

# Tāwharautia: Pūrongo o te Wā Survivor Voices



**Volume Two**



**Abuse in Care**  
Royal Commission of Inquiry

December 2020

**Hūtia te rito o te harakeke,  
kei hea te kōmako e kō?  
Whakatairangitia, rere ki uta  
rere ki tai.**

**Kī mai koe ki ahau, “He aha te  
mea nui o tēnei ao?”  
Māku e kī atu, “He tangata,  
he tangata, he tangata.”**



Pluck out the heart of the flax bush, and where would the bellbird sing? It would fly about aimlessly.

Should you ask, "What is the most important thing of this world?" I would reply, "It is people, it is people, it is people."



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## Acknowledgements

**We would like to acknowledge the courage and forthrightness of the survivors who shared their experiences with the inquiry. As a result, we have been able to learn more about what they experienced and how it can be prevented in future. By coming forward to talk, the 50 survivors whose experiences are analysed here have issued a plea to all other survivors of abuse to stand up and tell their own story. All survivor names are pseudonyms.**

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

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## Executive Summary

**This report analyses the experiences of 50 survivors of abuse who shared their experiences in private sessions with Commissioners. We chose them from the 349 private sessions the inquiry has conducted to date. We selected them in a way that ensured a mix of backgrounds (age, gender, ethnicity, disability and care settings). The mix is not intended to be indicative of the community-wide makeup of survivors.**

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Private sessions are survivor-led, meaning survivors are not interviewed or necessarily asked questions about every aspect of the inquiry's terms of reference. Some have mentioned certain experiences and others have not, either – we presume – because they chose not to or did not have those experiences. Nonetheless, the frequent and consistent themes in the analysis give us confidence in the soundness of the insights detailed here, even as more can – and will – be learned about survivor experiences from further private sessions, written accounts and investigations conducted by the inquiry, all of which will help strengthen the basis of the inquiry's final report.

Note that the themes emerging here differ slightly in nature and emphasis from those in the Commissioners' themes in volume one because Commissioners have drawn on a considerably larger number of survivor accounts.

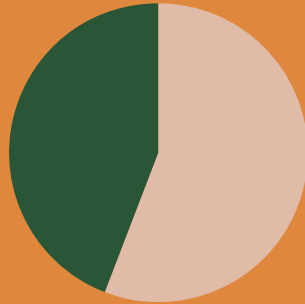
**Note: Some of the material in this report includes real examples of abuse. This may be distressing for some readers. Readers who find the contents of this report distressing can seek support from the services listed in appendix 1.**

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## Survivor profiles

The demographic and other features of the 50 survivors are as follows:

### Gender



- **56%** male
- **44%** female

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### Age range

**27–88**

### Average age

**55**

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### Ethnicity



**66%** Māori



**34%** Pākehā/European



**14%** Pacific people

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### Disability

**8%**

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### Abuse setting



**84%** State care



**22%** Faith-based care

(Note: some identified with more than one ethnic group so the total exceeds 100 per cent.)

(Note: some were abused in both settings so the total exceeds 100 per cent.)

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## Circumstances of being taken into care

Some survivors could not remember the specific circumstances that led to their being taken into care. Among those who could, most were taken into care because of abuse at home and/or concerns for their safety at home. Some were taken into care for reasons that were arbitrary, unwarranted or unclear to them.

Some described a sense of fear, uncertainty and distress while being taken into care. Individuals' needs and choice of care placement did not appear to be well considered. The placing of Māori and Pacific people, for example, seldom took account of their cultural needs, and many Māori described feeling disconnected from their whānau, hapū, iwi, tikanga Māori and te reo Māori.

Nearly all survivors described being moved between numerous care placements and settings, even if they could not recall the exact number. Many were continually moved from placement to placement and setting to setting – some more than 10 times.

Nearly half of the survivors' siblings were also placed in care. Most siblings were initially placed in care together, but sometimes became separated in the course of transition between placements.



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## Nature and duration of abuse

Physical abuse and sexual abuse involving contact (such as fondling and penetration) were the most commonly reported types of abuse. Forty survivors experienced either physical or sexual abuse, and 33 experienced both.

Neglect, psychological and emotional abuse, and bullying were also commonly reported. Survivors described home and institutional environments in which volatility, violence and other forms of abuse were rife. The great majority also witnessed the abuse of others.

Most survivors described numerous forms of abuse from many perpetrators in most care placements and settings. Māori survivors also experienced a sense of disconnection from their whānau, hapū, iwi, tikanga Māori and te reo Māori. Pacific survivors reported a sense of disconnection from their culture too. Both also reported experiencing discrimination.

Survivors talked about when and for how long they were abused and at what age this took place. From this information, it emerged that:

- Abuse occurred from the 1960s to the early 2000s.
- Survivors mentioned abuse in the 1970s and 1980s most often.
- Abuse was most common between the ages of five and 17, although it ranged up to 20.
- Most survivors were abused for periods of between five and 10 years.

Repeated abuse in many placements and settings made it difficult for many survivors to recall their exact age when abused.

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## Structural, systemic or practical factors behind abuse

The main structural, systemic or practical factors that survivors said contributed to or caused abuse included:

- limited monitoring of, and support for, their wellbeing
- a failure to identify abuse despite warning signals such as suicide attempts, persistent attempts to run away, disruptive or aggressive behaviour and disinterest in education
- further abuse, rather than support, after reporting abuse or when behaving in ways that should have rung alarm bells
- a lack of vetting, adequate supervision and management of staff and carers
- a culture of abuse that flourished in the absence of effective support systems.

Not all experiences were bad. Seventeen survivors described feeling cared for and loved in their places of care, and being kept safe by their social worker. However, these positive experiences tended to relate to specific individuals rather than to the institution or place of care to which they were sent.

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## Disclosing abuse and responses

Survivors found it difficult to disclose abuse. They noted:

- the absence of a person they felt safe disclosing the abuse to
- a fear of what would happen to them if they told someone
- an absence of any understanding at the time that they were being abused
- a sense of shame that they were in some way to blame
- a desire not to upset family members by disclosing the abuse, particularly if the perpetrator was inside the family.

Responses to disclosures were inadequate or harmful. Survivors were labelled troublemakers or liars and often subjected to punishments, while perpetrators avoided any consequences.

The power and influence of perpetrators made it easy for them to label survivors liars or influence processes or tamper with records so disclosures went unheard or unresponded to. Psychiatrists, doctors and nurses in psychiatric institutions, for example, would use their influence to alter records and/or discredit survivors' accounts of abuse.

Only one survivor said a disclosure resulted in a criminal conviction.

## Impact of abuse

Survivors described a considerable range of consequences of abuse, including on their:

- behaviour (aggression, anger, alcohol and drug use, involvement in crime, difficulties sleeping and interacting with others)
- mental health (including suicidal thoughts and attempts)
- cultural connections and self-identity (in the case of Māori and Pacific people)
- personal relationships (including sexual behaviour)
- physical health (including injuries)
- education, employment and financial security.

### Key insights:

- Many survivors were affected in a multitude of ways by the abuse.
- The vast majority described adverse consequences on their behaviour and mental health.
- Survivors commonly reported their relationships, education and economic situation were affected. They also reported committing crime.
- The abuse significantly affected some survivors' ability to establish positive relationships and be a valued member of society.
- Nearly all survivors described immediate and life-long consequences from the abuse.

Some survivors described how their time in care had almost guaranteed they would become disconnected from society – particularly those placed in boys' homes, who felt separated from society and punished, rather than cared for. They developed a resentment towards the system and felt they did not fit in with society afterwards. They often ended up affiliating with gangs.

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## Redress and rehabilitation

### Key insights:

- Most survivors seeking redress or rehabilitation did so to get financial compensation or an acknowledgement of their suffering.
- Survivors stressed the need to prevent those in care suffering abuse, and considered the inquiry an important step in ensuring this happened.
- A few received an apology, access to their records and amendments to their records.
- Survivors were frustrated their records were inaccurate or had been redacted, altered or destroyed.
- Many wanted their perpetrators to be held to account for their actions, although few said it was important perpetrators were brought to justice.
- Some survivors found redress and rehabilitation processes useful in helping them rebuild their lives, but others felt the compensation was inadequate given the nature and duration of the abuse and its profound effect on their lives.
- Some survivors said they felt uncomfortable during the assessment of their claims for financial compensation or counselling, which they described as drawn-out and complicated.

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## Rebuilding their lives

Thirty-one survivors described past or continuing efforts to rebuild their lives. Some found it very difficult to re-establish normal lives, especially if they had ended up with a criminal record or in prison.

The main factors in helping survivors rebuild their lives included:

- breaking the cycle of abusive behaviour in themselves and in others around them
- establishing positive, caring relationships with others
- reconnecting with their cultural identity
- getting an education and/or a job.

Survivors often talked about their lack of caring or positive parenting skills, which they attributed to their time in care. Some described how this had affected their personal relationships and parenting styles. Some found themselves quick to get angry. Survivors wanted to break this cycle of behaviour. They said relationships with partners, children and grandchildren were the valuable way to do this.

# Survivors



## 1. Survivors

All survivors who take part in private sessions – including the 50 we selected – approach the inquiry voluntarily. For this reason, what they describe may not be representative of all survivor experiences. Many more survivors are likely to come forward. We selected our sample to ensure a mix of demographics (ethnicity, gender, age and disability) and settings (State and faith-based institutions). Some survivors (n = 11) were in prison at the time. Key characteristics of the survivors were:

- Fifty-six per cent were male (n = 28) and 44 per cent were female (n = 22). None identified as being gender-diverse.
- The youngest survivor was 27 and the oldest was 88. The average age was 50 and the median age 51.
- Sixty-six per cent identified as Māori (n = 33), 34 per cent as Pākehā/European (n = 17), and 14 per cent identified as Pacific people (n = 6). Some identified with more than one ethnic group so the total is 114 per cent (n = 56).
- Eight per cent had a disability (n = 4).
- Eighty-four per cent had been in State care (n = 42), and 22 per cent had been in faith-based care (n = 11). Again, some survivors had been in both, hence the total of 106 per cent (n = 53).
- The table below provides a breakdown of survivors' care settings. Many survivors were moved frequently between different places of care. Nearly all were in State care at some point.

**Table 1: Survivors' care settings**

Care setting	Number in care*	Proportion in care*
State care**	42	84%
Foster care***	17	34%
Faith-based care	11	22%
Psychiatric hospitals or facilities***	7	14%
Educational settings***	5	10%

\* Totals exceed 50 and 100% because most survivors were in numerous care settings.

