).

236. Māori and Pākehā survivor Ms NI, who was abused by a Presbyterian minister, told the Inquiry:

“The minister touched my body all over, including under my clothes and around my breasts and vagina. He also made me touch his penis. He would take opportunities when we were isolated. The abuse happened at church, in my home, at youth group camps and outings, in the transport used for youth group and at church events. He’d isolate you but make you feel special that you were being chosen to be with him.”²⁵⁹

237. The Inquiry heard from survivors that abusers would give them drugs or alcohol, or expose them to pornography²⁶⁰ or inappropriate sexual instruction in order to create the opportunity to perpetrate sexual abuse.²⁶¹ 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.²⁶² Sometimes abusers would help them or show kindness when the survivor was being bullied.²⁶³ Some survivors reported that their abusers would threaten them to keep them quiet, including being threatened with never being released from care.

Spiritual and religious abuse in care

238. Spiritual and religious abuse were often enacted alongside other forms of abuse, including spiritual leaders using their position and teaching to groom and sexually abuse survivors, psychologically abusing survivors through religious teachings such as telling Māori survivors their culture was sinful.

239. Survivors who were Māori,²⁶⁴ disabled or Takatāpui, Rainbow or MVPFAFF+ were also described as evil or sinful for having these identities and were subject to further abuse seemingly justified through religious beliefs.

240. Conversion practices were sometimes experienced in a pastoral care context. The Inquiry uses the term ‘conversion practices’ 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. Mr UB, a Māori (Ngāi Tahu) and Tongan fakaleitī, survived two instances of conversion practice, one that was initiated by the church and the other that was initiated by his school.²⁶⁵ Both of these instances happened within Pākehā faith environments.²⁶⁶

²⁵⁹ Witness statement of Ms NI (28 April 2022).

²⁶⁰ Witness statement of Jason Fenton (15 April 2022, page 10).

²⁶¹ Witness statement of Rūpene Amato (16 July 2021, page 7).

²⁶² Witness statement of Ms FT (21 June 2022, page 9); Private session transcript of Matthew Hohipa (4 March 2020, page 12).

²⁶³ Witness statement of Mr SN (30 April 2021, page 14).

²⁶⁴ Private session transcript of a survivor (17 February 2021, pages 5–7).

²⁶⁵ Witness statement of Mr UB (3 April 2022, page 7).

²⁶⁶ Witness statement of Mr UB (3 April 2022, page 8, para 63).

Medical abuse and neglect in care

241. Medicines and medical treatment, practices, and equipment were misused to abuse survivors. These abusive actions were often justified through medical reasons, even where issues were not related to illness. Staff across care settings and institutions also misused medical treatment and medications to control and punish people in care, including the use of electric shocks and painful injections. This was especially common in psychiatric and psychopaedic institutions and social welfare residences and institutions.
242. The Inquiry also heard of instances where Māori survivors received treatment or underwent surgery or procedures without giving informed consent. Some wāhine Māori survivors described being given contraception, sterilisations and abortions without their consent.²⁶⁷ The Inquiry also heard about 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."²⁶⁸
243. It was also common for young girls to undergo forced vaginal examinations against their will, particularly in social welfare residences. These were most often undertaken in degrading and uncaring ways, and some staff used these examinations as opportunities to sexually abuse young girls in their care. Māori survivor Neta Kerepeti (Te Rarawa, Ngāpuhi, Ngāti Wai, Ngāti Mutunga), who was placed at Bollard Girls' Home in Tāmaki Makaurau Auckland when she was 13 years old, said:
- "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."*²⁶⁹
244. Medical abuse in the form of conversion practices occurred in psychiatric care settings. The most common conversion practice experienced by survivors in psychiatric settings was being subjected to aversion techniques in the form of electric shocks. Survivors explained that, once they disclosed their sexuality to staff members or medical professionals, attempts were sometimes made by these institutions to convert them to heterosexuality. Survivors talked about the traumatising experience of receiving 'treatments' to 'fix' or 'cure' them, sometimes without their informed consent.²⁷⁰

²⁶⁷ Statement of claim of Ms LV (Cooper Legal, 22 December 2005, page 8); Witness statement of Ms GI (17 August 2021, pages 5–7).

²⁶⁸ Witness statement of Walton Ngatai-Mathieson (11 May 2021, page 13).

²⁶⁹ Witness statement of Neta Kerepeti (22 April 2021).

²⁷⁰ Witness statements of Joshy Fitzgerald (25 January 2022, pages 6–7)

245. New Zealand Māori survivor Joshy Fitzgerald (Te Arawa), who was at Tokanui Psychiatric Hospital, located south of Te Awamutu, as teenager, told the Inquiry that staff 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.”²⁷¹ 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.”²⁷²

246. The Inquiry’s summary of the experiences of Takatāpui, Rainbow and MVPFAFF+ survivors includes more detailed information about conversion practices in faith-based settings and psychiatric settings.

Solitary confinement in care

247. 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,²⁷³ psychiatric care, psychopaedic care, special schools and Gloriavale Christian Community. Some survivors discussed similar practices in their foster homes as well.²⁷⁴

248. 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.²⁷⁵

²⁷¹ Private session transcript of Joshy Fitzgerald (25 January 2022, page 14).

²⁷² Witness statement of Joshy Fitzgerald (25 January 2022, pages 6–7).

²⁷³ Letter from Cooper Legal to the National Office for Professional Standards (23 May 2018, page 4); Written account of Ms OM (1 June 2021, page 14); Private session transcript of Christine Hopa (7 July 2021, page 14).

²⁷⁴ Witness statements of Ms FW (12 August 2022, page 4, para 30) and P Wilde (23 February 2023, page 9, para 4.4).

²⁷⁵ Witness statement of Ellen Amohanga (20 January 2021, page 5).

249. Solitary confinement was often used in many social welfare residences and institutions and disability and mental health institutions to contain, control and manage behaviour, and punish perceived bad behaviour, particularly for running away.

250. Māori survivor Shaye Parkinson (Te Atiawa), who was “diagnosed with ADD at an early age” and placed in McKenzie Residential School in Ōtautahi Christchurch when he was 8 years old, explained his experience of solitary confinement:

“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.”²⁷⁶

251. 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.²⁷⁷ 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.

252. 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.

253. 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.”²⁷⁸

²⁷⁶ Private session transcript of Shaye Parkinson (2 February 2021).

²⁷⁷ Witness statements of Mr SN (30 April 2021, para 88) and Susan Kenny (15 July 2021, para 55).

²⁷⁸ Private session transcript of John Baxter (17 August 2021, page 10).

254. 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,²⁷⁹ 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.²⁸⁰

Financial abuse and forced labour in care

255. 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.

256. Forced labour is closely related to financial abuse, as it involves making people work against their will, often through threats or force,²⁸¹ 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.

257. Forced labour was particularly prevalent in family homes and foster care, where Māori were disproportionately represented. Māori survivors described being treated as slaves, including having to do an overwhelming amount of chores, duties, farmwork, and caregiving for younger peers.²⁸²

258. Māori survivors spoke about coerced, sometimes violently, into labour such as farm work and unreasonable housework.²⁸³ Survivors spoke of being forced to work without any personal reward, often in severe conditions and subjected to psychological and physical abuse.²⁸⁴

279 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).

280 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).

281 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>

282 Witness statements of Mr FQ (2021, para 14), Mr EH (19 April 2022, para 68) and Hemi McCallum (1 December 2021, para 21).

283 Witness statements of Mr EH (19 April 2022, page 16, paras 85–86), Mr AI (2021, page 8), Maryann Rangī (13 April 2021, page 7) and Jenni Tupu (11 December 2021, page 3).

284 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).

259. 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.
260. 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.
261. 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'!"²⁸⁵

Educational neglect in care

262. Educational neglect occurred across settings, including State²⁸⁶ and faith-based residential care,²⁸⁷ foster care,²⁸⁸ special residential educational settings, and mainstream educational settings such as day schools and faith-based private or State integrated boarding schools.²⁸⁹ Educational neglect could occur with varying severity, ranging from poor resourcing, lack of engagement from teachers²⁹⁰ and narrow curriculums to a complete lack of any kind of meaningful education while in care.
263. Throughout these care settings, Māori survivors reported that they were often disregarded and ignored by teachers, streamed into classes with easier work, or outright racially abused.²⁹¹ Māori survivors also reported being punished more frequently and more severely for perceived misbehaviour than their Pākehā counterparts.

²⁸⁵ Witness statement of Jenni Tupu (11 December 2021, page 3, para 14).

²⁸⁶ Witness statements of Gwyneth Beard (26 March 2021, paras 15, 23, 168) and Wiremu Waikari (27 July 2021, para 252).

²⁸⁷ Witness statement of Adam Powell (16 June 2021, para 51).

²⁸⁸ Witness statement of Hemi McCallum (1 December 2021, paras 81–82).

²⁸⁹ 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 Megan Marshall (2 August 2021, paras 35–39).

²⁹⁰ Witness statement of Adam Powell (16 June 2021, para 51).

²⁹¹ Witness statements of Michael Katipa (5 April 2023, para 47) and Gwen Anderson (30 December 2021, para 44).

264. Māori survivor Ms OF (Ngāti Kahungunu) told the Inquiry:
- "I got into trouble a lot at school. I wasn't stupid but I was put in the 'cabbage' class. I think I was treated pretty unfairly throughout school simply because I am Māori."*²⁹²
265. Tāngata Turi Māori experienced compounding educational neglect in special schools for Deaf children and young people by being denied not only access to Sign Language, but also to te reo Māori. More information on the experiences of tāngata Turi is set out in the Inquiry's case study on Van Asch College and Kelston School for the Deaf.
266. Some Māori survivors who were placed in psychiatric settings told the Inquiry that there was often no opportunity for them to access any form of schooling, even if they wanted to pursue or maintain education.²⁹³
267. 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.²⁹⁴ 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.²⁹⁵

Transgressions from an ao Māori worldview

268. The Inquiry sought to understand abuse and neglect from specific worldviews, including from an ao Māori worldview. It is important to note that 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.

Transgressions against whakapapa and mana motuhake

269. 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.
270. 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.

²⁹² Witness statement of Ms OF (21 November 2022, paras 9-10).

²⁹³ Witness statements of Mr IA (2 June 2022, page 5) and Joshy Fitzgerald (25 January 2022, page 5).

²⁹⁴ Transcript of evidence of closing statement by the Crown (26 August 2022, page 1103).

²⁹⁵ Transcript of evidence of closing statement by the Crown (26 August 2022, page 1070).

271. 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 practising 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 te ao Māori.
272. 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.
273. 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.
274. 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.

Transgressions against tapu and mana

275. 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.
276. 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.

277. 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.
278. 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 genitalia and reproductive system, 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."²⁹⁶
- "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."***²⁹⁷
279. 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.
280. 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.

296 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).

297 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).

Abuse and neglect of Māori survivors in specific care settings

281. Tamariki, rangatahi and pakeke Māori in care experienced all forms of abuse and neglect in all State and faith-based care settings during the Inquiry period. This section summarises the more prevalent or specific forms of abuse and neglect suffered by Māori survivors in each different care setting. Part 4 of the Final Report sets out the full spectrum of abuse and neglect in each setting.
282. 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 in many settings than non-Māori. They described 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, tāngata whaikaha, whānau hauā and Takatāpui survivors, these abuses were compounded with disablism, ableism, audism, homophobia and/or transphobia.
283. Tamariki and rangatahi Māori made up the majority of all children and young people in social welfare care settings. Māori were also disproportionately populated in other care settings.
284. 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.
285. 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.
286. 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.

Abuse and neglect of Māori survivors in social welfare settings

287. Social welfare settings include foster care, family homes, social welfare residences, youth justice institutions (including borstals) and third-party care providers. Māori survivors made up a disproportionate amount of tamariki and rangatahi in these care settings and in some, particularly social welfare residences, they made up the majority in care.

Foster care and family homes

288. Most children and young people who went through social welfare spent time in foster care and family homes. For many, they were violent and fearful environments and made survivors feel trapped. Physical, psychological, sexual and cultural abuse and neglect were common experiences, perpetrated by caregivers, caregivers' biological children and peers.

289. Māori survivors were degraded, beaten, isolated from their culture and whānau, punished in foster care, including through extreme physical violence, psychological abuse and neglect, such as through the withholding of food, shelter and clothing, and treated as animals.²⁹⁸

290. Māori survivors were subjected to sexual abuse by caregivers and peers (caregivers' children and other foster children) while in foster care.²⁹⁹ Abuse included 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.³⁰⁰

291. 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."*³⁰¹

298 Witness statements of Maryann Rangī (13 April 2021, para 60), Mr EC (24 February 2022, paras 53–56), Glenda Maihi (3 August 2021, para 40), Mr FQ (22 September 2021, para 9), Vernon Sorenson (22 July 2021, para 1.9), Mr AI (19 August 2021, para 34), Tania Kinita (2 August 2021, page 4, para 2.2); Private session transcript of John Heke (2021, page 36).

299 Witness statements of GH (2 March 2022, para 48) and Ms AG (2021, paras 103, 105) and Mr FZ (14 April 2008, para 3).

300 Witness statement of Jenni Tupu (11 December 2021, para 30).

301 Witness statement of GH (2 March 2022, para 51).

292. Māori survivors were often targeted or were treated differently by foster parents because they were Māori³⁰² and experienced racial abuse in foster care. 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."³⁰³

293. Māori survivors were also separated from their whānau, identity and culture – sometimes intentionally. 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 Pikiao) 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."³⁰⁴

294. 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 does not hold any knowledge of her true whakapapa or cultural identity and is searching for her links and connection.³⁰⁵ Māori siblings Mr AI and Ms AG (Waikato-Tainui) went into care aged 6 and 4 years old.³⁰⁶ 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."³⁰⁷

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

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

304 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).

305 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 2022, page 3).

306 Witness statements of Mr AI (2021, para 10) and Ms AG (2021, para 8).

307 Witness statement of Ms AG (2021, para 145).

Social welfare institutions

295. Social welfare institutions were described as hierarchical environments where some staff and residents would regularly take advantage of those younger or 'weaker'. Institutional life centred on regimentation, control and discipline, implemented through the pervasive use of extremely violent means. Most children and young people were treated as criminals and deliberately institutionalised as a strategy to address perceived delinquency. This included separating and isolating tamariki and rangatahi from their identity, cultural identity, whānau and support network.
296. A disproportionate number of children and young people in social welfare institutions were Māori, and in many they made up the majority. Not only were they subjected to institutional and interpersonal racism, but they were denied the ability to practise or maintain their culture. 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.³⁰⁸ Māori survivor Mr LT said: "I lost my te reo and my tikanga at Eponi [Boys' Home] and Kohitere [Boys' Training Centre]. They beat it out of me."³⁰⁹ In this way, Māori survivors experienced whakaiti, which was targeted at their Māoritanga.
297. Māori survivors suffered degrading treatment upon entering social welfare institutions, including strip searching and invasive vaginal examinations.³¹⁰ For wāhine Māori, these examinations were transgressions against the tapu of their body and particularly their whare tangata.
298. Māori survivors spoke about the psychological abuse they had suffered, which often included targeted racist verbal abuse focused on their identity as Māori. They also described being made to feel useless and like criminals, as well as being denied any aroha or care.³¹¹ Māori survivor Loretta Ryder told the Inquiry about her experiences of racism at Bollard Girls' Home in Tāmaki Makaurau Auckland:

"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. 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."³¹²

308 Witness statement of Hohepa Taiaroa (31 January 2022, pages 6–7).

309 Witness statement of Mr LT (7 March 2022, para 42).

310 Witness statements of Rawiri (David) Geddes (15 April 2021, para 16), Gwyneth Beard (26 March 2021, paras 71–72, 74–78, 81) and Maryann Rangi (13 April 2021, paras 98–101).

