


Whanaketia

Impacts

I mahue kau noa i te tika





Drawing on front cover by survivor Bruce Harkness.

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

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Whakairihia ki te tihi o Maungārongo

He karakia

E tāmara mā, koutou te pūtake o ēnei kōwhiringa, kua horaina nei
E tohe tonu nei i te ara o te tika
E ngaki tonu ana i te māra tipu
Anei koutou te whakairihia ki te tihi o
Maungārongo, kia tau te mauri.

Rukuhia te pū o te hinengaro
kia tāea ko te kukunitanga mai o te whakaaro nui.
Kia piere ko te ngākau mahora
kia tūwhera mai he wairua tau.

Koinei ngā pou whakairinga i te tāhuhu
o te Whare o Tū Te Mauriora.
Te āhuru mōwai o Te Pae o Rehua,
kaimuru i te hinapōuri,
kaitohu i te manawa hā ora,
kaihohou i te pai.

Nau mai e koutou kua uhia e ngā haukino
o te wā, kua pēhia e ngā whakawai a ngā tipua nei,
a te Ringatūkino rāua ko te Kanohihuna.

Koutou i whītiki i te tātua o te toa,
i kākahu i te korowai o te pono,
i whakamau i te tīpare o tō mana motuhake,
toko ake ki te pūaotanga o te āpōpō e tatari mai nei i tua o te pae,
nōu te ao e whakaata mai nei.

Kāti rā, ā te tākiritanga mai o te ata,
ā te huanga ake o te awatea,
kia tau he māramatanga,
kia ū ko te pai, kia mau ko te tika.
Koinei ko te tangi a te ngākau e Rongo,
tūturu ōwhiti whakamaua
kia tina, tina!
Hui e, tāiki e!

– *Waihoroi Paraone Hōterene*

To you upon whom this inquiry has been centered
Resolute in your pursuit of justice
Relentless in your belief for life
You have only our highest regard and respect,
may your peace of mind be assured.

Look into the deepest recesses of your being
and discover the seeds of new hope,
where the temperate heart might find solace,
and the blithe spirit might rise again.

Let these be the pillars on which the House of Self,
reconciliation can stand.
Safe haven of Rehua,
dispatcher of sorrow,
restorer of the breath of life,
purveyor of kindness.

Those of you who have faced the ill winds
of time and made to suffer,
at the hands of abusers and the hidden faces of persecutors, draw near.

You who found courage,
cloaked yourselves with your truth,
who crowned yourself with dignity,
a new tomorrow awaits beyond the horizon,
your future beckons.

And so, as dawn rises, and a new day begins,
let clarity and understanding reign,
goodness surrounds you and
justice prevails.

Rongo god of peace, this the heart desires,
we beseech you,
let it be,
it is done.

– *Waihoroi Paraone Hōterene*

I mahue kau noa i te tika

The title for this Part speaks of those who were 'left behind' and abandoned, who were not served justice and were failed by the State, Faiths and those charged with their protection.



Pānui whakatūpato

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



Distressing content warning

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

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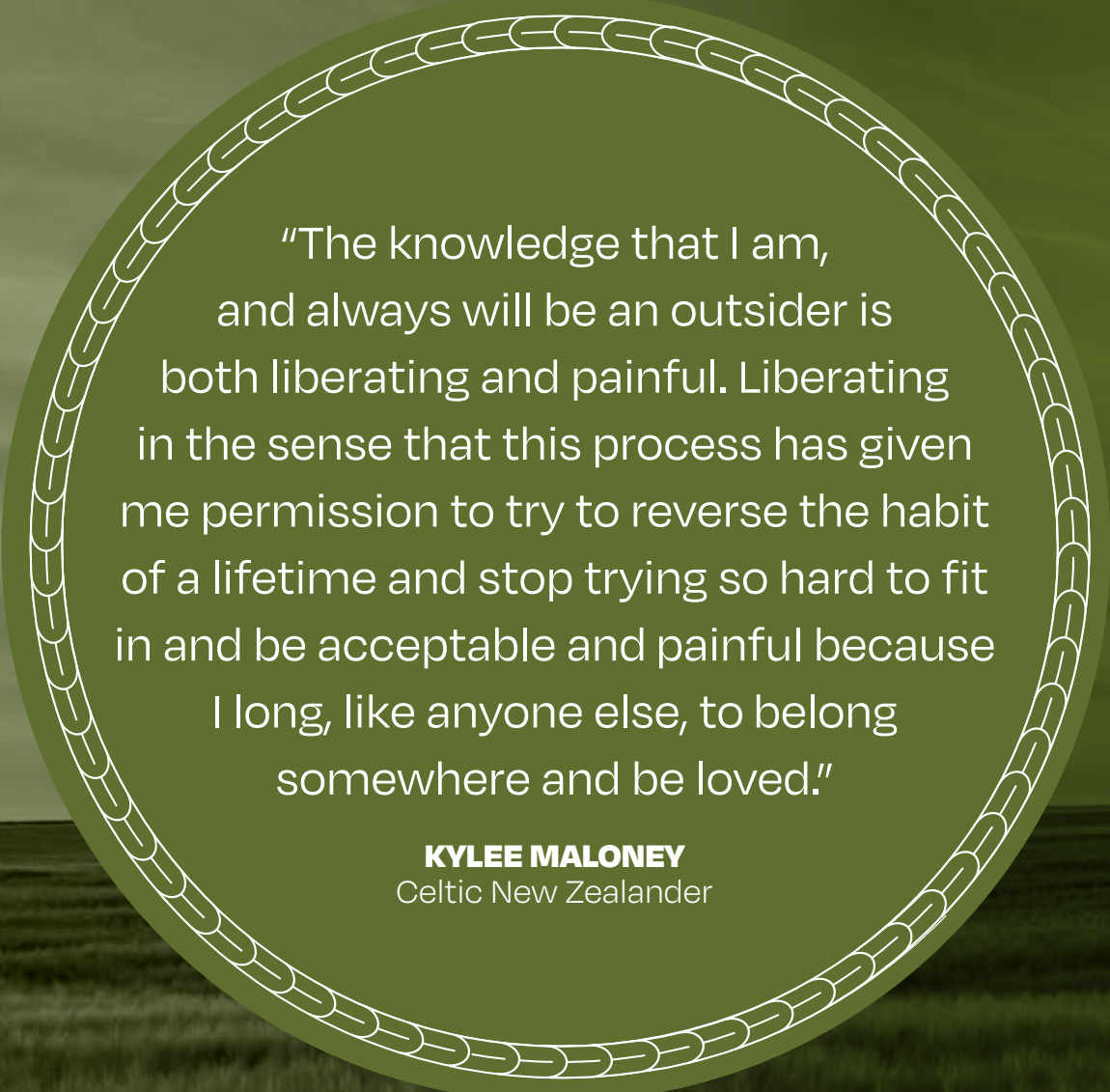
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Kuputaka Glossary

Terms	Glossary explanation
ableism	Attitudes and behaviours society uses that privilege non-disabled people. This includes when negative assumptions are made about the skills, capacities and interests of disabled people, and when their lived experiences are denied.
assimilation	Government policy referring to the process through which individuals and groups of a minority culture are made to change their attitudes, beliefs, practices and ways of life and must acquire the habits, attitudes and ways of life of the majority culture.
audism	A discriminatory belief that the ability to hear makes one superior to those who do not hear.
borstal	Institutions for young offenders (aged 15 to 21), aimed at reforming behaviour and preventing offenders from becoming "habitual criminals". Borstals ran from 1924 until 1981 under the Prevention of Crime Act (Borstal Institutions Establishment) Act 1924.
deinstitutionalisation	The process of closing institutions that housed disabled people based on government policy.
care to custody	The link between State care and going to prison.
eugenics	A pseudo-science that aims to improve the genetic quality of the human population. This included altering gene pools by excluding people and groups deemed to be 'inferior'.
excommunicated	A decision by a religious organisation to reject a member of a faith.
forensic (eg forensic psychiatric services, forensic wards, forensic services)	A branch of care that exists at the interface of the mental health and criminal justice sectors. Entry into forensic services involves an individual being charged with a criminal offence and being referred to this specialised mental health setting for assessment and treatment.
institutionalisation	The state of being placed or kept in a residential institution. The term can also be defined as a process in which individuals who reside in an institution gradually develop certain unhealthy patterns of behaviour as a result of depersonalised and strict routines that are followed to enable a small group of staff to deliver basic services.
institutional racism	Discriminatory policies and practices of institutions that routinely produce racially inequitable outcomes for certain groups based on race, ethnicity, skin colour or national origin, and advantage other groups for the same reasons.

Terms	Glossary explanation
mental distress	A mental or emotional state that causes disruption to daily life and that can vary in length of time and intensity.
misidentification (ethnic misidentification)	When a care institution labels a survivor by the wrong ethnicity, denying them knowledge of their culture, language, whakapapa and identity.
psychopaedic	Outdated Aotearoa New Zealand term to distinguish people with a learning disability from people experiencing mental distress.
shock treatment	Another term for ECT which means electroconvulsive therapy. It involves passing an electrical stimulus through two electrodes placed on the head of a patient to cause a seizure. ECT was sometimes given 'unmodified'; that is, without anaesthetic and muscle relaxant. Properly administered, ECT, whether modified or unmodified, should be painless.
shunned	To deliberately avoid, keep away from. It is the act of social rejection, or emotional distance. In a religious context it is a formal decision by the church to cease interaction with an individual or a group.
structural racism	A form of indirect discrimination as it occurs when an action, omission, or policy that appears to treat everyone in the same manner, actually creates negative effects unfairly impacting a particular group.
tangata Turi Māori	A reo Māori term for a person who is Māori and Deaf and may include those who are hard of hearing.
tangata kāpō Māori	A reo Māori term for a person who is blind and Māori.
tāngata whaikaha Māori	A reo Māori term for disabled people. It reflects a definition of people who are determined to do well.
tāngata whaiora Māori	A reo Māori term for people who are seeking health. It can also be used to refer to a person receiving assessment and treatment in mental health, addiction and intellectual disability services.
whānau hauā Māori	A reo term for Māori with disabilities, which reflects te ao Māori perspectives and collective orientation.
whānau Turi	A reo Māori term for whānau of Deaf people who are also Māori.
whāngai	A reo Māori term for Māori customary adoption or fostering of children or young people.



"The knowledge that I am,
and always will be an outsider is
both liberating and painful. Liberating
in the sense that this process has given
me permission to try to reverse the habit
of a lifetime and stop trying so hard to fit
in and be acceptable and painful because
I long, like anyone else, to belong
somewhere and be loved."

KYLEE MALONEY
Celtic New Zealander

Ūpoko | Chapter 1

He whakataki

Introduction

1. This part of the report, consistent with clause 31(c) of the Inquiry's Terms of Reference, looks at the impacts of the abuse and neglect on individuals and their families, whānau, kainga, hapū, iwi, and communities, including immediate, longer-term, and intergenerational impacts.
2. Chapter 2 focuses on the impacts of abuse and neglect that were generally experienced by all survivors and across all care settings.
3. Chapter 3 examines how some survivors were disproportionately and uniquely impacted because they were from a certain group or because they were placed in specific settings.
4. Chapter 4 considers the impacts of abuse and neglect on communities and society.
5. Chapter 5 explores the extraordinary determination and resilience that survivors have demonstrated through their ability to endure, confront, persist and triumph in the face of considerable and ongoing adversity.
6. Chapter 6 summarises the Inquiry's conclusions on the impact of the abuse and neglect on individuals and their families, kainga, whānau, hapū, iwi, and communities and Chapter 7 sets out the Inquiry's key findings.



"Terry was denied
the ability to live
with dignity."

JUDY MCARDLE
Pākehā

Terry Le Compte

Statement by Judy McArdle about her brother Terry

Hometown: Ōtautahi Christchurch

Age when entered care: 16 years old

Year of birth: 1946

Time in care: 1963–current

Type of care facility: Psychiatric hospital – Sunnyside Hospital; residential care – Spreydon House, community group housing, Salvation Army Men’s Centre, veterans’ home.

Ethnicity: Pākehā

Whānau background: Terry was one of five siblings, with two sisters and two brothers, and parents who cared about him. When he went into care, his family tried to visit him and ensure he was being looked after.

Currently: Terry’s father passed away and his mother lives in a rest home. Terry is currently under the care of his uncle, and he stays in a retirement home, which is ill-suited to his needs. His family feels powerless to help their son and brother – they struggle to find the right care for him due to him being labelled a paedophile, and his situation requires constant re-explanations to authorities. Terry struggles with being social and doesn’t like to be touched, so affection only happens on his terms. The family is seeking reassessment for Terry to see what funding is available so he can make the most of his life.



When he was a child, my brother, Terry, had rheumatic fever and polio. This left him with a very low IQ and no understanding of his behaviour or consequences. This means he has the mental and psychological age of a child and is easily bullied and manipulated.

When he was 16 years old, our parents were pressured into admitting Terry to Sunnyside because he was difficult to manage and used indecent language with children. Police threatened my mother, saying if she didn't admit Terry, they'd take action against him. He was discharged three years later, in 1966, after our parents insisted he be returned to our family.

Later that year, Terry was arrested and accused of making suggestive comments to two children. He went back to Sunnyside and was committed under the Mental Health Act in 1967. He was deemed unfit to plead to these crimes and was never convicted. However, he was treated as a sex offender at Sunnyside, and I think this removed any chance of him being rehabilitated and living with dignity.

Terry was forced to stay in a ward at Sunnyside until 1986. During that time, the staff restricted our family's visits, claiming we couldn't care for him. We tried to visit every week but were often stopped by staff who either didn't give us a reason or said Terry was in seclusion for disciplinary reasons. Terry would not have understood this – it's unlikely he would connect punishment with behaviour. We tried to understand what happened in seclusion, but staff told us it was none of our business. By limiting our time with him, they increased his social isolation and sense of helplessness and fear, which made his anxiety worse.

Terry described Sunnyside as "awful" and said there were "bad people there". He said younger staff would rough up the patients, which involved pushing and shaking. The staff and patients would also laugh at him about how he walked, which was a result of the polio – this only added to his sense of shame and worthlessness.

Terry was given medication to take away his sexual urges and it's possible he received ECT as well. Despite there being no evidence he was schizophrenic, he was treated with antipsychotics until he went into the veterans' home.

From 1986 to 2003, Terry was placed in community group housing. I think he was moved just to get him out of Sunnyside. He was in Spreydon House for the first three years, even though it wasn't suitable for the type of care he needed. This is noted in his file, but he was kept there anyway.

None of the group homes were suitable – they were cold, wet, dirty and unhygienic. I would often try and clean the home for Terry and the other residents, but it wouldn't stay that way. In such conditions, there was no chance for Terry's mental state to improve. We were concerned by his living conditions, but we weren't listened to.

Terry was also bullied in group housing by the other residents. The homes didn't have adequate staff or support to manage residents' disputes or personalities and nothing was done to protect Terry as a vulnerable person.

Terry then spent 10 years in a Salvation Army centre for men. He was the only long-term resident. The centre wasn't designed or staffed to cope with the long-term care of an intellectually impaired man, and he was bullied constantly – this included physical assaults and theft of his property. Terry was incredibly unhappy, and his mental state deteriorated. Any independence he may have been able to enjoy was eroded by the inhumane conditions and his continued labelling as a sex offender.

Terry was treated as a lost cause and never as a vulnerable person whose life could be improved. He never received the care someone in his position should expect. At one point we hired a nurse to shower him and support his care in the centre. But despite the lack of basic care there, Terry thinks it was better than the community housing.

Terry was transferred to a veteran's home when he was 67 years old. We have fewer concerns for Terry at this home, but it is a place for older people and therefore isn't a particularly stimulating place for someone with intellectual disabilities.

Terry has been labelled as a sex offender for decades despite never being charged. This has affected how he has been treated in care and by society. As a result of what would have been a minor crime if he'd been convicted, Terry was shut off and made a pariah. He was denied any ability to integrate into the community, even though he was identified as being a nuisance, not a danger to society. The way he was treated added shame and created severe anxiety that has affected the rest of his life. He's never been treated as he should have been – as a patient with physical and mental health needs.

He was denied the ability to live with dignity.

Due to his time in care, Terry has chronic obstructive pulmonary disease, hepatitis, general anxiety and little or no bowel control. His doctors think his inability to control his bowels is due to the long-term use of antipsychotics, which can also result in hepatitis. I also believe this is why Terry struggled to communicate in any of his placements – once he stopped taking those medications, the quality and clarity of his speech increased and improved his relationship with staff.

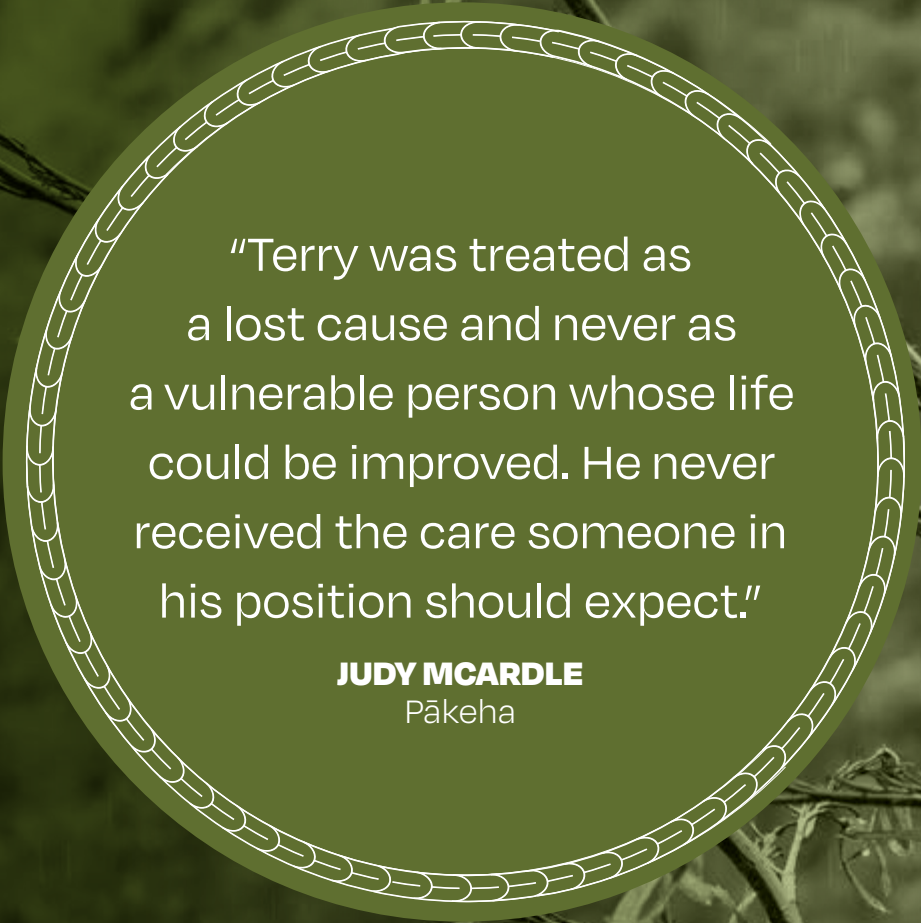
Before Terry went to Sunnyside, he could read simple sentences and manage his own self-care and hygiene. He is now illiterate, cannot manage his own self-care and needs 24-hour supervision. In addition, his eyesight, dental care and hearing have also been significantly compromised, as has his ability to perform basic functions.

Our family's relationship with Terry has been damaged by his enforced isolation. We were consistently told we didn't know what was right for him and that we had no role to play in his care. This left him socially isolated and a victim of a system that didn't care for him or for us as a family unit. Despite not showing any signs of danger to children, Terry was not allowed to stay with me because of an imagined risk to my grandchildren.

Terry now has no hope of leaving care or living with much dignity. This outcome was avoidable and is a direct result of his unjust and enforced admission to Sunnyside.

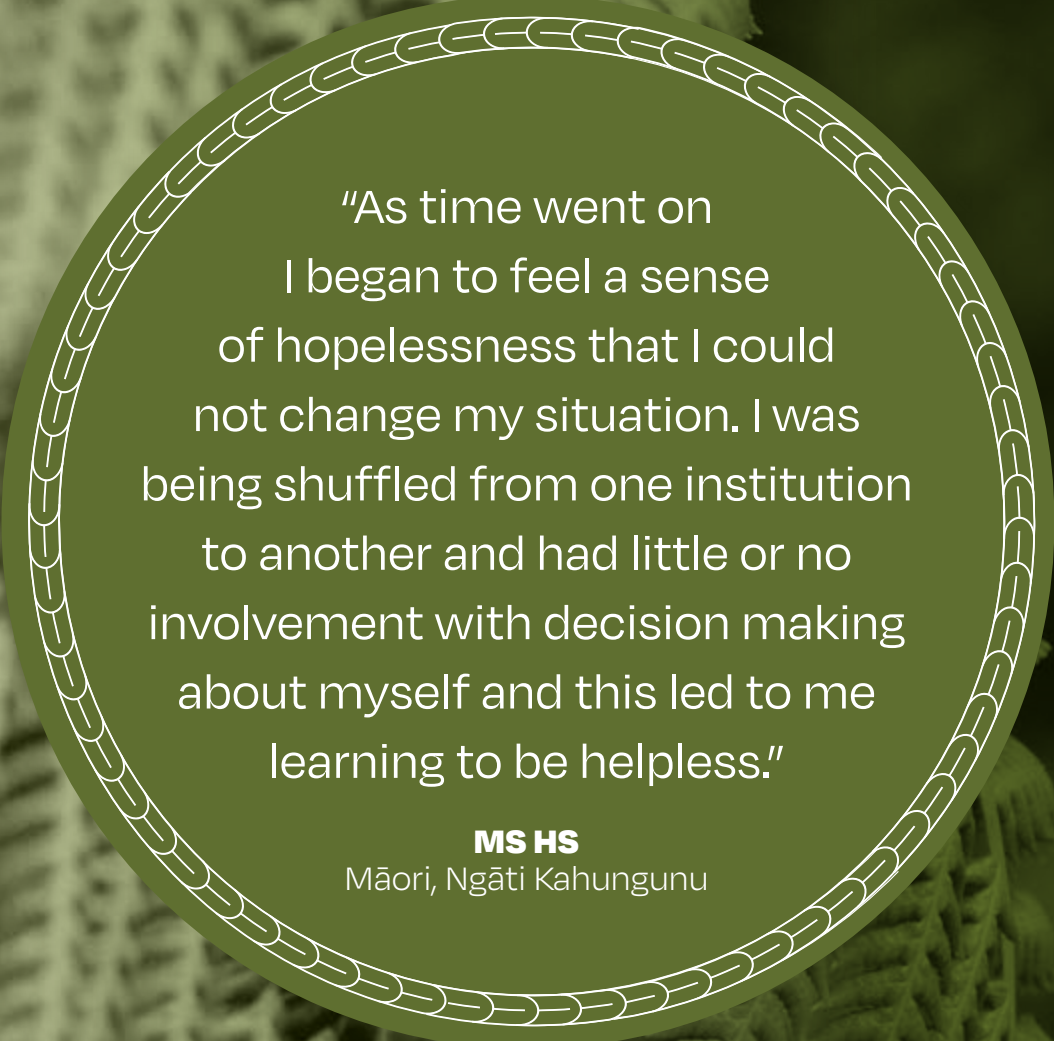
It eroded any potential he had to be more.¹

¹ Witness statement of Judy McArdle (9 October 2020).



"Terry was treated as a lost cause and never as a vulnerable person whose life could be improved. He never received the care someone in his position should expect."

JUDY MCARDLE
Pākeha



"As time went on
I began to feel a sense
of hopelessness that I could
not change my situation. I was
being shuffled from one institution
to another and had little or no
involvement with decision making
about myself and this led to me
learning to be helpless."

MS HS

Māori, Ngāti Kahungunu

Ūpoko | Chapter 2

Ngā pāpātanga o te tūkinotanga me te whakahapa ki ngā purapura ora me ō rātou whānau

Impacts of abuse and neglect on survivors and their whānau

7. There were (and are) many different types of damaging impacts of abuse and neglect in care experienced across all settings. There were immediate impacts, that could be temporary or lasting. There were (and are) impacts endured throughout a lifetime. An impact could dissipate over time. An impact could reoccur, manifest some time after the abuse or neglect had occurred, emerge later in life in response to events or triggers throughout a lifetime.
8. The impact(s) are experienced by survivors, as well as their whānau, kainga or family, support networks, hapū, iwi, or communities. The impact(s) could also have a profound impact on the children and grandchildren of a survivor.
9. The impacts of abuse or neglect rarely have a single dimension. Usually, a person will experience multiple impacts of abuse and neglect simultaneously. They could also experience them sequentially. Abuse and neglect may also be repeated over time, adding up to complex and severely harmful experiences during and after time in care. This means impacts were (and are) co-occurring where one type of impact of abuse or neglect will intersect with other impacts. Depending on the person the intersection of impacts and its effects may occur in different ways.
10. This chapter describes the different types of impacts that were generally experienced by survivors across all settings.

Ngā hononga pāhekoheko

Interpersonal relationships

11. One of the most severe impacts of abuse and neglect is the damaging effect it can have on a survivor's ability to form and maintain intimate platonic, loving and trusting relationships.



Ngā hononga taupiri

Intimate relationships

12. Many survivors of abuse and neglect described how the abuse and neglect they suffered reduced their capacity for affection and intimacy, often impacting their relationships with intimate partners. Survivors developed a distorted view of others, not knowing how to form healthy relationships or being able to trust. Some survivors described how the sexual abuse they suffered gave them a distorted view of sexual intimacy and taught them to use sex to control or manipulate others. Some survivors told how any type of sexual intimacy, even with their spouse or partner, would be triggering and traumatic.
13. Māori and Pākeha survivor Gloria White shared how her 30-year marriage ended because of the ongoing trauma of sexual abuse while in faith-based care. She told the Inquiry that while she still loves her husband, over time he started to remind her of one of her abusers, which ultimately led to divorce.
14. Some survivors had a number of abusive relationships as adults and accepted it as a feature of their adult relationships.
15. Survivor Jason Fenton experienced sexual and physical abuse in his foster placement and in youth justice institutions, said the abuse has “had a major impact on my sexuality, relationships with women and others...I’ve had significant loss of dignity and also loss of morals and values, and I was robbed of my childhood.”²
16. The Commission to Inquire into Child Abuse in Ireland found that of a survey of survivors:
 - a. the majority of participants showed they had problems developing and maintaining satisfying intimate relationships
 - b. if survivors experienced more forms of severe abuse and other forms of abuse, then the negative impacts were compounding.
17. Some survivors told the Inquiry they experienced sexual disturbance or dysfunction. It includes a lack of desire or interest in sex, an inability to become physically aroused or excited during sexual activity, a delay or absence of orgasm, or pain during sexual intercourse. The effect of this impact could be depression and anxiety.

² Witness statement of Jason Fenton (16 March 2022, paras 6.5, 6.13).

18. For some survivors, the ongoing impacts of sexual abuse are exhibited through sexualised speech or cursing focused on sexual behaviour, excessive touching of genitals in public or inappropriate places, or frequent sexual partners of all ages. Some of these survivors became, and continue to be, hyper-sexualised - developing unhealthy and excessive sexual relationships, pornography habits, and flirtatious behaviour that goes beyond inappropriate. Some survivors told the Inquiry they have a fear of being touched, confuse a kind touch or hug as an invitation to engage in sex, feel disgust towards their body, or specific body parts that were used by an abuser for arousal or sexual activity, have attempted to harm or injure those parts of their body affected by an abuser, or may have a lack of sexual interest in others. These survivors have exhibited, and some continue to exhibit, hypo-sexualisation.

Ngā hononga ki ngā mātua me ngā tūākana/tēina **Relationships with parents and siblings**

19. The Inquiry heard that survivors relationships with their parents or siblings may have been damaged due to the abuse and neglect they suffered in care, especially if they disclosed the abuse to a whānau member and were not believed, or if the abuse and neglect were minimised, or if they were blamed for the abuse and neglect occurring. Some survivors may have found it difficult to discuss their abuse and neglect, especially sexual abuse, with their whānau, family or kainga, or siblings. These situations could make a survivor feel responsible for changes in whānau communication and dynamics and may cause loneliness and isolation.
20. Being in care often separated survivors from siblings who were also in care. Before being taken into care many survivors had helped raise younger siblings and being apart from these siblings caused significant worry and trauma.
21. The effect of being separated from close siblings caused survivors to feel guilt for what happened to their brothers and sisters during their time in care, as well as their later life. Separation had a profound impact on the close connections between siblings, a connection that was permanently destroyed. Many survivors spoke of how they have been estranged from their siblings for most of their lives.

Ngā hononga ki ngā tamariki me ngā mokopuna Relationships with children and grandchildren

22. Survivors' relationships with their children and grandchildren can be impacted too. Some survivors may fear that the sexual abuse they suffered may mean they might not be safe parents. Some survivors feel very protective of their own children and grandchildren and want them to be loved and to develop trusting relationships.
23. Abuse and neglect in childhood have intergenerational impacts. According to Dr Simon Rowley: "Although most children who have suffered neglect do not go on to neglect their own children, they have a vulnerability to do so. It is hard to provide nurture to your child or children when you have not known that nurture yourself."³
24. Some survivors saw a connection between the impact of being abused and neglected in care and their lack of parenting ability, and that this affected their relationships with their children and later generations. Survivors talked about not knowing how to parent⁴ and not having the chance to develop parenting skills.⁵ Others spoke about not knowing how to nurture and provide emotional support⁶ and struggling with communication and how to show affection⁷ towards their children and grandchildren.
25. The Commission to Inquire into Child Abuse in Ireland found that abuse and neglect in care has negative and enduring impacts on survivors' capacity to form stable, secure, and nurturing relationships.⁸ Research also indicates that children raised with persistent violence are more likely to be violent.⁹
26. Hohepa Taiaroa, a Māori survivor who went on to become violent towards his family, explained that his behaviour was part of the "flow-on effects" from being in the system. When he left care, he was full of anger and hate that he would let out on anyone, including his whānau. He went on to have numerous relationships and by the time he entered his third relationship his partner and sons bore the brunt of his trauma.¹⁰

3 Expert Witness Statement of Dr Simon Rowley (17 August 2022, p 9).

4 Witness statement of Robert Donaldson (24 August 2022, page 6).

5 Witness statement of Mr HZ (14 May 2021, paras 49–52, 55).

6 Private session transcript of Ramari Wiringi (24 November 2021 page 8).

7 Private session transcript of a survivor who requested to stay anonymous (2 June 2020, page 31); Witness statement of Mr JP (1 April 2022, page 16).

8 The Commission to Inquire into Child Abuse, Commission report: Volume III (2009, page 207).

9 Perry, B, The neurodevelopmental impact of violence in childhood, in Schetky, D & Benedek, EP (eds), Textbook of Child and adolescent Forensic Psychiatry (American Psychiatric Press, 2001, paras 221–238).

10 Witness statement of Hohepa Taiaroa (31 January 2022, page 15).

Ngā pāpātanga o te hauora ā-tinana Physical health Impacts

27. Many survivors suffered physical injuries from extreme and severe violence, neglect and sexual assault which had immediate and ongoing devastating effects on their health and wellbeing.
28. Many survivors suffered repeated physical injuries across various State and faith-based care settings. They were subjected to violence and the threat of violence in many of these care environments. Māori survivor Hone Tipene (Ngāpuhi) told the Inquiry that, during his first care placement at Wesleydale Boys' Home in Tāmaki Makaurau Auckland at 9 years old, his fingers were crushed when a door was slammed on his hands. In a faith-based boarding school for Māori boys his ribs were fractured, and toes broken and at Ōwairaka Boys' Home in Tāmaki Makaurau Auckland, another boy sliced his penis with a knife and it bled for several days.¹¹ When he was 13 years old, he required hospital treatment for an infected welt to his face when assaulted with a jug cord by his family home caregiver.¹²
29. Many survivors spoke about being able to trace their current physical health conditions to the abuse and neglect suffered while in care.¹³ The Inquiry heard of survivors with long-term head injuries, hearing loss, weight loss and inability to control their body due to medication abuse, cognitive impairment and brain haemorrhages resulting in the need for multiple surgeries.¹⁴
30. Survivors placed in psychiatric care spoke of the immediate and ongoing physical impacts from receiving electric shocks as punishment,¹⁵ such as electrode burns,¹⁶ tinnitus and memory loss.¹⁷ Many survivors were wrongly given electric shocks at Lake Alice Child and Adolescent Unit in Rangitikei and other psychiatric care settings.¹⁸

11 Witness statement of Hone Tipene (22 September 2021, pages 16 and 22, paras 106 and 149).

12 Witness statement of Hone Tipene (22 September 2021, para 131).

13 Witness statement of Anne Hill (28 September 2020, para 2.30); Royal Commission of Inquiry into Abuse in Care, Tāwharautia: Pūrongo o te Wā, Volume 1: Interim report (2020, page 87).

14 The Confidential Listening and Assistance Service, Some memories never fade: Final Report of the Confidential Listening and Assistance Service (2015, page 31); Witness statements of Adriana (27 January 2022, page 2, para 12); Mr GA (26 November 2020, pages 6–7, paras 68–70 and 79); Janet Lowe (16 September 2020, para 119); Nikky Kristoffersen (21 October 2020, para 104) and Mr V (12 February 2021, para 31).

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

16 Witness statement of Joan Bellingham (25 February 2020, page 6, para 4.10).

17 Witness statement of Hakeagapuletama Halo (25 March 2020, pages 8,14 and 15).

18 Royal Commission of Inquiry into Abuse in Care, Beautiful children: Inquiry into the Lake Alice Child and Adolescent Unit (2002).

31. Medication was administered to many survivors in these settings to control their behaviour. Since then these survivors have developed chronic health conditions related to direct physical impacts like bowel damage.¹⁹ Pacific survivor Rachael Umaga attributed her kidney failure to medication she was given in psychiatric care.²⁰ Samoan survivor Leota Scanlon said that after his time in Lake Alice Child and Adolescent Unit, he had to get two full hip replacements and struggles with arthritis, which he attributes to medical abuse, specifically paraldehyde injections.²¹
32. The neglect experienced by survivors in institutional care exacerbated other impacts of abuse. Some survivors who suffered physical abuse were medically neglected and their injuries not treated, which made the injuries they suffered worse and the damage lifelong.²² This was also true for children who were taken into care at a very young age, for example, babies in Kimberley Child and Adolescent Unit in Rangitikei whose basic needs were taken care of, but they were denied love and caring.²³
33. Some survivors see the stress and anxiety of the abuse and neglect they experienced as contributing factor to physical illnesses they developed later in life. These include cancer,²⁴ diabetes,²⁵ stomach ulcers²⁶ and strokes.²⁷ Some survivors, at times with supporting evidence from their medical advisors, spoke of the immediate impacts of abuse and neglect, such as unplanned pregnancy and sexually transmitted diseases which, due to medical neglect, resulted in long-term illness including infertility and cancer.²⁸
34. Many women were unable to have their own children due to the damage caused in institutional care.²⁹
35. Engagement with survivors and their whānau or support networks during the Inquiry and previous inquiries revealed that people died while in care.³⁰ These deaths seemed more likely to occur in disability and mental health settings where people experienced gross neglect.³¹

19 Witness statement of Mr KK (28 March 2021 page 10, para 51).

20 Witness statement of Rachael Umaga (18 May 2021, page 15, paras 80 and 81).

21 Witness statement of Leota Scanlon (23 June 2021, pages 12–13).

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

23 Transcript of evidence of Sir Robert Martin at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 5 November 2019, p 697).

24 Witness statement of Ms DN (30 September 2021, paras 3.20, 3.22); Transcript of the Inquiry's Marylands School (St John of God) Hearing (Royal Commission of Inquiry into Abuse in Care, 9 February 2022, page 92).

25 Survivor requested to remain anonymous.

26 Witness statement of Sunny Webster (18 December 2021, page 22, para 152).

27 Witness statement of Walton Ngatai-Mathieson (11 May 2021, page 13, para 79).

28 Witness statements of David Williams (aka John Williams), (15 March 2021, pages 28–29, para 211); Joshy Fitzgerald (25 January 2022, page 12, para 7.1); Ms DN (30 September 2021, paras 3.19–3.31) and Neta Kerepeti (22 April 2021, page 15, paras 55–56).

29 Expert witness statement of Professor Elizabeth Stanley (Royal Commission of Inquiry into Abuse in Care, 11 October 2019, para 26 (a)).

30 District Inspector MJ Behrens, District inspector's report and findings on inquiry pursuant to section 58(1) of the Mental Health Act 1969: District inspector inquiry into Lake Alice in response to allegations made in Checkpoint (4 October 1983, page 45); Gallen, RG, *The Committee of Inquiry into procedures at Oakley Hospital and related matters* (January 1983, page 10); PJR Comber, Inquest into the death of Darrell John Box (7 December 1999, page 1); PJR Comber, Inquest into the death of Trudy May Duncan (15 June 1999, page 1).

31 See for example Witness statements of Alison Pascoe (29 April 2022, paras 2.110, 2.152, 2.164); Enid Wardle (13 October 2021, para 3.21) and Alison Adams (6 December 2021, para 3.7).

