

Women and girls' experiences of abuse and neglect in care

Summary and key messages



JUNE 2024



Abuse in Care
Royal Commission of Inquiry

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

ISBN 978-1-0670299-5-1 (online)

Crown Copyright New Zealand 2024

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 mārā 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*



Pānui whakatūpato

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



Distressing content warning

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

The Royal Commission of Inquiry examined the abuse and neglect of children, young people and adults in State care and in the care of faith-based institutions. This summary provides an overview of women and girls' experiences of abuse and neglect in care during 1950-1999.

Contents

Chapter 1: Introduction	2
Chapter 2: Executive summary	3
Chapter 3: Context	5
Summary of female survivors who registered with the Inquiry	5
Historical and social context most relevant to women and girls	5
Unmarried mothers' homes and adoptions.....	8
Chapter 4: Circumstances that led to women and girls entering care	11
Sexism and gender-based discrimination led to placement in care.....	11
Entries of women and girls into psychiatric care.....	11
Entries of women and girls into unmarried mothers' homes.....	12
Entries of women and girls into social welfare care	14
Chapter 5: Nature and extent of abuse and neglect of women and girls in care	17
Types of abuse and neglect experienced by women and girls in care	18
Psychological and emotional abuse and neglect	18
Medical abuse and neglect.....	19
Physical neglect.....	21
Abuse and neglect in unmarried mothers' homes	22
Unmarried pregnant girls and women were verbally abused and shamed	23
Physical abuse and neglect and financial abuse in unmarried mothers' homes.....	23
Medical abuse and neglect during pregnancy and childbirth	24
Psychological abuse through coerced and forced adoptions	26
Chapter 6: Impacts of abuse and neglect on girls and women in care	29
Impacts of forced vaginal examinations of women and girls	29
Impacts of forced adoptions	30

Chapter 7: Factors that contributed to abuse and neglect of girls and women in care.....	33
The people at the centre of abuse and neglect	33
Institutional, structural and systemic factors that contributed to abuse and neglect in care	35
Faith-specific factors that contributed to abuse and neglect in care	37
Gendered roles and sexism in positions of authority	38
Negative attitudes about female sexuality and sex led to abuse and neglect.....	41
Religious beliefs were used to justify abuse and neglect in unmarried mothers' homes....	43
Societal factors that contributed to abuse and neglect in care.....	43
Sexism	43
Lessons identified and changes made.....	44

Chapter 1: Introduction

1. This summary describes the abuse and neglect in State care and in the care of faith-based institutions experienced by women and girls during the Inquiry period (1950 to 1999).
2. Chapter 2 is an executive summary.
3. Chapter 3 provides the context for this summary, including the number of female survivors who registered with the Inquiry, and the historical and social context most relevant to women and girls during the Inquiry period. each
4. Chapter 4 describes the circumstances that led women and girls into care during the Inquiry period. This chapter explains how sexism and gender-based discrimination played a particular role that led to many women and girls entering psychiatric care, unmarried mothers' homes and social welfare care.
5. Chapter 5 discusses the nature and extent of abuse and neglect experienced by women and girls in State and faith-based care. It focuses on the types of abuse and neglect that were differently experienced by women and girls – psychological and emotional abuse and neglect, medical abuse and neglect and physical neglect. It also describes the abuse and neglect in a care setting that was unique for female survivors – unmarried mothers' homes.
6. Chapter 6 describes the impacts on women and girls of the abuse and neglect they suffered in care, particularly due to forced vaginal examinations and coerced adoption of their babies.
7. Chapter 7 explains the factors that contributed to women and girls being abused and neglected in care. It focuses on the factors that had specific effects on girls and women. These were the societal factor of sexism and gendered discrimination against women and girls, and faith-specific factors including gendered roles and sexism in positions of authority, negative attitudes about sex and female sexuality, and religious beliefs that were used to justify abuse and neglect in unmarried mothers' homes. It also summarises the lessons learned and the changes made to prevent and respond to abuse and neglect by State and faith-based institutions that provided care.

Chapter 2: Executive summary

8. Prevailing societal attitudes in Aotearoa New Zealand throughout the Inquiry period resulted in women and girls being placed in a variety of care institutions; those views also shaped their experiences while in care.
9. During the Inquiry period, Aotearoa New Zealand society held narrow views about the place of women and girls in society, informed by Christian morality, social conservatism and rigid ideas about gender roles, including what constituted appropriate sexual behaviour. Women and girls whose behaviour did not fit these norms were often hidden away or sent to be reformed. Women and girls who were pregnant outside of wedlock were often left with no choice but to go to unmarried mothers' homes and, once there, were coerced or pressured into adopting out their babies.
10. Sometimes, women and girls' appropriate emotional responses or inability to cope with trauma or negative life events led to psychiatric admissions. Medical professionals sometimes dismissed women's physical pain and symptoms as 'all in their heads' and placed them into psychiatric care. Heightened anxieties in the 1950s and 1960s about juvenile delinquency, particularly female 'promiscuity', contributed to women and girls being placed in social welfare care.
11. When in State and faith-based care, women and girls were subjected to unique forms of abuse and neglect, much of which was specific to their gender and layered with misogyny and sexism. Survivors spoke about being treated as promiscuous and dirty, and being shamed, degraded and demonised for their bodies and behaviours. This was experienced in the form of emotional and psychological abuse, including verbal abuse. It was particularly evident in faith-based care settings.
12. Girls and women in care experienced medical abuse in the form of traumatic and invasive vaginal examinations. These examinations were undertaken on the assumption that girls in care were promiscuous and were infected with sexually transmitted diseases, even in cases where young girls told authorities that they had never had sex. In disability and mental health settings, the Inquiry heard of women being forcibly sterilised, medicalised (including being given contraception without informed consent), as well as women being forced to have abortions – sometimes without their knowledge until after the procedure.
13. Many women and girls in care were denied access to menstrual products, as well as information and support about menstruation. In faith-based settings, this form of physical neglect was often accompanied by being shamed and verbally abused for being 'dirty'.

14. Gendered abuse was particularly evident in unmarried mothers' homes. Young girls and women were subjected to verbal abuse, physical abuse and forced labour, medical abuse during pregnancy and childbirth, and psychological and emotional abuse through being coerced or forced to adopt out their babies. The demonisation, dehumanisation and subsequent abuse of girls and women in the homes were justified or reinforced by religious beliefs.
15. The abuse that survivors endured has had lifelong and intergenerational impacts. Women and girls in care who were subjected to vaginal examinations experienced shame, humiliation, physical pain and trauma. For some, this has led to a lifelong fear of doctors and reluctance to seek medical help. Mothers who were coerced into giving up their babies for adoption told the Inquiry about their profound grief, and the effect this has had on the rest of their lives. Māori women and girls who were either birth mothers or babies adopted through closed adoption practices faced severance of connections to their whakapapa, language and culture.
16. The personal factors that contributed to women and girls being placed into care also meant they were more vulnerable to being abused and neglected in care. This was due to societal attitudes and discrimination based on racism, ableism, disablism, sexism, homophobia, transphobia and negative stereotypes about children and young people, poverty and welfare dependency.
17. Women and girls who were living in poverty, were Māori, Pacific, Takatāpui, Rainbow or MVPFAFF+, Deaf, disabled or experiencing mental distress, had experienced adverse childhood events, and / or had a deferential attitude to people in positions of authority, were more likely to be placed in care, and to be abused and neglected while in care. Women and girls who were, or experienced, multiple combinations of these factors were at higher risk.
18. Most of the systemic or institutional factors that the Inquiry found contributed to abuse and neglect of children, young people and adults in State and faith-based care did not have a significantly different effect on women and girls. However, some faith-specific factors, including sexism in positions of authority and negative attitudes about female sexuality, contributed to girls and women being shamed, demonised and dehumanised in faith-based care. Christian religious beliefs, like the connection between suffering and salvation and the reformation of sinners, were used to justify the physical, medical and verbal abuse of women and girls in unmarried mothers' homes.
19. Societal attitudes throughout the Inquiry period directly contributed to survivors entering care and suffering abuse and neglect in care. For girls and women, the most significant of these societal attitudes was sexism – prejudice and discrimination against girls and women. Although the sexism and gendered discrimination faced by women and girls in Aotearoa New Zealand changed during the half century of the Inquiry period, it did not go away. The influence of negative societal attitudes about women and girls persists to this day.

Chapter 3: Context

Summary of female survivors who registered with the Inquiry

20. In total, 2,329 survivors registered with the Inquiry. Part 1 of the Final Report sets out that 40 percent (932 survivors) of registered survivors identified as female. The Inquiry recognises that the true number of girls, young women and adult women who experienced abuse and neglect in State and faith-based care may be far greater.
21. The table below sets out additional demographic information about survivors who registered with the Inquiry:

Registered survivors	Total number	Number of girls and women
Māori survivors	1,018	388 (38 percent)
Pacific survivors	113	32 (28 percent)
Takatāpui, Rainbow and MVPFAFF+ survivors	162	70 (43 percent)
Disabled survivors	624	224 (36 percent)
Deaf survivors	130	63 (48 percent)
Survivors who experienced mental distress	1,921	784 (41 percent)
Gang whānau survivors	333	74 (22 percent)
Survivors who had been to prison	683	125 (18 percent)

Historical and social context most relevant to women and girls

22. Understanding the historical and social context the care system operated in before and during the Inquiry period is crucial in understanding women and girls' experiences of abuse and neglect in State and faith-based care.
23. Europeans came to Aotearoa New Zealand at a time when the idea of the nuclear family with the husband or father figure as the household leader was emerging. European women did not have independent legal identities and their bodies and children were considered the property of their husbands.¹ Women carried the main responsibility for childcare and housekeeping and faced legal and social barriers to participation in civil life and employment.²
24. In the 19th century, churches established women's homes in response to concerns about prostitution and women's sexuality, to address what they saw as unhealthy sexual behaviour and a threat to morality. Missionaries sought to 'rescue' women seen to be at risk.

1 Salmond, A, *Tears of Rangī: Experiments across worlds* (Auckland University Press, 2017, pages 388, 390).

2 Brookes, B, *A history of New Zealand women* (Bridget Williams Books, 2016, pages 16 and 18–19).

25. Rigid gender roles persisted into the 20th century. In the 1950s, after the disruption of the Second World War, gender and class roles became more tightly enforced. Aotearoa New Zealand's social structure and attitudes reflected colonial views that confined women to the 'acceptable' roles of wife and mother. Women and girls who did not adhere to these social structures and the attitudes and behaviours that supported them experienced discrimination. Many of society's views on gender and family life were influenced by faith-based beliefs about sin and redemption.³
26. Throughout the Inquiry period, and especially from the 1950s to 1970s, women and girls in Aotearoa New Zealand experienced widespread sexism and gender-based discrimination. Society held negative beliefs that women's sexuality was something to be controlled and feared.⁴ Women's bodies were considered unclean and violence against women and girls was seen as acceptable.⁵ Women and girls were considered less valuable than men and boys. Unmarried mothers were viewed as a social problem and as incapable of providing adequate care for their children.
27. These attitudes were evident in the way that society treated unmarried mothers, sexually active young women and working women.
28. In the 1950s there was growing public concern about juvenile delinquency and sexual promiscuity among teens, particularly focused on the behaviour of teenage girls.⁶ Deepening fears about youth behaviour were part of wider social unease about how things were changing, including "adolescent independence, gendered social shifts and weakening family control".⁷ The State responded by appointing lawyer Oswald Mazengarb to chair a Special Committee on Moral Delinquency in Children and Adolescents in 1954. The resulting Mazengarb Report fuelled public anxieties about "juvenile immorality".⁸ The report particularly focused on perceived promiscuity or immorality of girls as an issue and linked juvenile delinquency to girls being more open and confident about their sexuality.⁹

3 Cussen, I, "Children first: The Motherhood of Man Movement and single motherhood in 1940s and 1950s New Zealand," Records of the Auckland Museum, Volume 57 (Tamaki Paenga Hira Auckland War Memorial Museum, 2017, pages 1–8).

