

**ROYAL COMMISSION OF INQUIRY INTO HISTORICAL ABUSE IN STATE CARE
AND IN THE CARE OF FAITH BASED INSTITUTIONS**

WITNESS STATEMENT OF PROFESSOR ELIZABETH STANLEY

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Introduction

[1] In addition to this witness statement, I have presented relevant sections of my book *The Road to Hell: State Violence against Children in Post-war New Zealand*¹ as part of my submission to the Royal Commission. The book tells the story of 105 New Zealanders who experienced abuse and neglect in state-institutional care as children². Together with highlighting the nature and extent of their abuse, it charts the long-term impacts of their victimisation, and demonstrates the re-victimisation of those adults who came forward with claims.

[2] The book, and my wider research, has explored multiple issues relating to abuse in care, including victims' survival strategies. For the purpose of this hearing, this statement will cover four areas:

- (a) An overview of the types of abuse experienced by children in care, including the insidious nature of daily degradations;
- (b) The structural framework that allowed institutional impunity;
- (c) The care to custody trajectory;
- (d) Legacies of care, including long-term impacts on individuals, families and communities.

¹ Elizabeth Stanley, *The road to hell. State violence against children in post-war New Zealand*, Auckland University Press, 2016.

² In this submission, the term children refers to all those under 18 years.

[3] It is important to recognise that the experiences and legacies detailed below will have more extensively impacted on Māori children, whānau, hapu and iwi, given the discriminatory targeting of Māori children by criminal justice and welfare agencies, and the subsequent disproportionate number of Māori children in social welfare institutions (especially from the 1970s).

[4] Other populations– such as girls, Pasifika children, LGBTIQ children, or children with intellectual or physical disabilities – also endured differential treatments through this institutional care system. These diverse experiences need to be more clearly examined and understood.

Overview of Abuse and Neglect

[5] It is now well known that children have suffered a range of physical and sexual abuse while in state care.

[6] Physical violence was very common. Of the 105 New Zealanders featured in my book, 91 suffered serious physical violence from staff in institutional care. All witnessed others being physically attacked by staff: “I’ve seen people knocked over, just boof in the side of the head and seen this guy getting knocked out...and it was just constant fear. You didn’t know whether you were going to get bashed. You didn’t know what was next”³.

[7] This systemic violence resulted from a dangerous reliance by staff on violence as a means of asserting control and compliance. It created a climate of fear and intimidation among children.

[8] Two-thirds (n=70) of contributors suffered cruel or unusual punishments that went beyond mandated bounds. Children were slapped, punched, kicked, strapped, whipped, caned, belted, hit with objects, hosed down or made to eat horrible items

³ Road to Hell, p80 (quoting Derek).

(such as soap). They were made to endure excessive physical training (PT). They were given demeaning tasks (eg cleaning a boiler with a toothbrush) or placed in shaming positions (eg being made to stand outside 'on a line' for many hours) or ostracised from communal activities (eg from eating with others). They were placed in secure cells, or 'up tariffed' into the prisons.

[9] Four contributors were given ECT as a form of punishment: "nobody told us, even the nurses there wouldn't tell us, what they were doing. You were just stripped off, laid on this bed, peg in the mouth, wired up and plugged in for sound...They never gave us anything in writing on what it was about, never asked my parents for their approval...so terrible"⁴.

[10] Punishment might be directed to specific transgressions but it was regularly invoked for minor or non-existent reasons (eg waving, spilling a drink, crying). Respondents saw this physical abuse as a means to isolate children, 'break their spirit' and to create divisions (including by making children active members in the punishment of others, or by imposing collective punishments).

[11] "They'd do things like throw you in the middle of the basketball court and everyone would come in and beat you up. That's rather than the staff dishing out the punishment... But that was deemed normal... as fun. I remember you got in there with the kids, beating someone up and it makes you feel good"⁵.

[12] These punishments often led to a renewed hardening among children.