36. The loss of life of those who were most vulnerable, who should have been afforded the greatest level of care, respect and support, speaks to the most devastating impact of physical abuse and neglect in care.

Te hauora ā-hinengaro me te oranga kare ā-roto Mental health and emotional wellbeing

37. Survivors of abuse and neglect in care experience mental distress at a higher rate than the general population.³² Mental health and emotional issues are the most reported negative impacts, with anxiety disorders, in particular Post-traumatic Stress disorder (PTSD) and depression, often reported to be the most commonly diagnosed among survivors of abuse and neglect in care.³³ These had long-term impacts on survivors' lives. Expert witness Folasāitu Dr Apaula Julia Ioane stated that mental health issues like depression or anxiety are linked to fear.³⁴

38. Almost every survivor the Inquiry heard from still experiences stressful and disruptive anxiety disorder challenges. Many survivors continue to experience ongoing mental distress or live with diagnosed mental health issues. Tāngata whaikaha Māori survivor Matthew Whiting, who was placed in care at 4 years old, said:

"When I get stressed now, I revert to being institutionalised ... I get into a place where I can't back down, which isn't helpful. In situations where I feel powerless, I respond with immense distress. It is completely overwhelming. This is the reality of living with PTSD as a disabled person."³⁵

39. As a consequence, some survivors are unable to work. Survivor Ms GT, who is hard of hearing, said she has been unable to work because of the severe anxiety she suffers after being abused in foster care. Due to the severity of their post-traumatic stress disorder, some survivors have also not been able to work.³⁶ Survivor Anne-Marie Shelley said:

"I am embarrassed at being unable to work, so I find it easier to not meet new people in social situations because they will inevitably ask "what do you do?"."³⁷

32 Carr, A, "The psychological effects in adulthood of institutional living" Report of the Irish Commission to Inquire into Child Abuse, Volume 5 (Stationary Office, 2008, page 188).

33 Blakemore, T, Herbert, JL, Arney, F & Parkinson, S, "The impacts of institutional child sexual abuse: A rapid review of the evidence," Child Abuse & Neglect 74 (2017, pages 35–48); Carr, A, Nearchou, F, Duff, H, Ni MHaoileoin, D, Cullen, K, O'Dowd, A & Battigelli, L, "Survivors of institutional abuse in long-term child care in Scotland," Child Abuse & Neglect, 93 (2019, pages 38–54); Lueger-Schuster, B, Kantor, V, Weindl, D, Knepfel, M, Moy, Y, Butollo, A & Gluck, T, "Institutional abuse of children in the Austrian Catholic Church: Types of abuse and impact on adult survivors' current mental health," Child Abuse & Neglect, 38(1) (2014, pages 52–64).

34 Transcript of Folasāitu Dr Apaula Julia Ioane at Tulou – Our Pacific Voices: Tatala e Pulonga (Pacific Peoples' Experiences) Hearing (30 July 2021, page 696).

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

36 Witness statement of Ms GT (16 February 2022, page 6).

37 Witness statement of Ann-Marie Shelley (6 August 2020, page 14).

40. Homai School for the Blind survivor Kylee Maloney said the biggest impact of how her life began, as well as her experience at Homai School located in Tāmaki Makaurau Auckland, has been loneliness:

*“The knowledge that I am, and always will be an outsider is both liberating and painful. Liberating in the sense that this process has given me permission to try to reverse the habit of a lifetime and stop trying so hard to fit in and be acceptable and painful because I long, like anyone else, to belong somewhere and be loved”.*³⁸

41. Studies have found that neglect, particularly from an early age, can have serious consequences for cognitive, linguistic, and emotional development, as well as physical growth and development.³⁹ Nellie Boynton, who was 13 years old when she was placed in care, said she felt like her development was stunted:

*“I didn't gain any maturity or independence while in care and even now I feel like I am stuck at the age I was when I was taken into care. It is like someone pressed pause on me. A lot of my reactions and emotions are the same as that of an adolescent.”*⁴⁰

42. Survivors are also constantly reminded of the abuse they have experienced. The mental health impacts of this involve being triggered by:

- > the behaviours of others
- > smells or odours (such as perfumes,⁴¹ tobacco⁴² and certain foods)⁴³
- > loud or distinct noises⁴⁴
- > long corridors or confined spaces⁴⁵
- > or even daily routine tasks such as catching the bus.⁴⁶

43. Survivors may react by reverting back to feeling as they did while being abused, exhibit defensive and sometimes aggressive behaviours or become mentally distressed.

38 Witness statement of Kylee Maloney (31 March 2022, page 16).

39 Spratt, E, Friedenber, S, Swenson, C, Larosa, A, De Bellis, M, Macias, M, Summer, A, Hulsey, T, Runyan, D & Brady, K, “The effects of early neglect on cognitive, language, and behavioral functioning in childhood,” *Psychology (Irvine)*, 3(2), (February 2012, pages 175–182).

40 Witness statement of Nellie Boynton (24 November 2020, page 13, para 141).

41 Witness statements of Terry King (10 August 2021, para 97) and Kevin England (28 January 2021, para 224).

42 Witness statements of Terry King (10 August 2021, para 97) and Kevin England (28 January 2021, para 224).

43 Witness statement of Linda Taylor and Janice Taylor (5 March 2021, para 175).

44 Witness statements of Harry Tutahi (14 August 2021, para 133); Survivor requested to remain anonymous.

45 Survivor requested to remain anonymous.

46 Witness statement of Mr JB (28 April 2022, para 38).

44. Many survivors have developed compensatory behaviours or coping strategies to function, self-soothe and block traumatic memories. These have included substance use and abuse and non-suicidal self-injury behaviours.⁴⁷ Many use alcohol and drugs to escape from intrusive memories of the abuse and neglect they had suffered.⁴⁸
45. The Inquiry heard that some survivors were given drugs and alcohol while in care as children, sometimes to groom or silence them, and this played a part in their drug and alcohol use later in life.
46. Diagnosis of substance use is relatively common, and comparatively higher, among survivors of abuse and neglect in care, particularly for male survivors.⁴⁹ Similar research with the survivors who participated in the Scottish Child Abuse Inquiry found a prevalence rate of 36 percent for alcohol and drug use diagnoses among survivors versus a rate of 11 percent in international community samples.⁵⁰ Other research also suggests survivors of severe sexual abuse display higher rates of alcohol and substance abuse.⁵¹
47. Survivors describe the negative consequences of their drug and alcohol use, including increased contact with NZ Police and other criminal justice workers and an inability to care for their own children.⁵² Toni Jarvis explained "alcohol was a catalyst to bring the wrong things out in me".⁵³ Survivor Desmond Hurring described how it led to him "pleading guilty to crimes I didn't commit because I couldn't remember what I was doing".⁵⁴
48. Abuse and neglect affected survivors' self-worth, which limited their opportunities in life. Mr OA told the Inquiry his time at Hodderville Boys' Home and Training Farm (The Salvation Army) in Putaruru "stripped me of all my innocence, dignity, my self-belief and self-esteem. Hope was taken from me just like that."⁵⁵
49. Emotional impacts left many survivors ashamed, with eroded self-confidence and self-esteem. Many female survivors question whether something in their own behaviours caused sexual abuse to happen.⁵⁶ Despite knowing the abuse they suffered was not their fault, they still feel ashamed about it.

47 Witness statements of Mr TO (1 July 2021, page 29) and Andrew Meadows (26 March 2021, page 17).

48 Witness statement of Andrew Meadows (26 March 2021, page 17); Private session transcript of Mr VE (28 July 2021, page 6); Blakemore, T, Herbert, JL, Arney, F & Parkinson, S, "The impacts of institutional child sexual abuse: A rapid review of the evidence," *Child Abuse & Neglect* 74 (2017, page 40); Senate Community Affairs Reference Committee, *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children* (Commonwealth of Australia, 2004, Chapter 6, page 146); Katz, I, Jones, A, Newton, B & Reimer, E, *Life journeys of victim / survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions* (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017, page 16).

49 Carr, A, "The psychological effects in adulthood of institutional living," Report of the Irish Commission to Inquire into Child Abuse, Volume 5 (Stationary Office, 2008, page 10).

50 Carr, A, Nearchou, F, Duff, H, Ní Mhaoileoin, D, Cullen, K, O'Dowd, A & Battigelli, L, "Survivors of institutional abuse in long-term child care in Scotland," *Child Abuse & Neglect*, 93 (2019, page 43).

51 Fitzpatrick, M, Carr, A, Dooley, B, Flanagan-Howard, R, Flanagan, E, Tierney, K, White, M, & Daly, M, "Profiles of adult survivors of severe sexual, physical and emotional institutional abuse in Ireland," *Child Abuse Review*, 19(6), (2010, page 389).

52 Witness statement of Goldie Clare (17 December 2020, page 14).

53 Witness statement of Toni Jarvis (12 April 2021, page 35).

54 Witness statement of Desmond Hurring (17 February 2021, page 12).

55 Witness statement of Mr OA (19 October 2020, page 3).

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

Ngā aukati ki te whakatipu hononga pai

Barriers to developing positive attachments

50. The ability of children, young people and adults in care to form and maintain trusted attachments is impacted by abuse and neglect in care.
51. Children, young people and adults in care need love and positive attachments to feel safe, to fully develop, to thrive, and to navigate the world with confidence and hope. Attachment is seen as a key milestone in child and young people's development.⁵⁷ Survivors were deprived of this fundamental need and instead were separated from their whānau and communities and often exposed to abuse and neglect they should never have had to endure.
52. Multiple placements also erode and destabilise attachments, impacting both whānau and people in care. Continued relocation makes it difficult for biological parents and whānau to remain in contact with their child, young person or adult in care. This impact is often further compounded when parents must overcome geographical distances to reach their child⁵⁸ leading, for some, to a loss of these relationships permanently.⁵⁹
53. As a result of multiple care placements many survivors were subject to an ongoing cycle of trauma of living with uncertainty and having no stable family or whānau base. This approach to continuous multiple placements significantly impacted relationships with whānau. Associate Professor Dr Teuila Percival told the Inquiry about the importance of children having a continuous responsive relationship that offers safety and security and enables development and learning.⁶⁰ Ms EF, who was 9 years old when she went into care, said:

“When you go through 20 changes in your young life, living in different homes, you can’t tell me that you’ll be the person who you could have been. I never knew in advance where I was going to go. When I arrived somewhere, I never knew how long I was going to stay there. Even now, packing a bag to go away still brings up that anxiety. Every home you go in you do things differently, and it changes from one home to another... I would need to watch and learn to figure out how to slot into their life.”⁶¹

57 Calvert, S, Attachment and related issues, Expert opinion report for Royal Commission of Inquiry into Abuse in Care (8 June 2022, pages 6–7).

58 Brief of evidence of Dr Alayne Mikahere-Hall at the Inquiry's Foster Care Sub-inquiry (Royal Commission of Inquiry into Abuse in Care June 2022, page 8).

59 Witness statement of Mr EH (19 April 2022, paras 137–138).

60 Witness statement of Associate Professor Dr Teuila Percival (6 June 2022, page 7).

61 Witness statement of Ms EF (27 October 2021, page 10).

54. The combination of whānau not being allowed to visit and multi-placements meant children and young people were unable to form attachments with caregivers and as a result, struggled throughout their lives to form healthy relationships and connections. Māori survivor Ms CH (Ngāi Tūhoe and Ngāti Raukawa), who experienced multiple placements as a baby and toddler, said:
- “Trust and insecurity issues have always got in the way of my relationships. The abandonment and severed ties I experienced in my childhood carried throughout my life and into my relationships. Allowing myself to love and be loved wasn’t easy. I found it hard to believe that anyone could love me no matter how much attention they gave me. Dysfunctional relationships became an unwanted habit for me.”⁶²***
55. Residential care,⁶³ a key feature of most settings the Inquiry investigated, did not provide a physical or social environment to develop secure attachments.⁶⁴ Dr Sarah Calvert explained that a key feature of residential care is that there is no continuity of relationship and no formal sense of belonging.⁶⁵ Therefore, children and young people subjected to abuse and neglect in residential care “are likely to enter adult life even more likely to have adverse long term mental health and to struggle to form and maintain healthy relationships with others”.⁶⁶
56. Many survivors were cut off from their families, whānau, kainga, culture and wider communities. The impacts of this, particularly for Māori, Deaf, disabled and people experiencing mental distress, Pacific and Takatāpui, Rainbow and MVPFAFF+ communities are discussed later in this Part.


62 Witness statement of Ms CH (2 August 2021, para 5.10).

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

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

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

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



"Trust and insecurity issues have always got in the way of my relationships. The abandonment and severed ties I experienced in my childhood carried throughout my life and into my relationships."

MS CH

Māori (Ngāi Tūhoe, Ngāti Raukawa)

Te whakamomori me te whakaaro whakamomori Suicide and suicidal ideation

57. The emotional pain from experiencing abuse and neglect in care has driven some people to the point of self-harm, suicidal ideation,⁶⁷ attempted suicide,⁶⁸ or suicide.⁶⁹ Survivors talked of using self-harm to manage distress.⁷⁰
58. Survivor Denise Caltaux, who suffered abuse in psychiatric care, spoke of the lasting impacts of the abuse and experiences of suicidality:
- "I'm so traumatised I am unhappy – I have no sense of joy pretty much in my life, that I'm isolated from everybody including my family. I've actually been so suicidal I'm not feeling that at the moment, in the last couple of months that sort of changed for me. But I was determined – like I really, really wanted to end my life."⁷¹*
59. Friends, and people survivors knew while in care, have taken their own lives, both within and after their time in care.⁷² The survivors and family left behind felt sorrow, regret and sometimes anger and shared how the loss and unfairness of the situation left them with anger, guilt and immense sadness.⁷³

He māramatanga Māori mō te tūkinō ā-hinengaro Māori understandings of psychological abuse

60. From a te ao Māori understanding, psychological abuse not only impacted the psychological wellbeing of a survivor but also impacted their mana, tapu and mauri. For example, an act of whakaiti (belittling and humiliation) directly impacts the hauora hinengaro (wellbeing of the mind) of a person, but also directly transgresses against their mana and tapu and diminishes them in some way.
61. The effects of psychological abuse are described in Māori by the way in which they impact the abused, such as the terms patu hinengaro, meaning an attack on a person's mental wellbeing, patu manawa, meaning a deep psychological attack that impacts a person's feelings, and takahi mana meaning the trampling of a person's mana. Psychological abuse may create all these impacts, and psychological impacts are often interconnected with all of these aspects including mana and manawa

67 Witness statement of Graeme McCullough (15 July 2021, page 13, para 95).

68 Witness statement of Wayne Keen (28 April 2021, page 18, para 84).


69 Witness statements of Tanya and Gina Sammons (24 February 2020, page 1, para 3) and Catherine Hickey (2 August 2021, paras 5 and 32); Te Rūnanga o Ngā Wairiki Ngāti Apa, A report on the impacts of the Lake Alice Psychiatric Hospital on the health and wellbeing of the whānau, hapū and Iwi of Ngā Wairiki and Ngāti Apa (12 December 2022, page 16).

70 Witness statements of Andrew Meadows (March 2021, page 17) and Gale Pinny (9 June 2022, page 18).

71 Private session transcript of Denise Caltaux (Part 2 of 2), (24 November 2020, page 66).

72 Letter from Rosemary Bayden to the principal, St Peter's School (17 April 1996, page 1).

73 Witness statement of Catherine Hickey (2 August 2021, page 9).

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62. A common consequence of psychological abuse that we heard from survivors is whakamā. The concept of whakamā is significant in this context, as it carries with it the associations of shame and embarrassment because of the humiliation received. Whakamā was understood to be a punishment for an act or behaviour that brought with it disgrace within Māori society.
63. The whakataukī (proverb) 'waiho mā te whakamā e patu – Leave it to shame to be their punishment', speaks to the power of the state of whakamā as a way of controlling behaviour and the importance of upholding tikanga associated with the mana of an individual and collective. Many Māori survivors shared examples of extreme whakamā being experienced because of the practices their abusers made them perform, as well as the constant tormenting, belittling and verbal abuse they were subjected to.

Ngā ara whai oranga Life pathways

Te mātauranga me ngā āheinga whaimahi Education and employment opportunities

64. Every child has a right, under Article 28 of the Convention on the Rights of the Child, to a full and proper education. Research demonstrates that abuse and neglect in care negatively affect survivors' educational outcomes and subsequent employment – key determinants of socioeconomic wellbeing and personal wellbeing.⁷⁴
65. The ability of many survivors to concentrate and learn was affected by ongoing physical and sexual abuse.⁷⁵ Many survivors were denied education opportunities and instead made to work in the care setting they were placed in or made to work in their foster or adoptive parents' homes.⁷⁶

74 Blakemore, T, Herbert, JL, Arney, F & Parkinson, S, "The impacts of institutional child sexual abuse: A rapid review of the evidence," Child Abuse & Neglect, Volume 74 (2017, page 42); Carr, A & Craddock, F, Literature review on the outcomes for survivors of child maltreatment in residential care or birth families – report for the Scottish Child Abuse Inquiry (2017, page 2); Maclean, M, Taylor, C & O'Donnell, M, "Relationship between out-of-home care placement history characteristics and educational achievement: A population level linked data study," Child Abuse & Neglect, 70 (2017, page 148).

75 Witness statement of William Wilson (6 July 2021, page 13, para 79).

76 Witness statements of Andrea Richmond (3 March 2022, para 71) and Ms AH (9 August 2021, page 32, para 217); Second witness statement of Grenville Fahey (26 July 2021, page 2, para 10); Royal Commission of Inquiry into Abuse in Care, Beautiful children: Inquiry into the Lake Alice Child and Adolescent Unit (2022); Royal Commission of Inquiry into Abuse in Care, Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust (2023).

66. Some survivors described missing out on education opportunities because of their gender.⁷⁷ Survivors spoke of feeling ridiculed and shamed at school because of their neurodiversity such as dyslexia, which went undiagnosed and untreated leaving them without support.⁷⁸ The impacts of failing to recognise neurodiversity in children followed survivors into adulthood. Survivor Andrea Richmond shared how this affected her employment opportunities as an adult:

“I’m also dyslexic so it’s really hard to get a job. I was never given any learning support for my dyslexia, and I struggle with reading and writing.”⁷⁹

67. As a result of this lack of support and education, some survivors cannot read or write or can only read or write a little.⁸⁰ Survivors told the Inquiry how this has affected many aspects of their lives. Māori survivor Ms HA said:

“My daughter, she asks me stuff and lots of it I don’t know. I can’t help her with any of her homework or her schoolwork during lockdown... I really notice it when I have to fill out forms. I don’t know how to fill them out. I ask for help. But there is no one there to help you do it.”⁸¹

68. The profound impacts of educational neglect meant many survivors were less likely to gain or retain employment after care, which some described as lost potential and opportunity.⁸² Māori survivor Susan Kenny (Ngāti Apa) said, “I had no qualifications when I left care. This impacted the work I could find. I was the only child who went into care. I wonder what I could have been because all my family are successful!”⁸³

77 Witness statements of Belinda (Lindy) Jacomb (14 September 2022, page 32, para 112[e]); Virginia Courage (25 June 2021, page 24); Ms MU (18 July 2022, para 38) and David Ready (8 May 2021, para 3.7.3).

78 Private session transcript of Maurice McGregor (19 January 2022, pages 14–15).

79 Witness statement of Andrea Richmond (3 March 2022, page 10, para 72).

80 Witness statements of Mr FP (10 March 2022, page 14, para 80) and of Mr LQ (17 August 2021, page 5, para 5.3).

81 Witness statement of Ms HA (22 September 2021, page 12, para 104).

82 Witness statement of Tony Lewis (21 August 2021, page 7, para 57).

83 Witness statement of Susan Kenny (15 July 2021, page 15, paras 150–151).

69. Difficulties with employment also stemmed from other impacts of abuse and neglect. Survivors said the emotional and psychological impacts affected their ability to retain employment in a range of ways⁸⁴ including how they respond to or interact with others,⁸⁵ feelings of inadequacy or unworthiness,⁸⁶ and the impact of alcohol or substance misuse.⁸⁷ Other employment difficulties stemmed from the prejudice and discrimination of having been in care, including being seen as less trustworthy than other people. Survivor Ms LS, who spent over 30 years in the mental health system, spoke of the discrimination she faced due to her mental distress:

*“I looked for jobs, but I just gave up in the end because it was so hard on the way you saw yourself; being rejected by people that didn’t know you and didn’t realise how desperate you were to move on in your life. They just saw you as the one thing they wanted to see, and that was it”.*⁸⁸

70. Being unable to work or maintain regular employment has contributed to severe financial hardship for survivors and many have had to rely on benefit payments to survive.⁸⁹

Ngā whakaritenga kāinga noho

Housing arrangements

71. Article 25 of the Universal Declaration of Human Rights contains a right to “a standard of living adequate for health and well-being of himself and of his family, including food, clothing, housing and medical care”. International inquiries have found that periods of homelessness are a life problem that people who have been abused, including abused in care, may experience.⁹⁰

72. Over their lifetime some survivors experienced periods of homelessness between care placements or once they exited placements. Aotearoa New Zealand’s official definition of homelessness is broad. It covers:

- > living on the streets and sleeping rough
- > moving between temporary shelters and possibly couch surfing
- > living without shelter, in emergency and temporary accommodation
- > living as a temporary resident in a severely overcrowded private dwelling.⁹¹

84 Witness statement of LR (5 May 2022, pages 30–31, paras 153–159).

85 Witness statement of Ms SU (2 June 2021, page 10 at para 5.3).

86 Witness statement of Tani Tekoronga (19 January 2022, pp 21–22).

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

88 Witness statement of Ms LS (30 May 2022, page 15, para 3.18).

89 Witness statements of Mr JJ (23 March 2021, page 10, para 48); Steven Storer (24 May 2021, page 9, para 78) and Sunny Webster (18 December 2021, page 24, para 161).

90 The Commission to Inquire into Child Abuse, Commission report, Volume III (2009, page 220).

91 Ministry of Housing and Urban Development, Aotearoa New Zealand Homelessness Action Plan – Phase 1, 2020–2023 (2020, page 3).

73. The cumulative harm from abuse and neglect in care were among many reasons that survivors experienced periods of homelessness.⁹² For example a survivor could have been:
- > Neglected in care which meant that they received little or no education. This limited their employment opportunities and impacted their financial position so they could not afford stable permanent housing.⁹³
 - > Sexually and / or physically abused in care which led to them developing addictions. They could not hold down a job or if they could they spent their money on funding addictions rather than accommodation.⁹⁴
 - > Abused and neglected in care by a staff member or someone in a position of authority. This led to the survivor's distrust and fear of institutions and authority, limiting their desire to work with and seek funding assistance from institutions for a housing grant.⁹⁵

Te pāihi mō ngā mana whakahaere

Distrust of authority

74. The abuse and neglect led to a lifelong distrust of authority. Many survivors, particularly Māori survivors, held deep distrust in authority and the State before entering care. This was sometimes intergenerational and shaped by the discrimination and harmful experiences survivors and their whānau had already suffered from authority figures, including through colonisation, urbanisation and assimilation. The abuse and neglect then suffered in care further compounded this distrust. For some, the distrust of authorities led to negative interactions with government departments later as adults. A common example that survivors shared was adult interaction with the care system, where their own children, grandchildren, or wider whānau members would be taken into care.⁹⁶ Survivors said they wanted to care for their children or grandchildren themselves or within their own whānau, but they were never empowered to do so.⁹⁷ Some survivors told us that the fact they were in care themselves often led to them being judged by government agencies, including by NZ Police.
75. Survivors' distrust of authorities sometimes prevented them from seeking or accepting assistance from government or others, including benefits they were entitled to.⁹⁸ Survivors spoke about the steps they would take to survive without the assistance of the government, which included criminal offending, such as theft or selling drugs, and sex work. Those actions would come to the attention of NZ Police and would bring survivors into contact with the criminal justice system.

92 Witness statements of Mr KP (8 May 2023, paras 13–7, 26, 6–63, 66–68, 72–73, 80 and 86); Mr RF (9 February 2023, paras 8–11, 14–16 and 29–32) and Sunny Webster (18 December 2021, paras 63–71, 74–75, 79, 81, 91 and 142).

93 Witness statements of Mr KP (8 May 2023, paras 27–31, 80 and 86) [Anonymous - already disclosed for final report] and Sunny Webster (18 December 2021, paras 159–161).

94 Witness statement of Mr RF (9 February 2023, paras 29–32).

95 Witness statement of Sunny Webster (18 December 2021, paras 54, 63–71, 74–75, 142 and 145).

96 Witness statements of Hohepa Taiaroa (January 2022, page 14) and Mr HT (4 May 2022, page 9).

97 Witness statements of Mr LC (26 January 2022, page 6); Carla Mann (15 March 2022, page 12) and Ms NN (12 August 2021, page 11).

98 Transcript of Tumohe Clarke at the Inquiry's Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing (Royal Commission of Inquiry into Abuse in Care, 10 March 2022, page 252).

Te whanonga tūkinu

Learned violence

76. Violence was so embedded in care settings that survivors became “numb” to it, and it became normalised for many.⁹⁹ Survivors learnt to use violence to protect themselves.¹⁰⁰ They expected to receive violence from peers and those higher up the “pecking order”.¹⁰¹ Some survivors instigated violence, whether in self-defence or to bully others as their peers expected them to do. Survivor Roy Takiaho, who went into care at 2 years old, shared:

“As a result of the abuse I suffered, I became the abuser. I used physical abuse. I wanted to hurt people. I became a person who wanted to administer pain.”¹⁰²

77. For some survivors, this learned behaviour of abuse and violence continued long after they had left care, where the survivor would perpetuate the abuse that they had seen and experienced. Likewise, some survivors of sexual abuse would go on to perpetrate sexual abuse later in their lives. It is important to note here that most survivors of abuse do not go on to become perpetrators. However, for the few who did there is a clear link between the abuse they experienced and the harm they perpetuated later in life.¹⁰³

Te ara ki te mahi kairau

Pathway to sex work

78. Some survivors turned to sex work while in care or after leaving care. Often they were homeless and it was a way to survive. Some had trauma as a result of sexual abuse they had suffered and explained how this shaped their understandings and actions around sex.

79. Some survivors found that living on the streets gave them freedom from otherwise abusive care placements and homes. Survivor Ms GI, who was raped and molested by her foster father said she and her sister would run away and live on the streets:

“We were only 13, but we learned to look after ourselves. If we ever needed money, we would resort to prostitution but only if we really needed it.”¹⁰⁴

99 Witness statements of Mr SW (9 September 2020, page 6); Mr LT (7 March 2022, page 6); Wiremu Waikari (27 July 2021, page 17) and Mr MP (11 October 2021, page 10).

100 Witness statements of Rawiri (David) Geddes (15 April 2021, page 7); Vernon Sorenson (22 July 2021, page 2) and William MacDonald (4 February 2021, page 12).

101 For example, witness statements of Roy Takiaho (10 September 2020, page 8); Mr N (8 September 2020, para 18) and Daniel Rei (10 February 2021, para 232).

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

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

104 Witness statement of Ms GI (17 August 2021, para 64).

80. Māori survivor Waiana Kotara (Ngāti Hako, Ngāti Maniapoto) suffered violent sexual abuse. She spoke about how she “struggled to differentiate between sex and violence” and had “no sense of what was normal” when it came to sex; as well as not having any role models or care provided to her:
- “My trust in humanity faded and I had nowhere to go ... Instead, I felt the one decision I still had was the streets. Stealing food and clothing, and eventually prostitution were added to my survival kit.”¹⁰⁵*
81. Survivor Fiona Dougan told the Inquiry that she has been unable to have proper relationships:
- “I just give into sex and don’t really know any different. I have sold myself so many times having risky, unprotected sex as an adult. The sexual abuse and then prostitution meant I have lost the ability to love myself. Even now I struggle to love or touch.”¹⁰⁶*

Te ara ki te mauheretanga Pathway to imprisonment

82. The Inquiry’s interim report Tāwharautia: Pūrongo o te Wā found strong links between experience in State care and later imprisonment.¹⁰⁷ The Care to Custody: Incarceration Rates report shows the link between social welfare care and going to prison, and in particular the disproportionate impact on children and young people placed into social welfare residential care.¹⁰⁸ The report found that one in five, and sometimes as many as one in three, individuals placed in social welfare residential care between 1950 and 1999 went on to serve a criminal custodial sentence later in life. Imprisonment led to criminal records, causing ongoing impacts through the reduction of opportunities for these survivors. Māori were the majority within social welfare residential care settings, and so were also over-represented in prison.
83. Expert witness Professor Elizabeth Stanley outlined a number of significant factors in the care to custody pathway, including histories of maltreatment, multiple placements, institutional cultures and conditions (including seeking protection in gangs), social disadvantages and psychological harm, and children receiving prison sentences.¹⁰⁹

105 Witness statement of Waiana Kotara (17 February 2022, paras 85–90).

106 Witness statement of Fiona Dougan (23 June 2022, paras 42, 61, 85).

107 See Royal Commission of Inquiry into Abuse in Care, Tāwharautia: Pūrongo o te Wā: Volume 1: Interim report (2020, page 92); Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Pūretumu Torowhānui, Volume 1: Interim report (2021, page 35).

108 Royal Commission of Inquiry into Abuse in Care, Care to custody: Incarceration rates (2022, page 4).

109 Witness statement of Professor Elizabeth Stanley (11 October 2019, paras 13–17).

84. Survivors described their life pathways from the care system to prison and from prison to forensic care. A pathway they believe would never have happened had they not been physically and sexually abused in care including shock treatment and isolation. Survivor Jurny said he experienced “all the levels of abuse, whether intended or not but it still happened.” It was recognised that the abuse he suffered had significantly impacted his mental health.¹¹⁰

“I didn’t ask to be a criminal. There needs to be an accountability for what has happened.”¹¹¹

85. The final report of the Confidential Listening Service, *Some Memories Never Fade*, stated:

“Many of the children who had been abused in State care fell into anti-social and criminal behaviour and ended up in prison or psychiatric hospitals in later life. It is estimated that about 40 percent of prisoners grew up in state care. Their lives were set on a dangerous and damaging path during this time. There are many people who have been living on the edge ever since their experience of State care as children.”¹¹²

86. For Māori survivors - who experienced disproportionate entries into prison from social welfare settings¹¹³ - prisons represent another layer of transgression against tikanga. From a te ao Māori perspective, prisons contradict tikanga Māori. As discussed in Part 1, harm and wrongdoing from a Māori perspective was understood as an offence against the collective relationships. To hurt a person was to disrupt the lives and wellbeing of the community as a whole and to disrupt whakapapa and whanaungatanga. Therefore, particular tikanga exist (such as utu) around restoring balance to relationships (ea) and maintaining whanaungatanga. To imprison someone is to deny tikanga practices which enable the restoration of balance in relationships. Dr Moana Jackson has previously described prisons as being “culturally incomprehensible”¹¹⁴ and “antithetical to everything that is consistent with tikanga and with our [Māori] history”.¹¹⁵ For survivors who were then incarcerated after care, this has meant they experienced compounding forms of transgressions against tikanga.

¹¹⁰ Forensic Community Session (1 July 2022).

¹¹¹ Forensic Community Session (1 July 2022).

¹¹² The Confidential Listening Service, *Some memories never fade: Final Report of The Confidential Listening Service* (2015, page 12)

¹¹³ Royal Commission of Inquiry into Abuse in Care, *Care to custody: Incarceration rates* (2002, page 9).

¹¹⁴ Jackson, M, “Moana Jackson: Prison should never be the only answer,” *E-Tangata* (14 October 2017), <https://e-tangata.co.nz/comment-and-analysis/moana-jackson-prison-should-never-be-the-only-answer/>

¹¹⁵ Jackson, M, “Why did Māori never have prisons?,” *E-Tangata* (17 June 2023), <https://e-tangata.co.nz/comment-and-analysis/why-did-maori-never-have-prisons/>

Te ara ki te uru kēnge Pathway to gang membership

87. Social welfare institutions have played a significant role in gang formation.¹¹⁶ Many Māori and Pacific survivors shared how their time in care was their introduction to gangs and gang life. Māori survivor Mr BE said:
- “It was during my admission to Epuni [Boys’ Home in Taitoko Levin] that I was introduced to and inducted into gang culture. Many of the boys at Epuni, particularly the older boys, were already young gang members.”¹¹⁷*
88. Many survivors were away from their families, their culture, their communities, and felt forgotten by society.¹¹⁸ Some of the reasons survivors became part of a gang included because they finally found a place where they felt they belonged,¹¹⁹ they had a family¹²⁰ and they experienced comradeship.¹²¹ Some said they joined gangs to have a place like home, to be kept safe and secure,¹²² to be taken care of¹²³ and to be loved.¹²⁴
89. Survivors told the Inquiry of the protective aspect of gang membership within the care facility. Gangs provided survivors with the care (that is, attachment and belonging) and protection that State and faith-based institutions should have given.¹²⁵

116 Andrae, D, McIntosh, TK & Coster, S, “Marginalised: An insider’s view of the state, state policies and gang formation,” *Critical Criminology* (2016, pages 1–7); McIntosh, T & Coster, S, “Indigenous insider knowledge and prison identity,” *Counterfutures*, 3 (2017, 69–100); Office of the Prime Minister’s Chief Science Advisor Kaitohutuhu Mātanga Pūtaiao Matua ke ti Pirima, *Toward an understanding of Aotearoa New Zealand’s adult gang environment* (June 2023).

117 Witness statement of Mr BE (24 May 2021, page 7); Arewa Ake te Kaupapa Gang Submission (February 2024).

118 Witness statement of Wiremu Waikari (27 July 2021, page 46, para 311); Arewa Ake te Kaupapa Gang Submission (February 2024, section 2).

119 Witness statement of Mr MM (11 August 2021, page 14); Arewa Ake te Kaupapa Gang Submission (February 2024, section 2).

120 Witness statement of Chris Te Moananui (11 August 2021, page 8).

121 Witness statements of Mr MM (11 August 2021, pages 14–15) and Mr OB (11 August 2021, page 9); Arewa Ake te Kaupapa Gang Submission (February 2024, section 2).

122 Brief of evidence of Ian Shadrock in support of an application for an urgent hearing concerning the settlement of historical grievances of Maori children put into State care (Wai 2615, #A004), (Waitangi Tribunal and Ministry of Justice, 2017, para 23).

123 Witness statements of Mr OB (11 August 2021, pages 8–9) and Mr MB (18 September 2021, para 178).

124 Witness statement of Ms GT (16 February 2022, page 5).

125 Witness statement of Jason Fenton (March 2022, page 15).

Te mautanga i ngā pūnaha taurima

Entrapment in institutional care

90. Some survivors of disability care and survivors who experienced mental distress had no 'pathway after care'.¹²⁶ Some survivors have spent much of their lives in institutional care, including smaller care settings where features of institutional care still existed. The nature of institutional care most often included regimented routines, one-size-fits-all approaches to care, lack of individualised care, being unresponsive to each person's unique needs and circumstances, depersonalisation and isolation from whānau and community.¹²⁷ Many remain in institutional care to this day.

91. Many survivors spoke of how their time in care had led them to be institutionalised and develop learnt helplessness. Māori survivor Mr HS (Ngāti Kahungunu), who was adopted at birth and went into care after his adoptive mother left the relationship and his adoptive father became very ill, said whānau members did not visit or contact him at any of the institutions he was in, and he wasn't encouraged to communicate with them either:

"As time went on, I began to feel a sense of hopelessness that I could not change my situation. I was being shuffled from one institution to another and had little or no involvement with decision making about myself and this led to me learning to be helpless.

As I became more institutionalised, I started to lose the will to survive outside the institutions I was in. I became increasingly comfortable with the rules (formal and informal) inside each institution and more fearful that I did not know the rules outside of the institution."¹²⁸

92. Being institutionalised was described as becoming a 'number' in the system which survivors felt was simply a "holding pen for prison".¹²⁹ Survivor Alan Nixon explained how his institutionalisation had led him from care to prison:

"Because of this sexual abuse, I kept running away. I would be put in the secure unit when I was returned, but by then I was sort of used to being locked up. I think I had become institutionalised by that point ...

I found going in and out of prison for so many years extremely difficult and frustrating, but I never lasted very long in the community. I became institutionalised because almost my entire life had been spent in institutional care."¹³⁰

126 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, page 2 at para 1.1).

127 Witness statement of Mr HS (27 March 2022, para 4.8.2).

128 Witness statement of Mr HS (27 March 2022, para 4.8.2).

129 Witness statement of Mr SK (22 February 2021, para 374).

130 Witness statement of Alan Nixon (8 October 2021, paras 82, 103).

Ngā rua kōiwi ingoa kore

Unmarked graves

93. The Inquiry has not only received evidence of people dying in care but also of people in care being buried in unmarked graves.
94. The Inquiry received some information on unmarked graves at Tokanui Psychiatric Hospital located south of Te Awamutu, Sunnyside Hospital, Cherry Farm, Seacliff and Porirua Hospital. Evidence was provided by Mr Wright and his team who have identified 765 Sunnyside patients buried at Sydenham Cemetery between the years of 1896 to 1934 (the most recent year transcribed to date).¹³¹ Mr Wright predicts there could be upwards of 1,000 Sunnyside patients at Sydenham Cemetery, with the majority of these being unmarked.¹³²
95. At Tokanui Hospital Cemetery, work undertaken by Anna Purgar has verified 469 people as being buried in unmarked graves. Several bodies have since been exhumed and reburied in other cemeteries.¹³³
96. At Porirua Cemetery, a public cemetery, there are 2,046 unmarked graves identified in total. One thousand, eight hundred and forty of these are for Porirua Hospital patients. Porirua City Council also identified 847 unmarked graves at Whenua Tapu Cemetery and 25 at Pauatahanui Burial Grounds.¹³⁴
97. The Westland District Council had not done any research into unmarked graves at Hokitika Cemetery and stated that it does not hold sufficient records to conduct a search. Despite this, the Council was able to provide this Inquiry with the names and plot numbers of 83 individuals buried in Hokitika Cemetery with the last known address recorded as 'Seaview Hospital' and without a headstone recorded on the Council's records. However, the Council notes that the records "may not accurately reflect what is actually on the ground" meaning they do not know for sure which graves are unmarked.¹³⁵
98. In 2014, a local historian identified 172 unmarked graves at Waitati Cemetery, Otago. About 85 percent of these graves are from former institutions such as Cherry Farm and Seacliff. The historian noted that the last burial was in 1983, with many in the 1930s and 1940s.¹³⁶

131 Witness statement of Gareth Wright (20 July 2022, page 2).

132 Witness statement of Gareth Wright (20 July 2022 page 2).

133 Tokanui Hospital Cemetery Restoration Project website (accessed on 27 October 2023), <https://tokanuihospitalcemetery.weebly.com/>

134 Porirua City Council, Letter, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 487 (29 July 2022). Note: Porirua City Council calculated the "number of unmarked deceased, which will be slightly different to the number of unmarked graves as many graves will have multiple deceased buried in them, this was a more accurate way for us to report".

135 Official information request for Unmarked Graves information for the Hokitika Cemetery, Simon Bastion (chief executive, Westland District Council), (29 June 2022, page 1).


136 "Call for Waitati graves to be acknowledged," Otago Daily Times (28 December 2014), <https://www.odt.co.nz/news/dunedin/call-waitati-graves-be-acknowledged>

Ngā whakataau mō ngā pāpātanga o te tūkinotanga me te whakahapa ki ngā purapura ora me ō rātou whānau

Conclusions on the impacts of abuse and neglect on survivors and their whānau

99. The impacts of abuse and neglect in care are complex and interconnected. They may be experienced at the same time, consecutively, and may last a lifetime. Impacts can be variable, manifest differently in a survivor and change over time. Some impacts are immediate, while some impacts can either emerge or last well into adulthood and spread through all aspects of a survivor's life, and their whānau and community.
100. During the Inquiry period, some babies, children, young people and adults in care experienced extreme abuse and neglect multiple times. Many experienced more than one type of abuse or neglect. The compounding effect of these impacts has led to substantial trauma in the lives of survivors and of their whānau and community.
101. Abuse and neglect within State and faith-based care have devastated the lives of survivors and has caused significant, pervasive and lifelong impacts to their physical and mental health, emotional wellbeing and spirituality, identity and cultural identity, and education and employment opportunities. It has negatively impacted their ability to form healthy relationships and their sense of self-worth and deprived them of the opportunity to thrive and fulfil their potential. This is consistent with other international inquiries.¹³⁷
102. Abuse and neglect suffered in care robbed survivors of their childhood and innocence. It had profound impacts on how they viewed themselves, how they viewed others, their understanding of the world and their subsequent learned behaviours, which limited their opportunities and the ability to lead a full and meaningful life. Damaging lifelong impacts of being abused, combined with educational neglect and therefore not learning to read, connected to later in life not being able to access the internet (as they can't read or their reading skills are limited), having limited interaction with whānau and support networks and being isolated from community, with limited (if any) opportunities to earn a living wage, has locked many survivors into a poverty trap that they are never able to escape. This loss of economic opportunity has had (and continues to have) ongoing consequences, including financial insecurity and a loss of self-worth impacting survivors and their children and grandchildren. Abuse and neglect in care has had a corrosive effect on the lives of so many survivors.

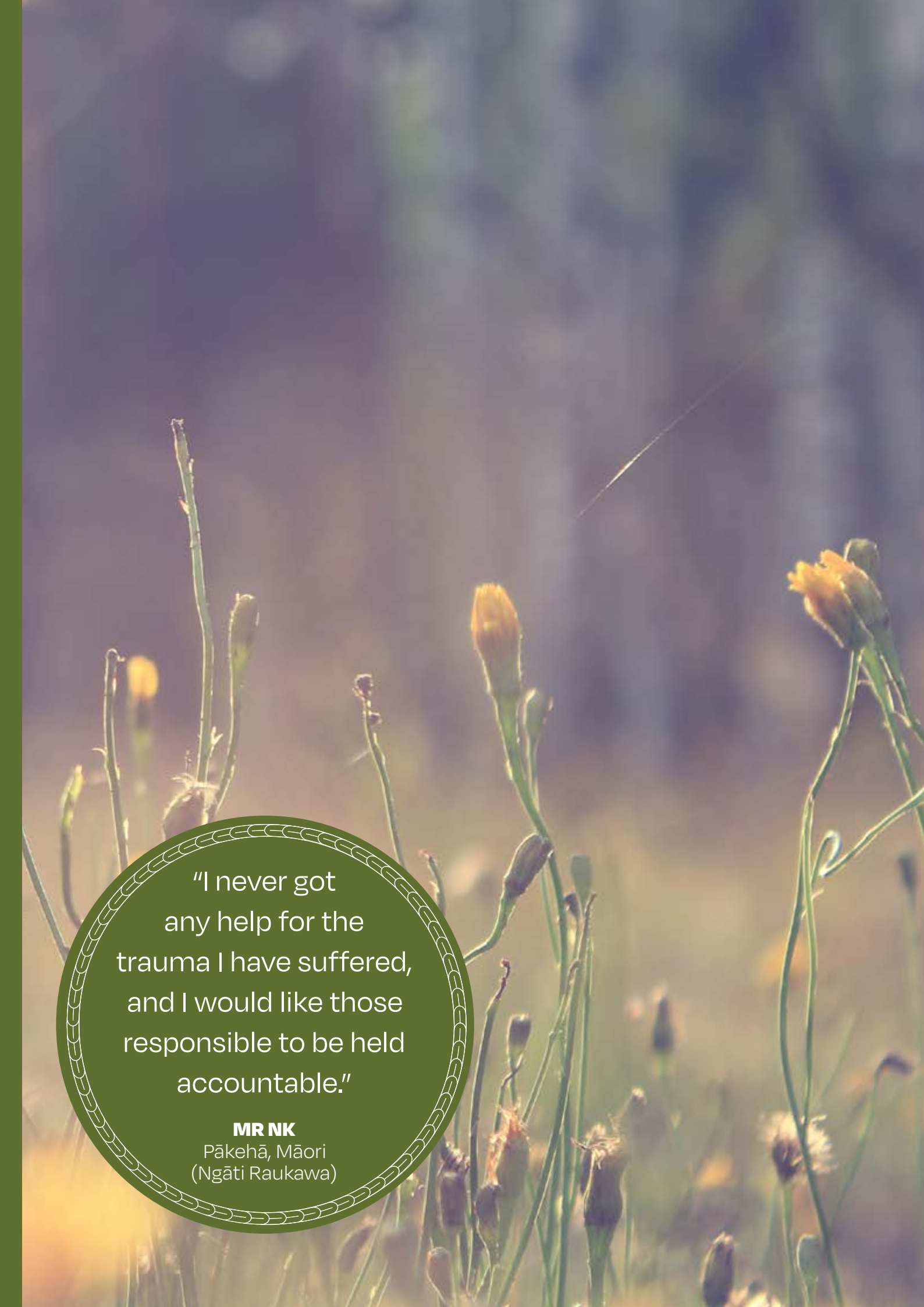
¹³⁷ The Commission to Inquire into Child Abuse, Commission report, Volume V (2009, pages 101–104); Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report: Impacts, Volume 3 (2017, pages 23–61).



"My trust in
humanity faded and
I had nowhere to go ... Instead,
I felt the one decision I still had
was the streets. Stealing food
and clothing, and eventually
prostitution were added to
my survival kit."

WAIANA KOTARA

Māori, Ngāti Hako, Ngāti Maniapoto



"I never got
any help for the
trauma I have suffered,
and I would like those
responsible to be held
accountable."

MR NK

Pākehā, Māori
(Ngāti Raukawa)

Mr NK

Hometown: Taitoko Levin

Age when entered care: 10 years old

Year of birth: 1981

Type of care facility: Health camps – Ōtaki Health Camp; police station cells – Palmerston North Police Station, Levin Police Station; family home; corrective training – boot camp (Tūrangi); boys' home – Bridge Lodge.

Ethnicity: Pākehā and Māori – Ngāti Raukawa

Whānau background: Mr NK is the second of six children – he has three brothers and two sisters. None of his other siblings ever got into any kind of trouble. Growing up, he was very close to his cousin, who lived with them for a while.

Currently: Mr NK has a good relationship with his family and is in touch with his siblings. His mother recently passed away. He is closest to his younger brother, who supports him and helps him with his family. Mr NK has two children with different mothers, and he has a relationship with both. His daughter was raised by her mother and recently had a baby. From the age of 3 years old, his son was raised by Mr NK's parents, then his brother.



My parents were very hard on me when I was young, and I think I often misbehaved. My cousin lived with us for a while – we were very close and did a lot of things together. I don't think my parents could control us.

When I was about 8 years old, my younger brother and I were sent to Ōtaki Health Camp. I'm not sure why. I have never told anyone this before, but while I was there, I was sexually abused by a staff member. He whispered sexual stuff in my ear and tried to touch me. He told me if I said anything, he'd do it to my little brother, so I put up with it – I was very protective of my brother.

What happened there, I saw as a weakness in me.

After this, I fell into crime and got involved in theft and shoplifting. My cousin was often part of this. My parents couldn't control us and contacted Child, Youth and Family Services, who took us to the Palmerston North Police Station while they found us a foster family. We ended up staying in the cells for two weeks. It was frightening and the worst time in my life. Every night, drunks came into the station and screamed a lot. The station was next to a McDonalds, and that's what they fed us three times a day. I haven't eaten it since.

After two weeks, we went to a foster family for two months. We were badly treated, sometimes we were kicked, we didn't go to school, and if we didn't behave, or didn't listen, then we wouldn't get any food.

After that, I went back to my parents but then I started messing up again. I wouldn't listen to my parents and was often angry. When I was 13 or 14 years old, I was put in the Levin Police Station cells for two days and was caught trying to hang myself with my belt. It was a genuine attempt to die.

I was sent away to boarding school, twice, but I ran away. When I was 14 years old, I spent about two months at a boot camp in Tūrangi. I was physically abused there – one of the officers would hold me down when I was doing press-ups, kick me in the chest and ribs, and throw cold water over me.

I have spent time in and out of jail with lots of small sentences for burglaries and thefts. My last big sentence was in 2006 when I got more than five years for aggravated assault – I was released in 2012. At the end of this prison sentence, I reflected on my situation and sought help. I was prescribed drugs for sleep, which I have taken ever since. I didn't get into any trouble again until 2022. At that time, I was prescribed something else for my anxiety – it helps.

I contacted the Royal Commission because of the serious consequences of my time in the police cells when I was 10 years old. I believe everything else that happened to me, and that I have done, came from that time, including the fear and trauma that made me attempt to take my own life a few years later. Now, every time I go to jail, they ask if I am suicidal – but I'm not since I've had my children.

I have spent my life in and out of jail. I have nightmares, I get very agitated around police, and I suffer from anxiety. I have no explanation for my current offending – I have always found prison acceptable, even though I know if I go to jail it affects my children.

The sexual abuse means I have trust issues, and this has completely coloured my life to a point where I don't trust anyone, and I've learnt to hate people.

For a long time, I blamed my parents for my problems, however they didn't know about the abuse and violence that I suffered. I never disclosed any of that before.

I never got any help for the trauma I have suffered, and I would like those responsible to be held accountable.¹³⁸

¹³⁸ Witness statement of Mr NK (25 March 2023).

Ūpoko | Chapter 3

Ngā pāpātanga o te tūkinotanga me te whakahapa ki ētahi rōpū purapura ora i ētahi whakaritenga

Impacts of abuse and neglect on particular groups of survivors and in certain settings

103. Although the impacts described in the previous chapter may be common across all survivors and all settings, every survivor's experience is unique. This chapter explores how some survivors were disproportionately and uniquely impacted because they were from a certain group or because they were placed in specific settings.

Ngā pāpātanga kino ki ētahi rōpū purapura ora

Survivor groups were impacted negatively

Ngā purapura ora Māori

Māori survivors

104. Tamariki, rangatahi and pakeke Māori belong to a collective – their whānau, hapū and iwi.¹³⁹ However, the care system itself undermines whānau, hapū, and iwi structures.¹⁴⁰ When tamariki, rangatahi and pakeke Māori were placed in care, whānau, hapū, and iwi were deprived of one of their most critical roles – to exercise tino rangatiratanga over kāinga (home) by caring for and nurturing the next generation.¹⁴¹

139 See for example the Royal Commission of Inquiry into Abuse in Care Haerenga ki te Tai Rāwhiti, Community engagement with hapū from Te Tai Rāwhiti, held at Te Poho o Rawiri Marae (26 July 2022).

140 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 13).

141 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 204).

105. To understand the impacts of abuse and neglect in care on Māori the Inquiry first considered the nature of the care system. The Waitangi Tribunal found that Oranga Tamariki (and its predecessors) are “fundamentally Pākehā in their philosophies, values and constructs”¹⁴² and that “within this framework, Māori are unable to exercise their tino rangatiratanga and therefore unable to ... raise their tamariki according to their traditions and worldview.”¹⁴³ The Crown has acknowledged that structural racism is a feature of the care and protection system that has adverse effects for tamariki Māori, whānau, hapū and iwi.¹⁴⁴
106. For Māori, the cumulative impacts of abuse and neglect are rooted in the historical and contextual effects of colonisation¹⁴⁵, urbanisation and institutional racism.¹⁴⁶ These cumulative impacts occur on a collective and individual level, as well as across generations.¹⁴⁷
107. The removal of tamariki, rangatahi and pakeke Māori from their whānau, hapū and iwi is a transgression against whakapapa and mana motuhake. The physical removal of whānau members from their communities increased the risk to and vulnerability of their whakapapa.
108. The concept of collective protection in te ao Māori is encapsulated in the following whakataukī:
- “Whare tū ki te wā, he kai nā te ahi; whare tū ki roto ki te pā tūwatawata, he tohu nō te Rangatira” – A house that stands in open country is susceptible to loss by fire, while one that stands within a fenced pā is a mark of a distinguished person.***
109. Many whānau who attempted to keep their tamariki, rangatahi and pakeke Māori faced bureaucracy, child welfare officers or social workers, medical professionals, religious influence or legal processes that were difficult to navigate and rife with institutional racism.¹⁴⁸ For Māori, the impacts of abuse and neglect in care were never on the individual survivor alone. The impacts were felt by their immediate and wider whānau, hapū, and iwi too.

142 Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 98).

143 Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 98).

144 Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 5); Brief of evidence of Chief Executive Chappie Te Kani for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 9 August 2022, paras 35–38).

145 Brief of evidence of Dr Moana Jackson (29 October 2019, para 25).

146 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 13).

147 Smith, T & Tinirau, R, He rau murimuri aroha: Wāhine Māori insights into historical trauma and healing (Te Atawhai o Te Ao: Independent Māori Institute for Environment & Health, 2019, paras 4–6).

148 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 204).

110. Removal from their whānau and the sense of disconnection from te ao Māori often resulted in whakamā. Whakamā, a reo Māori term that has no exact English equivalent, includes aspects of shame, self-abasement, feeling inferior, inadequate and with self-doubt, shyness, excessive modesty and withdrawal. Ms CH (Ngāi Tūhoe and Ngāti Raukawa) told the Inquiry of the whakamā she felt from being raised in care without knowledge of her cultural identity:

“Growing up, it seemed I was the only Māori in my class who did not know what tribe I came from. I felt confused, stupid and useless. It was like I didn’t exist. I didn’t feel “Māori” and I certainly didn’t feel ‘complete’.”¹⁴⁹

111. Te Ara Takatū, a name shared by a Kaupapa, a report, and a self-selected group of Māori survivors, advocates and academics that became an advisory group to the Inquiry, refer to cultural alienation as an act of violence. The report says that: “This violence does not end when the time in care ends. Many ngā mōrehu (survivors) Māori have been unable to reconnect or rebuild relationships with whānau members or reconnect with their cultural identity. In this way, many whānau remain torn apart.”¹⁵⁰

112. During the Inquiry’s engagement with iwi leaders in 2021 the Inquiry was told iwi leaders also felt whakamā about the abuse and neglect that had occurred in care: “That we didn’t know it was happening and that we didn’t step in and do anything.”¹⁵¹

113. Māori survivor, Glenda Maihi, who was 6 years old when she was taken into care, told the Inquiry how this isolated her from her whānau and impacted her identity and sense of connection to her whakapapa:

“I grew up a lost soul. One of the worst effects of being in state care has been the loss of my identity, loss of my whānau, and loss of my whakapapa. Due to our [siblings’] separation from each other, our whānau relationships as adults have been fractured. The effect of having no connection with my siblings made me feel alone. Growing up feeling like I had no one was very hard. There was no work by Social Welfare to retain my whakapapa or my cultural identity. I wanted to learn about my cultural identity, but I did not know where to go to.”¹⁵²

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

150 Te Ara Takatū, Report from a wānanga on a tikanga Māori based approach to redress (July 2021, page 13).

151 Royal Commission of Inquiry into Abuse in Care engagement with Iwi leaders, Hopuhopu, comments from a participant (June 2022).

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

114. Many Māori survivors spoke of being removed from their whānau and settings where te reo, tikanga and mtauranga were a way of life and being placed where Māori knowledge, especially te reo, was actively discouraged.¹⁵³ For some survivors, the racism they experienced while in care was internalised and affected how they viewed their own Māori identity. Ms NN, who experienced significant institutional and societal racism as a child, said: “I do not associate with being Māori, and I have issues with it to this day. I never got the chance to be Māori, that was taken away from me.”¹⁵⁴
115. Institutions and practices contributed to a disconnection from te ao Māori. State care settings were largely secular and were not equipped to consider or give effect to tikanga Māori concepts such as wairuatanga (spirituality), atawhaitanga, tauwhirotanga and kaitiakitanga, manaakitanga and whakapapa when caring for tamariki Māori. Likewise, faith-based settings often held their own Western religious beliefs as superior to tikanga Māori.¹⁵⁵ As a result, Māori survivors often had very limited understanding of atauranga Māori and wairuatanga.
116. Māori survivor Ms AF (Ngāti Tahinga, Ngāti Ira) said her adoption, which legally severed her from her whakapapa, was a tool of institutional violence and as a result, her children and mokopuna “have lost their connections and their rights to their whenua because of this fraudulent adoption.”¹⁵⁶ By not recording whakapapa or, where it was recorded, not passing that information on to survivors, the State and faith-based care systems were grossly negligent of the importance of whakapapa to Māori.

Te pāpātanga tuku iho ki ngā whānau Māori **Intergenerational impacts for Māori whānau**

117. Te Ara Takatū, commented further on the impacts of disconnection from whakapapa:

“The mamae [hurt] of the cultural disconnection and other forms of violence experienced by ngā mōrehu Māori has travelled through generations. It has ripple effects not only for ngā mōrehu but their whānau, including their tamariki, hapū, iwi, hapori and the broader community.

It is felt at the collective level. The collective nature of this brutalisation is rarely recognised. Ngā mōrehu described being unable to heal because, for example, their siblings, who are also survivors, remain in pain.”¹⁵⁷

153 Witness statement of Hohepa Taiaroa (31 January 2022, para 2, 83–87).

154 Witness statement of Ms NN (12 August 2021, p 14, paras 95–96).

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

156 Witness statement of Ms AF (13 August 2021, para 14.6).

157 Te Ara Takatū, Report from a wānanga on a tikanga Māori based approach to redress (July 2021, page 14).


118. Many iwi and hapū said that the act of taking and removing tamariki Māori from the collective also meant the disconnection of the survivors' uri as well (tamariki, mokopuna, and subsequent generations). This inability to reconnect was seen as a compounding harm on top of the abuse and neglect that the survivor had experienced in care.
119. During an iwi engagement hui with Ngāti Toa,¹⁵⁸ the Inquiry was told of the experience of Aunty A and her sibling. Aunty A has about 200 uri (descendants) who actively participate in important roles within their iwi. However, Aunty A's sibling was placed into care as a child and passed away in care. For Ngāti Toa, they experienced not only the loss of Aunty A's sibling but also all of Aunty A's sibling's potential uri that would have been able to thrive and participate with their hapū and iwi.
120. Marae have lost generations of whānau who would have been participating with their hapū, their iwi, sitting on their taumata or on the paepae.¹⁵⁹ This cultural harm has meant a disruption of the collective ability to live as Māori and to participate and contribute to Māori life. It has resulted in the loss of community members to pass on cultural mātauranga, practices, tikanga and reo. At the Inquiry's Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā Māori public hearing, Māori survivor Gary Williams (Ngāti Porou), who was placed in disability institutional care as a 13 year old because his local school was not accessible and left care in his 40s, said: "I would be on the pae today, but I'm not, I'm here."¹⁶⁰
121. Disconnection from te ao Māori was often compounded for survivors who were tāngata Turi Māori, tangata kāpō Māori, tāngata whaikaha, whānau hauā Māori or tāngata whaiora Māori. Tāngata Turi Māori were removed from whānau and placed in schools specifically set up for Deaf children. Many tāngata turi Māori survivors felt isolated and distressed and thought it was their parents sending them away. This thought impacted the rest of their lives and their trust in others. There were intergenerational impacts. Some tāngata Turi Māori survivors told the Inquiry they were unable to pass on their Māori culture to their tamariki because it was never taught to them in school.¹⁶¹ Also, most tāngata turi Māori placed in Deaf schools or in mainstream education could not learn te reo Māori because there were no signs for kupu Māori and a lack of trilingual interpreters.

158 Royal Commission of Inquiry into Abuse in Care community engagement with Ngāti Toa Rangatira, Takapuwhāhia Marae (5 October 2022).

159 Royal Commission of Inquiry into Abuse in Care community engagement with Ngāti Toa Rangatira, Takapuwhāhia Marae (5 October 2022).

160 Transcript of evidence of Gary Williams at the Inquiry's Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing (18 March 2022, page 734).

161 Collective statement of Tāmaki Makaurau Whānau Turi (September 2022, paras 11–13).

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122. Even if survivors have since had the opportunity to reconnect with their culture, whakapapa and identity, the trauma associated with their cultural disconnection can make cultural restoration even more challenging. When cultural dislocation has occurred for any reason, it can be extremely hard to reconnect with the culture and knowledge, and the community and holders of that knowledge. Survivors can be left feeling whakamā about what they don't know or what they believe they should know. Some survivors, when they tried to disclose the abuse or neglect in care they experienced to their whānau, hapū, iwi or hapori (community), experienced instances where whānau / hapū / iwi members did not believe, know about, or understand the nature, extent and impact of abuse and neglect that occurred in care. The survivor's sense of whakamā or fear of rejection could alienate them from their whānau, hapū, iwi or hapori, which may have otherwise been a source of healing. Survivors of abuse in care must navigate these complexities and those associated with the trauma and abuse they experienced.
123. The Inquiry heard from tāngata whaikaha Māori, whānau hauā Māori who had been placed into care institutions. As a result, they had been segregated from their whānau, hapū and iwi. They had to live in institutions where they were denigrated and there was a deficit paradigm of disability. Some felt that the 'western' deficit paradigm of disability had been introduced into and polluted te ao Māori and the way tāngata whaikaha had been largely excluded from hapū and iwi life.
124. Societal and institutional racism was present in all facets of the care system. For example, institutional racism within the education system meant that officials had low expectations of tamariki and rangatahi Māori, which led to a focus on 'practical education' in State care institutions and subsequent educational underachievement of Māori in care.¹⁶²
125. Māori survivors who returned to their whānau after care carried trauma that was then transferred to their whānau, and to their wider community. This is especially evident where multiple generations of a whānau entered into care and suffered abuse and neglect.¹⁶³ Māori survivor Mr HC (Ngāti Porou, Te Arawa), who was 12 years old when first taken into care, said: "two of my children are locked up – one is in residential care in Palmerston North, the other is in jail. I can see some of my bad habits in them, which they saw in me before I turned my life around."¹⁶⁴

162 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, pages 195–198).

163 See for example Witness statement of Ms GI (17 August 2021, paras 92–108).

164 Witness statement of Mr HC (26 May 2022, para 7.22–7.25).

126. Māori survivor Mereani Harris explained how her own trauma, and the trauma of her siblings who also were abused in care, has impacted on her whānau:
- “When we aged out of State care, we were dumped back to our parents without any supports. One by one, we came home, but we were all dealing with our different trauma and abuse. It feels like we had to get on with our lives and simply forget about what happened to us.*
- “Our children have all suffered because of our upbringing. We never received love, so we never knew how to love, not properly anyway. We were all abused, so all we knew was to abuse our own children. Our children carry the burden of our time in care, and I hurt deeply because of this.”¹⁶⁵*
127. The impact of intergenerational trauma caused by abuse and neglect in care is directly connected to other social problems.¹⁶⁶ This includes declining health, higher incarceration rates, family harm, unemployment, homelessness, mental distress, substance harm and fewer educational opportunities for Māori.¹⁶⁷

Ngā purapura ora turi

Deaf survivors


128. Deaf survivors including tāngata Turi Māori who were placed in care by their parents on advice from medical professionals, teachers, child welfare officers or social workers, spoke of the traumatic and far-reaching consequences of being separated from whānau. Survivor Ms MK, who attended Van Asch College in Ōtautahi Christchurch in the mid-1960s to early 1970s, shared the impact that separation from her siblings had on her:
- “I wasn’t in touch with any of my siblings or dad for most of my life. No one in the system thought it was important that we stay in contact. I only re-established contact [with my siblings] at my 60th birthday... I keep in contact with them now, and they are both doing well. I’m glad I’m in contact with them, but I’m sad about all the years we lost.”¹⁶⁸*

165 Witness statement of Mereani Harris (17 August 2021, paras 53–55).

166 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 16).

167 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 16).

168 Witness statement of Ms MK (28 June 2022, paras 5.12–5.13).

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129. Deaf survivor Jarrod Burrell directly linked the oralism he experienced at deaf schooling institutions throughout the 1980s to his difficulties achieving academically later in life.¹⁶⁹ Educational neglect and a lack of signing skills are a significant barrier to finding meaningful employment¹⁷⁰ or working in high-earning environments for Deaf survivors.¹⁷¹
130. Although oralism was the norm for teaching the Deaf at the time and was later found to be misguided, banning Deaf children from using Sign Language deprived them of a fundamental right to communicate in a manner of their choosing. It also denied them a core component of Deaf culture. Consequently, many Deaf children never became fluent in Sign or spoken language, meaning they were unable to participate in activities that require a foundation of language.¹⁷² Their inability to access language meant some Deaf survivors found it difficult, and at times impossible, to communicate with their hearing families and peers, leaving them socially and emotionally isolated.
131. Deaf survivor Mr LQ said that because of the abuse he experienced at Glen Eden Primary School in Tāmaki Makaurau Auckland in the 1970s, he was afraid throughout the remainder of his education and could not focus on his schoolwork throughout intermediate and high school.¹⁷³ Deaf survivor Mr JT shared that the neglect and abuse he suffered at Kelston School for the Deaf in Tāmaki Makaurau Auckland during the 1970s and 1980s caused his behaviour to worsen at school. He was expelled and did not get School Certificate. His lack of education and ability to use language made studying for employment impossible. He told the Inquiry he had enrolled in courses and failed because of poor literacy.¹⁷⁴
132. Being taught to communicate orally in schools and being punished for using Sign Language had other negative impacts on Deaf survivors' lives and on the Deaf community at large, these are discussed in Chapter 4.¹⁷⁵

169 Witness statement of Jarrod Burrell (9 August 2021, para 3.3–3.9).

170 Witness statements of Mr CB (21 November 2021, para 5.10); Mr JJ (23 March 2021, paras 47–48) and Mr JT (20 December 2021, para 3.8).

171 Witness statement of Mr CB (21 November 2021, paras 5.20–5.23).

172 Humphries, T, Kushalnagar, P, Mathur, G, Napoli, D. J, Padden, C, Rathmann, C & Smith, S, "Avoiding linguistic neglect of Deaf children," Social Services Review (December 2016, page 594).

173 Witness statement of Mr LQ (17 August 2021, paras 5.3–5.5).

174 Witness statement of Mr JT (20 December 2021, paras 3.1–3.4).

175 Witness statements of Ms MK (28 June 2022, paras 3.18–3.21); Milton Reedy (20 May 2022, paras 2.10–2.13) and Ms JR (16 February 2022, para 2.9).

Ngā purapura ora whaikaha me ngā purapura ora i rongo i te wairangitanga

Disabled survivors and survivors who experienced mental distress


133. In the 1950s, segregation of disabled people including tāngata whaikaha Māori and whānau hauā Māori from communities and broader society meant disabled children and adults were removed from their homes and often denied access to education or connection to their families. This changed the trajectory of thousands of lives. Institutions were part of a system that ensured disabled people were not part of society and led to a lifelong struggle for survivors to 'find their place'.¹⁷⁶
134. Celtic New Zealander Kylee Maloney, who attended Homai School for the Blind in Tāmaki Makaurau Auckland, said that being separated from her family robbed them of the opportunity to learn and grow with one another and as a result, their relationships became strained and distant.¹⁷⁷ Māori survivor Matthew Whiting, who is physically disabled, told the Inquiry:
- "The placement in Pukeora [Hospital] and the abuse I experienced there ... had a huge impact on family relationships ... I thought it was my mum and dad sending me away. This has had a huge impact on the rest of my life. This sense of distrust has been with me for a long time."*¹⁷⁸
135. Many disabled survivors and survivors who experienced mental distress were not treated as having human value and were unable to exercise their personhood. For those disability and mental health survivors who did develop a sense of personhood and community, it was and is a huge achievement and was key to learning to live more interdependently with family and communities providing support as required.¹⁷⁹

176 Witness statements of Catherine Hickey (2 August 2021, paras 27–39); Christina Ramage (27 July 2021, paras 89–90); Kylee Maloney (31 March 2022, paras 2.18–2.23) and Alison Pascoe (29 April 2022, paras 2.14–2.21).

177 Witness statement of Kylee Maloney (31 March 2022, para 4.6).

178 Witness statement of Matthew Whiting (22 November 2021, para 3.1).

179 See for example Brief of evidence of Sir Robert Martin (17 October 2019, para 79).

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136. State and faith-based institutions generally denied tāngata whaikaha Māori, whānau hauā Māori and tāngata whaiora Māori the ability to express themselves as Māori and become or develop their cultural competency. Many lost their identity as Māori. Many lost their connection to their whānau. Māori survivor Joshy Fitzgerald, who went into a social welfare residence (Hamilton Boys Home) at 14 years old and spent time in a psychiatric institution (Tokanui Psychiatric Hospital located south of Te Awamutu), expressed that he wished he had more opportunity to learn te reo. He told the Inquiry, “[te reo Māori] would at least give me a feeling of belonging. I don’t feel like I belong anywhere.”¹⁸⁰ A 2018 Government Inquiry into Mental Health and Addiction considered that Māori were overrepresented in psychiatric units and were more likely to be committed and subjected to greater use of compulsory treatment, seclusion and restraint.¹⁸¹
137. Tāngata whaikaha Māori and whānau hauā were also impacted through care institutions not having in place appropriate disability specific equipment, meaning those with mobility needs weren’t catered for appropriately. Lifelong effects that could result from not having reasonable accommodations include scoliosis and pulmonary complications, contractures or pressure injuries.
138. Separation and kainga (family) impacted disabled Pacific survivors’ ability to also keep connected with their ethnic and faith-based communities and maintain their cultural identity.
139. At the Inquiry’s State Institutional Response Hearing, Geraldine Woods, then Acting Chief Executive of Whaikaha, said:

“Between 1950 and 1999, Health and Disability care settings failed to consistently and meaningfully support the cultural needs of tāngata whaikaha Māori. I acknowledge that this caused tāngata whaikaha Māori to be disconnected from their culture, identity, language and communities. These impacts are ongoing and have impacted whānau, hapū and iwi.

Between 1950 and 1999 Health and Disability care settings failed to consistently ensure that Pacific disabled people had adequate access to their culture, identity, language and communities.

This contributed to isolation and cultural disconnection.

I acknowledge that the impacts are ongoing and have impacted individuals as well as the wider aiga.”¹⁸²

¹⁸⁰ Witness statement of Joshy Fitzgerald (25 January 2022, para 7.10).

¹⁸¹ Government Inquiry into Mental Health and Addiction He Ara Oranga Report (2018, pages 11, 14, 61 and 160).

¹⁸² Transcript of evidence of Acting Chief Executive Geraldine Woods for Whaikaha – Ministry of Disabled People at the Inquiry’s State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 215).

140. Takatāpui, Rainbow and MVPFAFF+ survivors in disability and psychiatric institutions were sometimes physically and sexually abused and neglected because of their gender orientation or sexuality. As well as the lifelong impacts shared by many other survivors, they experienced gender dysphoria¹⁸³ and intimacy avoidance (also known as a fear of intimacy that is essentially a fear or relationship anxiety about having an extremely close physical or emotional connection with another person).¹⁸⁴ Some disabled survivors, or Takatāpui, Rainbow and MVPFAFF+ survivors, who experienced mental distress and have intimacy issues as a result of abuse and neglect in care, have tended to struggle with emotional closeness and connecting on a deeper level.¹⁸⁵
141. Due to ongoing neglect, children and adults died while they were in disability and mental health institutions. The brother of Mr EY (Te Ati Awa, Rangitane and Ngāi Tahu) died while under the care of Tokanui Psychiatric Hospital located south of Te Awamutu. Māori survivor Mr EY remembers visiting his brother and witnessing the physical neglect he was experiencing. Jimmy was 14 years old when he died of bronchopneumonia. Mr EY said: "I have bouts of depression whenever I think about my brother. I am struggling and hurting. In my heart, I know he suffered a lonely and painful death at Tokanui [Psychiatric Hospital]."¹⁸⁶
142. From 1988, large disability institutions started closing down without infrastructure in place to support the transition of disabled people into the community. No aspect of institutional care had prepared survivors for this and adjusting to community life was challenging. Survivor Sunny Webster, who was placed in a psychiatric institution, explained that she lacked the basic skills necessary for everyday life and had to teach herself "how to live from scratch."¹⁸⁷
143. On leaving a disability institution, survivor Sir Robert Martin described a huge gap between him and everyone else in the community, which made him feel like "he wasn't even a citizen".¹⁸⁸ Sir Robert told the Inquiry "I had to live and to survive all over again. And this is very hard to do... There was a massive gap between me and everyone else in my community".¹⁸⁹ Another survivor, Toni Jarvis, said he cannot understand how the State expected him to "go to Cherry Farm and then at a later stage manage to fit back into the community".¹⁹⁰

183 Witness statement of Philip Banks (19 July 2021, page 14).

184 Witness statement of Denise Caltaux (4 October 2022, page 6).

185 Witness statement of Denise Caltaux (4 October 2022, para 3.3).

186 Witness statement of Mr EY (1 February 2022), paras 3.2–3.3).

187 Witness statement of Sunny Webster (18 December 2021, para 90).

188 Brief of evidence of Sir Robert Martin (17 October 2019, para 47).

189 Brief of evidence of Sir Robert Martin (17 October 2019, para 45–48).

190 Witness statement of Toni Jarvis (12 April 2021, para 41).

144. The deinstitutionalisation process was not equitable for survivors. Those unable to return to their families were placed into supported group homes or other supported accommodation. While some survivors have found a place within their communities, many survivors still cannot choose where they live, who they live with or who cares for them and do not have any authority or autonomy over the day to day running or activities of their home. The lack of culturally appropriate support also remains an issue. By the end of the Inquiry period, survivors remained susceptible to abuse and neglect in State care residences / institutions and a care system that was and is still not designed to support them having personal agency over their own lives.