4 Baumeister, RF & Twenge, JM, "Cultural suppression of female sexuality", Review of General Psychology, Volume 6, No 2 (2002, pages 166–203).

5 World Health Organization, Violence against women (2024), <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

6 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, pages 190–191).

7 Brickell, C, Teenagers: The rise of youth culture in New Zealand (Auckland University Press, 2017, page 245).

8 Soler, J, Drifting towards moral chaos: The 1954 Mazengarb Report – a moral panic over "juvenile immorality," Master's Thesis, Massey University (1988); Mazengarb, O, Report of the Special Committee on moral delinquency in children and adolescents (Government Printer, 1954, page 27).

9 Mazengarb, O, Report of the Special Committee on moral delinquency in children and adolescents (Government Printer, 1954, page 15).

29. Access to contraception was restricted for the first two decades of the Inquiry period, due to a combination of moral concerns and a continuing State focus on social stability through the nuclear family, traditional gender roles and sustaining the Pākehā birth rate.¹⁰ After the release of the Mazengarb Report in 1954, a law change made it illegal to discuss or provide contraception to under 16 year olds.¹¹
30. Women's wages were lower than men's throughout the Inquiry period. A limited range of low wage work options existed for women, including teaching, nursing, clerical work, cleaning, sewing and shop work.¹² Combining work with caring for children and other family members added further challenges to women's ability to be financially independent.¹³
31. An unemployment benefit was available from 1938 for both men and women but in practice the Department of Social Security was reluctant to grant the unemployment benefit to unmarried mothers, partly out of concerns about creating long-term welfare dependency.¹⁴ The limited financial support that was available to single women before the introduction of the Domestic Purposes Benefit in 1972 was limited to married women whose husbands had died or abandoned them.¹⁵
32. Women and girls who were Māori, Pacific, Deaf and / or disabled, experienced mental distress and / or were Takatāpui, Rainbow or MVPFAFF+ experienced intersectional discrimination. The nature, extent and impacts of discrimination were amplified for these women and girls.

10 Smyth, H, *Rocking the cradle: Contraception, sex and politics in New Zealand* (Steele Roberts Ltd, 2000, pages 67–70).

11 Tolerton, J, "Contraception and sterilisation" (*Te Ara – the Encyclopedia of New Zealand*, 2011, revised 2018), <http://www.teara.govt.nz/en/contraception-and-sterilisation> (accessed 25 June 2024).

12 Brookes, B, *A history of New Zealand women* (Bridget Williams Books, 2016, pages 309, 425).

13 Brookes, B, *A history of New Zealand women* (Bridget Williams Books, 2016, page 386).

14 McClure, M, *A civilised community: A history of social security in New Zealand 1898–1998* (Auckland University Press, 1998, page 156).

15 Widows Pension Act 1911, section 3; Kia Piki Ake Welfare Expert Advisory Group, *A brief history of family support payments in New Zealand* (July 2018, page 4); McKenzie, A, *Social assistance chronology 1844–2003* (Ministry of Social Development, 2023, page 77).

Unmarried mothers' homes and adoptions

33. Adoptions and unmarried mothers' homes played a significant role in many women's and girls' experiences of State and faith-based care during the first 30 years of the Inquiry period.
34. During the Inquiry period, the Anglican, Catholic and Presbyterian churches and The Salvation Army operated homes for unmarried mothers. The Inquiry acknowledges that some facilities referred to as 'unmarried mothers' homes' also operated as maternity hospitals and children's homes, for example. These unmarried mothers' homes also arranged faith-based adoptions.¹⁶
35. Before 1955, most legal adoptions were arranged privately, although social worker approval was required.¹⁷ With the introduction of the 1955 Adoption Act, private providers of adoption services had no statutory powers; only the State could approve adoptions.¹⁸ Despite this, Catholic and Anglican agencies and The Salvation Army continued to actively facilitate adoptions in the decades that followed. Although the Inquiry has received limited information about adoption facilitated through Presbyterian Support organisations and children's homes, some evidence provided by these organisations indicates they had a role in adoption.¹⁹
36. Racism and increased State control of Māori adoptions and whāngai also influenced shifts in the numbers of pēpē, tamariki and rangatahi Māori adoptions. Māori traditionally had a system of caring for children among wider whānau and had common and accepted practices such as whāngai or atawhai, which involved tamariki Māori being raised by whānau members.²⁰
37. From the 1900s Māori adoptions and whāngai became increasingly controlled and regulated by the State. The Adoption Act 1955 removed the ban on Māori adopting non-Māori (in place since 1909), and Māori adoptions were brought under almost the same rules as adoption. As such, the Act did not recognise Māori whāngai practices.²¹

¹⁶ Witness statement of Dr Anne Else (9 October 2019, page 3).

¹⁷ Witness statement of Dr Anne Else (9 October 2019, page 4).

¹⁸ New Zealand Law Commission, Preliminary Paper 38 – Adoption: Options for Reform (NZLC PP38), History of adoption in New Zealand (October 1999, Chapter 2, para 110); Sumner, B, Royal Commission on Abuse in State Care: External consultation to assist in the Inquiry's reports (15 August 2022, page 19).

¹⁹ Berhampore Children's Home – Abuse (2005, pages 7–11).

²⁰ Else, A, A question of adoption: Closed stranger adoption in New Zealand, 1944–1974 (Bridget Williams Books, 1991); Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 60).

²¹ Else, A, A question of adoption: Closed stranger adoption in New Zealand, 1944–1974 (Bridget Williams Books, 1991, page 180).

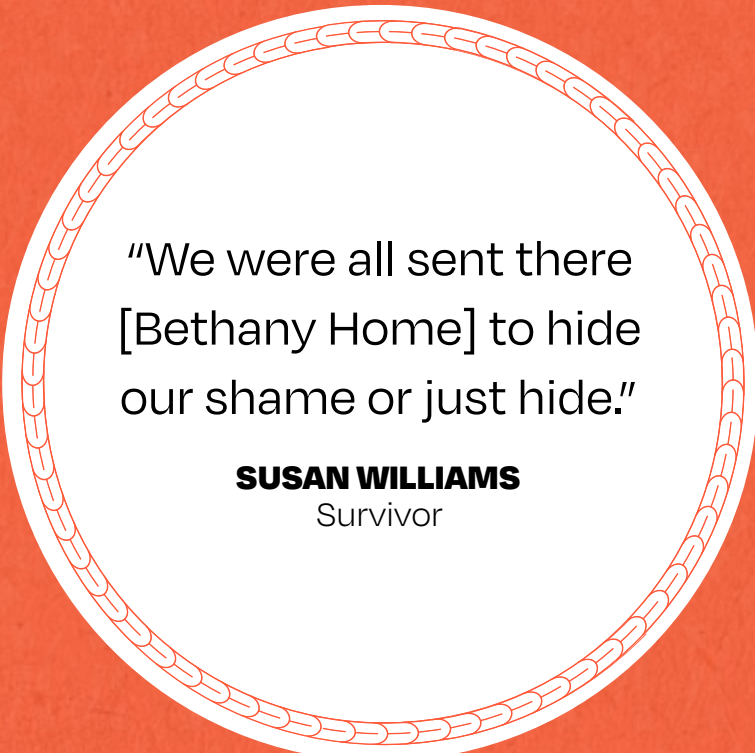
38. A 1962 amendment transferred Māori adoption hearings from the (open) Māori Land Courts to the (closed) Magistrates Courts (known as District Courts from 1980). Financial costs and questioning of applicants' personal circumstances disadvantaged whānau Māori.²² This reduced the number of potential Māori adoptive parents and increased the likelihood of pēpē and tamariki Māori being placed in foster care or being adopted by Pākehā parents.²³
39. Pākehā mothers of children fathered by Māori men increasingly gave their pēpē up for adoption to avoid racial and social discrimination and prejudice, often omitting the name of the Māori fathers on birth certificates.²⁴ Expert witness Dr Anne Else told the Inquiry that any claims from the father or wider whānau were often not recognised:
- “Māori social workers recalled many cases where the [Māori] birth father's family, especially the grandparents, wanted to adopt the child, but had no standing and were not permitted to do so”.***²⁵

²² NZ Press Association, “New Law Reduces Adoptions,” The Press (29 July 1966).

²³ Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 234)

²⁴ Else, A 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 168).

²⁵ Witness statement of Dr Anne Else (9 October 2019, para 14).



"We were all sent there
[Bethany Home] to hide
our shame or just hide."

SUSAN WILLIAMS
Survivor

Chapter 4: Circumstances that led to women and girls entering care

40. Circumstances that led to women and girls entering State and faith-based care during the Inquiry period varied depending on the care setting and their own personal circumstances. However, sexism and gender-based discrimination played a particular role that led to many women and girls entering care.

Sexism and gender-based discrimination led to placement in care

41. For many women and girls, the circumstances that led them into State and faith-based care was based on social norms and stigma about gender roles, mothering, pregnancy, female immorality and sexuality (especially with respect to perceived promiscuity), miscarriage, stillbirth and marital difficulties. Views on gender and family life were influenced by faith-based beliefs such as sin and redemption.
42. These effects were compounded for Māori and Pacific women and girls, who were targeted based on racist attitudes and discrimination, faced heightened surveillance and were held to a different moral standard than boys and men.
43. The circumstances that led women and girls into psychiatric care, unmarried mothers' homes and social welfare care were often strongly influenced by sexism and gender-based discrimination.

Entries of women and girls into psychiatric care

44. The Confidential Forum and the Confidential Listening and Assistance Service observed that pathways into psychiatric settings could be gendered. Prejudice, sexist attitudes and a lack of knowledge and understanding of different behaviours or conditions saw some women and girls admitted to psychiatric care settings for reasons that would be viewed today as wholly inappropriate.²⁶
45. Psychiatric admissions often reflected prevailing societal norms and attitudes about women's gender roles, mothering, pregnancy, miscarriage, childbirth and marital difficulties.²⁷ Societal norms and stigma about female sexuality also influenced entries, particularly in relation to perceived promiscuity.
46. Sometimes, women and girls' appropriate emotional responses or inability to cope with trauma or negative life events led to admissions. For example, Māori survivor Ms LW was taken by her mother to a doctor in the 1980s when she was aged 18 to discuss the mental distress she had been experiencing because of childhood sexual abuse. The doctor referred her for psychiatric assessment at Wellington Hospital and that same day she was placed into psychiatric care in Porirua Hospital.²⁸

²⁶ Witness statements of Alison Pascoe (29 April 2022, paras 2.25–2.27) and Ms LV (14 February 2023, para 7); Private session transcript of Ms SD (1 December 2020, page 7).

²⁷ Witness statement of Mary O'Hagan (14 October 2019, para 24).

