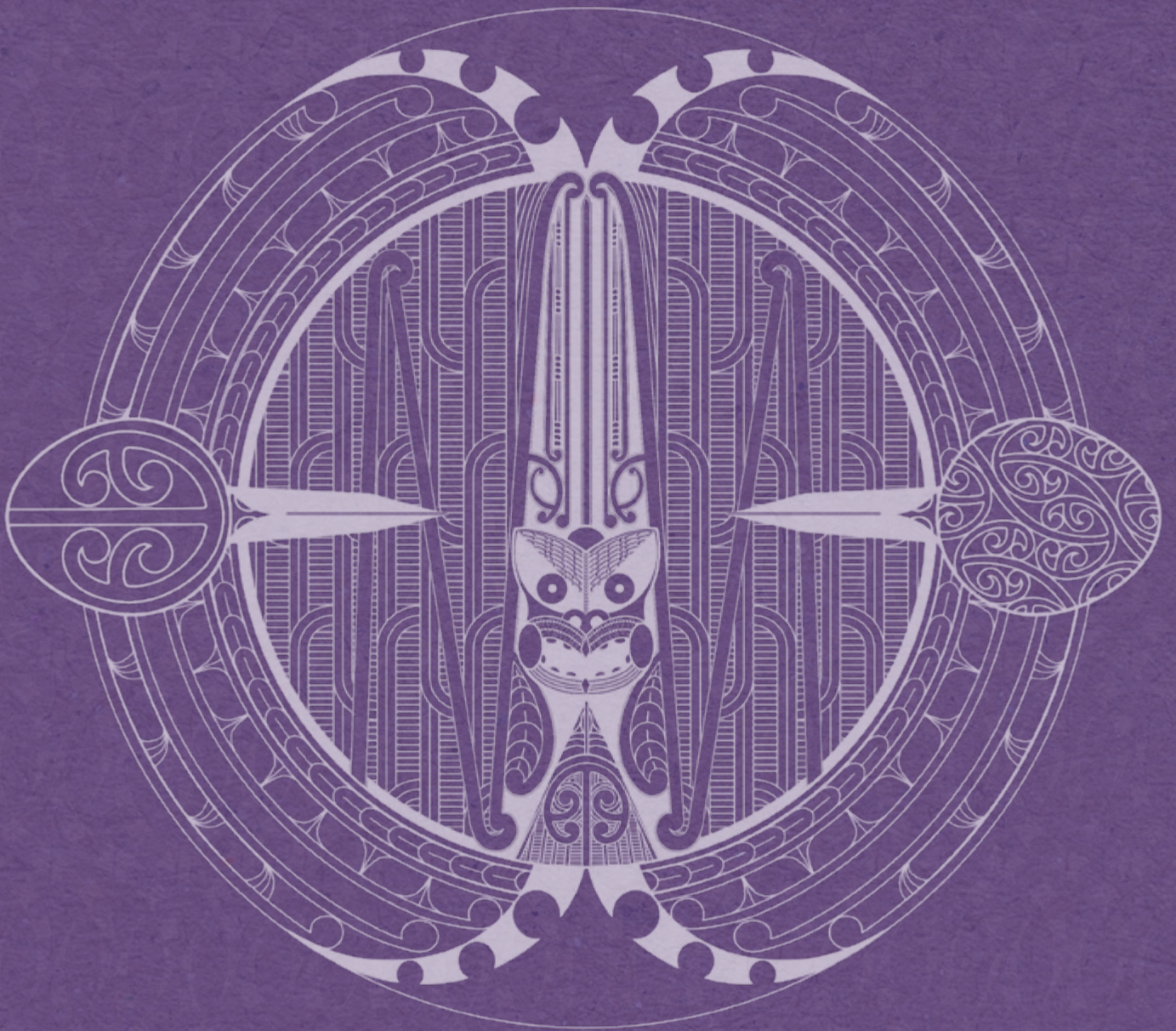


Takatāpui, Rainbow and MVPFAFF+ experiences of abuse and neglect in care

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

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Whakairihia ki te tihi o Maungārongo

He karakia

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

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

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

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

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

Kāti rā, ā te tākiritanga mai o te ata,
ā te huanga ake o te awatea,
kia tau he māramatanga,
kia ū ko te pai, kia mau ko te tika.
Koinei ko te tangi a te ngākau e Rongo,
tūturu ōwhiti whakamaui
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 atu nei ki te whāriki i ā rātou kōrero ki konei. Kei te mōhio mātou 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 Takatāpui, Rainbow and MVPFAFF+ survivors' experiences of abuse and neglect in care settings during 1950-1999.

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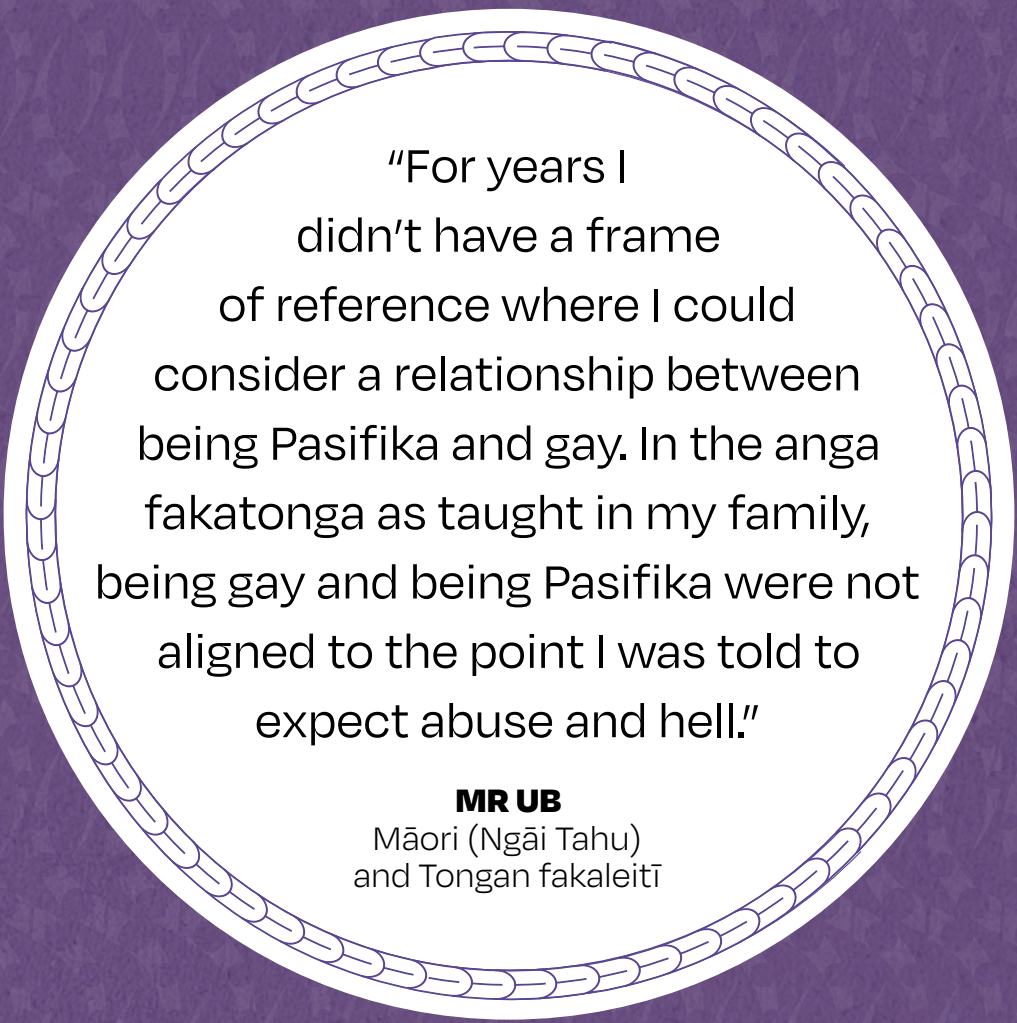
Chapter 1: Introduction

1. This summary describes the abuse and neglect in State care and in the care of faith-based institutions experienced by Takatāpui, Rainbow and MVPFAFF+ survivors 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 Takatāpui, Rainbow and MVPFAFF+ survivors who registered with the Inquiry, and the historical and social context most relevant to Takatāpui, Rainbow and MVPFAFF+ communities during the Inquiry period.
4. Chapter 4 describes the circumstances that led to Takatāpui, Rainbow and MVPFAFF+ survivors entering care during the Inquiry period. This chapter explains how negative societal attitudes and discrimination played a particular role in many Takatāpui, Rainbow and MVPFAFF+ survivors entering psychiatric care.
5. Chapter 5 discusses the nature and extent of abuse and neglect experienced by Takatāpui, Rainbow and MVPFAFF+ children, young people and adults in State and faith-based care. It sets out the targeted abuse focused on Takatāpui, Rainbow and MVPFAFF+ survivors' identities. Chapter 5 also describes how Takatāpui, Rainbow and MVPFAFF+ survivors were subjected to conversion practices in psychiatric and faith-based care settings.
6. Chapter 6 describes the impacts of the abuse and neglect that Takatāpui, Rainbow and MVPFAFF+ survivors suffered in care, particularly due to faith-based attitudes and discrimination and conversion practices.
7. Chapter 7 explains the factors that contributed to Takatāpui, Rainbow and MVPFAFF+ survivors being abused and neglected in care. It focuses on the factors that had specific effects on Takatāpui, Rainbow and MVPFAFF+ survivors. These were the societal and faith-specific factors of homophobia, biphobia, transphobia and other forms of discrimination against people with diverse sexualities or gender identities. It also summarises the lessons learned and the changes made to prevent and respond to abuse and neglect.