311 Witness statement of Sharon Byles (24 July 2021, para 43) and Waiana Kotara (17 February 2022, para 85).

312 Witness statement of Loretta Ryder (30 March 2021, para 103).

299. Social welfare institutions were often characterised by constant violent physical abuse, which some survivors described as unavoidable.³¹³ Māori survivors described racist abuse often accompanying physical violence. Māori survivor Wiremu Waikari shared how a staff member at Epuni Boys' Home in Te Awa Kairangi ki Tai Lower Hutt slapped him and called him a "bloody little monkey" as an 11 year old in 1969.³¹⁴ Physical abuse included peer-on-peer abuse and the use of the 'kingpin' system, where one resident would exercise and maintain control over others. Children and young people who were, or were perceived as, Takatāpui, Rainbow and MVPFAFF+ were especially targeted.³¹⁵
300. Sexual abuse by staff was pervasive in social welfare institutions³¹⁶ and often targeted at children or young people who were perceived to be weak. 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."*³¹⁷
301. The hierarchical and violent environments of most social welfare institutions also perpetuated peer-on-peer sexual abuse. Older or larger children would often take advantage of those who were new, weaker or younger and would force them to perform sexual acts and rape them.³¹⁸
302. 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.³¹⁹ Māori survivors described solitary confinement as being like "an old dungeon"³²⁰ or like jail.³²¹ At Waikeria Borstal near Te Awamutu, Māori survivor John Issac recalled his clothes being taken away: "I was naked the whole time that I was in the secure unit."³²² The Inquiry heard multiple accounts of solitary confinement co-occurring with physical abuse and sexual abuse of Māori survivors.³²³

313 Witness statement of Wiremu Waikari (27 July 2021, para 130).

314 Witness statement of Wiremu Waikari (27 July 2021, para 78).

315 Witness statement of Rawiri (David) Geddes (15 April 2021, para 37).

316 Witness statement of Rawiri (David) Geddes (15 April 2021, para 54) and Mr GQ (11 February 2021, para 101).

317 Witness statement of Mr SN (30 April 2021, paras 49–51).

318 Witness statement of Mr SK (22 February 2021, para 356).

319 Human Rights Commission, The use of secure care and related issues in social welfare institutions (June 1989, pages 7–9).

320 Witness statement of Tyrone Marks (22 February 2021, para 92).

321 Witness statement of Neta Kerepeti (22 April 2021, para 51).

322 Witness statement of John Isaac (28 March 2022, para 63).

323 Witness statements of Daniel Rei (10 February 2021, para 150), Wiremu Waikari (27 July 2021, paras 167, 247, 266) and Mr SN (30 April 2021, para 88)

303. Medical abuse, in the form of medicines and medical treatment, practices and equipment being used to control and punish, occurred in social welfare institutions. The Inquiry heard evidence of widespread medicalisation at Fareham House in Pae Tū Mōkai Featherston, a residence that predominantly housed Māori girls.³²⁴ During the mid-1960s and early 1970s, social welfare psychiatrists mass-diagnosed girls at Fareham House with epilepsy, which resulted in “mass treatment” by prescribing anti-convulsant medication without consent.³²⁵

Abuse and neglect in the care of contracted care providers

304. During the Inquiry period, the State passed on its authority or care functions to third parties, including both individuals and organisations. This is called “indirect care”,³²⁶ and was done formally and informally, with or without formal contracts.
305. 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).³²⁷ 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 Ōpōtiki and Te Whakapakari Youth Programme on Aotea Great Barrier Island. Children were regularly sent to these programmes as an alternative to going to a youth justice facility.
306. Māori survivors told the Inquiry about suffering physical violence, psychological abuse and sexual abuse while in ‘boot camp’ style care settings delivered by contracted care providers.³²⁸
307. The Inquiry’s care study on Te Whakapakari Youth Programme provides detailed information on the abuse and neglect experienced by children and young people who were sent there.

324 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).

325 Ministry of Social Development, Interview with Don Brown, educational psychologist (6 October 2008, page 9); Sedation for disturbed girls at Fareham (2 August 1965, page 1); Fareham House, Annual Report 1968, Temporal lobe epilepsy – related to difficult behaviour (n.d., page 6).

326 Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions Order 2018, clause 17.3(b).

327 Oranga Tamariki Act 1989, section 6.

328 Witness statements of Mr TN (21 April 2023, para 3.3) and Mr VP (25 August 2022, paras 66–68).

Abuse and neglect in faith-based settings

308. Māori survivors suffered extensive abuse and neglect in faith-based settings, including sexual, physical, psychological, emotional, spiritual, racial and cultural abuse and neglect. During the Inquiry period, faith-based care included residential and non-residential settings, such as care homes, foster care and adoption, pastoral care settings, and educational settings, such as schools, seminaries and institutes of religious formation. 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.
309. A major distinction for faith-based settings is that perpetrators often used religious teachings or their trusted religious authority to facilitate and justify abuse. For Māori survivors, the abuse and neglect suffered in these settings were often compounded by racism, and survivors were targeted because they were Māori.

Abuse and neglect in pastoral care settings

310. Pastoral care included situations where clergy and religious leaders often had trusted and close relationships with whānau members of survivors and had close contact with vulnerable people including children. 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.³²⁹
311. Survivors were groomed, sexually abused, and spiritually abused. Takatāpui survivors were subjected to conversion practices through pastoral care.³³⁰ The power imbalance of people in positions of religious authority often protected abusers from scrutiny or suspicion. Religious teachings or education were also used to facilitate and justify abuse and silence survivors. Samoan and Māori survivor Rūpene Paul Amato (Ngāti Kahungunu, Ngā Ariki Kaiputahi) was sexually abused by a Catholic priest who used "sex education" and confession as opportunities to abuse children without being disturbed.³³¹

³²⁹ Witness statement of Desmond Adams (8 June 2022, page 11, paras 5.12–5.13).

³³⁰ Witness statement of Mr UB (3 April 2022, page 7, para 57).

³³¹ Witness statement of Rūpene Amato (16 July 2021, page 9, para 53).

Abuse and neglect in faith-based children's orphanages and residences

312. Abuse and neglect in faith-based children's orphanages and residences were similar to State-based settings, where children and young people were subjected to psychological and physical abuse and neglect, and sexual abuse by staff, clergy members, religious leaders, lay staff, volunteers and peers. 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.
313. Faith-based orphanages and residences used abuse and religious teaching and language to control survivors and reform their behaviour or character from a Christian perspective. They also used abuse in attempts to reform children and young people.
314. Māori survivors suffered racism with spiritual or religious overtones in these settings. They also suffered spiritual abuse and neglect compounded with racism and cultural neglect.
315. 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 settings 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'.³³² 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."*³³³
316. When Dinah left Abbotsford Children's Home in Waipawa, she did not know anything about her identity as Māori or the concept of whānau.³³⁴ This was a form of whakaiti and led to whakarere – a loss or lack of cultural connection and knowledge.
317. Māori survivors discussed how they were routinely singled out in front of their peers based on their skin colour, verbally abused, and treated differently to Pākehā residents.³³⁵

³³² Witness statement of Dinah Lambert (1 December 2021, para 81); Private session transcript of Rexene Landy (17 February 2021, page 5).

³³³ Witness statement of Dinah Lambert (1 December 2021, para 81).

³³⁴ Witness statement of Dinah Lambert (1 December 2021, paras 244 and 249).

³³⁵ Witness statements of Ms OY (6 March 2022, page 6) and Mr TH (7 June 2021, para 98).

318. 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.³³⁶

Abuse and neglect in unmarried mothers' homes

319. During the Inquiry period, the Anglican, Catholic and Presbyterian churches and the Salvation Army operated unmarried mothers' homes and arranged adoptions. The psychological, physical and medical abuse and neglect of girls and women in these homes was justified or reinforced by religious beliefs, particularly that they were morally corrupt and in need of redemption. Their children were seen as in need of rescue and redemption by being adopted to respectable families.³³⁷

320. Survivors of unmarried mothers' homes told the Inquiry that they were subjected to gendered psychological, emotional and verbal abuse focused on their perceived promiscuity and immorality and shaming for being pregnant outside of marriage.³³⁸

321. 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. Women and girls in unmarried mothers' homes were subjected to forced labour, such as cleaning and laundry. Pākehā survivor Christine Hamilton, who was at St Vincent's Home of Compassion (Catholic) in Tāmaki Makaurau Auckland, recalled that two pregnant Māori girls aged 14 and 16 years old did "back-breaking" work in the laundry every day using antiquated equipment.³³⁹

322. Many women and girls in unmarried mothers' homes experienced medical abuse and neglect during their pregnancies and childbirth, including being denied information about childbirth and pain relief during labour.

Faith-based adoption practices and placements

323. Churches facilitated adoptions through the unmarried mothers' homes they ran, including the Catholic Church, the Salvation Army, and the Anglican Church. Survivors told the Inquiry that they were pressured, bullied or coerced into adopting out their babies on the premise that having children outside of marriage was 'sinful' and shameful, and that their babies would be saved through adoption.

³³⁶ Witness statement of Vincent Hogg (15 December 2021, para 87).

³³⁷ 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).

³³⁸ Brookes, B, "Shame and its Histories in the Twentieth Century" in *Journal of New Zealand Studies* Volume 9 (2010, page 46).

³³⁹ Written account of Christine Hamilton (25 October 2021, page 3).

324. Women and girls were expected to pretend that their pregnancy never happened, adding to the trauma of this experience. Māori survivor Ms AF (Ngāti Tahinga, Ngāti Ira) was sent to Rosanna Good Shepherd Hostel for expectant mothers in Te Awa Kairangi 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.³⁴⁰
325. Adoption legislation and practices affected non-Pākehā in specific ways. Adoption legislation in the 1950s and 1960s imposed a Pākehā worldview that ignored tikanga and cut through existing Māori whāngai practices where tamariki were almost always placed within whānau. When tamariki and pēpē Māori were adopted out, their ethnicity was sometimes falsely recorded or not recorded at all. Māori survivor Ms AF (Ngāti Tahinga / Ngāti Ira), who was adopted by a Pākehā family, had her ethnicity listed as European at the hospital and her adoption was not notified to the Ministry of Māori Affairs.
- “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.”³⁴¹***
326. This was particularly common in closed adoption practices. 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.³⁴²
327. 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. Māori survivors told the Inquiry that they were separated from their culture, whānau and whakapapa through being adopted.³⁴³
328. Māori 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”.³⁴⁴

340 Witness statement of Ms AF (13 August 2021, page 8).

341 Witness statement of Ms AF (13 August 2021, pages 13, 15).

342 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).

343 Private session transcript of Jenni Tupu (9 March 2020, page 30); Witness statement of Ms AF (13 August 2021, pages 13, 15).

344 Witness statement of Ms AF (13 August 2021, page 3).

Abuse and neglect in faith-based education settings

329. Abuse and neglect suffered by survivors in faith-based schools had elements in common with faith-based children's orphanages and residences, and more broadly with social welfare settings. 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.
330. In faith-based schools, abusers were clergy, priests, religious leaders, religious brothers and nuns, and lay people, including teachers. The Inquiry heard about entrenched cultures of physical, psychological and emotional violence at faith-based schools, enforced and encouraged by school staff and students.³⁴⁵ Survivors were subjected to extensive sexual abuse by staff in Catholic and Anglican schools.³⁴⁶ Peer-on-peer physical and sexual abuse was common as part of initiations, especially at boarding schools.³⁴⁷
331. Māori survivors of mixed-ethnicity faith-based schools described being racially targeted. 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."³⁴⁸
332. In Māori faith-based boarding schools, Māori survivors reported similar types of abuse to mixed-ethnicity faith-based schools, including extremely harsh punishments,³⁴⁹ sexual abuse from staff,³⁵⁰ sexual abuse among peers,³⁵¹ and physical bullying and homophobic abuse among peers.³⁵² The use of cultural practices as an abuse tool was a unique experience for survivors at these schools.³⁵³ 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.³⁵⁴

³⁴⁵ Witness statements of Mr TE (14 September 2022, paras 68–71) and Robert Donaldson (24 August 2020, page 4).

³⁴⁶ Dilworth Independent Inquiry, An independent inquiry into abuse at Dilworth School (2023).

³⁴⁷ Witness statement of Mr TE (14 September 2022, pages 3–4).

³⁴⁸ Witness statement of Mr SW (9 September 2020, page 7).

³⁴⁹ Witness statement of Mr GD (8 July 2022, paras 27, 31–33).

³⁵⁰ Witness statements of Hone Tipene (22 September 2021, para 96) and Kamahl Tupetagi (3 October 2021, pages 18–19).

³⁵¹ Witness statements of Kamahl Tupetagi (3 October 2021, pages 19–20) and Hone Tipene (22 September 2021, page 15).

³⁵² Witness statements of Mr KL (6 April 2023, para 18), Mr GD (8 July 2022, para 24) and Johnny Nepe (10 December 2021, page 20, paras 112–114).

³⁵³ Transcript of Hato Pāora and Hato Pētera Wānanga (3–4 November 2022, pages 33–34).

³⁵⁴ Written statement of Lee Akapita (4 August 2022, page 9).

333. While exposure to Māori language and culture was an attractive feature of these schools, particularly before the kōhanga reo and kura movements, the Inquiry was told te reo Māori and tikanga did not always feature to the extent expected.³⁵⁵ Survivor E. Te Tuiri Hakopa shared that “te reo wasn’t prevalent, even at Te Aute College, which was a big disappointment”.³⁵⁶
334. Survivor Kamahl Tupetagi told the Inquiry that some of the abuse he suffered at Hato Pāora 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.³⁵⁷
335. Many survivors, particularly from the schools for Māori boys, expressed their continued loyalty to their schools and some shared their positive experiences.³⁵⁸

Abuse in Gloriavale Christian Community

336. 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.
337. 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.
338. This discrimination was encouraged and justified through religious teaching.³⁵⁹ Lilia Tarawa said Gloriavale believe “you don’t have ethnicity, you’re just a child of God”.³⁶⁰ 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”.³⁶¹ She recalled leaders teaching that te reo Māori was “Satan’s language” and that Māori were lazy and thieves.³⁶²

³⁵⁵ Private session transcript E. Te Tuiri Hakopa (3 November 2021, page 19); Witness statement of Mr KL (6 April 2023, para 15).

³⁵⁶ Private session transcript E. Te Tuiri Hakopa (3 November 2021, page 19).

³⁵⁷ Witness statement of Kamahl Tupetagi (3 October 2021, paras 72 and 74).

³⁵⁸ Witness statements of Mr HO (13 July 2022, para 43) and Mr KL (6 April 2023, para 37)

³⁵⁹ Witness statement of Ms SU (2 June 2021, para 3.3.5).

³⁶⁰ Private session Transcript of Lilia Tarawa, part 1 (3 November 2021, page 35).

³⁶¹ Witness statement of Ms KM (10 June 2021, para 4.1.2).

³⁶² Witness statement of Ms KM (10 June 2021, para 4.1.2).