²⁸ Witness statement of Ms LW (27 June 2022, paras 1.14–1.15).

47. In other cases, doctors and other clinicians minimised or dismissed women and girls' pain or physical health concerns, and considered this warranted psychiatric intervention. NZ European survivor Ms AT told the Inquiry that she went to two GPs in the 1980s to discuss her heavy, painful periods but both were adamant this was "all in [her] head".²⁹ The second GP she saw referred her to Hastings Psychiatric Unit, where she was given antipsychotic medication.³⁰ Ms AT said that before being discharged a large ovarian cyst was found and removed,³¹ which corroborated her view that her symptoms had a physical cause.
48. The Confidential Listening and Assistance Service found that young women admitted to psychiatric institutions for post-partum depression often stayed for many years.³² NZ European survivor Ms SF shared with the Inquiry that a diagnosis of post-partum depression influenced her entry into a mental health care setting, however her diagnosis was later changed to something other than post-partum depression.³³

Entries of women and girls into unmarried mothers' homes

49. During the first half of the Inquiry period, many unmarried women who became pregnant experienced intense discrimination and judgement, often based on perceived promiscuity.³⁴ The shame and stigma associated with sexual behaviour and pregnancy outside of marriage intersected with the lack of employment options and financial support available to girls and women to create an environment where many unmarried women and girls who became pregnant had few options other than unmarried mothers' homes. Many girls were sent to unmarried mothers' homes by their families in the early stages of pregnancy.³⁵ Susan Williams, a survivor of Bethany Home (The Salvation Army) in Te Whanganui-a-Tara Wellington, explained that "we were all sent there to hide our shame or just hide".³⁶

29 Private session transcript of Ms AT (2 March 2020, page 10).

30 Private session transcript of Ms AT (2 March 2020, pages 10–11).

31 Private session transcript of Ms AT (2 March 2020, page 11).

32 The Confidential Listening and Assistance Service, *Some memories never fade: Final report of The Confidential Listening and Assistance Service* (Department of Internal Affairs, 2015, page 29).

33 Private session transcript of Ms SF (1 December 2020, page 7).

34 Written account of Christine Hamilton (25 October 2021, page 3); Tennant, M, *The fabric of welfare: Voluntary organisations, government and welfare in New Zealand, 1840–2005* (Bridget Williams Books, 2007).

35 Else, A, *A question of adoption: Closed stranger adoption in New Zealand, 1944–1974* (Bridget Williams Books, 1991, page 33).

36 Witness statement of Susan Williams (16 February 2022, pages 3 and 9).

50. The social attitudes and beliefs that unmarried mothers were incapable of being good parents,³⁷ and that children born to unmarried mothers would also carry a social stigma contributed to the adoption rate during the Inquiry period. Although the 1969 Status of Children Act granted equal legal status of children of both married and unmarried parents, the Children and Young Persons Act 1974 still required the birth of a child to an unmarried mother to be notified to a social worker.³⁸ Pregnant single girls and women faced significant pressure, or even coercion, including through a lack of informed consent, to have their babies adopted out.³⁹
51. During the Inquiry period, the Anglican, Catholic and Presbyterian churches and The Salvation Army had a role in operating unmarried mothers' homes and in arranging adoptions. Expert witness Barbara Sumner told the Inquiry she considered the role that The Salvation Army had in the facilitation of adoptions through its Bethany homes over a lengthy time period was akin to it running an adoption agency or programme.⁴⁰
52. Pressure to adopt came from family members, prospective adoptive parents,⁴¹ authorities such as social workers, and medical professionals like nurses and doctors. It could be heightened for girls or young women who became pregnant while already in the care of the State themselves.⁴² For example, Māori survivor Ms LV, who has a learning disability, was re-admitted into Lake Alice Hospital in Rangitikei with her 3-month-old baby when she was 24 years old. Her baby was taken away from her by a social worker two days after admission:
- "I did not give informed consent to [my child] being adopted, I did not have any way of understanding what was happening and my rights."***⁴³
53. Pākehā survivor Ann-Marie Shelley's experience of being pressured to adopt her child out was intergenerational and included both the Catholic Church and The Salvation Army.⁴⁴ Her birth mother, who was herself adopted, was 17 years old when she was pressured to adopt Ann-Marie to a Catholic family. In 1973, when Ann-Marie fell pregnant aged 18, she was placed in a home for unmarried mothers and ordered not to reappear in her hometown of Te Awa Kairangi ki Uta Upper Hutt in case her parents' friends were to see her pregnant. Her parents did not visit her and demanded Ann-Marie adopt her son out.

37 Written account of Joss Shawyer (4 May 2021 page 10).

38 Children and Young Persons Act 1974, section 10.

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

40 Sumner, B, Royal Commission on Abuse in State Care: External consultation to assist in the Inquiry's reports (15 August 2022, pages 19–21).

41 Witness statement of Ms CI (10 August 2022, para 18).

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

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

44 Witness statement of Ann-Marie Shelley (6 August 2020, pages 7–8).

Entries of women and girls into social welfare care

54. Social welfare institutions, which included State and faith-based care facilities like boys' and girls' homes and youth justice institutions, were often used as a way of curbing delinquent behaviour. Social attitudes focused on female sexuality and perceived promiscuity contributed to women and girls entering social welfare care during the Inquiry period.
55. During the 1950s and 1960s, heightened social anxiety about juvenile delinquency, and the associated belief that this was caused by female sexuality, were amplified following the release of the 1954 Mazengarb Report. This resulted in greater policing of children and young people, and them being taken into care due to being 'indigent', 'not under proper control' and 'delinquent'.⁴⁵ Expert witness Professor Elizabeth Stanley explained that girls and young women were held to a different moral standard than boys. They would come to the attention of State authorities for things like running away, staying out or behaving in a way that was judged as being sexually promiscuous.⁴⁶
56. Māori and Pacific girls and women faced greater levels of surveillance and State intervention⁴⁷ due to sexist discrimination in combination with racism, which framed them as lazy, unintelligent and hyper-sexual. This view is evident in a 1965 letter from the Whangarei District Child Welfare Officer about admissions of girls to Fareham House in Pae-o-Tū-Mōkai Featherston or Kingslea Girls' Home in Ōtautahi Christchurch:
- "The girls whom I refer are, in the main, the dull backward, affection-starved Māori girls who cannot produce anything near a reasonable day's work and who try and get their needed affection from any male who is handy."*⁴⁸
57. Māori and Pacific parents were also discriminated against, which contributed to their children being placed into care. For example, in the records of Māori survivor Gwen Anderson, a child welfare officer wrote that the children appeared "happy and well adjusted" but described her mother as a "toothless shapeless hag" and the family home as "primitive and most pathetic".⁴⁹

45 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 191); Affidavit of Leonard Warren Cook to the Waitangi Tribunal (Wai 2915, #A17), (11 February 2020, page 10, para 37).

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

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

48 Letter from LM Uttley, district child welfare officer, to the Superintendent of Child Welfare, Re: Admissions to training centres (24 May 1965, page 1).

49 Witness statement of Gwen Anderson (30 December 2021, page 2).

58. This led to a disproportionately high number of Māori and Pacific girls entering social welfare care throughout the Inquiry period. For example:
- a. In 1961, of the 37 girls admitted into Kingslea Girls' Home in Ōtautahi Christchurch, 40 percent (15 girls) were identified as Māori or Pacific. In 1970, this proportion had increased to 58 percent (36 girls) of the 62 girls admitted being identified as Māori or Pacific.⁵⁰
 - b. In 1975, of the 38 girls admitted into Allendale Girls' Home in Tāmaki Makaurau Auckland between February and April that year, 61 percent (23 girls) were identified as Māori and 8 percent (three girls) were identified as Pacific.⁵¹ Over representation of Māori girls in Allendale Girls' Home was also recorded in 1981 and 1983.⁵²
 - c. A 1987 Department of Social Welfare study found that, of 239 girls aged 15–16 who were under the guardianship of the Director-General of Social Welfare, 51 percent were Māori, 37 percent were Pākehā and 12 percent were from other ethnic groups, primarily of "Pacific Island origin".⁵³

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

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

52 Letter from Principal Miss JM Hough to the regional manager, Department of Social Welfare (1 January 1982, page 128); Allendale Girls' Home, Annual Report for the year ended 31 December 1983 (1983, page 65).

53 Von Dadelszen, J, An examination of the histories of sexual abuse among girls currently in the care of the Department of Social Welfare (1987), cited in Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999, (Ihi Research, 2021, page 91).

"I remember a staff member repeatedly calling a little girl a bitch."

WENDY POKROY

Department of Education psychologist
(1975 - 1977)

Chapter 5: Nature and extent of abuse and neglect of women and girls in care

59. Like the circumstances that led them into State and faith-based care, the abuse and neglect that women and girls experienced during the Inquiry period was also gendered and underpinned by misogyny and sexism.
60. Women and girls experienced the full spectrum of types of abuse and neglect reported to the Inquiry. Emotional and sexual abuse were most frequently reported by women and girls in care, occurring at least once in 58 percent and 57 percent of survivors' accounts respectively.⁵⁴ In addition, 52 percent of female survivors were physically abused while in care and 34 percent experienced neglect. This chapter describes how certain kinds of abuse and neglect were differently experienced by women and girls – psychological and emotional abuse and neglect, medical abuse and neglect, and physical neglect.
61. Women and girls experienced abuse and neglect in all the State and faith-based care settings the Inquiry investigated. More than half of female survivors who went through social welfare care settings experienced sexual abuse (55 percent), with similar proportions for emotional and physical abuse (51 percent of reports for each).⁵⁵ Thirty-four percent of female survivors also reported experiencing neglect while in social welfare care settings. In faith-based care, emotional abuse and sexual abuse were the abuse types most experienced by female survivors, at 48 percent and 46 percent respectively. For female survivors in disability and mental health settings, emotional and physical abuse were the most common types, at 42 percent and 41 percent respectively.

54 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 9).

55 DOT Loves Data, Reporting of abuse types by gender and ethnicity (Royal Commission of Inquiry into Abuse in Care, September 2023, page 10).

Types of abuse and neglect experienced by women and girls in care

62. Part 4 of the Final Report explains that women and girls experienced all types of abuse and neglect reported to the Inquiry, including:

- a. entry into care, which caused trauma
- b. psychological and emotional abuse and neglect
- c. physical abuse and neglect
- d. sexual abuse
- e. racial abuse and cultural neglect
- f. spiritual and religious abuse and neglect
- g. medical abuse and neglect
- h. solitary confinement
- i. financial abuse and forced labour
- j. educational neglect.

63. Set out below are the specific ways that women and girls experienced psychological and emotional abuse and neglect, sexual abuse, medical abuse and physical abuse and neglect.