[13] Beyond the obvious damage that physical violence can do to a child, the culture of a kingpin hierarchy that maintained physical violence and dominance was also highly damaging. Physical assaults by children reflected battles for power and this institutional hierarchy (the "kingpin system") was used to designate some children as dominant and others as subordinate. Kingpins controlled others, compelling "weaker children to hand

⁴ Road to Hell, p120 (quoting Paul).

⁵ Road to Hell, p116 (quoting Peterboi).

over cigarettes or valuables, make their bed, do their chores, steal or fight for them.”⁶ Most children felt compelled to work their way through the hierarchy, meaning that victims became bullies and abusers.

[14] Some staff used the kingpin hierarchy as a means to control the institutions, and to settle conflicts. These workers actively encouraged fighting to settle disputes, and rewarded kingpins with privileges and favours.

[15] “It was all about fighting your way up and finding your place in the pecking order. And those informal structures were manipulated by the staff as a means of control. The kingpin had a certain amount of mana with the staff and would receive privileges on the basis that he was imposing control...I can look back at that now and see that with some clarity”.⁷

[16] More broadly, institutions made no effective challenge to these violent hierarchies. Left unprotected, children “had no choice but to harden up and employ violence themselves, or suffer the consequences.”⁸

[17] In terms of sexual violence, 57 of the 105 people in my study were sexually violated by the adults that were meant to care for them (including by housemasters, night watchmen, secure staff, teachers, doctors, and visiting priests). 48 children were sexually assaulted by another child. Of those who were sexually abused, many were repeatedly victimised. Adult offenders seemed to mostly act alone but a small number appeared to know of each other as “they asked children to repeat actions done with other workers.”⁹

[18] Most people can easily understand the appalling damage that physical and sexual violence can do to a child or young person. What can be harder to grasp is the

⁶ Road to Hell, p81.

⁷ Road to Hell, p84 (quoting Keith).

⁸ Road to Hell, p86.

⁹ Road to Hell p 87.

range, prevalence and devastating impacts of what I refer to as daily denigrations or the mundane harms that children experienced.

[19] These abuses often occurred as part of the everyday administration of the state care system. It began with a child's removal – an experience that almost everyone recounted as being frightening, confusing and shaming. Some respondents remain angry that they were 'tricked' into state care by child welfare officers. Many others continue to feel sorrow at having been removed from their siblings, friends and family, and they articulated the long-term damage this has brought to their significant relationships.

[20] Psycho-social harms intensified in the institutions. As I write in the book: "Daily forms of denigration, control and disadvantage generally go unseen – they are not headline news stories. Part of the routine, they are quietly embedded into the processes and timetables of institutional life. And, yet, these tolerated harms bring troubles that are incredibly difficult to shake. In the short term, they increased children's vulnerabilities and over the long term, they restricted their whole life opportunities."¹⁰

[21] Within the institutions, poorly trained and under-resourced staff clung to a heavily timetabled day, with daily life often resembling a military or prison like environment. Children usually had no choice or say over what time they got up, when lights were turned on or off, their meals, clothing or how they spent their days. Many institutions were in poor or deplorable conditions, and the monitoring or oversight of institutional practices was extremely weak.

[22] Isolation, emotional neglect, educational neglect and control over bodies were some of the more intangible harms done to children.

¹⁰ Road to Hell p 61.

[23] *Isolation:*

- (a) Isolation techniques were engaged extensively in the institutions. The most dominant application was through secure cells, in which 86 study respondents spent more than three days. Some children spent weeks and months in these small, spartan, dehumanizing cells. To ensure discomfort, institutional workers often removed bedding and mattresses during the day. Cleaning and excessive physical training (“PT”) often dominated. Children in secure rarely had visitors or access to programmes, reading materials or hobbies.
- (b) In these harsh conditions, surviving secure was an exercise in coping with isolation. This was something that caused great fear for many children.
- (c) In some secure units (eg Owairaka in the 1970s), a ‘nodding system’ operated such that children in secure were not allowed to speak.
- (d) Respondents continually noted the dehumanising impacts of secure. Children in secure shut down, they became intensely afraid, they began to self-harm, refused to eat food, became angry and confrontational, and some eventually struggled to live outside the cells.
- (e) “I was in need of care, of protection, and they couldn’t provide me with that. I never committed any crime whatsoever, you know. They locked me in a secure unit and you know it’s just like a real prison and it made my whole life go off the rails”¹¹.
- (f) “They were just so degrading and demoralising and, you know, I think that’s when I became dehumanised to be honest. I felt very dehumanised and I didn’t really care any more, didn’t care. Had no self-esteem. Hated myself, hated everyone else as well, that’s where it stems from”¹².