339. 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.³⁶³
340. Survivor David Ready (Ngāti Porou) said that in later education, Māori were presented as "ignorant cannibals and Pākehā as superior".³⁶⁴ 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".³⁶⁵ 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".³⁶⁶ Education on te Tiriti o Waitangi was minimal and inaccurate.³⁶⁷

Abuse and neglect of survivors in Deaf, disability and mental health settings

341. Survivors told the Inquiry that psychological, emotional, verbal, physical, sexual, medical, spiritual, racial and cultural abuse and neglect were prevalent across Deaf, disability and mental health settings during the Inquiry period.
342. The Inquiry heard that Deaf, disability and mental health settings were environments of isolation, fear, violence and control for many survivors and witnesses. Much like social welfare institutions, Deaf, disability and mental health settings prioritised regimentation over individual needs, isolated people in their care from their support network, and also depersonalised and institutionalised survivors. Almost all survivors described abuse and neglect that stripped them of their personhood, identity, dignity and autonomy.
343. For tāngata Turi, tāngata whaikaha and tāngata whaiora survivors, the abuse and neglect they were subjected to in these settings was compounded by racism and the effects of being separated from their connections to culture, whānau and whakapapa Māori.

³⁶³ Witness statement of Constance Ready (4 August 2022, page 13).

³⁶⁴ Witness statement of David Ready (8 May 2021, para 3.5.2).

³⁶⁵ Witness statement of Ms SU (2 June 2021, para 3.3.5).

³⁶⁶ Witness statement of Ms SU (2 June 2021, para 3.3.5).

³⁶⁷ Witness statement of Constance Ready (4 August 2022, pages 13–14).

Abuse and neglect in large-scale institutional settings

344. Māori survivors who were placed in large-scale institutional settings such as psychopaedic and psychiatric hospitals suffered individual and 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 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.
345. 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".³⁶⁸
346. Many were not allowed to speak te reo Māori, and Māori names were Anglicised for staff convenience.³⁶⁹ 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.³⁷⁰
347. 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.
348. Intersectional experiences of abuse and neglect have also been experienced in these settings by tāngata whaikaha Māori and tāngata whaiora 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 that separated them from their whānau and culture; this disconnection was further exacerbated once in care, where they experienced racism and ableism.

368 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).

369 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).

370 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).

349. In a collective statement, a group of whānau hauā from Tāmaki Makaurau Auckland said the worst 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.”³⁷¹ 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.³⁷² The group spoke about how this relates to the Tohunga Suppression Act 1907 and how it has prevented Māori from practising their own traditional methods of healing and supporting whānau hauā. This, alongside other colonial institutions and instruments, has denied whānau access to mātauranga and practices that would have enabled them to care for their own whānau hauā.³⁷³
350. The whānau hauā group said they experienced multiple forms of abuse while in institutional care, “often because [they] were Māori”.³⁷⁴ 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.”³⁷⁵
351. Māori survivors who were in psychiatric institutions also suffered cultural neglect.³⁷⁶ 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]”.³⁷⁷ 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.³⁷⁸
352. 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.”³⁷⁹
353. Māori survivors and their whānau also experienced racism in disability and mental health settings.³⁸⁰

371 Collective statement of Tāmaki Makaurau Whānau Hauā (September 2022, paras 11–12).

372 Collective statement of Tāmaki Makaurau Whānau Hauā (September 2022, para 15).

373 Collective statement of Tāmaki Makaurau Whānau Hauā (September 2022, para 18–19).

374 Collective statement of Tāmaki Makaurau Whānau Hauā (September 2022, para 10).

375 Collective statement of Tāmaki Makaurau Whānau Hauā (September 2022, para 10).

376 Witness statement of Ms WC (1 November 2022, page 7).

377 Witness statement of Joshy Fitzgerald (25 January 2022, page 13).

378 Witness statement of Joshy Fitzgerald (25 January 2022, page 13).

379 Witness statement of Sheree Briggs (24 January 2022, page 5).

380 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).

354. 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.”³⁸¹ He also said that Māori and Pākehā patients were “like enemies, fighting in the kitchen”,³⁸² and that Pākehā nurses were “rude, arrogant and racist towards us”.³⁸³
355. 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.³⁸⁴
356. 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”.³⁸⁵ These gatherings allowed people to practise whakawhanaungatanga and to “talk about what issues and concerns they had with the system, staff, place and environment”.³⁸⁶
357. Some Māori survivors have spoken about how behaviours associated with Māori spirituality, specifically matakite, were misunderstood and pathologised.³⁸⁷ Medical professionals and staff would interpret these behaviours as symptoms of mental distress or a mental health condition that required treatment, including medication.³⁸⁸
358. Sidney’s sister, Cherene, also explained that staff did nothing to support their whānau introducing Māori healing practices, such as tohunga,³⁸⁹ 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.”*³⁹⁰

381 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 7).

382 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 8).

383 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 7).

384 Private session of Sidney Neilson (10 June 2020, page 22).

385 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 8).

386 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 8).

387 Witness statement of Mr OL (29 September 2020, paras 21–23).

388 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).

389 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).

390 Private session transcript of Sidney Neilson (10 June 2020, page 40).

359. 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.

Abuse and neglect in special schools and units for Deaf children and young people

360. Most of the evidence the Inquiry heard from Deaf and tāngata Turi survivors relates to experiences in the special schools, including special units in mainstream schools, around the 1960s to 1980s. Survivors' experiences of abuse and neglect in Van Asch College (previously called Sumner Institute for the Deaf and Dumb) and Kelston School for the Deaf are discussed in more detail in the Inquiry's case study.

361. Tāngata Turi Māori not only suffered the same types of abuse and neglect as other Deaf survivors in special education settings but also experienced overlapping and compounding forms of abuse and neglect, particularly cultural neglect and racial discrimination.

362. A Deaf Pākehā survivor, Mr JS, who attended Sumner Institute for the Deaf and Dumb (later named Van Asch College) in the 1970s and 1980s, told the Inquiry he thought the school principal was racist towards Māori students.³⁹¹ He said "he always targeted them. It was clear to me that he hated the Māori students."³⁹² He recalls that the tāngata Turi Māori students who knew the principal from previous schooling "all hated him."³⁹³

363. 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."³⁹⁴

³⁹¹ Witness statement of Mr JS (27 May 2022, pages 8–9).

³⁹² Witness statement of Mr JS (27 May 2022, page 8, para 2.59).

³⁹³ Witness statement of Mr JS (27 May 2022, page 9).

³⁹⁴ Witness statement of survivor who wishes to remain anonymous (26 October 2022).

364. 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.³⁹⁵ Tāngata Turi Māori survivors said that at Kelston School for the Deaf in Tāmaki Makaurau Auckland, there was no access to te reo Māori or tikanga Māori.³⁹⁶
365. Similarly, cultural neglect was experienced at St Dominic's School for the Deaf in Aorangi Feilding and Van Asch College 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 [Van Asch College]. 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."³⁹⁷
366. 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.
367. One of the statements explained: "We were denied access to both of our indigenous languages."³⁹⁸ 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.³⁹⁹
368. 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."*⁴⁰⁰**

395 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).

396 Witness statements of Milton Reedy (20 May 2022, page 7, paras 2.55–2.56) and Whiti Ronaki (20 June 2022, para 2.25).

397 Witness statement of Mr JU (27 October 2022, page 5).

398 Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, para 11).

399 Collective statement of Ōtautahi Tāngata Turi (September 2022, pages 4–5).

400 Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, paras 14 and 16).

Abuse and neglect in transitional and law enforcement settings

369. 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.
370. 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.
371. Māori survivors spoke about being targeted by NZ Police. 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”.⁴⁰¹ He explained: “[We] were shit scared of the police because we got the bash every single time.”⁴⁰²
372. Some survivors said that while they were children, police officers assaulted them to ‘extract’ confessions. Māori, Pākehā survivor Toni Jarvis (Ngāi 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”.⁴⁰³

Abuse and neglect in health camps

373. 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. Māori survivor Stephanie Hopa (Muaūpoko) described it as “terrifying”.⁴⁰⁴ Other survivors spoke about how they felt lonely and homesick.⁴⁰⁵
374. 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 survivor, 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.”⁴⁰⁶

401 Witness statement of Mr IA (2 June 2022, pages 7–8).

402 Witness statement of Mr IA (2 June 2022, pages 7–8).

403 Witness statement of Toni Jarvis (April 2021, 12 para 167).

404 Private session transcript of Stephanie Hopa (8 July 2021, page 9).

405 Witness statement of Waiana Kōtara (17 February 2022).

406 Witness statement of Mr KA (7 February 2023, para 14).

Extent of abuse and neglect of Māori survivors

375. The Inquiry is unable to conclusively state the number of those who entered care or who were abused and neglected while in care. The data provided in this section represents estimates of extent based on a wide range of information. From the available information, from Inquiry hearings, existing research and the survivor accounts received, it is clear Māori were disproportionately represented in care and disproportionately abused in care.
376. 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.⁴⁰⁷
377. 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.⁴⁰⁸ 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).
378. The Inquiry engaged with DOT Loves Data to produce a quantitative analysis of the 2,329 survivor accounts the Inquiry had received. The DOT analysis found that Māori and Pacific survivors endured higher levels of physical abuse than other ethnicities.⁴⁰⁹

Extent of abuse and neglect in social welfare care

379. Māori were disproportionately represented in the care system throughout the Inquiry period, particularly in 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 and neglect while in social welfare care settings.
380. This is supported by what the Inquiry heard from Māori survivors 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).⁴¹⁰

407 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).

408 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).

409 DOT Loves Data, Final report: Quantitative analysis of abuse in care (Royal Commission of Inquiry into Abuse in Care, September 2023, page 45).

410 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 4).

381. Fifty-seven percent of wāhine Māori survivors reported experiencing sexual abuse in social welfare care. The next most common types of abuse reported by wāhine Māori were physical abuse (56 percent) and emotional abuse (53 percent).

Extent of abuse and neglect in faith-based care

382. The Inquiry spoke to more than 200 Māori survivors of faith-based care settings.⁴¹¹ More than a third of these survivors experienced sexual abuse (39 percent), physical abuse (39 percent) or emotional abuse (34 percent).⁴¹²
383. Forty-one percent of wāhine Māori survivors reported being sexually abused while in faith-based care. The next most common types of abuse reported by wāhine Māori were physical and emotional abuse at 39 percent and 37 percent respectively.⁴¹³

Extent of abuse and neglect in disability and mental health care settings

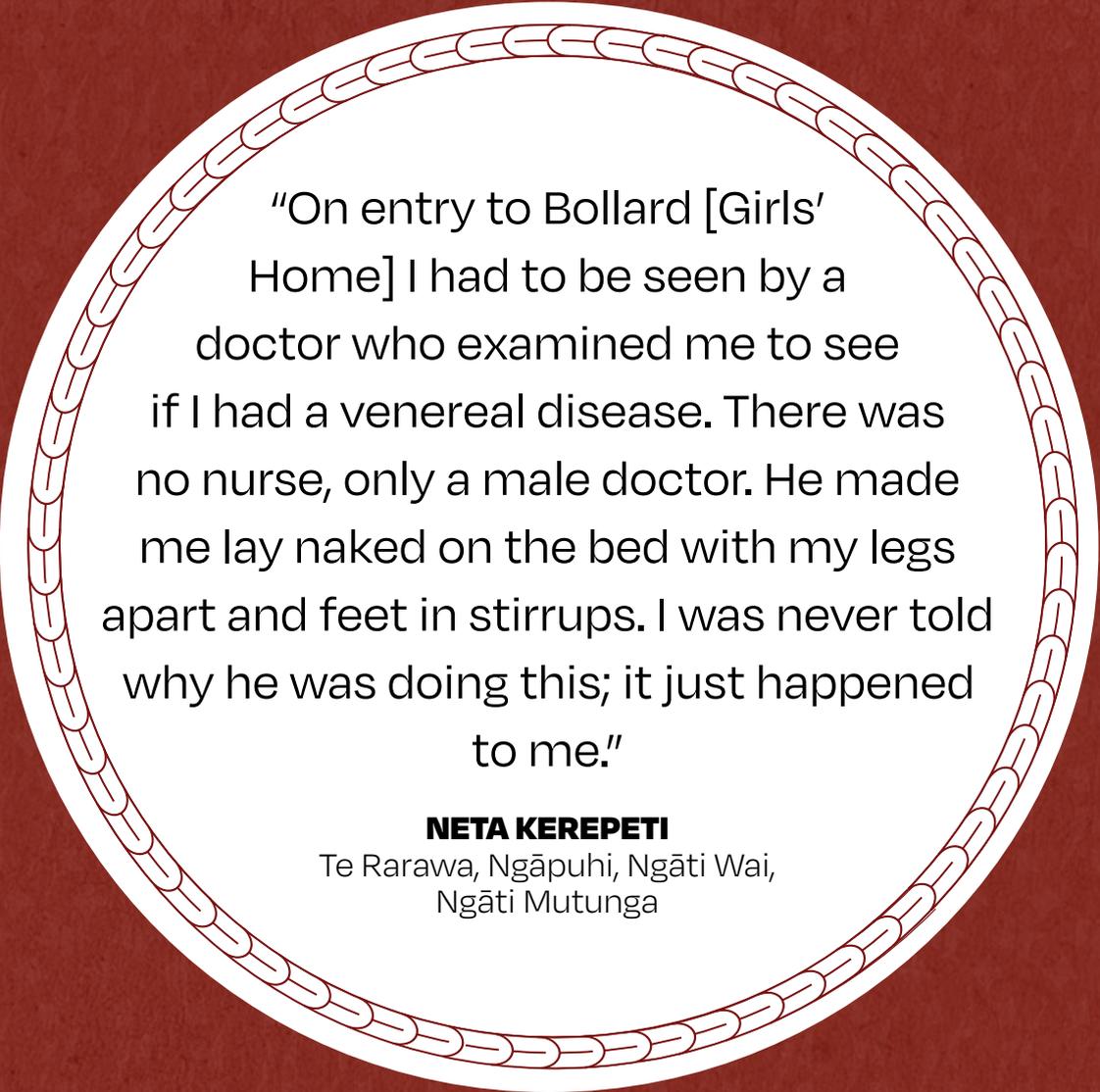
384. Almost half of Māori survivors who went through disability or mental health care settings were physically abused (46 percent). There was also significant sexual abuse (33 percent) and emotional abuse (31 percent) reported by Māori survivors.⁴¹⁴
385. Forty-four percent of wāhine Māori survivors reported experiencing physical abuse while in mental health and disability care settings.

411 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 4).

412 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 4).

413 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 4).

414 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 5).



"On entry to Bollard [Girls' Home] 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."

NETA KEREPE TI

Te Rarawa, Ngāpuhi, Ngāti Wai,
Ngāti Mutunga

Chapter 6: Impacts of abuse and neglect on Māori survivors and their whānau

386. Part 5 of the Final Report sets out the significant, pervasive and lifelong impacts that abuse and neglect in State and faith-based care had on survivors' physical and mental health, emotional wellbeing and spirituality, identity and cultural identity, education and employment opportunities. Survivors' relationships and their ability to form and maintain relationships were also impacted by the abuse they suffered.
387. The impacts have been, and continue to be, experienced by tamariki, rangatahi and pakeke Māori survivors themselves, as well as their whānau, hāpori, hapū and iwi, and have had severe consequences for subsequent generations.
388. For Māori survivors, the cumulative impacts of abuse and neglect in care are rooted in the historical and contextual effects of colonisation, urbanisation and structural and institutional racism. These cumulative impacts also occurred at both an individual level and a collective and intergenerational level.
389. From an ao Māori perspective, every instance of abuse, neglect and harm was also a transgression against aspects of survivors' mana, tapu, mauri and whakapapa. Wellbeing from an ao Māori perspective also considers that all aspects of a person's wellbeing are interconnected, including the health and wellness of their tinana, hinengaro, wairua, whānau and whenua. While these aspects are separated in text, it is acknowledged that they are not separate aspects in reality – and that each impacts and influences the others.