Psychological and emotional abuse and neglect

64. Psychological and emotional abuse and neglect of women and girls in care was often experienced as verbal abuse. Survivors told the Inquiry that they were subjected to gendered verbal abuse and slurs, often focused on shaming about their bodies, sexuality, and perceived promiscuity.⁵⁶ June Lovett, a NZ European survivor of St Andrew's Orphanage (Anglican) in Whakatū Nelson, said the matron would often call the girls 'fat', and told her that her mother was a 'slut'.⁵⁷

65. Some survivors were made to feel unclean for menstruating. NZ European survivor Nikky Kristoffersen said girls at The Grange Girls Home (The Salvation Army) in Remuera, Tāmaki Makaurau Auckland, were verbally abused and humiliated by the matron and were called 'filthy', and 'dirty' when they had their periods.⁵⁸

⁵⁶ Witness statements of Tracey Benson (1 July 2021, para 55) and Lee-Ann Smith (16 February 2022, para 4.1); Children, Young Persons and their Families Service, Complaints Form, Complaint of young person at Kingslea Girls' Home (1 October 1998); Letter from LM Uttley, district child welfare officer, to the Superintendent of Child Welfare, Re: Admissions to training centres (24 May 1965, page 1).

⁵⁷ Witness statement of June Lovett (14 December 2021, page 8).

⁵⁸ Witness statement of Nikky Kristoffersen (21 October 2020, para 151).

66. Wendy Pokroy worked for the Department of Education as a psychologist from 1975 to 1977. She told the Auckland Committee on Racism and Discrimination about her visits to Dey Street Residence for girls in Kirikiriroa Hamilton:

*"I remember a staff member repeatedly calling a little girl a bitch."*⁵⁹

67. In faith-based settings, a preoccupation with female sexuality resulted in women and girls being called sinful and promiscuous.⁶⁰ Survivor Margie Robertson described how the house father at Abbotsford Children's Home (Anglican) in Waipawa told her that her older sister was a prostitute. When she was 12 years old, he told her that "he would put money" on her being pregnant by the time she was 16 years old.⁶¹ At St Vincent's Home of Compassion (Catholic) in Herne Bay, Tāmaki Makaurau Auckland, survivor Angela Kinley said the nuns called her birth mother and other resident women "hookers, prostitutes, slags, hos [sic]" and other names to indicate they were "filthy women".⁶²

68. Māori and Pacific women and girls experienced psychological and emotional abuse grounded in sexism combined with racism, often focused on their perceived hypersexuality.

Medical abuse and neglect

69. During the Inquiry period, women and girls experienced medical abuse in the form of forced vaginal examinations (for venereal testing or to identify sexual activity or abuse) and instances of sterilisation or abortions without informed consent.

70. Girls and women, sometimes even girls under 5 years old, were targeted for venereal testing because they were viewed as potential carriers of sexually transmitted infections, even if they were not sexually active. The testing included vaginal examinations. The Inquiry saw no evidence that boys and men in care were subjected to this treatment as a matter of course. The Inquiry also heard of occasions where children were subjected to vaginal examinations to see if they had been sexually abused, even when there was no alleged abuse.

71. Vaginal examinations were a routine practice upon entry into social welfare residences, including when girls returned from holiday or leave. Forced internal examinations at girls' homes were not compulsory, however, girls were locked in secure units until they agreed to undergo a test. Vaginal examinations also occurred in unmarried mothers' homes and health camps. The Inquiry heard that many survivors were traumatised by these procedures. Māori survivor Susan Kenny (Ngāti Apa) told the Inquiry that the internal examinations she experienced at Miramar Girls' Home in Te Whanganui-a-Tara Wellington "were very humiliating and degrading".⁶³

59 Auckland Committee on Racism and Discrimination, Notes from interview with Wendy Pokroy (n.d., page 2).

60 Witness statements of Maggie Wilkinson (17 September 2020, para 29); Margie Robertson (6 June 2021, para 96); June Lovett (14 December 2021, para 38) and Mrs D (21 September 2020, para 64).

61 Witness statement of Margie Robertson (6 June 2021, paras 90–96).

62 Private session transcript of Angela Kinley (20 November 2019, page 12).

63 Witness statement of Susan Kenny (15 July 2021, para 65).

72. Survivor Ms QP, who was also placed at Miramar Girls' Home said:
- "I was put in stirrups, and it was really painful. I was still a virgin then. The doctor doing the procedure was a cruel bastard. I tensed up and he said, 'Why are you crying, you must have liked it.' ... Some of us were only like 14, 15."*⁶⁴
73. In 1978, the Auckland Committee on Racism and Discrimination's investigation into children's homes found that the method and manner of testing for sexually transmitted infections, particularly at Bollard Girls' Home in Tāmaki Makaurau Auckland, constituted "degrading"⁶⁵ treatment or punishment under article 7 of the United Nations International Covenant on Civil and Political Rights.⁶⁶ Forced venereal testing of girls and women largely ceased from the 1980s, after the Auckland Committee on Racism and Discrimination raised public awareness of the practice.
74. Contraceptives were used to control girls' and women's bodies. For example, injections of DepoProvera were used to 'manage' menstruation, by limiting the care that could have been required from staff, and to decrease the likelihood of pregnancy.⁶⁷
75. Most of the evidence the Inquiry reviewed about sterilisation, such as tubal ligation surgeries, related to the sterilisation of women. The Inquiry heard from survivors who were sterilised while in disability or mental health institutional care.⁶⁸ It also heard from family members who questioned the consent processes surrounding their loved ones' sterilisations,⁶⁹ and disability sector workers who confirmed that sterilisations historically occurred in institutions.⁷⁰ Mark Benjamin, the former chief executive of Standards and Monitoring Services in Aotearoa New Zealand, told the Inquiry that from his personal observations it was unlikely people who were sterilised would have gone through "a process of making an informed choice about these procedures".⁷¹

64 Private session transcript of Ms QP (June 2022, pages 5, 14).

65 Auckland Committee on Racism and Discrimination, *Ngā Tamatoa & Arohanui Inc, Child welfare or Child abuse? Compiled by ACORD for the Public inquiry into child welfare homes, 11 June 1978, in association with Nga Tamatoa and Arohanui Inc (ACORD, 1979)*, in Sutherland, O, Index of the Document Bank for the brief of evidence of Oliver Robert Webber Sutherland (Wai 2615), document A12(a), (2017, page 150).

66 International Covenant on Civil and Political Rights, article 7.

67 Witness statements of Claire Ryan (16 November 2022, pages 12–13) and Ms PA (28 January 2023, page 7).

68 Statement of claim of Ms LV (Cooper Legal, 22 December 2005, page 8); Witness statement of Sunny Webster (18 December 2021, page 12).

69 Multiple documents including letter between staff members, regarding claims and consent forms from eight former Lake Alice patients (25 October 2001, pages 30, 34, 35).

70 Witness statements of Enid Wardle (13 October 2021, page 5) and Mark Benjamin (5 October 2022, page 7).

71 Witness statement of Mark Benjamin (5 October 2022, page 7).

76. The Inquiry also heard evidence of forced and unconsented abortions happening in disability, mental health and social welfare settings.⁷² Mostly, the Inquiry heard of women who realised during or after that the procedure they had undergone was an abortion. The Inquiry also heard that some of their pregnancies were a result of sexual abuse occurring in care.⁷³ For example, NZ European survivor Christina Ramage became pregnant after being raped by a psychiatrist while in Carrington Hospital's psychiatric ward, Park House, in Tāmaki Makaurau Auckland in the 1970s, and was given an abortion without her knowledge or consent:

"A few months later, after the psychiatrist raped me, I was taken by a nurse to a room that was normally always locked. This room had lots of shiny things. I was told to get on the bed and I recall there being a nurse at my side and one behind me. I assumed I was there to get some sort of examination. Suddenly, everything went dark. I'm not sure whether this was because I had a mask over my face or if they had given me gas. The next thing I knew, I was awake. I can't guarantee the exact words, but the nurse beside me said something along the lines of, 'It's okay, you haven't got a baby anymore!'"⁷⁴

Physical neglect

77. A specific form of physical neglect experienced by women and girls in care was denial of access to menstrual products, as well as information and support about menstruation.⁷⁵ In faith-based settings, this form of physical neglect often co-occurred with psychological and spiritual abuse – menstruating women and girls were shamed, humiliated and verbally abused.
78. Survivor Denise Caltaux, who was admitted to Kingseat Psychiatric Hospital in Karaka when she was aged 16, said that she was put in solitary confinement for days and was left "caked" in her own menstrual blood.⁷⁶ Ms KH, a former staff member at Templeton Centre in the early 1980s, said she saw a resident left in her menstrual blood.⁷⁷ A 1986 report on the Templeton Centre, located near Ōtautahi Christchurch, noted that women in Hinau Villa were not assisted in managing their periods or using sanitary towels. While sanitary towels were available, women were instead given two pairs of large bloomers to wear which were changed irregularly during the day and no attention was given to bathing for comfort and hygiene.⁷⁸

72 Witness statements of Ms GI (17 August 2021, pages 5–7); Sunny Webster (18 December 2021, page 12); Christina Ramage (27 July 2021, pages 17–18) and Ms WC (1 November 2022, page 6).

73 Witness statements of Sunny Webster (18 December 2021, page 12); Christina Ramage (27 July 2021, pages 17–18) and Paul Milner (1 June 2022, page 5, para 2.8).

74 Witness statement of Christina Ramage (27 July 2021, pages 17–18).

75 Private session transcript of a survivor (Part 1), (25 November 2019, page 11); Private session transcript of a survivor (Part 1), (30 April 2019, page 8); Witness statements of June Lovett (14 December 2021, para 93); Ms HQ (23 March 2022, para 4.4.15) and Nikky Kristoffersen (21 October 2020, page 22).

76 Witness statement of Denise Caltaux (4 October 2022, para 5.8).

77 First witness statement of Ms KH (30 November 2021, page 11).

78 Report to Mr Sheppard on comprehensive students' clinical experience at Templeton (October 1986, page 5).

79. Social welfare settings neglected to properly support and educate survivors who were going through puberty. Māori survivor Gwyneth Beard (Ngāti Porou) described learning about period hygiene in a social welfare residence, and how she now understands her experience in light of the tapu of her whare tangata:
- “No one said, ‘This is what you’re meant to do.’ ... I didn’t understand that a period is what you get ... I’m just really embarrassed about that and I shouldn’t have to be – as Māori women, our bodies are sacred”.*⁷⁹
80. A Māori survivor who was placed at Te Whakapakari Youth Programme on Aotea Great Barrier Island when she was around age 14 described not having access to adequate hygiene when menstruating. She had no option but to clean herself in the river that was also used for fishing.⁸⁰ From an ao Māori perspective, bathing in the same river as a food source is a violation of the balance between tapu and noa.
81. The Inquiry’s case study on Te Whakapakari Youth Programme provides more information on the abuse and neglect suffered by children and young people in that setting.
82. Māori survivor Ms KM (Ngāti Porou) told the Inquiry that food and other supplies were rationed at Gloriavale Christian Community, leading to physical neglect and gendered inequality within the community. There was generally not enough food and boys were allotted more food than girls.⁸¹ Soap, deodorant and menstrual products were also rationed.⁸²

Abuse and neglect in unmarried mothers’ homes

83. During the Inquiry period, the Anglican, Catholic and Presbyterian churches and The Salvation Army operated unmarried mothers’ homes and arranged adoptions. In unmarried mothers’ homes, girls and women experienced psychological, emotional, and physical abuse and neglect and financial abuse. Survivors experienced medical abuse and neglect before, during and after the birth of their babies. They experienced psychological and emotional abuse as a result of forced or coerced adoptions.
84. The abuse and neglect of girls and women in these homes was justified or reinforced by religious beliefs, particularly that the girls and women were morally corrupt and in need of redemption. Their children were seen as in need of rescue and redemption by being adopted to respectable families.⁸³

79 Private session transcript of Gwyneth Beard (30 April 2019, pages 8–9).

80 Private session transcript of a survivor (19 November 2020, page 23).

81 First witness statement of Ms KM (10 June 2021, para 3.3).

82 First witness statement of Ms KM (10 June 2021, para 3.7).

83 Shawyer, J, Taken, not given: A submission in support of unmarried mothers whose infants were forcefully taken for adoption by ‘faith-based’ Christian institutions in New Zealand during the ‘baby scoop era’ (Royal Commission of Inquiry into Abuse in Care, 2019, page 3).