Chapter 2: Executive summary

8. Prevailing societal attitudes and discriminatory beliefs in Aotearoa New Zealand throughout the Inquiry period resulted in Takatāpui, Rainbow and MVPFAFF+ children, young people and adults being placed in State or faith-based care; those views also shaped their experiences while in care.
9. People who did not fit into and conform to a narrow definition of what was normal in terms of sexuality and gender expression were seen by society as deviant, mentally unwell, sinful or criminal for much of the Inquiry period. These views were strongly influenced by religious attitudes and intolerance of difference. Colonisation and the adoption of Christian beliefs and practices into Māori and Pacific societies brought with them negative attitudes and discrimination against people with diverse sexual orientation and gender identity.
10. Discrimination against Takatāpui, Rainbow and MVPFAFF+ people created pathways into care. Some were rejected by their families, whānau, kainga and communities because of who they were. The lack of visibility, understanding and societal acceptance of Takatāpui, Rainbow and MVPFAFF+ people, coupled with the belief that homosexuality was a mental illness, resulted in survivors being admitted into psychiatric institutions.
11. Some were subjected to conversion practices in psychiatric care and faith-based settings to be 'cured' of their sexuality. In psychiatric settings, survivors were subjected to medical abuse in the form of electric shocks. In faith-based settings, this also involved religious abuse, including reinforcement of the moral authority of religious leaders and the church. Survivors were made to feel like abominations.
12. Takatāpui, Rainbow and MVPFAFF+ survivors experienced homophobic psychological, sexual and physical abuse. Some were specifically targeted due to their sexuality, gender expression or sex characteristics. In many cases, people in care were targeted due to being perceived as homosexual or effeminate, regardless of their actual sexuality or gender identity.
13. Abuse and neglect in care had profound impacts on Takatāpui, Rainbow and MVPFAFF+ survivors' self-worth, wellbeing, feelings of safety, intimacy and relationships. Conversion practices resulted in significant long-lasting harm and trauma. For some survivors of abuse in faith-based care, it has affected their relationships with family who remain deferential to the church.
14. The personal factors that contributed to Takatāpui, Rainbow and MVPFAFF+ people 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.

15. Takatāpui, Rainbow and MVPFAFF+ children, young people and adults who were living in poverty, were Māori, Pacific, 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. Takatāpui, Rainbow and MVPFAFF+ people who were, or experienced, multiple combinations of these factors were at higher risk.
16. Most of the institutional or systemic 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 Takatāpui, Rainbow and MVPFAFF+ survivors. However, some faith-specific factors, including negative attitudes about diverse sexuality and gender identity, contributed to Takatāpui, Rainbow and MVPFAFF+ survivors being psychologically, sexually and physically abused in faith-based care.
17. Societal attitudes throughout the Inquiry period directly contributed to survivors entering care and suffering abuse and neglect in care. For Takatāpui, Rainbow and MVPFAFF+ survivors, the most significant of these societal attitudes were homophobia, biphobia, transphobia and other forms of discrimination against people with diverse sexualities or gender identities. Those with diverse sexualities and gender identities continue to experience profound prejudice in Aotearoa New Zealand to this day.



"For years I
didn't have a frame
of reference where I could
consider a relationship between
being Pasifika and gay. In the anga
fakatonga as taught in my family,
being gay and being Pasifika were not
aligned to the point I was told to
expect abuse and hell."

MR UB

Māori (Ngāi Tahu)
and Tongan fakaleitī

Chapter 3: Context

18. The Inquiry uses the terms Takatāpui, Rainbow and MVPFAFF+. The word “and” has been used rather than “or” because some of these identities intersect.
19. Takatāpui is the reo Māori term meaning intimate companion of the same sex, Rainbow refers to the lesbian, gay, bisexual, transgender, queer, intersex, asexual community, and MVPFAFF+ refers to diverse sexualities, gender expressions and roles in the Pacific (Māhū, Vakasalewalewa, Palopa, Fa’afafine, Akava’ine, Fakaleitī (or Leiti), Fakafifine). The term LGBTQIA+ was not used because it has been critiqued for centering Western understandings of gender, sex and sexual orientation.
20. Other terms used include:
 - > sexuality or sexual orientation, meaning a person’s physical, romantic and / or emotional attraction to people of the same and / or different gender (including people who are gay, lesbian, bisexual, queer, pansexual, homosexual, etc)
 - > gender identity, meaning a person’s internal sense of their sex or gender (including people who are transgender, agender, intersex, non-binary, gender fluid, genderqueer or gender diverse)
 - > transgender, meaning a person whose gender identity does not align with the sex or gender they were assigned at birth
 - > cisgender, meaning a person whose gender identity aligns with the sex or gender they were assigned at birth
 - > intersex, meaning a person born with natural variations of sex characteristics, such as chromosomes, reproductive anatomy, genitals and hormones
 - > homophobia, meaning discrimination against people whose sexual orientation is not heterosexual
 - > transphobia, meaning discrimination against people whose gender identity does not align with the sex or gender they were assigned at birth.

Summary of Takatāpui, Rainbow and MVPFAFF+ survivors who registered with the Inquiry

21. In total, 2,329 survivors registered with the Inquiry. As set out in Part 1 of the Inquiry's final report, Whanaketia – Through pain and trauma, from darkness to light, 7 percent (162 survivors) of registered survivors identified as Takatāpui, Rainbow and MVPFAFF+.
22. The Inquiry recognises that the true number of Takatāpui, Rainbow and MVPFAFF+ survivors who experienced abuse and neglect in State and faith-based care may be far greater. Limitations due to survivors' understandable reluctance to disclose their sexual orientation and / or gender identity when they were in care, along with poor record-keeping of survivors' demographic information and failure to document incidents of abuse and neglect mean we may never know the true numbers of Takatāpui, Rainbow and MVPFAFF+ survivors.
23. The table below sets out additional demographic information about Takatāpui, Rainbow and MVPFAFF+ survivors who registered with the Inquiry:

Number	162 survivors
<i>Gender</i>	
> Female	70 survivors (43 percent)
> Male	82 survivors (51 percent)
> Gender diverse, non-binary, other, prefer not to say, no data	10 survivors (6 percent)
<i>Ethnicity</i>	
> Māori	60 survivors (37 percent)
> Pacific Peoples	8 survivors (5 percent)
> Pākehā / European	124 survivors (77 percent)
> Another ethnic identity or unknown ethnicity	6 survivors (4 percent)
Average age when entered care	9 years old
<i>Type of care</i>	
> State care	106 survivors (65 percent)
> Faith-based care	83 survivors (51 percent)
> State and faith-based care	29 survivors (18 percent)

24. Engagement with survivors, whānau and their communities was a critical part of the Inquiry. As the Inquiry progressed and learned more about how to connect with people in ways that were appropriate and safe for them, its engagement methods improved. The Inquiry sought to interact with people on their own terms. Multiple hui were held with people from Takatāpui, Rainbow and MVPFAFF+ communities and organisations that support them. In 2022, the Inquiry engaged groups of specialist advisors, including a reference group with people with lived or academic expertise in Takatāpui, Rainbow and MVPFAFF+ communities and organisations that support them. The Takatāpui, Rainbow and MVPFAFF+ reference group was provided with draft material, in confidence, to provide expert feedback for consideration in the finalisation of the Inquiry's reports.

Historical and social context most relevant to Takatāpui, Rainbow and MVPFAFF+ survivors

25. Understanding the historical and social context the care system operated in before and during the Inquiry period is crucial in understanding Takatāpui, Rainbow and MVPFAFF+ survivors' experiences of abuse and neglect in State and faith-based care.

Colonisation and Christianity influenced Māori and Pacific perspectives on sexual orientation and gender identity

26. Before the colonisation of Aotearoa New Zealand, Māori men and women were regarded as essential parts of the collective whole, with evidence of fluid conceptions of gender and sexuality in pre-colonial Māori society.¹ Ancestral names could be gender neutral, emphasising the importance of whakapapa rather than gender. Sexual expression was integrated into various aspects of life, both spiritual and social, and was regularly discussed and depicted in carvings. In her doctoral thesis, Part of the Whānau: The Emergence of Takatāpui Identity – He Whāriki Takatāpui, Dr Elizabeth Kerekere notes that Takatāpui were always an integral part of Māori society pre-colonisation:²

*"As Māori, we claim our identity through whakapapa over countless generations of ancestors. Whakapapa places us within a whānau, hapū and iwi, which in turn connects us to marae and specific tribal areas on Papatūānuku, our earth mother. Because of this, whakapapa is central to takatāpui identity and spiritual connection to tupuna takatāpui. It is clear that fluid sexual intimacy and gender expression existed among Māori in pre-colonial and post-contact times and has continued ever since."*³

1 Kerekere, E, Part of the Whānau: The Emergence of Takatāpui Identity – He Whāriki Takatāpui, Doctoral Thesis, Victoria University of Wellington (April 2017, pages 21 and 33).

2 Kerekere, E, Part of the whānau: The Emergence of Takatāpui Identity – He Whāriki Takatāpui, Doctoral Thesis, Victoria University of Wellington (April 2017, pages 60–82).

3 Kerekere, E, Part of the Whānau: The Emergence of Takatāpui Identity – He Whāriki Takatāpui, Doctoral Thesis, Victoria University of Wellington (April 2017, pages 81–82).

27. The arrival of Christian missionaries in the South Pacific from the late 18th century, and in Aotearoa New Zealand from the early 19th century, had significant impacts on Pacific and Māori societies. Many Pacific societies adopted Christianity and it became a core element of their cultural identities. Some Pacific Peoples incorporated Christianity into their own belief systems.⁴ Māori responses to the Christian teachings varied but some Māori adapted and absorbed aspects of Christianity into their own spirituality, "incorporating Christianity into their own belief systems at least as much as they were being converted by it".⁵
28. The adoption of Christian beliefs and practices into Māori and Pacific cultures influenced attitudes towards people with diverse sexual orientation and gender identity.