Impacts on survivors' connection to their taha Māori, whānau and whakapapa

390. The removal of Māori survivors from their whānau and hāpori and the racial and cultural abuse and neglect suffered in care all impacted survivors' connection to their cultural identity, or taha Māori. For many Māori survivors, this was one of the most damaging impacts, which rippled out and affected their sense of self and their emotional, mental and spiritual wellbeing.

391. Many Māori survivors spoke about feeling whakamā, isolated, lost and not having any sense of self. Whakamā, a reo Māori term that has no exact English equivalent, includes aspects of shame and self-abasement, of feeling inferior, inadequate and with self-doubt, and of shyness, excessive modesty and withdrawal. Survivor Ms CH (Ngāi Tūhoe, Ngāti Raukawa) told the Inquiry of the whakamā she felt from being raised in care without knowledge of her cultural identity:

“Growing up it seemed I was the only Māori in my class who did not know what tribe I came from. I felt confused, stupid and useless. It was like I didn’t exist. I didn’t feel ‘Māori’ and I certainly didn’t feel ‘complete’.”⁴¹⁵

392. Survivor Glenda Maihi (Ngāti Pikiao), who was 6 years old when she was taken into care, told the Inquiry how this isolated her from her whānau, and impacted her identity and sense of connection to her whakapapa:

“I grew up a lost soul. One of the worst effects of being in state care has been the loss of my identity, loss of my whānau, and loss of my whakapapa. Due to our [siblings’] separation from each other, our whānau relationships as adults have been fractured. The effect of having no connection with my siblings made me feel alone. Growing up feeling like I had no one was very hard. There was no work by Social Welfare to retain my whakapapa or my cultural identity. I wanted to learn about my cultural identity, but I did not know where to go to.”⁴¹⁶

393. The Inquiry heard that structural, institutional, societal and interpersonal racism also worsened survivors’ experiences of disconnection to taha Māori, whānau and whakapapa. Some survivors, often as a protective response, internalised the racism they were subjected to, which sometimes led to them distancing themselves from anything Māori. Ms NN, who experienced significant institutional and societal racism as a child, said:

“I do not associate with being Māori and I have issues with it to this day. I never got the chance to be Māori, that was taken away from me.”⁴¹⁷

Impacts on taha tinana

394. Survivors suffered both immediate and long-term impacts on their physical health, including long-term head injuries, hearing loss, cognitive impairments and chronic health conditions. Some survivors drew connections between the anxiety and stress developed from abuse suffered in care, and physical illnesses and conditions they developed later in life. These include cancer, diabetes and strokes.

⁴¹⁵ Witness statement of Ms CH (2 August 2021, para 5.29).

⁴¹⁶ Witness statement of Glenda Maihi (3 August 2021, paras 64–65, 71–72, 74).

⁴¹⁷ Witness statement of Ms NN (12 August 2021, paras 95–96).

Impacts on taha hinengaro

395. Most survivors spoke about the mental distress they experienced during and after being in care. The most common experience was that survivors suffered from anxiety disorders, including post-traumatic stress disorder and depression.
396. Almost every survivor the Inquiry heard from spoke about experiencing stressful and disruptive anxiety disorder challenges to this day, including being triggered, having flashbacks, and reverting back to feeling as they did while being abused in care. Tāngata whaikaha Māori survivor Matthew Whiting, who was placed in care at 4 years old, said:
- “When I get stressed now, I revert to being institutionalised ... I get into a place where I can’t back down, which isn’t helpful. In situations where I feel powerless, I respond with immense distress. It is completely overwhelming. This is the reality of living with PTSD as a disabled person.”⁴¹⁸*
397. Many survivors developed specific behaviours or coping strategies to function, self-soothe, block traumatic memories, and survive day to day. These often included substance use and abuse, including alcohol and drugs, and non-suicidal behaviours with the intent to injure themselves. The use and abuse of drugs and alcohol also increased the likelihood of survivors coming into contact with State authorities such as NZ Police.

Impacts on interpersonal relationships

398. Many survivors described how the abuse and neglect they suffered in care impacted their capacity for affection, trust and intimacy and their ability to form and maintain relationships, including relationships with whānau, friends, community members, and intimate partners.
399. For many survivors, entering into care and moving across multiple settings contributed to this as it affected their attachments. Being abused by people who were responsible for caring for them only compounded survivors’ capacity to create healthy attachments.
400. Experiencing sexual abuse in care impacted some survivors’ sexuality and ability to feel safe within sexual situations or relationships.

⁴¹⁸ Witness statement of Matthew Whiting (22 November 2021, page 12).

Impacts on life pathways

401. The compounding abuse and neglect suffered by Māori survivors in care also impacted their life pathways.

Restriction of economic wellbeing, including access to education, employment and housing

402. Many survivors' opportunities were restricted due to abuse and neglect – particularly educational neglect – which further impacted their economic wellbeing and ability to secure housing and jobs. As a result, some survivors resorted to crime, gangs or sex work in order to survive. For Māori, these detrimental impacts were compounded by racism.

Distrust in authority

403. Many Māori survivors held a deep distrust in authority and the State before entering care, and this was made worse after being abused and neglected in care. Māori distrust in authority and the State was often intergenerational and in response to the discrimination and harm they had already suffered by authority figures, including through racial targeting, colonisation, assimilation and urbanisation.
404. This distrust, coupled with racism once leaving care, sometimes prevented survivors from seeking or accepting assistance from the government or others, including benefits they were entitled to.

Learned violence

405. Violence was often so embedded in care settings and survivors' day-to-day lives that it became normalised and internalised by many survivors. Some survivors learned to use violence to protect themselves in care, or to survive.
406. For some survivors, this learned behaviour continued long after they had left care, where the survivor would perpetrate the abuse they had seen and experienced. This was also made worse by the psychological impacts suffered. It is important to note here that most survivors of abuse do not go on to become perpetrators. However, for the few who did there is a clear link between the abuse they experienced and the harm they perpetuated later in life.⁴¹⁹

419 Witness statement of Roy Takiaho (10 September 2020, page 8).

Pathways to prison

407. Rates of imprisonment were especially high for survivors of abuse and neglect in care. Previous research has found that one in five, and sometimes as many as one in three, individuals who went through social welfare residences during the Inquiry period went on to serve a criminal custodial sentence later in life. This experience was worse for Māori survivors, who experienced disproportionate entries into social welfare residences and disproportionate entries into prison.
408. Prisons represent another layer of transgression against tikanga. To imprison someone is to deny tikanga practices that enable the restoration of balance (ea) and the maintenance of whanaungatanga.
409. Dr Moana Jackson has previously described prisons as being “culturally incomprehensible”⁴²⁰ and “antithetical to everything that is consistent with tikanga and with our [Māori] history”.⁴²¹ For survivors who were then incarcerated after care, this has meant they experienced compounding forms of transgressions against tikanga.

Pathway to gang membership

410. Social welfare institutions played a significant role in gang formation. Many Māori survivors shared how their time in care introduced them to gangs and gang life. Joining was often in response to the violence, isolation and disconnection they experienced in care, including disconnection from their identity, culture, whānau, communities and society. Some survivors shared that joining gangs gave them a home, whānau, and a place to feel like they belonged and were safe.

Collective impacts on Māori communities

411. The denial of tino rangatiratanga over kāinga (home) has resulted in Māori being unable to intervene and protect their own from entry into care and from suffering abuse and neglect while in care. The Waitangi Tribunal has found that the damage to Māori tribal and kinship structures has been immense.⁴²²

420 Jackson, M, “Moana Jackson: Prison should never be the only answer,” E-Tangata (14 October 2017), <https://e-tangata.co.nz/comment-and-analysis/moana-jackson-prison-should-never-be-the-only-answer/>

421 Jackson, M, “Why did Māori never have prisons?” E-Tangata (17 June 2023), <https://e-tangata.co.nz/comment-and-analysis/why-did-maori-never-have-prisons/>

422 Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 106).

412. Dr Moana Jackson told the Inquiry:

“Taking away a people’s political and constitutional power to determine their own destiny breaks the fundamental construct that ensures their independence and thus the authority to make the best decisions for themselves.

Taking people’s lives and the simple tragedy of loss induces a collective intergenerational grief that compounds the trauma of the other takings. In such circumstances the possibility of maintaining a nurturing sense of cultural integrity and collective strength is necessarily diminished.

Each taking merges historically in colonisation’s ultimate goal which is to assume power and impose legal and political institutions in places which already have their own. It means subordinating the power of Iwi and Hapū mana and tino rangatiratanga or self-determination and thus limiting the ability to properly protect what are the most important taonga for any people – the land, the culture, and the mokopuna.”⁴²³

413. Taking tamariki, rangatahi and pakeke Māori into care is a transgression against whakapapa and has longstanding impacts on whānau, hapū and iwi. The large-scale removal of tamariki and rangatahi Māori from whānau has had a devastating impact. Tens of thousands of tamariki and rangatahi Māori were either admitted to care or adopted into non-kin families between 1950 and 1999.

414. Removal of tamariki and rangatahi Māori from their whānau, hapū and iwi in such numbers created a significant loss of Māori who could maintain and continue cultural skills, such as learning and teaching mātauranga Māori. This process has been described by some as “legalised cultural genocide”.⁴²⁴

415. The trauma of abuse and neglect that many Māori survivors suffered in care was often transferred to their siblings, tamariki and mokopuna when they returned to their whānau and communities.⁴²⁵ The trauma would manifest in complex needs that whānau were not equipped to respond to. As a result, some survivors felt estranged from their whānau because of the abuse they suffered in care.⁴²⁶

423 Brief of evidence of Dr Moana Jackson (29 October 2019, page 7, paras 45–46).

424 Bradley, J, “Kei Konei Tonu Mātou (We are still here),” in *Adoption and healing: Proceedings of the International Conference on Adoption and Healing* (New Zealand Adoption Education and Healing Trust, 1997, page 41), as quoted in 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 212).

425 Witness statements of Mereani Harris (17 August 2021), Ms GI (17 August 2021) and Te Enga Harris (17 August 2021).

426 Witness statements of Ms AF (13 August 2021, page 13, paras 12.7–12.9), Emery-James Wade (16 March 2021, page 11, para 90) and Ihorangi Reweti Peters (18 January 2022, page 9, para 50).

416. The Inquiry also heard numerous accounts of trauma being passed down through generations. Survivors spoke of their inability to connect with siblings and parents, which impacted relationships with their own children.⁴²⁷ They expressed feeling like failures as parents because they had not been taught what good parenting was.⁴²⁸ Some deliberately chose not to have children out of fear that the trauma they carried would be passed onto another generation.⁴²⁹
417. Whānau, hapū, iwi and hāpori Māori have been overwhelmed by the accumulative impact of this historical, collective and individual trauma.⁴³⁰
418. Ōtautahi tāngata Turi Māori shared with the Inquiry that their attempts to support tamariki Turi (Deaf children) are usually ignored. They are told their ways “are not the right way” or they do not have the qualifications to support tamariki in Deaf schools.⁴³¹ This means tamariki Turi do not benefit from the lived experience and knowledge tāngata Turi Māori offer.
419. Tāmaki Makaurau whānau Turi (a collective of Māori Deaf survivors from Auckland) also noted the layers of discrimination they face having both Māori and Deaf identities.⁴³² They describe how in Deaf spaces, tāngata Turi Māori have not been able to engage with their Māori identity and in Māori spaces they also face barriers to connection, such as communication.⁴³³ For example, the limited availability of trilingual interpreters impedes their access to Māori culture, learning te reo and tikanga Māori.⁴³⁴

427 Witness statements of Mr HC (26 May 2022, page 17, paras 7.22–7.25) and Mereani Harris (17 August 2021, pages 10–11, paras 53–55).

428 Witness statement of Ms AF (13 August 2021, page 12, paras 12.5–12.6).

429 Witness statement of Mr OS (1 April 2022, page 11, para 5.1.1).

430 Smith, T & Tinirau, R, He rau murimuri aroha: Wāhine Māori insights into historical trauma and healing (Te Atawhai o Te Ao: Independent Māori Institute for Environment & Health, 2019, pages 5–6).

431 Collective statement of Ōtautahi Tāngata Turi (September 2022, para 10).

432 Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, para 16).

433 Collective statement of Ōtautahi Whānau Turi (September 2022, paras 30–32).

434 Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, paras 17–21).

Continued determination of Māori survivors

420. All survivors demonstrated determination to endure, confront, persevere and triumph in the face of considerable and ongoing adversity and in spite of the ongoing effects of harm suffered and the ongoing barriers to redress. Coming forward to the Inquiry and sharing their experiences is testimony to this. The Inquiry acknowledges the strength it took for survivors to do so. Survivors gave many reasons for coming forward, the most common being to make sure abuse and neglect in care never happened to anyone ever again.
421. Some survivors attempted to find healing within various State and faith-based redress processes. However, as outlined in the Inquiry's report *He Purapura Ora, He Māra Tipu*, often redress processes were confusing, frustrating and traumatising, and ultimately were not healing for survivors.⁴³⁵
422. The Inquiry recognises that for many survivors the healing journey has not begun or is still ongoing. State and faith-based institutions have a role to play in ensuring survivors can "regenerate and grow despite the trauma that they have endured in their lives".⁴³⁶ This includes the need to ensure justice for survivors, to provide meaningful holistic *puretumu torowhānui* for survivors, and to enact meaningful societal change to ensure abuse in care never happens again.
423. Many survivors have a desire to change the system, to prevent ongoing abuse and neglect in care and to interrupt the transmission of intergenerational trauma. That is their motivation for sharing their experiences, in the hope that it will influence change for the betterment of all children, young people and adults at risk or in care, now and in the future.
424. This chapter discusses various other ways survivors have found healing, including through reconnecting to *whānau* and identity, healing through spirituality and faith, and healing through education, employment and advocacy.

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

436 Royal Commission of Inquiry into Abuse in Care, *He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui*, Volume 1 (2021, page 6).

Reconnecting with whānau and identity

425. Many Māori survivors lost their connection to, and knowledge of, whānau, kāinga, mātauranga Māori, identity, culture, language, values and practices. For many survivors, finding their biological whānau and establishing connections with them, their wider communities, cultural identity, language, and cultural values and practices was a critical part of their journey and moving forward. Māori survivor Ms CH (Ngāi Tūhoe, Ngāti Raukawa) said:

“Knowing my tribal connection is a very important part of my Māori culture. Introductions are always called for by acknowledging and naming our iwi, hapū, awa, and maunga. I missed out on those things growing up and it greatly affected me, including my wairua, my mana, my sense of identity, my sense of purpose, any sense of papakāinga or belonging ... a whanaunga of mine told me my whakapapa. In a week I knew my pepeha and it stuck with me. This was extremely healing for me. I will always be thankful I knew her for putting [me] back on the path that led me to me learning who I was.”⁴³⁷

426. The reconnection and strengthening of survivors' relationships with their whānau, their culture and their identity have been integral in the process of breaking the cycle of intergenerational trauma. The Australian Inquiry into Child Abuse noted that where trust and confidence has been broken due to sexual abuse, re-establishing interpersonal relationships and emotional connections with family or support networks may also play a role in preventing ongoing adverse effects of the abuse.⁴³⁸

Healing through faith and spirituality

427. Many survivors have spoken about finding healing through connection to faith or spirituality. This healing has come both from the beliefs and teachings of their respective faiths, and from the sense of belonging and community they found in them. It is, however, important to note that some survivors who experienced abuse in care, particularly faith-based care, lost their faith.