Unmarried pregnant girls and women were verbally abused and shamed

85. Survivors of unmarried mothers' homes told the Inquiry that they were subjected to gendered verbal abuse focused on their perceived promiscuity and immorality and shaming for being pregnant outside of marriage.⁸⁴
86. They were told they were 'filthy', 'dirty' and called 'whores'.⁸⁵ At St Mary's Home for Unwed Mothers in Ōtāhuhu, Tāmaki Makaurau Auckland (Anglican), Matron Gallagher and other nuns subjected the women and girls in the home to constant verbal abuse, calling them "dirty girls",⁸⁶ and describing them as worthless, fallen, useless, selfish, used, tarnished and "illegitimate".⁸⁷
87. Survivor Nancy Levy, who went to St Mary's Home for Unwed Mothers in 1968 just before her 17th birthday, told the Inquiry that the women and girls in the home were considered sinners, and worthy of punishment as bearers of 'illegitimate' children.⁸⁸ Women and girls there were depersonalised by not being allowed to use their own names and were referred to by the matron's surname, 'Gallagher'.⁸⁹ Matron Gallagher told residents that if they did not do what she said, their babies would die.⁹⁰

Physical abuse and neglect and financial abuse in unmarried mothers' homes

88. As part of the treatment that was supposed to reform them, women and girls in unmarried mothers' homes were subjected to forced labour while pregnant, doing work that benefited the institution for no pay, often while heavily pregnant. Work deemed insufficient would result in punishment. Survivor Nancy Levy recalled that if they did not clean the floors right, they had to do it again with a toothbrush, "on all fours, for hours and hours".⁹¹
89. Hunger and malnutrition were present in unmarried mothers' homes.⁹² Survivor Maggie Wilkinson said they were given inadequate food because Matron Gallagher wanted them to have small babies so there would not be problems during delivery.⁹³ Survivor Ann-Marie Shelley, who attended Bethany Home (The Salvation Army) in Te Whanganui-a-Tara Wellington, said:
- "The food was scarce and atrocious. The milk was off, the butter was rancid. We often vomited after meals. But there was nothing we could do. None of us had anywhere else to go."***⁹⁴

84 Witness statements of Maggie Wilkinson (17 September 2020, para 29), Margie Robertson (6 June 2021, para 90), Ms OJ (14 December 2021, para 38) and Mrs D (21 September 2020, para 64); Brookes, B, "Shame and its histories in the twentieth century," *Journal of New Zealand Studies*, Volume 9 (2010, page 46).

85 Witness statement of Nikky Kristoffersen (21 October 2020, page 24).

86 Witness statement of Nancy (Sally) Levy (16 December 2021, page 8).

87 Witness statements of Mrs D (21 September 2020, para 64) and Maggie Wilkinson (17 September 2020, para 29).

88 Witness statement of Nancy (Sally) Levy (16 December 2021, pages 8, 9).

89 Witness statements of Nancy (Sally) Levy (16 December 2021, para 16 and Mrs D (21 September 2020, para 41).

90 Witness statement of Mrs D (21 September 2020, page 10).

91 Witness statement of Nancy (Sally) Levy (16 December 2021, para 28).

92 Witness statements of Nancy (Sally) Levy (16 December 2021, para 23); Ann-Marie Shelley (6 August 2020, paras 2.60 and 2.63) and Susan Williams (16 February 2022, page 4).

93 Witness statement of Maggie Wilkinson (17 September 2020, para 45).

94 Witness statement of Ann-Marie Shelley (6 August 2020, page 7).

90. The harsh treatment in these institutions was intended to be a part of reforming the residents into respectable, moral girls and women in the eyes of Christian society. Survivors felt their perceived promiscuity was justification for poor treatment, as they were told they brought poor treatment on themselves by having sex outside of wedlock. Survivor Maggie Wilkinson said that the matron told residents “that we were ‘fallen’ women and that she would make ‘decent’ women out of us”.⁹⁵
91. The Inquiry heard evidence of women at St Mary’s Home for Unwed Mothers being forced to pay board through their sickness benefits and to work as domestics.⁹⁶ Survivors from St Vincent’s Home of Compassion (Catholic) in Herne Bay, Tāmaki Makaurau Auckland, said that they also worked full time throughout their pregnancies for no pay.⁹⁷ Some survivors described laundry work as particularly gruelling.⁹⁸ Pākehā survivor Christine Hamilton recalled two Māori girls, aged 14 and 16 years old, who did ‘back-breaking’ work in the laundry every day using antiquated equipment while pregnant.⁹⁹ Survivors were given little time to rest – after working all week, they still had to be at morning mass at six o’clock on Sunday.¹⁰⁰

Medical abuse and neglect during pregnancy and childbirth

92. Many women and girls in unmarried mothers’ homes experienced medical abuse and neglect during their pregnancies and childbirth.¹⁰¹
93. Survivors described being given medication during childbirth without consent during childbirth and labour.¹⁰² Christine Hamilton was administered several drugs including sedatives and narcotics while she was in labour and woke up the next day, 17 hours after giving birth, feeling very disorientated. Upon receiving her records from the Director of Catholic Family and Social Services in 2005, Christine realised:
- “They had drugged me to take my little boy. I had always blamed myself for been so weak and not fighting to keep him.”¹⁰³*
94. Survivor Mrs D recalls being left alone to labour for three days, except for when she was physically beaten by a matron, who told her she deserved it because she was promiscuous. Mrs D was forced to give birth lying on her side, so she would not catch a glimpse of her baby.¹⁰⁴

95 Witness statement of Maggie Wilkinson (17 September 2020, para 29).

96 Transcript of evidence of Maggie Wilkinson at the Inquiry’s Faith-based Redress Hearing (Royal Commission of Inquiry into Abuse in Care, 9 December 2020, page 754).

97 Letter in support of group submission for Inquiry into forced adoptions (n.d., page 30).

98 Letter in support of group submission for Inquiry into forced adoptions (n.d., pages 32–33).

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

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

101 Witness statement of Nancy (Sally) Levy (16 December 2021, paras 71–72).

102 Written account of Christine Hamilton (25 October 2021, pages 4–5).

103 Written account of Christine Hamilton (25 October 2021, pages 4–5).

104 Witness statement of Mrs D (21 September 2020, paras 12–14).

95. When Nancy Levy was recovering from labour at St Mary's Home for Unwed Mothers, a nurse sat with her all day but offered her no help. Instead, as Nancy was "sick and coming in and out of consciousness", she said the nurse sneered at her and said:
- "I hope it was worth it ... What did you expect, you're a dirty girl?' She also told me that nobody would want me, I was worthless, and I was a dirty bitch".*¹⁰⁵
96. Patricia Salter, who was sent to Childhaven Home for Unwed Mothers in Epsom, Tāmaki Makaurau Auckland (run by the non-denominational New Zealand Council of Christian Women), at age 14, remembered feeling "a lot of shame in Childhaven. Nobody stopped to ask how a 14-year old child had become pregnant or whether I had been abused or traumatised."¹⁰⁶ Patricia told the Inquiry that she was dehumanised and neglected while giving birth:
- "When I went into labour, I was sent to Auckland Hospital. I was treated like dirt. While I was having the baby, the doctor or nurse slapped me across the face. After the baby was born, they stitched me up with no anaesthetic or pain relief. The baby was taken away from me straightaway. I had no say. I have never seen that baby again. I have blacked out a lot of what happened at that time because it was so traumatic."*¹⁰⁷
97. Survivors of unmarried mothers' homes also told the Inquiry about a lack of information provided to them about what to expect during childbirth. Survivor Mrs D, who stayed at St Mary's Home for Unwed Mothers, said that "neither doctor prepped me with any knowledge of delivery or attended during labour or the birth". She added that women who had already had their babies were separated from those yet to give birth.¹⁰⁸

105 Witness statement of Nancy (Sally) Levy (16 December 2021, para 72).

106 Witness statement of Patricia Salter (20 September 2022, para 3.2).

107 Witness statement of Patricia Salter (20 September 2022, paras 3.5–3.6).

108 Witness statement of Mrs D (21 September 2020, paras 52 and 57).

Psychological abuse through coerced and forced adoptions

98. Churches facilitated adoptions through the unmarried mothers' homes they ran, including the Catholic Church, The Salvation Army and the Anglican Church. Survivors from these homes told the Inquiry that they were pressured, bullied or coerced into adopting out their babies. This pressure stemmed from the premise that having children outside of married was 'sinful' and shameful, and that their babies would be saved through adoption.
99. Women and girls who were in the St Vincent's Home of Compassion (Catholic) in Herne Bay, Tāmaki Makaurau Auckland, told the Inquiry that the nuns applied constant pressure on them to adopt out their babies, often through the application of guilt.¹⁰⁹ Pākehā survivor Christine Hamilton, whose first son was taken through a forced adoption while she was at St Vincent's, told the Inquiry she was made to feel like a stain on society.¹¹⁰
100. Maggie Wilkinson described overt spiritual abuse alongside the forced adoption of her baby at St Mary's Home for Unwed Mothers:
- "The fact that I swore on the Bible that I would not try to find my daughter meant that I felt I could never take steps to do so."***¹¹¹
101. Forced adoptions were commonly organised through the co-operation of churches and their unmarried mothers' homes, State social welfare workers, and medical workers and nurses.¹¹² Sometimes adoption processes began and were approved quickly by the Department of Social Welfare with undue pressure applied to mothers who were inappropriately discouraged from keeping their babies. Women and girls subjected to forced adoptions within the Catholic Church said they had no support or understanding of the legal adoption process and were denied information about the rights of their children and themselves in the process.¹¹³ Survivors spoke of similar experiences in Anglican adoptions.¹¹⁴ Susan Williams, who was in The Salvation Army's Bethany Home in Te Whanganui-a-Tara Wellington, said:
- "We were all brainwashed into adoption. It was the only option we were ever told about ... finding out years later I could have got the Domestic Purposes Benefit ... never any mention that we had options."***¹¹⁵

109 Private session transcripts of Renée Habluetzel (22 October 2020, pages 49–50) and Angela Kinley (20 November 2019, page 24); Letter in support of group submission for Inquiry into forced adoptions (n.d., page 34); Written account of Christine Hamilton (25 October 2021, page 3).

110 Written account of Christine Hamilton (25 October 2021, page 4).

111 Witness statement of Maggie Wilkinson (17 September 2020, para 71).

112 Shawyer, J, Taken, not given: A submission in support of unmarried mothers whose infants were forcefully taken for adoption by 'faith-based' Christian institutions in New Zealand during the 'baby scoop era' (Royal Commission of Inquiry into Abuse in Care, 2019, page 6).

113 Written account of Christine Hamilton (25 October 2021, page 4); Witness statement of Ms AF (13 August 2021, para 8.2); Private session transcript of Angela Kinley (20 November 2019, page 12).