\*\* State care refers to survivors in state care where no further breakdown by setting was provided and/or recorded.

\*\*\* These settings are included in state care, where further breakdown by setting was provided and/or recorded.



# Being taken into care





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## 2. Being taken into care

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**Thirty-eight survivors talked about why they were taken into care. For most, it was because of abuse at home or safety concerns. Some had no idea why they were removed into care or said the reasons were unjustified, or found the removal process disturbing or badly handled.**

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### Key insights:

- Most survivors were taken into care because they were experiencing abuse at home and/or there were concerns for their safety at home.
- Some survivors did not know why they were taken into care. For others, the reasons were arbitrary or unwarranted.
- Twelve did not talk about the circumstances that led to their being taken into care.
- Some survivors reported inappropriate or poorly handled removal into care that left them with a sense of fear or uncertainty about what was happening.
- Nearly all survivors described being moved between numerous care placements and settings, although those in psychiatric institutions reported fewer transitions than those in State or faith-based care.
- Nearly half of survivors' siblings were also placed in care, most initially together, although they were sometimes separated in the course of numerous transitions.

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## Reasons for being taken into care

As mentioned, 38 survivors discussed the reasons for being taken into care. The majority said it was because of abuse in the family home and/or concerns for their safety at home. This abuse included physical, sexual, psychological and emotional abuse as well as neglect. As one survivor said:

*“One of the worst things was, I got made a ward of the State because of the pure amount of broken bones and stuff I got from my beatings at home. And yet at Christmas time, they’d pick you up and they send you home.”*

**DARREN, UNDISCLOSED ETHNICITY, 56**

Other reasons included parents’ substance abuse, the death of a parent, and survivors’ own behaviour (such as criminal activity and aggressive behaviour), mental health difficulties and/or physical disability.

Some survivors recognised their own behaviour, such as criminal activity or alcohol misuse, as the cause of their removal from home, although it was common for many to also describe living in a volatile family environment. One man, for example, talked about how his stealing from the age of six or seven led to his removal into care, but he also described physical abuse and

lack of support for himself and his sister while growing up.

Some described intergenerational abuse at home, and a few recognised that their parents’ behaviour stemmed from abuse their parents had experienced. One survivor said he could understand how his parents became perpetrators because he, too, had become an abusive parent, repeating the pattern of the previous generation.

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## Unclear, arbitrary or unwarranted reasons

Ten of the survivors either did not know why they were taken into care or considered the reasons arbitrary or unwarranted. Some noted their parents’ role in putting them into care. One survivor was taken to a police station and another was dropped at an orphanage by his parents. One survivor said:

*“Sometimes State wards have a stigma attached to them with the Police anyway. It was just all too easy for them to throw us into boys’ homes. Nobody really looked at anything. It would’ve taken someone just to say, ‘What happened?’ ”*

**PETER, MĀORI, 50**

Two survivors placed in psychiatric institutions said they had no idea why they were

taken into care, adding that they were tricked into signing documentation. A woman who was 17 at the time of being admitted to a psychiatric institution in 1973, spoke of being deceived into agreeing to “voluntary” care:

*“If you sign this,’ [he said], ‘you won’t go to [a psychiatric institution].’ Well, I immediately signed it. He said, ‘Gotcha. You have just signed your voluntary admission’. The nurses grabbed me and dragged me to the car.”*

**RHONDA, EUROPEAN, 63**

Another survivor recalled:

*“I think I was 13 or maybe 12, you know, I had this lady come to our house and I hadn’t been in any trouble, she just turned up and said, ‘Oh, you’ll like it where you’re going’ and I didn’t know if I was – where the hell I was going.”*

**SHANNON, MĀORI, 59**

For a few survivors, the abusive behaviour of family members enabled other people to abuse them. One survivor described how he was abused from the age of four by a priest his father would take him to. The priest would drive him to the church and to the institution and would sexually violate him in the car. When he revealed the abuse, his father and the priest took him to a psychiatric hospital to undergo

electroconvulsive therapy (ECT). His father, he said, had also sexually abused his sisters.

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### Experiences of being taken into care

Some survivors spoke of receiving little care or consideration, feeling only a sense of distress at being removed from parents and family and a fear and uncertainty about the future. In a few instances, survivors were taken from their beds in the middle of the night, but police officers were involved, too, and this left them with a sense of having been removed by force. As one survivor recalled:

*“We were asleep at times, my baby brother and sister are asleep, and then the cops taking us and I remember running away, trying to fucking run away from them but there’s a cop over there, a cop over there, cop over there ... And, you know, we’re already traumatised ourselves but to also create another traumatising situation for us, you know, that makes me angry.”*

**EVANGELINE, MĀORI-EUROPEAN, 27**

Some survivors spoke of family members stepping forward to offer to look after them (and such offers were typical in attempts to keep families together), but the offers were

declined without apparent reason – those same offers also being rejected later when the survivors revealed the abuse they were subjected to in care. One survivor recalled how her uncle had tried to get her back after learning of her removal, but was told to “go away – he had too many kids – by a Family Court judge”. Another survivor described her physical and sexual abuse in foster care, and how her grandmother was aware of this and tried to get her out to live with her.

*“They should have put me with my nana ‘cos she was fighting tooth and nail to have me living with them. She even says to me now she doesn’t understand why they never put me with them ‘cos she’s whānau. Why would they want to put me in a foster care so bad? They just refused. It doesn’t make sense.”*

**STEPHANIE, EUROPEAN, 32**

Some Māori survivors described the loss of connection to their whānau, hapū, iwi, tikanga Māori and te reo Māori after their removal. They talked about how they were put into State care in locations far from home, resulting in little or no contact with whānau. One spoke of how her carers placed no value on tikanga Māori and how she soon lost her connection with her whānau and her ability to speak

te reo Māori, which had till then been part of her daily life:

*“Well I mean we used to be able to speak our reo and that ... Yeah. But then by destroying us apart from family, putting us with other nationality and that, that don’t understand our values and stuff, how was that going to follow through with our beliefs?”*

**MARY, MĀORI, 35**

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### **Movements between places of care**

Nearly all survivors described repeated moves from one placement to another, and this included foster homes, children’s homes, orphanages, boys’ homes and faith-based institutions. Some couldn’t recall exactly how many, although one remembered more than 10 moves. The sense that survivors conveyed was one of continual transfers:

*“This one was just a single lady, looking after children. Then, the house out in Mangere, and then there was another home in Mangere that I got put in. I just remember I kept moving around.”*

**ROBIN, PACIFIC, 32**

If placed in psychiatric institutions, individuals appeared to have fewer transitions than others. In the case of the few such survivors who

were moved, the transitions were between faith-based and psychiatric institutions. For a few who were transferred to a psychiatric institution for ECT, their treatment was justified as a “cleansing process”.

One understood ECT to be a response to having disclosed abuse, and another said it was used as “conversion therapy” because her sexuality was deemed a mental illness.

Some survivors considered the frequent moves to be a way of dealing with disclosures of abuse and anti-social behaviour such as running away, criminal activity, aggressive or disruptive behaviour and taking drugs or alcohol. They said this behaviour should have been seen for what it was – a signal that something was wrong with their living situation, rather than with them. Whatever their rationale, these repeated upheavals added to survivors’ sense of feeling unwanted and uncared for:

*“Welfare just really didn’t care about me. I was just shoved around to suit themselves instead of sorting the problems out.”*

**MARK, EUROPEAN, 71**

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### **Survivors and siblings**

Nearly half of survivors were placed in care with siblings, mostly in the same placement, although for some it was a mere interlude before an immediate separation. For others, siblings were separated in the course of transitions. Survivors and siblings were more likely to stay together if placed in foster care, but less likely if placed in State or faith-based institutions. If placed in the abusive care of relatives, the eldest sometimes described enduring more abuse to save younger siblings from a perpetrator. Mostly, however, the perpetrator spared neither:

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**“To me it was like I was sacrificing myself because my brother and sister would be there, but it was, like, I would rather just him be over here than over there with them.”**

**EVANGELINE, MĀORI-EUROPEAN, 27**



# Nature of abuse



## 3. Nature of abuse

**The abusive behaviour survivors described was physical, sexual, psychological and emotional. It took a multitude of forms, including neglect, discrimination and bullying. In this section, we examine those various types of abuse, including how frequently they occurred and over what length of time.**

Two points are worth bearing in mind while reading this section. First, survivors may not have reported their abuse, or reported it in full, because of factors such as their young age when abused or the deep trauma it caused. Second, different types of abuse can overlap. Physical abuse, for example, can have psychologically and emotionally abusive dimensions. Survivors may have been subjected to the first but not mentioned the second and third. Even so, it is more than likely they experienced all three.

### Key insights:

- Physical and sexual abuse were the most commonly reported types of abuse. Forty survivors described physical abuse, 40 described sexual abuse involving contact, and 33 described both.
- Survivors also commonly reported neglect, psychological and emotional abuse, and bullying.
- Most Māori survivors experienced disconnection from their whānau, hapū, iwi, tikanga Māori and te reo Māori, which they regarded as a form of abuse
- Most Pacific survivors also experienced disconnection from their culture, which they too regarded as a form of abuse.
- Most survivors reported experiencing many forms of abuse, and only a rare few experienced just one form of abuse.
- Survivors described home lives and institutions where the environment was volatile and dominated by a culture of violence.
- Survivors commonly experienced abuse at numerous institutions from more than one person for lengthy periods of time.

### Physical abuse

Forty of the 50 survivors reported physical abuse. They described, among other things, beatings, the threat of physical abuse (discussed more fully below), the forced taking of medication, and being dragged by the hair. Thirty of the 40 said they were beaten, making it the most common form of physical abuse they reported. Beating included being slapped, punched, kicked and hit with objects such as whips, belts, canes or convenient objects to hand such as kitchen utensils. Beatings happened in State and faith-based institutions.

One survivor described regular physical abuse by her adoptive mother:

*"I had a board where all my misdemeanours and sins were earmarked and by the end of the week I'd get hit. So I would get up to 135 of them for strikes at any given time and I was allowed to come up at 20 for air."*

**SARAH, MĀORI, 49**

Survivors said even very minor misdemeanours often resulted in abuse, characterised by perpetrators as punishment, which included protracted physical exercise or chores. This was reported mostly within institutions such as educational facilities and children's homes.

Survivors commonly reported living in homes where the atmosphere was volatile and physical abuse a regular occurrence, only to be removed to institutions where they found the same volatility and violence. One survivor who experienced extreme physical and psychological abuse at home was removed to a State boys' home where he encountered violence from staff and other boys. He felt his only option was to run away. He described how he took a car and drove it over a cliff in a suicide attempt. No one recognised his call for help or gave any support:

*"I didn't wanna live any more. I went over a cliff and smashed head-on into a bank. Again, if anybody just stopped and looked at why, they would have figured something out, but they didn't. Instead, I got a boot up my arse, the strap, bashed, beaten, forced to do thousands and thousands of press-ups, running around with 44-gallon drums, locked under our arms."*

**PETER, MĀORI, 50**

Survivors frequently described institutions' culture of violence, particularly in boys' homes and psychiatric institutions, and this violence was meted out by staff and residents. In boys' homes, physical abuse would typically include "welcoming parties" in



which boys were beaten up on their first night, followed by regular and continuing physical abuse, and sometimes sexual abuse, too. Older boys or groups of boys often “dealt out” the former, a practice staff condoned or encouraged. Staff frequently delegated authority to senior boys, which enabled this practice to flourish.

In psychiatric institutions, survivors spoke of the forced taking of medication (tablets and injections), the threat of such forced medication, and the use of ECT without anaesthesia – all of which had a significant impact on survivors’ physical, psychological and emotional wellbeing. One openly gay woman was taken into a psychiatric institution in 1979 for “treatment”. She was 17 when given drugs and ECT:

*“Sometimes I’d have shock treatment twice a day... the records [said] I went blind and then they gave me shock treatment again that night.”*

**ANNE, EUROPEAN, 66**

Many survivors’ recollections of forced medication or ECT were also associated with physical and sexual abuse. Drugging residents and extensive use of ECT also made it difficult for individuals to disclose their abuse to anyone because it left their minds “groggy” or “destroyed”:

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**“I was bedridden ‘cos I was so sick. They never gave me the eighth treatment, that last treatment ... It was too risky for them to give me another treatment ‘cos I could’ve died. People did die from it.”**

**RHONDA, EUROPEAN, 63**

### Sexual abuse

Forty survivors mentioned sexual abuse, which, for the purposes of this analysis, includes sexual abuse involving bodily contact (such as rape, masturbation and fondling) and without bodily contact (such as grooming, sexual harassment and threats of sexual abuse). The former (with contact) was more common, and most who experienced this type were raped. Other forms of sexual abuse included fondling, oral sex, masturbation, penetration (sometimes with an object) and forced examination of genitals. Survivors were either forced to perform these sexual acts on someone and/or someone performed these acts on them. One survivor recalled being raped in a faith-based institution:

*“And in that time I was raped by the priest there. He had a room, I think, a corner of the vestry. They have a little room where they change and where, you know, and remember him saying he had to cleanse my body after I told him of my rape by [perpetrator]. And they gave, ‘Just shut up and God will sort it’. I remember that word.”*

**MARK, EUROPEAN, 71**

Many survivors described frequent instances of sexual abuse from numerous carers or people associated with carers (such as friends and family members). Some said they were made a ward of the State and placed in the care of a family member, such as an aunt or grandmother, where they were sexually abused by uncles, aunts, cousins or even older children either living there or known to someone living there.

Sexual abuse happened in foster and adoptive homes, State institutions and faith-based institutions. One woman described how she was moved from family member to family member, and from care home to care home, from a very early age. In one, a faith-based institution, she experienced physical, sexual, psychological and emotional abuse. She and her brother ran away. At nine, she was placed in a foster home, which she said felt like she was with a kind family – until the father started regularly raping her:

*“I thought I’d met some really kind people ... And the dad started raping me, and it never stopped even when I complained. I told my mum. I wrote a letter to [name], who was in charge of Social Welfare. They came, the newspaper, and told everybody I was telling lies ... My mum didn’t believe me and said I was making up stories because I wanted to get away ... When they left, he carried on raping me and wouldn’t stop.”*

**NICOLA, MĀORI, 60**

Survivors commonly reported that staff in State and faith-based institutions would take advantage of their authority over them to sexually abuse them. The abuse was accompanied by threats of being moved to another home, loss of privileges or other punishments if an individual did not comply. A survivor at a boys’ home in the 1970s said he was told:

*“You won’t be going to the pictures unless you let me get my way with you ... It was quite known because I’m not the first one that made complaints ... And if any accusations about them are made to other wardens, you’re then classified as being a disruptive person and then you’re placed in [an]other boys’ home.”*

**NICHOLAS, EUROPEAN, 60**

Survivors in psychiatric institutions described frequent sexual abuse, including rape or sexual assault by psychiatrists and nurses. Often, after being forced to take medication, including by being held down and given injections, they would regain consciousness to find people sexually assaulting them. Some survivors said female patients were regularly brought to male areas of an institution where they were restrained and/or drugged and raped by male staff. Sometimes male patients were encouraged or forced to rape them as well.

Survivors also reported sexual abuse during transitions between institutions and in short-stay facilities. Some would seize the chance during these transitions or short stays to disclose their sexual abuse. Rather than offer support and report the matter, however, some carers or guardians would take the

opportunity to sexually abuse them. In faith-based institutions, perpetrators sometimes did this under the guise of a medical examination or “cleansing of the body”. Places with examination rooms or washing facilities in a private area or office increased the opportunities for such abuse.

Survivors described how the first sexual abuse opened the floodgate for other abusers:

*“Once you’ve been raped like that, you’re open to other predators because the fence has been broken. You don’t know it’s broken but the predators can see that it’s broken and they walk in.”*

**RHONDA, EUROPEAN, 63**

Non-contact sexual abuse described by survivors included being naked in front of others, being exposed to an adult engaging in a sexual activity such as masturbating, witnessing the sexual abuse of others, and grooming. One survivor described both being stripped naked and forcibly examined:

*“I felt very belittled, because they stripped us down to nothing. We were tested for sexual diseases with the guy, the doctor standing there and grabbing your personal parts and testing you for sexual disease, which I couldn’t understand at such a young age. Not only being stripped down. Then they were checking for drugs in private places again, I mean I’m only 12, turning 13. And I couldn’t understand what for. They really make you feel like a criminal straight off the bat.”*

**JOHN, MĀORI-EUROPEAN, 52**

### Neglect, psychological and emotional abuse and bullying

Stories of neglect, psychological and emotional abuse, and bullying were common. Neglect was physical, psychological, emotional, and educational. Examples included a failure to receive shoes or suitable clothing in winter, a lack of food, removal of bedding, being forced to sleep outside, or being kept home from school without a valid reason. Neglect occurred in foster care, adoptive homes and State and faith-based institutions. The following survivors were in the care of adoptive or foster parents:

*“All the receipts would have been handed in ... But the clothing or whatever they'd bought was handed to somebody else, same with the pocket money, never saw that, yet we were always promised this would be part of it.”*

**JOHN, MĀORI-EUROPEAN, 52**

*“I always remember the second family that was in the same home that I was in before, because they would eat inside and sometimes, we were told to eat outside because we weren't part of the family [crying].”*

**ROBIN, PACIFIC, 32**

Neglect of education was particularly prevalent among survivors in State institutions. Instead, survivors were told to finish chores or do other labour-based activities:

*“When I was in this care, my education just went from A down to D. When I was in [institution's name], although they had a school there, I was taken from that school to go out and make boxes.”*

**BRIAN, EUROPEAN, 68**

Psychological and emotional abuse was a significant component of abuse, both in homes and institutions. This form of abuse often involved instilling fear in victims and asserting power and control over victims. The following illustrates psychological and emotional abuse at a boys' home:

*“Other kids would hang themselves or kill themselves and one of the other boys would find them. And then we'd hear the scream echo through and knew what had happened, and that's just a scream you never forget. It's just ... I never actually found one myself, but then the staff used to take you along and show you the body and tell you that this is what happens to the weak.”*

**DARREN, UNDISCLOSED ETHNICITY, 56**

Psychological and emotional abuse often went hand in hand with humiliation. Survivors described being stripped naked and having their genitals examined – a form of physical and sexual abuse, too. Survivors often described feeling belittled, humiliated and confused by what was happening to them. Many noted the huge psychological and emotional reverberations of such experiences, both at the time and over the long term.

Survivors frequently experienced bullying, which was closely connected to physical, sexual, psychological and emotional abuse. They commonly connected the experience with a sense that “no one wanted them”:

*“I was getting beaten up by my teachers because they reckoned I was a dummy and I was a criminal. And they go to me, “That’s why – that’s why you’re put in foster care, because nobody wants you.”*

**HEATH, MĀORI, 45**

Bullying also took the form of being singled out by teachers for humiliation in front of the class, being teased for having a medical condition such as seizures, and being tormented about one’s sexuality.

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### Witnessing abuse of others

Almost half of survivors described witnessing the abuse of others, whether of siblings or peers. This happened in foster homes, adoptive homes and State and faith-based institutions:

*“Imagine judging your carer’s mood by how much milk he put in his whisky and then knowing what was coming, watching your sister being thrown across the room and then going to sit on [name’s] knee trying to keep him sweet so you wouldn’t be next.”*

**TANIA, EUROPEAN, 57**

Survivors found it distressing to watch the abuse of others, and some tried to protect siblings or peers from perpetrators. The usual result was to be themselves abused or restrained in some way. One survivor in a psychiatric hospital described how he tried to stop the sexual abuse of girls there:

*“They were crying, but they couldn’t fight back. I mean, even ourselves, a couple of times, I got up and tried to pull people out of the way, to try and help them and we were just punished. You were given a swift kick in the backside and told to sit down or have a piece of string tied around your private parts and tied to a chair so you couldn’t move.”*

**BRIAN, EUROPEAN, 68**

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### **Abuse related to ethnicity and cultural identity**

Māori and Pacific survivors frequently described abuse they were subjected to because of their ethnicity or cultural identity. A Māori woman in a faith-based institution said nuns physically abused her because she could not speak English well. A few survivors described physical abuse to “cleanse” them of their cultural identity. This happened mainly in faith-based institutions or at the hands of religious carers:

*“I remember being taken to church and having hands laid on me to get rid of Māori spirits. I was educated very much that Māori were – they talked to the dead and were quite evil, all those types of things that happened in that setting.”*

**SARAH, MĀORI, 49**

Māori survivors frequently spoke of being removed from their whānau, hapū, iwi. Pacific survivors also spoke of being removed from their birth family. Carers told them they were of another ethnicity, and discouraged them from connecting with their cultural identity. One survivor who was in a children’s home in her mid-teens described the regular discrimination she experienced by virtue of being Māori. She was referred to as dumb, discouraged from going to school and forbidden to engage with tikanga Māori:

*“They would say things like, ‘You’re not going to make this place look like a bloody marae, you Māoris’ and really dismissive and disdainful comments about us as Māori.”*

**SARAH, MĀORI, 49**

Māori survivors described a feeling of location disconnection from their whānau, hapū, iwi, tikanga Māori and te reo Māori, which eroded their sense of self-worth. Pacific survivors also described feeling disconnected from their culture. But some Māori and Pacific survivors also described the healing power of their eventual reconnection with their cultural identity. Sometimes, perpetrators from their own ethnicity carried out the abuse, making it harder for survivors to value and identify



with their cultural identity because of that experience.