¹¹ Road to Hell, p64 (quoting Maui).

¹² Road to Hell, p127 (quoting Sue).

- (g) “I spent a lot of years isolated...I noticed the effect of it when I actually came out of there and like... as soon as I saw boys I’d immediately want to assault them. I don't know why... I just got angry.”¹³
- (h) Children were also socially isolated. Social connections, including access to family or whānau, were regarded as a privilege. Children had to ‘earn’ their right to a human need. Children would often miss, and sometimes not know about, significant events, including the death of a parent. Similarly, family members were often treated with suspicion by institutional staff, and institutions often excluded them on the grounds of a child’s ‘best interests’. As children were often placed far away from their family members, many of those in care received few or no visits. Some felt that their family had forgotten they existed.

[24] *Emotional neglect:*

- (a) Every participant in the book “described how staff verbally abused them, calling them thick, stupid, useless, lazy, whinging, filthy, dirty, low lives, scumbags, poofters, critters, shitheads, pricks, no hopers, white maggots, niggers and monkeys. One 1978 committee reported that, at Owairaka, ‘Maori were put down and treated with contempt. There was no effort made to treat those children as human beings’. In 1982, a committee reflected upon staff members who belittled ‘Maori’ and ‘Polynesian’ children, approaching them as ‘stupid’ and speaking to them in pidgin English”¹⁴.
- (b) Children often internalised the labels that officials placed upon them. Losing self-esteem and self-respect, children began to think of themselves as trouble, a problem, and a delinquent. Repeated messages from staff that “nobody loves you, nobody wants you, and you will always be a problem”¹⁵ had a profound

¹³ Road to Hell, p127 (quoting Monty)

¹⁴ Road to Hell, p59.

¹⁵ Road to Hell p60 (quoting Rangī).

impact on children who felt “you had no future, you had nothing, you were never going to be anything.”¹⁶

- (c) This damage was exacerbated by public stigmatisation that “increased a child’s isolation, their shame in being a care kid and their sense that there was no escape.”¹⁷. Children who were able to attend external schools would be transported in vehicles with the Department’s logo or given special bus tickets that made it easy to identify them. These children were labelled instantly and presumed to be trouble, making it even more difficult to make friends or focus on learning. Given institutional regimes and resources, it was often extremely difficult for children to engage with social or extra-curricular activities with any friends at school.

[25] *Educational neglect:*

- (a) For the most-part, the institutions failed to provide children with an adequate education. There were low expectations about children’s intelligence or academic abilities and they were often not provided with the most basic educational opportunities. Some respondents in my study highlighted that they were removed from home on the grounds of truancy and placed into institutions that did not offer education. In 1982, the Department provided an average of 3-5 library books for each institution.
- (b) This educational loss has brought immense long-term problems for care-leavers, inhibiting their employment chances and deeply affecting self-esteem and relationships. Educational losses dovetailed with an institutional approach that directed children to heavy labour (for boys) and domestic work (for girls).

¹⁶ Road to Hell p60 (quoting Raewyn).

¹⁷ Road to Hell p70.