I whakanohoa ngā tamariki Turi me ngā tamariki whaikaha ki ngā whare taurima whaiora

Deaf and disabled children were placed into disability and mental health institutions

145. Deaf and disabled survivors were put into disability and mental health institutions at a young age, some from birth, and their families were actively discouraged by medical professionals, child welfare officers or social workers from making contact while they were at the institutions. Families thought they were following the best advice from the professionals who encouraged their child's removal from the home.
146. Contrary to what families believed, opportunities to learn and practise life skills and communication skills were often lost within institutions due to neglect. Many family members spoke of their disabled family member "regressing" while in care. Some children who were sent to care were able to do some of their own personal care but left institutions decades later without those skills.¹⁹¹
147. A research project on the closure of Templeton Centre near Ōtautahi Christchurch in 1999 showed how the neglect of survivors by staff at the Centre also significantly impacted the whānau of survivors. Parents who participated in the research described the decision to place their child at the Templeton Centre as the hardest and most painful decision of their lives. One parent said, "that would have been one of the most traumatic times in my life. It was sort of like the realisation that you'd failed".¹⁹²
148. Family members also felt sadness and guilt from seeing the impact abuse and neglect had on their loved ones.¹⁹³ Margaret Priest, whose disabled sister, Irene, has been in care since she was 6 years old, described Irene's time in care as having impacts on other people in her life. Margaret told the Inquiry she feels sorry for her own children and husband because so much of her energy has gone towards relentlessly advocating for Irene's rights and needs with less time and energy for her nuclear whānau.¹⁹⁴

191 Witness statement of Margaret Priest (28 January 2022, para 2.12).

192 Witness statement of Dr Brigit Mirfin-Veitch (20 June 2022, para 20).

193 Witness statements of Catherine Hickey (2 August 2021, paras 21, 43 and 57) and Mr EY (1 February 2022, paras 3.1–3.3).

194 Witness statement of Margaret Priest (28 January 2022, para 3.6).

Ngā purapura ora Pasifika Pacific survivors

149. Abuse and neglect in care could ultimately impact a person's ability to fakatupuolamoui, to live vigorously and abundantly, a Niuean concept explained in Part 1 of this report. Niuean survivor Jason Fenton explains:
- “My inner child has been seriously mentally and emotionally affected due to the poor behaviour and abuse of others while I was in their care. This affected my lifestyle through my teenage years, right up to my adulthood. I believe if I wasn't put into foster care, who knows where I would be today.”*¹⁹⁵
150. As kainga (family) and community are central to Pacific worldviews,¹⁹⁶ impacts of abuse and neglect in care must consider the groups Pacific survivors belong to and were separated from.
151. From various Pacific perspectives, such as one's ability to fakatupuolamoui, an individual's identity is deeply rooted in their lineage, kainga, communities and church. An individual cannot be separated from their kainga or community, even if they feel distanced or disconnected from them. Understanding the impacts of abuse and neglect on individual survivors, requires an understanding of the relational and sacred aspects of the vā (the 'space between') that holds people together. The severity of breaching the vā includes trauma, shame, disconnection and the ability to fakatupuolamoui.¹⁹⁷
152. Time in care often resulted in Pacific survivors being disconnected from their kainga, communities and cultures, limiting their knowledge of their cultural values and practices and affecting their sense of identity and belonging.
153. Some Pacific survivors spoke of how they had no communication with their kainga while in care, with no explanation why.¹⁹⁸ Some survivors spoke of resenting their kainga for putting them in care.¹⁹⁹ The Inquiry heard that decisions about placements were often made without considering extended kainga or the benefit remaining with relatives could have for Pacific fanau (children).²⁰⁰

195 Witness statement of Jason Fenton (16 March 2022, para 6.3).


196 Expert witness statement of Folasāitu Dr Apaula Ioane (21 July 2021, paras 39–40).

197 Expert witness statement of Dr Sam Manuela (12 July 2021, paras 56–59).

198 Witness statements of Mr TY (24 June 2021, para 62) and Mr TH (7 June 2021, para 54).

199 Witness statement of Ngatokorima Mauauri (2 July 2021, para 135).

200 Witness statement of Kamahl Andrew Teau Fukuoka Tupetagi (3 October 2021, para 65).

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154. Disconnection from culture was not only a result of being removed from kainga but was exacerbated by cultural abuse, neglect and oppression experienced by many Pacific survivors in care. This includes what Pacific survivors shared about not knowing, or being misled, about their ethnic background, which was often a direct impact of ethnicity recording practices that ignored and /or mislabeled Pacific identities. Survivors who were ethnically misidentified, particularly during their formative years, experienced despair and profound confusion about their identity later in life.
155. Many felt that the disconnection with culture and a sense of cultural identity were amongst the worst impacts of their time in care.²⁰¹ Pacific survivors lost the ability to practice, or the opportunity to learn, their languages and "core Pacific values".²⁰² This disconnection was not only felt by the individual survivor but collectively and intergenerationally as well, as many survivors spoke about how they were unable to teach their children about their culture.²⁰³
156. Disconnection from culture and communities for both individuals and collectives is an impact of abuse and neglect in care. This was acknowledged in the Inquiry's Institutional Response hearing when Oranga Tamariki Chief Executive Chappie Te Kani said, "the care and protection system between 1950 and 1999 failed to consistently ensure that all Pacific fanau in care had adequate access to their culture, identity, language and communities and in doing so contributed to isolation and cultural disconnection for these individuals. These impacts are ongoing and have also impacted not just those individuals, but their wider aiga as well".²⁰⁴
157. For some Pacific survivors, abuse in care, primarily in faith-based settings, led to being disconnected from their church, their faith, or from a sense of spirituality. Samoan and Māori survivor Rūpene Amato said becoming distant from the Church, as a result of the abuse he suffered from a Catholic priest at a Catholic primary school, was one "of the major impacts on my life", especially as religion was an important part of his family.²⁰⁵

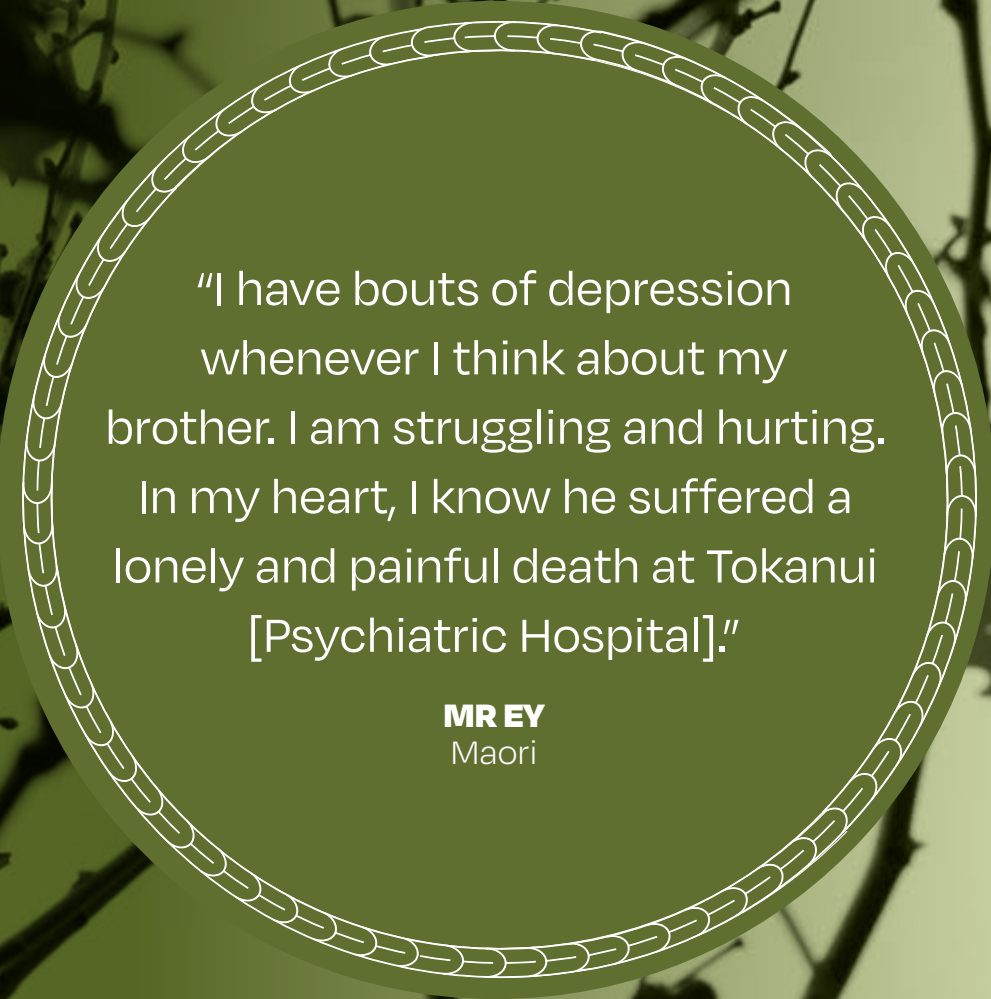
201 Witness statements of David Crichton (9 July 2021, paras 123–130) and Mr SE (21 June 2021, page 78–80).

202 Witness statements of Mr SE (21 June 2021, page 80); Mr CE (8 July 2021, paras 111–116) and Jason Fenton (16 March 2022, para 6.14).

203 Witness statement of Mr UU (23 June 2022, para 66–68).

204 Transcript of evidence of Chief Executive Chappie Te Kani for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 22 August 2022, Opening acknowledgements).

205 Witness statement of Rūpene Amato (16 July 2021, page 12).



"I have bouts of depression
whenever I think about my
brother. I am struggling and hurting.
In my heart, I know he suffered a
lonely and painful death at Tokanui
[Psychiatric Hospital]."

MR EY
Maori



Kena na isamu ni dawa.

He / she has been struck by the arrow used to bring down lychee fruits from the tree. Someone has suffered from someone else's actions.

(FIJIAN PROVERB)

158. Other Pacific survivors spoke about how the placement into care separated them from their faith. Samoan survivor Fa'afete Taito talked about the disconnect from his kainga, ethnic identity and faith from being at Ōwairaka Boys Home, a State care institution. He explained that being taken from his mother had profound and lifelong impacts on him:

"My mother was everything to me in terms of being Samoan, being Christian, being my family ... Prior to going into care, Christianity was also a big part of who I was. I lost my faith once I went into care. Being Samoan and being Christian were most of what I knew previously. I came out of care being tough and violent. That was my new identity."²⁰⁶

159. As explained in Part 4, while not all Pacific survivors consider themselves to be religious or go to church regularly, the church is still seen as an "anchor for stability and belonging" for many Pacific communities. For many, faith is entwined with identity. Loss of faith and religion not only impacted survivors' spiritual wellbeing and faith but impacted all aspects of their identity and their connections to kainga, tapuakiga and talitonuga.

160. Dr Tamasailau Suaali'i-Sauni explains that for Pacific survivors and their kainga "shame is a big thing, it's a big thing in any culture, but it's a big thing in Pacific cultures where hierarchies of respect make it difficult for those who are not in positions of power to express themselves".²⁰⁷

161. Te Pare Meihana talked about the shame she felt when she realised she was not actually Māori or from Whangara, the place where she was raised with her extended whānau. Finding out she was actually of Cook Islands descent made her feel ashamed, and her sense of identity was completely shattered. She was placed in multiple care settings from a young age and shared that her ethnicity was changed from Cook Island Māori to Māori at 3 years old. Ms Meihana said:

"This caused me to feel like I've had this life that wasn't mine to have ... I don't feel like I'm from the Cook Islands at all, and I feel ashamed about that."²⁰⁸


162. She shared that the physical abuse she suffered in care was almost secondary to the personal trauma that comes from not knowing who you are.²⁰⁹ This highlights the profound impact that shame can have on a survivor's sense of identity and belonging.

206 Witness statement of Fa'afete Taito at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 24 September 2019, page 7).

207 Transcript of evidence of Dr Tamasailau Suaali'i-Sauni at the Inquiry's Tulou: Our Pacific Voices: Tatale e Pulonga (Pacific Peoples' Experiences) Hearing (30 July 2021, page 593).

208 Private session transcript of Te Pare Meihana (5 May 2021, page 14).

209 Private session transcript of Te Pare Meihana (5 May 2021, page 26).

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163. The racism and physical abuse by peers²¹⁰ experienced by Tokelauan scholarship students, who were brought to Aotearoa New Zealand and placed in Sedgley Boys' home (Anglican), was compounded by the failure to adequately prepare the students. While students were in the top of their class in Tokelau, language difficulties meant they were placed in lower ability classes in Aotearoa New Zealand.²¹¹ Parents sent their children to be educated expecting they would return to Tokelau with qualifications and skills to serve their communities. However, the students often failed exams. Feeling shame for embarrassing their families, most students stayed in Aotearoa New Zealand.²¹²
164. One Tokelauan scholarship survivor shared how, because of his experiences, he has no trust in the formal education system and has chosen to home school his children.²¹³ Given the lack of pastoral and cultural support, and the racism and physical abuse suffered, there was a significant loss of potential to the Tokelauan community.
165. For many Pacific survivors, abuse in care led to a range of impacts that affected the pathway of their lives. For some, it led to alcohol and substance abuse.²¹⁴ Cook Island Māori survivor Tani Evan Kata Tekoronga, told the Inquiry that most of the kids he knew in care "are either dead or doing life as junkies".²¹⁵ For many Pacific survivors, abuse in care led to involvement in gangs, criminal activity, and prison. Samoan survivor Mr CE, who was placed in a boys' home at 11 years old, said:

"Going to prison after being in care was a natural next step for me. To me, that was normal given the environments I was in while I was in care."²¹⁶

210 Royal Commission of Inquiry into Abuse in Care engagement, survivor from Inati Organisation, Ōtepoti (1 July 2022, page 3).

211 Swain, P & Ulu, A, Rethinking Tokelau education: Tokelau and the role of New Zealand volunteers. Wellington: Volunteer Service Abroad (July 2000 – June 2010, page 8).

212 Swain, P & Ulu, A, Rethinking Tokelau education: Tokelau and the role of New Zealand volunteers. Wellington: Volunteer Service Abroad (July 2000 – June 2010, page 8).

213 Royal Commission of Inquiry into Abuse in Care engagement, survivor from Inati Organisation, Ōtepoti (1 July 2022, page 3).

214 Witness statements of Mr TO (1 July 2021, para 189); Mr PO (15 February 2022, para 71) and Ngatokorima Mauauri (2 July 2021, para 133).

215 Witness statement of Tani Tekoronga (19 January 2022, para 75).

216 Witness statement of Mr CE (8 July 2021, para 132).

166. Many Pacific survivors identified a direct connection between abuse and neglect in care and becoming a member of gangs, getting involved in criminal activity and going to prison. Cook Island survivor Mr UU said, "all of the abuse I experienced in different homes drove me more and more into a life of crime. I was angry at those who hurt me. I was hurt, angry and sad when I saw others being abused."²¹⁷ We also heard that for some Pacific survivors, the criminal activity leading to prison was a result of not having received the skills, education, support or opportunities to do anything else while in care. Samoan survivor Leota Scanlon told the Inquiry, "I turned to crime to feed me and my sister. I would rob houses so that I could get food for us ... The robberies and thefts caught the attention of police".²¹⁸
167. Many Pacific survivors who became members of gangs or have been, or continue to be in prison, also identified that their education had been neglected in care and impacted on their employment opportunities. This meant many Pacific survivors were in low paying jobs or unemployed, which played into low societal views and expectations of Pacific Peoples and this exacerbated negative stereotypes.
168. Some Pacific survivors felt they did not belong anywhere. Some said this was because of the disconnect with kainga, kaitasi and culture. Some Pacific survivors told the Inquiry they did not belong anywhere because the racism they endured in care intensified their struggles with belonging and identity, as well as self-worth, purpose and the ability to fakatupuolamoui. Samoan survivor David Williams (aka John Williams) said going into a family group home meant he lost everything:
- "I had no identity, I had no belonging, I had no respect, you lose your culture, and you lose your identity. You don't think of yourself as an Islander or a Māori, because you start to believe what they are saying about you ... the staff made it clear that Islanders didn't belong to this world ... That's why I wandered up and down New Zealand quite a bit because there was no sense of belonging or family or culture. They lose your culture for you".²¹⁹*

²¹⁷ Witness statement of Mr UU (23 June 2022, para 72).

²¹⁸ Witness statement of Leota Scanlon (23 June 2021, para 61).

²¹⁹ Witness statement of David Williams (aka John Williams), (15 March 2021, para 196–198).

Ngā purapura ora Takatāpui, Uenuku, MVPFAFF+ anō hoki Takatāpui, Rainbow and MVPFAFF+ survivors

169. Takatāpui, Rainbow and MVPFAFF+ survivors experienced many impacts from the abuse and neglect they were subjected to, including experiencing mental distress, post-traumatic stress disorder, suicidality, poor physical health, becoming involved in relationships that became violent, interactions with the criminal justice system, addictions and substance abuse. There were other impacts they experienced specifically related to their sexual orientation or gender identity.
170. Takatāpui, Rainbow and MVPFAFF+ survivors told the Inquiry that they were targeted and experienced abuse and neglect in either or both faith-based and psychiatric settings due to their sexual orientation.
171. Several Takatāpui, Rainbow and MVPFAFF+ survivors told the Inquiry about hiding their sexuality for fear of discrimination. They also indicated that this fear, combined with societal prejudice and discrimination they faced for being part of the Rainbow community, could have ongoing impacts on their emotional wellbeing.
172. Survivor Craig Watson said he kept his sexuality secret for a very long time. His feelings of shame and guilt led him to deny his sexuality and his attraction to other men:

"I just continued to suppress my attraction to the same sex, deal with that on an internal way ... it was a dirty secret, something dirty. And I just became a liar, a really good liar, I just would do all these things that made me look straight and masculine."²²⁰

173. The lack of support for sexuality within care settings impacted Rainbow survivors. Survivor Denise Caltaux said:

"I have been coerced into abusive situations and relationships many times over the years. I would have loved to have a healthy, loving relationship and had I received some education on sex and sexual orientation I may have been able to navigate some of these situations better."²²¹

174. Gender identity discrimination is new to many Pacific Peoples and Māori, and its development has been influenced by religion and colonisation.²²² At the Inquiry's Pacific MVPFAFF+ talanoa, survivors shared the cultural acceptance of fa'afafine within Samoan culture.²²³

²²⁰ Private session transcript of Craig Watson (11 October 2019, pages 22–23).

²²¹ Witness statement of Denise Caltaux (4 October 2022, para 3.3).

²²² Royal Commission of Inquiry into Abuse in Care engagement, Pacific Rainbow MVPFAFF+ talanoa (22 September 2022, pages 24–25, 28, 41–45).

²²³ Royal Commission of Inquiry into Abuse in Care engagement, Pacific Rainbow MVPFAFF+ talanoa (22 September 2022, pages 17–18).

175. In her doctoral thesis, Part of the Whānau: The Emergence of Takatāpui identity – He Whāriki Takatāpui, Dr Elizabeth Kerekere notes that Takatāpui were always an integral part of Māori society pre-colonisation:²²⁴

“As Māori, we claim our identity through whakapapa over countless generations of ancestors. Whakapapa places us within a whānau, hapū and iwi which in turn connects us to marae and specific tribal areas on Papatūānuku, our earth mother. Because of this, whakapapa is central to takatāpui identity and spiritual connection to tupuna takatāpui. It is clear that fluid sexual intimacy and gender expression existed among Māori in pre-colonial and post-contact times and has continued ever since.”²²⁵

176. However, religion and colonisation undermined traditional understandings of Takatāpui, undermining Takatāpui as an integral part of Māori society, which contributed to Takatāpui in care settings being susceptible to abuse and neglect in care.²²⁶

177. Mr UB, a Rainbow MVPFAFF+ survivor and expert witness, told the Inquiry that, as a Māori and Tongan fakaleiti, he survived two instances of conversion practice – one that was initiated by the church and the other that was initiated by his school.²²⁷ In the first instance, Mr UB was made to attend a counselling session where “a discussion was had about the incompatibility between being gay and the beliefs of the church”.²²⁸ As a result, he began to withdraw from the church. Reflecting on his experiences, Mr UB shared that they taught him that:

“Christianity is unwilling to entertain the idea that Rainbow people are worthy recipients of gods [sic] love” and that this “undermines the idea that Christianity is in any way sincere.”²²⁹

178. Rainbow survivors of faith-based care told the Inquiry that homophobia and traditional gender expectations within the church affected their feelings of self-worth.

224 Kerekere, E, Part of the whānau: The emergence of takatāpui identity – He Whāriki Takatāpui, Doctoral Thesis, Victoria University of Wellington (April 2017, pages 60–82).

225 Kerekere, E, Part of the whānau: The emergence of takatāpui identity – He Whāriki Takatāpui, Doctoral Thesis, Victoria University of Wellington (April 2017, pages 81–82).

226 Kerekere, E, Part of the whānau: The emergence of takatāpui identity – He Whāriki Takatāpui, Doctoral Thesis, Victoria University of Wellington (April 2017, pages 81–82).

227 Witness statement of Mr UB (3 April 2022, para 55).

228 Witness statement of Mr UB (3 April 2022, para 57).

229 Witness statement of Mr UB (3 April 2022, para 64).

Ngā pāpātanga o ētahi whakaritenga Impacts of certain settings

179. Part 4 discusses how certain types of abuse and neglect were more closely associated with certain care settings. This is also relevant to the impacts of the abuse and neglect – some impacts are more closely associated with certain care settings.

Ngā kāinga taurima tamariki me ngā kāinga whānau Foster care and family homes

180. Associate Professor Dr Teuila Percival told the Inquiry:

“Children in foster care face a challenging journey through childhood ... Exposure to poverty, maltreatment and the foster care experience itself can present multiple threats to children’s healthy development, including physical health, attachment disorders, compromised brain functioning, social skills development and mental health difficulties”²³⁰

181. Family homes started as an alternative to foster care but developed into a transitional place of care where survivors were placed while waiting for vacancies in foster homes, residences or other care placements. For a description of family homes and foster care, see Part 2. Many survivors of care have shared that because of how they were treated while in care and being moved multiple times, they struggle intensely with feeling worthless, unwanted and unloved.²³¹ Survivor Mr EC, who went into care at 5 years old after his whāngai father died, said:

“I was always unwanted as a little kid, and now I always think I am unwanted by other people or my partners.”²³²

182. Foster care and family homes were supposed to provide a loving family environment for children who were removed from the care of their own families. However, many survivors who went through both State and faith-based foster care and family homes shared that they were subject to degrading and dehumanising treatment at the hands of their caregivers. These settings enabled perpetrators of abuse to have easy access to children and the privacy needed to abuse those foster children whenever and however they liked.

²³⁰ Witness statement of Associate Professor Dr Teuila Percival (6 June 2022, paras 17–18).

²³¹ Witness statements of Mr EC (24 February 2022, page 19) and Ms AJ (22 August 2021, paras 137–138).

²³² Witness statement of Mr EC (24 February 2022, page 19, para 8).

183. Māori survivor Ms AG, who was placed in foster care at 4 years old, said: "The worst part of my placement there was sexual abuse I suffered from the husband. He would get me alone when his wife would take their daughters shopping."²³³
184. Many survivors of abuse in foster care and family homes spoke of differential treatment, where they were treated differently from the biological children of caregivers. Many of these survivors said that, as a result they felt rejected, unloved, worthless, had low self-esteem and were angry.²³⁴ Survivor Ms AJ, who was placed in foster care at 2 years old, said:
- "I think the main lesson care taught me was that I was unimportant. I still struggle with feelings of this today."***²³⁵
185. Some survivors who were in long-term foster placements shared how they were disconnected from family because their foster parents did not allow regular, or any, access. Survivor Alana Smyth, who went into foster care at 4 months' old, shared how her foster mother would often make excuses when her biological mother called to invite them to visit. Despite there being some visits, she did not know that the lady she was visiting was her biological mother until she was 7 years old. Further, she was unable to establish a real connection with her biological mother until she was 18 years old, when she was able to visit her mother on her own accord, without her foster mother present.²³⁶
186. Babies, children, young people and adults placed or removed from whānau into a care setting is a major disruption to their lives. For many survivors, it involved a severing of ties from their whānau. For much of the Inquiry period, foster care was the State's preferred form of care,²³⁷ and the families who fostered children were predominantly Pākehā.²³⁸ Consequently, due to the over-representation of tamariki Māori in care and the limited numbers of available foster homes, many Māori survivors were placed in Pākehā foster homes and lost connection to their whānau, culture and their te reo Māori.
187. Pacific fanau in foster care also experienced disconnection and shared the intergenerational impacts of being disconnected from their culture and family.²³⁹
188. Often, survivors of foster care did not remain with the same foster family for very long. Survivors were moved between foster homes, family homes and social welfare residences multiple times.

233 Witness statement of Ms AG (25 August 2021, para 107).

234 For example Witness statements of Erica Dobson (2 December 2021, para 65); P Wilde (23 February 2023, para 5.2.1); Ms VQ (3 February 2023, paras 102–104) and Ms ED (2 December 2021, paras 123–125).

235 Witness statement of Ms AJ (22 August 2021, para 138).

236 Private session transcript of a survivor (10 June 2020, page 5).

237 The Child Welfare Act 1925 made foster care the preferred out of family care option. New Zealand Children and Young Persons Service, Care and custody resources review: A needs analysis (March 1995, page 81, Appendix 2).

238 New Zealand Children and Young Persons Service, Care and custody resources review: A needs analysis (March 1995, page 81, Appendix 2).

239 Witness statement of Mr UU (23 June 2022, para 67–68).

189. A cycle of abuse and neglect caused certain behaviours to become normalised because they were experienced so often in care. Some survivors went on to accept abuse by others in their adult life,²⁴⁰ and others went on to inflict similar abuse. Māori survivor Gina Sammons shared how abuse had an ongoing impact on how she and her sister viewed themselves and what they expect from family relationships:

“Both [my sister] and I have been in abusive relationships as adults that have also affected our kids. When I was a really young mum, I used to hit my kids too. When I got a bit older, I realised that one day I might really hurt them and had to stop. I don’t hit my kids anymore, but I still struggle to control anger and the desire to be violent, because that was how I was shown things should be dealt with.”²⁴¹

Ngā kāinga me ngā pūnaha taurima Residential and institutional care settings

190. As discussed in Part 4, certain types of abuse and neglect were more prevalent in State and faith-based residential and institutional care settings, including being subject to abusive and dehumanising treatment upon arrival, extensive use of isolation and solitary confinement,²⁴² established violent hierarchical structures such as kingpin hierarchies and extensive peer-on-peer abuse. For many survivors, being placed into residential and institutional care is what introduced them to gangs.
191. In mental health and disability institutions, survivors were subjected to pervasive neglect, institutionalisation, regimented routines and abusive forms of control and restraint, including through medication.
192. These settings are grouped together as survivors who were abused and neglected in these settings experienced similar forms of abuse, particularly in relation to solitary confinement (seclusion), isolation, pervasive neglect, and regimented routines.

²⁴⁰ Witness statement of Kathleen O'Connor (19 May 2021, para 46).

²⁴¹ Witness statement of Tanya and Gina Sammons (24 February 2020, page 9, para 42).

²⁴² Witness statement of Professor Elizabeth Stanley (11 October 2019, page 6, para 23a).

Te arotake manioro i ngā wāhine me ngā kōtiro

Invasive examinations of women and girls


193. Survivors placed in social welfare care settings experienced invasive practices including forced strip searches and vaginal examinations as soon as they arrived at institutions.
194. Some women explained how traumatising these examinations were due to the sexual abuse suffered before care. Despite being a child and their examination indicating they were not a virgin, staff did not inquire into why this might be the case. Survivor Gwyneth Beard, who was sexually abused as a young child and was 12 years old when placed in a girls' home, said of the examinations:
- "I can remember the comment they made was 'she's sexually active' or 'she's not a virgin'. That really bugged with my mind that these adults were blaming me for sexual abuse I had experienced."*²⁴³
195. Survivor Raewyn Davies was made to have the vaginal examination despite telling staff she was pregnant and had her own gynaecologist:
- "I didn't want to have one [an examination], and I protested about this ... the staff made me get examined by a visiting male doctor. He was very rough and used clamps. He said something like, "Open up, Sunshine", before he did the examination. It was painful and humiliating."*²⁴⁴
196. Some survivors were also sexually assaulted by doctors during these examinations.²⁴⁵ The impact of these examinations on survivors was immediate and lifelong on their self-worth and personal autonomy, and in terms of managing their future physical wellbeing. Gwyneth Beard told the Inquiry:
- "I have struggled to go for smear tests because of the medical examinations I experienced in care. I've had cancer scares. Those examinations told me that adults had rights to my body, no matter who they were. That is wrong. It is so wrong to get that idea in your head as a child because then, as a woman, your value for yourself is lost."*²⁴⁶

243 Witness statement of Gwyneth Beard (26 March 2021, paras 71–72 and 74–78).

244 Witness statement of Raewyn Davies (21 February 2021, para 19).

245 Witness statement of Gwyneth Beard (26 March 2021, paras 80–86).

246 Witness statement of Gwyneth Beard (26 March 2021, paras 205–206).

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197. Shortly after arriving at Bollard Girls' Home in Tāmaki Makaurau Auckland, survivor Tracy Peters received an internal examination while being held down and tied to the bed. She described that the impact of being abused was her lifelong inability to trust medical professionals:

“Because I can’t trust medical professionals, I struggle with several kinds of doctor’s appointments. I’ve never been able to get any kind of feminine check-up, and I can’t cope with getting mammograms. I had a hysterectomy at 33 and had to be sedated completely, even for the ultrasound. When I was having trouble with my appendix, I couldn’t handle a female doctor doing an external examination on my stomach, so my appendix eventually ruptured, and I almost died.”²⁴⁷

198. The Inquiry heard of one very specific impact of similar examinations that occurred at Glenelg Health Camp in Ōtautahi Christchurch, where a doctor routinely interrogated and conducted vaginal examinations on girls. The doctor was allegedly trying to establish if they had been sexually abused at home. She reported her results to NZ Police who continued the investigations. Trevor Gibling, the father of a survivor told the Inquiry that children as young as 7 years old were pressured or manipulated into identifying their fathers or other close male relatives as individuals sexually abusing them. Although NZ Police looked into the allegation made by the Glenelg doctor, found no evidence or admission, and thus did not lay charges,²⁴⁸ families were torn apart. The Inquiry was told that these young girls were ultimately removed from their family homes and put into foster care.²⁴⁹
199. Trevor Gibling told the Inquiry his daughter was only allowed to return to the family home if he moved out and agreed not to return. Trevor was unable to see his daughter as she grew up, and the family never reunited, leaving family members forever estranged.²⁵⁰

²⁴⁷ Witness statement of Tracy Peters (7 October 2021, pages 13–14, para 8.4).

²⁴⁸ Private session transcript of Trevor Gibling (16 September 2019, page 9).

²⁴⁹ Private session transcript of Trevor Gibling (16 September 2019, page 11).

²⁵⁰ Private session transcript of Trevor Gibling (16 September 2019); Private session transcript of Mouse (20 November 2019).

Te whakanoho wehe (te whakataratahi)

Solitary confinement (seclusion)

200. The Inquiry received evidence that solitary confinement (also referred to as seclusion) was used routinely and sometimes as punishment across care settings.²⁵¹ It was particularly prevalent in social welfare institutions, and disability and mental health institutions, including psychiatric and psychopaedic hospitals and health camps. Research demonstrates that solitary confinement can have lasting physiological impacts on survivors' intellect and behaviours, social and emotional regulation, mental and physical health, memory, and brain structure and function.²⁵² This impact is especially likely when solitary confinement (seclusion) is experienced frequently, for longer durations, and at a younger age when the brain is still developing.
201. In 2022, expert witness Sharon Shalev said that children who have suffered harrowing life events, including abuse and neglect and experience solitary confinement "can retrigger trauma and exacerbate symptoms."²⁵³
202. The harmful immediate and long-term impacts of solitary confinement are considerable. Survivors who experienced solitary confinement and seclusion told us how the impacts included fear of small and locked rooms, claustrophobia, intense feelings of loss of dignity, extreme physical responses to stressful situations and behavioural ticks.²⁵⁴ Survivor Ms MV said, "the physical pain of sexual abuse did not compare to being in a room by myself, day in and day out, it's very soul destroying."²⁵⁵
203. Survivor Harry Tutahi spoke of the immediate impact of a lack of stimulation: "I started banging my head repeatedly against the concrete walls to cope."²⁵⁶
204. As collectivist cultures, Māori and Pacific cultures prioritise interconnectedness and relationships with and between people. This is important as an energy force and as a sense of belonging. Many Māori survivors described the loneliness of solitary confinement and the impact it had on their mind, as it drained the life force from them.²⁵⁷ Many Pacific survivors also described such impacts.

251 Stanley, E, *The road to hell: State violence against children in postwar New Zealand* (Auckland University Press, 2016, page 63); Sutherland, O, *Justice and race: Campaigns against racism and abuse in Aotearoa New Zealand* (Steele Roberts, 2020, page 86).

252 Clarke, A, "Juvenile solitary confinement as a form of child abuse," *The Journal of the American Academy of Psychiatry and the Law*, 45(3), (2017, page 350); Shalev, S, *Thinking outside the box? A review of seclusion and restraint practices in New Zealand: A review of seclusion and restraint practices in New Zealand* (Human Rights Commission, 28 April 2017).

253 Shalev, S, *Uses and abuses of solitary confinement of children in State-run institutions in Aotearoa New Zealand: Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care* (July 2022, page 5).

254 Witness statements of Harry Tutahi (14 August 2021, page 8); Mr JC via his representative Mr JB (28 April 2023, page 8, para 69) and Ms HV (8 August 2021, page 5).

255 Witness statement of Ms MV (28 July 2022, page 14).

256 Witness statement of Harry Tutahi (8 August 2021, page 7).

257 Witness statement of Ms MV (28 July 2022, page 11, para 5.32).

205. Survivor Craig Dick, who attended Roxburgh Health Camp, spoke of the lifelong impact that experiencing solitary confinement has caused him:

“Since I was locked in the cupboard at Roxburgh Health Camp, I have experienced ongoing issues with feeling claustrophobic. This has had a significant impact on my mental health when I was placed in prison cells as an adult.”²⁵⁸

Ngā raupapa pou kīngi Kingpin hierarchies

206. The immediate impact of kingpin hierarchies within residential care settings was that many children worked their way through the hierarchy for their own safety. Victims of peer-on-peer abuse often felt compelled to continue the same kingpin hierarchy on new children who entered the residence. The long-term impact is that this culture of violence became normalised for survivors within residential care settings, some of whom would continue to use violence and abuse throughout their lives.²⁵⁹

207. Many survivors told the Inquiry how there was a clear pathway from care settings to becoming members of gangs.²⁶⁰ The Inquiry particularly observed this with survivors who were abused in social welfare institutions.

Te whakawehe me te whakamohoaotanga Separation and isolation

208. Social isolation and separation had detrimental impacts on children, young people and adults at risk. Institutionalisation separated many survivors from their whānau, hapū, iwi, culture and wider communities for decades and, in some cases, for life. Institutions were normalised and recommended to families of disabled children for many years by medical professionals, child welfare officers or social workers and community leaders.²⁶¹

209. This separation had traumatic and far-reaching consequences for survivors. Survivors describe feelings of sadness being away from their family from such a young age.²⁶²

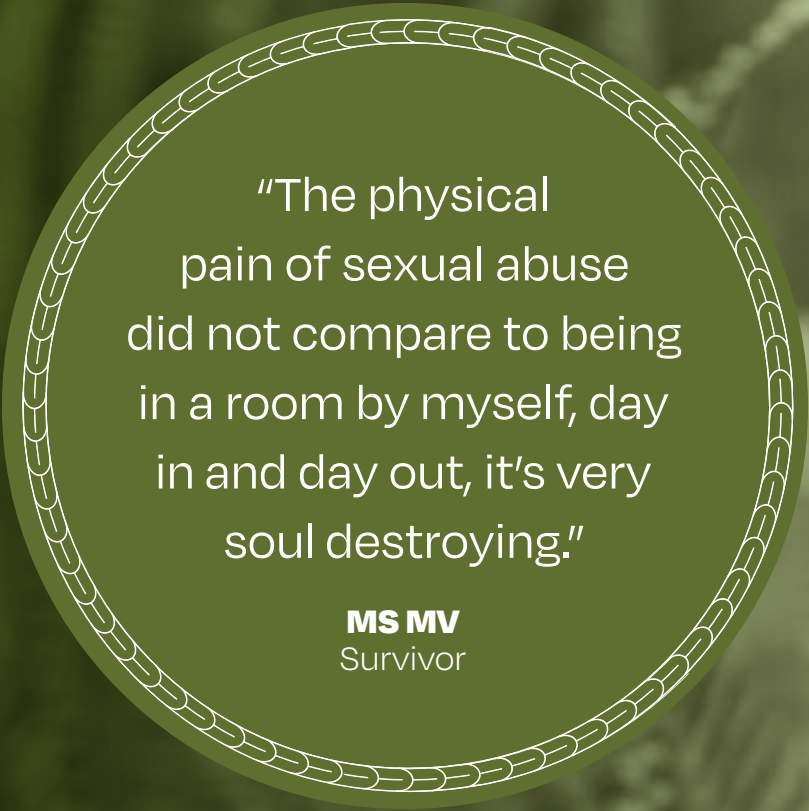
²⁵⁸ Witness statement of Craig Dick (26 March 2023, para 7.1.4).

²⁵⁹ Witness statement of Professor Elizabeth Stanley (11 October 2019, page 6, para 23d).

²⁶⁰ Royal Commission of Inquiry into Abuse in Care engagement, Hikoi Nation Wānanga (20 February 2023).

²⁶¹ Expert witness statement of Dr Hilary Stace (October / November 2019, pages 4–5).

²⁶² For example, Witness statements of Milton Reedy (20 May 2022, page 2); Kylee Maloney (31 March 2022, page 2) and Matthew Whiting (22 November 2021, pages 3–4); Brief of evidence of Sir Robert Martin (17 October 2019, page 2).



"The physical
pain of sexual abuse
did not compare to being
in a room by myself, day
in and day out, it's very
soul destroying."

MS MV
Survivor

210. There were problems beyond sadness which survivors linked to separation from their families. Pākehā survivor Rob Shannon, who spent time in psychiatric institutions, talked about his medical notes which described symptoms of depression, dissociation, anxiety, Oedipal conflict and childhood behavioural disorders while he was in care. Mr HZ commented that these medical notes did not take adequate account of various factors, including the impact of being removed from his family.²⁶³

“The effects of the abuse I suffered and witnessed were compounded by my isolation from my family and the protection and support they may have been able to provide me.”²⁶⁴

211. Mr HZ’s psychologist described his complex trauma and similarly noted that it is not possible to separate his experience of sexual abuse from other medical interventions and the separation from his family.²⁶⁵
212. The Inquiry heard from the foster parents of a man with suspected Foetal Alcohol Spectrum Disorder who was removed from his birth mother at 3 years old. A psychologist observed him and found it was likely he suffered from Reactive Attachment Disorder.²⁶⁶

Te horapatanga o te whakahapa **Pervasive neglect**

213. Survivors placed into social welfare residences and disability and mental health settings often experienced emotional and educational neglect. In many instances, particularly in social welfare residences, they were made to do manual labour instead of receiving an education, despite the law (although changing over the Inquiry period) usually stating that all children and young people between the ages of 6 and 16 must attend school. The lack of attendance at school to gain an education, and the emphasis for some survivors to engage in manual labour, greatly impacted the life opportunities available to them after they left care and throughout their lives.
214. The Inquiry heard that disabled children, young people and adults experienced educational neglect while in psychopaedic institutions. Unique to psychopaedic institutions was the premise that disabled children, young people and adults would receive an education and / or occupational training. However, very few survivors got to attend school or training. Mr EI, who was placed at the Kimberley Centre, said “from memory, there were only about 10 of us at the school, out of the whole institution.”²⁶⁷

²⁶³ Witness statement of Rob Shannon (9 June 2021, pages 15–17).

²⁶⁴ Witness statement of Rob Shannon (9 June 2021, page 7).

²⁶⁵ Witness statement of Rob Shannon (9 June 2021, pages 19–21).

²⁶⁶ Witness statement of Shereen Bell and Timothy Bell (14 April 2022, pages 1, 8 and 23).

²⁶⁷ Witness statement of MR EI (20 February 2021, pages 5–9).

215. Mr EI did get to go to occupational workshops: "There were also work courses on site. I would go to a work class where we would make up boxes for things like stockings and handkerchiefs. We would make wire coat hangers and coloured blocks."²⁶⁸ Survivors were not paid for the work they did as it was characterised as training. The training was not considered as meaningful work and did not lead to employment.
216. The Inquiry heard from survivors who described disability and mental health institutions as lonely and emotively barren places. Many of the survivors have come away from these institutions with some, if not many, negative impacts.

Te whakanahanaha hātepe, te whakahaere me te herehere **Regimented routines and control**

217. A feature of disability and mental health institutional settings and social welfare residences is routinely prioritising the facilities' routines over an individual's needs, this was an innate part of institutionalisation in many settings.
218. Like many in residential institutions, the experience for disabled and mental health residents was dehumanising. There are a number of impacts that are unique to these survivors. Many survivors of these institutions don't like locked doors²⁶⁹ or the sound of heavy keys.²⁷⁰
219. There are many more who have been unable to break away from these routines. Some choose to live a lifestyle of routine and order outside of institutions. Survivors may continue to live in smaller community-based residences, where staff still control much of their daily lives.
220. Research shows that placing people into institutional care – where they experience strict routines and restricted autonomy – has many detrimental impacts on many aspects of their lives. For children, being placed into regimented institutional care impacts their intellectual, behavioural, social and developmental development, including their attachments.²⁷¹ Adults with intellectual and developmental disabilities and who have previously experienced institutional care experience several worse quality of life and social outcomes than their counterparts who have never experienced institutional care, including more loneliness and being significantly less likely to have close family relationships.²⁷²

268 Witness statement of Mr EI (20 February 2021, pages 5–9).

269 Witness statement of Sunny Webster (18 December 2021, para 135).

270 Survivor requested to remain anonymous.

271 Browne, K, The risk of harm to young children in institutional care (Save the Children UK, 2009, page 17), http://learn.viva.org/wp-content/uploads/2017/08/The_Risk_of_Harm.pdf

272 Stancliffe, R, Ticha, R, Pettingell, S, Houseworth, J & Bershadsy, J, "Current services and outcomes of formerly institutionalised and never-institutionalised US adults with intellectual and developmental disabilities: A propensity score matching analysis," *Journal of Applied Research in Intellectual Disabilities*, Volume 34, Issue 4 (2023, page 865).

Te whakatauranga me te herehere pūmatū

Medicalisation and chemical restraint

221. Medication was used in these institutions, particularly in disability and mental health institutions, to control, subdue or 'manage' people's behaviours. This is commonly referred to as chemical restraint. Survivor Joan Bellingham shared, "they gave me drugs to quieten me down".²⁷³ Mr NA said: "I was like a bloody zombie".²⁷⁴
222. Experts in this area have told the Inquiry that this use of medication for behavioural control can be attributed to a lack of staff, training or highly institutionalised practice, which is an international problem²⁷⁵ and is part of a 'medical model' of delivery of care.²⁷⁶ However, other experts have cautioned against judgement noting that clinicians at the time did not have the benefit of present day research.²⁷⁷
223. Fijian survivor Ms LS shared the intergenerational impacts of medication received in psychiatric care on her and her family:
- "When Dad got home after the six months, I could not believe the state he was in. He was shockingly different, zombie-like, from the benzodiazepines, neuroleptics and shock treatment. When he was released from Carrington, things like the household atmosphere started to improve. But he wasn't the same Dad. I was empty, hollow and blitzed to witness Dad like this. It was a pain I can rarely describe."²⁷⁸*
- "Dad was said to have overdosed on his psychiatric medications much later, when I was 24. Looking back, I always felt that the humiliation, the loneliness, the side effects of medication, the lack of freedom, support and compassion, and dismissal of his concerns drove him to take his life."²⁷⁹*
224. Fijian survivor Ms LS then went on to receive psychiatric care herself and said being on Haloperidol gave her awful, drug-induced nightmares and that she also experienced dyskinesia.²⁸⁰ She further shared:
- "Another side effect of the medication is that it is damaging to the dopamine and serotonin pathways in the brain, meaning I don't feel happy. Feeling naturally happy is unusual for me, and it's not because I'm not doing things that make me happy. I don't know if I will recover it eventually, but I'm hoping it will come back."²⁸¹*

273 Witness statement of Joan Bellingham (25 February 2020, para 3.2).

274 Witness statement of Mr NA (20 January 2022, para 2.5).

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

276 Expert witness statement of Dr Mhairi Duff (26 September 2022, page 18 para 7.40).

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

278 Witness statement of Ms LS (30 May 2022, para 1.13).

279 Witness statement of Ms LS (30 May 2022, para 1.28).

280 Witness statement of Ms LS (30 May 2022, paras 2.35–2.36).

281 Witness statement of Ms LS (30 May 2022, paras 3.11).

225. All survivors were prescribed medications while in an institution, and many are still using similar regimes. Many survivors experience negative impacts of long-term use of these medications. Survivor Alison Pascoe (Pākehā, deceased), who was sent to Kingseat Hospital in Karaka when she was 12 years old, said: "I suffer the effects of Tardive Dyskinesia and permanent brain and nerve damage from prolonged heavy medication."²⁸² David Newman told the Inquiry about the effects of medication and abuse on his younger brother, Murray, who was in institutional care for more than 30 years:
- "Although his quality of life has improved immeasurably, the combination of a long-term detrimental medication regime and the physical abuse that he suffered while in care has amounted to irreversible damage that has contributed to his unpredictable and aggressive behaviours."***²⁸³
226. Survivors sometimes find it hard to trust doctors. Doctors didn't listen to survivors when they were in care and sometimes don't tend to listen to them now. Some survivors feel powerless and still have very little control over their lives. Pākehā survivor Alison Pascoe said she was still being denied medical care because she had been in psychiatric institutions:
- "I feel people like me are still not believed and that our rights are still being abused and neglected. Doctors are still ignoring people like me."***²⁸⁴
227. Chemical restraint was also used in combination with solitary confinement (seclusion). Survivors remember this as a double form of punishment and that its impact was felt acutely. Some survivors talked of escaping from solitary confinement (seclusion) but always being returned, restrained and medicated. Caroline Arrell, a previous staff member of the Kimberley Training Centre in Taitoko Levin and Tokanui Psychiatric Hospital located south of Te Awamutu recalled: "I witnessed the use of seclusion, time out and the use of medical prn [meaning medication as required] in attempts to calm people down."²⁸⁵ Many survivors now find it hard to be alone or in locked spaces. Survivor Ms SD, who was placed in Sunnyside Hospital in Ōtautahi Christchurch with post-natal depression at 18 years old, said:
- "I find when I'm often home by myself sometimes I just get the feeling that I'm trapped, and that's when I've really got to go out and do something just to get out of the house."***²⁸⁶

282 Witness statement of Alison Pascoe (29 April 2022, page 30, para 3.2).

283 Witness statement of David Newman (31 May 2022, para 10.14).

284 Witness statement of Alison Pascoe (29 April 2022, page 31, para 3.5).

285 Witness statement of Caroline Arrell (21 March 2022, page 12, para 2.53).

286 Private session transcript of Ms SD (1 December 2021, page 23).

228. Survivor Mr NA, who was placed in the Kimberley Centre at 3 years old, later placed in Lake Alice, and has spent most of his life in care institutions, said:

*"I still get scared today. I get scared when I talk about my experiences. I have dreams about Lake Alice and what happened to me there."*²⁸⁷

Whai muri mai i te putanga i ngā pūnaha tokoora After exiting social welfare institutions

229. Survivors who exited social welfare institutions experienced specific impacts. The Inquiry heard survivors had little support, resources, or life skills upon exiting which created compounding impacts. Samoan survivor Mr TY told the Inquiry:

*"As soon as I turned 17, I was put on the Northerner train and sent to Auckland. I had to find my way to this youth hostel in Ellerslie. I was by myself. I said goodbye, and then I was on my own."*²⁸⁸

230. Samoan survivor David Williams (aka John Williams) was raised by his grandparents. He was physically and sexually abused by extended family and placed in several boys' homes, including Ōwairaka Boys' Home in Tāmaki Makaurau Auckland, Hokio Beach School and Kohitere Boys' Training Centre in Taitoko Levin. He recalled being discharged at 15 years old:

*"I remember this because they dropped me off at the railway station and said, 'see you later'. There was no plan for accommodation, jobs or my safety. That's how I ended up on the streets."*²⁸⁹

231. The Inquiry also heard that Pacific fanau and tagata talavou were sent, or were threatened with being sent, back to the Pacific Islands. Tokelauan survivor Mr SE, who spent time in several care settings as a ward of the State, was sent back to Tokelau after negotiations took place with his extended family there. On the same day he returned to Tokelau, he was discharged from the guardianship of the Department of Social Welfare following the recommendation of a social worker whose report stated:

*"In my opinion, the return of this boy [to the Tokelau Islands] would save a considerable cost to the Department whereas in comparison, if he remained in New Zealand, the Department would be continually financing him for at least the next three years."*²⁹⁰

²⁸⁷ Witness statement of Mr NA (20 January 2022, page 4, para 3.2).

²⁸⁸ Witness statement of Mr TY (24 June 2021, para 100).

²⁸⁹ Witness statement of David Williams (aka John Williams), (15 March 2021, para 159).

²⁹⁰ Witness statement of Mr SE (21 June 2021, para 61).

232. Mr SE said he did not believe that any inquiries were made about what life would be like for him in the Tokelau Islands before he was returned and sent back there. "All that was confirmed was who would look after me. The records say that my mother did not want me to go."²⁹¹ On his return to Tokelau, Mr SE subsequently suffered physical abuse by extended family members and family friends and sexual abuse by an elder in his community.²⁹²
233. Other Pacific survivors also faced racist threats from the State to be sent back to the Pacific Islands,²⁹³ or like Mr SE, were actually sent back to the Pacific Islands, facilitated by the State.²⁹⁴ These shifts were characterised by insufficient oversight and monitoring and seemed to be for the benefit of the State first and foremost, rather than the young person's wellbeing.²⁹⁵

Ngā pūnaha taurima ā-whakapono Faith-based care settings

234. The extensive and interconnected impacts of abuse in faith-based institutions have distinct elements due to the culture, attitudes and beliefs within these organisations. The power held by those in religious ministry meant that care in faith-based settings provided opportunities for spiritual abuse and manipulation. Spiritual abuse intersected with and enabled physical, sexual or emotional abuse. It intensified the impacts of that abuse by giving it a spiritual dimension, for example, feeling guilty or 'sinful' after sexual abuse. Expert witness Dr Thomas Doyle told the Inquiry:

*"The spiritual trauma suffered by victims of clerics is real. Some refer to it as "soul murder" and if one speaks to enough victims this label is tragically apparent. The priest has been an icon of the transcendent... Two psychologists who have been extensively involved in working with Catholic victims have agreed that sexual violation by a priest has a profoundly traumatic effect precisely because of the spiritual dimension."*²⁹⁶

291 Witness statement of Mr SE (21 June 2021, para 62).

292 Witness statement of Mr SE (21 June 2021, paras 65–66).

293 Witness statement of Mr CE (8 July 2021, para 17).

294 Private session transcript of a survivor who has opted to stay anonymous (25 February 2021, pages 22–24);

Witness statement of Mr ME (16 May 2022, paras 20–23).

295 Witness statement of Mr ME (16 May 2022, paras 24–32).

296 Witness statement of Dr Thomas Doyle (9 March 2021, para 324). See also Dr Leslie Lothstein, Institute for Living, Connecticut, Interview with Katherine DiGuilio (June 17, 2002, published in National Catholic Reporter, 9 August 2002).

235. Some survivors spoke about being triggered when encountering situations they associated with their religious abusers. Māori survivor Gypsy Wright (Ngāti Kahu) told the Inquiry:

*"If I ever see a priest, it triggers me, and I want to have a go at them. I can't help myself. I went to my niece's wedding last year not knowing that it would be at a Catholic Church. As soon as the priest walked into the church, the smell that I connect to them overpowered me, and I had to go outside. It has deeply affected me and fucked me up, with no doubt. I missed out on seeing my niece get married because I could not handle being there."*²⁹⁷

236. Survivors who were abused in faith-based settings such as education, care homes, adoption, foster care and pastoral care experienced abuse that impacted their spiritual, mental and physical health. Abuse also impacted their relationships with loved ones, whanau and community, and their connection to their culture. Survivor Mr OA said:

*"The boys' home stripped me of all my innocence, dignity, my self-belief and self-esteem. Hope was taken from me just like that."*²⁹⁸

237. Dr Doyle told the Inquiry that sexual abuse within a spiritual or religious context can severely damage a survivor's ability to find spiritual security anywhere. He also said that previous spiritual and religious beliefs and the concept of a loving God can be radically altered if not destroyed.²⁹⁹ This is consistent with findings made by international inquiries.³⁰⁰ Fijian-European survivor Maurice McGregor spoke about his loss of faith through abuse and neglect in the Catholic St Joseph's orphanage and school in Takapuna:

*"The treatment of some of those nuns, I thought, well, these women are supposed to be close to God, and if that's close to God, then I don't want a bar of God, and kind of turned ... my back on Catholicism, Christianity, you know, any part of spiritual health."*³⁰¹

238. Survivors spoke of not believing in God anymore after being abused by religious leaders. Survivor Carla Mann shared: "Religion has been something I dabbled in for a short time, but I didn't last very long. I would think that if there was a God, how could he have let these things happen to me".³⁰² The abuse or neglect in care experienced by a survivor from a representative of God can result in a loss of trust and confidence in the faith, the faith institution or in everything or everyone.

297 Witness statement of Donald Charles Wright (1 July 2021, para 100).

298 Witness statement of Mr OA (19 October 2020, para 24).

299 Witness statement of Dr Thomas Doyle (9 March 2021, page 118, para 329).

300 Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report: Impacts, Volume 3 (2017, page 133).

301 Private session transcript of Maurice McGregor (19 January 2022, page 29).

302 Witness statement of Carla Mann (15 March 2022, page 10).

239. The Inquiry heard from survivors who had been abused by people in ministry that their religious upbringing made them feel a sense of blame or responsibility for the abuse. As some survivors were taught to believe a person in ministry was God-like and incapable of sin, this led the survivor to think that they were themselves a sinner, that the abuse was their fault, or they were complicit in some way.

240. Survivor Jacinda Thompson was sexually and psychologically abused under the guise of pastoral care through grief counselling by her parish priest following the death of her baby son:

"I thought it must all be my fault; [he] was a man of God. I thought that I had hurt everyone; that if I'd dealt with my grief better, none of it would have happened."³⁰³

241. Inaction or inappropriate responses by faith-based institutions had devastating impacts on many survivors, with some even finding this lack of response to have more of an impact than the abuse itself. Survivor Ms NI, who was abused by a Presbyterian minister in Napier, told the Inquiry:

"The trauma level of what [he] did to me was not huge compared to the impact of the lack of action. The effects of the lack of action on my self-esteem and self-worth, the relationship with my mother, have been huge. If it had been dealt with then, my life would have been different"³⁰⁴

242. The Inquiry heard that when faith-based institutions responded inappropriately to allegations of abuse and neglect or failed to act, the abuse would often continue, either with the same victim or with other victims.


243. Abuse and neglect in faith-based care have had a significant impact on survivors' education and later employment. Many survivors were abused at school or by school staff, which made their learning environment unsafe. For example, William Wilson, a Samoan and Māori survivor, lived in fear and couldn't concentrate on school at Wesley College:

"I used to love to learn things. When I was younger, I remember wanting to be a doctor. I now have no ability to learn properly... I feel like I never had a chance to be a child and that I lost my youth and future."³⁰⁵

303 Witness statement of Jacinda Thompson (30 September 2020, para 13).

304 Witness statement of Ms NI (28 April 2022, para 46).

305 Witness statement of William Wilson (6 July 2021, page 13).

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244. Survivors suffered trauma when they left their faiths. Some members of churches are born into them, and life within the church is all they have ever known.³⁰⁶ Survivors described leaving their church community and also losing their family,³⁰⁷ friends³⁰⁸ and job.³⁰⁹ Some survivors left their respective churches voluntarily, but others told the Inquiry they were excommunicated (forced to leave), shunned or disfellowshipped and blocked from seeing their family.³¹⁰
245. Clem Ready told the Inquiry he and his wife are shunned from the Gloriavale Christian community but remain living on the site in a tiny room with limited access to basic facilities. He said:

“At the age of 67, I am still working full-time in an effort to meet the financial needs of myself and my wife. Having been denied the fruits of our, and our children’s, very considerable labour for 43 and 45 years respectively, Sharon and I have very few assets and have effectively been denied our retirement.”³¹¹

306 Witness statement of Ms KX (15 September 2022, para 52).

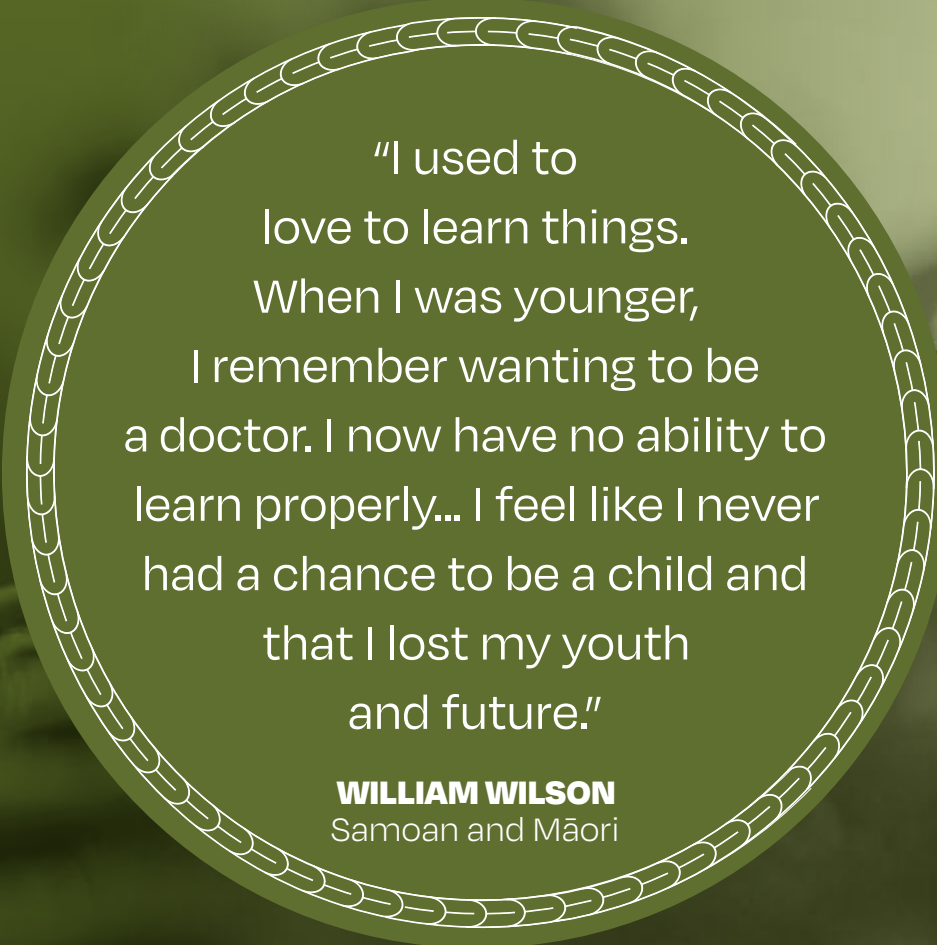
307 Witness statements of Ms ML (18 October 2022, pages 10–11, paras 68–72) and Peter Hart (25 July 2022, pages 8–9).

308 Witness statement of Neville McCallum (19 July 2022, page 27 para 9.15)

309 Witness statement of Craig Hoyle (14 July 2022, page 32).

310 Witness statements of Ms ML (18 October 2022, pages 10–11, para 68–72); Neville McCallum (19 July 2022, pages 26–27) and Craig Hoyle (14 July 2022, page 33).

311 Witness statement of Clem Ready (30 May 2022, page 35).



"I used to
love to learn things.
When I was younger,
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and future."

WILLIAM WILSON
Samoan and Māori

Ngā kura noho ā-whakapono mō te Māori Faith-based boarding schools for Māori

246. Survivors at faith-based boarding schools for Māori experienced similar forms of abuse as in other settings, including sexual, physical, emotional and psychological abuse. They also experienced specific forms of cultural abuse and neglect. Therefore survivors shared many of the same impacts as other survivors of other settings, including:
- whakamā
 - mental distress including Post-Traumatic Stress Disorder
 - substance abuse and addictions
 - loss of identity and disconnection from culture, whakapapa, whānau, hapū and iwi
 - loss of trust
 - loneliness
 - undertaking an activity or activities that resulted in imprisonment and grappling with associated prejudice from whānau, hapū, iwi and communities
 - educational and cultural neglect
 - feeling “incarcerated mentally”.
247. Some survivors who experienced abuse at faith-based boarding schools for Māori, died by taking their own lives.³¹²
248. A unique impact for survivors of abuse in these schools is their struggle to learn about Māori identity and tikanga and te reo Māori after being abused in an environment held in high regard by society and associated with supporting the development of Māori culture.
249. Kamahl Andrew Teau Fukuoka Tupetagi told the Inquiry he was abused at Hāto Pāora College in Aorangī Feilding. He had grown up in a Pākehā world and was physically and psychologically abused by senior students for his lack of Māoritanga. He was punished if he made mistakes during culture practice, sang the wrong words, did not know the words, did the wrong actions, or did not speak Māori properly. Tragically for Kamahl Andrew Teau Fukuoka Tupetagi, his only opportunity to connect with his culture was in the severely abusive environment at Hāto Pāora:

“I would have wanted to have much more involvement with my own culture, as I think it would have given me a sense of myself and a sense of belonging ... My learning was at Hāto Pāora, at a time when I experienced an enormous amount of abuse.”³¹³

³¹² Collective submission of attendees at Hato Pāora and Hato Pētera Wānanga (4 October 2022, page 2).

³¹³ Witness statement of Kamahl Andrew Teau Fukuoka Tupetagi (3 October 2021, paras 153–154).

250. Mr KZ (Tainui, Ngati Apa) hated himself because of the sexual abuse he suffered at Hāto Pāora:³¹⁴
- “Hato Pāora was a school focused on being Māori and being Catholic. After what happened to me there, I lost my faith in God I am trying to reconnect with faith at the moment. Hato Pāora also made me dislike my Māori heritage, and I feel like I lost my connection with my culture.”³¹⁵*
251. Other survivors of abuse in this setting say the abuse resulted in them disliking their culture or they no longer identify as Māori.
252. For those survivors in this setting that did positively connect with their Māori identity, some described the impact of abuse in terms of tikanga Māori. Mr LN said:
- “While I am not a practising Catholic, I have a strong sense of Christian belief and spirituality. That, together with my Māoritanga, are things that anchor me ... I feel like [that teacher] stole my mana. I felt dirty and ashamed and there was nobody to help me.”³¹⁶*
253. Some survivors have told the Inquiry that while these schools promised the best education opportunities for Māori, their experiences while attending them have impacted on their ability to live their full potential. Ms SP, a survivor of Turakina Māori Girls’ College in Tūtaenui Marton, said she could have gone on to fulfil greater potential, However, the trauma of her abuse and constantly being moved around as a State ward ultimately led her to spend time in prison as a young adult.³¹⁷
254. Despite these experiences, some survivors have told us that the courage and resilience of other survivors, and the connection to one another made through sharing their stories, has positively impacted on their lives.
255. The attendees at the Inquiry’s wānanga for survivors of abuse at Hato Pāora and Hato Petera shared similar sentiments, telling the Inquiry that “sharing together helps us to heal and support each other.”³¹⁸
256. Survivor Mr KL, of Muaūpoko, Whanganui and Taranaki iwi, said a group of Hato Pāora survivors returned to Hato Pāora the day following the wānanga. He referred to it as a peacemaking and restorative justice (hohou te rongo) process where there was further wānanga and healing.³¹⁹

314 Witness statement of Mr KZ (24 May 2022, paras 46–47).

315 Witness statement of Mr KZ (24 May 2022, paras 46–47).

316 Witness statement of Mr LN (19 July 2022, paras 39–43).

317 Private session transcript of Ms SP (17 August 2021, pages 29, 33–34).

318 Collective submission of attendees at Hato Pāora and Hato Pētera Wānanga (4 October 2022, page 3, para 6).

319 Supplementary witness statement of Mr KL (6 April 2023, paras 32–33).

Te whakahaua whāngaitanga ā-whakapono

Faith-based facilitated adoption

257. As is discussed in Part 4, facilitated adoptions were organised through the cooperation of churches and their unmarried mothers' homes, State social welfare workers and other medical professionals. The Inquiry heard from survivors about the impact faith-based facilitated adoption has had on their lives. These survivors include mothers who were forced to put their babies up for adoption, often through unmarried mothers' homes,³²⁰ as well as survivors who felt they were adopted as babies.³²¹ Survivors describe being constantly pressured to adopt out their babies, often through the application of guilt.³²²
258. The impact of abuse and neglect in the adoption setting is immeasurable and intergenerational. Survivors who were taken from their mothers through an adoption process reported the far-reaching impacts this has had on their lives. Māori survivor Ms AF was adopted into a Catholic family: "There was a violent structure to my adoption. They were complicit in stripping me of my whakapapa, and this violence was felt throughout my life. When I was adopted, it severed my connection to my whānau and whenua."³²³ When she became pregnant at 18 years old, she was sent to a "Catholic Nun's home for unwed mothers"³²⁴ and forced to adopt her son out;³²⁵ damaging relationships within her biological and adoptive whānau.³²⁶
259. Survivors who were adopted out for reasons other than faith-based facilitated adoption experienced similar impacts in relation to feeling abandoned, unwanted or unloved.
260. Māori survivors explained that being adopted by Pākehā legally disconnected them from their culture, whānau and whenua and from their knowledge of their whakapapa. This loss of connection continued through subsequent generations.³²⁷
261. Mr JP told the Inquiry:
- "I have not been able to find my whakapapa. I had hoped to let my son know so that he could one day let his children know. But my son is dead now. He committed suicide in prison".***³²⁸

320 Witness statements of Mrs D (21 September 2022, page 12) and Susan Williams (16 February 2022, page 3).

321 Witness statement of Ms AF (13 August 2021, page 2).

322 Private session transcript of Renée Habluetzel (22 October 2020, pages 49–50); Letter in support of group submission for Inquiry into forced adoptions (December 2019, page 34); Written submission of a survivor (25 October 2021, page 3).

323 Witness statement of Ms AF (13 August 2021, page 15, para 14.6).

324 Witness statement of Ms AF (13 August 2021, page 7, para 8.1).

325 Witness statement of Ms AF (13 August 2021, page 8, para 8.2).

326 Witness statement of Ms AF (13 August 2021, page 13, para 12.8 and 12.10).

327 Witness statement of Ms AF (13 August 2021, page 2).

328 Witness statement of Mr JP (1 April 2022, pages 2, 16, paras 6, 82, 84).

262. Adoption has not only robbed those who were adopted of their identity, but it has also robbed their children of their identity and future generations.³²⁹

263. At the Inquiry's State Institutional Response Hearing, Paula Attrill, General Manager, International Casework and Adoption at Oranga Tamariki acknowledged the impact on survivors:

*"[I] wanted to acknowledge the experience of harm that many people who have been subject to an adoption or adoption proceedings have had. They have had to face the additional effects of the adoption legislation and, for some, the horrific impact that's had on their lives."*³³⁰

264. And further acknowledging the impact on survivor's whakapapa and their life story, she said:

*"Adopted people who had their whakapapa severed by law, the harm that they experienced at the hands of adoptive parents and also the lifechanging impact of living in the context of closed adoptions and learning later in life that their life story was not, was a fallacy, it wasn't based on the true birth experience."*³³¹

265. The harm to birth mothers and ongoing damage that has been caused to wider whānau of those who have been adopted was also acknowledged by Oranga Tamariki:

*"I'd particularly like to acknowledge the experience of birth mothers who experienced their babies forcibly being removed or their being coerced into relinquishing them or those birth mothers who felt they had no choice in decisions being made about their babies... And then the last group I just wanted to acknowledge is wider family, who, even these days, are searching for connections to put together the pieces of whakapapa for relatives who were adopted themselves and the limitations of the legislation in terms of enabling them access to critically important information."*³³²

329 Private session transcript of Ms RW (3 March 2021, page 20).

330 Transcript of General Manager International Casework and Adoption Paula Attrill for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 24 August 2022, page 892).

331 Transcript of General Manager International Casework and Adoption Paula Attrill for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 24 August 2022, page 892).

332 Transcript of General Manager International Casework and Adoption Paula Attrill for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 24 August 2022, page 892).



Ngā whakaritenga whakawhiti me te kaiwhakaū ture

Transitional care and law enforcement

266. Children, young people, adults in care, or survivors experiencing mental distress were abused and neglected in transitional and law enforcement care settings. Young people were placed in adult prisons where they were vulnerable to physical or sexual abuse by adults or older young people and exposed to drugs, alcohol, criminal behaviour, and recruiters for, and members of, gangs.³³³
267. Many survivors who suffered abuse within transitional care or law enforcement care spent a large portion of their childhood and young adulthood in care settings.³³⁴ Survivors of abuse in transitional care settings, and especially those who were placed in adult remand settings while still a youth, told the Inquiry how such experiences led to a deep and enduring distrust of authority, in particular, NZ Police. Survivor Grenville Fahey, who suffered abuse in transitional and law enforcement care at 14 years old, said: "It was our police that led me to where I am now. But for the arrest, I wouldn't have been in that situation or where I am now".³³⁵
268. Survivor Mr RZ, who was 15 years old when he was assaulted by police officers, and then medically and sexually abused at the police station by a health professional who was called to check his injuries, said: "I shouldn't have been left alone with a [health professional] at that age. There should always be a neutral person who isn't involved with police or mental health to witness assessments, especially where medications are administered to aid the extraction of information."³³⁶ People haven't believed his claims, and he was in the mental health system for years. Taking his own life was a constant thought for him for many years.

³³³ Witness statement of Mr SN (30 April 2021, para 172).

³³⁴ Witness statement of Mr CA (17 September 2021, paras 73–75).

³³⁵ Witness statement of Grenville Fahey (30 April 2021, page 9).

³³⁶ Written account of Mr RZ (n.d., page 11).

269. Survivors, and in particular young survivors, who were questioned by NZ Police, felt pressured to admit to offending they did not commit.³³⁷ The Inquiry is aware of a number of highly publicised instances where NZ Police questioning of neurodiverse individuals caused significant concern, including Teina Pora,³³⁸ Mauha Fawcett³³⁹ and Alan Hall.³⁴⁰ The Inquiry is also aware of people experiencing mental distress in transitional settings where inappropriate police responses have caused significant harm,³⁴¹ including Matthew Innes.³⁴² Survivors have told the Inquiry of the lifelong impacts of inappropriate NZ Police questioning and feeling pressured to give false admissions of guilt. The impacts include an intense and lifelong distrust of police and authority figures, disenfranchisement from society, loss of income, family, connection, a sense of injustice, and a lifetime spent in and out of the criminal justice system.³⁴³
270. The Inquiry also received evidence of Māori survivor Ms TJ whose friend had a miscarriage while they were held in police cells for four days. Ms TJ said she was around 14 years old when this happened and explained that her friend “screamed in agony for a day and the police did nothing. She showed me her miscarriage and kept it in her pocket with her... Watching my friend go through this really scarred me and played on my mind.”³⁴⁴

337 Witness statement of Grenville Fahey (30 April 2021, page 9).

338 Pora v R [2015] UKPC 9.

339 R v Fawcett [2021] NZHC 2406

340 Hall v R [2022] NZSC 71.

341 Private session transcript of Mr OB (20 April 2021, page 27).

342 Mason, K, Report of the Commission of Inquiry to the Minister of Health Hon Jenny Shipley – Inquiry under section 47 of the Health and Disability Services Act 1993 in respect of the circumstances surrounding the death of Matthew Francis Innes (Ministry of Health, 1994).

343 Witness statement of Grenville Fahey (30 April 2021, page 9).

344 Witness statement of Ms TJ (11 May 2023, pages 6–7)

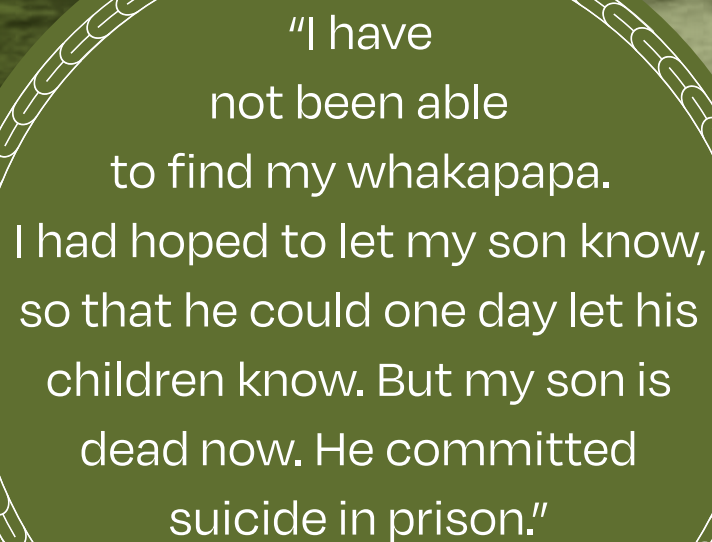
Ngā whakataau mō ngā pāpātanga o te tūkinotanga me te whakahapa ki ētahi rōpū purapura ora i ētahi whakaritenga

Conclusions on impacts of abuse and neglect for particular groups of survivors and in certain settings

271. Different groups of survivors suffered differential and unique impacts of abuse and neglect in care.
272. The impacts of abuse and neglect in care for Māori survivors including tāngata Turi Māori, tangata kāpō Māori, tāngata whaikaha Māori, whānau hauā Māori and tāngata whaiora Māori involved the deliberate disconnection from te ao Māori. This has resulted in intense whakamā – not knowing their cultural identity, being disconnected from whānau and the loss of te reo Māori, tikanga Māori, and mātauranga Māori (the body of knowledge originating from Māori ancestors including te ao Māori and perspectives). Future generations have missed out on such knowledge being passed down to them. The trauma also transferred from survivors to their tamariki, mokopuna, whānau, hapū, and iwi, reinforcing cycles of abuse and intergenerational trauma as legacies of past, present and future generations. These impacts were further compounded by the ongoing effects of colonisation and urbanisation because of structural racism throughout the care system and society.
273. Deaf and disabled survivors and survivors who experienced mental distress in care were subjected to extreme abuse and severe neglect, including segregation and isolation. Many survivors including including tangata Turi Māori, tangata kāpō Māori, whānau hauā Māori, tāngata whaikaha Māori and tangata whaiora Māori were denied personhood, autonomy, and independence and were not given the opportunity to learn basic life skills. Not having access to disability specific equipment to provide for mobility or access to habilitation and rehabilitation programmes for disabled survivors while in care has also had detrimental lifelong consequences. Their ability to fit back into whānau life and with their communities, having been in institutions with strict regimented routines, was impacted. These impacts were compounded by discriminatory societal attitudes relating to racism, ableism and disablism which limited lifelong opportunities.