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### Forms of abuse

Nearly all survivors described forms of abuse in which it was difficult to untangle one from another, especially when overlaid with psychological and emotional abuse, neglect or bullying (typically as a way of gaining control over individuals). Sometimes, perpetrators gave survivors alcohol or drugs, making it difficult for them to recall specific details of abuse – although they would invariably recall waking up feeling sore. The following from a man in a psychiatric hospital in 1974 highlights the frequent overlapping forms of abuse:

*“They locked me up in pyjamas for a whole month. But in that whole month they didn’t give us food. Well, they gave us food, but they threw it in the door. You know, anybody who’s in solitary, that’s how they used to do it. ‘Oh, we’ll just throw it in the door, they’re animals anyway.’ We slept on the floor. I used to have to sleep on the floor, no blanket. That’s how vicious they could get with you. And they didn’t care. We were just, like I said, their property.”*

**TERRY, UNDISCLOSED ETHNICITY, 64**

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### Duration and frequency of abuse

By analysing the transcripts, we tried to work out the period of time over which the abuse lasted (duration) and how often the abuse happened (frequency). Survivors, however, seldom spoke in such precise terms. Some survivors gave numerical estimates of either the number of incidents of abuse or the number of years during which it occurred, but many others did not. The latter used descriptive terms such as “relentless”, “ongoing” and “part of everyday life” that, although less precise, conveyed in many ways a more vivid picture of the abuse they experienced.

#### Key insights:

- Abuse took place from the 1960s to the early 2000s.
- The peak of the abuse reporting was the 1970s and 1980s.
- Most survivors were abused between the ages of five and 17, although the range was from nine months to age 20.
- Survivors were repeatedly abused in many placements and settings, making it difficult for many to recall their exact age when abused.
- Most survivors were abused over a period of five to 10 years.



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### When abuse occurred

Fourteen survivors mentioned the years when abuse happened. These references ranged from the 1960s to the early 2000s. They mentioned the 1970s and 1980s most frequently. Abuse may have taken place in other decades because nearly three-quarters of survivors made no reference to years.

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### Age when abused

Survivors were, however, more likely to remember their age when abuse occurred than the years when it occurred. Thirty-three remembered their approximate age at the time, although some found it hard to remember their exact age when the abuse began, especially if very young at the time.

Most were abused between the ages of five and 17, with the abuse continuing into the mid to late-teens. The peak period was between 10 and 13. One was as old as 20 and one as young as nine months. In the latter case, the individual's memory was aided by records.

Repeated abuse in many placements and settings made it difficult for many survivors to recall their exact age when abused. The following survivor, who was in faith-based institutions and subjected

to physical and sexual abuse by numerous perpetrators, illustrates this point:

*"I think I was around 13-year-old when I started ... I'm having a bit of a brain fog at the moment ... while being a student at [faith-based institution] I was sexually abused and physically abused and subjected to a lot of bullying – from students and from staff."*

**DANIEL, MĀORI, 35**

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### Duration and frequency of abuse

Every survivor bar one described repeated instances of abuse, the exception recalling just a single instance of abuse. Seventeen mentioned the specific duration of their abuse. Some of these 17 were abused over very long periods – between five and 10 years. For some, the abuse exceeded 10 years. Some were abused for about six months, and some for about a year. The 33 who made no mention of the duration of the abuse were probably abused over quite lengthy periods, given the repeated abuse in many forms described by other survivors.

Most survivors said they were regularly abused. Some mentioned a specific frequency, such as being sexually abused on a weekly basis. Many found it hard to recall the frequency

of the abuse because it was so sustained.

Abuse was so common in many care contexts that survivors frequently witnessed the abuse of others, which is a form of abuse in itself. One survivor described how, as an eight-year-old, he and others regularly witnessed abuse in a children's home:

*“Looking at it now, it was probably isolated cases but there's 16 of us so if I'm not getting the bash, someone else is getting it, you know what I'm saying. So to me, it was like regular because if it's not you it's someone else and you always see [the abuse].”*

**MATTHEW, MĀORI-PACIFIC-EUROPEAN,  
52**

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### Perpetrators

Survivors said perpetrators included:

- foster and/or adoptive parents, who were sometimes members of an individual's birth family
- other family members, whether by birth, fostering or adoption
- staff at institutions, such as housemasters, guards, teachers, priests, psychiatrists, nurses and police officers
- peers at institutions.

Survivors named or were able to give the gender, ethnicity and role of 84 perpetrators. Fifty-two were male (or assumed male), 16 were female (or assumed female), and 16 were of unknown or unstated gender. Survivors identified 42 more perpetrators whose name, gender and role they could not recall. In 10 instances, survivors identified types of perpetrators, such as teachers, security guards, peers or staff, rather than individual perpetrators, so the overall number of perpetrators identified was considerably more than 126 perpetrators who abused them.

Survivors in foster and/or adoptive homes described abuse from foster or adoptive parents. Some suffered abuse at the hands of foster siblings, too. Most involved sexual abuse by a foster brother, although one survivor described how a foster sister sexually abused her and her brother. Sometimes members of a survivor's family, such as grandparents, were the foster and adoptive parents. These primary carers would often abuse them, as would other relatives such as uncles, aunts or cousins.

Survivors frequently described perpetrators, such as housemasters, priests, teachers, and nurses, abusing them in a multitude of ways. One described physical abuse by police officers after being picked up for running away from a boys' home. He felt their authority and standing enabled them to carry out such abuse. Another survivor echoed the same sentiment about the power and control of perpetrators in institutions:

*"I was then sent back to [name's] house where he continued to rape me against my will, but was told I'm a ward of the state and I do what he says and Welfare just didn't listen to me, so he got away with it."*

**MARK, EUROPEAN, 71**

Survivors said peers were encouraged or forced to abuse others. This took various forms, including "institutional traditions" such as "welcome parties", where newcomers were beaten by peers on their first night, as well as the group-rape of individuals by peers and staff, and the encouragement of senior boys to use their authority to abuse others. This culture was particularly evident in boys' homes where punishing peers and fighting with peers was entertainment:

*"The boys that ran away were placed at the end of the gym and we all had to go and put a boot or punch, even though you may not want to do it. We had no choice, we felt like we didn't have a choice at all. If we didn't do it you can imagine how it looks, not only to the boys, but to the guards."*

**JOHN, MĀORI-EUROPEAN, 52**

Survivors in psychiatric institutions spoke of how those charged with providing medical and psychiatric care were the abusers. They said psychiatrists and nurses enforced unwarranted medical treatments such as ECT or administered unwarranted drugs. These resulted in drowsiness or "brain fog". Survivors described extensive physical, sexual, psychological and emotional abuse and neglect at these institutions. They said the culture of abuse was strong in these institutions. Many staff were involved, and those who weren't, including other staff and managers, did nothing to stop it.

# Causes and contributing factors



## 4. Causes and contributing factors

Survivors described a range of factors they considered caused or contributed to their abuse. Broadly, they fell into two categories – factors within the State’s control and factors within individual institutions’ control. Specific factors included inadequate monitoring and support, lack of processes for dealing with disclosures, and poor vetting, supervision and management of staff. Taken together, the result was a general acceptance of abuse, making it hard for survivors to report their abusers. That said, some survivors reported positive experiences while in care.

### Limited monitoring

Some survivors mentioned getting little or no monitoring. Some said the lack of effective monitoring of care placements and the failure to hold adults to account for their behaviour helped make possible the abuse they suffered. They said monitoring was inadequate even if social workers made visits to check up on them. One described how a social worker visited her for a time, but spoke only to her carer – her abuser – so the abuse continued:

*“They checked in with [the carer], had a chat and then left and not really talked to the kids ... Pretty casual, yeah, but they seemed like they didn’t really care. It was just, ‘I’m doing my job!’”*

STEPHANIE, EUROPEAN, 32

Some survivors spoke of running away from homes and institutions as a way of coping with unbearable situations, including abuse. Often the State failed to investigate why

individuals were running away. Some would run away to family members or friends, while others would have no one to go to and had only themselves to rely on. Some got into trouble, were caught by police and returned to State care. Some went to a new place, where they may or may not have been abused, while others were returned to the place from which they had run away, only for the abuse to resume:

*“This is how much CYFS and my family have fucking failed my wellbeing and traumatised [me] because the fact is, they never checked on me, no one sat down with me to see what’s going on, why am I playing up, why have I been doing all these things or hurting myself. Maybe if they found the right person to have a one-on-one with me.”*

MARY, MĀORI, 35

### Lack of disclosure processes

No survivors mentioned any specific steps or processes they were told to follow if they had concerns or were troubled about their carers or aspects of their care. Some said they had approached an adult or staff member but were not taken seriously:

*“Yes, someone that you could actually go and talk to, that, you know, like, if you had a problem, instead of going to a different staff member every time – and most of them would just shrug you off anyway.”*

**DARREN, UNDISCLOSED ETHNICITY, 56**

Many survivors said they had no one to talk to about the abuse, and this, they said, was one of the practical factors that made abuse possible. They felt the adults who were supposed to be concerned for their safety and wellbeing either failed to take their disclosures seriously, punished them for any disclosures they made, or were their abusers.

As a result, they had no direct contact with safe adults to whom they could disclose their abuse:

*“At the time I didn’t know what to do or who to tell that would believe me. I was young and scared.”*

**GREGORY, MĀORI, 43**

Some survivors said they learned about attempts to conceal abuse. One survivor, abused by staff at a children’s home, said other staff noticed the abuse and lost their jobs for speaking out. She recalled later meeting a dismissed staff member:

*“I asked... ‘What happened to you working at [children’s home]? Oh, you know that complaint we made, how you got hit?’ And I go, ‘Yeah’. And they go, ‘Yeah, well, we lost our job because of it!’”*

**MARY, MĀORI, 35**

This same survivor said individuals were subjected to further restrictions to limit the possibility that they might disclose the abuse:

**“They wouldn’t even let me ring my mum, go home for a weekend, that’s how nasty they were ... They wouldn’t even let me ring my social workers.”**

**MARY, MĀORI, 35**



### Management of staff

Survivors often mentioned poor management of staff, including the vetting, training and supervision of staff at institutions and foster carers and adoptive parents. Some said no formal process existed for appointing carers or staff at State or faith-based institutions. They said it seemed almost anyone could get a job at these institutions, including those with a possible history of abuse:

*“The officers all knew what was going on. It was like a game to them. Really, when you have a look at them, the officers, they’re just ordinary people that were down the pub one day and then they get a job at [boys’ home]. They came out there, they’re not trained for anything. They knock you about just like that’s how they handle their kids at home.”*

**MICHAEL, MĀORI, 59**

Many survivors didn’t specifically discuss staff vetting processes, but the fact survivors encountered so many abusers in so many placements and settings strongly suggests these processes were inadequate.

Survivors also frequently mentioned a lack of training and supervision and poor staff performance in looking after their wellbeing. Several talked about carers who would allow children to behave in harmful ways, such as permitting them to get alcohol and drugs, disclosing private information about peers, and encouraging violence between peers. One survivor said carers at a youth facility actively encouraged drug use and violence:

*“They’d bring us in weed, get stoned with us ... they couldn’t touch us so they’d get us to go and smash someone up that was being an asshole ... So they’ll give us some weed and tell us to go waste them and we’d happily do it, you know. Who wouldn’t, for that?”*

**JULIA, MĀORI, 28**

**“I remember the lady that was looking after me ... she was the social worker. Beautiful lady. I’m not sure if her caseloads were overloaded or not, but what attention I did get, I felt safe.”**

**JOHN, MĀORI-EUROPEAN, 52**

Some said they had positive experiences with their social workers. One survivor recalled.



### Positive experiences in care

Seventeen survivors spoke in positive terms about aspects of their experiences in care. They said they felt loved and cared for, and felt their social worker worked to keep them safe. One described a great sense of belonging when she was moved to a children's home:

*"Awesome. They were awesome. That was the first place where I felt a bit like I belonged."*

**NICOLA, MĀORI, 60**

Whether the experience of care was positive or negative did not necessarily depend solely on where a survivor was placed. Some survivors described positive relationships with carers in placements that were abusive. One survivor, who was placed in a boys' home where staff and peers perpetrated many forms of abuse, said he came across some

individuals who genuinely cared for the boys:

*"They'd take whatever they wanted off you and it seemed like the staff just didn't care or do anything about it ... We had a couple of lady staff there that – some of them were caring – to feel nurtured and that. I can still see them, actually."*

**DARREN, UNDISCLOSED ETHNICITY, 56**

# Disclosing abuse and responses



## 5. Disclosing abuse and responses

Here we have examined the disclosure of abuse in more detail. As already noted in the previous section, survivors faced systemic barriers to reporting abuse and were met with little if any help if they overcame them. In this section, we have analysed the largely internal barriers to disclosing abuse. They were:

- no understanding that they were being abused
- no safe person to disclose abuse to
- a sense of being to blame for the abuse and of being ashamed for having been abused
- a fear of the consequences
- a desire not to upset family members.

We also analysed the reported outcomes of disclosure, which were:

- to be labelled a troublemaker or liar
- to be punished
- to have records altered and processes distorted so no one else heard about, or responded to, the disclosures.

### Barriers

Thirty-five survivors talked about disclosing abuse, including the barriers they faced. One, as noted already, was the absence of anyone safe to disclose it to. One survivor spoke of the abuse she endured in her foster home and how the only people she could tell were members of her church, which her foster parents were also members of:

*“One thing I remember is there was never anybody you could go to for help, except for our church. And when I’ve been thinking about that, that’s actually quite hard to process because [I would] go to church, my parents were elders in the church and they were missionaries, so you know, they were untouchable.”*

**SARAH, MĀORI, 49**

Another barrier was a fear of what would happen after speaking up. Several survivors talked about their fear of possible retribution:

*“I was also scared because I knew how strong he was. I knew how scary he was.”*

**EVANGELINE, MĀORI-EUROPEAN, 27**

Some survivors described the types of punishment that resulted from speaking up. These included being beaten up, being threatened, and being subjected to even more severe abuse:

*“Four days later, me and a couple of others that made the complaint got locked up and the complaint was thrown under the table while nothing happened.”*

**TERRY, UNDISCLOSED ETHNICITY, 64**

*“It didn’t go any further than [name]. He was the assistant principal there at the time ... you’d go and tell him so-and-so has been playing with your private parts. Then, first, he tells you to fuck off and then a wee while later, when the fella that’s doing it goes and tells someone else and then you’re getting frigg’in’ stomped.”*

**PETER, MĀORI, 50**

Some survivors said it never occurred to them to tell anyone because they did not appreciate they were being abused. One survivor, placed in an adoptive home where she was abused but other non-adopted children were not. She said she had contact with a good social welfare officer, she never thought to mention the abuse, which she thought was simply the consequence of being different to the other children:

*“We didn’t know it was unfair. We just knew we were different.”*

**SANDRA, MĀORI, 45**

Some survivors talked about not understanding they had been sexually abused until they became older. Some said the presence of family members, typically siblings, in the same State care setting held them back from speaking up. A few did not reveal their abuse until adults.

Some survivors felt a sense of being somehow to blame for the abuse, and it took them some time to recognise that the abuse was not their fault. Survivors also felt ashamed when discussing the abuse. Some had still not told parents or family members. One had still not told his mother in case she blamed herself for having put him into State care:



**“I still have trouble trying to mention it to my family. I tried to bring it up to my mother once, but I had seen the way she was starting to think, and that’s why I shut down and dropped the subject.”**

**CRAIG, MĀORI-PACIFIC, 43**

A few survivors had never told anyone about their experiences until contacting the inquiry.

## Responses

Some of the survivors said they told someone about the abuse, whether immediate or extended family members, social services, the Police, church figures, friends or a psychologist. Of these, social services, family members and the Police were most common. Regardless of who they told, follow-up action was very rarely taken. Most who told someone about the abuse said they were not believed and were threatened or further abused. Nothing happened to the perpetrators. Only one survivor reported abuse that resulted in the charging of a perpetrator. She and her sisters were able to build a case against the perpetrator and the Police acted:

*"[He] ended up going to jail. We put him in jail for what he did to me and my sisters."*

**SANDRA, MĀORI, 45**

One survivor from a boys' home said he and a group of other survivors went to the Ministry of Health to talk about their abuse. Officials accused the entire group of being dishonest and ignored what they had been told:

*"Because they would talk to the nurses and the doctors and everybody like that and, as far as they're concerned, we were just stirrers and we were trying to tell them what was happening, and they just didn't want to know."*

**TERRY, UNDISCLOSED ETHNICITY, 64**

Survivors commonly reported a culture of silence and secrecy in both State and faith-based institutions. They often said staff who witnessed abuse rarely reported it, and staff who did were punished. They said the details they revealed was covered up (including the falsifying of records), survivors were moved elsewhere, and perpetrators were left untouched. Survivors said this reinforced perpetrators' power over them and sent a threatening message to others:

*"If you start causing an uproar with these people, they have the power to just have you removed because they can just falsify reports and say that you're a disruptive person. And if any accusations about them are made to other wardens, you're then classified as being a disruptive person and then you're placed in [another boys' home]."*

**NICHOLAS, EUROPEAN, 60**



Survivors in psychiatric institutions said the power and standing of psychiatrists, doctors and nurses ensured they were believed over those abused.

Survivors commonly reported being called a liar when they reported abuse, including abuse in previous places of care. Discouraged by such responses, they considered it futile to report abuse any more:

*“I did try, once, but I didn’t get believed, you know. What’s the point? It happened so many times elsewhere, so, ‘You’re a liar’ and all that kind of shit!”*

**JULIA, MĀORI, 28**

One survivor reported abuse, only to be told she was exaggerating and did not understand that physical abuse was a necessary form of discipline:

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**“So, by the time I hit 14, I rang Child, Youth and Family ... and the pastor got in touch with me. He was very angry with me and he said, ‘This is not a physical problem. I’ve got it under control. I will deal with it’ and I was brought into his office and given a severe growling and told that I exaggerated and that I lied and it was very easy to exaggerate when you hear a child being smacked because they are rebellious, and my brother was perceived as really rebellious.”**

**SARAH, MĀORI, 49**

# Impact of abuse



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## 6. Impact of abuse

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**Abuse affected survivors' behaviour, mental health, physical health, personal relationships, education, employment and finances. It showed up in aggression, anger, alcohol and drug use, suicidal thoughts and attempts, poor education, poor job prospects, little financial security, more physical injuries and criminal behaviour. The vast majority said the abuse had harmed their behaviour and mental health. Many said it had affected their relationships, education and financial situation, and also led them to become perpetrators of abuse themselves. Most said they continued to feel the consequences of their abuse.**

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## Survivors' behaviour and mental health

Forty-four survivors said the abuse had affected their behaviour and mental health, and for most in very serious ways. These included post-traumatic stress disorder (PTSD), depression, anxiety and bipolar disorder. Many, having not sought or been offered formal mental health help, described mental and emotional distress, rather than any specific diagnosis. Survivors described their struggle to function normally in everyday life. Many had a range of mental health difficulties arising from their abuse:

*"I can't go out and about really. I suffer chronic depression and chronic fatigue. Chronic fatigue comes both from the brain injury and the PTSD. It's just there and it doesn't go away ... I have lots of anxiety about lots of things."*

**RHONDA, EUROPEAN, 63**

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## PTSD, anxiety and depression

PTSD was common, and some survivors, suffering daily flashbacks, were spared little relief from it. Feelings of anxiety, anger, agitation or general distress often accompanied the flashbacks. Daily life was hard.

Others described how a particular sight or sound triggered the trauma of their abuse. For a few, it was hearing or reading about abuse of children in the news. This brought back memories of their own experiences, as well as feelings of empathy and sadness for the children mentioned in the news:

*"There's not a day goes by, I can't pick a paper, I can't pick a newspaper up anywhere or watch TV, somewhere down the line there's a sexual abuse somewhere, someone getting pulled up for sexual abuse. That just comes straight back. My thought just goes straight back, there it is."*

**NICHOLAS, EUROPEAN, 60**

*"Lots of things happened and I wanted to block [them]. I've been blocking them for years, not wanting to deal with them, not wanting to know, you know, but it resurfaces every time I hear things with CYFS or children being abused. It hurts because I know what that little kid feels like and what confusion they're going through."*

**JOHN, MĀORI-EUROPEAN, 52**

A few survivors talked about fears their own children would be taken away from them.