[26] *Controlling bodies:*

- (a) Institutional inductions were particularly humiliating. Most children were stripped, 'treated' for presumed skin conditions, and subject to invasive health checks. Girls, including very young girls, endured frightening forced examinations for venereal diseases. For some, these caused long-term gynaecological damage.
- (b) Daily regimes required bodily submission. Even in the humdrum routine of meals, children could be expected to "sit in silence, arms folded, waiting for the housemaster's nod" that would allow them to queue at the counter for food¹⁸.
- (c) Some girls institutions restricted the provision of sanitary towels. Girls had to wrap their soiled pads and present them for inspection to ask for a replacement.
- (d) In some institutions, staff controlled access to the toilet – giving out a supply of segments of toilet paper and monitoring children as they went.
- (e) Medication was also used (largarctil, tryptanol, mogadon, valium, vallergran, phenergan) to sedate children considered "difficult or overly emotional."¹⁹ For some respondents, this early medication set the ground for longer-term substance abuse.

[27] In summary, my research details that many mundane legacies of institutional life have had overwhelmingly negative impacts. Respondents "have talked movingly about the stress of being continually belittled by adults around them, their frustration at not receiving a proper education, their struggle to gain friends outside the institutions, their despair in not having unconditional love, their constant worry about being moved to yet

¹⁸ Road to Hell, p66.

¹⁹ Road to Hell, p67.

another place, their loss of autonomy, their continued feelings of insecurity, or their fears that they might not see their family again”²⁰.

Structural Framework that Enabled Institutional Impunity

[28] There can be a tendency to explain what happened to children in care by reference to individuals or “bad apples”, focusing on specific staff who were abusive and neglectful. However, this does not adequately explain the context within which abuse occurred or was silenced. This context is important in understanding why abuse was sustained over many years and why it became normalised.

[29] The structural framework of the time and society’s attitudes towards children meant that children’s rights were often overlooked, families and communities did not always have a say in decisions that were made, and once children were placed in care the structure of the institutions made children highly vulnerable with few avenues to speak out or seek help.

[30] That is, “violence was maintained and allowed to flourish through institutional cultures that encouraged domination and impunity. Institutions governed children through violence...They also studiously ignored complaints. Keen to uphold the legitimacy of state institutions and their colleagues, staff members silenced children and viewed them as liars. While this situation meant that boys and girls received little protection or support to deal with serious assaults, it also ensured social ignorance of serious offending by state workers.”²¹

[31] Within institutions, there were several factors that enhanced the vulnerability of children and acted as barriers to abuse being detected or stopped. In my book I refer to five factors that contributed to an institutional culture that made it very difficult for children to come forward and complain about what was going on:²²

²⁰ Road to Hell, p179.

²¹ Road to Hell, p78.

²² Road to Hell, p88–95.

- (a) Adult perpetrators created conditions in which victims would not report (through grooming, gaining trust, promises and bribes, threats, intimidation).
- (b) Child victims thought they would not be believed: "...you were just made to feel like no one would believe you anyway...Who are they going to believe when you've been made out to be such a troublemaker all your life, who are they going to believe?"²³.
- (c) Children felt ashamed and could not always acknowledge their victimisation. They internalised abuse and worried about their 'complicity'. They feared retributions or punishments if they told. Some children, having lived with serious violence throughout their lives, did not actually recognise their abuse until years later.
- (d) A narking culture meant that staff and other residents did not tolerate narks or complainants. Those identified as 'narks' were punished by both staff and other residents.
- (e) Bystander staff often failed to help, even in the face of clear evidence of assaults. When children did complain, workers often told them they were lying, or they blamed the child for the beating or sexual assault: "you're here because you're bad, you've got to expect it would happen"²⁴.
- (f) Institutional protections served to uphold reputations. Children with visible injuries often had no visits or were removed for inspections. While some staff were dismissed and faced criminal charges for abuse, many abusers avoided further official action. Some were moved to other social welfare sites, or quietly let go. It was not unusual for their files, as well as the files of their victims, to not be updated to include abuse details.

²³ Road to Hell, p90 (quoting Raewyn).

²⁴ Road to Hell, p92 (quoting Dale).

[32] These factors compounded to teach children that nowhere was safe for them, and that they had to find ways to protect themselves.

[33] Institutional impunity was also upheld through administrative reports and case files that emphasised children as *the* problems. Institutional records magnified unruly behaviours, as well as perceived personal deficits (an issue that was further emphasised through the racism that threaded through official commentaries). They confirmed stereotypes of 'risky' children in care and reiterated the requirement for the very existence of institutions.