114 Witness statements of Mrs D (21 September 2020, para 17), Nancy (Sally) Levy (16 December 2021 paras 44–50) and Maggie Wilkinson (17 September 2020, paras 60–72).

115 Witness statement of Susan Williams (16 February 2022, page 4).

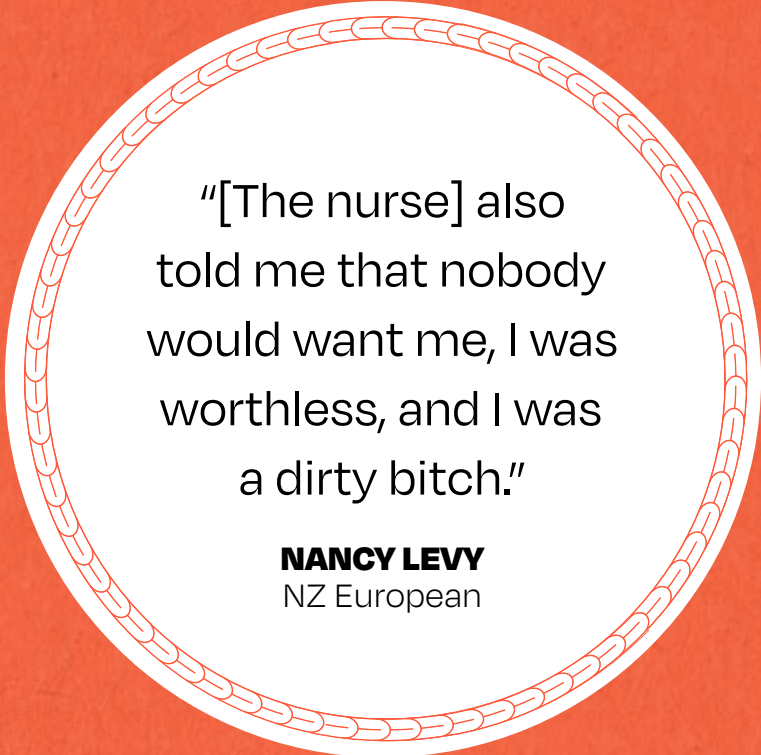
102. Many adoptions were 'closed' adoptions to strangers conducted according to the 'clean break' theory, which held that it was better for adopted children to have no idea of their origin or whakapapa (genealogy and background). The 'clean break' approach was supported by the Pākehā view that if a child was 'illegitimate' this should be kept hidden for the benefit of the child.¹¹⁶ This commonly resulted in the creation of a new birth certificate claiming that the child had been born to its adoptive parents.¹¹⁷
103. Survivors were often given no opportunity to meet or bond with their newborn babies after childbirth. Joss Shawyer, campaigner and a survivor of abuse at Childhaven, said that Bethany Home:
- "...systematically and relentlessly applied the adoption separation formula to successfully break the bonds of mother and infant, to satisfy would-be adopters and to secure ongoing government funding. The goal was to separate unmarried mothers from their newborn babies."***¹¹⁸
104. Women were expected to pretend as though their pregnancy never happened, adding to the trauma of this experience. Māori survivor Ms AF (Ngāti Tahinga, Ngāti Ira) was sent to Rosanna Good Shepherd Hostel for expectant mothers in Te Awa Kairangi ki Tai Lower Hutt by her adoptive parents, and upon her return home, was told she could never speak about the birth, the adoption or her son.¹¹⁹

116 Statutory Declaration on behalf of Oranga Tamariki, Response to Royal Commission of Inquiry into Abuse In Care Notice to Produce 340 (25 February 2022, page 8).

117 Shawyer, J, Taken, not given: A submission in support of unmarried mothers whose infants were forcefully taken for adoption by 'faith-based' Christian institutions in New Zealand during the 'baby scoop era' (Royal Commission of Inquiry into Abuse in Care, 2019, page 4).

118 Shawyer, J, Taken, not given: A submission in support of unmarried mothers whose infants were forcefully taken for adoption by 'faith-based' Christian institutions in New Zealand during the 'baby scoop era' (Royal Commission of Inquiry into Abuse in Care, 2019, page 6).

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



"[The nurse] also
told me that nobody
would want me, I was
worthless, and I was
a dirty bitch."

NANCY LEVY
NZ European

Chapter 6: Impacts of abuse and neglect on girls and women in care

105. Part 5 of the Final Report sets out the significant, pervasive and lifelong impacts that abuse and neglect in State and faith-based care had on survivors' physical and mental health, emotional wellbeing and spirituality, identity and cultural identity, and education and employment opportunities. This chapter describes the impacts on women and girls of specific types of abuse and neglect – vaginal examinations and forced adoptions.

Impacts of forced vaginal examinations of women and girls

106. Women and girls in care who were subjected to vaginal examinations experienced shame, humiliation, physical pain and trauma. Some survivors were also sexually assaulted by doctors during these examinations. Many survivors told the Inquiry that these experiences had lifelong impacts.

107. Māori survivor Raewyn Davies (Ngāti Porou), who was placed at Bollard Girls' Home in Tāmaki Makaurau Auckland when she was aged 14 in 1976, was made to have a vaginal examination despite telling staff she had already been examined by a gynaecologist as part of her pregnancy checkup:

"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".¹²⁰

108. For some women and girls who had previously been sexually abused, the vaginal examinations were particularly traumatising. Māori and Welsh survivor Gwyneth Beard (Ngāti Porou), who was 12 years old when she was placed in Strathmore Girls' Home in Ōtautahi Christchurch, 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. They did not think to ask why and find out what had happened to me."¹²¹

¹²⁰ Witness statement of Raewyn Davies (21 February 2021, para 19).

¹²¹ Witness statement of Gwyneth Beard (26 March 2021, paras 71–72 and 74–78).

109. 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."*¹²²

110. 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."*¹²³

Impacts of forced adoptions

111. Many survivors of unmarried mothers' homes told the Inquiry of their grief and regret at being separated from their babies through forced adoption. Survivor Maggie Wilkinson told the Inquiry that she was called to say goodbye to her baby but was not allowed to touch her, and that "no-one bothered to look back at the grief of the 'sacrificing' mother".¹²⁴ She experienced grief and depression for years afterwards.

112. Māori women and girls who were involved in closed adoptions, either as mothers or adopted children, missed the opportunity for the baby to be raised by a relative as a whāngai and to grow their knowledge of their whakapapa and tikanga.¹²⁵ Māori survivor Ms AF, who was adopted into a Catholic family as a baby, told the Inquiry:

*"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."*¹²⁶

¹²² Witness statement of Gwyneth Beard (26 March 2021, paras 205–206).

¹²³ Witness statement of Tracy Peters (7 October 2021, pages 13–14, para 8.4).

¹²⁴ Witness statement of Maggie Wilkinson (17 September 2020, para 4).

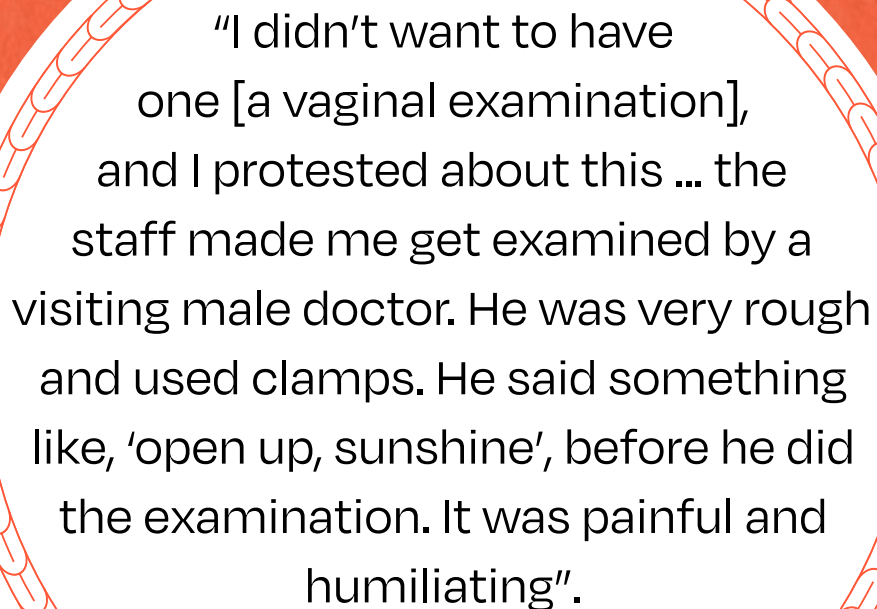
¹²⁵ Haenga-Collins, M, Closed stranger adoption, Māori and race relations in Aotearoa New Zealand, 1955–1985, Doctoral Thesis, Australian National University (2017, pages vii–viii).

¹²⁶ Witness statement of Ms AF (13 August 2021, page 15, para 14.6).

113. When Ms AF became pregnant at 18 years old, she was sent to Rosanna Good Shepherd Hostels in Te Awa Kairangi ki Tai Lower Hutt and forced to adopt her son out, which damaged relationships within her biological and adoptive whānau.¹²⁷
114. At the Inquiry's State Institutional Response Hearing, Oranga Tamariki acknowledged the impacts of forced adoption on birth mothers and their whānau:
- "I'd particularly like to acknowledge the experience of birth mothers who experienced their babies being forcibly 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."¹²⁸*

¹²⁷ Witness statement of Ms AF (13 August 2021, paras 8.1, 8.2, 12.8 and 12.10).

¹²⁸ 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).



"I didn't want to have one [a vaginal 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".

RAEWYN DAVIES

Welsh, Māori (Ngāti Porou)

Chapter 7: Factors that contributed to abuse and neglect of girls and women in care

115. Part 7 of the Final Report describes the factors that the Inquiry identified as having caused or contributed to the abuse and neglect of children, young people and adults in State and faith-based care. Part 7 also identifies the lessons learned and the changes made to prevent and respond to abuse and neglect. Part 7 concludes by setting out findings relating to:
- > breaches of relevant standards,
 - > factors that caused or contributed to abuse and neglect in care,
 - > fault
 - > lessons learned.
116. The Inquiry identified that four factors all caused or contributed to the abuse and neglect of women and girls in State and faith-based care. These included:
- > factors relating to the people at the centre of abuse and neglect
 - > institutional factors
 - > structural and systemic factors
 - > societal factors.

The people at the centre of abuse and neglect

117. During the Inquiry period, many whānau and communities needed support to care for their children, young people and adults at home or within their community. Without this support, many children, young people and adults were placed in State and / or faith-based institutions.
118. People placed in care needed support, strong protection and to be safeguarded against abuse and neglect. Instead, many were placed in care facilities with institutional environments and practices that heightened the risk of abuse and neglect.
119. Women and girls in State and faith-based care were diverse, with diverse care and support needs. Although each person in care was unique, every person needed support, strong protection, and safeguarding. Strong protection refers to a set of internationally-recognised factors that contribute to resilience because they promote healthy development and well-being and can reduce the risk of experiencing abuse and neglect. These factors are a combination of personal, parental, and environmental factors.
120. The rights guaranteed in te Tiriti o Waitangi reinforce many protective factors. For example, connection to whakapapa, whānau, hapū and iwi are taonga protected by te Tiriti o Waitangi.