Broader influence of Christianity on societal attitudes towards difference

29. Churches contributed to building the new settler society in Aotearoa New Zealand, including upholding a social order based on British laws and influenced by Christian values and morals.⁶ These societal attitudes meant that during much of the 20th century, Aotearoa New Zealand society expected people to fit in and conform to a narrow definition of what was normal.⁷ These views were reflected in State policies influenced by discrimination and eugenics. For example, in 1911, former Attorney-General John Findlay described those who were 'defective' as "a source of contamination and weakness" who needed to be isolated from society.⁸ This contributed to discrimination against indigenous and minority groups, including people who did not fit socially acceptable norms of sexual orientation and gender identity.⁹
30. As one survivor explained:

*"Dominant societal norms [lead to] discrimination and violence towards many, but Rainbow and Takatāpui people in more specific ways – particularly towards those with multiple marginalised identities."*¹⁰

4 Yengoyan, AA, "Christianity and Austronesian transformations: Church, polity and culture in the Philippines and the Pacific" in Bellwood, P, Fox, JJ & Tryon, D (eds), *The Austronesians: Historical and comparative perspectives* (The Australian National University Press, 2006, page 361).

5 Waitangi Tribunal, *He Whakaputanga me te Tiriti: The Declaration and the Treaty: Report on stage 1 of the Te Paparahi o Te Raki Inquiry* (2014, page 254).

6 Tennant, M, "Magdalens and moral imbeciles: Women's homes in nineteenth-century New Zealand," *Women's Studies International Forum*, Volume 9, Issues 5–6 (1986, pages 493–494); Lineham, P, "Trends in religious history in New Zealand: From institutional to social history," *History Compass*, Volume 12, No 4 (2014, page 336).

7 Guy, L, "'Straightening the queers' – medical perspectives on homosexuality in mid-twentieth century New Zealand," *Health and History*, Volume 2, No 1 (2000, pages 101–120, page 108); Pratt, J, "The dark side of paradise: Explaining New Zealand's history of high imprisonment," *British Journal of Criminology*, 46 (2006, page 553).

8 New Zealand Parliamentary Debates, Fourth Session, Seventeenth Parliament, Legislative Council and House of Representatives, One Hundred and Fifty Fifth Volume (August 29–September 20, 1911, page 300).

9 Guy, L, "'Straightening the queers' – medical perspectives on homosexuality in mid-twentieth century New Zealand," *Health and History*, Volume 2, No 1 (2000, pages 101–120, page 111).

10 Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 54).

31. During the Inquiry period, homosexuality was seen as deviant, abnormal and needing to be 'cured'. These views were influenced and reinforced by Christian beliefs that homosexuality was evil, sinful and unnatural. Homosexuality was also commonly, and wrongly, associated with child sexual abuse.¹¹ Rigid gender roles, which were influenced by faith-based beliefs, were tightly enforced for most of the Inquiry period. People who did not conform to predetermined 'masculine' and 'feminine' behaviours and dress were targets of prejudice and discrimination.
32. Sexual acts associated with homosexuality were criminalised for much of the Inquiry period. "Buggery" and the indecent assault by a male against another male were criminal offences under the Criminal Code Act 1893.¹² The Crimes Act 1961 criminalised "sodomy" and "indecentcy between males".¹³ Sexual relations between adult men were decriminalised in Aotearoa New Zealand in 1986 with the passage of the Homosexual Law Reform Act. Sexual relations between adult women were never criminalised, but many lesbians suffered the same social discrimination as gay men.
33. Homosexuality was considered a psychiatric disorder until 1973 in Aotearoa New Zealand.¹⁴ Medicalisation of homosexuality peaked in the 1950s and 1960s and included conversion practices with the aim of changing a person's sexual identity or gender identity.¹⁵ The psychiatric profession's position on homosexuality as a mental illness began to shift by the 1970s. Psychiatric bodies in several countries removed homosexuality from their catalogues of mental disorders.
34. One survivor said:

*"What types of harm have Rainbow communities historically experienced in care?" Colonisation – devaluing of Takatāpui identity and lives, impact of church and colonisation, medicalisation of sexuality and identity rather than recognising diversity of humanity."*¹⁶

11 Guy, L, "'Straightening the queers': Medical perspectives on homosexuality in mid-twentieth century New Zealand", Health and History, Volume 2, No 1 (2000, page 110).

12 Criminal Code Act 1893, Part XIII Crimes against Morality, sections 136–137.

13 Crimes Act 1961, sections 141–142.

14 Included in the Diagnostic and Statistical Manual of Mental Disorders until 1973.

15 Bennett, J & Brickell, C, Surveilling the mind and body: Medicalising and de-medicalising homosexuality in 1970s New Zealand (Cambridge University Press, 2018, page 199).

16 Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 7).

Gay liberation and the gradual realisation of rights for Takatāpui, Rainbow and MVPFAFF+ New Zealanders

35. Since becoming a member of the United Nations in 1945, Aotearoa New Zealand has actively participated in international forums and organisations to promote human rights.¹⁷ Aotearoa New Zealand contributed to the drafting and adoption of key human rights instruments such as the Universal Declaration of Human Rights in 1948 and played a role in negotiating and ratifying international human rights treaties during the latter half of the 20th century.¹⁸
36. Despite its international reputation, Aotearoa New Zealand could be slow in promoting human rights treaties domestically.¹⁹ Human rights protections in Aotearoa New Zealand's domestic laws are set out in a variety of statutes and the common (court-made) law.²⁰ This means they are not all in one place and not all human rights have been incorporated into our domestic law.
37. The 1960s saw the beginnings of gradual change towards the realisation of rights for Takatāpui, Rainbow and MVPFAFF+ New Zealanders. The Dorian Society, Aotearoa New Zealand's first social club for homosexual men, was formed in Te Whanganui-ā-Tara Wellington in 1962.²¹ In 1967, a group of lawyers formed the New Zealand Homosexual Law Reform Society. It presented a petition to Parliament urging homosexual law reform in 1968.²² Internationally, in 1969 homosexual men and women resisted arrest during the Stonewall Riots in New York City. This is regarded as the start of the gay liberation movement.²³
38. Aotearoa New Zealand Gay Pride Week and march began in the 1970s. The first national lesbian organisation, Sisters for Homophile Equality (SHE), was formed in 1973.
39. In 1993, the Human Rights Act was passed, which included the prohibition of discrimination based on sexual orientation.²⁴ Before this, there was no legal protection from discrimination in employment, education, access to public places, provision of goods and services, and housing and accommodation on the grounds of sexual orientation or gender identity.

17 McGregor, J, Bell, S & Wilson, M, *Fault lines: Human rights in New Zealand* (Auckland University of Technology 2018, pages 13 and 14).

18 McGregor, J, Bell, S & Wilson, M, *Fault lines: Human rights in New Zealand* (Auckland University of Technology 2018, page 175).

19 United Nations, Concluding observations of the Committee on Economic, Social and Cultural Rights: New Zealand E/C.12/NZL/CO/4 (2018, para 6).

20 Glazebrook, S, Baird, N & Holden, S, "New Zealand: Country Report on Human Rights," *Victoria University of Wellington Law Review*, Volume 40 (2009, page 58).

21 Lesbian and Gay Archives of New Zealand, "Legislating homosexuality," in Laurie, A & Evans, L (eds), *Twenty years on: Histories of homosexual law reform in New Zealand* (Massey University, 2009, page 95).

22 Lesbian and Gay Archives of New Zealand, "Legislating homosexuality," in Laurie, A & Evans, L (eds), *Twenty years on: Histories of homosexual law reform in New Zealand* (Massey University, 2009, pages 95–97).

23 Lesbian and Gay Archives of New Zealand, "Legislating homosexuality," in Laurie, A & Evans, L (eds), *Twenty years on: Histories of homosexual law reform in New Zealand* (Massey University, 2009, pages 95–97).

24 Lesbian and Gay Archives of New Zealand, "Legislating homosexuality," in Laurie, A & Evans, L (eds), *Twenty years on: Histories of homosexual law reform in New Zealand* (Massey University, 2009, pages 95–97).

Visibility and understanding of Takatāpui, Rainbow and MVPFAFF+ identities

40. During the first half of the Inquiry period in particular, the word 'gay' was sometimes used to include diverse Takatāpui, Rainbow and MVPFAFF+ identities – including people who identified as homosexual, bisexual, lesbian, transgender, asexual and intersex. In practice, however, the spectrum of identities that made up the Takatāpui, Rainbow and MVPFAFF+ community was largely invisible and poorly understood by most people in Aotearoa New Zealand. This included lack of understanding about the differences between sexual orientation and gender identity. As one survivor explained, "... there are multiple iterations of gender, there are multiple identities within gender".²⁵
41. Towards the end of the Inquiry period, a greater understanding and visibility of the importance of intersectionality began emerging, both within and outside the wider Takatāpui, Rainbow and MVPFAFF+ community. This brought with it a recognition that, particularly for Māori and Pacific Peoples who identified as Takatāpui, Rainbow and MVPFAFF+, their sexual orientation or gender identity is only one facet of their identity. As survivors said:²⁶

"I want to acknowledge ... [the] Pacific activists who really fought to ensure that our cultural terms and identities were utilised within spaces where LGBTQIA+ was the dominant framing of our communities. And to highlight why it is nuanced and can be detrimental when we are framed in a Western paradigm, or we are framed in experiences that lean more to the Western context rather than our own cultural context."

"What I really wanted to highlight here is that first and foremost, before I am fakafifine, before I am a trans woman, I am tangata Niue, and within all of that cultural identity, MVPFAFF+ identities and how they interact, they interact autonomously, like there's no separation of them."

25 Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 6).

26 Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 18).

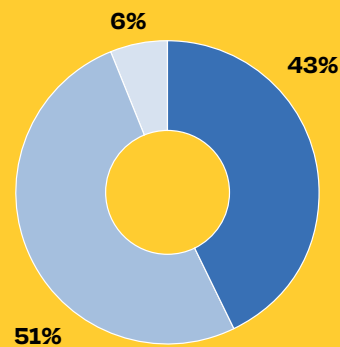
Key facts about registered Takatāpui, Rainbow and MVPFAFF+ survivors



Total Number of Survivors: **162**

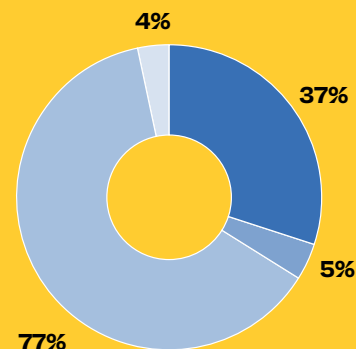
Gender

	NUMBER OF SURVIVORS	PERCENT
Female	70	43%
Male	82	51%
Gender diverse, Non-Binary, Other, Prefer Not to Say, No Data	10	6%



Ethnicity

	NUMBER OF SURVIVORS	PERCENT
Māori	60	37%
Pacific Peoples	8	5%
Pākehā / European	124	77%
Another ethnic identity or unknown ethnicity	6	4%

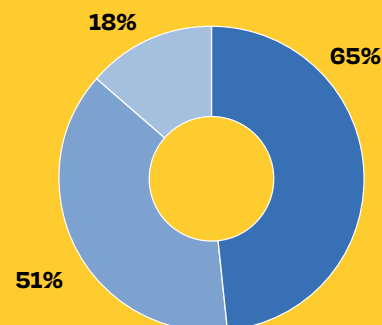


Age

Average age when entered care 9 YEARS OLD

Type of care

	NUMBER OF SURVIVORS	PERCENT
State care	106	65%
Faith-based care	83	51%
State and faith-based care	29	18%



* Survivors who experienced both State and faith-based care are counted in all three groups (State care, faith-based care, and State and faith-based care).

Chapter 4: Circumstances that led to Takatāpui, Rainbow and MVPFAFF+ people entering care

42. Part 3 of the Inquiry's final report, Whanaketia – Through pain and trauma, from darkness to light, sets out the circumstances that led to children, young people and adults entering State and faith-based care during the Inquiry period.
43. The circumstances that led to Takatāpui, Rainbow and MVPFAFF+ children, young people and adults entering State and faith-based care during the Inquiry period varied depending on the care setting and their own personal circumstances. However, the reason and intentions for some Takatāpui, Rainbow and MVPFAFF+ people entering care was discriminatory, underpinned by negative societal attitudes towards diversity of sexual orientation and gender identity. This was particularly evident in relation to entries into psychiatric care.

Discrimination led to entries into care

44. For many Takatāpui, Rainbow and MVPFAFF+ survivors, the circumstances that led them into State and faith-based care was based on negative societal attitudes, stigma and discrimination based on the view that they were deviant, sinful and needed to be 'cured'. The lack of visibility, understanding and societal acceptance of the full spectrum of Takatāpui, Rainbow and MVPFAFF+ people also contributed to them entering care.
45. Some survivors were rejected by their families due to their sexual orientation or gender identity, which created a pathway into care. As one survivor put it, "[for some] it's their 'rainbowness' that results them going into care – coming out can be a case for why they are placed in care (being rejected by their families)".²⁷
46. These effects could be compounded for Takatāpui, Rainbow and MVPFAFF+ survivors who were Māori and / or Pacific, as they were subjected to racism as well as discrimination based on their sexual orientation or gender identity. Some survivors also experienced rejection by their whānau, kainga and communities due to the impact of colonisation and religion on indigenous attitudes towards diverse sexuality and gender identities.

²⁷ Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 42).

Entries into psychiatric care

47. Discrimination towards people with diverse gender identities and / or sexual orientation resulted in people from the Takatāpui, Rainbow and MVPFAFF+ communities being admitted to psychiatric institutions.²⁸
48. In the early part of the Inquiry period, psychiatry was still an emerging discipline. Psychiatrists lacked some of the tools and understanding of today, not only to diagnose and treat conditions, but also understanding of difference and diversity. Prejudice and a lack of knowledge and understanding of different behaviours or conditions saw some people admitted to psychiatric institutions for reasons that would be viewed as wholly inappropriate today – including admissions based on discriminatory views that homosexuality was a mental illness that could be, and needed to be, ‘cured’.
49. Until 1973, the Diagnostic and Statistical Manual of Mental Disorders categorised homosexuality as a mental health disorder. This, coupled with the criminalisation of sexual relations between adult men (until 1986), established a pathway for Takatāpui, Rainbow and MVPFAFF+ survivors into psychiatric institutional care settings.²⁹
50. NZ European survivor Joan Bellingham told the Inquiry about the homophobic attitudes that contributed to her being admitted into psychiatric care. In 1970, Joan went to Burwood Hospital in Ōtautahi Christchurch for nurses’ training at 18 years old. There, she experienced hatred and overt homophobia from the matron and staff once they found out she was gay. The matron told her homosexuality was wrong and said she would never be a nurse. The same matron later accused Joan of stealing drugs, which she said was completely false. It was after that accusation that Joan was told she needed treatment and was taken to Princess Margaret Hospital in Ōtautahi Christchurch, without any choice. Joan said:

“I didn’t have any clothes with me or anything. There was no choice in the matter. I was just told I that I was being admitted to Princess Margaret. I didn’t realise it at the time, but I would spend the next 12 or so years as a patient there.

“I was terrified and told them that this was a mistake, but they wouldn’t listen. They gave me drugs to quieten me down. I recall my mother also being deeply anxious I was in hospital and wanted to know why I needed to be there. But you didn’t question the doctor’s authority during those times. They were like gods. They thought I might have ‘neurotic personality disorder’. The worst part is that I never felt like I was given a genuine choice, or that the doctor was listening to me.”³⁰

28 Private session transcripts of Joan Bellingham (29 April 2019, page 6) and Ms SP (n.d., page 14); Transcript of evidence of Paora Moyle from the Expert Panel at the Inquiry’s Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing (Royal Commission of Inquiry into Abuse in Care, 18 March 2022, page 38).

29 The Committee on Nomenclature and Statistics of the American Psychiatric Association, Diagnostic and statistical manual: Mental disorders (1st edition, American Psychiatric Association Mental Hospital Service, 1952, page 39).

30 Witness statement of Joan Bellingham (25 February 2020, paras 2.6, 3.2).

51. Pākehā survivor Dr Kyro Selket, who identifies as a gender non-conforming dyke, told the Inquiry that she had met many gay men who were put into Lake Alice Psychiatric Hospital in Rangitikei. At Lake Alice those gay men experienced medical abuse in the form of conversion practices, for example, electric shocks.³¹ Kyro described a gay couple being “tortured with electric stuff” at Lake Alice Psychiatric Hospital.³²

“They’d been in Lake Alice for years. They were put there because they were queer. Their families put them there. I mean, as people said later, ‘Before conversion therapy, we had Lake Alice and Carrington’.”³³

52. The Inquiry heard evidence of some Takatāpui, Rainbow and MVPFAFF+ survivors being misdiagnosed while in psychiatric care. Māori survivor Ms OF (Ngāti Kahungunu), who was placed into Cherry Farm Psychiatric Hospital in Ōtepoti Dunedin when she was aged 16, shared:

“I recall being told that I was a lesbian because of penis envy. That I had come out of my mother’s body the wrong way and I was damaged on the way out. I know now that wasn’t right. This is the way that I want to be and I was given a diagnosis of schizophrenia. However, I was never schizophrenic. I was simply a lesbian.”³⁴

53. Religious attitudes that conceptualised homosexuality as a mental illness also forced Takatāpui, Rainbow and MVPFAFF+ people to engage in psychiatric care and treatment, particularly for Pacific Peoples. Fuimaono Karl Pulotu-Endemann, the first registered Pacific psychiatric nurse in Aotearoa New Zealand, witnessed MVPFAFF+ people being placed in psychiatric care as a result of their sexual and gender identities.³⁵

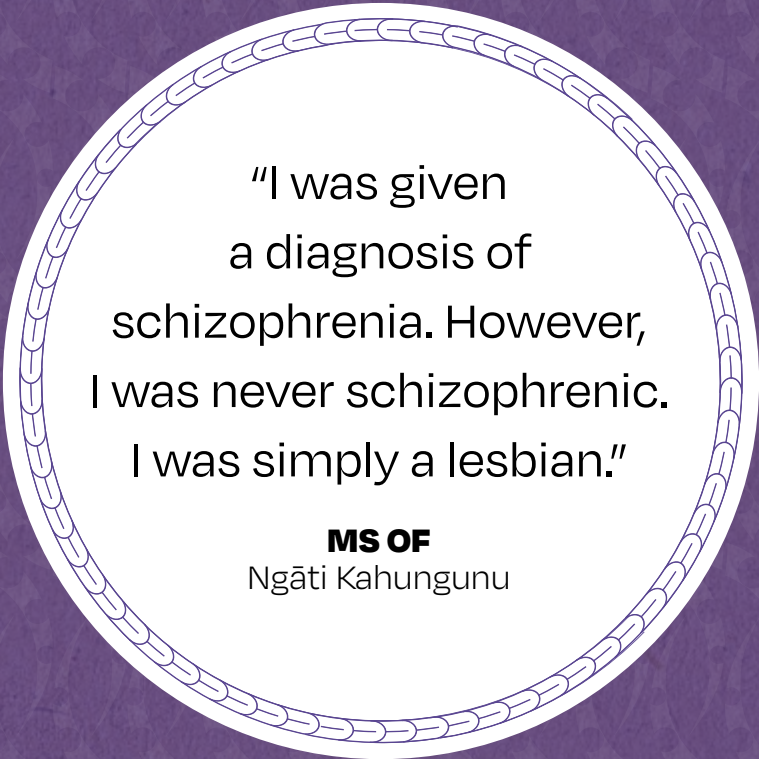
31 Private session transcript of Dr Kyro Selket (17 August 2021, pages 34–35).

32 Private session transcript of Dr Kyro Selket (17 August 2021, page 34).

33 Private session transcript of Dr Kyro Selket (17 August 2021, pages 34–35).

34 Witness statement of Ms OF (21 November 2022, para 38).

35 Attendee at Rainbow MVPFAFF+ fono (22 September 2022, page 7).



"I was given
a diagnosis of
schizophrenia. However,
I was never schizophrenic.
I was simply a lesbian."