428. Whakapono is the concept of faith or a belief system within te ao Māori, and many Māori survivors have expressed that strengthening their whakapono has provided a pathway for intergenerational healing to take place.⁴³⁹

⁴³⁷ Witness statement of Ms CH (15 June 2022, pages 9–10, paras 5.28–5.34).

⁴³⁸ Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report: Impacts, Volume 3 (2017, page 25).

⁴³⁹ Transcript of the oral evidence of the whānau of Kuini Karanui at the Inquiry's Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing (11 March 2022).

429. Some survivors have shared that forgiveness or letting go of the hara has been a major factor of their own healing.⁴⁴⁰ The whānau of survivor Kuini Karanui shared the story of their whaea (mother, aunt):

“She was always forgiving, so I guess she had this unconditional love and she’s been very clear in the statement, she didn’t want to name anybody, and she wanted no follow-up for any whānau that she was harmed by. And I guess what she would want to do to finish up is to finish with forgiveness and for recognition of the lessons that were learned ... now we have to live by the values that she’s left with us.”⁴⁴¹

Healing through education, employment, advocacy

430. Some survivors spoke about beginning their journey of healing through kaupapa Māori programmes. This was particularly the case for many Māori survivors who were introduced, or reintroduced, to te ao Māori while in prison. Survivor Karl Te Tauri shared that:

“While in prison I got to meet Herewini Jones in the Māori focus unit. He delivered the program Mahi Tahi to prisoners and that kaupapa taught me things like Te Whare Tangata and Mana Wahine. It was powerful and moving and it was my first journey into Te Ao Māori and it ignited something in me. I wanted more.”⁴⁴²

431. This was the beginning of a journey for Karl Te Tauri that allowed him to “see the light at the end of a very long, dark tunnel!”⁴⁴³

432. Many survivors have found healing by helping others through their healing processes. For some survivors, the trauma they have experienced informs their perspective and approach when assisting others to navigate their own journeys of healing.⁴⁴⁴ Paora Sweeney shared his experience of becoming a drug counsellor in the drug unit in a prison. He reflected:

“I think it’s because of my past that I’m able to work with the guys in the prison. I’ve had to turn my past into something that’s useful for me. It’s the only education I’ve known. When I went to work in the jail, there were a couple of people there that were far more qualified than me, but I got the position.”⁴⁴⁵

440 Witness statements of Paora Sweeney (30 November 2020, page 27) and Jenni Tupu (11 December 2021, page 16).

441 Transcript of the oral evidence of the whānau of Kuini Karanui at the Inquiry’s Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing (11 March 2022, page 27).

442 Witness statement of Karl Te Tauri (2 August 2021, page 11).

443 Witness statement of Karl Te Tauri (2 August 2021, page 12).

444 Witness statements of Paora Sweeney (30 November 2020, page 26) and Wiremu Waikari (27 July 2021, page 50, paras 344–348).

445 Witness statement of Paora Sweeney (30 November 2020, page 26).

433. Karl Te Tauri shared that his sense of purpose and meaning has come about through the opportunity to coach rugby league to at-risk rangatahi Māori.⁴⁴⁶

*"Kids are the kaupapa and sport is the tool that connects us. Working with at risk youth is now my life's kaupapa. Because we can connect, we have the opportunity to ignite and bring about real positive change, and that's exactly what we've been doing."*⁴⁴⁷

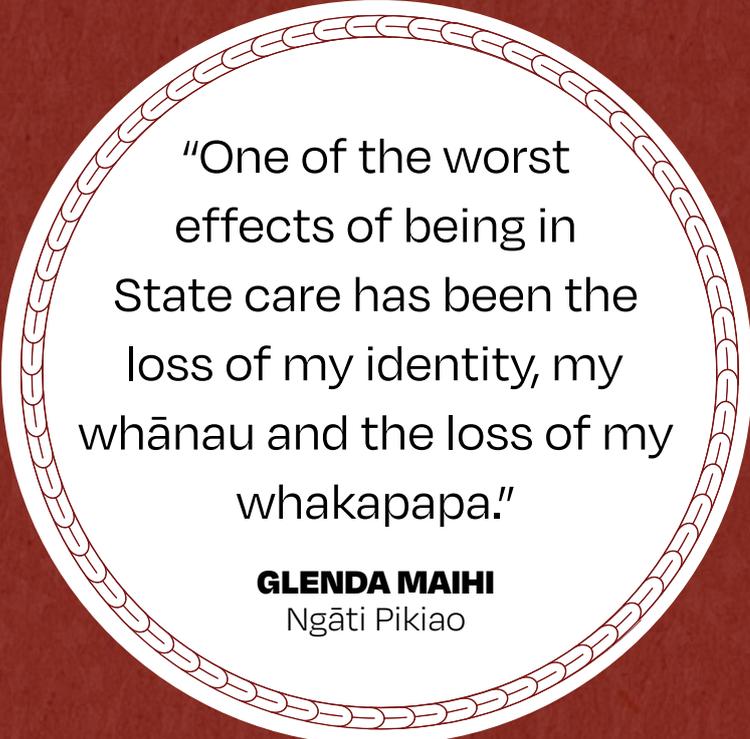
434. Karl Te Tauri founded a rugby league club, and this has been the vehicle to provide support to rangatahi Māori to learn new skills and put them on the right pathway.⁴⁴⁸ There have been many rangatahi Māori that have come through the organisation and have gone on to become New Zealand Māori rugby league representatives, with many others becoming role models and leaders within their respective whānau and communities.⁴⁴⁹

446 Witness statement of Karl Te Tauri (2 August 2021, page 10).

447 Witness statement of Karl Te Tauri (2 August 2021, page 10).

448 Witness statement of Karl Te Tauri (2 August 2021, page 10).

449 Witness statement of Karl Te Tauri (2 August 2021, page 10).



"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."

GLEND A MAIHI
Ngāti Pikiao

Chapter 7: Te Tiriti o Waitangi

435. Part 6 of the Final Report explores the evidence and information collected through two lenses – the Inquiry's te Tiriti o Waitangi framework and the core human rights themes described in Part 1 of the Final Report.
436. The Inquiry's application of its te Tiriti o Waitangi framework, which guided its understanding and analysis of the abuse and neglect suffered by tamariki, rangatahi and pakeke Māori in State and faith-based care, is set out below.
437. Part 6 of the Final Report sets out the Inquiry's key observations, including that there is strong evidence that there have been numerous infringements of te Tiriti o Waitangi principles that apply in relation to the care of tamariki, rangatahi and pakeke Māori across multiple care settings. There is strong evidence that te Tiriti o Waitangi and its principles were not taken into account in many care settings, to the significant detriment of tamariki, rangatahi and pakeke Māori in care, and this had a significant impact on whānau, hapū and iwi, and caused intergenerational harm. The Inquiry is profoundly concerned about this conclusion.

Denial of hapū and iwi mana and autonomy

438. Throughout the Inquiry period tamariki, rangatahi and pakeke Māori were often taken, or placed into care. This means that whānau, hapū and iwi were deprived of one of their most critical roles – to exercise tino rangatiratanga over their kāinga. It also denied hapū and iwi mana and autonomy. It removed the ability and power of whānau, hapū and iwi to care for and nurture the next generation and to regulate the lives of their people.
439. Had whānau Māori been able to fully realise the exercise of their tino rangatiratanga as envisaged by te Tiriti o Waitangi, tamariki, rangatahi and pakeke Māori would not have needed care from the State or faith-based institutions in the first place and those who did need care (outside of their whānau) would be served by their hapū, iwi or hāpori Māori.

Failure to address the ongoing systemic effects of colonisation

440. Viewing the issue of care and protection in the historical context of Aotearoa New Zealand, there are many policies and laws over successive governments that were either directed at or had the effect of suppressing tribal political institutions. This included the taking of tribal territory (through direct purchase, land confiscation and Māori land legislation), which disconnected Māori from their economic, political, social and cultural base. As articulated best by Dr Moana Jackson: "A people cannot be tangata whenua if they have no whenua to be tangata upon."⁴⁵⁰ State policies of assimilation devalued Māori language and culture. The urbanisation push, particularly in the mid-1950s to 1970s, further fractured Māori communities.
441. Since 1840 State policies, practices and laws have played a direct and active role in detribalising Māori communities, denying Māori rangatiratanga and creating the underlying causative factors that have contributed to tamariki Māori, rangatahi Māori and pakeke Māori being taken into the care of the State and faith-based institutions.
442. The State failed to address the ongoing systemic impacts of colonisation that contributed to Māori being taken into care, in which Māori experienced abuse and neglect. This includes failing to recognise the inherent mana motuhake of iwi and hapū, failing to carry out the structural reform that would have enabled Māori to exercise rangatiratanga and mana motuhake.
443. Further, when the State was alerted to whānau experiencing stress (whether through for example poor health outcomes, lack of adequate housing, or circumstances where alcohol and drugs were prevalent), accessible and practical support to whānau to avoid the removal of tamariki Māori, rangatahi Māori and pakeke Māori from whānau was not provided, and nor were there opportunities for whanaunga in hapū, iwi or hāpori Māori to be supported to provide assistance.
444. The failure to address the broader underlying issues that create the circumstances in which Māori are disproportionately taken into the care of State and faith-based institutions was a breach of the Crown duties to recognise rangatiratanga and actively protect Māori.

⁴⁵⁰ Brief of evidence of Dr Moana Jackson at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 29 October–8 November 2019, para 44).

State and faith-based care undermined the ability of whānau to care for their own

445. The Crown act of removing Māori from their whānau, hapū and iwi and placing them in various care settings was an act of ongoing colonisation and structural racism. Not only did the taking of tamariki, rangatahi and pakeke Māori undermine whānau and hapū and tribal structures but in some cases Māori who have been in care do not even know where they come from. This has created a landscape of cultural devastation for many Māori survivors.
446. Although the removal of Māori from their whānau was framed within the guise of 'protection' and 'care', it occurred within a context of discriminatory, paternalistic and racist policies that sought to assimilate Māori into dominant Pākehā society. Māori were also generally targeted by NZ Police, social workers and other State officials and the intrusion into the sphere of tino rangatiratanga was often violent and abusive for individuals and their whānau, hapū and iwi. Structural racism has been acknowledged by former Oranga Tamariki Chief Executive Grainne Moss as a feature of the State care system,⁴⁵¹ which has also been reflected in society more generally, leading to more tamariki and rangatahi Māori being reported and coming to the attention of NZ Police, social workers and other State officials. The Adoption Act 1955 stripped away and legally severed many Māori from their whakapapa.
447. The taking of Māori into care was an intrusion into the tino rangatiratanga sphere and undermined the ability of Māori to exercise their right to care for their own supported and enabled by hapū, iwi and communities more broadly. It was also a breach of the legitimate exercise of kāwanatanga (which requires the Crown to foster rangatiratanga and ensure laws and policies are just, fair and equitable) and the principles of partnership and active protection.

Exclusion of Māori from decision-making and influence

448. Like the Waitangi Tribunal in its He Pa Harakeke Report,⁴⁵² the Inquiry found little evidence of te Tiriti o Waitangi partnership or meaningful Māori involvement in the design and implementation of Crown policy and legislation relating to the care of children during the Inquiry period.

451 Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 5).

452 Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 18).

449. Whānau, hapū and iwi had little, if any, voice or role in decision-making processes across the spectrum of care systems, including the placement of tamariki Māori. Māori were locked out of decision-making about the best interests and wellbeing of their taonga. Further, there was a limited understanding of te Tiriti o Waitangi, which has allowed or enabled a selective approach to incorporating or implementing te Tiriti in practices, standards, policies and legislation.
450. The absence of Māori thought, input, autonomy and influence within the State and faith-based care systems was a breach of te Tiriti o Waitangi, particularly the right of Māori to exercise tino rangatiratanga over their kāinga. This resulted in Māori being unable to intervene and protect their own from entry into care and from suffering abuse and neglect while in care. It resulted in the obligation to keep Māori safe not being met. It was also a breach of the te Tiriti o Waitangi partnership and the Crown's duty of active protection.

Exclusion of Māori models of care

451. The State and faith-based care systems were generally Eurocentric. Māori models of care that valued te ao Māori, mātauranga Māori, tikanga Māori and te reo, and retained connections to culture and whānau were excluded from this system until the mid-1980s. The Inquiry observed that:
- > The placement of Māori in Pākehā psychiatric hospitals undermined Māori concepts of health, wellbeing and care.
 - > Tāngata Turi Māori did not have the option of learning sign language in te reo Māori and therefore were unable to connect to their culture and whakapapa through their language.
 - > It was not an option for whānau, hapū, iwi or hāpori Māori to receive support to be empowered to care for their whānau hauā, tāngata whaiora and tāngata Turi in a culturally appropriate way at home.
 - > Whānau, hapū or iwi did not have the option to be involved in the care of tamariki, rangatahi and pakeke Māori that were placed or taken into specialised care settings.
452. From the mid-1980s onwards there were some limited attempts made to include te ao Māori, tikanga Māori and te reo Māori.
453. The care systems into which Māori were taken and placed generally took a Eurocentric, 'one size fits all' approach that was culturally inappropriate for Māori. Māori thinking, approaches and values were not incorporated into the care systems for tamariki, rangatahi and pakeke Māori in care. The lack of kaupapa Māori options as part of the care systems fall foul of te Tiriti o Waitangi principle of options, which follows on from the principles of partnership, active protection, and equity.

The stripping away of Māori cultural identity and racism

454. Once in care, survivors suffered many forms of abuse and neglect. Māori survivors emphasised the overt and targeted racism they endured, the cultural neglect and the deliberate stripping away of Māori survivors from their culture, language and identity in both State and faith-based care, and the legal severance from their whakapapa for those Māori that were adopted.
455. Cultural genocide as defined by international law is the systematic destruction of traditions, values, language and other elements that make one group of people distinct from another.⁴⁵³ While the Inquiry has not found a particular policy that expresses cultural genocide as a goal or intention of the care system, Māori have been disproportionately targeted, removed from their culture and placed into care systems that have not prioritised or provided for their traditions, values and language. When tamariki, rangatahi and pakeke Māori were taken into care, this action also meant that the whānau, hapū and iwi lost their chance to perpetuate the transmission of mātauranga (knowledge), tikanga and te reo Māori, and collective identity to those tamariki, rangatahi and pakeke Māori. The Waitangi Tribunal has also found that Crown care policies have been dominated by efforts to assimilate Māori to the Pākehā way and that this is perhaps “the most fundamental and pervasive breach of te Tiriti o Waitangi / the Treaty and its principles”.⁴⁵⁴ The Inquiry agrees with this line of reasoning.
456. Care systems were part of the ongoing effect of colonisation. There is a serious question whether aspects of the care system contained elements of cultural genocide. Both the 1997 Australian Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families⁴⁵⁵ and Canada’s Truth and Reconciliation Commission inquiring into its residential school system found cultural genocide through its aboriginal policy, specifically its policies of assimilation.⁴⁵⁶ In Aotearoa New Zealand the laws and practices of removing tamariki, rangatahi and pakeke Māori involved elements of both systemic racial discrimination and cultural genocide. The denigration and stripping away of Māori cultural identity as part of a broader system of assimilation was inconsistent with the principles of tino rangatiratanga, kāwanatanga, partnership, active protection, and equity.