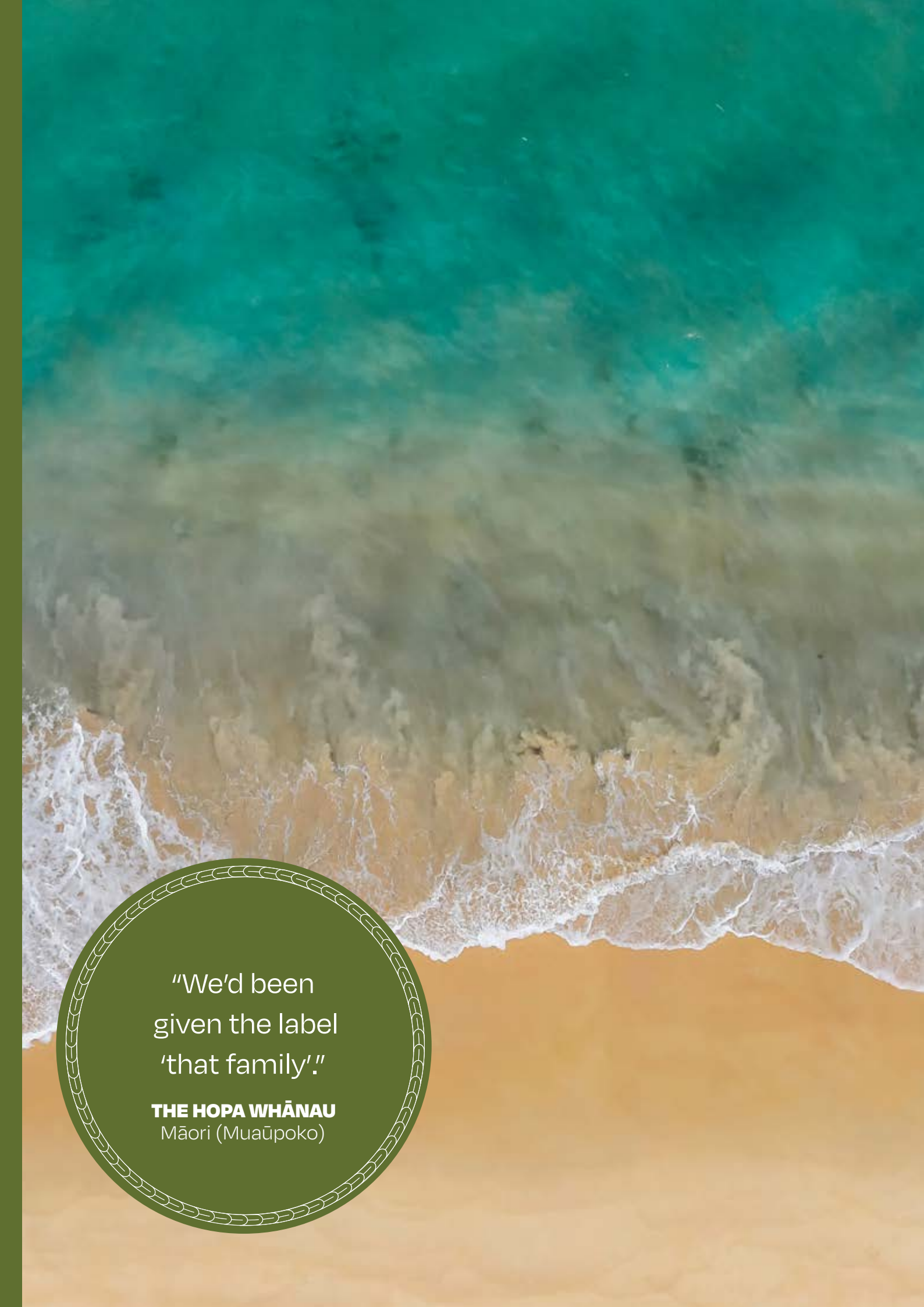
274. Deaf survivors including tāngata Turi Māori were separated from their whānau, denied their culture, neglected of proper education, and denied the right to communicate in a manner of their choosing. This has resulted in a loss of confidence, difficulty in connecting and communicating with whānau and friends, and has impacted relationships and employment.
275. Abuse and neglect in care caused many Pacific survivors to lose connections to their kainga (family), culture and language. This had significant impacts on their sense of belonging, identity and their life pathway. Many Pacific survivors lost the ability to fakatupuolamoui, the ability to live vigorously and abundantly. The vā (between survivors, their families, communities, abusers, institutions and society) was breached resulting in trauma that has been carried between generations.
276. Survivors with diverse sexuality or gender identity spoke about how homophobic abuse impacted their self-worth and feelings of safety around their identity.
277. Survivors who were moved multiple times between different care settings suffered significant disruption to their lives, affecting their education and employment opportunities and ability to form and maintain healthy relationships.
278. Certain types of abuse and neglect were more prevalent in State and faith-based residential and institutional care settings and survivors of these settings experienced more intense impacts. These include lifelong mistrust of authorities due to abusive behaviour and staff practices, psychological and emotional impacts from persistent and abusive solitary confinement practices, loss of life opportunities due to educational neglect, and the normalisation of violence in survivors' lives because of the inescapable cultures of violence and kingpin hierarchies that they were subjected to while in care.
279. Many social welfare institutions had cultures of violence. A long-term impact of this is that violence would sometimes become normalised in survivors' lives, resulting in them using or being more susceptible to violence after care. There was a clear pathway to becoming a gang member and undertaking illegal activity or activities that led to imprisonment for survivors of social welfare residential care.
280. Survivors of disability and mental health institutional care settings experienced long-term isolation, segregation and severe neglect, and were subjected to regular control and restraint. These impacted their relationships, created fear of change or intimacy, and reduced survivors' abilities to live independently or interdependently. For many, the medical abuse and neglect suffered resulted in long-term physical and mental conditions.

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281. Survivors of faith-based care experienced ongoing spiritual trauma because of the nature of the abuse and neglect they suffered as well as the settings where abuse occurred. Survivors often felt a sense of blame or responsibility for their abuse and being neglected. Survivors who reported abuse were significantly negatively impacted by the lack of action from, or inappropriate response of, institutions and sometimes their families. Survivors experienced a loss of faith and a subsequent loss of family, friends, and community, as those who left voluntarily or were excommunicated were often barred from contacting remaining members, including family.
282. Survivors of faith-based schools for Māori often rejected their culture outright after being abused in an environment that was supposed to be grounded in te ao Māori. Some no longer identify as Māori. Abuse and neglect in those settings also impacted their ability to live to their full potential.
283. Survivors who were forced to give up their babies for adoption experienced immeasurable and intergenerational trauma. Survivors who were adopted out through close or forced adoptions spoke about being severed from their whānau, whenua and knowledge of their whakapapa – essentially robbing them of their identity, and an identity they could pass on to future generations.



"I have
not been able
to find my whakapapa.
I had hoped to let my son know,
so that he could one day let his
children know. But my son is
dead now. He committed
suicide in prison."

MR JP
Survivor



"We'd been
given the label
'that family'!"

THE HOPA WHĀNAU
Māori (Muaūpoko)

The Hopa whānau

! **The Hopa whānau are a large family of siblings from Taitoko Levin who all went into care. The siblings went into care after their mother left, while the youngest was taken into care when aged 12. The whānau recall a home environment of violence and alcoholism, and neighbours called Social Welfare with concerns.**

The Hopa whānau were in a range of care including foster homes, health camps and psychiatric institutions. They are now scattered between Taitoko Levin, Te Papaioea Palmerston North and Sydney.

Ethnicity: Māori (Muaūpoko)

Age when entered care: Between 4 years old and 12 years old

Maryjane Hopa

Year of birth: 1962

We weren't the first whānau to be placed into State care, and we won't be the last. But we were, to my knowledge, one of the first big Māori whānau in the 1970s from Levin to be placed in care.

We were only kids, and yet we had been given the label 'that family'.

We were taken to an office in Levin and were left inside a room. The door kept opening and they'd take out one person at a time, and we'd grab for each other and scream and cry. I watched from a window and saw my family being dragged into cars by aunties. My sister Heather was crying and holding her hands out for me. That was the last time I'd see her for many years.

I was the last one left in the room. I was told nobody wanted me, that I was trouble. I got my files in 2021 and read that I was defiant, not co-operating, rebellious, acting out. Wouldn't you be that person if your family had been ripped away?

I should have been given the chance to live with my real family. That never happened. The department never asked me what I wanted – they told me. I wasn't given choices.

I'm the eldest sister and I took on the role of mum at age 12. I learned very quickly to protect and care for myself. If anyone came at me, especially in my house, I'd grab a knife.

When I was 14 years old, I tried to contact Sonny and Stephanie and I had to get permission from Social Welfare to see them. It was like we were strangers. We were brothers and sisters but almost strangers. We didn't know one another. It was weird, and it still is.

I shut the doors on the events that happened. For years, I put up walls and erased memories. Who takes ownership for what happened to me and my siblings? The way the State handled us as a whānau was about control. We had no rights and no dignity. Self-respect was stripped from us. It's a part of my life that will never be repaired.

Until recently, I hadn't shared my past with my siblings, as they have their own skeletons to address. It wasn't until our baby sister Stephanie brought us together to tell our story. We needed to tell our own individual stories so that we could start the healing process, but as a whānau we needed to do it together so that we could hear one another.

We went into it as a whānau and we're going to stick together as a whānau.

Alec Hopa

Year of birth: 1963

I'm the second eldest in our family. The abuse started before we went into care, as my father was heavily involved with alcohol. Being the second eldest I saw a lot of things – I saw violence, I saw hunger, I saw my mum getting beaten. But in saying that, I loved my dad. He was a totally different person without the alcohol. It wasn't until later in life that I got to understand his upbringing and what he went through too – it's a hereditary thing, especially with Māori families back in the day.

I was about 7, maybe 8 years old, when Mum left. She grabbed the two youngest ones and just took off. The other kids were still at the house, and I had to take care of them. I got them dressed, fed and off to school, just carried on as normal. I did it for about six or seven weeks – I was stealing food, raiding trees – then one day I got into trouble, I couldn't do it anymore, and they came and took us away.

I went to foster homes, don't know how many, and Holdsworth. It was pretty hard, very strict. I'd been through numerous homes and I just couldn't settle, couldn't focus. There were 90 boys, and some of them were big boys, they were like young men and they were hard, very hard. They were mean. I was only a little guy at the time, but I learned pretty quick what to do, when to look, who to watch – it's only street smart.

After Holdsworth, I went to school when I was 13 and got into a bit of trouble, so I left when I was 14. I started working for a Chinese family, ploughing, then I went to work with my cousin. At 18, I went to Wellington and worked in the rail yards for five years. But I left there to go back home; my dad was sick. Even though my dad did some things, he had a heart of gold.

My story, I just wanted to get it out there, but I couldn't talk to my family about it. I don't want to put the burden on them. I don't want it on my daughter, on my moko. I want them to learn to live their life to the fullest.

Christine Hopa

Year of birth: 1964

When Social Welfare stepped in to take us, we had no warning of it, nothing. I was sent to live with one of the aunties, where I was raped by an extended family member. He also raped my sister.

Then, I was sent to Marycrest, a Catholic girls' school, where the nuns sexually abused me. From there, I went to Margaret Street and then to Miramar Girls. Nothing was going right for me back then – it was just getting worse and worse. Nobody was listening to my cry for help. I wanted help; I wanted all this stuff to go away. I tried to tell Social Welfare what was happening, but they didn't want to listen. They didn't care – so long as they got rid of me to a girls' home, their problem went away, even if I was being sexually abused. Their problem went away, but my problem didn't. It just kept happening, and it still remains with me.

My attitude got worse, and they shipped me to Kingslea. From one ugly place straight into the next one. At Kingslea, I pushed to go to my aunty's house, and eventually, I got there. There, I was loved – I wasn't abused.

I reckon we could have all had a better life. Me and my brothers and sisters, we've been robbed of our childhoods and we'll never get them back. They're gone forever.

My brother, Sonny, he'll never be ready to talk because there's just too much pain. But he's got Stephanie, he'll be right. We respect our brother because he's not ready. That's kei te pai with us. We've got his back.

What really hurt me was losing contact with my siblings. I only knew where some of them were, not all of them. Later, when I did cross paths with them, it was without the system knowing. Dad used to come and see us, and that was kept secret from the department, thank goodness, otherwise, they would have stopped him having access to us.

It broke our father when we were all taken from him. He always believed we'd come home, and the funny thing was, we eventually did, one by one. They painted my father like a monster, but he was no monster to us. He didn't sexually abuse us – it was the other lot who did all that damage to us.

Heather Hopa

Year of birth: 1968

I remember our neighbours feeding us quite a lot. I think this is how it all came about, our neighbours' concern. I remember the ugly things, you know? Like, reaching out for my sisters because we were all getting separated, and just screaming and crying.

We all lost contact with each other – I didn't see my sister Denise at all. Even Stephanie and Sonny, who lived just down the road, I didn't see them as kids growing up.

Denise ended up in Lake Alice, and she's been everywhere – not through her own doing. She's just been passed around the system.

Dad got worse when we were all ripped away from him – one minute we were there and the next we were all gone. He pretty much told the system to get fucked. He didn't want to have anything to do with Social Welfare. He was broken – we were all broken, growing up without our dad and mum.

I ended up living with whānau from my dad's side for a few years. It wasn't a good time. At nine years old I was getting raped. I tried to talk but I was just made to shut up because I was a nuisance or naughty or something. I got too much for my aunty and uncle, and they went to Social Welfare and I was shipped off.

For years, I thought it was my fault. I blamed myself for bloody years because I was just taken away, no explanation, you know.

I went to Miramar Girls' Home – the social worker said I was naughty. That was no better. Getting touched by the staff was shit. You just had no control because they had the authority. I ran away and for a while, I was living in a Chevy with my mates. The police found me at the wharf in a container, sniffing glue and stuff. I was doing anything I could not to go back to Miramar. I certainly didn't feel safe and secure in the girls' home.

It actually made the Evening Post newspaper, and my brother Alec saw it in the paper and showed Mum and said "I've found your daughter".

All the runaways go into lock-up. You can't get out of it, doesn't matter how hard you try. The only way is to behave and listen, to get out of there faster, then do the same thing – run away again.

I went to stay with my sister Maryjane, and we were both happy with that. We got on, and I felt really safe and happy. I didn't worry that someone was going to hurt me or touch me. She was just so loving and warm. Through all my years I was in care, that was my happiest time because I felt so safe.

Social Welfare didn't look after me – they didn't look after any of us really. How can you not be allowed to see your siblings? It's just as well I knew who they all were – their faces and names. And I'm not being silly. We didn't really get to know one another until we made our way back to Levin – so as adults, it took us bloody years. We lost our mana, we lost everything. It feels like everything Māori was stripped away from us.

Stephanie Hopa

Year of birth: 1970

Sonny and I were taken to the Ōtaki Health Camp. We couldn't understand why because nobody ever told us anything, where we're going or why we're going there, and it was terrifying. We got there and we were separated, and we didn't see each other until church on Sunday.

My little brother Sonny, he wasn't a communicator, still isn't. At school, they'd have to pull me out of my classroom to go see him because he wouldn't communicate with anyone. He'd whisper things to me and I'd have to talk to the teachers. That went on for years.

We were shipped off to whānau, and when I was about seven or eight my older cousin started to sexually abuse me. He threatened me, he told me if I ever told anyone, he'd kill my brother Sonny. I kept it secret for years.

The man who ran the local Social Welfare office labelled me a troublemaker. He said I was attention seeking, just like my older sisters. I didn't know what that meant until later, and I thought, "Okay, but what does that mean? Really, what does that mean?" My cousin left town and word got around about what he'd done but there was no inquiry. I was just told I was a shit-stirrer, an attention seeker, and if I didn't behave myself I was going to the girls' home.

I wasn't allowed to communicate with Sonny, even though we went to the same school. Social Welfare said we weren't allowed to associate with each other – how do you do that when you live in a tiny town like Foxton. But we used to see each other anyway – he'd jump out the window and come to see me. And at school, we spent all our time together.

When my older siblings started coming back to Levin, I started asking why couldn't I go and live with my dad. Maryjane, Christine and Alec had all come back, and Heather, and were living with Dad. I wasn't allowed to and nor was my brother Sonny, and I couldn't work that one out.

Having a weekend visit with Dad was such a mission. We had to get special permission from Social Welfare.

Even though he was a drunk and all the rest of it, he was 10 years sober before he died, and was never given the option to have us back, and I still don't understand that. I was 16 years old when he died and I was so fucking angry because I didn't get to spend time with him.

A few other family members passed away not long after, in the space of two months, and I went off the rails. I couldn't be fucked after that, I really couldn't. I was doing well academically, I was netball captain and debating captain, school council secretary. Sonny was captain of the First XV. We had so much potential and it just all went out the window. Sonny could have been an All Black, no shit. Social Welfare never addressed what was going on.

As soon as I got a chance to get back to my siblings, I did. Sonny came back and was living with Maryjane, and I followed not long after that. Sonny ended up in jail. All we ever wanted was to come home to be with our family. Sonny's very angry, traumatised by it all. He still won't communicate.

I worked on myself so hard to be the person that I am today. There was a time when I was such a waste of space. My kids are my greatest achievement, I'm so proud of them. I've done everything I can to keep them safe and give them a better life than what I had.

We're all so broken in our whānau. We're never going to properly heal from this stuff, but we just try to be the best people we can be with what's left.

Denise Hopa

Year of birth: 1965

Denise has been under a Compulsory Treatment Order and is currently in care in a mental health facility.

I was admitted to Lake Alice. One day, they go, 'Denise, you're due for an injection' and they didn't say what it was. I got the shock big time. They put the wires in. They shocked me on my head, on my hip, on my leg. I was in a girls' home, Fearon House, and the owner pulled me into the room and beat me up with a thick stick. What did I do? I hadn't done anything wrong.

Sister Stephanie on Denise:

My sister Denise is stuck in a shit system that's still mistreating her – she's still being abused. She's been stuck in there for 40-something years, and we've been trying so hard to help her, but there's nowhere for her to go. We keep being told there's no funding; no other facilities.

Denise is bipolar and schizophrenic with an intellectual disability. When we were all separated and tossed all over the place all those years back, she went to Lake Alice, where she had electric shock treatment. She's done a tour of all the mental institutes in this country, as well as the girls' homes and foster care.

We want her to come home or closer to us but there's no facilities. She's in a facility now, and when she gets unwell, they ship her back to Ward 21 at Palmerston North Hospital. But that's for acute cases, and she can only be there for so long, and then they ship her back. When is that going to change? She's now got physical issues as well because of the long-term medication and the institutionalisation.

I made enquiries and they said, "She's telling you stories". They say she's making it up. They're just dismissing it all, pushing it under the carpet. After everything I've been through, it pales in comparison to what she's still going.³⁴⁵

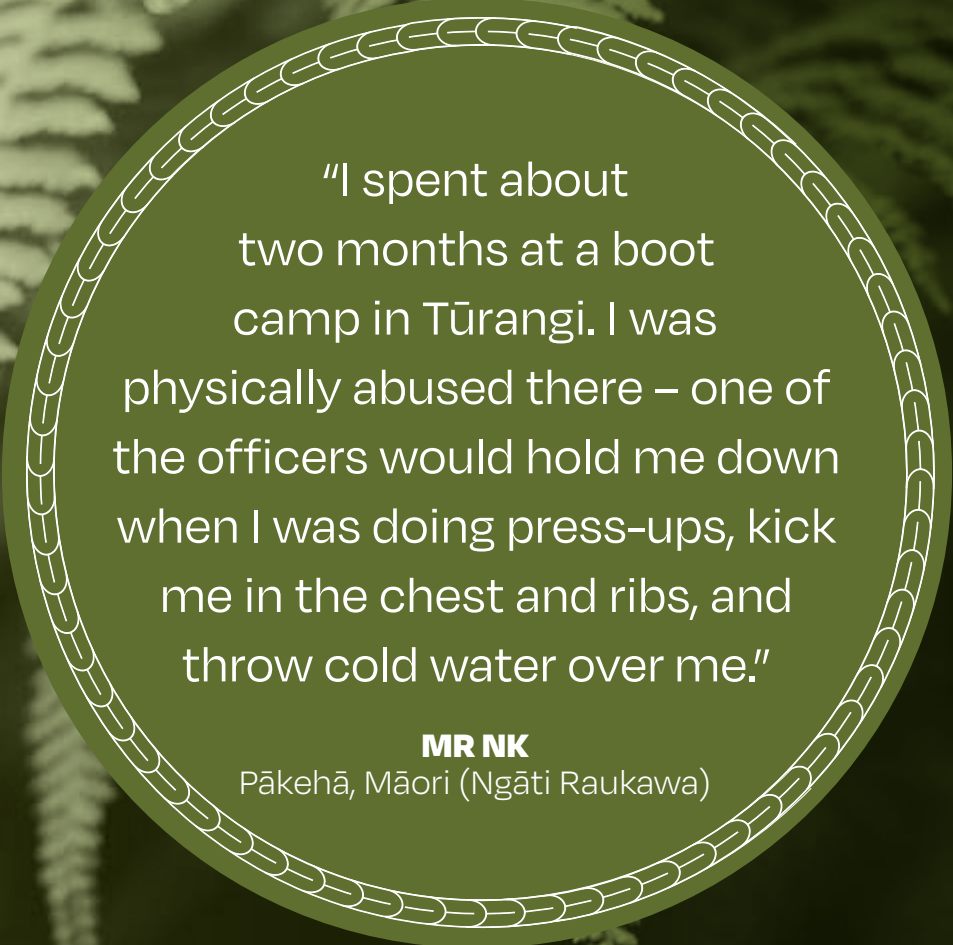
³⁴⁵ Private session transcripts of Alec Hopa (31 March 2022); Christine Hopa (7 July 2021); Denise Hopa (6 December 2022); Heather Hopa (7 July 2021); Maryjane Hopa (6 July 2021) and Stephanie Hopa (8 July 2021).

Summary

Our experience shows what could happen to whānau Māori when the State intervened in our lives. Our whānau needed support. As brothers and sisters we wanted to stay together.

Instead we were sent by the State down many different paths, including foster homes, residential care, faith-based institutions, and Lake Alice – where we were abused and neglected, and disconnected from one another.

It has taken time to work through the trauma of our experiences and what happened. We have come together as brothers and sisters. We have tried hard to rebuild our sibling relationships, to rebuild our whānau and to enhance the wairua and mana of our whānau. We have come forward to the Royal Commission to talk about our experiences, with the aim of ensuring no other whānau Māori ever have to go through what we did.



"I spent about
two months at a boot
camp in Tūrangi. I was
physically abused there – one of
the officers would hold me down
when I was doing press-ups, kick
me in the chest and ribs, and
throw cold water over me."

MR NK

Pākehā, Māori (Ngāti Raukawa)

Ūpoko | Chapter 4

Ngā pāpātanga o te tūkinotanga me te whakahapa ki ngā hāpori me te pāpori

Impact of abuse and neglect on communities and society

Ngā pāpātanga ki te hāpori o te tūkinotanga me te whakahapa i ngā pūnaha taurima

Community impacts of abuse and neglect in care

Ngā hāpori Māori

Māori communities

284. The denial of tino rangatiratanga over kāinga (home) has resulted in Māori being unable to intervene and protect their own from entry into care and from suffering abuse and neglect while in care. The Waitangi Tribunal has found that the damage to Māori tribal and kinship structures has been immense.³⁴⁶

285. Dr Moana Jackson told the Inquiry:


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

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

Each taking merges historically in colonisation’s ultimate goal which is to assume power and impose legal and political institutions in places which already have their own. It means subordinating the power of Iwi and Hapū mana and tino rangatiratanga or self-determination and thus limiting the ability to properly protect what are the most important taonga for any people – the land, the culture, and the mokopuna.”³⁴⁷

³⁴⁶ Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 106).

³⁴⁷ Brief of evidence of Dr Moana Jackson (29 October 2019, page 7, paras 45–46).

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286. Taking tamariki, rangatahi and pakeke Māori into care is a transgression against whakapapa and has longstanding impacts on whānau, hapū and iwi. The large-scale removal of tamariki and rangatahi Māori from whānau has had a devastating impact on the collectivism of Māori relationships and communities. Tens of thousands of tamariki and rangatahi Māori were either admitted to care or adopted into non-kin families between 1950 and 1999. Removal of tamariki and rangatahi Māori from their whānau, hapū and iwi in such numbers created a significant loss of Māori who could maintain and continue cultural skills, such as learning and teaching mātauranga Māori. This process has been described by some as 'legalised cultural genocide.'³⁴⁸
287. The trauma of abuse and neglect that many Māori survivors suffered in care was often transferred to their siblings, tamariki, and mokopuna when they returned to their whānau and communities.³⁴⁹ The trauma would manifest in complex needs that whānau were not equipped to respond to. As a result, some survivors felt estranged from their whānau because of the abuse they suffered in care.³⁵⁰
288. The Inquiry also heard numerous accounts of trauma being passed down through generations. Survivors spoke of their inability to connect with siblings and parents, which impacted relationships with their own children.³⁵¹ They expressed feeling like failures as parents because they had not been taught what good parenting was.³⁵² Some deliberately chose not to have children out of fear that the trauma they carried would be passed on to another generation.³⁵³
289. Whānau, hapū, iwi and hāpori Māori have been overwhelmed by the cumulative impact of this historical, collective and individual trauma.³⁵⁴

348 Bradley, J, "Kei Konei Tonu Mātou (We are still here)," in *Adoption and healing: Proceedings of the International Conference on Adoption and Healing* (New Zealand Adoption Education and Healing Trust, 1997, page 41), as quoted in Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, *Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999* (Ihi Research, 2021, page 212).

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

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

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

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

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

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

Ngā purapura ora Turi, whaikaha me ngā purapura ora e rongō ana i te wairangitanga

Deaf and disabled survivors, and survivors experiencing mental distress

290. Society's values and structures mean that the negative impacts of abuse and neglect in care can contribute to further adverse outcomes for many Deaf and disabled survivors and survivors experiencing mental distress. Ableist, oralist and audist labour markets, employer rules and structures do not enable everyone to participate in paid work. In addition, Deaf and disabled survivors, and survivors experiencing mental distress are sometimes in more need of long-term income support due to the educational neglect suffered in care. This income support is often inadequate.
291. The issue of inadequate income support levels and the criteria for the full Supported Living Payment can result in survivors living in poverty. Being denied a liveable income impacts where people can live, how they socialise, opportunities for relationships, finding love and a life partner, when to have children and being able to financially support them.
292. Society's ableist, oralist and audist attitudes and other behaviour towards Deaf and disabled people prevent them from participating fully in society. Disabled people want meaningful employment in communities just like other non-disabled people. In the Inquiry's Tell Me About You report, two survivors talked of their experiences of living and working outside of an institution. One survivor talked about how people shouldn't be in institutions and should be given a chance of a home in the community. Although he works in a sheltered workshop, he is satisfied with his life.³⁵⁵ The other survivor was not so happy to work at these "blasted [sheltered] workshops!" and currently works in a busy role for an independent employer.³⁵⁶
293. Ableist behaviours stop disabled people from having the same opportunities afforded to other people. They are limited in where they can live and often end up in group homes or supported living and never leaving.
294. Changing community attitudes towards people with mental distress has been an ongoing campaign in Aotearoa New Zealand since 1997. 'Like Minds, Like Mine' is a public awareness programme to increase social inclusion and end discrimination towards people who experience mental 'illness' or distress. Those most discriminated against are people with severe mental distress, Māori, Pacific Peoples and people under the age of 25.

³⁵⁵ Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 56).

³⁵⁶ Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 99).

295. Deaf survivors have explained how being taught to communicate orally and being punished for using Sign Language has had negative individual and community impacts. In their collective statement from Ōtautahi Tāngata Turi Māori (a collective of Māori Deaf survivors from Christchurch) said:

“Many of Tāngata Turi community today seem to only focus on the negative aspects of life, and part of the reason for this is how much blame the teachers put on us for getting things wrong. The teachers were just constantly negative. We have then passed on these negative experiences down through the generations.”³⁵⁷

296. Deaf survivors have told the Inquiry about contemporary experiences and challenges which reflect their time in Deaf institutions. This is evident in the ongoing battles they face in trying to communicate. Within institutions, Deaf survivors were surrounded by hearing staff, were prevented from signing and struggled to communicate both inside and outside institutions.³⁵⁸ Today, Deaf survivors continue to be disempowered by communication barriers. Inaccessible information and lack of resources and interpreters, especially te reo Māori sign interpreters, and Deaf staff pervades interactions with a number of organisations, including police, the Courts, education services, health and disability support services.³⁵⁹

297. Ōtautahi Tāngata Turi Māori shared with the Inquiry that their attempts to support tamariki Turi (Deaf children) are usually ignored. They are told their ways “are not the right way,” or they do not have the qualifications to support tamariki in Deaf schools.³⁶⁰ This means tamariki Turi do not benefit from the lived experience and knowledge tāngata Turi Māori offer.

298. Tāmaki Makaurau Whānau Turi (a collective of Māori Deaf survivors from Auckland) also noted the layers of discrimination they face having both Māori and Deaf identities.³⁶¹ They describe how in Deaf spaces, tāngata Turi Māori have not been able to engage with their Māori identity and in Māori spaces they also face barriers to connection, such as communication.³⁶² For example, the limited availability of trilingual interpreters impedes their access to Māori culture, learning te reo and tikanga Māori.³⁶³

357 Collective statement of Ōtautahi Tāngata Turi (September 2022, para 19).

358 Witness statement of Ms MI (18 November 2022, para 2.19 and 2.23).

359 Witness statements of Ms JQ (8 November 2022, para 4.12); Milton Reedy (20 May 2022, paras 3.13–3.18); Mr JS (27 May 2022, paras 3.17–3.21) and Mr JU (27 October 2022, paras 59–61).

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

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

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

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

Ngā whakaritenga tūāpapa-whakapono

Faith settings

299. Abuse in faith settings led to the breakdown of many families, where the allegations or experiences survivors had were not believed. In some instances, families chose their faith and church over their family members. Survivors were ostracised, and close friendships and lifelong relationships were destroyed by the abuse that occurred.
300. Some survivors said their devout parents did not believe people in religious ministry could perpetrate abuse. Their parents' disbelief or other negative reactions led to alienation between family members, in some cases for a lifetime. Other survivors said their parents' response focused on the potential harm to the church if allegations were made public.³⁶⁴
301. The emotional impacts of losing family and friends are long-lasting. Attitudes towards the takatāpui, Rainbow and MVPFAFF+ community vary at community and societal levels. This acceptance of cultural norms can also be seen in many Pacific communities towards takatāpui. In a talanoa, the Inquiry heard:
- "Oh, it's all right if you're fa'afafine, but it's not alright if you're gay!"*
"But we both have a male partner!"
"Oh yeah, no, but you're different."³⁶⁵


Ngā hāpori Pasifika Pacific communities

302. As expert Folasāitu Dr Apaula Julia Ioane noted, because "[t]he identity of a Pasifika person belongs within their family and community" and "[t]he Pasifika worldview is essentially a collective worldview",³⁶⁶ impacts of abuse and neglect must consider the groups that Pacific survivors belong to and were separated from, such as members of families, churches, and ethnic and cultural groups and communities. Not only in respect of the individual survivor but reflecting on the past, present, and future generations. These impacts have flow-on effects for the wider community, demonstrated by what we have heard from survivors in relation to various anti-social behaviours, care to custody, financial dependence on the State and stunting the growth and maintenance of Pacific languages, cultural values and practices.

³⁶⁴ Witness statement of Leonie Jackson (21 September 2020, paras 3.13-3.18).

³⁶⁵ Royal Commission of Inquiry into Abuse in Care engagement, Pacific Rainbow MVPFAFF+ talanoa (22 September 2022, page 26).

³⁶⁶ Witness statement of Folasāitu Dr Apaula Julia Ioane (21 July 2021, page 9).

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303. Pacific survivors' disconnection from culture, identity, church, faith and spirituality was not only experienced on an individual but on a collective and intergenerational level. To disconnect a Pacific person from their kainga and community is to disconnect them from a sense of kaitasi, or the ability to belong to a collective that shares responsibility for one another. Many Pacific survivors' accounts reveal on the collective level, that trauma can be seen in the damaging of the vā between people, particularly with kainga and with communities. Medical practitioner, Anthea Krieg, quotes collective trauma is "a blow to the tissues of social life that damages the bonds linking people together".³⁶⁷ Although speaking about Aboriginal communities in Australia, her words are applicable to Pacific contexts that are centred on relationships.
304. Survivor Carla Mann talked about how she didn't know how to be a mother because she did not have a mother who knew how to be one. "All of my kids are angry from their time in care, so they have become angry adults. The intergenerational impact on my daughters is huge. It has to stop."³⁶⁸
305. The misrecording and misidentification of Pacific Peoples in care impact Pacific communities and have flow-on impacts for society. One of the larger community and societal impacts is that due to inaccurate ethnicity recording, the number of Pacific peoples in care during the period under investigation may never be known, which was conceded by the Crown at the Institutional response hearing.³⁶⁹
306. Dr Seini Taufa reflected on the invisibility of Pacific Peoples in data and records.³⁷⁰ This invisibility means that there is less information to use for holding State and faith-based agencies to account for potentially high and disproportionate rates of Pacific peoples going into care and being abused and neglected in care.

367 Krieg, A, "The experience of collective trauma in Australian Indigenous communities," *Australasian Psychiatry*, 17, No 1 (2009, page 29).

368 Witness statement of Carla Mann (15 March 2022, page 15).

369 Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Safarti for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 206).

370 Witness statement of Dr Seini Taufa (18 July 2021, paras 16–17).

307. Given the role that ethnicity data now has for informing policy and funding related to specific population demographics, inadequate, incomplete or poorly reported ethnicity data has major impacts on the adequacy of policy and resourcing for Pacific communities and services. Dr Taufa discussed how using prioritised counting (where individuals are classified into one ethnic group in an order of priority) specifically leads to the under-resourcing of ethnic-specific services, especially for communities such as Pacific Peoples who have an elevated need for resourcing but also a strong overlap with Māori. Dr Taufa said:

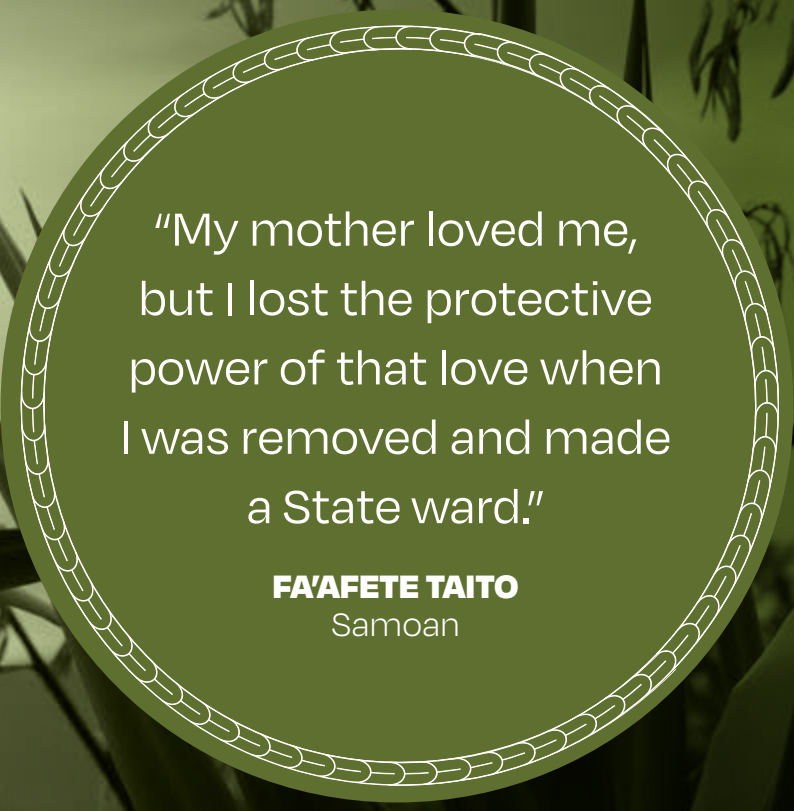
"I had touched on prioritisation in this country and I had mentioned the fact that it has funding implications. But I think if we use the OT [Oranga Tamariki] data that I had ... it impacts Pacific people because it impacts the amount of support that we receive. For example, if the Government is still using prioritisation as a means to determine how they allocate funds, this means that based on prioritisation, 10 percent of the funds would come to Pacific as opposed to 16 percent. So it has implications when you think of it from a dollar value, from the perspective of dollar values ... Ministry of Health, Ministry of Education, they have ethnic specific services that are funded to meet the needs of their communities. But often they need evidence to suggest that there is a need in the first place, and that's where ethnicity data comes in."³⁷¹

308. The transfer of violence and anti-social behaviours from experience in care to survivors and then to communities and society was inevitable because the extreme trauma experienced by many survivors taught them that violence was normal. This negatively impacted their families, relationships, communities and society. Samoan survivor Fa'afete Taito said:

"My mother loved me, but I lost the protective power of that love when I was removed and made a State ward. I had become conditioned to believe that interactions with others should be aggressive, antagonistic, violent, and focused on trying to get one over the other person. As I was developing, having lost the ability to love, I began to create my own versions of love. I grew to love violence. It was something I became accustomed to and was normalised."³⁷²

³⁷¹ Transcript of evidence of Dr Seini Taufa at the Inquiry's Tulou – Our Pacific Voices: Tatala e Pulonga (Pacific Peoples' Experiences) Hearing (21 July 2021, pages 184–185).