121. Had these rights been upheld during the Inquiry period – such as the right to tino rangatiratanga over kāinga, and the right to continue to live in accordance with indigenous traditions and worldview guaranteed by the principle of options – these rights would have been amplified protective factors for tamariki, rangatahi, and pakeke Māori, reducing entry into care and the risk of abuse and neglect in care.
122. Human rights recognise that children, young people, adults, people with disabilities and Māori as indigenous to Aotearoa New Zealand are distinct groups that also require special measures, particularly protective measures. In care settings, this means special protection measures like comprehensive standards of care needed to be in place. During the Inquiry period, the lack of special protections or measures for people in care were factors that contributed to abuse and neglect.
123. Many of the personal circumstances that made it more likely a child, young person or adult would enter care often became the factors for why they were more susceptible to, or at an increased risk of, abuse and neglect in care. These factors were underpinned by societal attitudes, like discrimination based on racism, ableism, disablism, sexism, homophobia, transphobia and negative stereotypes about children and young people, poverty and welfare dependency.
124. These factors included:
- a. being raised in poverty and experiencing deprivation
 - b. being disabled with unmet needs
 - c. being Māori and racially targeted
 - d. being Pacific and racially targeted
 - e. being Deaf with unmet needs
 - f. experiencing mental distress with unmet needs
 - g. being Takatāpui, Rainbow, MVPFAFF+, gender diverse or transgender and being targeted
 - h. if a person had experienced significant or multiple adverse childhood events before entering care
 - i. having a deferential attitude to people in positions of authority, including faith leaders and medical professionals
 - j. other reasons such as age or gender.

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

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

128. Part 7 of the Final Report describes the institutional, structural and systemic factors that contributed to abuse and neglect in care during the Inquiry period. Most of these factors did not have a significantly different effect on women and girls in care.
129. In summary, institutional factors included:
- > standards of care were inconsistent and routinely breached
 - > poor or absent vetting exposed people in care to abusers
 - > inadequate recruitment, training and resourcing contributed to abuse and neglect
 - > complaints processes were absent or easily undermined, with few records kept
 - > senior State and faith leaders prioritised the reputations of institutions and abusers over people in care
 - > oversight and monitoring was ineffective
 - > rights guaranteed under te Tiriti o Waitangi and human rights were largely absent
 - > people in care were dehumanised and denied dignity
 - > people in care were isolated from whānau, kainga, communities and advocates
 - > there was little accountability for abuse and neglect.

130. The Inquiry examined the responsibility of the State in respect of the abuse and neglect in care during the Inquiry period. The State was ultimately responsible for safeguarding all people in care, regardless of the care setting, and preventing and responding to abuse and neglect. It was the State, for the most part, who decided who should and must enter care, what type of care and how long for, how people were to be treated in care, and how and to what extent abusers and those who contributed to abuse and neglect in care would be held to account.
131. The State failed to uphold all of its responsibilities for the care system, which contributed to abuse and neglect. This section sets out the following failures:
- > the State did not give effect to te Tiriti o Waitangi or fulfil its human rights obligations
 - > legislative and policy settings were discriminatory and ignored people's rights
 - > this discriminatory approach reflected a lack of diverse leadership
 - > people in care had limited input into State decision-making
 - > the State's attempts to address institutional discrimination fell short
 - > the State did not ensure that people in care were safeguarded from abuse and neglect
 - > the State lost sight of its core regulatory, enforcement and funding functions
 - > the State's highest-level decision-makers rarely took accountability for abuse and neglect in their care.
132. During the Inquiry period, the rights guaranteed to Māori in te Tiriti o Waitangi were largely absent in care settings. Similarly, human rights protections were largely absent from care settings for most of the Inquiry period. Many children, young people and adults in State and faith-based care were isolated from their whānau, kāinga and communities.
133. Inadequate standards of care, failure to implement existing standards, and breaches of standards contributed to different forms of serious abuse and neglect across all care settings. People in care were regularly dehumanised and denied human dignity. These failures resulted in inappropriate and unsafe care placements, and a one-size-fits-all regimented approach to care.
134. Throughout the Inquiry period, government agencies held multiple and conflicting roles in care. Agencies often designed their own standards and policies, regulated some care providers, owned and operated care facilities, delivered care, employed staff, oversaw and monitored their own services, and advised the State on care-related policies and regulation of the care system.

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

Faith-specific factors that contributed to abuse and neglect in care

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

139. Three of these factors had specific effects on women and girls in faith-based care – gendered roles and sexism in positions of authority, negative attitudes about sex and female sexuality, and religious beliefs being used to justify abuse and neglect in unmarried mothers' homes.

Gendered roles and sexism in positions of authority

140. Historically churches have reflected the culture of the time in their approach to the status of women within their institutions, but they have also been conservative in their response to changing awareness of these issues.¹²⁹ Traditionally, formal religious roles were restricted to men in all Christian denominations.¹³⁰ Although early Christianity was notable for its respect for women, there is also a legacy of constraints on female leadership in the churches, despite frequent challenges from within.
141. Although there have been changes over time, in all eight faiths that the Inquiry investigated, clergy and religious leaders have been highly gendered, with control historically held by males.
142. There has been active involvement of women in various leadership roles within the Catholic Church. The Director of the National Professional Standards Office, the office that manages the investigation of all reports of sexual abuse against priests and religious, is a woman, and the Complaints Assessment Committee has female members and a female chair. Women have also held leadership roles within Catholic congregations – for example, Suzanne Aubert founded the Catholic order the Daughters of Our Lady of Compassion in 1892.
143. Despite the instances of female leadership, the Catholic hierarchy remained predominantly male-dominated throughout the Inquiry period. Only men were eligible for ordination under canon law and to hold positions of the highest authority within the Catholic governance structure, such as bishops, cardinals and the pope.

¹²⁹ Expert opinion of Peter Lineham (4 April 2024, page 1).

¹³⁰ Expert opinion of Peter Lineham (4 April 2024, page 1).

144. Women could be ordained in the mainstream Protestant denominations by the end of the 20th century, although in practice gaining full equality was difficult to achieve.¹³¹ In the Anglican Church, the decision in 1976 to allow women to be ordained was controversial, and while there have been and are women who are bishops in the church, women are still underrepresented in the top roles.¹³² In the Presbyterian Church, some women have achieved the highest office in the church, but historically women have struggled to be accepted by some parts of the denomination, especially at the evangelical end.¹³³ The Methodist Church can be viewed as more progressive, with the first woman ordained in Aotearoa New Zealand in 1958.¹³⁴
145. Within The Salvation Army many officers are women. However, some have noted that historically the distribution of leadership in practice suggested that men held the true power, particularly in Aotearoa New Zealand where, in the past, great caution has been exercised in placing a woman over a man.¹³⁵
146. In the Gloriavale community, those in the leadership roles of Overseeing Shepherd, Shepherds and Servants must be male. Roles are defined along biblical lines, emphasising men as decision-makers and breadwinners, with women in their places as mothers, running the household areas, and in later years, possibly as teachers in the early childhood centres caring for children. In Gloriavale, women's scope of leadership was limited to 'women's work' and 'women's issues', primarily in the domestic sphere.¹³⁶ Māori survivor David Ready (Ngāti Porou) told the Inquiry:¹³⁷
- "From an early age, women are taught through formal education and observance of social structures, that they are worth less than men in the community."***¹³⁸

131 Expert opinion of Peter Lineham (4 April 2024, page 2).

132 Witness statement of the Most Reverend Philip Richardson (12 February 2021, paras 57–63).

133 McKay, L, *The church through ordained women's eyes: The struggle by ordained women within the Presbyterian Church of Aotearoa New Zealand*, Master's Thesis, Oxford University (1996), cited in Expert opinion of Peter Lineham (4 April 2024, page 7); Ellis, LA, *Evangelical women and secular society in New Zealand: an investigation into feminism as an ideology of empowerment*, Master's Thesis, Victoria University of Wellington (2012, pages 39–40).

134 Methodist Church, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 452 (24 May 2022, page 8).

135 Raewyn Hendy, "Lasses, live up to your privileges, and stand up for your rights!": Gender equality in The Salvation Army in New Zealand, 1883–1960, Master's Thesis, Massey University (2017, pages 13–14).

136 Gloriavale Christian Community, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 460 (8 July 2022, paras 108 and 172).

137 Gloriavale Christian Community, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 460 (8 July 2022, para 108).

138 Witness statement of David Ready (8 May 2021, para 3.7.3).

147. Survivor Ms PP, who was born into the Plymouth Brethren Christian Church, told the Inquiry that the leadership “is a hierarchical male structure”, and as a woman “you are continually repressed and ... you are expected to be subservient”.¹³⁹ NZ European survivor Mr UJ told the Inquiry that women were expected to fulfil their domestic duties as a wife and mother:

“The [Plymouth Brethren Christian Church] are a male-dominated culture and as such the women are expected to carry out a very narrow role. The expectation is that the women marry, bear children and look after the home. The husband has complete authority over the wife in all matters including marital relations”.¹⁴⁰

148. The Plymouth Brethren Christian Church informed the Inquiry that women can serve as elders and that many do, with responsibilities that include providing advice to members and organising fundraising initiatives.¹⁴¹ Despite this, the Inquiry found that women serving as elders were often limited to traditional gender roles, such as selecting a hymn to start each of the assembly meetings and setting the table for the Lord’s Supper (a meal celebrated each first day of the week by every member of the church).¹⁴²

149. Research has previously highlighted that prescribed gender roles and the absolute authority of males within faith-based institutions contributes to the occurrence of abuse and neglect, and failed responses to abuse.¹⁴³ Patriarchal leadership structures result in what Susan Ross describes in relation to the Catholic Church as “unchecked, divinely sanctioned patriarchal power”.¹⁴⁴ These patriarchal hierarchies within faith-based institutions contribute to a culture where disclosing abuse is discouraged and victims are unsupported.¹⁴⁵

139 Witness statement of Ms PP (15 July 2022, paras 34, 37).

140 Witness statement of Mr UJ (7 July 2022, para 3.15).

141 Royal Commission of Inquiry into Abuse in Care, Internal notes from the Inquiry’s meeting with representatives of the Plymouth Brethren Christian Church (29 November 2022, page 13).

142 Royal Commission of Inquiry into Abuse in Care, Internal notes from the Inquiry’s meeting with representatives of the Plymouth Brethren Christian Church (29 November 2022, page 7).

143 McPhillips, K, “Soul murder: Investigating spiritual trauma at the Royal Commission,” *Journal of Australian Studies*, Volume 42, No 2 (2018, page 236); Cullington, E, “Evil, sin, or doubt?: The dramas of clerical child abuse,” *Theatre Journal*, Volume 62, No 2 (2010, pages 245, 255–256 and 262).

144 Ross, SA, “Feminist theology and the clergy sexual abuse crisis,” *Theological Studies*, Volume 80, No 3 (2019, page 632).

145 Irenyi, M, Bromfield, L, Beyer, L & Higgins, D, “Child maltreatment in organisations: Risk factors and strategies for prevention,” *Child Abuse Prevention Issues*, Volume 25 (Australian Institute of Family Studies, 2006, pages 12–16).

150. The exercise of male power over women and children by men can limit freedom of thinking and response among those who are not in this position of power.¹⁴⁶ This constraint was particularly evident where survivors told the Inquiry that female staff, although they were not abusers themselves, did not act to intervene or report abuse by male clergy.¹⁴⁷ The power held by male abusers often meant their behaviours went unchecked.