MS OF
Ngāti Kahungunu

Chapter 5: Nature and extent of abuse and neglect of Takatāpui, Rainbow and MVPFAFF+ survivors

54. Like the circumstances that led them into State and faith-based care, some of the abuse and neglect that Takatāpui, Rainbow and MVPFAFF+ survivors experienced during the Inquiry period was underpinned by homophobia, biphobia, transphobia and other forms of discrimination against people with diverse sexualities or gender identities.
55. Takatāpui, Rainbow and MVPFAFF+ survivors experienced the full spectrum of types of abuse and neglect reported to the Inquiry. This chapter describes how survivors were subjected to targeted abuse focused on their Takatāpui, Rainbow and MVPFAFF+ identities. It also explains that some children and young people in care, primarily boys and men, were targeted for abuse due to being perceived as homosexual by others.
56. Takatāpui, Rainbow and MVPFAFF+ survivors experienced abuse and neglect in all the State and faith-based care settings the Inquiry investigated. This chapter describes the unique experiences of abuse associated with conversion practices in psychiatric care and faith-based care settings.

Types of abuse and neglect experienced by Takatāpui, Rainbow and MVPFAFF+ survivors in care

57. Part 4 of the Inquiry's final report, Whanaketia – Through pain and trauma, from darkness to light, explains all the 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.

58. Set out below are the specific ways that survivors experienced targeted psychological, physical and sexual abuse focused on their Takatāpui, Rainbow and MVPFAFF+ identities in State and faith-based care.

Targeted psychological, physical and sexual abuse focused on Takatāpui, Rainbow and MVPFAFF+ identities

59. Takatāpui, Rainbow and MVPFAFF+ survivors told the Inquiry that they were targeted due to their sexual orientation or gender identity and experienced identity-specific abuse in State and faith-based care.

60. Intersex survivor Sharyn Shepherd, who had started menstruating by the time she was admitted to Kohitere Boys' Training Centre in Taitoko Levin in the 1970s, told the Inquiry that because she was "obviously feminine", she became a target and was sexually assaulted by peers³⁶ several times before staff recognised what was happening:

*"They would rape me. I think part of it was to explore me because I looked different. I had something between my legs but it wasn't like theirs ... [Staff] eventually put me in my own room ... they could see I was a victim."*³⁷

61. A survivor from Hokio Beach School near Taitoko Levin described another resident who would dress as a girl and was a "favourite" for the other boys.³⁸ Survivor Phillip Laws reported sexual abuse by three other boys at Hokio Beach School, who were subsequently placed in secure.³⁹ In his case file, the social worker wrote he "had advertised his previous homosexual experience" and that they would monitor his behaviour moving forward.⁴⁰ This implied that he was culpable in his own abuse.
62. The Inquiry heard evidence of intolerance to variations in expressions of gender identity, especially by boys and young men. In May 1985, a social worker noted that a boy in foster care "is playing with girls at school and is taking make-up to school in his school-bag. It is hoped that this more male activity [playing soccer] may bring out the better side of [the boy]".⁴¹ In February 1986, the same social worker wrote that:

*"... there was some concern [expressed by the school principal] that his feminine tendencies ... were seen at school. They were feeling that perhaps [the boy] should be placed in a foster home away from his sisters".*⁴²

³⁶ Witness statement of Sharyn Shepherd (16 March 2021, para 162).

³⁷ Witness statement of Sharyn Shepherd (16 March 2021, para 76).

³⁸ Private session transcript of a survivor who wishes to remain anonymous (24 November 2021, page 32).

³⁹ Witness statement of Phillip Laws (23 September 2021, para 3.67).

⁴⁰ Hokio Beach School progress report of Phillip Laws (10 May 1988, page 3). This progress report also makes recommendations for specialist intervention but no indication as to whether this went ahead.

⁴¹ Note for file from TA Weaver, social worker (16 May 1985, page 1).

⁴² Note for file from TA Weaver, social worker (26 February 1986, page 1).

63. Diverse gender expression was also (sometimes wrongly) assumed to be related to sexuality. In 1969, the principal of Miramar Girls' Home in Te Whanganui-ā-Tara Wellington recorded his concerns about the "Effect of Feminine Influence on boys" who were temporarily placed in the residence:
- "With the slightly older boys there is a strong tendency for them to develop marked feminine attitudes and habits ... [four boys aged between 8 and 11 years old] left the Girls Home with probably more problems than when they came. It got to the stage where they wanted to spend their spare time cooking, sewing, and playing with dolls etc. This same effect is noticeable with the younger boys where perhaps it is not quite so harmful, but I wonder about the influence this could have on later homosexual tendencies".*⁴³
64. Gloriavale Christian Community taught against any diversity of sexuality or gender identity that was not cisgender heterosexuality. Survivors experienced or witnessed attempts to change sexual identity, which involved demonising such identities. Lilia Tarawa, a survivor from Gloriavale, told the Inquiry her bisexuality was seen by the community as "an evil thing, a sin".⁴⁴ Her attraction to other girls was punished by "a spanking with a leather belt".⁴⁵

Abuse due to being perceived as homosexual or effeminate

65. Strict gender roles were rigorously enforced in care settings, which reflected societal attitudes and beliefs. Survivors who were perceived or labelled as homosexual (whether they were homosexual or not) or did not adhere to socially accepted "masculine" or "feminine" behaviour were targeted.⁴⁶
66. The Inquiry heard that this risk was especially acute in single sex settings such as boys' social welfare residences and boys' schools, which included hierarchical peer-on-peer abuse, macho cultures and pervasive violence.
67. Boys and young men who were considered gay or whose behaviour was associated with femininity were subjected to physical and verbal abuse by their peers.⁴⁷ One survivor, who was placed in Ōwairaka Boys' Home in Tāmaki Makaurau Auckland when he was 12 years old, told the Inquiry that "[if you] had slight indications of being gay, you were in deep trouble".⁴⁸

43 Memo from OT Ryan, principal, Miramar Girls' Home, to DG Reilly, Superintendent of Child Welfare (28 April 1969, page 3).

44 Private session transcript of Lilia Tarawa (Part 2), (3 November 2021, page 17).

45 Private session transcript of Lilia Tarawa (Part 2), (3 November 2021, page 17).

46 Private session transcript of Rawiri (David) Geddes (27 November 2019, page 16); Witness statement of Sharyn Shepherd (16 March 2021, para 60).

47 Witness statements of Rodney Anderson (20 September 2021, paras 45–54); Brock Barriball-Barry (7 July 2021, paras 73–83) and Joshua Denny (8 July 2021, paras 22–34); Green, L & Masson, H, "Adolescents who sexually abuse and residential accommodation: Issues of risk and vulnerability", *British Journal of Social Work*, Volume 32, Issue 2 (2002, pages 149–168); Palmer, D & Feldman, V, "Toward a more comprehensive analysis of the role of organizational culture in child sexual abuse in institutional contexts," *Child Abuse & Neglect*, Volume 74 (2017, pages 23–34).

48 Private session of a survivor who wishes to remain anonymous (27 November 2019, page 16).

68. Survivor Rawiri (David) Geddes, who was in Ōwairaka Boys' Home during the 1970s, witnessed the abuse of another boy based on his perceived sexuality:
- "The kingpin had told everybody this boy was a homosexual and all I remember is the young boy being put on to the ground, held down, and the boys taking the rake and raking it straight down his back."*⁴⁹
69. At Hokio Beach School near Taitoko Levin and Kohitere Boys' Training Centre in Taitoko Levin, weaker and smaller boys, and those perceived as effeminate were often the targets for abuse.⁵⁰ A Ministry of Social Development Report described the culture of Kohitere Boys' Training Centre as macho, "competitive, tough and anti gay" with punitive and violent staff.⁵¹ When boys at Kohitere Boys' Training Centre did try to disclose abuse, they were told to toughen up and not be a sissy.⁵² Māori survivor Hone Tipene (Ngāpuhi, Ngāti Hine, Te Rarawa) told the Inquiry that he was bullied and abused by other boys, who called him homophobic slurs.⁵³
70. The Inquiry also heard from survivors about homophobia in faith-based residences and orphanages. This manifested in a range of ways, including children being scolded for touching other children of the same gender in friendship.⁵⁴ Survivor Ann Thompson was placed in two Catholic orphanages, first at St Joseph's Girls' Orphanage run by the Sisters of Mercy in Te Awa Kairangi ki Uta Upper Hutt and at Nazareth House in Ōtautahi Christchurch. While at Nazareth House, she told the Inquiry she would get 'thrashed' if she was "seen talking to or holding hands with another girl. They said it was rude and dirty."⁵⁵ Several survivors were punished for sleeping in the same bed as their siblings, as this was perceived as homosexual behaviour rather than children being comforted by the presence of a family member.⁵⁶
71. On their first night at St Joseph's Girls' Orphanage, English and Māori survivor Rexene Landy (Tahawai), who was 4 years old at the time, slept in a bed with her sister because she was scared. In the morning, when a nun found them, Rexene said they "just got dragged out as 'filthy lesbians' and bash, bash, bash".⁵⁷

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

50 Witness statement of Danny Akula (13 October 2021, paras 90, 96); Brief of evidence of a survivor (28 January 2007, para 41).

51 Ministry of Social Development, Understanding Kohitere (2009, pages 188–189).

52 Background interview with former residential social worker (13 February 2006, page 5).

53 Witness statement of Hone Tipene (22 September 2021, paras 202, 208).

54 Witness statement of Ann Thompson (15 February 2022, page 6); Private session transcripts of Dale Batchelor (10 September 2019, page 22) and Elizabeth Petersen and Sandra MacDonald (26 August 2021, page 6).