³⁷² Witness statement of Fa'afete Taito (24 September 2019, page 8, para 36c).



"My mother loved me,
but I lost the protective
power of that love when
I was removed and made
a State ward."

FA'AFETE TAITO

Samoan

Ngā hāpori ā-kura School communities

309. School communities have also been impacted by abuse and neglect in care. Where there has been abuse by peers or staff, not only does the abuse affect the student and their family,³⁷³ but there is also a ripple effect impacting other students, their parents and families, other staff members and the wider school community, including previous students and alumni. The impact can manifest in different ways, including causing students to feel unsafe³⁷⁴ and division between those who believe the student and those who do not.³⁷⁵ In schools that are faith-based, it can cause distrust in the faith institution. Additionally, it could initiate debate and change policies for the relevant school³⁷⁶ and / or the whole education industry.
310. An example of how the wider school community can be impacted is demonstrated by the negative response that survivor William Wilson received for sharing his experience about the abuse he suffered from peers at Wesley College. After William spoke at a public hearing, he received a public apology from the school principal and Board of Trustees. Although there was support for him, there was also a lot of backlash on social media. In response to a Facebook post about the hearing, ex-students expressed how such bullying and violence was tradition³⁷⁷ with one person commenting, "Someone go give this c*ck a cover the face (laughing emoji x3)."³⁷⁸ An Inquiry witness shared that 'covered' referred to the covering of someone's face while senior students beat them up.³⁷⁹
311. Some people were concerned with the reputation of the school,³⁸⁰ with one stating, "Pffft outta here if your [sic] supporting this guy ... it's a struggle but it was a beautiful struggle don't speak or throw dirt on Wesley if you didn't attend lol #hardknockonly (flag emoji)"³⁸¹ and another stating "Wesley's not for the weak hearted (laughing emoji)".³⁸²

373 Transcript of evidence of Tina Cleary (30 November 2020, pages 80–82); Witness statement of Mr BF 20 September 2020, page 6).

374 First witness statement of Sam Benton and Sonja Cooper of Cooper Legal – relating to the Protestant and other Faiths investigation (13 July 2022, para 33); Witness statement of William Wilson (6 July 2021, paras 79–80).

375 Written submission from Gerard O'Neil (n.d., pages 67–68).

376 Witness statement on redress and rehabilitation by Aaron Snodgrass (April 2021, paras 32–41).

377 Screenshot of Facebook comment 1 (2021).


378 Screenshot of Facebook comment 2 (2021).

379 Witness statement of Ms RE (7 July 2022, pages 2–3).

380 Screenshot of Facebook comment 3 (2021); Screenshot of Facebook comment 1 (2021).

381 Screenshot of Facebook comment 1 (2021).

382 Screenshot of Facebook comment 4 (2021).

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312. The response demonstrates how such violence was normalised within the school. After William Wilson’s evidence at the public hearing in July 2021, a letter was sent by Principal Dr Brian Evans to the school community stating:
- “Anyone who thinks a tradition that some call ‘the Wesley Way’ of handing out punishment, bullying, or harassing fellow students should have a place in our school, are wrong. It has no place at Wesley College and is not a tradition to be proud of. Everyone in our school community should focus on making sure every student feels safe.”***³⁸³
313. The community of Dilworth School and its old boys have also been impacted by the widespread abuse that took place there. Survivor Jeffrey Butler described how other Dilworth old boys had contacted him about abuse over Facebook, and how there was a noticeable absence of boys from his group at a centenary reunion he attended.³⁸⁴ On 10 September 2019, a letter was sent by Dilworth to all of its communities, including Dilworth Old Boys. In the letter, Dilworth acknowledged the historical abuse that had occurred at Dilworth School and apologised for the abuse. The letter was followed by a special meeting of Old Boys in September 2019 at which both the current principal and the chairman of the Dilworth Trust Board acknowledged the historical abuse and apologised to survivors of abuse.³⁸⁵
314. A year later, on 14 September 2020, the NZ Police publicly announced their investigation into complaints of historical abuse at Dilworth School, known as Operation Beverley. This then contributed to the establishment of the Dilworth Independent Inquiry in July 2022.

³⁸³ Letter from Wesley College Principal Dr Brian Evans to the Royal Commission of Inquiry Hearing (27 July 2021).

³⁸⁴ Witness statement of Jeffrey Butler (September 2020, pages 8–9).

³⁸⁵ Witness statement on redress and rehabilitation by Aaron Snodgrass (20 April 2021, para 56).

Ngā pāpātanga ki te pāpori o te tūkinotanga me te whakahapa i ngā pūnaha taurima

Societal impacts of abuse and neglect in care

315. The impacts of abuse in care flow into wider society in numerous ways and have an economic impact on Aotearoa New Zealand. The cost to the economy is discussed at the end of this section and includes the necessary and increased uptake and usage of public services by survivors such as healthcare, education, the justice system and other social support services.

He ara ki te whare herehere

A pathway to prison

316. The 'care to custody pipeline' describes a life pathway the Inquiry saw all too many times. Children and young people who experienced abuse in care moved from social welfare residential care into the youth justice system, then to adult prison. All too often, the next generation born into this environment started the cycle over again. This pipeline was not inevitable – many survivors managed to break the cycle. But for some survivors, the metaphor of a pipeline captures the way in which they felt swept almost inexorably along a pathway to prison.
317. Research has borne out survivors' descriptions of the care to custody pipeline. In 2018, Sir Peter Gluckman noted that young people who had been in out-of-home care were more likely to be chronic and persistent offenders into adulthood.³⁸⁶ A report for the Inquiry found that as many as one in three people placed in residential social welfare settings between 1950 and 1999 went on to serve time in prison.³⁸⁷ People in social welfare settings were at least five times more likely to go on to serve a prison sentence than those who had not been in social welfare settings.³⁸⁸ The research shows Māori children and young people were even more likely to end up in prison, with 42 percent serving a custodial sentence as an adult.³⁸⁹ This research does not in itself establish causation, but the Inquiry is in no doubt that one of the impacts of abuse in care was to set those abused and neglected on a pathway towards prison.
318. The care to custody pipeline directly harmed survivors, their whānau and support networks. They bore the brunt of the cost. Society also paid a price, including the direct costs of imprisonment and the costs of victimisation, as well as the loss of generations of adults who might otherwise have contributed to their families, communities and society.

386 Gluckman, P, Using evidence to build a better justice system: The challenge of rising prison costs (Office of the Prime Minister's Chief Science Advisor, 2018, page 72)

387 Royal Commission of Inquiry into Abuse in Care, Care to custody: Incarceration rates, (2022, page 4).

388 An independent analysis and record of engagements in prison presented to the Royal Commission of Inquiry in Abuse in Care, Tim McKinnel, All is for All (30 July 2023).

389 Royal Commission of Inquiry into Abuse in Care, Care to custody: Incarceration rates, (2022, page 9).

Te ara ki te uru kēnge

A pathway to gang membership

319. There are multiple inter-related factors that have contributed to the formation of gangs in Aotearoa New Zealand. This includes Aotearoa New Zealand's colonial history,³⁹⁰ socioeconomic factors such as poverty,³⁹¹ increased levels of unemployment,³⁹² State policies, including social welfare policies and attitudes that were based on racist assumptions, such as the assumption of a male (and Pākeha) breadwinner,³⁹³ and societal attitudes³⁹⁴ that increased inequality and that discriminated against marginalised communities, in particular, Māori.³⁹⁵
320. A recent 2023 report said about Aotearoa New Zealand's gang population:
- "...a significant portion of our gang population are a cohort with complex histories of intergenerational family violence, trauma, poverty, and neglect. These gang communities are described by some researchers as inhabiting the margins of society and have historically formed in resistance to the society that has rejected them. In this sense, gangs have a function, providing a sense of whānau and community for those who may have been rejected from other environments. In some cases, the relationship is one of actual whānau with whakapapa links."*³⁹⁶
321. The placement of tamariki and rangatahi Māori into State care is deeply connected to the formation and proliferation of gangs.³⁹⁷ Likewise, abuse and neglect in State and faith-based care directly contributed to the establishment and entrenchment of gangs. Both survivors and experts have told the Inquiry about this link.³⁹⁸
322. Expert witness, Professor Tracey McIntosh, explained how marginalisation and being placed into State care creates conditions, in which "alternative forms of collectivity and identity can emerge".³⁹⁹

390 Brown, E, Gerrard, J, Lambie, I & MacIntosh, T, Toward an understanding of Aotearoa New Zealand's adult gang environment (Office of the Prime Minister's Chief Science Advisor, 29 June 2023, page 7), <https://www.pmcasa.ac.nz/topics/evidence-summary-on-minimising-harm-from-and-within-gangs-in-aotearoa/>

391 Arewa Ake te Kauapa – an independent submissions form gang whānau to the Royal Commission of Inquiry into Historical Abuse in State Care and in Care in Faith-based Institutions (31 July 2023).

392 Rashbrooke, M & Wilkinson, A, Cracks in the dam: The social and economic forces behind the placement of children into care (2019, page 9) (August 2019, page 15).

393 Rashbrooke, M & Wilkinson, A, Cracks in the dam: The social and economic forces behind the placement of children into care (2019, page 9) (2019, page 9).

394 An example of this is how people in poverty were frequently, inaccurately, divided into the 'deserving' and 'undeserving'. See Rashbrooke, M & Wilkinson, A, Cracks in the dam: The social and economic forces behind the placement of children into care (2019, page 9).

395 Rashbrooke, M & Wilkinson, A, Cracks in the dam: The social and economic forces behind the placement of children into care (2019, page 9).

396 Brown, E, Gerrard, J, Lambie, I & MacIntosh, T, Toward an understanding of Aotearoa New Zealand's adult gang environment (Office of the Prime Minister's Chief Science Advisor, 29 June 2023, page 8), <https://www.pmcasa.ac.nz/topics/evidence-summary-on-minimising-harm-from-and-within-gangs-in-aotearoa/>

397 Rashbrooke, M & Wilkinson, A, Cracks in the dam: The social and economic forces behind the placement of children into care (2019, page 15).

398 Royal Commission of Inquiry into Abuse in Care engagement, Hikoi Nation Wānanga (20 February 2023).

399 Brief of evidence of Professor Tracey McIntosh (2020, pages 3–4, para 19).

323. The formation of gangs has been attributed to the cruel treatment young boys received in social welfare institutions, as well as borstals in the 1960s.⁴⁰⁰ The attraction to gang membership lies in the assurance of protection or power in fearful settings, and a possible source of income and support that is not often available for survivors who have had interruptions to their physical, psychological and educational development.⁴⁰¹ Although the pathway to gangs was particularly prevalent for survivors of abuse and neglect in social welfare settings – where violent kingpin systems and entrenched hierarchies were a part of everyday life – we have heard how survivors from every type of care setting found a sense of belonging and attachment within gangs.

Te matea tautini ki te hauora

The long-term need for healthcare

324. Many survivors of abuse have suffered physical injuries from abuse in care, as well as having ongoing and long-term health needs which include both mental distress and physical illnesses. Survivor Gloria White talked about the ongoing assistance she receives for her persistent mental distress:

*"I have been getting intensive counselling and community assistance for years now. I'm on daily medication which is delivered to my home each morning and night. I have counselling therapy as well as respite care to keep me well. I've been hospitalised in the past with depression and still suffer from it. I have needed more assistance the older I get because I struggle with my mental health, self-worth, anxiety, depression, complex PTSD and chronic dysthymic disorder due to my childhood abuse."*⁴⁰²

400 See, for example: McIntosh, T & Coster, S, "Indigenous insider knowledge and prisoner identity," *Counterfutures*, 3 (2017, pages 69–98). See also, Smale, A, "Smashed by the state: The kids from Kohitere," *RNZ News* (13 February 2017), <https://www.rnz.co.nz/news/national/324425/smashed-by-the-state-the-kids-from-kohitere> and Husband, D, "Denis O'Reilly: The gangs have been convenient whipping boys," *E-Tangata* (11 November 2017), www.e-tangata.co.nz/korero/denis-oreilly-the-gangs-have-been-convenient-whipping-boys/.

401 Stanley, E, *The road to hell: State violence against children in postwar New Zealand* (Auckland University Press, 2016, page 104); The Confidential Listening Service, *Some memories never fade: Final Report of The Confidential Listening Service* (2015, page 31), in Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, *Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999* (Ihi Research, 2021, pages 200–202).

402 Witness statement of Gloria White (23 September 2020, page 19).



Te iti o ngā kaiārahi whaikaha me ngā kiriwhakatauirā

A lack of disabled leaders and role models

325. Societal attitudes of ableism and disablism led to the institutionalisation of disabled people. This institutionalisation and abuse in care has resulted in a lack of disabled leaders and visible role models in the disability community to lead change reflect and lead a diverse society. It has also meant a lack of disabled leaders for young people to look up to.
326. Families and individuals have been less exposed to, and therefore less prepared for the presence of disabled people in their local schools, communities and workplaces, and less prepared for acquiring disability (including mental distress) themselves.
327. The impact of disability settings away from mainstream society has been a lack of appetite for change, such as the ongoing existence of segregated schools. As a result, current and future generations of disabled adults are not contributing to society to their economic or social potential, which comes at a cost to everyone.

Te matea ki ngā ratonga pāpori taurima

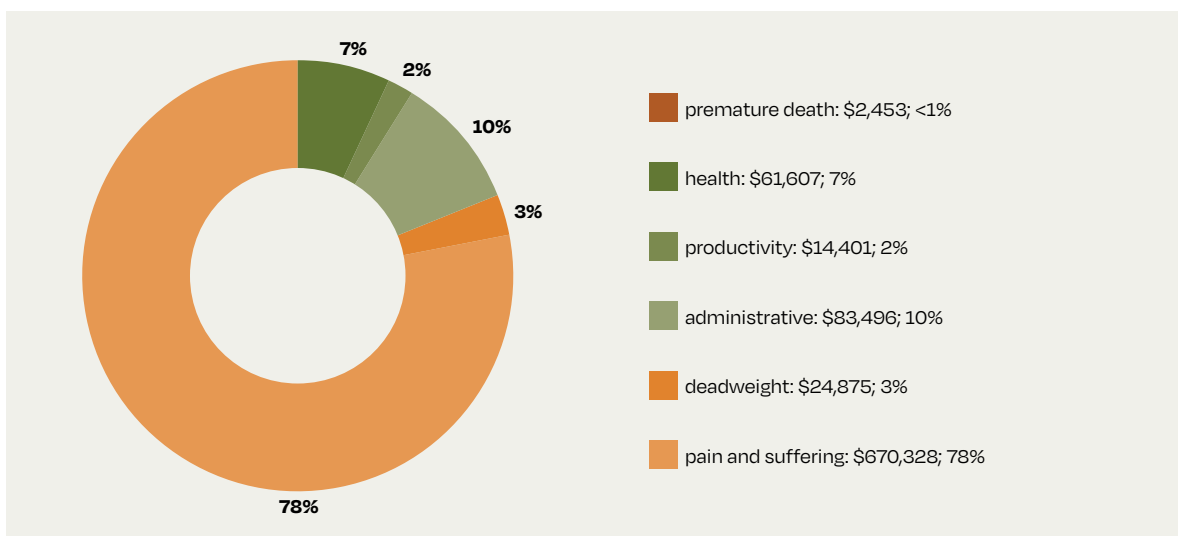
The need for social support services

328. Other social support services used by survivors and their whānau include child protection, special educational provision and support, the welfare benefit system and housing. Many survivors have had difficulty gaining employment and are in financial hardship. As a result, some survivors have had to rely on receiving a benefit and often their additional needs are not met. They also face prejudice in welfare and housing settings that further perpetuate harm.

Te utu ki te ōhanga

The cost to the economy

329. In addition to the human tragedy, the economic cost to society of abuse and neglect in care is enormous.
330. In 2019, the average lifetime cost for an individual abused in care was estimated to be approximately \$857,000. About \$184,000 of this is financial costs to the economy from increased spending on healthcare, state costs responding to negative outcomes from abused children, deadweight losses from collecting taxes to fund state services, and productivity losses.⁴⁰³ The remaining \$673,000 is a non-financial cost reflecting the pain, suffering and premature death of the survivor of abuse.⁴⁰⁴



331. In 2019, it was estimated that between 1,339 and 2,932 people may have been abused in care. Over their lifetimes, the impacts of abuse are expected to cost the survivors and society between \$1.15 billion and \$2.51 billion.⁴⁰⁵ Between \$247 million and \$541 million are financial costs to the New Zealand economy, with the remainder being non-financial costs borne by the survivors of abuse in care. The cost of abuse in care is significant.
332. In 2019, the total estimated cost of abuse in care was somewhere between 0.4% and 0.8% of New Zealand GDP. From 1950 to 2019, it is estimated that between 114,000 and 256,000 people may have been abused while in State and faith-based care. Applying the same average lifetime cost per survivor suggests total costs between 1950 and 2019 of between \$97.5 billion and \$219 billion. Financial costs to the New Zealand economy make up between \$21 billion and \$47.1 billion. Non-financial costs make up between \$77 billion and \$172 billion.⁴⁰⁶

403 MartinJenkins, Economic Cost of Abuse in Care, Final Report: Scoping of approach and high-level estimate (29 September 2020, page 3).

404 MartinJenkins, Economic Cost of Abuse in Care, Final Report: Scoping of approach and high-level estimate (29 September 2020, page 3).

405 MartinJenkins, Economic Cost of Abuse in Care, Final Report: Scoping of approach and high-level estimate (29 September 2020, page 39).

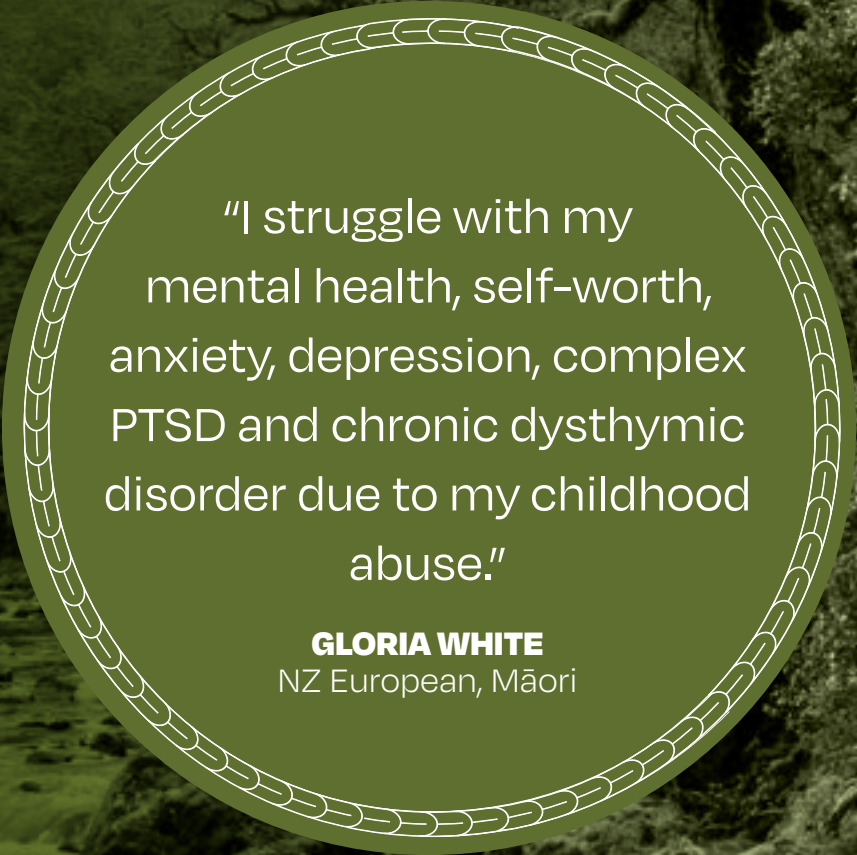
406 MartinJenkins, Economic Cost of Abuse in Care, Final Report: Scoping of approach and high-level estimate (29 September 2020, page 39).



Ngā whakatau mō ngā pāpātanga o te tūkinotanga me te whakahapatanga ki ngā hāpori me te pāpori

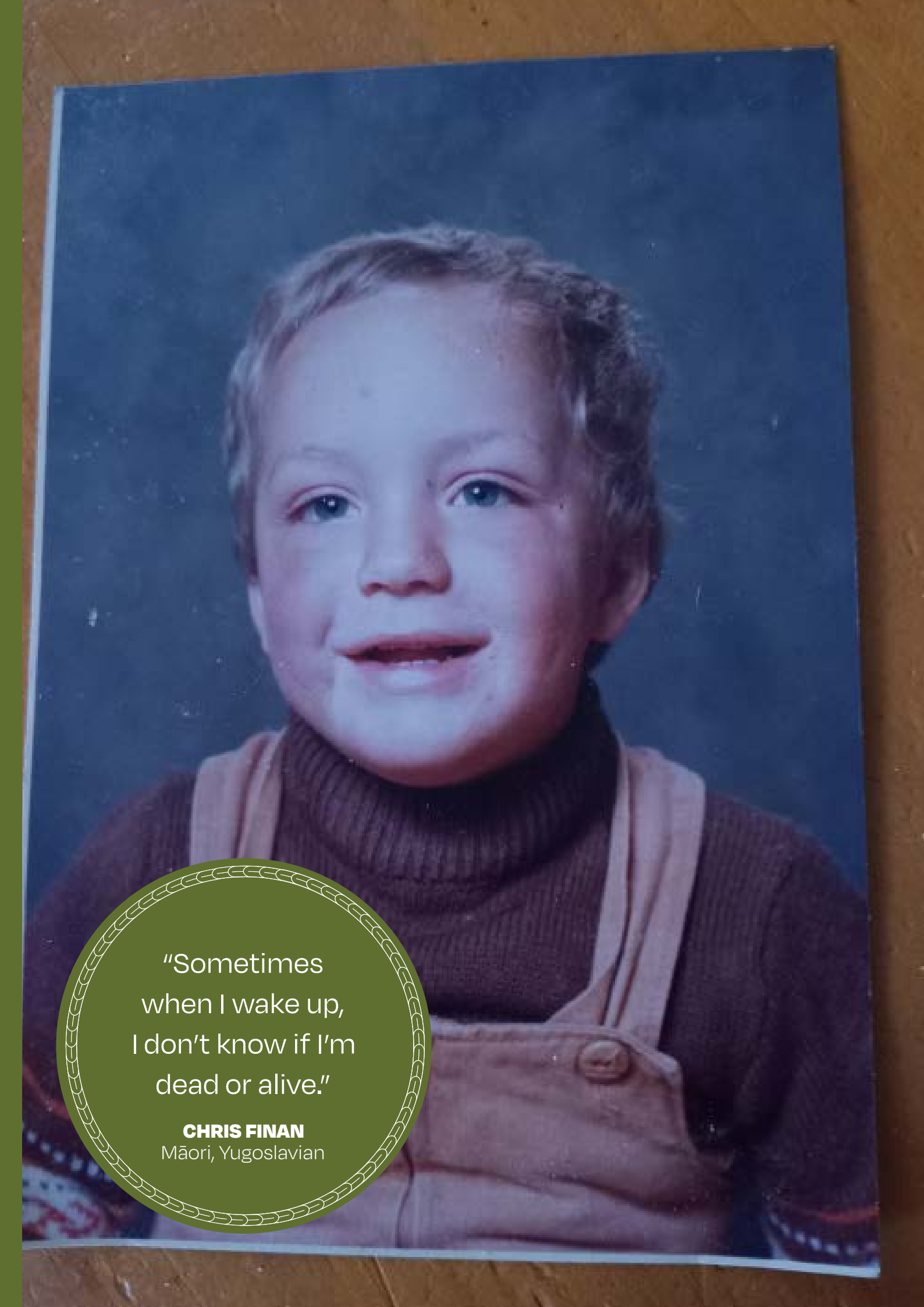
Conclusions on impacts of abuse and neglect on communities and society

333. The impacts of abuse and neglect in care to many communities in Aotearoa New Zealand have been substantial and harmed many generations. That harm continues today.
334. The abuse and its impacts changed the course of so many lives of survivors, their children and grandchildren, whānau, and their communities, and this in turn has had significant flow-on effects for society.
335. The ramifications of these significant effects are intergenerational and continue to this day. The impacts on survivors of abuse have included harm to their health and wellbeing and their opportunities in life. They have led to poorer health outcomes, an increased likelihood of incarceration, a distrust of State and faith organisations for many and separation from wider society.
336. For Aotearoa New Zealand, the social impacts of abuse have been wide-ranging. Abuse and neglect in care has:
- Contributed to, and in many ways created, the 'care to custody' pipeline and gangs. As a result, society has lost generations of adults, parents, leaders, workers, and familial and community cohesion to prisons and entrenched gangs
 - Placed more pressure on healthcare in Aotearoa New Zealand, with many survivors suffering from long-term health conditions
 - Made invisible and limited disabled leaders and role models within the disability community, and limited the ability of disabled people to contribute to society economically and socially – impacting everyone
 - Placed more pressure on social support services. As survivors and their whānau have been limited in opportunities due to abuse and neglect and its impacts, many have sought financial support
 - In addition to the visceral impacts on survivors and their communities, had an enormous economic impact on Aotearoa New Zealand society.
337. The economic costs have and will continue to be substantial, but the true cost of these impacts on the social fabric of Aotearoa New Zealand, its institutions, organisations and communities is greater, and it may never be truly quantified.



"I struggle with my
mental health, self-worth,
anxiety, depression, complex
PTSD and chronic dysthymic
disorder due to my childhood
abuse."

GLORIA WHITE
NZ European, Māori



"Sometimes
when I wake up,
I don't know if I'm
dead or alive."

CHRIS FINAN
Māori, Yugoslavian

Chris Finan

Year of birth: 1978

Type of care facility: Multiple foster homes; boys' homes – Hogben School in Ōtautahi Christchurch, Ngati Arohanui Trust in Tāmaki Makaurau Auckland; psychiatric hospitals – Lake Alice in Manawatū-Whanganui, Kingseat Hospital in Karaka, Māngere Hospital in Te Tonga a Tāmaki Makaurau South Auckland; residential care –Wilson Home Trust in Tāmaki Makaurau Auckland, Weymouth Residential Centre in Tāmaki Makaurau Auckland.

Ethnicity: Māori and Yugoslavian

Whānau background: Chris was adopted as a baby. His sister is also adopted. His mother put him into care when he was a young child as she couldn't cope with his behaviour. He had some contact with his family while he was in care.

Currently: Chris has two children. He has a relationship with his parents but can't talk to them about what happened because they don't believe him.



I didn't know my birth mother, and I was adopted when I was 6 months old. When I was about 2 years old, I started hitting family members and throwing things. I couldn't concentrate and had speech problems at kindergarten and primary school. At some point between 4 and 6 years old, I was diagnosed with ADHD.

Mum couldn't cope with my challenging behaviour, so she put me into care. I was constantly moved around, and a social worker said they had considered 77 placements for me but couldn't find anything suitable. Mum didn't think she had any say in the matter.

When I was around 7 years old, I was admitted to Lake Alice. I was there for two years, and I felt like a number, not a patient. Each day I would just sleep, eat and shit. We had nothing to do. I didn't go to school or receive any therapy sessions – instead, I was zonked out on drugs. They'd also give me ECT for my behavioural issues, without anaesthetic. I remember being shackled to the bed and the pain of the shocks, feeling like thunder or fireworks. The staff would also restrain me for answering back. Once, I was put in a straitjacket for refusing to do something. I tried to run away and as punishment, they injected something into my leg that was painful and crippling.

I did complain but I wasn't believed. I'm disappointed with that.

Between placements or on school holidays I went to the Ngati Arohanui Trust on Waiheke Island. It was a horrible place, and it wasn't right for me, but Social Welfare put me there anyway. The other kids were usually young criminals – some were rapists and murderers. It felt like we were doing probation work. The woman in charge was violent and hit me with pots and pans.

Sometimes, I would be placed in foster homes. In 1994, I was placed in one full of youth offenders. The foster father was violent and there'd be a lot of fighting between the kids.

In 1996 I was admitted to Kingseat Hospital. I was told I'd be there for a few weeks but instead I stayed for four years. It had people of different ages, some with severe psychiatric issues. It was noisy and scary, and I felt like we were caged hens. Every day I'd sit around doing nothing. I'd just be given drugs, and the dose was increased when my behaviour got worse. The medication was horrible – I couldn't go into the sun, it made me feel hot and cold, and I couldn't focus. I got more and more aggressive, and the staff would hold my arms behind my back and throw me on the ground.

Violence was just normal. The staff would beat up patients or tell patients to beat up other patients. I would be held up against the wall and threatened if I told someone what the staff were doing. Sometimes they'd grab me by the genitals to make me listen or do what they wanted. I also heard about staff having sex with patients, and patients having sex with patients.

I ran away at least four times and was punished by being put in secure and locked up for six weeks. I was also given ECT multiple times as punishment for being violent and disruptive.

I think I was admitted to Māngere Hospital after I was discharged from Kingseat. I was in with a lot of people with intellectual disabilities, and they could be quite violent. The staff were physically abusive – they'd kick, put you in headlocks, grab you by the hair or give you a hiding. I complained many times, but nothing was done.

After the hospital closed, I went to a community house. The staff there were physically abusive and often drunk or on drugs, and sometimes they used patients' medications. They'd take us to bars or massage parlours and steal client money.

While I was in care, there was never any encouragement to get me out of institutions and into the community. When I self-discharged at 20 years old, I didn't get any support.

The mental impact of my time in care meant I was unstable for 15 years and it took a while to come off the drugs. I used to smoke dope because I was getting flashbacks, but I don't drink or smoke now, as it was making things worse. I've grown out of my violent and aggressive behaviour, and I've done some anger management programmes. However, I still have nightmares, and sometimes, when I wake up, I don't know if I'm dead or alive. Sometimes, I feel like I've run out of emotions. I also can't stay in one place and have moved around 30 times.


I've tried to talk to my parents about what happened to me, but they think I'm being dramatic, that it was all fine. I think they're just in denial.

If you've been in a mental health institution, you have to continuously prove yourself. I am discriminated against in my daily life because of my mental health history. Even WINZ treats me differently. They make assessments based on my history rather than who is standing in front of them.

I currently work as a doorman at a bar. I've had jobs on and off since I came out of care, but I haven't been able to hold down a full-time job for a long period of time. I wanted to work with children but my history in psychiatric care means I can't. It's been a real barrier to getting jobs.

Now I'm just trying to move on. There are too many reviews but not enough people looking at how much we have suffered and how difficult it is to get compensation.⁴⁰⁷

⁴⁰⁷ Witness statement of Chris Finan (9 August 2021).



"We didn't go
into care for being
naughty, but we learned
how to be naughty while
we were in care!"

MS HA
Māori (Ngāi Tūhoe)

Ms HA

Hometown: Ōtepoti Dunedin

Age when entered care: 10 years old

Year of birth: 1967

Time in care: 1977–1983

Type of care facility: Orphanage – St Joseph’s Orphanage in Ōtepoti Dunedin; foster care; girls’ home – Dunedin Girls’ Home (Elliot Street Girls) Home in Ōtepoti Dunedin; Kingslea Girls’ Training Centre in Ōtautahi Christchurch; Arohata Borstal.

Ethnicity: Māori (Ngāi Tūhoe)

Whānau background: Ms HA is the second oldest of five children; she has two brothers and two sisters. They all went into care and were separated.

Currently: Ms HA has been married twice. She reunited with her first husband, then he passed away. Ms HA has a whāngai daughter (she adopted her niece’s daughter) and has been to court to get guardianship. She is also a grandmother. She does not have much to do with her family, even though they live in Christchurch. They do not visit her, so she is isolated. She stays home every single day.



Our home life wasn’t good. Dad was a really good father and I loved him a lot – it was my mum who was the problem. She used to hit him and once she chucked boiling water over his face and he had scars. I think my mum was jealous of the attention my dad gave me because he treated me really well. She hated that, and she beat me. My mum kicked him out and we were left at home with her after that. She would have parties, and the men who came over would sexually abuse us girls. Then Mum took off, and we were at home by ourselves for a while. I remember it to be about three months, but I understand from my records it was a few weeks.

We had no power and no food. I was about 10, and my older brother was about 13, while my younger sisters were nine and seven, and our younger brother was a baby, just three months old. We'd steal vegetables out of people's gardens and cook on the fireplace, and we also stole food from the shop to survive and pinched milk bottle money. Somebody noticed and Social Welfare took us into care.

I was initially placed at St Joseph's Orphanage in Dunedin. My memories are a bit hazy but I remember it was run by nuns and there were some good people there. They wanted us kids to stay together. I'm not sure how long we stayed there for, but it was a quick stay of a couple of nights. We were all made State wards at this stage. Dad couldn't look after us because he didn't have anywhere to live with us.

After that we all went to the Dunedin Girls' Home, which was also known as the Elliot Street Girls' Home. It was meant to be for girls, but there was nowhere else for us to go, so we stayed there until we got split up. Other girls were there for a range of reasons – care and protection, youth justice – but we were just there because there wasn't anyone to take care of us.

We were given a social worker but we didn't get to see them that often. I told them I wanted to live with my dad, but he was busy working and was staying in a room at a pub, so he couldn't take us. If they'd said to my dad that they could help us get a house so he could have taken us kids, maybe we could have stayed with our father, we would have stayed together, and everything would have been different.

If you were naughty or ran away you were sent to secure, the locked part, which had a big thick door like a jail cell and a little plastic window that was very thick and not breakable. There was just a bed and a table. I ran away a lot to try to see my dad. I'd visit him at the pub where he was living, or at his work. That meant I spent a lot of time in secure. I was in secure more than I was in the main area.

At the home, I was sexually abused by Edward Anand, who was a social worker there. He would come down to secure and molest me. He raped me about six or so times in there. The cells were soundproofed, so nobody could hear me screaming. He told us nobody would believe us if we said anything. I did tell, and so did other girls, but nobody cared, and he kept working there. I did tell – I told another staff member that Mr Anand was raping me, but I don't think they really cared. He still worked there for a few years after that. There were other girls who told as well – we all knew because we'd talk to each other about it.

I can't remember much that was good about Elliot Street. There weren't any adults there that I could trust. There were a lot of girls who were running away but they never thought to ask us why.

I was sexually abused in foster care too. I was 11 or 12 years old when I was placed in a foster home. I didn't see much of the mother – she would go to housie on a Saturday night and the father would look after me. He'd sit me down in the living room and look at pornographic magazines while he sexually abused me – touching and raping. I told someone what he was doing and they took me to the police station to make a complaint. He told police I was lying and that his parents were there on Saturday nights when his wife went to housie. So nothing came of my complaint, and nothing was written in my Social Welfare file.

I'd been running away a lot, shoplifting, and stealing cars, and went to Youth Court because of it. After that, I was sent to Kingslea. I wasn't molested at Kingslea, but I knew other girls who were. I spent a lot of time in secure because I kept running away. I didn't even know where I was going – I didn't know Christchurch, I'd just run away with other people, in groups.

I was sent to Arohata Borstal because I was hanging around with the wrong people and I got involved with criminal activities. There were some hardcore women there, and a lot of them were quite scary. Corrective training was horrible, a boot camp style sort of existence. I really hated it. There was no schooling or preparation for life outside, and it wasn't possible to run away from Arohata. Later, I ended up in Christchurch Women's Prison, with an 18-month sentence for fraud.