[34] While files often recorded abuse in family or community environments, they rarely mentioned abuse or ill-treatment under institutional care (even when that abuse had led to offender convictions).

[35] This type of reporting ensured that child abuse was hidden. It maintained worker impunity and institutional legitimacy, and it meant that a child's victimisation went unaddressed. Any future misbehaviours were not 'read' against a child's trauma. Instead, further discipline, control and punishment were required.

[36] These files are also legitimised over decades as distorted character statements are replicated across institutional networks, over decades. They take on their own authority, creating further disadvantage and differential criminal justice treatment over lifetimes.

Trajectory from Care to Custody

[37] It is important to recognise that most children leaving care do not have any involvement with criminal justice agencies. Under intense official scrutiny, many care-leavers lead law-abiding lives.

[38] In my research, 96 (of 105) had experienced borstal or prison by the age of 20. This is one indicator of the impacts of serious abuse suffered by the cohort.

[39] When looking at our custody population, there are strong correlations between having been in care and ending up in prison. In 2010, the Ministry of Social Development reported on the lives of the 58,091 people born in 1989. This retrospective study identified that, by the age of 20, 1.2% (672) of the cohort had been imprisoned. 83% (558) of those imprisoned had a previous 'Child, Youth and Family' (CYF) record. Those who had crossed from 'care and protection' into 'youth justice' (n=333) fared the worst – compared to those without a CYF record, they were '107 times more likely to be imprisoned under 20' (MSD, 2010:12).

[40] The nature of what I call the care to custody trajectory is multi-faceted. My research has indicated there are multiple factors that are significant in terms of a care-leavers progression into criminal justice incarceration. These involve:

Histories of maltreatment

- (a) Previous maltreatment, particularly within families and whānau, can increase the likelihood of a child or young person coming to criminal justice attention (eg through truancy, spending time on the streets, theft, use of violence, increased official surveillance);

Multiple placements

- (b) Children are significantly harmed through placement instability. For example, in my research, 71 (of 105) spent time in both community and institutional placements; 42 experienced more than three different institutions. Some experienced dozens of placements.
- (c) These transfers removed emotional stability for children and made many feel that they were 'unlovable' and 'unacceptable'.
- (d) "For children, placement changes mean that they become increasingly disconnected from their family, friends or former carers; they struggle to make proper friends; they face continued disruptions to their

education; they stress about whether they will fit in or be loved in their new home; they worry about learning new placement rules; they lose connection with social workers who have knowledge of their life; and they begin to think that it is not worth forging strong emotional connections with others. In short, pin-balling through the care system increases insecurity, isolation, alienation, vulnerability and dislocation for youngsters. It also leads to behavioural and attachment problems, homelessness, teen pregnancy and involvement in the criminal justice system” (pp47-8).

Institutional cultures and conditions

- (e) Children often experience further criminalisation in state care. This occurs, for example, through staff expectations and narratives that children will progress to prison. It is reiterated in the escalation of surveillance and security in child welfare practices that confirm a child’s ‘offending’ status; and it is found in the escalation of minor incidents to involve police. These practices and conditions normalise the idea that those in care are, or will be, offenders.
- (f) Institutional cultures are also built through the significant peer pressure in institutions and group homes. In my research, children’s experiences of abuse in care continually led them to seek protection. Given their limited options and capacities (and the levels of institutional impunity), they often turned to confrontational or criminal means. Almost all respondents ‘hardened up’ and became increasingly defiant; a process that could happen very quickly. Many ran away, and they often stole items to assist their survival and escape. Runaways would be returned to face increased controls, punishments and even imprisonment.
- (g) Children also sought protection through involvement with gangs. Just a few children arrived with gang associations however, following release,

a third (n=33) had become actively involved in gangs: “I felt like I was a mongrel...I thought I was a reject...so, the Mongrel Mob suited me just fine. It wasn’t just the gang that was me. The name was me and that’s what I felt, I felt like an animal”²⁵.