453 Truth and Reconciliation Commission of Canada, *Honouring the truth, reconciling for the future: Summary of the final report of the Trust and Reconciliation Commission of Canada* (2015, page 1).

454 Waitangi Tribunal, *He Pāharakeke, He Rito Whakakīkinga Whārua: Oranga Tamariki Urgent Inquiry*, Pre-publication version (Wai 2915), (2021, page 12).

455 National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, *Bringing them home* (1997).

456 Truth and Reconciliation Commission of Canada, *Honouring the truth, reconciling for the future: Summary of the final report of the Trust and Reconciliation Commission of Canada* (2015, page 1).

Hostility towards the use of te reo Māori

457. The care system had a hostile attitude towards the use and retention of te reo Māori. Te reo Māori was not something that was prioritised and valued; some Māori names of tamariki, rangatahi and pakeke Māori were removed and in some instances survivors were punished for speaking te reo. This impacted not only the individual survivors but for some was a break with their whakapapa and whānau and has had an intergenerational impact.
458. The hostility towards the use of te reo Māori in the care system and resulting loss of language breached the te Tiriti o Waitangi principle of active protection.

Inadequate care failed to keep Māori safe

459. Māori survivors suffered a range of abuse and neglect across care settings, including psychological, emotional, physical, sexual, cultural, educational, medical, and spiritual abuse and neglect, on top of the effects of colonisation and urbanisation. Māori survivors shared their experiences of transgressions against their personal tapu, mana, mauri and wairua from abuse and neglect in care.
460. While the Inquiry has not been able to obtain accurate numbers, it is evident that abuse was prolific and that Māori have long made up the majority of those placed in social welfare and youth justice care settings. The number of Māori abused in care is therefore likely to have been pervasive and disproportionate. Further, being Māori was likely to make the impact of the abuse and neglect worse for survivors.
461. There are multiple systemic reasons why many Māori suffered multiple forms of abuse and neglect while in care or received inadequate care. Quite simply, the care system was broken.
462. Tamariki, rangatahi and pakeke Māori in care are taonga. While assuming ultimate care and responsibility or an oversight role for these taonga, the Crown failed to protect many of them from abuse. This is a grave breach of the Crown's obligation under te Tiriti o Waitangi to actively protect Māori as well as a breach by those institutions who have te Tiriti o Waitangi obligations. That disparities in abuse are likely to be present and that Māori are disproportionately affected by racism is also a breach of the principle of equity and equal treatment. Further, the Crown was or should have been aware of the abuse and neglect suffered by Māori while in care. This raises concerns that the Crown has breached the principle of good government, particularly by failing to adequately care for Māori or obtain and maintain adequate information or knowledge of any abuse or neglect suffered by Māori while in care, or hold abusers to account.

Failure to provide a remedy for abuse and neglect

463. Many survivors found their efforts to have their abuse and neglect appropriately acknowledged, and to receive reasonable redress from the State and faith-based institutions for that abuse and neglect, were often rejected or in some instances limited to a small financial payment. The failings in the redress system for abuse and neglect in care are covered in the Inquiry's interim report *He Purapura Ora: he Māra Tipu*.⁴⁵⁷ These failings included redress processes not being developed with regard to *te Tiriti o Waitangi*, not recognising the *mana* of survivors or offering genuine support for survivors to heal their lives, and not including *tikanga Māori* or reflecting *te ao Māori* concepts and values and the need for collective redress.
464. More broadly than the shortcomings in the redress process, it is clear the Crown has acted in excess of its *kāwanatanga* powers and breached *te Tiriti o Waitangi* in a number of ways. The Crown failed to transform the care system in a manner that would uphold *rangatiratanga* and reflect a true partnership.
465. The failure to implement a redress process that is consistent with *te Tiriti o Waitangi* and the ongoing failure of the Crown to address its breaches in respect of the care system more broadly (which leads to abuse and neglect) is a failure to uphold the principle of redress.

The intergenerational impact on collectives

466. The impact of abuse on survivors transcends the individual. The impact of the removal of Māori from their cultural communities, particularly in great numbers, created a significant loss of those who could maintain and continue cultural skills.
467. The trauma of the abuse suffered by those in care was intergenerational and collective. That is, it transferred from survivors to their *tamariki*, *mokopuna*, *whānau*, *hapū* and *iwi*. This can manifest itself in many ways. That includes a number of social problems such as inequitable health and education outcomes, higher incarceration rates, gang formation, intimate partner violence and family and *whānau* violence, unemployment, homelessness, mental distress, substance misuse and abuse, an overall narrowing number of life opportunities, and suicide. Part 5 discusses these impacts in more detail.
468. This category of harm also breaches the *te Tiriti o Waitangi* principle of active protection.

⁴⁵⁷ Royal Commission of Inquiry into Abuse in Care, *He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui* (2021).

469. Te Tiriti o Waitangi and its principles were significantly neglected in the design, development and implementation of the care systems and this disregard of te Tiriti o Waitangi went to the heart of the abuse and neglect experienced by many Māori survivors and their whānau. In particular, the overlapping principles of tino rangatiratanga, kāwanatanga, partnership, active protection, options, equity, equal treatment, good government and redress were infringed as a result of the following inter-related acts or omissions:

- > the denial of hapū and iwi mana and autonomy to care for their whānau, nourish their tamariki, rangatahi and pakeke, and regulate the lives of their people
- > the failure to address the ongoing systemic effects of colonisation
- > the legal and practical severance of Māori survivors and their whānau from their whakapapa and their connection to their whānau, hapū and iwi
- > the creation of care systems that:
 - i. excluded Māori from decision-making and influence
 - ii. did not include or value Māori models of care
 - iii. was embedded with racism and stripped Māori of their cultural identity
 - iv. was hostile towards te reo Māori
- > the failure to keep Māori safe from many forms of abuse once in care
- > the failure to provide appropriate remedies for abuse and neglect.

470. The impact of these acts and omissions have caused significant multi-faceted harm not only to those individuals who suffered abuse in care, but an intergenerational harm to their whānau (past, present and future), hapū and iwi.

"Kids are the kaupapa and sport is the tool that connects us. Working with at risk youth is now my life's kaupapa. Because we can connect, we have the opportunity to ignite and bring about real positive change, and that's exactly what we've been doing."

KARL TE TAURI

Ngāti Porou

Chapter 8: Factors that contributed to Māori suffering abuse and neglect in care

471. Part 7 of the Final Report 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.
472. The Inquiry identified that four factors all caused or contributed to the abuse and neglect of tamariki, rangatahi and pakeke Māori in State and faith-based care. These included:
- > factors relating to the people at the centre of abuse and neglect
 - > institutional factors
 - > structural and systemic factors
 - > societal factors.
473. Most of these factors did not have a significantly different effect on Māori compared with non-Māori in care. Two factors did have a significant and compounding effect on tamariki, rangatahi and pakeke Māori in care – the Crown’s failure to uphold the rights of Māori in care that were guaranteed in te Tiriti o Waitangi, and the institutional and structural racism embedded in the care system.

The people at the centre of abuse and neglect

Protective factors can reduce the risk of abuse and neglect

474. Strong 'protective factors' refers to a set of internationally recognised factors that contribute to resilience because they promote healthy development and wellbeing and can reduce the risk of experiencing abuse and neglect.⁴⁵⁸ These factors are a combination of personal, parental and environmental factors. People have strong protective factors if they:⁴⁵⁹
- > maintain strong connections with family, kāinga, whānau, hapū, iwi and community
 - > have good self-esteem or personal confidence and understand who they are and their place in the world
 - > for Māori, have full authority over their kāinga (home, residence or village) to live as Māori, and connection to their whakapapa, whānau, hapū and iwi
 - > have family cohesion and parental resilience
 - > have supportive and trustworthy peers and adults in their lives (in addition to their direct carers)
 - > understand their rights and how they should be treated
 - > understand appropriate and inappropriate behaviour, personal safety and what they can do in difficult situations.
475. Strong protective factors in whānau, children, young people and adults significantly reduces the likelihood of entry into care. In care settings, protective factors can reduce the risk of abuse and neglect and increase a person's resilience and ability to navigate difficult situations.⁴⁶⁰

458 Australian Institute of Family Studies, Risk and Protective Factors for Child Abuse and Neglect, (May 2017, pages 3, 7–8); Royal Commission into Institutional Responses to Child Sexual Abuse (Australia), Final report: Volume 2 – Nature and cause (2017, page 18).

459 Australian Institute of Family Studies, Risk and Protective Factors for Child Abuse and Neglect, (May 2017, pages 3, 7–8); Royal Commission into Institutional Responses to Child Sexual Abuse (Australia), Final report: Volume 2 – Nature and cause (2017, page 18).

460 Royal Commission into Institutional Responses to Child Sexual Abuse (Australia), Final report: Volume 2 – Nature and cause (2017, page 18).

Rights guaranteed in te Tiriti o Waitangi protect tamariki, rangatahi and pakeke Māori

476. 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. In addition, te Tiriti rights themselves protect Māori.
477. 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 worldviews, which is guaranteed by the principle of options – these rights would have been powerful protective factors for tamariki, rangatahi, and pakeke Māori, reducing entry into care and the risk of abuse and neglect in care.
478. The Inquiry heard how many whānau, hapū and iwi were not empowered to care for and raise their tamariki, rangatahi or pakeke Māori as guaranteed to them in te Tiriti o Waitangi.⁴⁶¹ When tamariki, rangatahi and pakeke Māori were removed from their whānau, hapū and iwi and placed into care, it removed the ability and power of whānau, hapū and iwi to care for and nurture the next generation, to regulate the lives of their people and to transfer mātauranga Māori.
479. The ongoing, intergenerational effects of colonisation and continuing assimilation policies and urbanisation during the Inquiry period meant that many tamariki, rangatahi and pakeke Māori did not have an understanding of who they were and their place in the world. Some had connections with their whakapapa, whānau, hapū and iwi severed. Many held shame or mamae, rather than pride in their culture.
480. The Crown's failure to uphold these rights during the Inquiry period was a breach of the principles of tino rangatiratanga, kāwanatanga, partnership, active protection, and options.

Human rights protect tamariki, rangatahi and pakeke Māori

481. Human rights recognise that tamariki, rangatahi, pakeke Māori, whānau haua 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.

⁴⁶¹ Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry (2021, pages 11–16).

Factors for entry into care became factors for abuse and neglect in care

482. During the Inquiry period, many whānau and communities needed support to care for their children, young people and adults at home or within their community. Without this support, many children, young people and adults were placed in State and / or faith-based institutions.
483. People placed in care needed support, strong protection and to be safeguarded against abuse and neglect. Instead, many were placed in care facilities with institutional environments and practices that heightened the risk of abuse and neglect.
484. Many of the personal circumstances that made it more likely a child, young person or adult would enter care often made them more susceptible to, or put them at an increased risk of, abuse and neglect in care. These factors were underpinned by societal attitudes like discrimination based on racism, ableism, disablism, sexism, homophobia and transphobia, and negative stereotypes about children and young people, poverty and welfare dependency.
485. These factors included:
- a. being raised in poverty and experiencing deprivation
 - b. being disabled with unmet needs
 - c. being Māori and racially targeted
 - d. being Pacific and racially targeted
 - e. being Deaf with unmet needs
 - f. experiencing mental distress with unmet needs
 - g. being Takatāpui, Rainbow, MVPFAFF+, gender diverse or transgender and being targeted
 - h. if a person had experienced significant or multiple adverse childhood events before entering care
 - i. having a deferential attitude to people in positions of authority, including faith leaders and medical professionals
 - j. other reasons such as age or gender.

486. Most survivors had or experienced many of these factors, which heightened the risk of abuse and neglect. For tamariki, rangatahi and pakeke Māori in care, this meant that they were more susceptible to abuse and neglect if they were also raised in poverty, were Pacific, Deaf or disabled or experienced mental distress, were Takatāpui, or had multiple combinations of these circumstances.
487. Abusers were a key factor that contributed to abuse and neglect in care. Abusers misused their positions of power and control over people in care to inflict at times extreme and violent abuse, or to neglect people in their care. Abusers sometimes took calculated steps to conceal their actions which allowed them to continue, at times, acting with impunity.
488. Many staff and carers who witnessed abuse and neglect, or were told about it, did nothing. Some bystanders did complain or raise concerns, but often with limited success.

Institutional, structural and systemic factors contributed to abuse and neglect in care

489. Part 7 of the Final Report describes the institutional, structural and systemic factors that contributed to abuse and neglect in care during the Inquiry period. In summary, these factors included:

- a. standards of care were inconsistent and routinely breached
- b. poor or absent vetting exposed people in care to abusers
- c. inadequate recruitment, training and resourcing contributed to abuse and neglect
- d. complaints processes were absent or easily undermined, with few records kept
- e. senior State and faith leaders prioritised the reputations of institutions and abusers over people in care
- f. oversight and monitoring was ineffective
- g. rights guaranteed under te Tiriti o Waitangi and human rights were largely absent
- h. people in care were dehumanised and denied dignity
- i. people in care were isolated from whānau, kāinga, communities and advocates
- j. there was little accountability for abuse and neglect.

Te Tiriti o Waitangi was absent from standards of care, employment practices, complaints processes, and oversight and monitoring

490. The Inquiry considered te Tiriti o Waitangi in its examination of standards of care, employment policies and practices, complaints processes, and oversight and monitoring in State and faith-based care during the Inquiry period.

Te Tiriti o Waitangi was absent from standards of care

491. Throughout the Inquiry period, there was no legislative direction that standards of care should give effect to the rights guaranteed to iwi and hapū in te Tiriti o Waitangi or incorporate te Tiriti o Waitangi itself. It was left to government agencies and individual institutions to decide whether and how to incorporate te Tiriti o Waitangi into their standards of care. The Inquiry did not see any standards of care that explicitly incorporated te Tiriti o Waitangi or gave effect to the rights of iwi and hapū as expressed in te Tiriti o Waitangi, such as the right to exercise tino rangatiratanga, or that explicitly provided for te Tiriti principles of partnership, active protection, or equity.

492. Up until the late 1980s the Crown and government agencies developed standards of care without hapū or iwi input, undermining both tino rangatiratanga and te Tiriti o Waitangi principle of partnership. This represented a missed opportunity to incorporate tikanga Māori and Māori models of care into standards that reflected te ao Māori, mātauranga Māori, tikanga and te reo Māori, and to ensure connections to culture and to whānau, hapū and iwi were maintained. The Inquiry did not see any evidence of standards of care that sought to achieve equitable outcomes for tamariki, rangatahi and pakeke Māori in care, despite the fact that the over-representation of Māori in care settings was a known issue from the 1960s and Māori were the majority in social welfare care settings. This was a breach of both the active protection and options principles of te Tiriti o Waitangi, which arises from te Tiriti's guarantee to Māori of both tino rangatiratanga and the rights and privileges of British citizenship under article 3.⁴⁶²

493. The Inquiry did observe that from the mid-1980s onwards there were some attempts made to include aspects of te ao Māori, tikanga Māori and te reo Māori in some care settings.

⁴⁶² Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkinga Whārua: Oranga Tamariki Urgent Inquiry (2021, page 100–101).

Te Tiriti o Waitangi was absent in employment policies, practices

494. Throughout the Inquiry period, there was no legislative direction that employment policies or practices should give effect to the rights guaranteed to iwi and hapū in Te Tiriti o Waitangi or incorporate Te Tiriti o Waitangi. It was left to government agencies and individual institutions to decide whether to incorporate Te Tiriti into their employment policies and practices. This includes policies and practices regarding vetting, recruitment, training and development of staff and other carers, the development of which could be seen as the Crown and government agencies expressing kāwanatanga. However, the Crown has an obligation to foster tino rangatiratanga, and unilateral expressions of kāwanatanga only serve to undermine tino rangatiratanga.⁴⁶³
495. The Inquiry did not see any employment policies or practices that explicitly incorporated te Tiriti o Waitangi or gave effect to the rights of hapū and iwi as expressed in te Tiriti o Waitangi. The State was aware from at least 1982 that there was a lack of diversity in the public service, and that recruitment and training programmes were needed to increase diversity and appoint people directly into positions of seniority and responsibility.⁴⁶⁴ That this was not effectively addressed represents a missed opportunity to benefit from the Māori thinking, approaches and values that greater involvement of Māori employees in care settings and policy agencies would have brought. This was contrary to te Tiriti o Waitangi principles of tino rangatiratanga, partnership, active protection, good government, and options.⁴⁶⁵

Te Tiriti o Waitangi was absent in complaints processes

496. Throughout the Inquiry period, there was no legislative direction that complaints processes should give effect to the rights guaranteed to iwi and hapū in Te Tiriti o Waitangi. Despite the disproportionate numbers of tamariki, rangatahi and pakeke in care, complaints processes during the Inquiry period were not developed in partnership with iwi, hapū or whānau, to embed tikanga and te ao Maori into complaints processes for tamariki, rangatahi and pakeke.
497. The lack of culturally appropriate complaints processes for tamariki, rangatahi and pakeke throughout the Inquiry period demonstrates a lack of concern for, and a failure to actively protect, Māori in care.

463 Waitangi Tribunal, Tino Rangatiratanga me te Kāwanatanga: Te Paparahi o Te Raki Inquiry Stage 2 Report Part I (2023, page 69).

464 State Services Commission, Public Service in a Multicultural Society: Waahi conference 1982 (1983, page 14).

465 Waitangi Tribunal, Tino Rangatiratanga me te Kāwanatanga: Te Paparahi o Te Raki Inquiry Stage 2 Report Part I (2023, page 69).

Te Tiriti o Waitangi was absent in oversight and monitoring

498. From 1950 to 1976, there was no independent oversight or monitoring of breaches of the rights guaranteed in te Tiriti o Waitangi in State care settings.
499. From 1975 the Waitangi Tribunal had jurisdiction to enquire into claims regarding Crown acts that were inconsistent with te Tiriti o Waitangi and its principles after 1975. From 1985 this was extended to include historical claims dating back to 1840.⁴⁶⁶ The Tribunal was first led by the Chief Judge of the Māori Land Court. Edward Taihakurei Junior Durie (Rangitāne, Ngāti Kauwhata, Ngāti Raukawa) was the first Judge of Māori descent to be appointed in 1980. He held the position until 1998 when Joseph Victor Williams (Ngāti Pūkenga, Waitaha, Tapuika) was appointed.⁴⁶⁷
500. There was a lack of Māori leadership in other oversight and monitoring bodies between 1950 and 1999. The issues the Inquiry has identified with lack of robust and independent monitoring of care settings meant that the range and scale of abuse and neglect experienced by tamariki, rangatahi and pakeke Māori in care was not as visible as it could otherwise have been. It also meant that disparities in the extent and nature of abuse and neglect experienced by Māori were not revealed. This was a breach of the Crown's obligations of active protection, equity and equal treatment, and good government. The failure in oversight and monitoring was part of the failure to adequately care for Māori, obtain and maintain adequate information or knowledge of any abuse or neglect suffered by Māori while in care, or hold abusers to account.

Rights guaranteed in te Tiriti o Waitangi were absent in care settings

501. From 1950 to 1999, the rights guaranteed to Māori in te Tiriti o Waitangi were almost always absent across care settings. The Inquiry saw no explicit references to tino rangatiratanga or te Tiriti o Waitangi itself in legislation that applied to care settings nor in standards of care, employment policies, or complaints processes, or in how oversight and monitoring was designed or implemented.
502. The Crown made guarantees to Māori in te Tiriti o Waitangi that were directly relevant to care settings. This includes the guarantee to Māori of tino rangatiratanga and the principles of partnership, active protection, options, and good government. These obligations were often not met.

⁴⁶⁶ Treaty of Waitangi Act 1975, section 6(1).

⁴⁶⁷ Māori Land Court, He pou herenga tangata, he pou herenga whenua, he pou whare kōrero: 150 years of the Māori Land Court (Māori Land Court 2015, page 84).

503. The State did legislate changes specific to whānau, hapū and iwi in most care settings (excluding faith-based care and transitional and law enforcement settings) from the 1980s.⁴⁶⁸ However, none of these changes used the language in te Tiriti o Waitangi, or referred to te Tiriti o Waitangi, or considered the pre-existing rights of Māori affirmed by te Tiriti o Waitangi, or incorporated the expanse of authority guaranteed to Māori.
504. The State care system is based on an assumption that the State has an innate responsibility to operate a care system for those deemed to be in need of care, including tamariki, rangatahi and pakeke Māori. This assumption fails to acknowledge the fundamental right of tino rangatiratanga over kāinga guaranteed to Māori by te Tiriti o Waitangi and does not recognise “the Crown’s sustained intrusion into the rangatiratanga of Māori over kāinga”.⁴⁶⁹ This assumption also fails to acknowledge the compounding factors that contributed to Māori being overrepresented in care, including the ongoing impacts of colonisation. This is encapsulated in the Waitangi Tribunal’s He Pāharakeke, He Rito Whakakīkīnga Whāruarua report:

“The signatories to the Treaty did not envisage any role for the Crown as a parent for tamariki Māori, let alone a situation where tamariki Māori would be forcefully taken into State care – in numbers vastly disproportionate to the numbers of non-Māori children being taken into care.”⁴⁷⁰

The State’s responsibility for the care system and people in care

505. The State was ultimately responsible for safeguarding all people in care, regardless of the care setting, and preventing and responding to abuse and neglect. It was the State, for the most part, who decided who should and must enter care, what type of care and how long for, how people were to be treated in care, and how and to what extent abusers and those who contributed to abuse and neglect in care would be held to account.

468 See Children, Young Persons, and Their Families Act 1989, sections 20–38; Mental Health (Compulsory Treatment and Assessment) Act 1992, section 7A.

469 Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry (2021, page 95).

470 Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry (2021, page 179).

506. The State failed to uphold all of its responsibilities for the care system, which contributed to abuse and neglect. This section sets out the following failures:
- > the State did not give effect to te Tiriti o Waitangi or fulfil its human rights obligations
 - > legislative and policy settings were discriminatory and ignored people's rights
 - > this discriminatory approach reflected a lack of diverse leadership
 - > people in care had limited input into State decision-making
 - > the State's attempts to address institutional discrimination fell short
 - > the State did not ensure that people in care were safeguarded from abuse and neglect
 - > the State lost sight of its core regulatory, enforcement and funding functions
 - > the State's highest-level decision-makers rarely took accountability for abuse and neglect in their care.
507. During the Inquiry period, the rights guaranteed to Māori in te Tiriti o Waitangi were largely absent in care settings. The care systems into which Māori were taken and placed during the Inquiry period were generally a "Pākehā-centric one-size-fits-all" approach that was culturally inappropriate for Māori. Māori thinking, approaches and values were not incorporated into the care systems for tamariki, rangatahi and pakeke in care. The lack of kaupapa Māori options as part of the care systems breached te Tiriti o Waitangi principles of options, partnership, active protection, and equity.
508. Similarly, human rights protections were largely absent from care settings for most of the Inquiry period. Many children, young people and adults in State and faith-based care were isolated from their whānau, kāinga and communities.
509. Inadequate standards of care, failure to implement existing standards, and breaches of standards contributed to different forms of serious abuse and neglect across all care settings. People in care were regularly dehumanised and denied human dignity. These failures resulted in inappropriate and unsafe care placements, and a one-size-fits-all regimented approach to care.
510. Throughout the Inquiry period, government agencies held multiple and conflicting roles in care. Agencies often designed their own standards and policies, regulated some care providers, owned and operated care facilities, delivered care, employed staff, oversaw and monitored their own services, and advised the State on care-related policies and regulation of the care system.

511. This concentration of power, where an agency could be responsible for all aspects of a situation from decision-making to service provision to monitoring, decreased accountability and increased the risk of abuse. Many staff and carers in government agencies were under-resourced, or had too many duties, leading to some of them having to 'cut corners' or not being able to carry out some of their duties.
512. Where there were complaints processes in place, these were ineffective and easily undermined. People in care faced barriers to making complaints and were often not believed and called liars or troublemakers if they did raise concerns. When there were concerns or complaints about abuse, it was often treated as an employment issue or as a sin to be forgiven, rather than as criminal behaviour that needed to be investigated and the perpetrator held to account. Senior leaders or managers often prioritised institutional reputations, and abusers' reputations and future careers over the safety of people in their care. Abusers were often shifted to other residences or institutions.
513. Unlawful and serious breaches of standards of care were rarely reported to NZ Police. Senior leaders and managers often failed to report abuse or neglect to NZ Police. In some cases, they took deliberate steps to defer or avoid reporting and following through with other accountability steps, such as dismissal under employment laws. Other measures taken by senior leaders and managers included denying the abuse happened, blaming complainants for the abuse, taking a litigious response to complaints, or entering confidential settlements with abusers.

Faith-specific factors contributed to abuse and neglect in care

514. Part 7 of the Final Report describes the faith-specific factors that contributed to the abuse and neglect of children, young people and adults during the Inquiry period in faith-based care. These factors included:
- a. the misuse of religious power
 - b. the moral authority and status of faith leaders and the access this power, authority and status gave them
 - c. gendered roles and sexism in positions of authority
 - d. negative attitudes about sex and repression of sexuality
 - e. racism and ableism based on religious concepts
 - f. the interpretation of sexual abuse through the lens of sin and forgiveness
 - g. harmful use of religious beliefs and practices.

515. Most of these factors did not have a significantly different effect on tamariki, rangatahi and pakeke Māori in care. The section below summarises how the racism and discrimination contributed to abuse and neglect of Māori survivors in faith-based care.

Racism and discrimination against Māori

516. Members of the Gloriavale Christian Community, including those of Māori descent, were told that te reo Māori was "Satan's language" and people in the community were taught that Māori were lazy and thieves.⁴⁷¹ One survivor described how her school education on the colonisation of Aotearoa New Zealand was "factually inaccurate and dangerously incompetent" and Māori were described as "heathens and savages".⁴⁷² Māori survivors at Gloriavale have told the inquiry about racial discrimination⁴⁷³ and feeling a lot of shame about being Māori.⁴⁷⁴

517. The Gloriavale leadership taught members that "you don't have ethnicity, you're just a child of God".⁴⁷⁵ This erasure of Māori identity was reinforced by the education curriculum at Gloriavale. A document titled Gloriavale Christian School Quality Management System, which was prepared as recently as 2021, rejected Māori culture as "un-Christian":

"We have our own unique Christian culture based on the teachings of the New Testament. Although we all have European or Māori ancestry or both, we do not think of ourselves as Europeans or Māori, rather we reject both these cultures as un-Christian since both are based on paganism and self-indulgence with a few perverted versions of biblical ideas mixed in. We accept no denominational labels but we are simply Christians. We do not keep non-biblical traditions amongst ourselves, whether of Māori or European origin. For example, we do not keep Christmas or Easter, or use pagan names for the days of the weeks or the months of the year. Nor do we seek to keep the Māori culture alive amongst ourselves. This is not from any racist motivation whatsoever, but as the scripture says, 'There is neither Jew nor Greek, there is neither bond nor free, there is neither male nor female for ye are all one in Christ Jesus'".⁴⁷⁶

471 Witness statement of Ms KM (10 June 2021, page 5).

472 Witness statement of Ms PQ (June 2021, para 3.5.16)

473 Witness statement of Ms KY (2 June 2021, page 4).

474 Witness statement of Ms KM (10 June 2021, page 5).

475 Private session transcript of survivor who wishes to remain anonymous (page 35).

476 Transcript of evidence of Howard Temple and Rachel Stedfast on behalf of Gloriavale Christian Community at the Inquiry's Faith-based Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 13 October 2022, page 84).

518. Rachel Stedfast, acting Principal of the Gloriavale Christian Community School, accepted in the Inquiry's Faith-based Institutional Response Hearing that there has not been a strong focus on Māori culture at all at Gloriavale, and that there are parents who are opposed to it being taught.⁴⁷⁷
519. Some survivors of the Plymouth Brethren Christian Church described how the church leadership, and the church culture generally, were racist towards and dismissive of Māori.⁴⁷⁸ The membership of the church is generally ethnically Pākehā, and one survivor said he was surprised to learn that there were a "smattering" of Māori members.⁴⁷⁹ The Plymouth Brethren Christian Church told the Inquiry they see people as equal, regardless of their ethnicity.
520. The Plymouth Brethren Christian Church told the Inquiry that as a faith-based organisation they do not have any formal obligations under te Tiriti o Waitangi and that Māori have the same rights as everyone else.⁴⁸⁰ Despite this, a former member said:

"[Plymouth Brethren] are genetically Anglo-European, as a direct consequence of their religious-social exclusion of all others ... Māori world view, values, concerns, and histories are roundly dismissed. Māori are denigrated along with the denigration of all 'worldly', non-[Plymouth Brethren] cultures. [Plymouth Brethren] children absorb these attitudes as a matter of course."⁴⁸¹

477 Transcript of evidence of Howard Temple and Rachel Stedfast on behalf of Gloriavale Christian Community at the Inquiry's Faith-based Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 13 October 2022, page 85).

478 Submission to the Royal Commission of Inquiry into Abuse in Care of Craig Hoyle (14 July 2022, page 12); Witness statement of Mr UJ (7 July 2022, page 4).

479 Submission to the Royal Commission of Inquiry into Abuse in Care of Craig Hoyle (14 July 2022, page 12).

480 Royal Commission of Inquiry into Abuse in Care, Internal notes from the Inquiry's meeting with representatives of the Plymouth Brethren Christian Church (29 November 2022, page 24).

481 Witness statement of Mr UJ (7 July 2022, paras 3.12–3.13).

Te Tiriti o Waitangi was largely absent in faith-based institutions

521. Although faith-based institutions are not te Tiriti o Waitangi partners themselves:
- legislation may require them to act consistently with te Tiriti o Waitangi⁴⁸²
 - te Tiriti o Waitangi is relevant to interpreting legislation (or can be read into legislation) even where the legislation is silent on te Tiriti o Waitangi.⁴⁸³ Therefore, te Tiriti o Waitangi may impact faith-based institutions when they care for tamariki, rangatahi and pakeke Māori, as te Tiriti o Waitangi is relevant to the care of tamariki and rangatahi Māori and it colours all legislation dealing with the status, future and control of tamariki.⁴⁸⁴
 - if faith-based institutions made their own commitments to te Tiriti o Waitangi (for example, in governing documents or public statements) they may be accountable to meet those commitments.⁴⁸⁵
522. How te Tiriti o Waitangi applies in a given context depends on the particular circumstances.⁴⁸⁶ In the absence of clear legislative direction, the faiths have taken varied approaches to consideration and implementation of the rights guaranteed in te Tiriti o Waitangi. Most faiths the Inquiry investigated started to make their own commitments to te Tiriti o Waitangi towards the end of the Inquiry period. For example, in 1989 at the Catholic Bishops Conference, te Tiriti o Waitangi was described as a sacred covenant, and in 1995 they went further acknowledging the particular rights of Māori as the indigenous people.
523. The Anglican Church in Aotearoa, New Zealand and Polynesia has been constitutionally divided into three Tikanga: Tikanga Māori, Tikanga Pasifika and Tikanga Pākehā. Three Archbishops, one from each, form the 'Primacy' of the Anglican Church, or in other words, lead the church.⁴⁸⁷ Although the three branches appear to be equal in terms of formal political authority, Tikanga Pākehā controls the bulk of resources. For every \$1 of assets held by Tikanga Māori, Tikanga Pākehā holds \$28 worth of assets.⁴⁸⁸ Reverend Dinah Lambert, Chaplain of Te Aute College in Te Matau-a-Māui Hawkes Bay, told the Inquiry that, in describing the sharing of resources with the Tikanga Māori arm of the church, Archbishop Brown Turei had said to her:
- "sometimes, Dinah, it's like you're given a kete but it's empty."*⁴⁸⁹

482 Education and Training Act 2020, sections 4, 5, 9 and 127.

483 See *Trans-Tasman Resources Ltd v Taranaki-Whanganui Conservation Board* [2021] 1 NZLR 801, [2021] NZSC 127 (paras 8 and 151); *Ngāti Whātua Ōrākei Trust v Attorney-General* [2022] NZHC 843 (para 589); and *Huakina Development Trust v Waikato Valley Authority* [1987] 2 NZLR 188 (HC).