Being placed in State care definitely impacted me. I never dealt with all the things that happened to me during my upbringing, so as a consequence, those things are still affecting me today.

I didn't have a childhood. I had to behave like I was older than I actually was. My sisters and I didn't go to Elliot Street for being naughty, but we certainly learned how to be naughty in there. I'm not close with my siblings – that's a direct result of being split up when we went into care. We aren't in touch now.

I was deprived of having an adequate education while I was in State care. I can read and write but there's a lot of stuff that I don't know. I'd say I'm at primary school level for reading and writing. My daughter asks me stuff and lots of it I don't know – so I can't help her with any of her homework. I really notice it when I have to fill out forms because I don't know how to fill them out, and there's often no one there to help you do it.

I was diagnosed with PTSD a long time ago, and I'm also really affected by anxiety – I hate going to pick my daughter up from school, and wearing a mask makes me really anxious. I also have health issues – I have arthritis in my spine and legs, lung disease and back problems. I've struggled with a drug addiction, and I've made multiple attempts to kill myself.

I've been in violent relationships. I think I thought that violence and abusive relationships were normal because I'd seen so much violence growing up. I also didn't trust people after what I'd been through. One of my partners raped me and held a gun to my head, and I left that relationship.

I go with women now. When I was younger, I realised I was a lesbian but didn't act on it. I think it was because of what was happening to me – all relationships were abusive. My first relationship with a woman was in Christchurch Women's Prison.

Edward Anand, who raped me while I was in care, is still alive. In 2016, he was sentenced to 13 years' jail time for rape and seven indecent assault charges against victims aged between 10 and 15. I gave evidence at the trial. It was horrible seeing him at court, and he didn't have any remorse for his crimes against young girls. He's tried to get the charges dropped.

It would be good if the government would take responsibility for what happened to us. I think people who were abused in care should get better help. I'd also love to get an education, even now in later life, to make up for the years I lost.

Now, I have my whāngai daughter – she's my niece's daughter – and I go to church when I feel good. I found religion about the time I got my daughter. I have a much better life today.⁴⁰⁸

408 Witness statement of Ms HA (22 September 2021).

Ūpoko | Chapter 5

Te kite i te aumangea o ngā purapura ora

Recognising the determination of survivors

338. Survivor Tania Kinita shared her determination to thrive after her experiences in State care:

"I wasn't 'living' during my time in State care, I was struggling every day to survive. I lived in a constant state of fear and adults around me took my self-respect and mana. I could have been anything I wanted to be, but I was robbed of a childhood that truly allowed me to reach my full potential. I was depleted.

As a child, I carried the muri kawenga [burden and responsibility] of my whānau and whakapapa, something that was never mine to hold. As an adult, I have had to do a lot of healing to unpack this harm and release it with love. It has been a long journey, but one worth taking because I do not want my tamariki and mokopuna to carry the burden. I am actively breaking this cycle in my whānau.

At 50 years old, I can say that I love the life I have created for myself. I have an inner drive and strength to heal and restore my mana. I will not be another Māori statistic. I don't want to just survive, I want to thrive."⁴⁰⁹

339. Some survivors attempted to find healing within various State and faith-based redress processes. However, as outlined in the Inquiry's report He Purapura Ora, He Māra Tipu, often redress processes were confusing, frustrating, and traumatising, and ultimately were not healing for survivors.⁴¹⁰

340. In spite of the ongoing effects of the harm survivors suffered and the ongoing barriers to State and faith-based redress, all survivors demonstrated determination to endure, confront, persevere and triumph in the face of considerable and ongoing adversity. Coming forward to the Inquiry and sharing their experiences is testimony to this. The Inquiry acknowledges the strength it took for survivors to do so. Survivors gave many reasons for coming forward, the most common being to make sure abuse and neglect in care never happened to anyone ever again.

⁴⁰⁹ Witness statement of Tania Kinita (17 September 2022, page 16).

⁴¹⁰ Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021).

341. The Inquiry recognises that for many survivors the healing journey has not begun or is still ongoing. State and faith-based institutions have a role to play in ensuring survivors are able to “regenerate and grow despite the trauma that they have endured in their lives”.⁴¹¹ This includes the need to ensure justice for survivors, to provide meaningful holistic puretumu torowhānui for survivors, and to enact meaningful societal change to ensure abuse in care never happens again.

Te hiahia ki te panoni i te pūnaha me te whakaora **A desire to change the system and to heal**

342. Many survivors have a desire to change the system, to prevent ongoing abuse and neglect in care and to interrupt the transmission of intergenerational trauma. That is their motivation for sharing their experiences, in the hope that it will influence change for the betterment of all children, young people and adults at risk, in care now and in the future. Survivor Waaiti Ormsby said:

“If I can make a small difference, then the hurt and suffering that I experienced will not be in vain. Helping those who are vulnerable and breaking the cycle has been a hugely motivating factor for me to be involved in this process.”⁴¹²

343. Wanting to move forward was important to building resilience, and what moving forward looked like was different for each survivor. Some survivors talked about the healing journey they were on and what resources they used to help their healing, such as connecting to their ethnic cultures and languages. The examples set out below are just a small collection of experiences of strength and determination of survivors in adversity and in a world where they were set up to fail and suffer.
344. Many survivors spoke about wanting to heal for their whānau – particularly for their children and grandchildren – to break the cycle of harm that being in care had caused. Many survivors have also used their determination to heal, to share their experiences with others, to ask for accountability for what they endured and to fix a broken system.

⁴¹¹ Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, page 6).

⁴¹² Witness statement of Waaiti Ormsby (15 June 2022, page 10).

345. It is important to recognise, however, that none of these healing journeys are rooted in real justice for survivors. While individual healing is a triumph, systemic justice is required from State and faith-based institutions. These institutions must recognise the reality of, and take responsibility for, the ongoing impacts on our society to make true and meaningful amends. Survivor Dallas Pickering shared:

"I have now come forward to share my story with the Royal Commission, and with the public of New Zealand. The desperate cry of my heart is that other children do not have a childhood like mine."⁴¹³

He mea nui te tūhono anō ki te whānau me te hāpori Reconnecting with whānau and community is important

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

"Knowing my tribal connection is a very important part of my Māori culture. Introductions are always called for by acknowledging and naming our iwi, hapū, awa, and maunga. I missed out on those things growing up, and it greatly affected me, including my wairua, my mana, my sense of identity, my sense of purpose, any sense of papakainga or belonging ... a whanaunga of mine told me my whakapapa. In a week, I knew my pepeha and it stuck with me. This was extremely healing for me. I will always be thankful I knew her for putting [me] back on the path that led me to learning who I was."⁴¹⁴

347. The reconnection and strengthening of survivors' relationships with their whānau, their culture, and their identity have been integral in the process of breaking the cycle of intergenerational trauma. The Australian Inquiry into Child Abuse noted that where trust and confidence have been broken due to sexual abuse, re-establishing interpersonal relationships and emotional connections with family or support networks may also play a role in preventing ongoing adverse effects of the abuse.⁴¹⁵

413 Witness statement of Dallas Pickering (19 September 2022, page 26).

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

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

348. Tikanga and the values that underpin tikanga provide a framework to empower whānau to move forward with their lives. Māori survivor Tumohe Clarke (Ngaati Hauaa and Ngaati Korokii Kahukura), shared:
- “In my view, as Māori we have the tikanga and values to lead the change for ourselves. Tikanga has given me the framework to be able to navigate life in a way that is acceptable, in a way that is tika for myself and for my whaanau. Hei painga moo te oranga o te tangata, moo te oranga o te whaanau moo te oranga o te Iwi.”⁴¹⁶*
349. Samoan survivor Ms TU was adopted by a Palagi family in a closed adoption and was completely cut off from her kainga and culture. Ms TU struggled with her cultural identity for most of her formative years and continues to do so today.⁴¹⁷ Despite this, in 2015, with the support of her biological sister and her Samoan family, Ms TU travelled to Samoa to receive her malu;⁴¹⁸ a tatau (tattoo) for women that covers the legs from behind the knee to the upper thighs. It is of great cultural significance and tells the story of one’s family, their history and connections.
350. Samoan survivor Malia Patea-Taylor shared how she grew up immersed in her culture fa’asamoa but after being abused by family members was taken into State care and moved multiple times. She became very disconnected with her culture and family to the extent she “hated Samoans”.⁴¹⁹ During her time in care, she maintained a relationship with a Māori family who were friends of her stepfather and who tried unsuccessfully to adopt her. At the end of her time in care the Māori whānau became her whāngai whānau and helped her reconnect with her Samoan side.⁴²⁰ She travelled to Samoa to connect with her wider family and in sharing what happened to her at the hands of her mother, uncle and cousin, she found restitution. Her maternal uncles wept with her, accepted her and apologised for her sufferings. They encouraged her to receive a malu, reconnecting her to her family and her culture.⁴²¹ Years later, her Māori whāngai whānau asked that she bear a moko kauae, to reflect raising her and the alofa they had for her.⁴²²
351. Māori survivor Karl Te Tauri (Ngāti Porou) shared that his reconnection to his marae as an adult has allowed healing to take place. He shared that “this was the step in the right direction, and for the first time [I] could see the light in the end of a very long tunnel.”⁴²³

416 Witness statement of Tumohe Clarke (11 August 2021, page 20).

417 Witness statement of Ms TU (29 June 2021, paras 98–107, 132–137 and 148–179).

418 Witness statement of Ms TU (29 June 2021, paras 180–186).

419 Private session transcript of Malia Patea-Taylor (27 September 2022, pages 33 and 37).

420 Private session transcript of Malia Patea-Taylor (27 September 2022, page 37).

421 Private session transcript of Malia Patea-Taylor (27 September 2022, pages 40–41).

422 Private session transcript of Malia Patea-Taylor (27 September 2022, page 43).

423 Witness statement of Karl Te Tauri (2 August 2021, paras 11–12).

352. Some survivors have shared that the journey of learning te reo Māori has enabled them to connect to their whakapapa, to their culture, and to their identity. Māori survivor Hurae Mokaia Wairau (Ngāti Porou and Ngāti Kahungunu) shared:

“Te ao Māori is a different world, and it is the world I love. I love to kōrero Māori. I also love to perform waiata and kapa haka. That is where I am, the real me.”⁴²⁴

Te whakaora mā te whakapono me te wairuatanga Healing through faith and spirituality

353. Many survivors have spoken about finding healing through connection to faith or spirituality. This healing has come both from the beliefs and teachings of their respective faiths, as well as from the sense of belonging and community found therein. It is, however, important to note that there is a unique tension between those who were abused in faith-based settings and those who subsequently found healing through faith. Some survivors who experienced abuse in care, particularly faith-based care, lost their faith.

354. Tokelauan and Māori survivor Mr TH shared how the abuse affected his faith:

“I was angry at God. I would ask him: why did you do this to me? Why did you bring all this pain and suffering to me? Why do you hate me so much? ... I hated him for all the shit I went through and wondered why he let it happen to me ... One day, when I was in my twenties, my aunty took me to church with her. That’s how I started going back to church. I gave my life to the lord. I felt a peace sensation come over my whole body. Everything felt right again. I stopped being angry at God.”⁴²⁵

355. Whakapono is the concept of faith or a belief system within te ao Māori, and many Māori survivors have expressed that strengthening their whakapono has provided a pathway for intergenerational healing to take place.⁴²⁶ The power of whakapono was further reinforced by survivor Hone Tipene, who shared:

“I use karakia every day now. I never used to. Te ao Māori gives me that guidance. It showed me who I am as a Māori, where I wasn’t to be as a Māori, and who I can be.”⁴²⁷

424 Witness statement of Hurae Wairau (29 March 2022, page 15).

425 Witness statement of Mr TH (7 June 2021, pages 18 and 23).

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

427 Witness statement of Hone Tipene (22 September 2021, page 32).

356. Some survivors have shared that forgiveness or letting go of the hara as being a major factor in their own healing.⁴²⁸ The whānau of survivor Kuini Karanui shared the story of their whaea (mother, aunt):

“She was always forgiving, so I guess she had this unconditional love and she’s been very clear in the statement, she didn’t want to name anybody, and she wanted no follow-up for any whānau that she was harmed by. And I guess what she would want to do to finish up is to finish with forgiveness and for recognition of the lessons that were learned ... now we have to live by the values that she’s left with us.”⁴²⁹

Te whakaora mā te mātauranga, te whaimahi, me te kōkiri

Healing through education, employment and advocacy

357. Some survivors spoke about beginning their journey of healing through kaupapa Māori programmes. This was particularly the case for many Māori survivors who were introduced, or reintroduced, to te ao Māori while in prison. Survivor Karl Te Tauri shared that “While in prison I got to meet Herewini Jones in the Māori focus unit. He delivered the program Mahi Tahī to prisoners, and that kaupapa taught me things like Te Whare Tangata and Mana Wahine. It was powerful and moving, and it was my first journey into Te Ao Māori, and it ignited something in me. I wanted more.”⁴³⁰ This was the beginning of a journey for Karl Te Tauri that allowed him to “see the light at the end of a very long, dark tunnel.”⁴³¹
358. Some survivors went on to study and pursue careers that enabled them to advocate for and assist those who are in care or have had similar experiences to them.⁴³² Samoan survivor Fa’afete Taito studied at the University of Auckland and is now an advocate for those with similar backgrounds to him; survivors of abuse in care and those who went on to join gangs.⁴³³ Survivor Mr LC didn’t want his children to go through what he went through. He and his brother-in-law started a contracting business to help those in their community get into trade work. Mr LC’s three sons are all qualified tradespeople.⁴³⁴

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

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

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

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

432 Witness statements of Wiremu Waikari (27 July 2021, page 50, paras 344 and 345); Tania Kinita (17 September 2022, page 15, para 119) and Tupua Ulrich (4 February 2022, page 13, para 53).

433 Witness statement of Fa’afete Taito (24 September 2019, page 7, paras 33–34).

434 Witness statement of Mr LC (26 January 2022, pages 5–6).

359. Many survivors have found healing by helping others through their healing processes. For some survivors, the trauma they have experienced informs their perspective and approach when assisting others to navigate their own journeys of healing.⁴³⁵ Paora (Paul) Sweeney shared his experience of becoming a drug counsellor in the drug unit in a prison. On reflection, he noted:

"I think it's because of my past that I'm able to work with the guys in the prison. I've had to turn my past into something that's useful for me. It's the only education I've known. When I went to work in the jail, there were a couple of people there that were far more qualified than me, but I got the position."⁴³⁶

Te whakaora mā te toi auaha me te hākinakina **Healing through creative arts and sport**

360. Some survivors have found a sense of fulfilment and healing through the arts allowing them to express their deepest and most authentic selves. When Samoan survivor Fa'amoana Luafutu was released from prison in 1983, he committed to making a change for himself so he sought help and entered rehabilitation. "[I] came to realise that I had artistic and creative skills. Part of this journey was taking myself back to that little child I was and writing out my story from the beginning".⁴³⁷ Writing about his own experience became a powerful turning point in his life. He was finally in control of his own narrative, sharing his experience in a way that was authentic, comfortable and purposeful for him. Fa'amoana has continued to share his story and is now recognised throughout Aotearoa New Zealand as a playwright, musician, artist, actor and writer.

361. Since leaving Gloriavale, Lilia Tarawa (Ngāi Tahu) has become a bestselling writer with her book *Daughter of Gloriavale: My Life in a Religious Cult*. She promotes self-care, liberation and empowerment, and her TEDx Talk, 'I grew up in a cult. It was heaven – and hell' has more than 12 million views on YouTube.

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

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

437 Witness statement of Fa'amoana Luafutu (5 July 2021, page 12).

362. Survivor Catherine Daniels found that sculpture helped her healing by enabling her to express her emotions through art, as it was a struggle to express them through words. Catherine's art has been on exhibition multiple times, and for her, "this art form is a real way of letting other people portray their journey as well".⁴³⁸ Catherine's hopes are that her art brings awareness to sexual abuse and the need for change.⁴³⁹



363. Karl Te Tauri shared that his sense of purpose and meaning has come about through the opportunity to coach rugby league to at-risk rangatahi Māori:⁴⁴⁰
- "Kids are the kaupapa and sport is the tool that connects us. Working with at risk youth is now my life's kaupapa. Because we can connect, we have the opportunity to ignite and bring about real positive change, and that's exactly what we've been doing."***⁴⁴¹
364. Karl Te Tauri founded a rugby league club, and this has been the vehicle to provide support to rangatahi Māori to learn new skills and put them on the right pathway.⁴⁴² There have been many rangatahi Māori that have come through the organisation and have gone on to become New Zealand Māori rugby league representatives, with many others becoming role models and leaders within their respective whānau and communities.⁴⁴³

438 Witness statement of Catherine Daniels (7 June 2022, page 4).
439 Witness statement of Catherine Daniels (7 June 2022, page 11).
440 Witness statement of Karl Te Tauri (2 August 2021, page 10).
441 Witness statement of Karl Te Tauri (2 August 2021, page 10).
442 Witness statement of Karl Te Tauri (2 August 2021, page 10).
443 Witness statement of Karl Te Tauri (2 August 2021, page 10).

He mea nui te whati i ngā hurihanga tuku iho Breaking intergenerational cycles is important

365. Many survivors have broken the cycle of violence, abuse, offending and recidivism within their whānau, creating a pathway for better outcomes for their tamariki, mokopuna and future generations.
366. Regarding the over-representation of Māori in negative family violence statistics, the rates at which children are taken into care, and the gross over-representation of Māori in the criminal justice system, including in rates of incarceration, the report Te Ara Takatū notes:

“Ngā mōrehu Māori described how difficult it was to break these cycles and learned patterns of abuse. But celebrated their resilience and examples, including within their own whānau, of these cycles being broken. For some survivors they were able to begin their journey of reconnection to Te Ao Māori while in prison, for example, or to pursue their education as adults.”⁴⁴⁴

367. Survivor Alfred Ratima shared that he has broken the cycle:

“When my first child came along, I was concerned that I might be like my dad so I went and saw my doctor for advice. He told me to ‘man up’. When I’m not working, I’m always with my kids. Sure, they’ve seen me swear, and I’m certainly no angel, but I’ve never hit them and made sure they were well looked after. When it comes to my kids, I’ve tried my best. I think I’ve broken the cycle. None of my kids have entered the system. At least I can say that much.”⁴⁴⁵

368. Those who attended a wānanga of survivors of abuse at Hato Pāora and Hato Pētera schools told the Inquiry that wrap-around support for survivors, particularly those returning to society from prison, is crucial to their ability to break these cycles.⁴⁴⁶


369. The following tongi (or saying) of Tāwhiao has been used to articulate the resilience of survivors:

*Māku anō e hanga tōku nei whare
Ko te tāhuhu he Hīnau ko ngā pou pou he Māhoe, Pātātē.
I will rebuild my house, the ridge will be Hīnau, the posts, Māhoe
and Pātētē.*

444 Te Ara Takatū, Report from a wānanga on a tikanga Māori based approach to redress (July 2021, page 14).

445 Witness statement of Alfred Ratima (2 August 2021, pages 10–11, para 8.3).

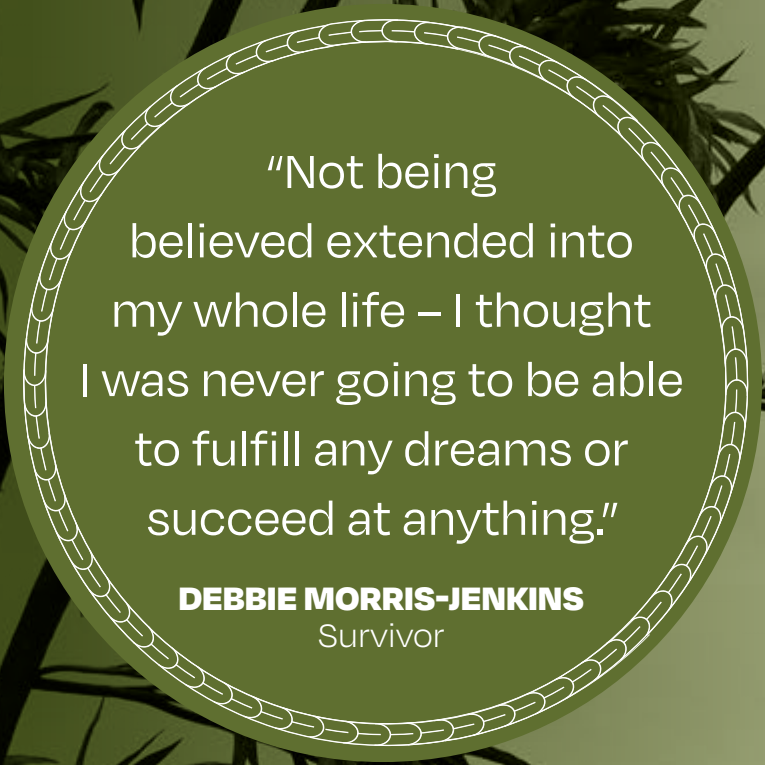
446 Collective submission of attendees at Hato Pāora and Hato Pētera Wānanga (4 October 2022, page 4).



Ngā whakataau mō te aronui ki te manawatīti o ngā purapura ora


Conclusions on recognising the determination of survivors

370. All survivors who spoke to the Inquiry showed determination and strength despite the immeasurable harms they had suffered in care and the ongoing impacts and adversity many continue to suffer.
371. Reconnecting to whānau, community, culture, faiths, and spirituality have been crucial in many survivors' healing journeys. Many also found healing and fulfilment through pursuing education, employment, advocacy, sports and sports clubs, and through expressing themselves through art.
372. Many survivors spoke of a desire to change the system, to prevent ongoing abuse in care and to end intergenerational trauma.
373. Of all the reasons and motivations to share their experiences and heal from their trauma, what the Inquiry heard most from survivors was their desire to change the system, to prevent abuse and neglect in care from occurring, to disrupt cycles of trauma, and to create better outcomes for their children, grandchildren, and future generations.



"Not being
believed extended into
my whole life – I thought
I was never going to be able
to fulfill any dreams or
succeed at anything."

DEBBIE MORRIS-JENKINS
Survivor



"The only
time they knew
I was Pasifika was
when they were calling
me a coconut."

MR NM
Niuean

Mr NM

Hometown: Whāngarei

Age when entered care: 12 years old

Year of birth: 1957

Time in care: 1967–1973

Type of care facility: Foster care; boys' homes – Ōwairaka Boys' Home in Tāmaki Makaurau Auckland, Hokio Beach School near Taitoko Levin.

Ethnicity: Niuean

Whānau background: Mr NM is the fourth youngest of 10 children and the first born in Aotearoa New Zealand in his family – the others were born in Niue.

Currently: Mr NM has a daughter and two sons and is involved in a youth trust for Aotearoa New Zealand-born Niueans to help young people connect with their culture. His parents have passed away.



My family moved to New Zealand from Niue when I was fairly young. I spoke Niuean at home and English at school. My parents were busy working, and I started hanging around with some street kids. I was arrested for vandalism at about 11 years old, and I was 12 when I was taken to Ōwairaka Boys' Home. I was in and out of there and Hokio Beach School for a few years.

There was physical abuse and the 'kingpin' system, and a lot of racism. I was put in secure too. I told my parents what was going on, but they didn't believe me. I also went to foster care with a Pālagi family, and that was a real culture shock – I was completely lost.

It was confusing to me because I kind of lost my identity as a Niuean. I was surrounded by Māori boys, and the staff treated us all the same. There was nothing cultural for Pasifika in care. The only time they knew I was Pasifika was when they were calling me a coconut. I just lost my identity, and I took up the next best thing and became a Māori. I learned te reo and did well at that, but I just did what I had to do to survive.

Ōwairaka was a hard and violent environment, but I think it wasn't so much the violence for me but the mental side of things – I'd had enough, and I started having suicidal tendencies. I just kind of gave up and lost everything.

I was separated from my parents. They didn't visit often. I saw them probably about three times while I was in care.

I got out of Ōwairaka, aged 16 and went back home, trying to find a connection with my parents, trying to find some love. But it wasn't the same, and I just gave up on my mum and dad and family and went out and did my own thing. It became a cycle – I went from boys' homes to prison to being in the gangs, and then I had kids and everything changed for me – my whole outlook of purpose. I decided to break the cycle. I broke away from the gang scene and went up north and became more assimilated into the Māori way of living.

I've slowly reclaimed my Niuean identity, but it took a long time. Even though I was New Zealand born, we've still got these barriers you have to go through to get to know your roots. Now the thing is to try to get my family to connect with that identity. I've raised my kids more Māori than Niuean, but I wanted to bring them up with both cultures and to be proud of who they are.

Having kids – my daughter and sons – that kind of steered me away and onto a better path, but I'm still trying to find that direction and guidance. A lot of times it comes back to what happened to me in care, and I know I need to be proactive and positive. What I've got to share, it can make a big impact on a lot of others. It's just about moving forward, and we all go forward together. I know it's still a long way to go.⁴⁴⁷

447 Private session transcript of Mr NM (20 January 2022).

Ūpoko | Chapter 6


Ngā whakatau mō ngā pāpātanga o te tūkinotanga me te whakahapatanga i ngā pūnaha taurima

Conclusions on the impacts of abuse and neglect in care

374. The cumulative harm and resulting trauma that survivors of abuse and / or neglect suffered while in State and faith-based care is immeasurable. Survivors experienced devastating physical, emotional, mental, social, cultural, spiritual, educational and financial effects on every facet of their lives. Survivors told the Inquiry about the long-term physical, psychological, cognitive and behavioural effects, which have led to long-term societal consequences. Some survivors took their own lives as a result. The impacts of abuse and neglect are compounding and lifelong – they have shaped the everyday life of the survivor, their whānau and support networks. The sheer scale of accumulated harm at the individual and collective level is expressed in survivor evidence.
375. As set out in the Inquiry's previous reports,⁴⁴⁸ the loss survivors experienced includes a loss of childhood, innocence, family relationships, self-esteem, faith, personal power and self. Their trust was betrayed, for many, at the youngest of ages, and they are unable to trust those around them. The overall impact on their sense of safety and their wellbeing was changed forever. The quality of their lives has been irreparably damaged.⁴⁴⁹
376. While there are many impacts that are broadly common to all survivors and across all settings, there are groups that were disproportionately impacted with distinct outcomes due to the survivor's ethnicity, circumstances, experiences and the specific types of abuse experienced while in care.

⁴⁴⁸ Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Pūretumu Torowhānui, Volume 1 (2021); Royal Commission of Inquiry into Abuse in Care, Beautiful children: Inquiry into the Lake Alice Child and Adolescent Unit (2022); Royal Commission of Inquiry into Abuse in Care, Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust (2023).

⁴⁴⁹ Witness statements of Jason Fenton (16 March 2022, page 21, para 6.13); Ms AG (25 August 2021, page 19, para 143) and Mr EI (20 February 2021, page 14, para 3.10).


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377. The impacts of abuse and neglect for Māori survivors also include the deliberate disconnection from te ao Māori. This resulted in intense whakamā (shame), not knowing their cultural identity, being disconnected from whānau and whakapapa, loss of te reo Māori, tikanga Māori and mātauranga Māori. The trauma of the abuse and neglect was intergenerational, transferring from survivors to their tamariki, mokopuna, whānau, hapū and iwi.
378. The impacts of the ongoing denial of tino rangatiratanga over kāinga, the inability to protect their own and the loss of future leadership, were further compounded by racism in the care system and wider society and the ongoing effects of colonisation.
379. Pacific survivors and their kainga also experienced the transfer of trauma to future generations. Survivors spoke of the devastation and harm caused by cultural disconnection and the loss of cultural identity, causing harm to the vā, which is the 'space between' that holds people together. This resulted in intense shame, disconnection from their Pacific world view and loss of community, which impacted on fakatupuolamoui – the ability to live vigorously and abundantly.
380. Disabled survivors experienced segregation and restricted contact from their whānau, communities and society, causing acute pain, isolation and lifelong negative impacts. This separation also denied Māori and Pacific survivors access to their cultural beliefs, values and practices. Disabled survivors were also regularly dehumanised and stripped of their autonomy, which not only caused immense mental and emotional harm but also restricted survivors life opportunities.
381. Deaf survivors experienced educational, linguistic and cultural neglect in care, which meant they did not develop language competency and were denied any understanding that they were a member of Deaf culture.
382. The societal impacts of abuse in State and faith-based care are enduring. Historical and contemporary abuse of children, young people and adults in care contributed to an intergenerational transfer of social inequalities. This includes inequitable health and education outcomes, higher incarceration rates, intimate partner violence, family and whānau violence, unemployment, homelessness, mental distress, substance misuse and abuse, an overall reduced number of life opportunities, and self-inflicted death.
383. Many impacted individuals acquired disability and experienced mental distress, disrupting lives that might otherwise have been easier, longer, less physically and mentally painful, and with exposure to fewer layers of discrimination.
384. In the face of horrific abuse and neglect, many survivors have demonstrated extraordinary determination and resilience through their ability to endure, confront, persist and triumph in the face of considerable and ongoing adversity.


Ūpoko | Chapter 7

Ngā pāpātanga – ngā kitenga matua

Impacts – key findings


385. Clause 31(c) of the Terms of Reference requires the Inquiry to make findings on the impact of the abuse and neglect on individuals and their families, whānau, hapū, iwi, and communities during the Inquiry.
386. The Inquiry finds:
- a. Many survivors who were abused or neglected in care have gone on to lead fulfilling lives, and some have worked courageously to improve the future for children, young people and adults in care in Aotearoa.
 - b. Some people who were abused or neglected in care took their own lives or died as a result of their experiences in care.
 - c. Evidence of unmarked graves for patients who died at some psychiatric hospitals across Aotearoa New Zealand, particularly at Porirua, Tokanui and Sunnyside Hospitals.

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- d. Most survivors suffered harm and have not been able to live their lives to their full potential. The impacts have been life-long or temporary. These were and are co-occurring, where one type of impact of abuse or neglect will intersect with other impacts. Impacts have included:
- i. difficulty with establishing intimate relationships
 - ii. difficulty with maintaining family relationships
 - iii. devastating effects on their health and wellbeing
 - iv. damaged mental health and emotional wellbeing
 - v. lack of education opportunities impacting on ability to participate in society
 - vi. reduced opportunities for gaining and maintaining employment opportunities
 - vii. increased financial insecurity
 - viii. experiencing periods of homelessness
 - ix. reduced trust in authority
 - x. for some, pathways into addiction
 - xi. for some, pathways into sex work
 - xii. for some, pathways into criminality and prison
 - xiii. for some, pathways into gang membership
 - xiv. for some, entrapped in institutional care
 - xv. struggles with sexual and gender identity;
- e. For Māori survivors in addition to the impacts outlined above, they experienced:
- i. disconnection from whakapapa and te ao Māori
 - ii. loss of identity as Māori, te reo, tikanga and matauranga Māori
 - iii. loss of confidence resulting from this loss of identity
- f. Survivors struggled to understand their identity.
- g. Many survivors were already at risk of poor life outcomes before they went into care due to poverty, trauma, and the need for additional support from others. Instead of receiving support and protection in care, these survivors experienced abuse and neglect.
- h. During the Inquiry period, harm was pervasive in social welfare institutions. over 30 percent of children and young people went on to serve prison sentences later in life. Tamariki and rangatahi Māori were significantly over-represented in these numbers.

- 
- i. Māori survivors, including tangata Turi Māori, tangata kāpō Māori, whānau hauā Māori, tāngata whaikaha Māori and tangata whaiaora Māori often experienced disconnection and isolation from their whānau, hapū, iwi and whenua, and their ability to access and participate in te ao Māori. This disconnected them from their tūrangawaewae, causing many to feel a deep sense of whakamā and isolation. This disconnection and the ongoing impacts of colonisation and urbanisation, compounded the impacts of the abuse and neglect they suffered. These impacts were felt intergenerationally, particular by survivors' children and grandchildren, and collectively by hapū and iwi.
 - j. The intergenerational impact of abuse and neglect has been experienced by their children, grandchildren, whānau and future generations. The impacts have also affected their support networks, hapū, iwi and communities.
 - k. Some whānau, support networks, hapū, iwi or communities of survivors experienced guilt and regret for the harm experienced by their loved-ones while they were in care.
 - l. Whānau, hapū and iwi were deprived of exercising tino rangatiratanga over kāinga (home) by caring for and nurturing the next generation.
 - m. For tamariki, rangatahi and pakeke Māori, the impacts of abuse and neglect in care caused a disruption to the collective ability of Māori to live as Māori and to participate and contribute to Māori social, cultural and political life within whānau, hapū and iwi. There has been a loss of members to transfer cultural practices, tikanga, te reo and mātauranga Māori which also has inter-generational impacts, a loss of potential leadership to sit on taumata or on the paepae and is a transgression of whakapapa.
 - n. Often when children, young people and adults in care returned home reintegration was difficult, or never achieved. Some people were never able to return or have any ongoing connection with their whānau, support networks, hapū, iwi or communities.
 - o. Deaf, disabled, and mentally distressed survivors, including tangata Turi Māori, tangata kāpō Māori, whānau hauā Māori, tāngata whaikaha Māori and tangata whaiaora Māori experienced ongoing daily discrimination which further impacted their lives, led to invisibility and sometimes limited or restricted their ability to leave care.
 - p. Pacific survivors often experienced a loss of connection to their kainga, culture, language and cultural identity. This breached the vā, resulting in trauma that has been carried from generation to generation.



- q. The lack of acknowledgement or apology from those in power creates further trauma for survivors. Where acknowledgements have been made, they were often too little and too late.
- r. Abuse and neglect, and the ongoing associated intergenerational harm and trauma, have contributed to social inequities.
- s. The average lifetime cost to the survivor of the loss of enjoyment of things that New Zealanders think are day-to-day activities is estimated to be approximately \$857,000.
- t. Based on the estimated number of people abused and neglected in care between 1950 and 2019, the total cost is estimated to be between \$96 billion and \$217 billion, of which the smallest proportion is paid by the taxpayers of New Zealand, is up to \$46.7 billion. The largest cost, estimated up to \$172 billion, is borne by survivors.



"I don't trust anyone and
have learnt to hate people."

MR NK

Pākehā, Māori (Ngāti Raukawa)

He waiata aroha mō ngā purapura ora

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

– Paraone Gloyne

A Love Song for the Living Seeds

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

Left alone, abandoned by justice and order

Subjected to the silent suffering of mistreatment

A heaviness in the core, silenced into stillness

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

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

A night dark and dense

Where there may be no turning in your memories

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

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

Is memory dead? No, certainly not!

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

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

Emerging from the troubled world to a world of promise

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

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

Scattered across the land, cherished and growing in abundance

Rising in One-haumako, in One-whakatupu

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

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

Thus, it will thrive, flourish, and burst forth

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

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

A crossing of life indeed!

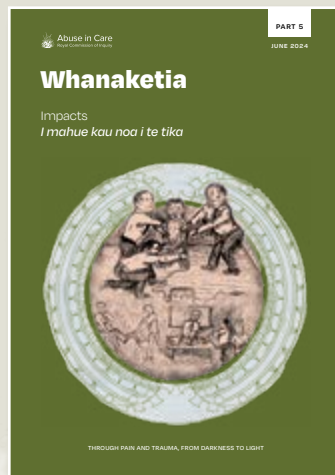
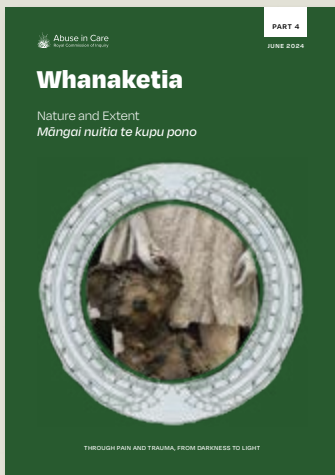
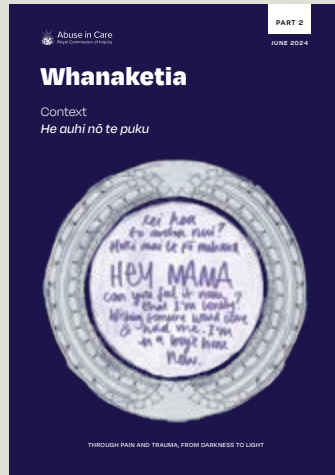
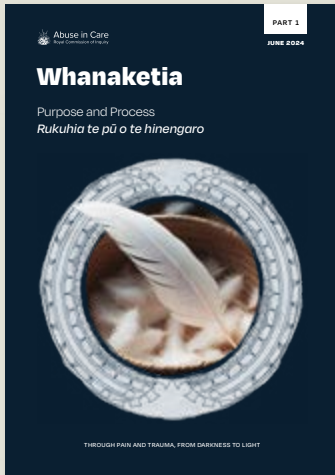
– Paraone Gloyne



Whanaketia

The report is made up of a preliminary, nine parts and five case studies. Whanaketia should be read in full, along with the other reports from the Commission to understand the overall picture of abuse in State and faith-based care from 1950 to 1999.

THROUGH PAIN AND TRAUMA, FROM DARKNESS TO LIGHT





Abuse in Care
Royal Commission of Inquiry