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## Depression, self-harm and suicide

Depression was common. Some survivors did not use the word depression, but they described its elements – low general mood, poor sense of self, little interest in day-to-day activities, a sense of hopelessness and difficulties sleeping.

Some survivors had attempted suicide or had suicidal thoughts. A few expressed a sense of being ready to die. Some experienced self-loathing and wanted an end to these feelings. Others wanted an end to the trauma they felt. It was not uncommon for survivors to describe repeated suicide attempts throughout their life, including during the period in the lives when they were being abused:

*“I remember at night, just hiding in the closet, sitting on top of my drawers trying to get a belt or something and try and strangle myself ‘cos I was just so bad. No one knew. I just didn’t want to be there and didn’t want to be alive any more.”*

**STEPHANIE, EUROPEAN, 32**

One woman who suffered physical and psychological abuse in a psychiatric institution described how she felt she had brought shame and disappointment on her family:

*“I couldn’t see any point in living like this and I felt like I was disappointing my parents ... just shaming the family and ending up in psychiatric hospital. In fact, one time, Dad went almost white overnight. He’d heard that I’d ended up in life support, or something. I’d tried to kill myself.”*

**ANNE, EUROPEAN, 66**

Some survivors harmed themselves, often by cutting themselves. A few said self-harming behaviour helped relieve the stress caused by the abuse and expressed their hate for themselves and their hatred for existence.

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## Sleeping difficulties

Survivors described the lifelong impact of abuse on their sleep. When they were younger, it showed itself in frequent bed-wetting and difficulty sleeping. Later in life, there were also regular dreams and nightmares to contend with:

*“It doesn’t stop, it goes on and on and on. Yeah, nightmares. Because, you know, people dream of different things, but in reality if the things are real, you see, that’s where all the upset comes from ... I remember the first time banging my head on concrete, on the walls.”*

**MARK, EUROPEAN, 71**

Other survivors suffered from insomnia, making it hard to function properly in daily life. A few survivors said they used drugs to help them.

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### Anger and violence

Anger was a very frequent emotion for survivors. It arose when they thought about their abuse and their abusers, who were themselves sometimes angry individuals. Some also felt anger towards “the system” for the way it had treated them:

*“The system wasn’t designed to do what it did, but it did turn out that way ... it made all those kids grow up to be mean kids and wild kids and anti-authority kids ... so if they’d done it right and probably put them into a school to educate them, not punish. You just chucked me in here to punish me, mate. Yeah, you haven’t taught me anything, you taught – I hate your guts.”*

**SHANNON, MĀORI, 59**

Some survivors described their anger as a survival mechanism. One put it this way:

*“If you didn’t toughen up, you may as well go and kill yourself, so I toughened up.”*

**NICHOLAS, EUROPEAN, 60**

Some perceived anger as an emotional accumulation from abuse and said expressing

anger was a way to release this stockpiled energy. They found flashbacks and any rekindled memories of their abuse very difficult to deal with. Expressions of anger were a coping mechanism.

A few survivors said their anger was often disproportionate to the triggering event. They were aware of their overreaction, but their anger was often difficult to control or felt beyond their power to control, and it sometimes reached levels that led them to act violently towards others:

*“The other prisoners that I’ve done it to, it was only a little minor argument, just arguing or something ... when I did it, I wasn’t thinking of what they did or what they said, I was thinking of what happened. I just let it out. I took my anger out on that person at the time and everyone here who were my friends.”*

**IOSEFA, PACIFIC, 31**

Some described their concern at how angry they would get. Several who had been involved in violent criminal activity worried about where their anger might one day lead them:



*"I'm scared that one day, if I don't deal with this issue, someone's gonna end up dead because of it. I'm not gonna mean to do it, I'm gonna snap, because when I get angry, I go into a stage where I don't realise what I'm doing until after it's happened."*

**CRAIG, MĀORI-PACIFIC, 43**

One survivor said he was aware of his anger problem and avoided large social gatherings in case he overreacted to something someone said.

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### Substance abuse

Most survivors said they used alcohol and/or drugs, including prescription medications, as a way to cope with the memories of their abuse or hide from themselves. For some, taking alcohol and drugs gave them a sense of ease and made it easier to interact with people. Some began at a young age because they took alcohol and drugs to block out the abuse as it was happening. Sometimes their perpetrators introduced them to alcohol and drugs to make it easier to abuse them:

*"I've led myself all into drug habits because it was my way of escaping from it."*

**CRAIG, MĀORI-PACIFIC, 43**

Alcohol and drugs offered survivors only limited relief. For many, it led to anti-social behaviour, including criminal activity, physical injuries and/or more mental health problems. Survivors often mentioned drug use and anger in the same breath.

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### Interactions with people

Some survivors found it difficult to socialise with people and interact with society generally because of low self-worth, concerns about other people's perceptions of them, and concerns about their own self-control.

One survivor described his worry about people judging him because of his past. Another, who was completing a prison term, expressed similar concerns. He said he was worried about people judging him for having been in prison. He acknowledged that telling people about his abuse would help explain his actions, but he was too scared to reveal this fact to anyone. A few said they tended to lead isolated lives or push people away so no one would learn about their past. As one survivor explained:

*"I'll tell you what, there is, I think that the stay in the boys' home, how do I say it? Definitely affects your ability to make close friendships for some."*

**SHANNON, MĀORI, 59**

Others described how their abuse and their route through the care system had made it difficult for them to function in society, and how, in several cases, this had led to their associating with gangs or becoming gang members. One described how being uprooted from family members and friends and placed in a boys' home made it difficult for him to reintegrate with society afterwards. He suggested the care system fostered gang connections or a gang culture, or at least a disconnection from society. Some of those in gangs said they felt they had things in common with gang members because of their shared experience, and that they also felt protected by becoming a gang member:

*“Oh, hey, there's my bro' from jail, you know, he got no family either, so we're mates.' I thought that the government at the time, they actually turned you into a gang member ... the day they put you in there when you're a young kid, you meet other young kids in the same sort of situation and you grew up to – you went to jail and then you became a gang member. Because by the time you went out of there, society ... [it] don't acknowledge you as a good person, I suppose.”*

**SHANNON, MĀORI, 59**

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## **Cultural disconnection and self-identify**

Māori and Pacific survivors commonly talked about a loss of connection to their cultural identity that, for some, manifested in uncertainty about their self-identity, that is, how they perceived themselves in society. The section on the nature of abuse has already shown how Māori and Pacific survivors were more likely to become disconnected from their cultural identity and/or suffer abuse because of their ethnicity.

One survivor, a Māori woman, talked about how she was told while in State care that information about her name and birth parents was incorrect. She said she lost her connection with her birth parents and ancestry, which was important to her whakapapa and identity, as a result of being in care. She said she found it hard to know the truth about who she really was. Yet another described how he lost all sense of who he was, so profound was the impact of the abuse:

*“I have never been myself ever since and ... never will, thanks to those years.”*

**MARK, EUROPEAN, 71**

One survivor said the abuse inflicted on him in a faith-based institution caused him to lose his faith:

*“They robbed me of my faith, the Catholic Church. They really did ... That’s what I believe in. I honestly hope and pray that there’s some spiritual thing after we die.”*

**TIMOTHY, EUROPEAN, 65**

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### Personal relationships

About half of survivors said their personal relationships suffered as a result of their abuse.

It soured relationships with their family of origin and their own family. It made it difficult for them to be trusting and intimate with their spouse and others, and it affected their ability to build relationships in general. As one survivor noted:

*“Overall, they probably robbed me of my childhood and robbed me of any form of education, of being able to socialise. I mean, even when I first found a girlfriend, I was absolutely terrified.”*

**BRIAN, EUROPEAN, 68**

Some found raising children complicated by their determination to ensure there was no repetition of what they had experienced. Others, however, were unable to prevent the cycle of abuse repeating itself. They had failed to control their anger around their children and had shown little affection or love towards them. A few survivors said their children had themselves been put in care:

*“Three of my children have been in State care as well. I had to work very hard to get them back, just to give you a bit of a picture as well. They’re the next generation and they could probably be here in a year’s time, to tell their story because they’ve also been mistreated.”*

**ALICIA, MĀORI, 37**

Some said they had found it difficult to show love and affection to their children because of the way they had been raised in care:

*“No hugs, nothing. And I think I’ve passed that on to my kids.”*

**SHANNON, MĀORI, 59**

Survivors struggled generally to build healthy relationships with family members. For many, their placement in care had broken a connection that they struggled to mend. The influence of alcohol and drugs damaged these relationships, as did survivors’ powerful feelings of anger. For some, their feelings of hurt, anger and shame prevented them from being able to interact in a healthy way with others and build strong relationships. One survivor, whose siblings were all placed in different homes, said he pushed people away afterwards:

*“I would blame everyone because I believed everyone could see what a dirty, ugly person I was. I did not want people to know my secret, so I started pushing people and family away. Because of what happened, I became self-destructive and started isolating myself from others, which led me to doing crime and harder drugs, as well as being a very angry person towards everyone and anyone.”*

**CRAIG, MĀORI-PACIFIC, 43**

Survivors talked a lot about how hard they found it to trust people and let them get close after the individuals who were meant to care for them betrayed their trust. Some said they were suspicious of people and what they might want from them. This had affected their ability to hold down jobs, maintain long-term relationships, including with spouses, and generally interact with people socially.

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## Sexual behaviour

A few survivors talked about the effects of sexual abuse on their sexual behaviour, including more generally their ability to trust and sustain a relationship with a partner. For one, it led to prostitution:

*“I myself have been a prostitute in [place] because ... sex was nothing to me, nothing at all. It did not mean anything and I could do that with my eyes closed and, um, I felt like I was winning because I was getting money off these strange men where – where that man – that man used to take that off me and I got nothing.”*

**SANDRA, MĀORI, 45**

Another survivor said he couldn't take part in certain sexual activities with his partner because of the way he had been abused. Yet another said the abuse had made him determined not to perpetuate the cycle of sexual abuse.