55 Witness statement of Ann Thompson (15 February 2022, page 6).

56 Private session transcripts of Ms JF (19 November 2020, page 11) and Mr UA (27 January 2021, pages 7–8).

57 Private session transcript of Rexene Landy (17 February 2021, page 5).

Conversion practices were used to ‘cure’ or ‘fix’ Takatāpui, Rainbow and MVPFAFF+ survivors

72. Takatāpui, Rainbow and MVPFAFF+ survivors told the Inquiry about their experiences of conversion practices in State psychiatric care and faith-based care settings.
73. The Inquiry uses the term ‘conversion practices’ to describe a range of interventions based on the shared belief that a person’s sexual orientation or gender identity and expression can and should be changed. The term ‘conversion therapy’ is not appropriate because these practices are not therapeutic.
74. The type of conversion practices survivors were subjected to varied between psychiatric settings and faith-based settings, and were often accompanied by other forms of abuse, particularly psychological and emotional abuse.

Conversion practices in psychiatric care settings

75. During the first half of the Inquiry period, homosexuality was pathologised and classified as a mental illness that many medical professionals believed could and should be treated.⁵⁸ This resulted in some Takatāpui, Rainbow and MVPFAFF+ survivors being subjected to medical abuse in the form of conversion practices.
76. Survivors explained that, once they disclosed their sexuality to staff members or medical professionals in psychiatric settings, attempts were sometimes made by these institutions to convert them to heterosexuality. The Inquiry found that in psychiatric settings, the most common conversion practice experienced by survivors was being subjected to aversion techniques in the form of electric shocks. Survivors talked about the traumatising experience of receiving ‘treatments’ to ‘fix’ or ‘cure’ them, sometimes without their informed consent.⁵⁹

58 Submission by Pugmire, SL, re V Young’s Private Member’s Decriminalisation Bill (1974–75, pages 1–4) in Guy, L, “‘Straightening the Queers’: Medical perspectives on homosexuality in mid-twentieth century New Zealand,” *Health and History*, Volume 2, No 1 (2000, pages 113–114).

59 Witness statements of Joshy Fitzgerald (25 January 2022, pages 6–7) and Mr Invictus (6 October 2022, page 2).

77. New Zealand Māori survivor Joshy Fitzgerald (Te Arawa), who was at Tokanui Psychiatric Hospital, located south of Te Awamutu, as teenager, told the Inquiry that staff tried to "shock the gayness" out of him: "And then while I was there, I ... had three lots of electric shock treatment and I was about 15".⁶⁰ Joshy said no one talked to him about being diagnosed with anything, but that once he mentioned he was gay "everything changed":

"That's when they did the electric shock treatment. I wasn't diagnosed with anything that I can remember ... I received the electric shocks because I was gay.

I remember when I was walking to get the first shock done and asked, 'Where are you taking me'? The male staff member said, 'We've got to get this gay out of you'. I said, 'Well, it's not something that I choose to be'. There was this talk with me, but it was really short and that's when I knew I was having it for being gay.

*I just had the three sessions of electric shock treatment and then nothing was ever said. I had no choice in whether to receive the electric shocks ... I don't remember a lot after the ECTs. It's like it wiped my memory. The three or four months before the ECT, I don't have any memory."*⁶¹

78. NZ European survivor Peter Saffill, who spent time at Tokanui Psychiatric Hospital, shared the story of his friend whom he described affectionately as a "queen", who was subjected to multiple instances of electric shocks. Peter described getting hold of his friend's medical files and reading the following:

*"And in the file, it said ... question, 'Are you still a homosexual? Are you a homosexual'? 'Yes'. 'Shock treatment'. Question, 'Are you a homosexual'? 'Yes'. 'Shock treatment'. This went on for quite a while. So, 'Are you a homosexual'? and [my friend] said, 'I don't know'. And I cried and I cried, and I cried. [My friend] didn't say, 'No', he said, 'I don't know', and that was the first sign of him not being able to hold out anymore."*⁶²

79. Peter is also gay, but he did not receive any electric shocks.. He did see the debilitating impact it had on his friend through the attempt to erase part of his identity: "And I sat there and watched my friend become a vegetable, couldn't talk to me, couldn't play, couldn't do anything."⁶³

⁶⁰ Private session transcript of Joshy Fitzgerald (25 January 2022, page 14).

⁶¹ Witness statement of Joshy Fitzgerald (25 January 2022, pages 6–7).

⁶² Private session transcript of Peter Saffill (20 July 2020, page 62).

⁶³ Private session transcript of Peter Saffill (20 July 2020, page 62).

80. Survivor Mr Invictus⁶⁴ described the experiences of an acquaintance who was taken to Carrington Psychiatric Hospital in Tāmaki Makaurau Auckland and later took his own life. Mr Invictus said that staff:

“...put him in a room, probably with a couple of attendants, and they showed him pornographic films between males or something or other. When [he] would get some pleasure out of looking at [the film], [the staff would] give [him] some kind of shock treatment.”⁶⁵

81. Other types of medical equipment, as well as drugs that produced nausea and inhibited sleep, were used as part of conversion practices. For example, an appendix to the 1962 annual report of Kingseat Hospital in Karaka states that a unit was organised at the hospital to conduct behaviour therapy, where three homosexuals had been treated.⁶⁶ A room was “painted black with all light sources blocked” and “when the patient became anxious a tape was played decrying the activities for which they sought treatment”.⁶⁷ The second phase of the ‘treatment’ involved “prolonged wakefulness” through the administration of methedrine – another term for methamphetamine – and apomorphine, delivered every four hours.⁶⁸

“With the appearance of guilt and depression the tape and the attitudes of the Nurses and Medical Staff changed from a critical derogatory one to a congratulatory and optimistic approach. At this time the patients felt that they were able to handle their problem.”⁶⁹

82. The annual report noted that one of these patients was subjected to slightly different techniques:

“The last homosexual treated was under treatment for only 12 hours. Here, the aversion was not produced by electrical stimulation or nausea as had been done in the other cases, but by a feeling of depression and hopelessness produced by personal criticisms while under the influence of Lysergic Acid. Various masculine members of the staff adopted a critical, disparaging role, while some feminine volunteers from the staff adopted an optimistic encouraging role. With the distortion of the patient's time sense, he felt the treatment had extended over a period of perhaps a week.”⁷⁰

64 Not his real name.

65 Private session transcript of Mr Invictus (20 July 2020, page 15).

66 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (pages 8–9).

67 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (page 8).

68 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (page 8).

69 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (page 8).

70 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (page 9).

83. The 1962 annual report showed that aversion techniques at Kingseat Hospital in Karaka were used with both homosexual patients and perpetrators of sexual abuse against children, without making a distinction between these groups.⁷¹ This highlights the harmful societal attitudes at that time that wrongly associated homosexuality and paedophilia.⁷²

Conversion practices in faith-based care settings

84. Within some faith-based care settings, Takatāpui, Rainbow and MVPFAFF+ survivors experienced conversion practices that aimed to change their sexual orientation. Conversion practices within faith-based care focused on the psychology of those in care through methods such as counselling and involved reinforcing the moral authority of religious leaders and the church. Survivor Craig Watson was subjected to conversion practice at 12 years old in a Baptist church and was taught that "homosexuality was not just wrong, but an abomination ... you are no longer human, but a piece of filth below humanity and you would be better off being dead than being gay".⁷³
85. Survivor Mr UB, who is Māori (Ngāi Tahu) and Tongan fakaleitī, survived two instances of conversion therapy, one that was initiated by the church and one that was initiated by his school.⁷⁴ Both of these instances happened within Pālangi faith environments.⁷⁵
86. The report "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions has more detail on conversion practices.

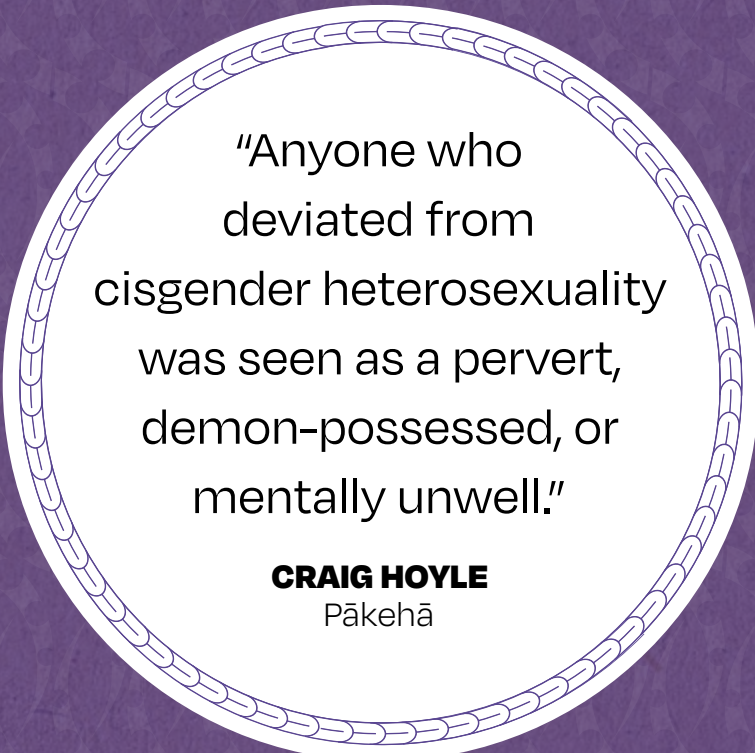
71 Kingseat Hospital, Annual Report 1962, Appendix No 8 Behaviour therapy (pages 8–9).

72 Guy, L, "Straightening the queers": Medical perspectives on homosexuality in mid-twentieth century New Zealand", Health and History, Volume 2, No 1 (2000, page 111).

73 Witness statement of Craig Watson (13 May 2022, para 2.9).

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

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



"Anyone who
deviated from
cisgender heterosexuality
was seen as a pervert,
demon-possessed, or
mentally unwell."

CRAIG HOYLE

Pākehā

Chapter 6: Impacts of abuse and neglect on Takatāpui, Rainbow and MVPFAFF+ survivors

87. Part 5 of the Inquiry's final report, Whanaketia – Through pain and trauma, from darkness to light, sets out the significant, pervasive and lifelong impacts that abuse and neglect in State and faith-based care had on survivors' physical and mental health, emotional wellbeing and spirituality, identity and cultural identity, education and employment opportunities.
88. Takatāpui, Rainbow and MVPFAFF+ survivors experienced many impacts from the abuse and neglect they were subjected to, including experiencing mental distress, post-traumatic stress disorder, suicidality, poor physical health, becoming involved in relationships that became violent, interactions with the criminal justice system, addictions and substance abuse. There were other impacts they experienced specifically related to their sexual orientation or gender identity. Survivors spoke about the way homophobic abuse impacted their self-worth and feelings of safety about their identity.
89. As one survivor said:
- "In terms of impact from the church who mention homosexuals in the same breath as child sex abusers and people who abuse animals, I was suicidal from the age of about 16 to when I left home and for a year afterwards ... I couldn't see myself living past my mid-twenties because of the amount of hurt inflicted on me."*⁷⁶
90. Some Takatāpui, Rainbow and MVPFAFF+ survivors experienced gender dysphoria⁷⁷ and intimacy avoidance (also known as a fear of intimacy that is essentially a fear or relationship anxiety about having an extremely close physical or emotional connection with another person).⁷⁸

⁷⁶ Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 20).

⁷⁷ Witness statement of Philip Banks (19 July 2021, page 14).

⁷⁸ Witness statement of Denise Caltaux (4 October 2022, page 6).

91. Several Takatāpui, Rainbow and MVPFAFF+ survivors told the Inquiry about hiding their sexuality for fear of discrimination. They also indicated that this fear, combined with societal prejudice and discrimination they faced, could have ongoing impacts on their emotional wellbeing. Survivor Craig Watson said he kept his sexuality secret for a very long time. His feelings of shame and guilt led him to deny his sexuality and his attraction to other men:

*"I just continued to suppress my attraction to the same sex, deal with that on an internal way ... it was a dirty secret, something dirty. And I just became a liar, a really good liar, I just would do all these things that made me look straight and masculine."*⁷⁹

92. The lack of understanding and education about sexuality within care settings impacted Takatāpui, Rainbow and MVPFAFF+ survivors' understanding of how a healthy relationship works. NZ Pākehā survivor Denise Caltaux, who spent time in Kingseat Psychiatric Hospital in Karaka and other mental health care settings, said:

*"I have been coerced into abusive situations and relationships many times over the years. I would have loved to have a healthy, loving relationship, and had I received some education on sex and sexual orientation, I may have been able to navigate some of these situations better."*⁸⁰

Impacts of faith-based attitudes and discrimination

93. Survivors of faith-based care told the Inquiry that homophobia and traditional gender expectations within the church affected their feelings of self-worth. As one survivor said:

*"For me it's important the churches hear this, that they know the shit that they have put us through and the fucked-up lives we now have – or we struggle with I should say; we've got great lives. But they just get to sit in their little ivory towers and get to carry on with their little lives."*⁸¹

⁷⁹ Private session transcript of Craig Watson (11 October 2019, pages 22–23).

⁸⁰ Witness statement of Denise Caltaux (4 October 2022, para 3.3).

⁸¹ Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 30).

94. Survivors also told the Inquiry that the emotional impacts of losing family and friends are long-lasting. One survivor talked about the threat of excommunication and separation from the church, community and family:

*"Here's a list of things you can be excommunicated for – suspicion of having sex with someone [you're] not married to in a heterosexual relationship; if I went to a friend's house for a sleepover, and that friend was gay, I could be excommunicated because they think that if you spend the night together, then you are guilty of immorality; participating in a Pride March; for publicly identifying as a Rainbow person; for socialising with someone who has been excommunicated including family members; for what they call 'cross-dressing' which is what they call medically or socially transitioning as a trans person; for supporting your Rainbow child."*⁸²

95. Colonisation and the adoption of Christian beliefs and practices into Māori and Pacific societies brought with them negative attitudes and discrimination against people with diverse sexual orientation and gender identity.⁸³ For some Takatāpui and MVPFAFF+ survivors, this has compounded the impacts of abuse and neglect in faith-based care where their families remain deferential to the church.
96. In a talanoa, the Inquiry heard about the barriers experienced by some Takatāpui, Rainbow and MVPFAFF+ survivors in expressing their intersectional identities within their own communities:

"Oh, it's all right if you're fa'afafine, but it's not alright if you're gay."

"But we both have a male partner."

*"Oh yeah, no, but you're different."*⁸⁴

82 Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 52).

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

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

Impacts of conversion practices

97. Survivors spoke of the impact of experiencing conversion practices:

*"We have been subjected to practices that seek to 'convert' us. These are much broader than what is covered in legislation, and includes treating sex, sexuality, and gender diversity as abnormal, unnatural, wrong – and something we can change if we want to. This has involved extreme physical abuse, but also much more subtle practices to undermine our dignity, autonomy, and rights to self-identify."*⁸⁵

*"I really believe that churches need to make reparation to the Rainbow community – we need proper psycho-social support for people who have been through conversion practices and have been through this type of harm."*⁸⁶

98. Mr UB, a Māori (Ngāi Tahu) and Tongan fakaleitī survivor and expert witness told the Inquiry about the impacts of the two instances of conversion practice he was subjected to.⁸⁷ In the first instance, he was made to attend a counselling session where "a discussion was had about the incompatibility between being gay and the beliefs of the church".⁸⁸ Mr UB also shared his views about the impact of religious attitudes to his identity and his relationships with his family:

"For years I didn't have a frame of reference where I could consider a relationship between being Pasifika and gay. In the anga fakatonga as taught in my family, being gay and being Pasifika were not aligned to the point I was told to expect abuse and hell."

"These organisations [the church and school] attempted to convert me away from my identity by isolating me and confronting my self-actualisation. This isolation decimated the Pacific idea of the person being connected to others as the life force that helps us understand our place and value in the world. This is a simple, yet foundational, consideration that is unique to Pacific people."

*"It taught me that Christianity is unwilling to entertain the idea that rainbow people are worthy recipients of God's love. My family's unwillingness to prioritise my story over their faith (as well as their long-standing abuse) led to the disintegration of the superficial relationship I previously had with them. I have no relationship with my remaining parent."*⁸⁹

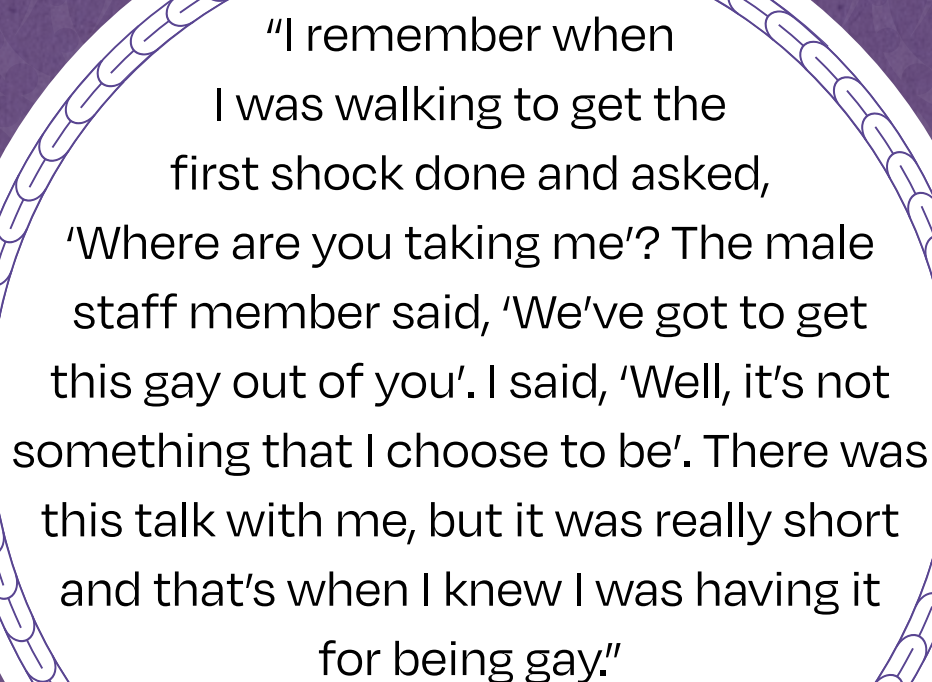
85 Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 34).

86 Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 62).

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

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

89 Witness statement of Mr UB (3 April 2022, page 7) and expert statement of Mr UB (11 September 2022).



"I remember when
I was walking to get the
first shock done and asked,
'Where are you taking me'? The male
staff member said, 'We've got to get
this gay out of you'. I said, 'Well, it's not
something that I choose to be'. There was
this talk with me, but it was really short
and that's when I knew I was having it
for being gay."

JOSHY FITZGERALD

New Zealand Māori
(Te Arawa)

Chapter 7: Factors that contributed to abuse and neglect of Takatāpui, Rainbow and MVPFAFF+ survivors in care

99. Part 7 of the Inquiry's final report, Whanaketia – Through pain and trauma, from darkness to light, 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. In addition, Part 7 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.
100. The Inquiry identified that four factors all caused or contributed to the abuse and neglect of Takatāpui, Rainbow and MVPFAFF+ survivors in 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

101. 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 Takatāpui, Rainbow and MVPFAFF+ children, young people and adults were placed in State and / or faith-based institutions.
102. 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.
103. Takatāpui, Rainbow and MVPFAFF+ children, young people and adults 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.

104. 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.
105. 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.
106. 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.
107. 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.

108. 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.

109. For Takatāpui, Rainbow and MVPFAFF+ people in care, this meant that they were more susceptible to abuse and neglect if they were also raised in poverty, were Māori, Pacific, Deaf, disabled, and/or experienced mental distress, and/or had multiple combinations of these circumstances.

110. 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.

111. Many staff and carers who witnessed abuse and neglect, or were told about it, did nothing. Some bystanders did complain or raise concerns, but often with limited success.

Institutional, structural and systemic factors contributed to abuse and neglect

112. Part 7 of the Inquiry's final report, Whanaketia – Through pain and trauma, from darkness to light, 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 Takatāpui, Rainbow and MVPFAFF+ survivors.
113. 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.
114. 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.
115. 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.

116. 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.
117. 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.
118. 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.
119. 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.
120. 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.
121. 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

122. Part 7 of the Inquiry's final report, Whanaketia – Through pain and trauma, from darkness to light, 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.
123. Two of these factors converged to have specific effects on Takatāpui, Rainbow and MVPFAFF+ survivors in faith-based care – negative attitudes about sex and repression of sexuality, and the harmful use of religious beliefs and practices.
124. The Inquiry's summary report on survivors' experiences of abuse and neglect in faith-based care has more detail on the factors that that were specific to faith-based care settings.

Negative attitudes about diverse sexual orientations and gender identities

125. Negative perceptions of homosexuality created barriers to reporting. Pākehā survivor Craig Hoyle described the homophobia and transphobia present within the Plymouth Brethren Christian Church. Craig explained there was "zero tolerance for diversity of sexuality or gender identity" within the Plymouth Brethren Christian Church, and that "homophobic and transphobic slurs were commonplace".⁹⁰ Craig explained that "anyone who deviated from cisgender heterosexuality was seen as a pervert, demon-possessed, or mentally unwell"⁹¹ and was subjected to harmful labels and put-downs.

⁹⁰ Witness statement of Craig Hoyle (14 July, page 12).

⁹¹ Witness statement of Craig Hoyle (14 July, page 12).

126. The Plymouth Brethren Christian Church's belief that homosexuality is inconsistent with the teachings of the Bible, coupled with a belief that a person's sexuality can be changed, led to attempts to 'correct' or 'manage' the sexuality of congregants through conversion practices.⁹² NZ European survivor Mr UJ explained that within the Plymouth Brethren Christian Church, "there is no tolerance for alternative sexual and or gender identification ... conversion therapy is imposed."⁹³
127. One survivor said:
- "What contributed to the historic abuse and neglect of Rainbow communities in care? Disconnections with whānau and family that were caused by church attitudes and teachings relating to homosexuality – these disconnections contributed to the high incidence of Rainbow people going into care and being abused."*⁹⁴
128. Negative attitudes about homosexuality also created barriers to reporting sexual abuse among male survivors who were not Takatāpui, Rainbow and MVPFAFF+. A survivor described the hypocrisy of the anti-homosexual sentiment of Catholic teachings compared to his experience of sexual abuse by male clergy.⁹⁵ Research has highlighted that boys who are sexually abused by another male can experience shame and stigma associated with homophobia and fear of being viewed as a homosexual.⁹⁶

Societal factors that contributed to abuse and neglect in care

129. 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.
130. Some of these societal factors – homophobia, biphobia, transphobia and other forms of discrimination against people with diverse sexualities or gender identities – had a specific effect on Takatāpui, Rainbow and MVPFAFF+ survivors. This is discussed below.

92 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).

93 Witness statement of Mr UJ (7 July, para 3.16).

94 Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 42).

95 Victim Impact Report of a survivor who wishes to remain anonymous (11 September 2019, page 1).

96 Easton, SD, Saltzman, LY & Willis, D G, "Would you tell under circumstances like that?": Barriers to disclosure of child sexual abuse for men," Psychology of Men & Masculinity, Volume 15, No 4 (2014, page 461).

Homophobia, biphobia, transphobia and other forms of discrimination against people with diverse sexualities or gender identities

131. During the Inquiry period, homophobic attitudes led to the abuse and neglect of children, young people and adults in care, including verbal abuse, conversion practices and shock treatment. Attitudes that connected homosexuality with mental illness and criminality were especially harmful:

“What contributed to the historic abuse and neglect of Rainbow communities in care? [The] link between criminalisation of homosexuality and colonisation – countries in the commonwealth had higher likelihood to criminalise homosexuality than others.”⁹⁷

132. The Inquiry saw evidence of strongly homophobic attitudes in both State and faith-based care, particularly the idea that homosexuality was sinful, morally wrong and needed to be cured or treated. Survivors of faith-based care described a general culture of homophobia in most of the faiths the Inquiry investigated.⁹⁸

133. In 1963, the principal of Fareham House in Pae-Tū-Mōkai Featherston listed lesbianism as a problem that needed to be prevented:

“Unless it is equipped at the same level as the other places, then Fareham House cannot be regarded as a Training Centre for seriously delinquent girls, otherwise the vandalism, destruction, abscondings, Lesbianism and other sexual aberrations, will continue because there are no means available to prevent them.”⁹⁹

134. The perception of homosexuality as sexually deviant contributed to abuse and neglect being minimised or ignored. A former staff member at Epuni Boys' Home in Te Awa Kairangi ki Tai Lower Hutt acknowledged that staff were far more concerned with same-sex activity between boys in the home than with the potential for them to be sexually abused by staff.¹⁰⁰ Complaints of sexual abuse where the abuser was the same gender were sometimes characterised as a “homosexual experience” or “homosexual relationship” rather than as abuse, even where it was clear that the survivor could not legally consent or where the abuser was in a position of power.¹⁰¹

97 Moyle, P, “As a kid, I always knew who I was”: Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 47).

98 Private session of a survivor who wishes to remain anonymous (17 February 2021, page 5); Private session of Ms SP (17 August 2021, page 13); Witness statements of Kevin London (21 April 2021, page 7); Rodney Anderson (20 September 2021, paras 45–54); Joshua Denny (8 July 2021, paras 22–34); Andrew Adams (30 May 2022, page 2.34).

99 Annual Report from E Naylor, principal of Fareham House, to the Superintendent of Child Welfare (28 March 1963, page 1).

100 Witness statement of Gary Hermansson to Crown Law (8 May 2007, paras 73–74).

101 Letter from DM Burrows, social worker, to the director, Palmerston North District Office, Department of Social Welfare, Recommendation for continued involvement (14 June 1976, pages 6–7); Letter from CA Havill, social worker, to the Area Welfare Office, Tokoroa District Office, Department of Social Welfare, Recommendation for discharge (12 May 1982, page 2).

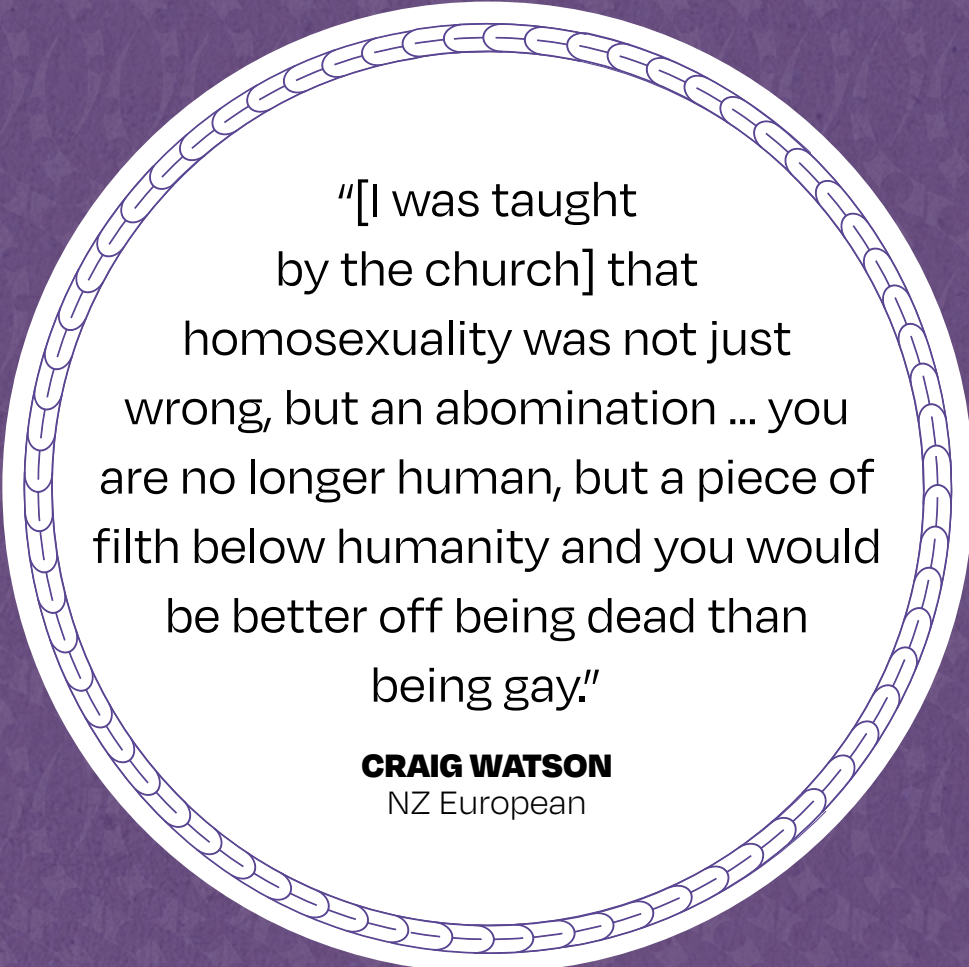
135. As one survivor told the Inquiry:

"What contributed to the historic abuse and neglect of Rainbow communities in care? Ignorance, bigotry, homophobia, fear, racism, misogyny and general disinformation about gender and sexuality. White fucking supremacy!"¹⁰²

Lessons identified and changes made

136. 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.
137. 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.
138. 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.
139. 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.

¹⁰² Moyle, P, "As a kid, I always knew who I was": Voice of Takatāpui, Rainbow and MVPFAFF+ survivors, An independent research report to the Abuse in Care Royal Commission of Inquiry (Te Whāriki Manawāhine Research, July 2023, page 47).



"[I was taught
by the church] that
homosexuality was not just
wrong, but an abomination ... you
are no longer human, but a piece of
filth below humanity and you would
be better off being dead than
being gay."

CRAIG WATSON

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



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