Negative attitudes about female sexuality and sex led to abuse and neglect

151. Women and girls were subjected to interpersonal abuse motivated by sexism and negative attitudes about female sexuality. Much of this stemmed from a belief that women's sexuality was something to be controlled and / or feared.
152. Christianity has historically encouraged sexual restraint outside of marriage.¹⁴⁸ A 'proper' Christian woman has been deemed one who remains a virgin until marriage so she is not "spoiled goods".¹⁴⁹ In some Pacific communities, pregnancy outside of marriage is still associated with shame, although more broadly in Aotearoa New Zealand attitudes towards sex outside of wedlock shifted over the course of the Inquiry period.¹⁵⁰ The deep-rooted stigma associated with female sexuality drove various forms of abuse and neglect of women and girls across all the faith-based settings the Inquiry investigated.

146 Special Archdiocesan Commission of Enquiry into Sexual Abuse of Children by Members of the Clergy, The report of the Archdiocesan Commission of Enquiry into the Sexual Abuse of Children by Members of the Clergy, Archdiocese of St John's, Newfoundland (1990, pages 12–16).

147 Transcript of evidence of Anne Hill at the Inquiry's Faith-based Redress Hearing (Royal Commission of Inquiry into Abuse in Care, 1 December 2020, page 160).

148 Baumeister, RF & Tvenge, JM, "Cultural suppression of female sexuality," *Review of General Psychology*, Volume 6, No 2 (2002, pages 193–194).

149 Redmond, SA, "Christian 'virtues' and recovery from child sexual abuse" in Brown, JC & Bohn, CR (eds), *Christianity, patriarchy and abuse: A feminist critique* (Pilgrim Press, 1989, page 76).

150 Brookes, B, "Shame and its histories in the twentieth century," *Journal of New Zealand Studies*, Volume 9 (2010, pages 46–51).

153. Sexual abuse was often assumed to be avoidable if survivors behaved properly, and survivors were therefore assumed to be willing participants or otherwise responsible. The Christian emphasis on women's and girls' sexual purity as a virtue¹⁵¹ led to a view that survivors of sexual abuse were at fault, or guilty of sin. Survivors sometimes blamed themselves or feared the consequences of reporting in case they were 'tainted' for what might be considered sex outside of wedlock rather than abuse, which created barriers to disclosure. NZ European survivor Ms QG told the Inquiry that at age 18 when she disclosed sexual abuse to her parish priest, he made her feel worthless and convinced her she needed to marry her abuser.¹⁵² She was told "if I had engaged in sex in any form (whether forced or not) then I had no choice but to get married" and "it was God's will that I marry him [her abuser]".¹⁵³
154. Victim-blaming was particularly evident in Gloriavale, where founder Hopeful Christian promoted the doctrine that girls and women could avoid sexual abuse by "not having a flirty nature, dressing modestly, and avoiding situations where they could be seen to be 'leading on' a male who was interested in sex".¹⁵⁴ Survivors described being made to feel responsible for their own sexual abuse after reporting it. They described how Hopeful Christian would "remind members that men had a higher sex drive than women so it was up to women to prevent sexual assaults."¹⁵⁵ They were to do this by "controlling their [the woman's] behaviour, their location and their method of presentation in order to avoid provoking sexual reactions in men and boys".¹⁵⁶ Current leader Howard Temple accepted that young women in the community may have felt that sexual assault was their fault as a result of these teachings.¹⁵⁷

151 Redmond, SA, "Christian 'virtues' and recovery from child sexual abuse" in Brown, JC & Bohn, CR (eds), *Christianity, patriarchy and abuse: A feminist critique* (Pilgrim Press, 1989, pages 76–77).

152 Witness statement of Ms QG (4 August 2021, pages 5–7).

153 Witness statement of Ms QG (4 August 2021, pages 5–6).

154 Gloriavale Christian Community, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 460 (4 July 2022, page 7).

155 First witness statement of Louise Taylor (15 September 2022, page 60).

156 First witness statement of Louise Taylor (15 September 2022, page 60).

157 Transcript of evidence of Howard Temple at the Inquiry's Faith-based Institutions Response Hearing (Royal Commission of Inquiry into Abuse in Care, 13 October 2022, page 63–64).

Religious beliefs were used to justify abuse and neglect in unmarried mothers' homes

155. The Inquiry heard in the accounts of many survivors that people in positions of power and religious authority justified abuse using Christian beliefs. The association of suffering with salvation is found in aspects of Christian theology.¹⁵⁸ Suffering is thought to teach humility, and martyrdom – an extreme form of suffering – holds special status within the Christian tradition.¹⁵⁹ Often abusers used the biblical concepts of shame and humiliation, and the wider fear of religious punishment or repercussion to abuse and control women and girls in care.
156. The use of moral 'reformation' as a justification for abuse and neglect during pregnancy and childbirth was evident in the accounts of survivors of unmarried mothers' homes.¹⁶⁰ The Anglican Church provided evidence to the Inquiry that these homes were established in the 19th century because of a perceived need to support unmarried mothers.¹⁶¹ The Inquiry also saw literature to suggest that some unmarried mothers' homes were established to impress Christian moral and spiritual values on unwed mothers.¹⁶²

Societal factors that contributed to abuse and neglect in care

157. The Inquiry heard that discriminatory societal attitudes – including racism, ableism, disablism, audism, sexism, homophobia, transphobia, negative attitudes towards children and young people, and discrimination against people experiencing poverty – contributed to abuse and neglect in State and faith-based care.
158. Sexism had a specific effect on women and girls. This is discussed below.

Sexism

159. During the Inquiry period, women and girls were considered less valuable than men and boys, and experienced gender-based discrimination. Negative views about female sin, immorality and perceived promiscuity led to female sexuality being feared and girls' and women's bodies as needing to be policed and controlled. Sexist attitudes and beliefs about traditional gender roles meant that women had limited and low-paid employment opportunities.

158 Kienzle, BM & Nienhuis, N, "Battered women and the construction of sanctity," *Journal of Feminist Studies in Religion*, Volume 17, No 1 (2001, page 59).

159 Redmond, SA, "Christian 'virtues' and recovery from child sexual abuse" in Brown, JC & Bohn, CR (eds), *Christianity, patriarchy and abuse: A feminist critique* (Pilgrim Press, 1989, page 73–75).

160 Witness statements of Mrs D (21 September 2020, para 39) and Nancy (Sally) Levy (16 December 2021, paras 55–58).

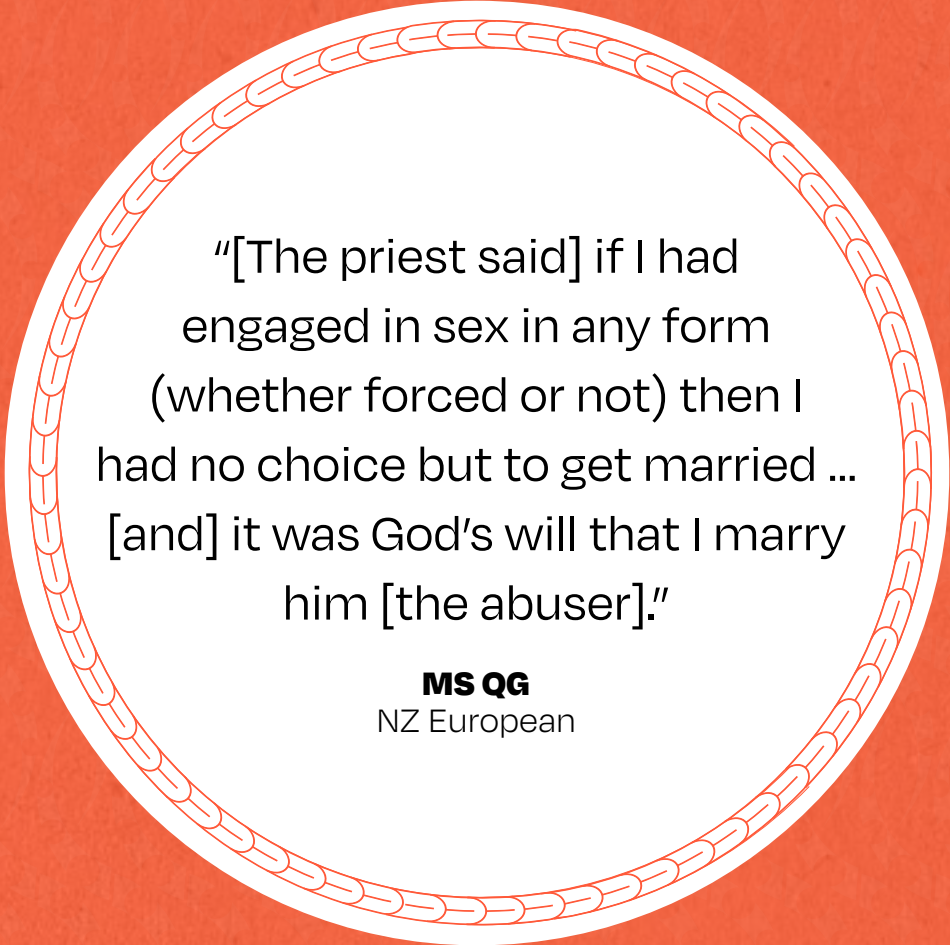
161 Greenaway, R, *Threads of caring* (Commissioned by the Anglican Trust for Women and Children), Chapter 2 – The Women's Home, 1884–1949, *Rescuing 'fallen sisters'*, final draft provided by chair of the Trust Board for the Anglican Trust for Women and Children (2022, pages 6, 34).

162 Tennant, M, *Paupers & providers: Charitable aid in New Zealand* (Allen & Unwin New Zealand Limited and Historical Branch, Department of Internal Affairs, 1989, pages 132–133).

160. The discrimination arising from these sexist attitudes and beliefs was compounded by the racism experienced by Māori and Pacific women and girls. The Inquiry saw evidence that Māori girls and women were seen as lazy, unintelligent and hyper-sexual. The Inquiry also heard that the combination of sexism and ableism affected disabled girls and women, and girls and women experiencing mental distress, in care.
161. These societal attitudes contributed to women and girls being placed in State and faith-based care during the Inquiry period. Once in care, these attitudes and the consequent gender-based discrimination also contributed to women and girls being abused and neglected. The abuse and neglect they experienced was often specifically gendered.

Lessons identified and changes made

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



“[The priest said] if I had engaged in sex in any form (whether forced or not) then I had no choice but to get married ... [and] it was God’s will that I marry him [the abuser].”

MS QG
NZ European

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 tihore 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 mārīe mōwai rokiroki āio nā koutou ko Rongo
Koia ka puta ki te whaiāo ki te ao mārama
Whitiwhiti ora e!

– Paraone Gloyne

A Love Song for the Living Seeds

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

Left alone, abandoned by justice and order

Subjected to the silent suffering of mistreatment

A heaviness in the core, silenced into stillness

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

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

A night dark and dense

Where there may be no turning in your memories

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

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

Is memory dead? No, certainly not!

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

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

Emerging from the troubled world to a world of promise

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

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

Scattered across the land, cherished and growing in abundance

Rising in One-haumako, in One-whakatupu

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

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

Thus, it will thrive, flourish, and burst forth

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

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

A crossing of life indeed!

– Paraone Gloyne



Abuse in Care
Royal Commission of Inquiry