- (h) The institutions were criminogenic places.

Social disadvantages and psychological harms

- (i) On leaving care, respondents encountered endemic disadvantages that increased their susceptibility to further offending and to experiences of further victimisation.
- (j) As abused care-leavers, respondents often reported that they lacked a sense of belonging, or an attachment to friends, family or whānau. These feelings coalesced with psychological harms. Respondents left institutional care with long-term problems of poor sleep, claustrophobia, intimacy problems, abandonment issues, emotional detachment, hyper-vigilance, flashbacks, nightmares, anxieties, obsessiveness, low confidence, depression and a sense of anger. Many have used legal and illicit substances to self-medicate.
- (k) At the same time, these care-leavers received few supports to help them transition from care. They lacked the financial, emotional or social means to live independently, and most felt abandoned. They often did not know how to cope with their past victimization, and were extremely vulnerable to further victimization as adults.
- (l) In my research, all respondents reiterated their multiple long-term disadvantages. These included: poverty, a lack of educational

²⁵ The Road to Hell, p142 (quoting Taiti).

qualifications, limited employment opportunities, low incomes, welfare dependency, homelessness, poor housing and mental health problems.

- (m) The burdens of these disadvantages have been exacerbated for most Māori respondents who, through their care experiences, were disconnected from language, culture and role models. Cultural losses included a lack of connection to iwi and marae, the inability to speak te reo, and being made to feel that a Māori identity was something to shun.
- (n) These fundamental losses have produced immeasurable, inter-generational harms.

Becoming imprisonable

- (o) Children became imprisonable in two main ways: by differential criminal justice responses, and through their own normalisation of incarceration.
- (p) Once institutionalised, officials were more likely to regard children as worthy of further incarceration. Appearances in courts were often accompanied by lengthy child welfare reports that recorded personal deficits and social difficulties. Children were deemed to be risky or dangerous and therefore requiring containment. Alternatively, with their problems magnified, children could be given custodial sentences for their 'welfare' (as a form of supposed safety/protection), or because they lacked family supports to meet bail conditions.
- (q) Previously institutionalised girls and Māori children were disadvantaged in court processes. There were most likely to be viewed as 'risky' or in need of secure containment, and to be regarded as in need of further containment.

- (r) Such official narratives and actions produced conditions in which care-leavers also internalised and normalised their incarceration. On leaving state care, respondents felt that they could 'do the time' and could live in situations of isolation, fear, lockdown and boredom. Further, some had already become deeply institutionalised by the end of their care experience.
- (s) "I didn't care if I ended up in gaol, it was no big deal. Nobody would stop me or deter me...When I look back...I know why I did it, it's just because of what happened to me, you know. I just thought, 'No one's ever going to do that to me again... don't you fucking dare. Don't even think about it, I'll kill you'. I became that person."²⁶
- (t) "For me, it's not a form of punishment any more, it's a way of life. I've adapted...I've got the classic institutional make-up, the walls are up all the time, hypervigilant"²⁷.

[41] The above explanations have reiterated international evidence for the transition into criminal justice. Australian, British and US studies on the trajectory of children/young people from care to custody have repeatedly emphasised the following factors: maltreatment; placement instability; placement in an institution (rather than a community setting); the peer-pressure and criminalisation inherent in institutions; limited transitional supports for those leaving care; differential treatments when later appearing in court.

[42] Once children progressed into the correctional domain, the Department of Social Welfare washed its hands as guardians.

[43] As the previous data, and ongoing anecdotal evidence indicates, there continues to be a clear trajectory of children from the care system into the criminal justice realm,

²⁶ The Road to Hell, p143 (quoting James).

²⁷ The Road to Hell, p146 (quoting Rangī).

and especially into the prisons. Many current understandings of official interventions relate to the idea that we should target individual 'risks' or 'deficits' among identified populations. However, my research establishes that significant attention needs to be directed to the ways in which welfare and justice agencies intervene, criminalise and incarcerate.