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### Education, work and finances

Some survivors said they were deprived of an education while in care and they now felt ill-equipped for life. In some institutions, they were not offered education. Instead, survivors were made to do jobs and help with the running of the place. For those given the chance to attend lessons, their schooling education was a challenge amidst the turmoil of their abuse:

*"I had trouble with numeracy and literacy. Like I said, why would I want to learn, you know, I was trying to survive."*

**JOHN, MĀORI-EUROPEAN, 52**

Survivors said they struggled to get and hold on to jobs, even unskilled, poorly paying jobs, because the abuse had so profoundly affected them. Some survivors also talked about the financial consequences of being out of work, in low-paying work, or in prison. One survivor talked about how his education and career would have taken an entirely different trajectory but for the abuse. Others made similar points, talking about how mental health and behavioural problems and alcohol and drug abuse had harmed their educational and employment opportunities. As one survivor reflected:

*"I often wondered how life would have been, would have turned out, if I hadn't have grown up in a dysfunctional family with drugs, gangs, violence, crime, poverty, sexual abuse and ill-treatment in the State care and in my own family and then go on to relive that same childhood. Who knows? Maybe I would have had a better chance at life, wasted time and years in the system. I could have been somewhere else, somewhere better, somewhere different ... Life's changed and ruined, never to be the same again."*

**JULIA, MĀORI, 28**

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### Involvement in crime

Some survivors said they had been in prison, often more than once. Some felt their abuse had set them on a course for prison. They said their anger had manifested in the physical abuse of others, including, in some instances, their partners. Some had had their children taken from them because of their criminal history or behaviour. Survivors involved in gangs got caught up in criminal activity, which often involved violence, including fights with other gangs:

*“It got pretty dicey in the two years, there was fights with other gangs here in [place], biker gangs and, um, oh, you know, we would run you over if you got in our way – we’d take you out.”*

**SHANNON, MĀORI, 59**

One survivor said he was involved in kidnapping and raping young girls. He had grown up in a gang culture and had seen women tied up and raped at parties.

He said his abuse contributed to his criminal behaviour. Several other survivors intimated they had abused others but gave no details. One survivor spoke about the ultimate cost of his criminal activities:

*“My criminal convictions – they cost me a future, they cost me ... I couldn’t apply for any decent jobs, like government jobs and things like that. I couldn’t even go into the army, they wouldn’t even accept me ... because I had too many assault charges.”*

**NICHOLAS, EUROPEAN, 60**

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## Physical health

Many survivors said abuse had taken a toll on their health. For some it was short-term, for others, long-term, including chronic medical conditions. Survivors reported incontinence, migraines, cardiovascular problems, diabetes, malnourishment, sexually transmitted diseases, chronic pain, impaired brain functioning and memory loss:

*“My memory’s so shocking, but the other thing is I – now – I get chronic headaches and definitely this is a side-effect of the ECT. I mean, I never got – I’ve been through the pains clinic and all of that, for those, but it’s definitely, was dreadful. I get chronic headaches that might last nine days, eight or nine days.”*

**ANNE, EUROPEAN, 66**

Many suffered direct physical injuries from their abuse, including wounds, bruises, head injuries and internal injuries from sexual abuse:



**“I had so much migraines. They found me with pressure on my brain and when I went for the x-ray, I remember the doctors came back and going, ‘Have you been involved in a car accident?’ I go, ‘No’. He said, ‘Your brain looks like you’ve been in a car accident’. [crying] I’m going, ‘It’s okay, it’s just all the violence I had to suffer growing up’.”**

**IHAIA, MĀORI-PACIFIC, 49**

Some survivors, usually those who had been in psychiatric institutions, talked about the physical symptoms that persisted after being on medications while in care to “manage” their behaviour. One spoke of being highly medicated and as a result was unable to function physically for months.

# Redress and rehabilitation





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## 7. Redress and rehabilitation

**Seventeen survivors talked about having sought redress (lodging a complaint or seeking an apology or financial compensation) and undergoing rehabilitation (usually counselling or some acknowledgement from authorities). Several survivors said they thought it important to prevent abuse in care, and that the inquiry was a good step in the right direction.**

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### Key insights:

- Counselling and financial compensation were the most likely forms of redress and rehabilitation.
- A few received an apology, access to their records and amendments to their records.
- No survivors mentioned wanting perpetrators brought before the courts, although many said they wanted them – and the institutions concerned – held to account.
- Some of the survivors who obtained redress or took part in rehabilitation found it useful in helping them rebuild their lives, although some considered the level of redress and compensation inadequate given the nature and duration of their abuse and its profound impact on their lives.
- Survivors who had sought redress and rehabilitation said the assessment process had many steps and made them feel uncomfortable. There was also a long wait for the decision.
- A few said there should be fewer steps, a faster decision process and more generous offers of redress and rehabilitation.
- Many survivors were unaware of, or unclear about, what redress and rehabilitation options were available to them.

### Compensation, counselling, apologies and records

Most of the 17 survivors who mentioned redress and rehabilitation did so to:

- get financial compensation
- have their experiences heard and acknowledged
- help prevent the abuse of others in care
- get an apology for their abuse and its impact on their lives.

Some survivors had formally made claims against Ministry of Social Development, ACC, a faith-based institution or a non-government organisation for financial compensation (including one-off and regular payments) and/or counselling. A few mentioned receiving financial compensation and awaiting decisions on their compensation claims. Some survivors had sought counselling themselves because they felt the need to and they knew the process to obtain funded counselling would be difficult.

A few survivors said they were receiving benefits because physical and/or mental disabilities arising from their abuse had left them unable to work. One woman, for example, was on a disability benefit after suffering sexual and physical abuse in a psychiatric institution.

Those receiving benefits had not formally sought compensation.

Some survivors were given access to their records as part of redress and rehabilitation. A few said they had also received an apology.

None of the survivors said it was important to them that perpetrators were brought before the courts, although they frequently talked about holding perpetrators and institutions to account. Some survivors were pessimistic about the prospects of perpetrators ever being held to account because there was no recognition of how bad the problem had been in institutions and because, in some cases, the perpetrators were dead.

A few survivors wanted nothing to do with any court proceedings, saying they just wanted to move on. By contrast, many others expressed great anger at their perpetrators and the injustice of a system that had let them down.

Survivors said taking part in the inquiry was a way to help prevent abuse among those in care. Many said talking to the inquiry helped with their healing process. For a few, taking part in a private session was the first time that they had told anyone in a position of authority about their abuse. As one survivor explained:

**“Mainly my reason for telling my story is in a hope that when you present it to the Government and that, they can hear our voices. Our voices can be heard and they put every step and amendment into it not happening to children now, today, or in the future.”**

**SANDRA, MĀORI, 45**

Many said redress and rehabilitation were important because they helped close a dark chapter in their lives. Some stressed that counselling helped them recognise they were not to blame for their abuse. Others said counselling sessions helped them verbalise and move on from their experiences.

Some survivors said they considered it important that authorities amended their records to make them accurate. One woman said such revisions, along with an apology, were crucial to her healing process:

*“That’s one thing I did manage to do, I got an apology and I got that wiped off my notes, which to me was a big thing because I felt that I didn’t want the label of [drug addict and schizophrenic].”*

**ANNE, EUROPEAN, 66**

Some of those who received an apology did not consider it genuine or appropriate in light of the seriousness of the abuse and its impact. One survivor who received a letter of apology said it did not specifically acknowledge any of his experiences, which left him with a feeling of deep frustration:

*“Patronising. I don’t think it’s genuine, I think it’s just a template-generated letter.”*

**WIREMU, MĀORI, 29**

Some survivors said the amount of compensation they received did not reflect the nature and duration of their abuse or its impact. One man received \$3,000 for physical, sexual, psychological and emotional abuse he suffered from the age of 13 while in care homes and a psychiatric institution during the 1960s:

*“I get a phone call from [organisation’s name] saying, ‘Yes, it’s been accepted’. I’ve got a \$3,000 payout from, say, 50 years of suffering.”*

**BRIAN, EUROPEAN, 68**

Several survivors considered financial compensation to be “throwing money at a problem” rather than fixing it.

Some survivors expressed resentment at receiving copies of their records that were full of redacted or blacked-out sections, thereby frustrating their efforts to learn what was held on file about them. Many of those who received unabridged copies said they felt their records had been altered and did not fully reflect their experience in care:



*“He had the file of all the ECT I was getting, the abuse I’d been through – everything. They destroyed it. The reason why they were trying to get the information out of me at that time, back in the ‘90s, was to find out how much I could remember, so there was no stone left unturned, so they could destroy anything or any evidence that connects them to it.”*

**TIMOTHY, EUROPEAN, 65**

Other survivors said they were told their records no longer existed. For several survivors, reading their records brought back repressed memories of abuse. Some found it valuable. One survivor said her records gave her deeper insights into the circumstances that led to her being taken into care, and how her birth parents had been given repeated opportunities to raise her and her siblings properly:

*“I read that in the file, where we were put back to my parents six times, you know, and all this time I was, like, ‘Fuck them, I hate them [CYFS] ...they’re the reason why my family’s torn apart, you know, ‘cos we’re not all together’, but when, um, I read through that on six different times they actually gave us back to my parents to get their shit together, and try and do better with us, yeah. So I thought it was all their fault, CYFS’s fault. It wasn’t, you know.”*

**JULIA, MĀORI, 28**

## Difficulties with redress and rehabilitation

Some survivors said they were not until that point aware they could access redress and rehabilitation.

Some had never heard of the main organisations involved in seeking or providing redress and rehabilitation for survivors.

Among those who had sought redress and rehabilitation help, a few said they felt uneasy or embarrassed during the assessment process, found it difficult to talk frankly about all their abuse, found the process involved a lot of steps, found the wait for a decision drawn-out, and found it more difficult to get financial compensation if they had a criminal conviction.

A few said they felt assessment processes were designed around the needs of the organisation concerned, not those of applicants. One survivor, who had experienced physical, sexual, psychological and emotional abuse in care, including in a psychiatric institution, described his assessment experience:

*“All she did, she more or less shut me down in some sense 'cos I'd sort of come back to... what was happening to my health issues...She shut me down by saying, 'I've read the files, I've read the files, I've read the files!'”*

**BRIAN, EUROPEAN, 68**

He appealed against the assessment decision and was allocated another person, who helped him get counselling and compensation.

Survivors found assessment processes challenging. They had to meet people from different organisations and detail their experiences – a difficult thing for some survivors, who found themselves retraumatised by the experience. Others found the formality uncomfortable. Several said they did not divulge the full details of their abuse.

Survivors offered counselling learned they could have a maximum of four sessions, and that they would have to go to another organisation if they wanted more sessions – which usually involved another assessment. Survivors found this frustrating.

A few survivors in the middle of seeking compensation said the process was frustratingly long and made it harder for them to rebuild their lives and move on. One survivor said a decision on his claim would take several years:

*“That’s what I’m afraid of, is going backwards. After I feel better about addressing everything and opening up to people, I don’t want to go backwards after that. I need to move forward with my life ... [The organisation] said, ‘There’s a timeframe of two to three years before your claim could be investigated’. I thought, ‘Why?’ ”*

**WIREMU, MĀORI, 29**

Some said they had used their own money to hire a lawyer to seek compensation. They said the compensation they received was quite minimal after legal fees had been deducted.

One survivor said it was hard to get financial compensation for those who had been in prison or had a criminal conviction. He had sought compensation for the abuse suffered in a boys’ home and indicated his compensation went towards his legal fees, and he was not entitled to further compensation because he was categorised as a high-risk offender:

*“The Attorney-General’s Office, who says, ‘Here’s 20 grand – non-negotiable’. [laughter]. Then, you get a letter from [name], who says, ‘We’ve got an offer. By the way, if you don’t sign this, you’ll be marked up as a high-tariff offender. Basically, it was explained that anybody doing over 10 years in prison for preventive detention is in that category and will be a [high-risk] offender. Therefore you would not be entitled to compensation.’”*

**PETER, MĀORI, 50**

For some survivors, their experience with the system generally had discouraged them from seeking redress and rehabilitation help. They distrusted the system and had no faith it could help them.

One survivor said sharing stories with whānau on the marae was a valuable way to help Māori survivors heal.

# Rebuilding afterwards



## 8. Rebuilding afterwards

Thirty-one survivors talked about how they were trying to rebuild their lives. Some found this very difficult to do, especially if they had a criminal record or had been in prison. The most commonly mentioned ways to turn around their lives were to:

- stop their own abusive behaviour and helping prevent abuse in the care system
- establish positive, caring relationships with others
- reconnect with their cultural identity
- get more education and/or work.

### Breaking the cycle of abuse

Some talked about how they had repeated some of the abusive behaviour inflicted on them, and had realised they needed to break that pattern if they were to reclaim their lives. Some said they saw family members behaving abusively and tried to encourage them to stop. Often this behaviour was passed down from generation to generation.

Others said they wanted to break the cycle of abuse in the care system. Sharing their views and experiences contributed to change, helped others and also helped heal their own lives:

*“I want to help those who are going through stuff now and what could happen in the future, I want it stopped. The only way it's going happen is if I do speak.”*

**CRAIG, MĀORI-PACIFIC, 43**

Survivors said the influence of perpetrators on their lives was strong, making it “hard work” to behave differently, particularly if they were parents and had to model a different way of being to their children. One survivor, put in a boys’ home after receiving a custodial sentence in the 1970s, observed:

*“The [boys’ home] – that’s where I learned my parenting from when I grew up like that. That’s the only thing that I knew [crying]. It sucks.”*

**MICHAEL, MĀORI, 59**



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### Positive, caring relationships

Some survivors talked about the value of good relationships – particularly with partners, parents, other family members and friends – as a way to rebuild their lives. They said such mutually loving relationships made them feel happy and supported and greatly helped in turning around their lives:

*“When I used to wake up in the middle of the night, screaming, and stuff like that... she'd sit there for hours, just patting my head and telling me it'd be okay.”*

**DARREN, UNDISCLOSED ETHNICITY, 56**

A few survivors talked about the role of mentors they had met through work and the support, encouragement and opportunities these individuals had given them to move on in their lives. Survivors also noted the help of friends, particularly those following a positive path in life, rather than old friends or associates involved in alcohol, drugs or crime.

Survivors frequently mentioned children as a motivator for change. They did not want their children to experience an upbringing like theirs. One survivor, who eventually became a gang member, talked about how he wanted to change for his children's sake and how his workplace mentor had taught

him that showing affection and emotions did not make him any less of a man:

*“I needed to change what was wrong to what was right ... I couldn't change my past, but I could try to help theirs. So, a lot more love and affection came into my world and letting them know exactly how I feel.”*

**JOHN, MĀORI-EUROPEAN, 52**

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### Reconnecting with their cultural identity

Māori survivors talked about the value of reconnecting with their cultural identity, in particular learning about their whakapapa, learning te reo Māori, and connecting with local marae, hapū and iwi. In the process, they came to understand the value of support from their hapū and iwi, both for themselves and their children:

*“I've never understood the saying, it takes a village to raise a child, but up there [local iwi], we've got that village ... if I'd only known them all those years ago. I've got that now anyway. My kids have got that, more importantly. My kids have got that awahi.”*

**CHRISTINE, MĀORI, 49**



By rediscovering their cultural identity, Māori survivors found their anchor and sense of self-identity and were able to make long-term connections with their whānau. Several talked about the support, both practical and emotional, available through their hapū.

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### Education and employment

Some survivors undertook further education and found work to support them in their efforts to start a new life. Work sometimes served as a useful distraction from the frequent focus on their experiences of abuse:

*“It was better to be constructive and work and think about my job, so that’s what I done. That’s why I took them jobs on, I did seven days a week, 12 hours a day.”*

**NICHOLAS, EUROPEAN, 60**

In the process of gaining further education or undertaking work, survivors often discovered talents they never knew they had. These included creative endeavours such as writing, painting and playing an instrument. Others found a talent for running a business or enjoyed a successful career. Some survivors turned their life experiences to good effect, becoming social workers, youth workers or counsellors:

*“I’ve had to turn that into something useful for me. It’s the only education I know. When I went to work in the jail, there was a couple of people there far more qualified than me, but I got the business ... Yeah, I was working in the drug unit. I was a drug counsellor in the drug unit.”*

**MICHAEL, MĀORI, 59**

Others found nourishment through looking after siblings or grandchildren or through their religious faith.

## Appendix 1: Support services

24/7 Helplines	What for?	Website	Phone	Text
Suicide crisis helpline	Operated by experienced counsellors	<a href="https://www.lifeline.org.nz/services/suicide-crisis-helpline">https://www.lifeline.org.nz/services/suicide-crisis-helpline</a>	0508 828 865	
1737 Need to talk? Talk to a trained counsellor	For anyone wanting to talk with a trained counsellor	<a href="http://www.1737.org.nz">www.1737.org.nz</a>	1737	1737
Depression helpline	Support, tools and information about depression and anxiety	<a href="http://www.depression.org.nz">www.depression.org.nz</a>	0800 111 757	4202
Safe to talk	Sexual harm helpline	<a href="http://www.safetotalk.nz">www.safetotalk.nz</a>	0800 044 334	4334
Healthline	Talk to a registered nurse	<a href="https://www.health.govt.nz/your-health/services-and-support/health-care-services/healthline">https://www.health.govt.nz/your-health/services-and-support/health-care-services/healthline</a>	0800 611 116	

Specific Helplines	What for?	Website	Phone	Text
Lifeline	For counselling, support, advice and information	<a href="http://www.lifeline.org.nz">www.lifeline.org.nz</a>	0800 543 354	4357 (HELP)
Male Survivors Aotearoa	Support services for male survivors of sexual abuse	<a href="http://www.malesurvivors.nz">www.malesurvivors.nz</a>	0800 044 334	
Gambling helpline	Support for anyone worried about gambling	<a href="http://www.gamblinghelpline.co.nz">www.gamblinghelpline.co.nz</a>	0800 654 655	8006
Anxiety phone line	Support to understand anxiety and your experiences	<a href="http://www.anxiety.org.nz">www.anxiety.org.nz</a>	0800 269 4389	
Family Services 211 Helpline	For help finding (and direct transfer to) community-based health and social support services in your area.	<a href="http://www.familyservices.govt.nz/">www.familyservices.govt.nz/</a> directory	0800 211 211	
ACC sensitive claims	Treatment and claims related to sexual abuse or assault	<a href="http://www.findsupport.co.nz">www.findsupport.co.nz</a>	0800 735 566	
Outline NZ	Provides confidential telephone support for sexuality or gender identity issues	<a href="http://www.outline.org.nz">www.outline.org.nz</a>	0800 688 5463	

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## Appendix 2: Analytical methods

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### Sample

At the time this report was drafted, the inquiry had conducted 349 private sessions with survivors. This analysis drew on private session transcripts from a sample of 50. We selected them to ensure a mix of survivor demographics (ethnicity, gender, age), disability (all those who said they were disabled were included) and settings (State and faith-based institutions). The sample also included 11 survivors who were in prison at the time of their private session).

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### Establishing the coding framework

A coding framework was developed to organise and analyse the content of transcripts in a way that addressed the key questions in the inquiry's terms of reference and allowed survivor voices to speak for themselves about their experiences of abuse. The framework also enabled us to identify survivor demographics, placements (or institutions) and settings.

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### Accessing and coding data

All file-sharing that involved either raw or analysed transcripts was completed in a secure environment established by the inquiry. Only team members with approved access could view the transcripts. Researchers did not discuss survivor experiences or the analysis of them outside the research team. To ensure confidentiality, all names given to survivors are pseudonyms, with only demographic information (age, gender and ethnicity) used where available.

To complete the analysis, the coding framework was loaded into NVivo 13. The research team trialled the coding framework and as coding was undertaken continually reviewed and amended the framework. A peer-review system was also set up to ensure a shared understanding of the coding framework and its application by the research team. These processes were designed to support inter-rater reliability, which ensures researchers consistently apply the coding framework.

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### Refining the coding framework

The coding framework remained open to modification as information was drawn out from the coding process. To support this, the research team met each week to discuss any new themes arising from the transcripts, and incorporated these themes into the coding framework over the course of the analysis.

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### Interpretation and reporting

NVivo is helpful for coding and managing large amounts of qualitative material. Some of its functionality can also support the development of matrices to look at patterns emerging across key themes. The research team collaboratively explored the key themes that emerged through the analysis. This enabled the team to collectively reflect on the key themes emerging, and helped inform the writing of this report.

NVivo allowed the research team to count both the number of references to themes but also the number of survivors who reported that theme. The team used this quantitative data and its interpretive analysis to identify and report on the key themes emerging in the transcripts.

The report brings together quantitative data from the NVivo coding process, with the research teams' content knowledge and understanding of the transcripts. The collaborative approach to the analysis was designed to reduce individual biases and judgements in order to present impartial reporting of survivors' experiences of abuse in care.





# Abuse in Care

Royal Commission of Inquiry