484 *Barton-Prescott v Director-General of Social Welfare* [1997] 3 NZLR 179 (para 184).

485 See *Te Pou Matakana Limited v Attorney-General* [2022] 2 NZLR 148, [2021] NZHC 2942. Although this case concerned the Ministry of Health's policy commitments to exercise its powers in accordance with te Tiriti o Waitangi, it may be arguable that faith-based institutions exercise public powers and functions when providing care.

486 *New Zealand Maori Council v Attorney-General* [1994] 1 NZLR 513 (PC) at 517 (the Broadcasting Assets case); and *Ngāti Whātua Ōrākei Trust v Attorney-General* [2022] NZHC 843 at [593] and [596].

487 Royal Commission of Inquiry into Abuse in Care, *He Purapura Ora, he Māra Tipu: From Redress to Puretumu Torowhānui Volume 1* (2021, page 183).

488 *He waka eke noa – A waka we are all in together* (Anglican Church, 2020, page 22).

489 Transcript of evidence of Reverend Dinah Lambert at the Inquiry's Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing (Royal Commission of Inquiry into Abuse in Care, 15 March 2022, page 483).

524. At the other end of the spectrum, Gloriavale and Plymouth Brethren Christian Church did not make any commitments to te Tiriti o Waitangi during the Inquiry period. Plymouth Brethren told the Inquiry that as a faith-based organisation they do not have any formal obligations under te Tiriti o Waitangi and that Māori have the same rights as everyone else.⁴⁹⁰

Societal factors contributed to abuse and neglect in care

525. Societal factors can have a significant impact on enabling or preventing abuse. Much of the abuse and neglect experienced by survivors was shaped by entrenched attitudes and systems of power and prejudice within society. These then shaped the different care systems.
526. During the Inquiry period, people in care were often seen as not normal or otherwise undesirable or flawed.⁴⁹¹ Delinquent, defective or deviant were common words used to refer to people in care.⁴⁹² Research shows that “children in residential care also lack value and worth in the eyes of the wider community; they are easily stereotyped and this affects the resources and investment made available for their care”.⁴⁹³ Social attitudes towards class, race, gender and disability inform and intensify this pattern.⁴⁹⁴

Racism persisted throughout the Inquiry period

527. The Inquiry heard how institutional, cultural and personal racism directly contributed to tamariki, rangatahi and pakeke Māori entering care and suffering abuse and neglect in care.
528. Institutional racism reflects broader racism present within Aotearoa New Zealand society. At the Inquiry’s State Institutional Response hearing, the Chief Executive of Oranga Tamariki Chappie Te Kani acknowledged:

“The structural racism that exists in the care and protection system reflects broader society.”⁴⁹⁵

490 Royal Commission of Inquiry into Abuse in Care, Internal notes from the Inquiry’s meeting with representatives of the Plymouth Brethren Christian Church (29 November 2022, page 24–25).

491 Expert Brief of Dr Patsie Frawley (April 2022, page 3).

492 Witness statements of Ms EJ (13 May 2022, para 95) and Ms QK (22 November 2022, para 30); Letter from Ann Hercus, the Minister Social Welfare to Dr Oliver Sutherland, Auckland Committee on Racism and Discrimination, regarding a 10 year old State ward held in secure at Owairaka (15 March to 20 June 1985, pages 2–3); Paul, DB, Stenhouse, J, & Spencer, HG (eds) *Eugenics at the Edges of Empire: New Zealand, Australia, Canada and South Africa* (Springer, 2017, page 25); Statement of Dr Hilary Stace for the Contextual Hearing (October 2019, para 5).

493 Colton, M, “Factors associated with abuse in residential child care institutions.” *Children & Society* 16(1) (2002, page 37).

494 Colton, M, “Factors associated with abuse in residential child care institutions.” *Children & Society* 16(1), (2002, page 37); Mirfin-Veitch, B, Tiako, K, Asaka, U, Tuisaula, E, Stace, H, Watene, F.R, & Frawley, P, *Tell me about you: A life story approach to understanding disabled people’s experiences in care 1950–1999* (Donald Beasley Institute, 2022, pages 117–118).

495 Transcript of evidence of Chappie Te Kani, Chief Executive of Oranga Tamariki, at the Inquiry’s State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 22 August 2022, pages 576–577).

529. Institutional and structural racism was present in the care system throughout the Inquiry period.⁴⁹⁶ It was rooted in the belief “that Pakeha culture, lifestyle and values are superior to those of other New Zealand cultures, notably those of Māori and Polynesian people.”⁴⁹⁷ The 1988 Pūao-te-āta-tū report commented on the impact of institutional racism within the care system on Māori, noting:

*“[t]he history of New Zealand since colonisation has been the history of institutional decisions being made for, rather than by, Māori people.”*⁴⁹⁸

530. Throughout the Inquiry period this could be seen in “the prevailing deficit views of Māori as lazy, dependents of the state, incapable of providing the right family environment for their children”.⁴⁹⁹

Other discriminatory societal attitudes directly contributed to abuse and neglect in care

531. The Inquiry heard that other discriminatory societal attitudes – including ableism, disablism, audism, sexism, misogyny, homophobia, transphobia, negative attitudes towards children and young people, and discrimination against people experiencing poverty – contributed to abuse and neglect in State and faith-based care.

532. Ableism underpinned the views about disability and disabled people throughout the Inquiry period, and disablism was inherent within all care settings.⁵⁰⁰ At the Inquiry’s State Institutional Response Hearing, the Director-General of Health Dr Diana Sarfati acknowledged “that institutional and societal ableism in legislation, policy and systems has contributed to the abuse of disabled people and people with mental health conditions in health and disability care settings.”⁵⁰¹ Tāngata whaikaha and tāngata whaiora suffered racism in combination with ableism and disablism, which heightened their risk of abuse and neglect in care.

533. Audism and a preference for oral communication directly contributed to Deaf people entering care and suffering abuse and neglect in care. This is discussed in detail in the case study on abuse and neglect at Van Asch College and Kelston School for the Deaf. Tāngata Turi experienced the compounding effects of racism on top of audism in these care settings.

496 Transcript of evidence of Chappie Te Kani, Chief Executive of Oranga Tamariki, at the Inquiry’s State Institutional Response Hearing (22 August 2022, pages 576–577; Brief of Evidence of Dr Diana Sarfati on behalf of the Ministry of Health for the Inquiry’s State Institutional Response Hearing (17 August 2022, para 2.8(4)).

497 Māori Perspective Advisory Committee, Pūao-te-āta-tū (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 77).

498 Māori Perspective Advisory Committee, Pūao-te-āta-tū (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 18).

499 Stanley, E, *The road to hell: State violence against children in postwar New Zealand* (Auckland University Press, 2016), as cited in 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 55).

500 Brief of evidence of Dr Brigit Mirfin-Veitch for the Inquiry’s Ūhia te māramatanga Disability, Deaf and Mental Health Institution Hearing (Royal Commission of Inquiry into Abuse in Care, June 2022, para 73).

501 Brief of evidence of Dr Diana Sarfati on behalf of the Ministry of Health for the Inquiry’s State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, para 2.8(5)).

534. During the Inquiry period, women and girls were considered less valuable than men and boys and experienced gender-based discrimination. Sexist and misogynistic attitudes perceived women and girls as promiscuous, sinful and 'dirty' if they failed to adhere to strict social norms and gender roles. Wāhine Māori experienced sexist discrimination in combination with racism, which framed them as lazy, unintelligent and hyper-sexual. This view is evident in a 1965 letter from the Whangārei District Child Welfare Officer about admissions of girls to Fareham House in Pae-o-Tū-Mokai Featherston or Kingslea Girls' Home in Ōtautahi Christchurch:
- "The girls whom I refer are, in the main, the dull backward, affection-starved Māori girls who cannot produce anything near a reasonable day's work and who try and get their needed affection from any male who is handy."*⁵⁰²
535. Takatāpui, Rainbow and MVPFAFF+ people were perceived as deviant, sinful and needing to be 'fixed' during most of the Inquiry period. The Inquiry saw evidence of strongly homophobic attitudes in both State and faith-based care. People in care who were perceived or labelled as homosexual or did not adhere to socially accepted 'masculine' or 'feminine' behaviour were targeted. Diverse gender expression was also (wrongly) assumed to be related to sexuality. Takatāpui survivors experienced the compounding effects of racism as well as homophobia and transphobia.
536. Children and young people throughout the Inquiry period were often viewed as delinquent, troublemakers, inferior and flawed, and deserving of punishment.⁵⁰³ These punitive societal attitudes directly contributed to children and young people entering care and suffering abuse and neglect in care.
537. Throughout the Inquiry period there were negative stereotypes about poverty and welfare. Poverty was seen as a problem with individuals rather than an outcome of wider social, economic and political circumstances.⁵⁰⁴
538. For tāngata whaikaha, tāngata whaiora, whānau hauā, tāngata Turi, wāhine Māori, Takatāpui, tamariki and rangatahi Māori, and Māori experiencing poverty, these discriminatory beliefs and negative societal attitudes were exacerbated by Aotearoa New Zealand's entrenched societal, institutional and structural racism against Māori. This increased their risk of being placed into care, and suffering abuse and neglect in care.

502 Letter from LM Uttley, District Child Welfare Officer, to the Superintendent of Child Welfare, Re: Admissions to training centres (24 May 1965, page 1).

503 Maxwell, G, Youth offenders: Treatment of young offenders, 1840 to 1980s (Te Ara – the Encyclopedia of New Zealand, 2011, pages 1–2).

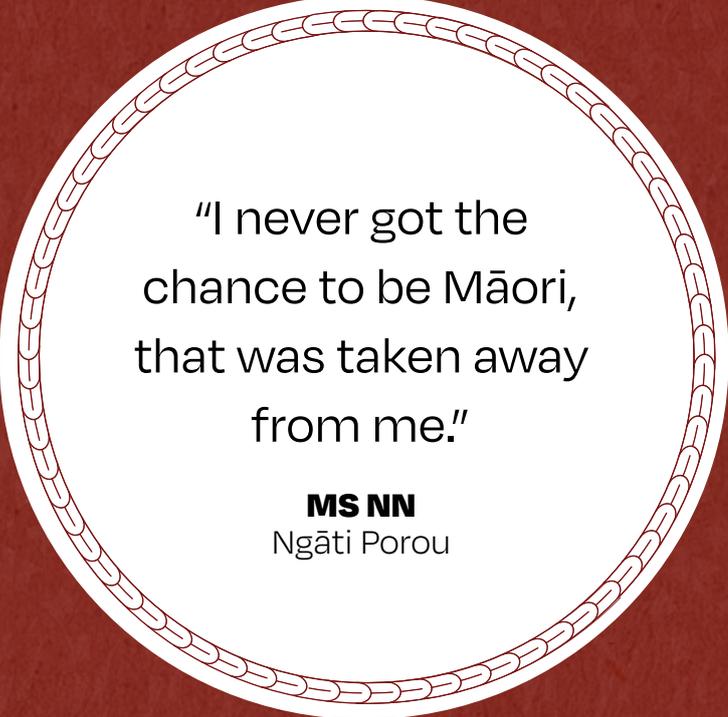
504 Hackell, M, "Managing anxiety: Neoliberal modes of citizen subjectivity, fantasy and child abuse in New Zealand" in Citizenship Studies Volume 20, Nos 6-7 (2016, pages 867–870).

Lessons identified and changes made during the Inquiry period

539. During the Inquiry period, the State and faith-based institutions made changes to prevent and respond to abuse and neglect, included the creation of new legislation, policy, rules, standards and practices, 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.
540. Key changes made that affected tamariki, rangatahi and pakeke Māori are summarised below.
541. During the Inquiry period, the State knew that Māori were the majority of people in social welfare care settings, and disproportionately represented across other care settings, but generally did not make changes to respond to this until the late 1980s and the 1990s.⁵⁰⁵ There were several attempts to address over-representation of Māori through changes to policy and legislation, including with the recognition of whānau, hapū and iwi in the Children, Young Persons, and Their Families Act 1989.
542. In youth justice settings, Māori rangatahi continued to come to the attention of the State at a much higher rate than non-Māori and faced custodial sentences at a much higher rate than non-Māori.⁵⁰⁶ The State's ineffective approach to youth justice throughout the Inquiry period, as well as its failure to adequately address structural racism within the criminal justice sector, further compounded the negative impacts on Māori.
543. 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 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.
544. Implementation repeatedly frustrated successful change. Common failures of implementation included funding and resourcing constraints, and lack of diversity in leadership positions and people involved in policy design and service delivery.

⁵⁰⁵ 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 13, 16, 61, 109, 139).

⁵⁰⁶ Watt, E, A history of Youth Justice in New Zealand: Research paper commissioned by the Principal Youth Court Judge Andrew Becroft (2003, pages 13–16); 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 136–138).



"I never got the
chance to be Māori,
that was taken away
from me!"

MS NN
Ngāti Porou

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 tūkinu
he auhi nō te puku i pēhia kia ngū
Ko te kaikinikini i te tau o taku ate tē rite ai ki te kōharihari o tōu
Arā pea koe rā kei te kopa i Mirumiru-te-pō
Pō tiwhatiwha pōuri kenekene
Tē ai he huringa ake i ō mahara
Nei tāku, 'kei tōia atu te tatau ka tomokia ai'
Tēnā kē ia kia huri ake tāua ki te kimi oranga
E mate Pūmahara? Kāhorehore! Kāhorehore!
E ara e hoa mā, māngai nuitia te kupu pono i te puku o Kareāroto
Kia iri ki runga rawa ki te rangi tīhore he rangi waruhia ka awatea
E puta ai te ihu i te ao pakarea ki te ao pakakina
Hei ara mōu kei taku pōkai kōtuku ki te oranga
E hua ai te pito mata i roto rā kei aku purapura ora
Tiritiria ki toi whenua, onokia ka morimoria ai
Ka pihi ki One-haumako, ki One-whakatupu
Kei reira e hika mā te manako kia ea i te utu
Kia whakaahuritia tō mana tangata tō mana tuku iho nā ō rau kahika
Koia ka whanake koia ka manahua koia ka ngawhā
He houkura mārie mōwai rokiroki āio nā koutou ko Rongo
Koia ka puta ki te whaiāo ki te ao mārāma
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



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