[44] In terms of a risk management discourse, we need to be far more attentive to the 'risks' of official practice. This seems particularly important given renewed concerns about Oranga Tamariki 'uplifts' and the disproportionate removal of Māori children, or the recent Children's Commissioner reports of the harmful conditions in Oranga Tamariki residences, or ongoing abuse levels in care.

Legacies of Care Abuse and Long-Term Impacts

[45] Many victims who suffer abuse in 'care' environments remain silent. Non-disclosure can be common (eg as a result of grooming experiences, cultures of disbelief, shame and self-blame among victims, victims' distrust of state agencies, or victim's location within 'staunch' settings (eg prisons)). Many victims fear negative reactions from others, and will not come forward until they sense that it is safe to do so.

[46] The recent Australian 'Royal Commission into Institutional Responses to Child Sexual Abuse' outlined that, on average, victim-survivors took 22.2 years to disclose abuse, with men taking longer to disclose than women. This gendered difference is confirmed through other international studies. Those who are prevented from being able to fully relate their testimonies of abuse are also shown, in international research, to suffer increased symptoms of trauma.

[47] Victim-survivors frequently express that it is often difficult to get the full impact of abuse across to others in succinct ways: "you can't get the impact of years and years of abuse, isolation, solitary confinement, stigma[tisation], degradation, self-loathing, you know, everything. You can't get that...All those hours and days and weeks of sitting there looking at walls wondering, when you're a child, what you did so wrong, wondering why people don't care about you. How you did something for the world in general to loathe

you so much, you know. The nights of crying yourself to sleep, and missing your family. The pain and the separation, just everything, and then on top of that the abuse from the people that were living with you and were supposed to be looking after you...And for that to go on for years and years and years"²⁸.

[48] The difficulties of speaking out are compounded by the long-term disadvantages that many care-leavers have endured, as noted above. These issues remain significant for contemporary care-leavers.

[49] National and international research demonstrates how victims of abuse in care suffer significant psychological disorders including anxiety, post-traumatic disorders, depression, mood disorders, and suicidality. Victims often report difficulties in trusting others (including authorities) and in forming healthy relationships, particularly given that many relationships have fractured through removals.

[50] "One major thing that happens is you never trust people again and it's very, very hard to go through life when you don't trust... I lost a lot. I lost my dignity, my self-esteem. I've never trusted anyone, how can you?...You're like that right through your life and you can't shake that off unfortunately"²⁹.

[51] "I feel like I've been robbed of a lot of normal feelings and normal relationships and how to love people properly, you know right through to my children, my partner, my grandchildren... I don't know whether I'm capable of normal feelings, even now, which is the hardest thing for me"³⁰.

[52] Victims report high levels of drug and alcohol misuse, offending behaviours, and further incarceration. In my study, 17 care-leavers were also subsequently held in psychiatric hospitals.

²⁸ The Road to Hell, p172 (quoting Peter).

²⁹ The Road to Hell, p152 (quoting Sue).

³⁰ The Road to Hell, p156 (quoting Raewyn).

[53] The traumas of state care have reverberated across generations of family and whanau, hapu and iwi relationships. The fallout has been long-term, chronic, complex and collective.

[54] There are many victims who have suffered early deaths as a consequence of their experiences of abuse.

[55] Victim-survivors have frequently demonstrated significant levels of resilience in building positive relationships and lives as adults. Notwithstanding the main concerns highlighted in this short statement, the strengths and successes of victim-survivors must also be examined and acknowledged. These successes have often been achieved in spite of official responses.

[56] Survivors who have previously made claims to the NZ government have largely been treated with contempt. While the Confidential Listening and Assistance Service and some individual professionals have provided respectful responses, the dominant approach has often mirrored past denials and neutralisations.

[57] State agencies long operated on the principle of disbelief. They cast victims as unreliable and financially self-serving. Agencies used legal technicalities to quell claims and relied on skewed and incomplete records for evidence-gathering. In doing so, official responses have often replicated myths about institutional life for children and retained a silence of systemic abuse and neglect.

Signed:

Date: