

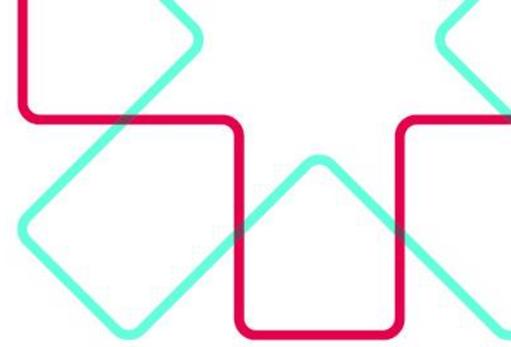
INDICATIVE ESTIMATES OF THE SIZE OF COHORTS AND LEVELS OF ABUSE IN STATE AND FAITH-BASED CARE - 1950 TO 2019

Final Report

Royal Commission of Inquiry into Historical
Abuse in State Care and in the Care of
Faith-based Institutions

1 October 2020





CONTENTS

| | |
|---|----|
| Foreword | 1 |
| Executive summary | 3 |
| Introduction | 10 |
| Methodology | 19 |
| Results – cohorts of people and suspected abuse in care | 26 |
| References | 47 |

APPENDICES

| | |
|--|----|
| Appendix 1 : Prevalence estimates | 51 |
| Appendix 2 : Description of methodology and data sources | 68 |
| Appendix 3 : Demographics of people registered with the Royal Commission as survivors of abuse | 79 |

TABLES

| | |
|--|----|
| Table 1: Scope and definitions | 12 |
| Table 2: Settings and categories (sub-settings) measured in the analysis | 16 |
| Table 3: Our approach to cohort-sizing | 21 |
| Table 4: Methodological issues in comparing and using studies | 22 |
| Table 5: Multipliers for estimating total numbers of survivors of abuse | 25 |
| Table 6: Cohort of people within Social welfare care settings and identified survivors of abuse, 1950 to 2019 | 27 |
| Table 7: Range of estimated survivors of abuse in Social welfare care settings, 1950 to 2019 (low and high ranges) | 28 |



| | | |
|-----------|---|----|
| Table 8: | Cohort of people within Education care settings and identified survivors of abuse, 1950 to 2019 | 30 |
| Table 9: | Range of estimated survivors of abuse in Education care settings, 1950 to 2019 (low and high ranges) | 31 |
| Table 10: | Cohort of people within Health and disability care settings and identified survivors of abuse, 1950 to 2019 | 34 |
| Table 11: | Range of estimated survivors of abuse in Health and disability care settings, 1950 to 2019 (low and high ranges) | 36 |
| Table 12: | Cohort of people in Faith-based care settings and identified survivors of abuse, 1950 to 2019 | 38 |
| Table 13: | Range of estimated survivors of abuse in Faith-based care settings, 1950 to 2019 (low and high ranges) | 40 |
| Table 14: | Summary of cohort sizes within State and Faith-based care settings, 1950 to 2019 | 41 |
| Table 15: | Estimated numbers of survivors of abuse in State and faith-based care, 1950 to 2019 (showing the low and high end of the ranges of abuse) | 43 |
| Table 16: | Bottom-up estimates of abuse in State and faith-based care, 1950 to 2019 (low and high end of the ranges of abuse) | 45 |
| Table 17: | Description of the types of abuse within scope of the studies used to estimate our low and high prevalence estimates | 64 |
| Table 18: | People registered with the Royal Commission to July 2020 – by gender, by ethnicity | 80 |
| Table 19: | Numbers of people abused, by gender, by decade of abuse – registrations to July 2020 | 81 |
| Table 20: | Numbers of people abused, by gender, by nature of abuse – registrations to July 2020 | 82 |

FIGURES

| | | |
|-----------|---|----|
| Figure 1: | Total cohorts by major setting, by decade – 1950 to 2019 | 6 |
| Figure 2: | Comparison of top-down and bottom-up approaches to estimating numbers of survivors of abuse, 1950 to 2019 | 7 |
| Figure 3: | High and low percentages of the prevalence of abuse in care used in our analysis | 24 |
| Figure 4: | Cohort of people within Social welfare care settings and identified survivors of abuse | 28 |
| Figure 5: | Estimated survivors of abuse within Social welfare care settings, 1950 to 2019 | 29 |
| Figure 6: | Cohort of people within Education care settings and identified survivors of abuse, 1950 to 2019 | 31 |



| | | |
|------------|--|----|
| Figure 7: | Estimated survivors of abuse in Education care settings, 1950 to 2019 | 32 |
| Figure 8: | Bed numbers at psychiatric hospitals in New Zealand, by decade | 33 |
| Figure 9: | Cohort of people within Health and disability care settings and identified survivors of abuse, 1950 to 2019 | 35 |
| Figure 10: | Breakdown of psychiatric hospital first admissions by gender, 1950-1970 – before the percent of female admissions began to quickly decline | 35 |
| Figure 11: | Estimated survivors of abuse in Health and disability care settings, 1950 to 2019 | 37 |
| Figure 12: | Cohort of people in Faith-based care settings and identified survivors of abuse, 1950 to 2019 | 39 |
| Figure 13: | Estimated survivors of abuse in Faith-based care settings, 1950 to 2019 | 40 |
| Figure 14: | Total cohorts and top-down estimate of the range of suspected abuse, 1950 to 2019 | 44 |
| Figure 15: | Comparison of top-down and bottom-up approaches to estimating numbers of abuse survivors, 1950 to 2019 | 46 |
| Figure 16: | Prevalence ranges used in our estimates, by setting | 52 |
| Figure 17: | Maltreatment, childhood sexual abuse and physical abuse in the general population | 54 |
| Figure 18: | Abuse prevalence in youth justice residences and care & protection residences | 55 |
| Figure 19: | Foster care/kin care prevalence | 56 |
| Figure 20: | Non-faith-based boarding schools | 57 |
| Figure 21: | Disability prevalence | 58 |
| Figure 22: | Disability, and disability in care, prevalence | 59 |
| Figure 23: | Care & protection, youth justice and foster care prevalence – used as a proxy | 60 |
| Figure 24: | Childhood sexual abuse prevalence in the population, by gender | 62 |
| Figure 25: | Physical abuse prevalence, by gender | 63 |
| Figure 26: | People registered with the Royal Commission by gender, by ethnicity | 80 |
| Figure 27: | Numbers of people abused, by gender, by decade of abuse | 81 |
| Figure 28: | Numbers of people abused, by gender, by nature of abuse | 83 |



PREFACE

This report has been prepared for the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions by Nick Hunn, Bryan Field, EeMun Chen and Jessica Black (Martin, Jenkins & Associates Limited).

We are grateful for the support and customised data provided by Professor John Horwood, Christchurch Health and Development Study, Department of Psychological Medicine, University of Otago, Christchurch.

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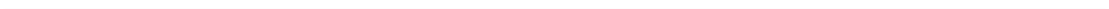
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Disclaimer

This report has been prepared by MartinJenkins with care and diligence – for the purpose of providing high-level indicative estimates to the Royal Commission – and the estimates and statements are provided in good faith and in the belief on reasonable grounds that such estimates and statements are fair and not misleading. However, no responsibility is accepted by MartinJenkins or any of their officers, employees or agents for errors or omissions however arising in the preparation of this report, or for any consequences of reliance on its content, conclusions or any material, correspondence of any form or discussions arising out of or associated with its preparation.



FOREWORD

From the Abuse in Care Royal Commission

The inquiry faces the complex and difficult task of estimating the numbers of people who have been in care in the numerous settings in the terms of reference. The relevant time period spans a broad swathe of the country's history from 1950s post-War New Zealand through to 1999 and beyond, during which there have been big changes in institutions, laws and professional practices, as well as social, cultural and political changes.

The settings where people received care are equally diverse. They range from places such as police cells, normally experienced for short periods of time, through to institutional and community-based care where some people have spent their entire lives. As well as the more well-known categories of direct State care, our settings include indirect State care that may have been contracted out to non-government entities, and faith-based care, which extends beyond organised religion to any group connected by a spiritual belief system. There has never been a comprehensive census or count of people in these numerous settings. In some cases records were not kept at all or have been lost, and even where there are records it is often difficult or impossible to trace an individual's path through multiple care settings over time. Records of the demographic status (particularly ethnicity) of those in care are equally variable, sometimes non-existent and frequently poor for most of the time period under review. Records of disability status are no better and often worse, despite the very significant numbers of disabled people in care throughout the period.

To add to this, the types of abuse covered by the terms of reference are extremely broad, including physical, sexual, and emotional abuse, as well as neglect and improper treatment leading to serious harm. This makes it even more difficult to estimate how many people have been abused and neglected within the scope of the terms of reference. Given what we know about the under-reporting of abuse, it is likely that only a small proportion of such abuse and neglect has been reported over the time-period; let alone collated and properly recorded. The records of reported abuse and neglect are also patchy.

Against that background, the Royal Commission sought MartinJenkins' assistance to estimate the numbers of people within the scope of the Royal Commission's terms of reference. This was not an academic or theoretical exercise. The purpose was to provide high-level estimates to help inform our planning for the work ahead. We knew from our preliminary research that there would be gaps in the available information, and that any estimates would be indicative, based on incomplete and qualified data. In particular, we knew there is very limited New Zealand-specific information about the prevalence of abuse. It was therefore necessary for MartinJenkins to consider international studies alongside New Zealand data, knowing this would add another qualification to the estimates. We also knew this exercise would assist us to get a better understanding of the gaps in the data, and what might be required to fill them. Another important part of the project was to understand the current and projected survivor registrations with the Inquiry, and the split between State care and faith-based care. In all these areas, we are indebted to MartinJenkins for the assistance provided.

The results of the report speak for themselves, but it is helpful to emphasise three points.



1. Even with the poor data available it is clear that more people have passed through each of the relevant care settings than was previously known or, in some cases, estimated prior to the establishment of this inquiry.
2. Even on the most conservative estimates, there has been more abuse in care than previously thought. On any assessment this is a major problem that needs to be addressed.
3. The gaps in information about the abuse of vulnerable populations including Māori, Pacific and disabled people require further attention. So, the inquiry has identified that the gap in New Zealand-specific prevalence data mentioned above is a priority.

We have already begun work to address these key gaps. We are undertaking more detailed research on the abuse of Māori, Pacific and disabled people. Our investigations will be a vehicle to better understand the experiences and prevalence of abuse for these populations. As the authors clearly explain, the estimates in this report must be seen as broad-brush indications, necessarily qualified by the limitations of the source data. While we fully acknowledge that, this report is a clear wakeup call that the scale of the problem with abuse in care is even greater than previous estimates. The more detailed future work of the Royal Commission will be a necessary part of addressing a serious and long-standing social problem.

Judge Coral Shaw

Chair

Abuse in Care Royal Commission



EXECUTIVE SUMMARY

Context and scope

The Royal Commission of Inquiry into Historical Abuse in Care (the Royal Commission, or the Commission) has been established under an Order in Council to inquire into the abuse and neglect of children, young people and vulnerable adults in the care of the State and faith based institutions in New Zealand between 1950 and 1999, with discretion to consider cases both before and after that period.

Under clause 35 of its terms of reference, the Royal Commission is to provide an interim report on its work, by 20 December 2020. As part of that interim report, clause 35.1 (b) directs the Royal Commission to provide ‘*an analysis of the size of the cohorts for direct and indirect State care and care in faith-based institutions*’.

MartinJenkins has been commissioned to support the Royal Commission in satisfying clause 35.1 (b) by determining indicative estimates of:

- 1 the numbers of people who were in the various settings of State care from 1950 to now¹
- 2 the equivalent number of people placed in the various settings of faith-based care from 1950 to now
- 3 the numbers of people who suffered abuse in State/faith-based care, to the extent known.

These indicative estimates have been provided to the Royal Commission for the purpose of satisfying clause 35.1 (b) of the terms of reference. The high-level estimates have been calculated using data that was readily available at the outset of the project. No new surveys or research have been undertaken for this exercise.

When calculating the estimates we have filled some data gaps by extrapolation, using trends from the known data and by using a targeted selection of prevalence estimates, mainly from overseas research. We recognise the limitations in applying these prevalence studies directly – and the difficulty in providing reliable estimates in this area. This methodology will only provide an indicative high-level estimate of abuse and may not fully expose the extent of any issues that are specific to New Zealand, such as those faced by Māori within the current and previous child welfare systems. However, in the absence of significant New Zealand-based research, our judgement is that the wide range of studies we have referenced, across a number of different countries, are sufficient to provide an indicative high-level estimate of potential abuse.

In compiling data from different settings we have had to make an adjustment to reduce the overlap across those settings – for people who might have been recorded in more than one setting. There is very little information available on the extent of this overlap because the cohort datasets do not have identifiers for the individual people who have passed through the settings. The only data that shed any light on the potential level of overlap came from the Christchurch Health and Development Study. Although this dataset is small, it has at least provided us with an indication of potential overlap, so we

¹ As defined in Clause 17.3 of the Terms of Reference. In practice, our analysis covers the period up to 31 December 2019.



have used this in our estimates. This adjustment reduces the estimated numbers of people in the settings by 21% – and we recognise that this remains an area of risk in developing the estimates.

The Royal Commission also recognises the limitations of the available information and it will continue to improve the quality of the data throughout its lifetime, particularly focusing on the known gaps in data across the settings and in the demographic make-up of those settings. These gaps extend to Māori, Pacific peoples and people with disabilities across all settings that are in scope of the Terms of Reference for the Inquiry.

The report also addresses the numbers of people from State and faith-based care who have registered with the Inquiry (to July 2020), or who have otherwise engaged with the Inquiry. This information is based on data supplied by the Royal Commission from its survivor database. As at July 2020, 1,332 survivors of abuse in State and faith-based care had registered with the Royal Commission.

This group comprised 57% male and 43% female survivors, and of the 1,005 people who reported ethnicity, 43% identified as Māori, 2% were Pacific or Māori-Pacific people and 55% were other ethnicities. Of the 530 people who registered with disabilities and/or health issues (mental or physical), 11% reported a disability.

So far, about 26% of registrations have been people who were in faith-based care (17% exclusively faith-based and a further 9% both faith-based and in State care). This is broadly consistent with our estimate that around 30% of the total cohort of people within scope are from faith-based settings – although the sample size of registrations is currently very small as the Inquiry is still in the early stages of its engagement with survivors.

Key gaps in data

Overall, we have been able to capture datasets for most of the settings that make up the scope of this work. However, as expected at the outset of the project, there were substantial gaps in the data we were seeking.

For some gaps we were able to estimate the cohort using available data. For example, where we had good data for most of a time-series we could use that data to estimate the annual numbers for the missing years.

In other areas we were unable to find enough data to construct a useable time series for the cohort – and in such cases we have not counted the people that would have made up that cohort. This was the case for the following settings and sub-settings:

- gaps within Health and disability settings
 - Health camps: we were unable to obtain data on the numbers of children attending health camps
 - Non-residential psychiatric facilities: we were unable to obtain sufficient useable data on the numbers of people attending non-residential psychiatric facilities
 - Residential and non-residential disability facilities: we have included a small number of children from this cohort within the Education (special schools) setting. We have also found



some data within the Statistics New Zealand Disability surveys of 1997, 2001, 2006 and 2013. Data from those surveys was insufficient to allow us to reliably estimate the size of the cohorts across the period from 1950 to 2019

- gaps within Education care settings
 - Disabled students within mainstream schools: we were unable to find suitable data on the numbers of disabled students within the mainstream school system
- gaps within faith-based care settings
 - Faith-based wider care settings: we were unable to find data on numbers of people involved in wider faith-based care settings (for example, Sunday Schools and Youth camps)
- gaps across transitional and law enforcement care settings: we were not able to source consistent data-sets, across sufficient years in our study, for us to construct a reliable estimate of the numbers of children and vulnerable people held in transition in Police or Court cells
- although part of the wider scope of the Commission, within the timeframes available for this project we were unable to obtain reliable data on the numbers of people who have passed through (or been potentially abused in) indirect State care (such as care provided through NGOs like IHC and CCS).

The lack of suitable data across some of the settings means that the total cohort numbers shown in this report are likely to understate the total number of people that make up the Commission's State and faith-based settings.

As noted earlier, because of a scarcity of demographic data for Māori and Pacific cohorts and people with disabilities, this report is unable to present a picture of the impact of abuse on these cohorts. We understand the Commission will seek additional data as part of its programme of investigations and research, which may improve the estimates over the life of the inquiry – and allow reporting of demographic information. The nature of the topic is such that some gaps in data will inevitably remain, but improvements should be possible, particularly in the areas that have been poorly documented and studied to date.

Our approach

We have used two approaches to estimate the numbers of survivors of abuse in State and faith-based care. The first is our main estimate, called the 'top down' approach. The second is a supporting estimate, called the 'bottom up' approach.

The **top-down** approach starts with number of people in State and faith-based care settings between 1950 and now – 'the Cohort' – and uses data on prevalence of abuse (from New Zealand and international studies) to estimate the percentages of the Cohort who may have been abused.

The **bottom-up** approach starts with the number of people in State and faith-based care (in a range of settings) between 1950 and now who have identified that they have been abused in care – the 'known' claimants of abuse. For present purposes, known claimants of abuse are treated as a proxy for the minimum possible numbers of survivors, given that recorded claims almost certainly represent a significant underestimate of true levels of abuse.



The additional ‘suspected’ survivors of abuse are then estimated using assumptions about the level of under-reporting, based on the proportion of crime that goes unreported in New Zealand.

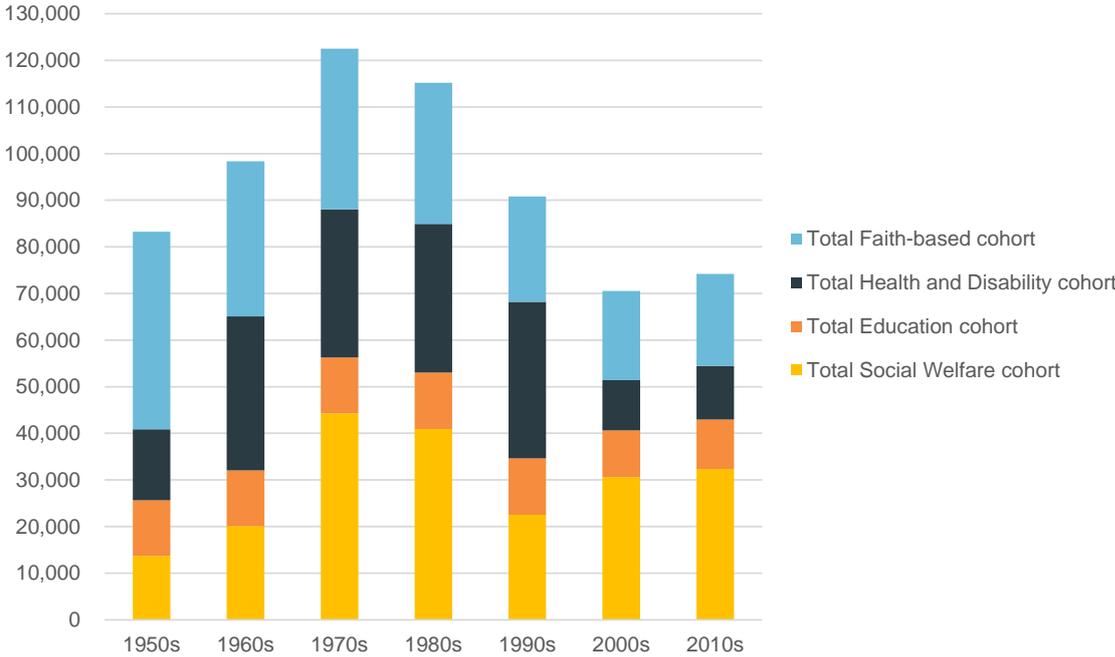
Summary of cohorts in State and faith-based care

For the settings and sub-settings where we have been able to collect and estimate data, Figure 1 shows the sizes of the cohorts in State and faith-based care – between 1950 and 2019.

Over this period, a total of **around 655,000 people have passed through care in the settings we have examined**. Faith-based settings and Social welfare settings accounted for the largest cohorts at over 254,000 people in each setting (each about 31 percent of the total²); followed by Health and disability settings at 212,000 people (26 percent); and Education care settings at 102,000 people (12 percent).

The size of the cohort peaked in the 1970s at around 122,000 people over that decade, before falling to around 70,000 in the 2010s. The cohort peak was influenced by many factors, including the social, education, and health policies of the day, and practises within State and faith-based organisations at that time.

Figure 1: Total cohorts by major setting, by decade – 1950 to 2019



Cohorts represent the number of new admissions to a care setting each year. For example, if a child enters a boarding school for 5 years, he or she is counted once, in the year they first started that school. The decades shown in this chart sum the new admissions over each 10-year period, after deducting an estimated overlap across the settings of 21%.

² The totals for each setting are before accounting for overlap between the settings. The associated percentages are based on the sum of the individual cohorts – also before adjusting for overlap between the settings.

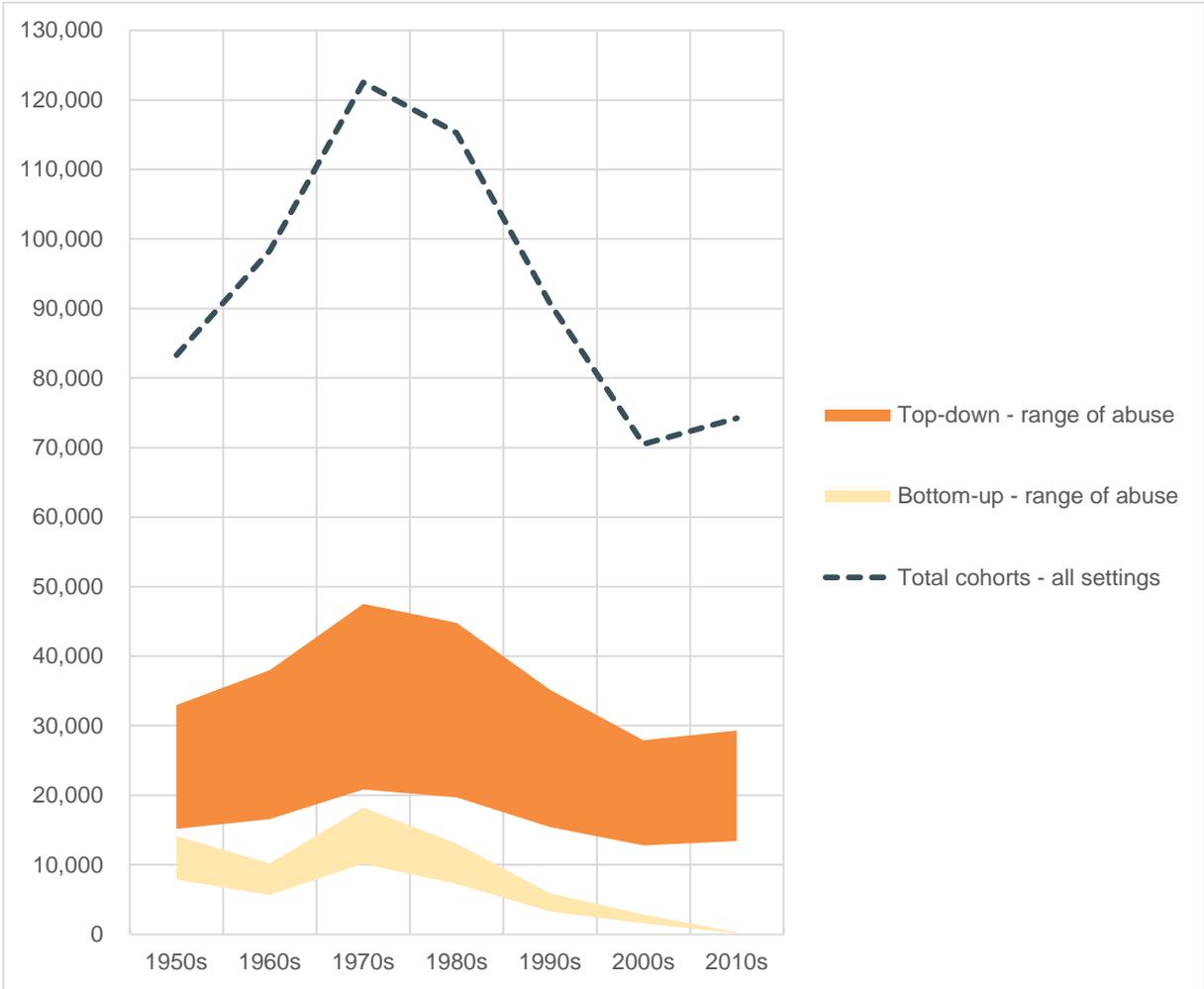


As noted earlier, we were unable to collect data on all settings and sub-settings of care. Accordingly, the table only shows our indicative estimates for the settings we have examined – and we note that the unreported data could increase the size of the cohorts within each of the settings, and also change the relative sizes of each of the settings.

Indicative estimates of abuse

Figure 2 shows a comparison of the cohort of people in State and faith-based care and the results of our top-down and bottom-up estimates of numbers of people abused.

Figure 2: Comparison of top-down and bottom-up approaches to estimating numbers of survivors of abuse, 1950 to 2019



Top-down approach

Our primary methodology uses the top-down approach. This shows that from 1950 to 2019 there were between 114,000 and 256,000 people who may have been abused while in State and faith-based care, or between 17 and 39 percent of the cohort. The top-down estimates cover a range of the types of abuse suffered by the survivors, from sexual and physical abuse to maltreatment and neglect. However, the studies used to calculate the prevalence of abuse were heavily weighted towards the measurement of sexual and physical abuse – so in using those studies, the abuse implied in our results for the New Zealand cohorts are similarly weighted.

The large separation between the high and low ends of our estimates reflects the breadth of results from the prevalence studies we have obtained – and the uncertainty in these estimates. Also, as described earlier, because it is likely that the number of people we have counted across the settings are likely to be understated – the number of people abused will also be understated.

As noted earlier, the studies used in estimating the indicative level of prevalence of abuse in New Zealand were drawn from international and local research. Our analysis used studies from the Netherlands (4); the United States (3); the United Kingdom (3); Germany (1) and New Zealand (4). Our research turned up many other studies – but these were deemed less relevant to the settings within the scope of our work.

Consistent with the cohort size, the estimated number of people abused in care peaked in the 1970s at between 21,000 and 48,000 people over that decade.

There are many issues associated with estimating the extent of abuse in care, particularly the historical extent of abuse in care. Under-reporting, or delayed reporting of abuse, lack of agreement over definitions of abuse, and lack of reliable records on abuse in care all make it a challenge to estimate the extent of abuse. While survivors' accounts give an indication of the scale and routine nature of abuse in care, they do not tell us the exact numbers of people who may have been abused in care.³

An estimate of the rate of abuse has been calculated, based mainly on international evidence, and this rate has been assumed to be constant over time. This is due to the limitations noted above. The bottom-up methodology suggests that rates of abuse may have fallen over time. While this discrepancy may be explained in part by a reporting lag, and in part by the targeting of redress processes at certain historical periods, further research is necessary to improve the understanding of the extent of abuse in care over time.

Bottom-up approach

We place less reliance on the bottom-up approach – but have included the results as it provides an alternative view of potential level of abuse.

From data provided to date by State agencies and faith-based institutions, we have identified a total of around 6,500 people who are known to have made claims of abuse while in State and faith-based

³ Radford, Dodd, Barter, Stanley, and Akhlaq, *The abuse of children in care in Scotland: A research review* (University of Central Lancashire, 2017); Timmerman and Schreuder, "Sexual abuse of children and youth in residential care: An international review," *Aggression and Violent Behaviour* 19, no. 6 (2014).



care. Using unreported-crime multipliers developed from New Zealand and international crime surveys, we estimate that between 5.6 and 10 times this number may have been abused in care, or about 36,000 to 65,000 people between 1950 and 2019. This is between 5.5 and 9.9 percent of the total cohort in care, after adjusting for the overlap between settings.

Across 1950 to 2019 the bottom-up estimates of survivors of abuse (36,000 to 65,000 people) are significantly smaller than the top-down estimates (114,000–256,000 people). We suspect this is because the survivor data collected for this project will not have captured all the reported claims of abuse – and because the nature of abuse in care has meant that there is lower reporting of incidents than there are for the types of crimes from which the bottom-up multipliers were developed.

Reasons for under-reporting of abuse could include there being poor processes for reporting incidents, incomplete record-keeping of incidents once they have been reported, and the personal difficulties survivors might have faced in reporting of some of the types of abuse that are prevalent in the State and faith-based settings considered within the Commission's terms of reference. For these reasons, we place more reliance on the top-down estimates of abuse.



INTRODUCTION

Context

The Royal Commission into Abuse in Care (the Royal Commission) has been established under an Order in Council to inquire into the abuse and neglect of children, young people and vulnerable adults in the care of the state and faith-based institutions in New Zealand between 1950 and 1999, with discretion to consider cases both before and after that period⁴. The Royal Commission of Inquiry into Abuse in Care (the Inquiry or the Royal Commission) is looking into what happened to children, young people, and vulnerable adults in care.

For several years, many individuals, academics, community groups and international human rights organisations (including New Zealand's Human Rights Commission) have called for an independent inquiry into historical abuse and neglect in State care, and in the care of faith-based institutions, in New Zealand.

While many people in State care, and in the care of faith-based institutions, received appropriate treatment, education and care, many others suffered abuse. The public inquiry seeks to:

- understand, acknowledge, and respond to the harm caused to individuals, families, whānau, hapū, iwi and communities
- ensure lessons are learned for the future.

The terms of reference for the Inquiry were released by Government on 12 November 2018.⁵ Clause 35 of the terms of reference state that the Royal Commission must provide an interim report in two parts. These are:

- a substantive report, which must include 'an analysis of the size of the cohorts for direct and indirect State care and care in faith-based institutions'
- an administrative report, which must include 'an analysis of the likely workload to complete the next phase of the inquiry, taking into account cohort sizes'.

The work of analysing and refining the numbers of people placed in and suffering abuse in care will continue for the life of the Inquiry – recognising that definitive numbers will not be possible given the nature of abuse-related data and the Inquiry's broad scope and timeframes. The Royal Commission's interim report will provide a provisional high-level analysis based on the best available information at the time of publication.

For the purposes of the Interim report, MartinJenkins has been commissioned to support the Royal Commission to determine the best estimates of:

- 1 the numbers of people who were in the various settings of State care from 1950 to now⁶

⁴ Recognising this distinction between pre- and post-1999, the tables in this report show sub totals for (a) 1950 to 1999 and (b) 2000 to 2019.

⁵ Royal Commission of Inquiry into Abuse in Care, 2018. Terms of Reference. <https://www.abuseincare.org.nz/library/v/3/terms-of-reference>

⁶ As defined in Clause 17.3 of the Terms of Reference. In practice, our analysis covers the period up to 31 December 2019.



- 2 the equivalent number of people placed in the various settings of faith-based care from 1950 to now
- 3 the numbers of people who suffered abuse in State/faith-based care, to the extent known.

These indicative estimates have been provided to the Royal Commission for the purpose of satisfying clause 35.1 (b) of the terms of reference which directs the Commission to provide '*an analysis of the size of the cohorts for direct and indirect State care and care in faith-based institutions*'.

The high-level estimates have been calculated using data that was readily available at the outset of the project and no new surveys have been undertaken or new areas of research explored.

Additional data from the Royal Commission

This report also summarises information about the numbers of people from State and faith-based care who have registered with the Inquiry (to July 2020), or who have otherwise engaged with the Inquiry. This information, which is based on data supplied by the Royal Commission, is separate to the numbers we have reported in the body of our report. We have not added these survivors into our estimates to avoid double counting – because it is likely we have already included most of these people.

To July 2020, 1,332 survivors of abuse in State and faith-based care have registered with the Royal Commission as survivors of abuse. This group includes a total of 760 men (57 percent), and 572 women (43 percent). Further data on the demographics of the people registering with the Royal Commission as survivors of abuse are in Appendix 3.

Scope

The terms of reference of the Inquiry are very broad in scope, and they are broader than comparable overseas inquiries. They cover a wide timeframe (from 1950 to 1999, with a discretion to consider cases both before and after that period), almost all of New Zealand's population (as the terms of reference include all children who have passed through State or Faith-based education) and many forms of abuse from the most serious to more moderate types of abuse.

To ensure that our work was structured to provide the most useful information to the Inquiry we aligned our work to its Terms of Reference, albeit with a narrower scope. We agreed with the Royal Commission that we would focus on the more serious types of abuse and the specific settings where serious abuse was most likely to have taken place (assuming that there would be better data available on more serious abuse). However, the Royal Commission will continue its work to address the full range of abuse and neglect within its terms of reference over the life of the inquiry.

The scope and definitions used by the Inquiry are shown below – together with the definitions and exclusions that we have applied in our estimates.



Table 1: Scope and definitions

| Term | Inquiry definition (as stated in the terms of reference) | Definition for the purposes of this report |
|------------|--|--|
| Abuse | <p>Physical, sexual, and emotional or psychological abuse, and neglect, and—</p> <ul style="list-style-type: none"> a the term ‘abuse’ includes inadequate or improper treatment or care that resulted in serious harm to the individual (whether mental or physical) b the inquiry may consider abuse by a person involved in the provision of State care or care by a faith-based institution. A person may be ‘involved in’ the provision of care in various ways. They may be, for example, representatives, members, staff, associates, contractors, volunteers, service providers, or others. The inquiry may also consider abuse by another care recipient. | <p>‘Abuse’ is defined very broadly in the terms of reference for the Inquiry.</p> <p>There are many definitions of physical, sexual, emotional and psychological abuse, and neglect – and not all abuse and harm will be substantiated and/or measured using appropriate, validated psychometric scales or medical/clinical tests.</p> <p>Additionally, until 1990 teachers in New Zealand schools were able to use ‘reasonable force’ to discipline students.</p> <p>For our study, we defined abuse at the more serious end of the abuse spectrum so that the results hold more weight and reflect the purpose of the work. For example, some types of corporal punishment are illegal today, but those same punishments would have been legal (and normalised) in the early years of the study period.</p> <p>We certainly do not want to diminish the scope or scale of harm that has taken place, and we expect the wider work of the Inquiry to reflect the range of abuse that has occurred. However, for measurement purposes only, we define abuse more narrowly:</p> <ul style="list-style-type: none"> • we have not attempted to quantify abuse that was within legal and social norms at the time, for example the use of corporal punishment in schools when this was lawful • many of the national, and international, prevalence estimates that we have used in our work are only available in relation to sexual abuse and ‘severe’ physical abuse – and in using these studies we have concentrated our work on the higher end of the scale of harm. This means our work would not generally have captured emotional or psychological abuse or neglect – unless the abused person had also suffered sexual or severe physical abuse. |
| Individual | <p>a child or young person below the age of 18 years, or a vulnerable adult, and—</p> <ul style="list-style-type: none"> a for the purpose of this inquiry, ‘vulnerable adult’ means an adult who needs additional care and support by virtue of being in State care or in the care of a faith-based institution, which may involve deprivation of liberty. In addition to vulnerability that may arise generally from being deprived of liberty or in care, a person may be vulnerable for other reasons (for example, due to their physical, intellectual, disability, or mental health status, | <ul style="list-style-type: none"> • We focus our quantitative analysis on the primary survivors of abuse. However, we acknowledge that the survivors’ whānau and associates may have also been adversely impacted by the abuse of the primary survivor. • Our analysis seeks to identify the numbers of people (and numbers of survivors) who have passed through the relevant settings and institutions over the period of the study. • For some settings, admissions data is available (which is a direct measure of the flow of new individuals into care). This data |



| Term | Inquiry definition (as stated in the terms of reference) | Definition for the purposes of this report |
|------------|--|--|
| | <p>or due to other factors listed in clauses 8 and 13).</p> | <p>can be simply summed across years to form cohorts of people in care.</p> <ul style="list-style-type: none"> • However, for most of the settings considered in this work, the data that related to the number of people in care was for roll numbers (numbers of those in care at a point in time). Our calculations needed to turn roll data into annual cohort (first admissions) data – and we did this by determining the average length of stay for the different types of institutions in each of the settings. |
| State care | <p>the State assumed responsibility, whether directly or indirectly, for the care of the individual concerned, and—</p> <p>a the State may have 'assumed responsibility' for a person as the result of a decision or action by a State official, a court order, or a voluntary or consent-based process including, for example, the acceptance of self-referrals or the referral of an individual into care by a parent, guardian, or other person</p> <p>b the State may have assumed responsibility 'indirectly' when it passed on its authority or care functions to another individual, entity, or service provider, whether by delegation, contract, licence, or in any other way. The inquiry can consider abuse by entities and service providers, including private entities and service providers, whether they are formally incorporated or not and however they are described</p> <p>c for the purpose of this inquiry, 'State care' (direct or indirect) includes the following settings:</p> <p>i social welfare settings, including, for example:</p> <ul style="list-style-type: none"> – care and protection residences and youth justice residences – child welfare and youth justice placements, including foster care and adoptions placements – children's homes, borstals, or similar facilities <p>ii health and disability settings, including, for example:</p> <ul style="list-style-type: none"> – psychiatric hospitals or facilities (including all places within these facilities) – residential or non-residential disability facilities (including all places within these facilities) – non-residential psychiatric or disability care | <ul style="list-style-type: none"> • We have not attempted to quantify instances where the process of adoption may arguably have constituted a form of abuse. • While some data has been made available to us at the granular level (for example by a specific location such as a school or residential facility), our estimates of total numbers and impacts are calculated at a higher, combined level (for example, by type of State institution such as 'boarding schools' or 'psychiatric hospitals'). • In relation to education settings, after-school and before-school care is excluded. • While the Royal Commission's terms of reference include State and faith-based early childhood education, primary, and secondary schools, this definition broadly includes everyone who has been of an age to attend school between 1950 and now (i.e. most of the NZ population). • Including all the population in our settings would reduce the usefulness of the results – and provide significant overlap with almost all people in the other settings. Therefore, for the purposes of this analysis we focus our Education settings on special schools (for students with high/special needs, eg disabilities), and schools with a residential/boarding facility. • We investigated obtaining data for transitional and law enforcement facilities. However, we were not able to source consistent data-sets, across sufficient years in our study, for us to construct a reliable estimate of the numbers of children and vulnerable people held in transition in Police or Court cells. |



| Term | Inquiry definition (as stated in the terms of reference) | Definition for the purposes of this report |
|------|--|--|
| | <ul style="list-style-type: none"> - health camps iii educational settings, including, for example: <ul style="list-style-type: none"> - early childhood educational facilities - primary, intermediate, and secondary State schools, including boarding schools - residential special schools and regional health schools - teen parent units iv transitional and law enforcement settings, including, for example: <ul style="list-style-type: none"> - police cells - police custody - court cells - abuse that occurs on the way to, between, or out of State care facilities or settings | |
| | <p>d the settings listed above may be residential or non-residential and may provide voluntary or non-voluntary care. The inquiry may consider abuse occurring in any place within these facilities or settings. The inquiry may consider abuse that occurred in the context of care but outside a particular facility. For example, abuse of a person in care, which occurred outside the premises, by a person who was involved in the provision of care, another person (as described in clause 17.1(b)), or another care recipient</p> | |
| | <p>e without diminishing the importance of ensuring that people in settings other than those listed in clause 17.3(c) receive good care and treatment, for the purpose of this inquiry, State care does not include the settings listed below. However, the experience of a person in these facilities or settings may be considered if the person was also in State care at the time:</p> <ul style="list-style-type: none"> i people in prisons, including private prisons ii general hospital admissions, including private hospitals iii aged residential and in-home care, including private care iv immigration detention | |
| | <p>f while, for the purpose of this inquiry, the treatment of people in prisons does not fall within the definition of State care, the inquiry may consider the long-term effects of State care on an individual or a group of individuals. The inquiry may, for example, examine whether those who were in State</p> | |



| Term | Inquiry definition (as stated in the terms of reference) | Definition for the purposes of this report |
|---|--|---|
| | <p>care went on to experience the criminal justice or correctional systems and what conclusions or lessons, if any, might be drawn from the inquiry's analysis</p> <p>g for the avoidance of doubt, 'abuse in State care' does not include abuse in fully private settings, such as the family home, except where an individual was also in State care</p> <p>h for the avoidance of doubt, 'abuse in State care' means abuse that occurred in New Zealand.</p> | |
| In the care of faith-based institutions | <p>a faith-based institution assumed responsibility for the care of an individual, including faith-based schools, and—</p> <p>a for the avoidance of doubt, care provided by faith-based institutions excludes fully private settings, except where the person was also in the care of a faith-based institution</p> <p>b for the avoidance of doubt, if faith-based institutions provided care on behalf of the State (as described in clause 17.3(b) above), this may be dealt with by the inquiry as part of its work on indirect State care</p> <p>c as provided in clause 17.3(d) above, care settings may be residential or non-residential and may provide voluntary or non-voluntary care. The inquiry may consider abuse that occurred in the context of care but outside a particular institution's premises</p> <p>d for the avoidance of doubt, the term 'faith-based institutions' is not limited to one particular faith, religion, or denomination. An institution or group may qualify as 'faith-based' if its purpose or activity is connected to a religious or spiritual belief system. The inquiry can consider abuse in faith-based institutions, whether they are formally incorporated or not and however they are described</p> <p>e for the avoidance of doubt, 'abuse in faith-based care' means abuse that occurred in New Zealand.</p> | <ul style="list-style-type: none"> While data on residence capacities and other data has been made available to us at the granular level (for example by a specific location such as a faith-based school or facility), our estimates of total numbers and impacts are calculated at a higher level (for example, by faith). |
| Relevant period | 1950 to the present | <ul style="list-style-type: none"> We have collected or calculated data on an annual basis for all calendar years from 1950 to 2019. Where data was unavailable for periods within that timeframe, we have extrapolated (or interpolated) the known data in order to fill the gaps. Our reporting of results separately shows the extrapolated data apart from the known data. Although we show our results by decade, we have calculated the underlying estimates on an annual basis. |



Settings

Our general approach for this project has been to search out all the available data within the settings covered by our scope, review and test the data against alternative sources (where possible), and include as much information as possible in our estimates of the cohorts.

The main settings that we have used in our analysis – and the sub-categories within these settings – are shown in Table 2.

Table 2: Settings and categories (sub-settings) measured in the analysis

| Setting | Category (sub-setting) |
|------------------------------|--|
| Social welfare | • Youth justice – including those in youth justice facilities and residences |
| | • Other state-wards – including those in care and protection residences and placements and foster care |
| Education | • Residential special schools and regional health schools |
| | • Non-residential special schools |
| | • Non-religious boarding schools |
| Health and disability | • Psychiatric hospitals or facilities |
| Faith-based | • Faith-based residences, children's homes, orphanages, foster homes |
| | • Faith-based residential disability care settings |
| | • Faith-based boarding schools |

Challenges in obtaining cohort data for the 70 years from 1950 to 2019

Overall, we have been able to capture datasets for most of the settings that make up the scope of our work. However, as expected at the outset of the project, there were substantial gaps in the data we were seeking.

For some gaps we were able to estimate the cohort using the available data, such as where we had good data for most of a time series and we could extrapolate or interpolate the known data in order to estimate the missing years. In other areas we were unable to find enough data to construct a useable time series for the cohort – and in such cases we have not counted the people that would have made up that cohort.

Partial gaps in data (which we have been able to fill)

For a number of the cohorts we have only been able to source annual data for some of the years in our study period (which runs from 1950 to 2019). For the missing years, we have mostly been able to extrapolate and interpolate data to fill these gaps, using the available annual data to provide indicative figures to populate the missing years.



The sub-settings and periods where we have used extrapolation/interpolation to estimate the partial gaps in data are as follows:

- partial gaps within Social Welfare care settings:
 - Youth justice sub-setting: we lacked data for most of the years between 1990 and 2019, but were able to use data from pre-1990, and from 2006 to 2009, 2012, and 2018 to 2019 to estimate the missing years
- partial gaps within Health and disability settings:
 - Psychiatric hospitals & special and restricted facilities: there was no useable data between 1994 and 2003. We interpolated cohort numbers for this period using the datasets from 1950 to 1993 and from 2004 to 2019
- partial gaps within Education and Faith-based care settings:
 - Boarding schools: there was no data on the number of boarders at boarding schools before 1999 (for either religiously affiliated or non-religiously affiliated schools). We extrapolated data back from 1999 for the earlier years on a straight-line basis – after considering the population trend (increasing over time) and the trend in boarding school rolls (declining over time)
 - Non-residential special schools: there was no data on numbers of day students at special schools before 1999. Consistent with the above, we extrapolated data back from 1999 on a straight-line basis.

Sub-settings with no available data

In the following settings (and sub-settings) we were unable to find data to construct a reliable estimate of the cohorts across the 1950 to 2019 study period.

- gaps within Health and disability settings:
 - Health camps: we were unable to find data on the numbers of children attending health camps
 - Non-residential psychiatric facilities: we were unable to find sufficient useable data on the numbers of people attending non-residential psychiatric facilities
 - Residential and non-residential disability facilities: we have included a small number of children from this cohort within the Education (special schools) setting. We have also found some data within the Statistics New Zealand Disability surveys of 1997, 2001, 2006 and 2013. Data from those surveys was insufficient to allow us to reliably estimate the size of the cohorts across the period from 1950 to 2019
- gaps within Education care settings:
 - Disabled students within mainstream schools: we were unable to find suitable data on the numbers of disabled students within the mainstream school system
- gaps within faith-based care settings:
 - Faith-based wider care settings: we were unable to find data on numbers of people involved in wider faith-based care settings (eg Sunday Schools, Youth camps etc.)



- gaps across Transitional and law enforcement care settings: as noted earlier, we were unable to source consistent data-sets, across sufficient years, for us to construct a reliable estimate of the numbers of children and vulnerable people held in transition in Police or Court cells.

Other data that was not available

Our work has focused on collecting data directly from (and about) State and faith-based institutions, as this was the data that was available from the Commission's information gathering exercises to date. Although a part of the wider scope of the Commission, within the timeframes of the project we have not been able to find reliable data on the numbers of people who have passed through (or been abused in) indirect State care.

Indirect State care could be an important care setting for the Royal Commission to investigate further since Non-government Organisations (NGOs) are often funded by the State to care for people. This type of care is common in the health and disability care settings where people with disabilities receive indirect State care through NGOs (for example, IHC and CCS).

Impact of gaps in cohort data

The lack of useable data across some of the settings has meant that the total cohort numbers shown in this report will most likely understate the total number of people that make up the Commission's State and faith-based settings.

As the work of the Inquiry progresses, the Commission will seek additional data as part of its programme of investigations and research, which may improve the estimates over the life of the inquiry – and also allow reporting of demographic information. The nature of the topic is such that some gaps in data will inevitably remain, but improvements should be possible, particularly in the areas that have been poorly documented and studied to date.



METHODOLOGY

Overview

Our methodology uses two ways to calculate the numbers of people who have suffered abuse. The first is our main estimate, called the ‘top down’ approach. The second is a supporting estimate, called the ‘bottom up’ approach.

The top-down approach starts with an estimate of the number of people in State and faith-based care (in a range of settings) between 1950 and the present day – ‘the Cohort’ – and uses data on the prevalence of abuse (from New Zealand and international studies) to estimate the percentages of the Cohort who may have been abused.

The ‘bottom-up’ approach starts with the number of people in State and faith-based care (in a range of settings) between 1950-present who have identified that they have been abused in care by making formal claims – the ‘known’ claimants of abuse.⁷ The additional ‘suspected’ survivors of abuse are then estimated using assumptions around the proportion of crime that goes unreported in New Zealand. The unreported crime rates are used as a proxy for the level of unreported abuse in care.

In both our approaches we have not adjusted the prevalence of abuse to take account of mortality across the study period. This is on the basis that (a) we are measuring the total impact of abuse over time, and (b) the Royal Commission’s process does not exclude families from registering on behalf of deceased family members.

In the following sections of the methodology chapter we set out:

- the key data sources used in our analysis
- project timeframes
- our methodology for determining the cohorts of people in care – which we use in calculations for the top-down approach
- our methodology for estimating the overall prevalence of abuse – using both the top-down and bottom-up approaches.

The results of our analysis are presented in the subsequent chapters, beginning on Page 26.

Key data sources

We were provided the following key information from the Royal Commission:

- an initial briefing pack of material including relevant reports from New Zealand and overseas

⁷ While not all claims of abuse have been substantiated to a legal standard of proof, we are satisfied that the effort needed to make and follow through with a formal claim is sufficient evidence that the person should be treated as a known survivor for the purposes of our work. Further, a significant number of the claimants have already been successful in actions against the Crown (where they have received monetary compensation).



- reports and data provided by State and faith-based entities in response to the Inquiry's use of section 20 of the Inquiries Act 2013 to compel production of relevant information. This included:
 - Stats NZ: The New Zealand Yearbook collection
 - Ministry of Education: School and early childhood education rolls and enrolments
 - Ministry of Health: Census of Mental Hospital Patients, Survey of Occupied Psychiatric Hospital Beds and Psychiatric Day and Outpatients, Report of the Confidential Listening and Assistance Service, civil claims, Crown Health Financing Agency claims
 - Oranga Tamariki: Safety of Children in Care reports, annual reports from 1950 onwards including Department of Social Welfare and Ministry of Social Development
 - Reports and data
 - Anglican schools and organisations
 - Catholic schools and organisations
 - Presbyterian schools and organisations
 - Salvation Army
 - IHC (previously Society for Intellectually Handicapped Children)
- literature review and data analysis/collation undertaken by the Royal Commission and the Crown Secretariat.

We supplemented the information provided by the Royal Commission with our own research – and we sought clarification and additional information through direct contact with some of the providers of the section 20 information.

Methodology for estimating the cohort of people in care for 1950 to now

Establishing cohort sizes and demographics is complex. Identifying the scale of children and young people who have been either in State care or in faith-based institutional care from 1950 onwards we have found:

- overlaps in data from various sources
- data recorded in an inconsistent manner across years and across agencies/organisations
- significant gaps in historical records (these gaps are highlighted in this report on page 16). Gaps in historical records happen for a range of reasons, including changing administrative responsibilities for the data (for example, due to policy reforms)
- a need to develop a method to identify numbers of individuals admitted into care, separate to annual roll counts, as individuals may reside in various care settings for varying amounts of time. For example, a school with a 100-bed boarding facility over 10 years would have a much smaller cohort of individual people in care than a 100-bed youth justice residence over the same period



due to the average time in care for schools (just under four-years) being longer than in youth justice facilities (just under a third of a year).

Table 3 below outlines our approach to estimating the cohorts of people who were in State or faith-based care between 1950 and now. A detailed description of our data sources and methods is shown in Appendix 2.

Table 3: Our approach to cohort-sizing

| Step | | Data sources |
|------|---|---|
| 1 | <p>For each of the key settings, we identified the available information and data across the study period. This included:</p> <ul style="list-style-type: none"> • Annual counts/roll/numbers in care • Admissions data. | <ul style="list-style-type: none"> • Stats NZ Yearbooks. • Organisational annual reports. • Data provided by organisations through Section 20 requests. • Further research to identify other statistics and data that was useful in estimating cohort sizes, including web searches of organisation websites, and direct requests for additional information. |
| 2 | <p>We converted annual rolls/counts data to an estimate of admissions by dividing the roll numbers by the average length of time individuals spend in each of the care settings. (Where annual intake or admissions data was available it could be directly used in the analysis).</p> | <ul style="list-style-type: none"> • Length of time in each care setting is based on research and intelligence from organisations. |
| 3 | <p>We undertook cross-checks of data against alternative sources – in order to provide additional comfort around the accuracy of the data.</p> | <ul style="list-style-type: none"> • Where possible we compared data across two data sources. For example, where section 20 data was provided, we were able to compare some of it to Stats NZ Yearbook or annual report data that we had sourced separately. |
| 4 | <p>We filled gaps in the data</p> <ul style="list-style-type: none"> • Gaps in timeseries data was generally filled via linear interpolation between data points. • In some instances, applying a linear trend would not have been appropriate, such as where psychiatric hospitals were closing throughout the 1990s. In these cases, we extrapolated the data based on the relationship with another variable (such as population relevant to the setting) or through a combination of variables. • In faith-based settings we had data for approximately 1/3 of known institutions. We grossed up the known data to take account of the missing 2/3 of institutions on a pro-rata basis, based on the description and nature of the 'missing' institutions being similar to the known institutions. | <ul style="list-style-type: none"> • Analysis, research, and calculations to fill gaps in the data (where possible). • List of institutions provided by the Royal Commission. |
| 5 | <p>We summarised the annual cohort data into decades (1950s-2010s) to reduce some of the inaccuracies that would arise in reporting annual data – and to provide a clearer presentation of the results.</p> | <ul style="list-style-type: none"> • Detailed data and calculations of annual cohorts by care settings. |



Methodology for estimating the prevalence of abuse within care settings

Top-down approach

The **top-down approach** is based on identifying existing prevalence percentages from New Zealand and/or international research and applying these percentages to the numbers of people that have passed through State and faith-based care settings since 1950. This provides an estimate of the number of people who have suffered abuse in care across these settings.

There are several challenges in reviewing and pulling together and comparing prevalence rates from research. These challenges were well articulated by the Royal Commission (Carne, 2020) and are summarised in Table 4 below.

Table 4: Methodological issues in comparing and using studies

| Issue | Description |
|---|--|
| Differing sample populations | It is difficult to compare prevalence rates reported in different studies due to different settings, different populations of interest, and different ages of participants. |
| Exclusion of populations of interest | Some studies may not cover specific groups of interest, such as people who are disabled, or live in particular types of institutions. |
| Different definitions of abuse | Studies often cover different aspect of abuse, for example, sexual abuse but not physical abuse. Even where studies examine a particular type of abuse, such as sexual abuse, the definition of sexual abuse can differ between studies. This issue is particularly pertinent to the definition of neglect, which may be defined in different ways. Additionally, definitions of abuse change over time. |
| Different timeframes | The time period the research covers differs between studies. Different timeframes can mean different social, legislative, and policy contexts, making direct comparisons complicated. Differences in legislation, effective policies and practices are particularly relevant as they directly impact the prevention and response to abuse in care. |
| Different units used in analysis | Some studies report on the number of <i>children</i> who reported abuse or neglect, while others report the number of <i>incidents</i> (where one child may report more than one incident). Others report on the number of <i>carers</i> facing allegations of abuse or neglect e.g. number of foster carers or priests. |
| Prevalence versus incidence | Some studies report prevalence data and some report incidence data, and there are often big differences between the two. Prevalence is a statistical concept referring to the extent of the problem among people in a population. Prevalence surveys often count experiences of abuse among children over the whole of their childhood, thus tending to give higher figures for older children than for younger children who have had less time to be exposed to abuse. Incidence refers to the number of new cases that develop in a given period of time. This allows monitoring of rates over time to see if a problem is increasing or decreasing. Most modern surveys of children’s experiences will ask about experiences over childhood and within the past year, with this capturing both prevalence and incidence. |
| Alleged versus substantiated abuse | Some studies report findings based on data on alleged abuse while others use data on substantiated abuse. Rates of substantiated abuse depend on the procedures used to confirm that abuse occurred. This can be problematic since it depends on the efficacy of response procedures, additionally abuse often occurs in the absence of witnesses. |



| Issue | Description |
|--|--|
| | In a review of the research literature on professional responses to child abuse and neglect, Gilbert et al. (2011) found that between 1.5% and 5% of the child population in the UK, USA, Australia, and Canada are reported to child protection services each year. Out of these cases 1% of the child population are recognised as 'substantiated' cases of child abuse and neglect. However, self-report population-based surveys in these countries estimate levels of prevalence to be between 4 to 16 times higher. |
| Different data collection methods | Some use surveys, some use administrative data, some organisational records, while others use survivor accounts. Since each source of information has different limitations, comparison can be problematic. |
| Differences between countries | <p>Prevalence rates of abuse and neglect vary between countries due to several factors including social and legal contexts (UNICEF, 2003, 2014).</p> <p>A research programme called <i>Out of the shadows: Shining light on the response to child sexual abuse and exploitation</i>, is an Economist Intelligence Unit initiative that aims to provide a country-level benchmarking index using the following four categories in which responses to sexual violence occur (Economist Intelligence Unit, 2020):</p> <ul style="list-style-type: none"> • Environment: The safety and stability of a country, the social protections available to families and children, and whether norms lend to open discussion of the issue • Legal framework: The degree to which a country provides legal or regulatory protections for children from sexual exploitation and abuse • Government commitment and capacity: Whether governments invest in resources to equip institutions and personnel to respond appropriately, and to collect data to understand the scope of the problem • Engagement of industry, civil society and media: The propensity for addressing risks to children at the industry and community levels, as well as providing support to victims. |

Given these issues and challenges, we reviewed New Zealand and international research and applied the following criteria to determine which prevalence percentages to use in our analysis:

- 1 Robustness** – how confident we are of the results reported (based on validity, scale and reliability of the study or methods used)?
- 2 Appropriateness** – what settings and/or populations do the estimates apply to, and are they comparable to a New Zealand (care) setting?

Given the lack of prevalence data available within New Zealand, we have turned to the next best information – which comes from overseas studies. We recognise that overseas data will not necessarily reflect New Zealand conditions (including higher impacts on Māori and Pacific peoples in some settings), but the overseas data, combined with the New Zealand data, provides us with a means with which we can calculate a high-level, indicative estimate of the prevalence of abuse in New Zealand.

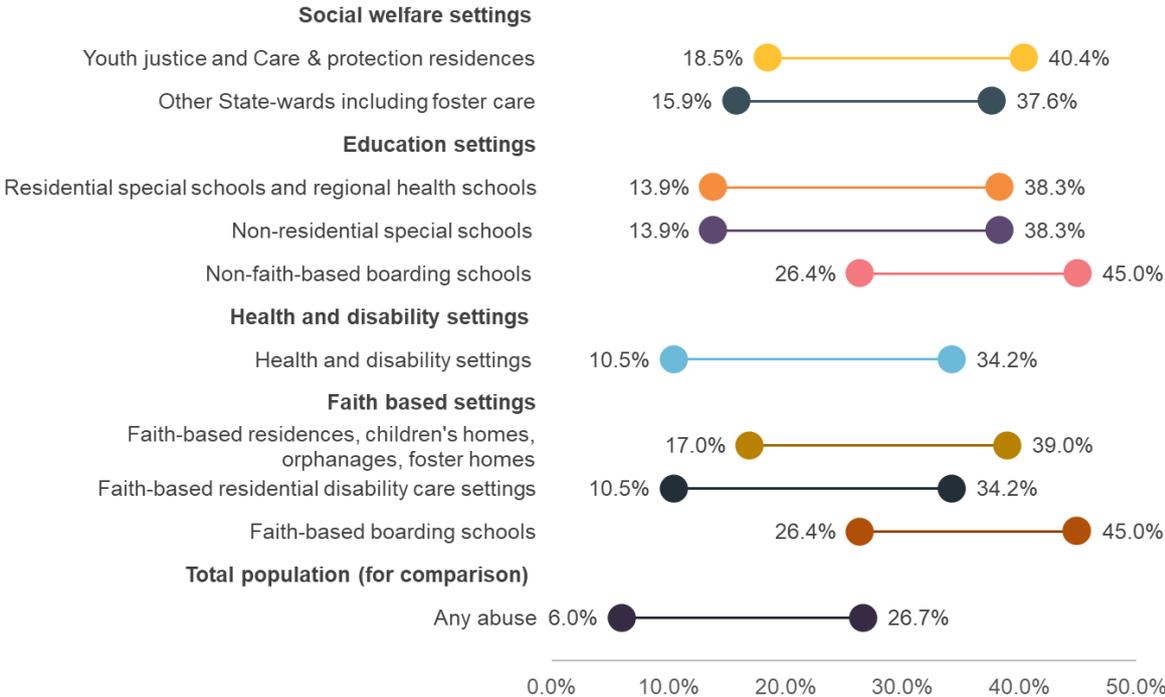
- 3 Clustering** – are the findings/estimates an outlier compared to the other studies and can this be explained due to the methodology or the target population of the study?
- 4 Scope** – how well does the sample or population compare to the settings in the Terms of Reference and is the abuse or harm measured consistent with how abuse is defined in the Terms of Reference and in our work?



Each study was rated on a scale of 1–5 for each criterion. Those that scored 12 or above⁸ were taken forward for further consideration as part of our prevalence calculations.

Appendix 1 provides detailed information on our method for defining the prevalence percentages used in our top-down analysis. Figure 3 below shows the high and low abuse prevalence percentages that were used in our top-down analysis, by care setting.

Figure 3: High and low percentages of the prevalence of abuse in care used in our analysis



Source: Various sources, MartinJenkins calculations.

Bottom-up approach

The **bottom-up approach** takes the known cases of abuse and applies multipliers to estimate the overall incidence of abuse. To be consistent with the top-down approach, we sourced New Zealand-based multipliers (where possible) while also considering international research.

New Zealand data includes victimisation surveys such as the New Zealand Crime and Safety Survey and the New Zealand Crime and Victims Survey, together with Statistics New Zealand research such as the Crime Victimisation Patterns in New Zealand report. These surveys provide an indication of the portion of various types of crime that go unreported. We analysed the data and chose the most

⁸ A score of 12 is a pass rate based on the mid-point of a 5-point scale applied to all four criteria.



appropriate and relevant multipliers that were then applied to the numbers of known claimants (to estimate the known, plus suspected survivors of abuse).

For the New Zealand-specific research, we also explored whether Police crime statistics could provide a targeted view of reported crimes that fit within the scope of this review. However, this was not possible as the statistical information was not recorded in a way that matched our settings.

We also looked at the results of international victimisation surveys to provide some additional data-points to the New Zealand numbers.

Multipliers for estimating abuse using the bottom-up methodology

Data on unreported crime was sourced from the 2014 and 2019 NZ Crime and Victims Surveys (Ministry of Justice, 2014 and 2019), and the Crime Survey for England and Wales (2018/19). The following findings from these reports are relevant to our calculations:

- the 2018-19 New Zealand Crime and Victims Survey states that only 25% of crime in New Zealand is reported to the Police⁹
- the 2014 New Zealand Crime and Safety Survey reports that, in 2013, people aged 15 to 19 years old were less likely to report an incident to the Police (18% compared with the NZ average of 31%)¹⁰
- the 2019 Crime Survey for England and Wales reported that in the year ending March 2018 only 10% of violent incidents experienced by children aged 10 to 15 years were reported to the Police.¹¹

Most of the known claimants of abuse were young when the abuses occurred (ie closer to 15-19 or 10-15 years old than older age groups). Therefore, we have used a range of 10% to 18% for the percentage of crime reported for our bottom-up calculations. Table 5 below summarises these percentages and the applicable multipliers.

Table 5: Multipliers for estimating total numbers of survivors of abuse

| Scenario | Percentage of unreported crime | Multiplier | Source |
|----------|--|----------------------|--|
| Low | 18% (percentage of 15-19 year olds reporting crime to the Police) | 1/0.18 = 5.6 | 2014 New Zealand Crime and Safety Survey, Ministry of Justice |
| High | 10% (violent incidents experienced by children 10-15 years old reported to the Police) | 1/0.10 = 10.0 | 2019 Crime Survey for England and Wales, UK National Statistics Office |

⁹ Ministry of Justice, 2019. NZ Crime and Victims Survey, 2019. <https://www.justice.govt.nz/assets/Documents/Publications/NZCVS-Y2-core-report-for-release.pdf>

¹⁰ Ministry of Justice, 2014. NZ Crime and Safety Survey, 2014. <https://www.justice.govt.nz/assets/Documents/Publications/NZCASS-201602-Main-Findings-Report-Updated.pdf>

¹¹ Office of National Statistics (UK), 2019. Crime Survey for England and Wales, 2018/19. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendinqdecember2019>



RESULTS – COHORTS OF PEOPLE AND SUSPECTED ABUSE IN CARE

In this chapter we present the results of our data collection, analysis and calculations for the top-down approach – for each of the Social welfare; Education; Health and disability; and Faith-based settings.

We then show our overall results for the bottom-up approach – and compare this to the top-down results. As noted earlier, Appendix 2 contains detailed notes on the methodology and data sources.

Small numbers of identified survivors – in some decades

Some of the tables in the following sections include low numbers of identified survivors in some of the decades. These low results can reflect a mixture of poor data collection and/or lower reporting of recent abuse compared to abuse that occurred some time ago. Accordingly, low numbers in the tables should be treated with caution.

Social welfare

Care sub-settings

The sub-settings of state care considered below are ‘youth justice’, and ‘other state-wards’. Youth justice includes those in youth justice facilities and residences. Other state-wards includes those in care and protection residences and placements and foster care.

Reporting of state-wards (those in the care and protection of Oranga Tamariki and its predecessor organisations) changed significantly across the time-series, from very detailed reporting in the 1950s, to more recently only reporting the total numbers of state-wards “in the care of the Chief Executive.”

Summary of cohorts and identified survivors of abuse

Table 6 summarises the cohort of people within social welfare care settings between 1950 and now. This table shows that an estimated 258,000 people were in social welfare care settings between 1950 and now, with 95,000 in youth justice settings, and 163,000 in other social welfare care settings. The cohort of people in social welfare care settings peaked in the 1970s at around 56,000 people.

Based on the data available to this project, a total of 3,134 people (1.2%) were known claimants of abuse in these settings between 1950 and now, with 724 abused in youth justice care, and 2,410 abused in other settings of social welfare care. Known cases of abuse followed a similar trend over time to the cohort in care and peaked at 1,020 (1.8% of the cohort) in the 1970s.

Oranga Tamariki has reported numbers of state-wards by age-group, gender, ethnicity, and location, since 2001. However, data on the demographics of state-wards before this point are very sparse, and inconsistently reported. In addition, we do not have data on the age, gender, and ethnicity of known claimants of abuse in social welfare care.



Table 6: Cohort of people within Social welfare care settings and identified survivors of abuse, 1950 to 2019

| Summary by decade | Total | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|--|----------------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| NUMBERS OF STATE-WARDS (COHORTS) | | | | | | | | | | |
| Youth justice | 94,700 | 67,566 | 27,133 | 1,195 | 5,248 | 22,537 | 24,843 | 13,743 | 13,669 | 13,464 |
| Other state-wards | 163,105 | 110,877 | 52,228 | 16,068 | 20,130 | 33,277 | 26,735 | 14,667 | 24,939 | 27,290 |
| Total numbers of state-wards (cohorts) | 257,805 | 178,443 | 79,362 | 17,263 | 25,377 | 55,814 | 51,578 | 28,410 | 38,608 | 40,754 |
| NUMBERS OF IDENTIFIED ABUSE SURVIVORS | | | | | | | | | | |
| Youth justice | 724 | 688 | 36 | 40 | 121 | 272 | 208 | 48 | 36 | N/A |
| Other state-wards | 2,410 | 2,218 | 192 | 139 | 403 | 749 | 572 | 356 | 192 | |
| Total number of people identified as abused | 3,134 | 2,906 | 228 | 178 | 524 | 1,020 | 780 | 404 | 228 | N/A |
| Percent of known abuse in each period | 1.2% | 1.6% | 0.3% | 1.0% | 2.1% | 1.8% | 1.5% | 1.4% | 0.6% | N/A |

Notes:

- 1 Data on numbers of people abused in care during the 2010s decade, provided in response to Section 20 Notices, was not complete and have not been included in the above table.
- 2 The decline in cohort numbers in the 1990s below that shown in the 2000s is more likely to be due to incomplete data, rather than a signal of a policy or operational change.
- 3 Youth Justice includes institutions administered by DSW (Child Welfare pre 1972) or by the Department of Justice.

In our study we have identified 2,503 claims in the Social welfare settings over the period 1950 to 1989, representing 1.7% of the 150,000 people in our settings across that period. This percentage is considerably lower than the estimate of 3.5% derived in the 2013 Webber report¹² over the period 1950 to 1994. (The Government's response to the Confidential Listening and Assistance Service (CLAS) report¹³ also referenced a 3.5% claims rate from the Webber report).

The Webber report included historical numbers of children supplied by MSD, with the data described as 'incomplete and possibly inaccurate'. Setting aside the difficulties in finding reliable data (which is a problem that still exists today), from 1950 to 1989 the Webber report had 1,170 identified claims and a cohort of approximately 33,000. The Webber report also estimated a forecast of 1,625 'potential' claims between 1950 and 1989, taking account of additional claims that would be made after 1993.

Our Social welfare claims of 2,503 from 1950 to 1989 are somewhat higher than the Webber forecast – but the studies mainly depart because we have collected significantly more cohort data in the Social welfare setting than the Webber report. The reason for the difference between the numbers in the respective settings (and in the claims) is not immediately apparent – and our assumption is that over time the Ministry of Social Development has improved its data collection methods.

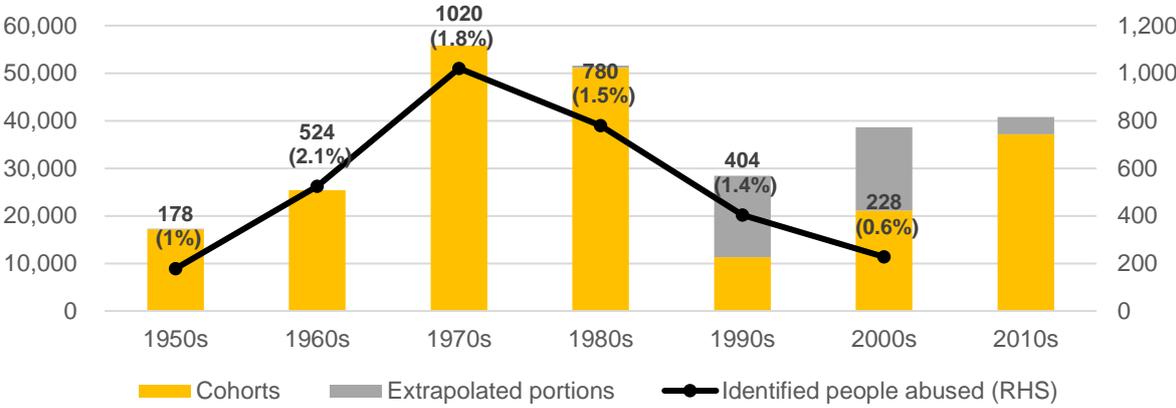
Figure 4 below shows the trends of the cohort size and numbers of identified survivors of abuse. Numbers of people in care and the numbers of identified abuses both peak in the 1970s. The figure also shows a split of the data collected from agencies (Cohorts) and the parts of the cohorts where we have needed to interpolate or extrapolate the data (Extrapolated portions).

¹² Historic Claims of Abuse of Children in State Care Pre-1993, David Webber, Economics and Strategy Group Ltd, 14 August 2013.

¹³ Office of the Minister for Social Development, 2016. Government response to the Final Report of the Confidential Listening and Assistance Service Report. Paragraph 33 refers. [https://www.dia.govt.nz/diawebsite.nsf/Files/Confidential-Listening-and-Assistance/\\$file/Government-response-to-the-Final-Report-of-the-Confidential-Listening-and-Assistance-Service.pdf](https://www.dia.govt.nz/diawebsite.nsf/Files/Confidential-Listening-and-Assistance/$file/Government-response-to-the-Final-Report-of-the-Confidential-Listening-and-Assistance-Service.pdf).



Figure 4: Cohort of people within Social welfare care settings and identified survivors of abuse



There was insufficient data to report numbers of people abused post 2009.

Estimate of the total survivors of abuse – Social welfare settings

Table 7 shows the results of our top-down estimate of the survivors of abuse within social welfare care settings. We estimate that between 43,000 and 100,000 people may have been abused while in these settings (or between 17 and 39 percent of the cohort).

Table 7: Range of estimated survivors of abuse in Social welfare care settings, 1950 to 2019 (low and high ranges)

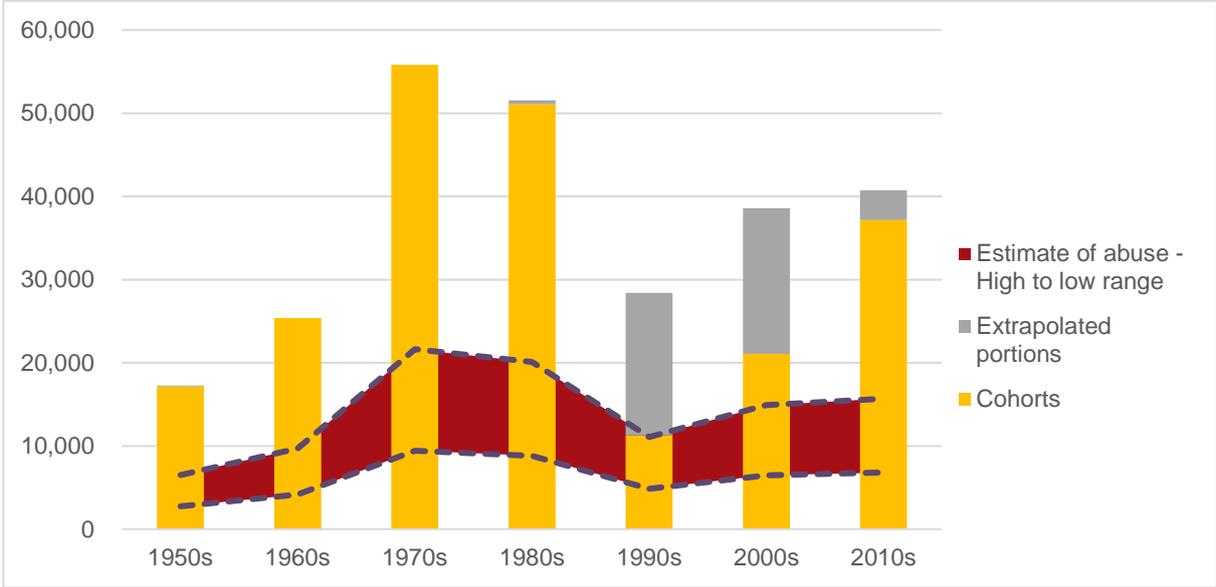
| NUMBERS OF PEOPLE SUSPECTED TO HAVE BEEN ABUSED | Prevalence % | Total | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|--|--------------|---------------|---------------|---------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|
| Youth justice (LOW) | 18.5% | 17,488 | 12,477 | 5,011 | 221 | 969 | 4,162 | 4,588 | 2,538 | 2,524 | 2,486 |
| Other state-wards (LOW) | 15.9% | 25,852 | 17,574 | 8,278 | 2,547 | 3,191 | 5,274 | 4,238 | 2,325 | 3,953 | 4,325 |
| Total people suspected to have been abused (LOW) | 16.8% | 43,340 | 30,051 | 13,289 | 2,768 | 4,160 | 9,436 | 8,825 | 4,863 | 6,477 | 6,812 |
| Youth justice (HIGH) | 40.4% | 38,237 | 27,281 | 10,956 | 483 | 2,119 | 9,100 | 10,031 | 5,549 | 5,519 | 5,436 |
| Other state-wards (HIGH) | 37.6% | 61,382 | 41,727 | 19,655 | 6,047 | 7,575 | 12,523 | 10,061 | 5,520 | 9,385 | 10,270 |
| Total people suspected to have been abused (HIGH) | 38.6% | 99,619 | 69,008 | 30,611 | 6,530 | 9,694 | 21,623 | 20,092 | 11,069 | 14,905 | 15,706 |

Youth Justice includes institutions administered by DSW (Child Welfare pre 1972) or by the Department of Justice.

Figure 5 below shows this data on a chart including the cohort (for context). In this chart, the red band of data represents our top-down estimate of the range of people who may have been abused in social welfare care settings, by decade.



Figure 5: Estimated survivors of abuse within Social welfare care settings, 1950 to 2019



Education care

Care sub-settings

The sub-settings of state care considered below are ‘residential special schools and regional health schools¹⁴’, ‘non-residential special schools’, and ‘non-religious boarding schools’.

Due to large data gaps in the Education care settings (particularly for the numbers of boarders at non-religious boarding schools) we have had to extrapolate most of the cohort between 1950 and 1998. This means that the estimates of the cohort size and the estimates of the number of survivors of abuse are more uncertain in the Education care setting than in the other settings.

Summary of cohorts and identified survivors of abuse

Table 8 below shows the estimated numbers of students within Education care settings, and the numbers of known claimants of abuse within these settings between 1950 and now. This table shows that a total of around 102,000 people were in Education care settings over this period, with 1,600 people (1.6 percent) in Residential special schools and regional health schools, 17,000 (16.7 percent) in non-residential special schools, and 83,000 (81.9 percent) within non-religious boarding schools.

¹⁴ Regional health schools in this context refers to Health Camps for “children who were not thriving in their home environment” (<https://nzhistory.govt.nz/culture/children-and-adolescents-1940-60/childrens-health>). These Health Camps were opened in the 1940s and 1950s and were attached to Schools. Note that these are not the same as Regional Health Schools that are currently located in Auckland, Wellington, and Christchurch which cater for children who are too sick to attend regular schools (<https://www.education.govt.nz/school/student-support/special-education/regional-health-schools-for-children-who-cant-attend-school-because-they-are-unwell/>).



The trend in our estimates of the cohort size in Education care settings is flat between the 1950s and 1990s at around 15,000 students based on our assumption (in the absence of data) of no material change in the size of this cohort over this time.

Table 8: Cohort of people within Education care settings and identified survivors of abuse, 1950 to 2019

| Summary by decade | Total | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|---|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| NUMBERS OF STUDENTS EACH YEAR (COHORTS) | | | | | | | | | | |
| Residential special schools and regional health schools | 1,615 | 1,135 | 480 | 156 | 129 | 212 | 321 | 316 | 296 | 184 |
| Non-residential special schools | 16,970 | 10,384 | 6,586 | 2,077 | 2,077 | 2,077 | 2,077 | 2,076 | 2,883 | 3,703 |
| Boarder numbers at non-religious schools | 83,246 | 64,298 | 18,948 | 12,860 | 12,860 | 12,860 | 12,860 | 12,860 | 9,400 | 9,548 |
| Total numbers of students (cohorts) | 101,831 | 75,817 | 26,014 | 15,093 | 15,066 | 15,149 | 15,258 | 15,251 | 12,578 | 13,436 |
| NUMBERS OF IDENTIFIED ABUSE SURVIVORS | | | | | | | | | | |
| All educational settings | 185 | 185 | - | 8 | 15 | 59 | 50 | 38 | 15 | N/A |
| All educational settings (abuses from unknown periods, pro-rated based on known abuses) | 11 | 11 | - | 0 | 1 | 4 | 3 | 2 | 1 | |
| Total number of people identified as abused | 196 | 196 | - | 8 | 16 | 63 | 53 | 40 | 16 | N/A |
| Percent of known abuse in each period | 0.2% | 0.3% | - | 0.1% | 0.1% | 0.4% | 0.3% | 0.3% | 0.1% | N/A |

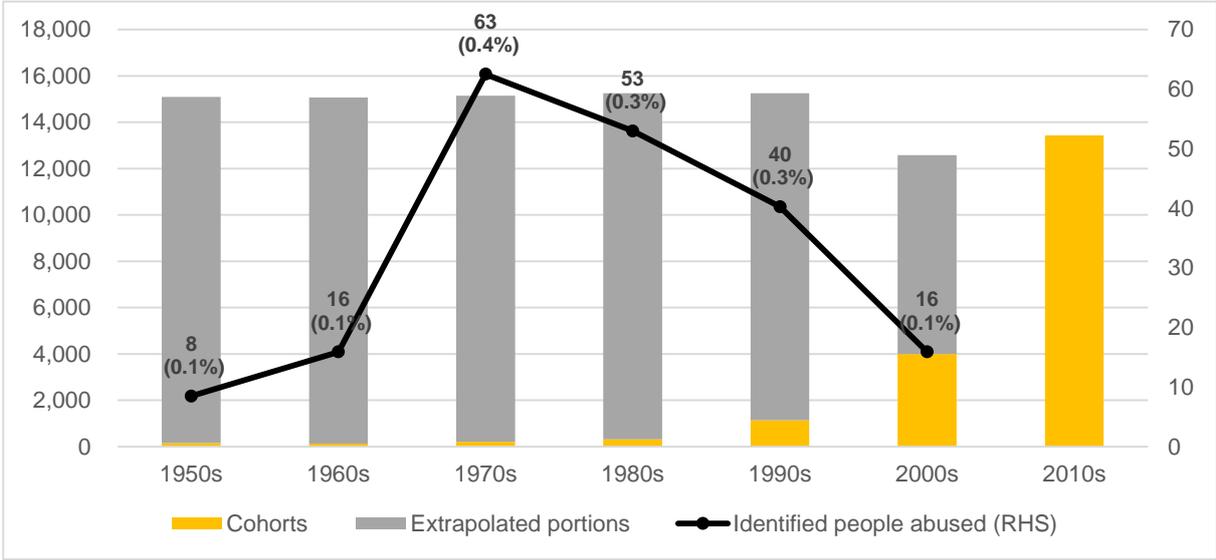
Note: Data on numbers of people abused in care during the 2010s decade, provided in response to Section 20 Notices, were not complete and have not been included in the above table.

Figure 6 below shows the size of the cohort of people within Education care settings between 1950 and now, and known claimants of abuse, by decade. As mentioned above, the cohort of people within Education care settings between 1950 and 2000 was flat at about 15,100-15,300 per decade.

Overall, there were 196 known cases of abuse within the Education care settings (0.2 percent of the total cohort). Known abuses within Education care settings peaked at 63 in the 1970s (0.4 percent of the cohort within that decade).



Figure 6: Cohort of people within Education care settings and identified survivors of abuse, 1950 to 2019



There was insufficient data to report identified survivors post 2009.

Estimate of the total survivors of abuse – Education care settings

Table 9 below shows the results of our top-down estimate of the survivors of abuse within Education care settings. We estimate that between 25,000 and 45,000 people may have been abused while in these settings (or between 24 and 44 percent of the cohort).

Table 9: Range of estimated survivors of abuse in Education care settings, 1950 to 2019 (low and high ranges)

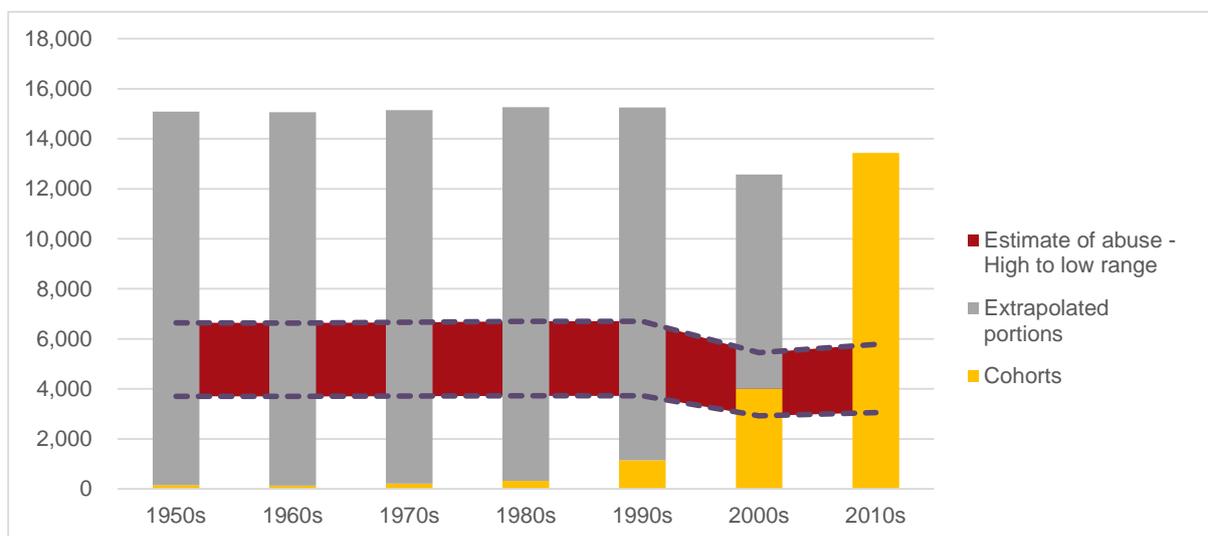
| NUMBERS OF PEOPLE SUSPECTED TO HAVE BEEN ABUSED | Prevalence % | Total | 1950-1999 | | 2000-2019 | | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|---|--------------|---------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|-------|
| | | | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s | | |
| Residential special schools and regional health schools (LOW) | 13.9% | 224 | 157 | 67 | 22 | 18 | 29 | 45 | 44 | 41 | 26 | | |
| Non-residential special schools (LOW) | 13.9% | 2,350 | 1,438 | 912 | 288 | 288 | 288 | 288 | 288 | 399 | 513 | | |
| Boarder numbers at non-religious schools (LOW) | 26.4% | 21,977 | 16,975 | 5,002 | 3,395 | 3,395 | 3,395 | 3,395 | 3,395 | 2,482 | 2,521 | | |
| Total number of people suspected to have been abused (LOW) | 24.1% | 24,551 | 18,570 | 5,981 | 3,704 | 3,701 | 3,712 | 3,727 | 3,726 | 2,922 | 3,059 | | |



| NUMBERS OF PEOPLE SUSPECTED TO HAVE BEEN ABUSED | Prevalence % | Total | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|--|---------------------|---------------|------------------|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Residential special schools and regional health schools (HIGH) | 38.3% | 619 | 435 | 184 | 60 | 50 | 81 | 123 | 121 | 113 | 71 |
| Non-residential special schools (HIGH) | 38.3% | 6,504 | 3,980 | 2,524 | 796 | 796 | 796 | 796 | 796 | 1,105 | 1,419 |
| Boarder numbers at non-religious schools (HIGH) | 45.0% | 37,461 | 28,934 | 8,526 | 5,787 | 5,787 | 5,787 | 5,787 | 5,787 | 4,230 | 4,297 |
| Total number of people suspected to have been abused (HIGH) | 43.8% | 44,583 | 33,349 | 11,235 | 6,643 | 6,632 | 6,664 | 6,706 | 6,703 | 5,448 | 5,787 |

Figure 7 below shows this data on a chart including the cohort (for context). In this chart, the red band of data represents the range of people who may have been abused in Education care settings by decade.

Figure 7: Estimated survivors of abuse in Education care settings, 1950 to 2019



Health and disability

Care sub-settings

The sub-setting of state care considered below is 'psychiatric hospitals or special and restricted facilities'.



The Royal Commission’s terms of reference also consider the following settings in scope of the inquiry:

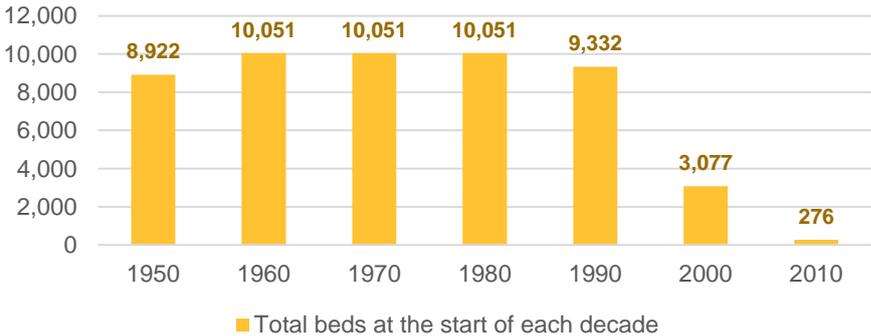
- residential and non-residential disability facilities
- non-residential psychiatric or disability care
- health camps.

Our research indicated that, in part, residential and non-residential disability facilities are included within the Education care settings, within special schools (eg Kelston School for the Deaf). Similarly, health camps are attached to schools (eg Roxburgh Health Camp). No consistent data was available on health camps, or to allow us to disentangle residential and non-residential disability facilities from special schools – so these settings have not been included here. Furthermore, we were unable to identify sufficient data to include any results for non-residential psychiatric or disability care.

In the Health and disability setting there is a clear trend of declining bed numbers in psychiatric hospitals in New Zealand from the 1990s. Figure 8 highlights this trend – with the capacity of psychiatric hospitals relatively constant across the 1960s to 1980s, but declining over the 1990s and 2000s. Over this latter period, almost all of New Zealand’s original psychiatric hospitals (many of which were built in the late 1800’s and early 1900’s) were closed – with services subsequently provided by hospital-based services or through increased community-based care.

The key catalyst for change was the passing of the Mental Health (Compulsory Assessment and Treatment) Act 1992. This Act expressly provided for patients’ rights and provided avenues for access to complaints mechanisms. In 1996 further protections for users of health services (including mental health services) were introduced with the establishment of the Health and Disability Commissioner and the Code of Health and Disability Services Consumers’ Rights.

Figure 8: Bed numbers at psychiatric hospitals in New Zealand, by decade



Source: Data on institutions compiled for the Royal Commission by the Crown Secretariat

Summary of cohorts and identified survivors of abuse

Table 10 below shows the estimated numbers of people within the Health and disability care settings, and the numbers of identified survivors of abuse within these settings – between 1950 and now. This



table shows that at total of 212,000 people were in Health and disability care settings (in psychiatric hospitals or special and restricted facilities) over this period.

A total of 798 survivors of abuse were identified from data provided by the Ministry of Health in response to section 20 notices, as well as data collected by the Commission from complaints made to Crown Law and other government departments. These survivors represent about 0.4 percent of the total cohort of people within psychiatric hospitals up to the end of the 1990's.

Table 10: Cohort of people within Health and disability care settings and identified survivors of abuse, 1950 to 2019

| Summary by decade | Total | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|--|---------------------------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| NUMBERS OF NEW PATIENTS EACH DECADE (COHORTS) | | | | | | | | | | |
| Inpatient cohorts to 1993 | 159,458 | 159,458 | - | 19,184 | 41,631 | 40,079 | 40,258 | 18,306 | - | - |
| Inpatient cohorts 2004 - 2017 | 19,376 | - | 19,376 | - | - | - | - | - | 7,767 | 11,608 |
| Extrapolated cohort data | 32,822 | 24,030 | 8,792 | - | - | - | - | 24,030 | 5,882 | 2,910 |
| Psychiatric hospitals & special or restricted facilities | 211,656 | 183,489 | 28,168 | 19,184 | 41,631 | 40,079 | 40,258 | 42,336 | 13,650 | 14,518 |
| Residential and non-residential disability facilities | Included elsewhere | | | | | | | | | |
| Non-residential psychiatric or disability care | No useable data available | | | | | | | | | |
| Health camps | No useable data available | | | | | | | | | |
| Total numbers of new patients (cohorts) | 211,656 | 183,489 | 28,168 | 19,184 | 41,631 | 40,079 | 40,258 | 42,336 | 13,650 | 14,518 |
| NUMBERS OF IDENTIFIED ABUSE SURVIVORS | | | | | | | | | | |
| Inpatient cohorts to 1993 | 789 | 789 | - | 36 | 289 | 396 | 68 | - | - | - |
| Residential and non-residential disability facilities | Included elsewhere | | | | | | | | | |
| Non-residential psychiatric or disability care | No data available | | | | | | | | | |
| Health camps | No data available | | | | | | | | | |
| Total number of people identified as abused | 789 | 789 | - | 36 | 289 | 396 | 68 | - | - | - |
| Percent of known abuse in each period | 0.4% | 0.4% | - | 0.2% | 0.7% | 1.0% | 0.2% | - | - | - |

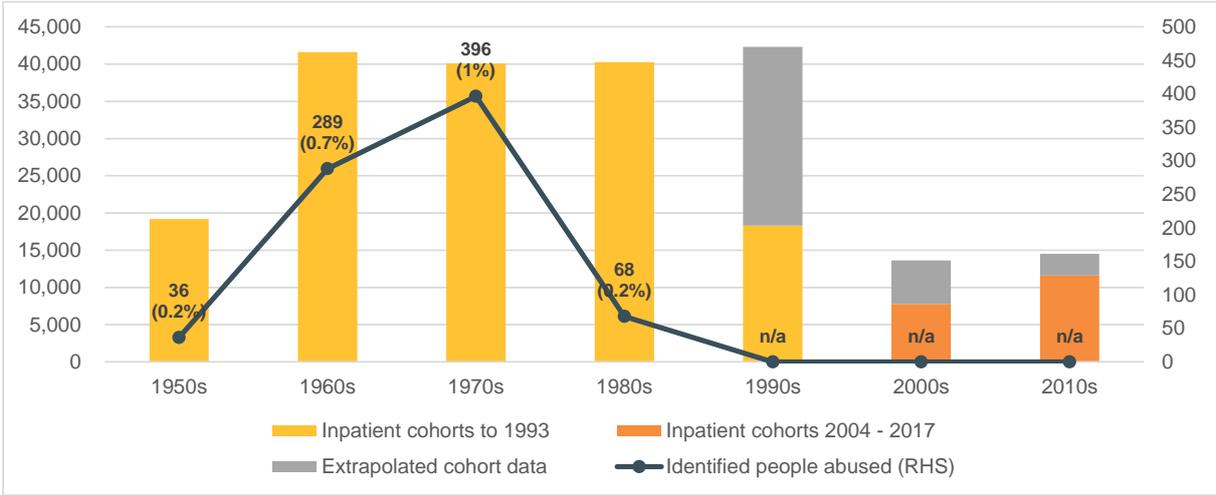
Identified abuses peaked at 396 in the 1970s (1.0 percent of the cohort within that decade). The datasets for abuses have not included any records of abuse after 1989. This doesn't mean abuse hasn't occurred since 1989 – just that it has not been recorded and reported to us.

Figure 9 below shows the size of the cohort of people within Health and disability care settings between 1950 and now, together with identified survivors of abuse. As mentioned above, the cohort of



people within health and disability care settings was flat between the 1960s and the 1990s at around 40,000 people per decade – before declining to around 14,000 per decade in the 2000s and 2010s.

Figure 9: Cohort of people within Health and disability care settings and identified survivors of abuse, 1950 to 2019

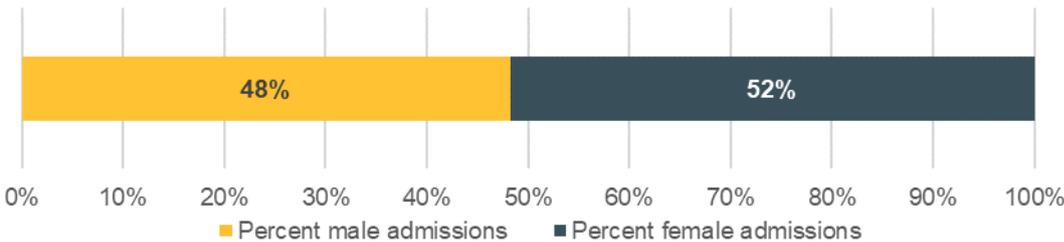


Gender of people within Health and disability care settings

Across the health and disability settings we have measured, there has been a considerable decline in the percentage of female patients from the 1950s to the current day.

Figure 10 below shows a breakdown of psychiatric hospital patients by gender from 1950 to 1970.

Figure 10: Breakdown of psychiatric hospital first admissions by gender, 1950-1970 – before the percent of female admissions began to quickly decline



Source: Statistics NZ yearbooks

From 1950 to 1970, female admissions to New Zealand’s psychiatric hospitals averaged around 54% each year. This declined to an average of 51% each year over the period 1961 to 1970, with a further decline to 43% from 1971 to 1981. More recent data, which measured people subject to a special



patient legal status across 2016 and 2017, reported significantly lower rates for females of 13-14% of total patients in each year.

Estimate of the total survivors of abuse – Health and disability settings

Table 11 below shows the results of our top-down estimate of the survivors of abuse within Health and disability care settings. We estimate that between 22,000 and 72,000 people may have been abused while in these settings (between 11 and 34 percent of the cohort). The range of abuse is based on the prevalence studies most relevant to the Health and disability settings.

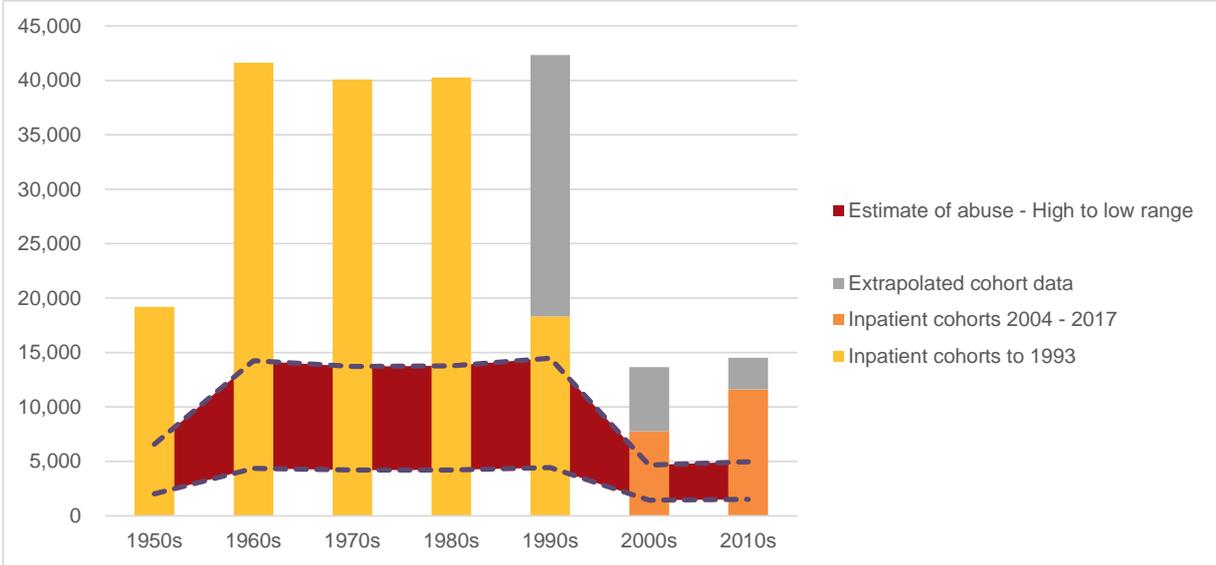
Table 11: Range of estimated survivors of abuse in Health and disability care settings, 1950 to 2019 (low and high ranges)

| NUMBERS OF PEOPLE SUSPECTED TO HAVE BEEN ABUSED | Prevalence % | Total | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|--|---------------------|--------------|------------------|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Psychiatric hospitals or facilities - LOW | 10.5% | 22,153 | 19,205 | 2,948 | 2,008 | 4,357 | 4,195 | 4,214 | 4,431 | 1,429 | 1,520 |
| Psychiatric hospitals or facilities - HIGH | 34.2% | 72,422 | 62,784 | 9,638 | 6,564 | 14,245 | 13,714 | 13,775 | 14,486 | 4,670 | 4,968 |

Figure 11 below shows this data, including the cohort (for context). In this chart, the red band of data represents the range of people who may have been abused in Health and disability care settings by decade. The estimated numbers of people abused in psychiatric hospitals was about 4,200–14,500 people per decade between the 1960s and 1990s, reducing to around 1,400–5,000 in the 2000s and 2010s (in line with a reduction in the cohort sizes in those decades).



Figure 11: Estimated survivors of abuse in Health and disability care settings, 1950 to 2019



Faith-based

Care sub-settings

The sub-settings of care considered below are ‘faith-based children’s homes, orphanages, foster homes’, ‘faith-based residential disability care settings¹⁵’, and ‘faith-based boarding schools’. This data was compiled from a range of sources, including faith-based organisations’ responses to section 20 notices, and data sourced from the Ministry of Education. We were unable to find data on faith-based ‘wider care’ settings, such as for Sunday schools, youth groups or other church-related activities.

Summary of cohorts and identified survivors of abuse

Table 12 below shows the estimated numbers of people within Faith-based care settings, and the numbers of identified survivors of abuse within these settings. This table shows that a total of around 254,000 people were in Faith-based care settings over this period, with:

- 143,000 people (56 percent) in faith-based children’s homes, orphanages, and foster homes
- 1,600 (0.6 percent) in faith-based residential disability care settings
- 109,000 (43 percent) within faith-based boarding schools.

¹⁵ These are faith-operated facilities and include residential care homes for people with disabilities and children’s homes for disturbed children and children with behavioural problems.



A total of about 2,300 people (0.9 percent of the total cohort) were identified as being abused in Faith-based care settings between 1950 and now. Of these, 1,513 were identified within faith-based care institutions, homes, facilities, schools; and 827 were identified within wider faith-based care settings.

Table 12: Cohort of people in Faith-based care settings and identified survivors of abuse, 1950 to 2019

| Summary by decade | Total | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|---|-------------------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| NUMBERS OF THOSE IN CARE ESTIMATES | | | | | | | | | | |
| Cohort residences, children's homes, orphanages, foster homes | 48,879 | 41,204 | 7,676 | 12,432 | 8,477 | 8,999 | 7,265 | 4,031 | 3,838 | 3,838 |
| <i>Extrapolated cohort - residences, children's homes, orphanages, foster homes</i> | 94,426 | 79,598 | 14,828 | 24,016 | 16,376 | 17,384 | 14,035 | 7,787 | 7,414 | 7,414 |
| Faith-based residences, children's homes, orphanages, foster homes | 143,305 | 120,801 | 22,503 | 36,448 | 24,853 | 26,383 | 21,300 | 11,818 | 11,252 | 11,252 |
| Cohort residential disability care settings | 1,098 | 1,050 | 48 | 257 | 304 | 277 | 190 | 21 | 24 | 24 |
| <i>Extrapolated cohort - residential disability care settings</i> | 549 | 525 | 24 | 129 | 152 | 138 | 95 | 10 | 12 | 12 |
| Faith-based residential disability care settings | 1,647 | 1,575 | 72 | 386 | 457 | 415 | 286 | 31 | 36 | 36 |
| Cohort boarding schools | 14,523 | 0 | 14,523 | 0 | 0 | 0 | 0 | 0 | 941 | 13,583 |
| <i>Extrapolated cohort - boarding schools</i> | 94,927 | 83,085 | 11,842 | 16,617 | 16,617 | 16,617 | 16,617 | 16,617 | 11,842 | - |
| Faith-based boarding schools | 109,451 | 83,085 | 26,366 | 16,617 | 16,617 | 16,617 | 16,617 | 16,617 | 12,783 | 13,583 |
| Faith-based wider care settings | No data available | | | | | | | | | |
| Total numbers of estimated in care (cohorts) | 254,402 | 205,461 | 48,941 | 53,450 | 41,927 | 43,415 | 38,203 | 28,466 | 24,071 | 24,871 |
| NUMBERS OF IDENTIFIED ABUSE SURVIVORS | | | | | | | | | | |
| Faith-based care institutions, homes, facilities, schools | 1,513 | 1,456 | 57 | 776 | 119 | 212 | 259 | 90 | 30 | 27 |
| Faith-based wider care settings | 827 | 818 | n/r | 415 | 70 | 132 | 146 | 55 | n/r | n/r |
| Total number of people identified as abused | 2,341 | 2,274 | 66 | 1,191 | 189 | 345 | 405 | 145 | 39 | 28 |
| Percent of known abuse in each period | 0.9% | 1.1% | 0.1% | 2.2% | 0.5% | 0.8% | 1.1% | 0.5% | 0.2% | 0.1% |

Note: n/r are not reported numbers – as data is unrealistically low. However, the underlying data is included in the totals.

Figure 12 below shows the size of the cohort of people within Faith-based care settings between 1950 and now and identified survivors of abuse. This chart shows that the cohort of those in Faith-based

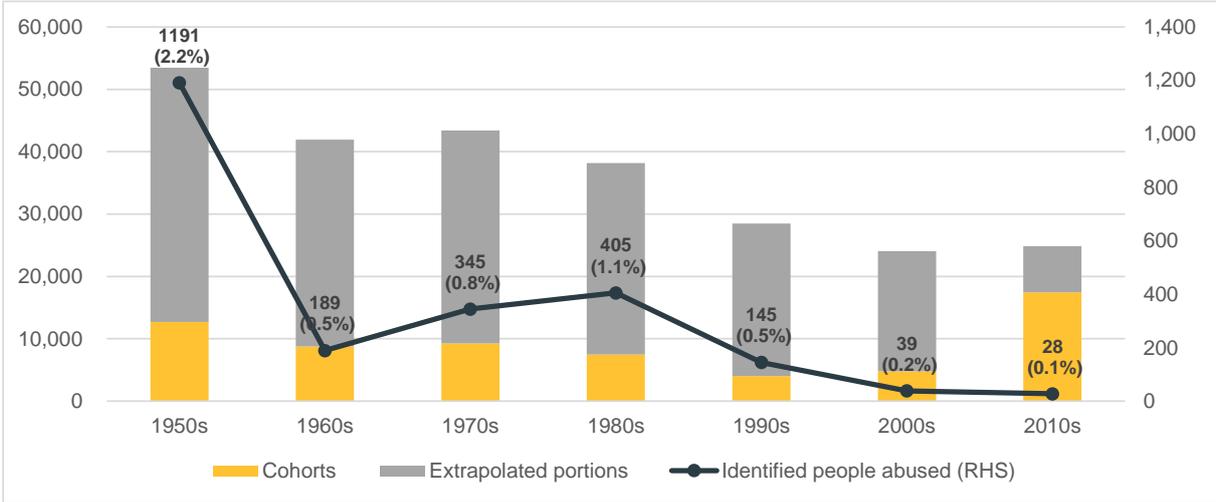


care was highest in the 1950s and has been reducing since then. In the 1950s, 53,000 people were in faith-based care settings. By the 2010s, the cohort in care had reduced to around 25,000 people.

A total of 2,300 cases of abuse were identified in Faith-based settings. Consistent with the cohort size in these settings, known abuse cases peaked in the 1950s with 1,191 people abused (2.2 percent of the cohort in that decade).

There was no consistent data on the demographics of the cohort in care, nor the known claimants of abuse.

Figure 12: Cohort of people in Faith-based care settings and identified survivors of abuse, 1950 to 2019



Estimate of the total survivors of abuse – Faith-based settings

Table 13 below shows the results of our top-down estimate of the survivors of abuse within Faith-based care settings. We estimate that between 53,000 and 106,000 people may have been abused while in these settings (between 21 and 42 percent of the cohort).



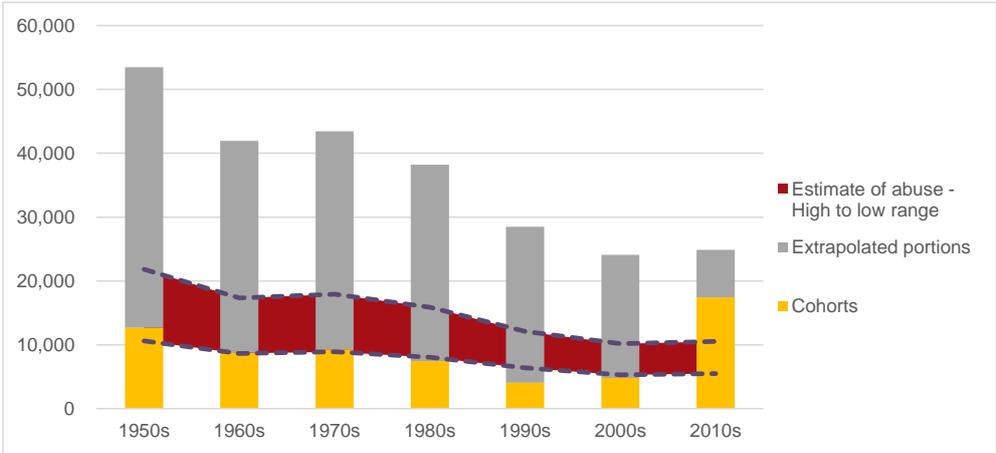
Table 13: Range of estimated survivors of abuse in Faith-based care settings, 1950 to 2019 (low and high ranges)

| NUMBERS OF PEOPLE SUSPECTED TO HAVE BEEN ABUSED | Prevalance % | Total | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|---|--------------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | | | | | | | | | | | |
| Faith-based residences, children's homes, orphanages, foster homes (LOW) | 17.0% | 24,321 | 20,502 | 3,819 | 6,186 | 4,218 | 4,478 | 3,615 | 2,006 | 1,910 | 1,910 |
| Faith-based residential disability care settings (LOW) | 10.5% | 172 | 165 | n/r | 40 | 48 | 43 | 30 | n/r | n/r | n/r |
| Faith-based boarding schools (LOW) | 26.4% | 28,895 | 21,934 | 6,961 | 4,387 | 4,387 | 4,387 | 4,387 | 4,387 | 3,375 | 3,586 |
| Total number of people suspected to have been abused (LOW) | 21.0% | 53,388 | 42,601 | 10,787 | 10,613 | 8,653 | 8,908 | 8,032 | 6,396 | 5,288 | 5,499 |
| Faith-based residences, children's homes, orphanages, foster homes (HIGH) | 39.0% | 55,896 | 47,119 | 8,777 | 14,217 | 9,694 | 10,291 | 8,308 | 4,610 | 4,389 | 4,389 |
| Faith-based residential disability care settings (HIGH) | 34.2% | 564 | 539 | n/r | 132 | 156 | 142 | 98 | n/r | n/r | n/r |
| Faith-based boarding schools (HIGH) | 45.0% | 49,253 | 37,388 | 11,865 | 7,478 | 7,478 | 7,478 | 7,478 | 7,478 | 5,752 | 6,112 |
| Total number of people suspected to have been abused (HIGH) | 41.6% | 105,713 | 85,046 | 20,667 | 21,826 | 17,328 | 17,910 | 15,883 | 12,098 | 10,153 | 10,513 |

Note: n/r are not reported numbers – as data is unrealistically low. However, the underlying data is included in the totals.

Figure 13 below shows this data on a chart including the cohort (for context). In this chart, the red band of data represents the range of people who may have been abused in Faith-based care settings by decade. The estimated numbers of people abused in Faith-based settings reduced from 10,600–21,800 in the 1950s to 5,500–10,500 in the 2010s.

Figure 13: Estimated survivors of abuse in Faith-based care settings, 1950 to 2019



Summary of top down approach across all settings

Cohorts in State and faith-based care

For the settings and sub-settings where we have been able to collect and estimate data, Table 14 shows the combined size of the cohorts in State and faith-based care – between 1950 and 2019.

Over this period, a total of around 655,000 people have passed through care in the settings we have examined. Faith-based settings and Social welfare settings accounted for the largest cohorts at over 254,000 people in each setting (each about 31 percent of the total¹⁶); followed by Health and disability settings at 212,000 people (26 percent); and Education care settings at 102,000 people (12 percent).

The size of the cohort peaked in the 1970s at 122,000 people over that decade, before falling to around 70,000 in the 2010s. The cohort peak was influenced by many factors, including the social, education, and health policies of the day, and practises within State and faith-based organisations at that time.

Table 14: Summary of cohort sizes within State and Faith-based care settings, 1950 to 2019

| NUMBERS OF PEOPLE IN CARE (COHORTS) | Total | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|--|---------|-----------|-----------|---------|---------|---------|---------|---------|--------|--------|
| Total cohorts before removing overlap | 825,695 | 643,210 | 182,485 | 104,991 | 124,001 | 154,457 | 145,297 | 114,465 | 88,907 | 93,578 |
| Less adjustment for overlap (21%) | 170,833 | 133,078 | 37,755 | 21,722 | 25,655 | 31,957 | 30,061 | 23,682 | 18,395 | 19,361 |
| Total cohorts across all identified settings | 654,861 | 510,132 | 144,729 | 83,268 | 98,346 | 122,500 | 115,235 | 90,782 | 70,512 | 74,217 |

Totals may not add due to rounding.

As noted earlier, we were unable to collect data on all settings and sub-settings of care. Accordingly, the table only shows the total of our indicative estimates for the settings we have examined – and we note that the unreported data could increase the size of the cohorts within each of the settings, and also change the relative sizes of each of the settings.

Adjustment for overlap between the settings

We have collected data from sources specific to each of the Social welfare, Education and Health and disability settings (for both State and faith-based cohorts) but we recognise there will be some overlap between these care settings. For example, the same person may have been in foster care (social welfare) and attended a residential special school (education). If that were the case, this person would be counted two times in our approach¹⁷.

¹⁶ The totals for each setting are before accounting for overlap between the settings. The associated percentages are based on the sum of the individual cohorts – also before adjusting for overlap between the settings.

¹⁷ This overlap adjustment does not need to take account of multiple entries into single settings, as the setting totals have already excluded double-counting of that nature.



There is very little information available on the extent of this overlap because the cohort datasets do not have identifiers for the individual people who have passed through the settings. The only exception to this was the data provided to us from the Christchurch Health and Development Study (CHDS)¹⁸ – and although this dataset is small, it has at least provided us with an indication of potential overlap.

Of the people in this study, 75 have been in some form of State care up to age 15 – and the overlap across the three care settings in the study (institutional care, foster care and respite care) has amounted to approximately 14%.

There are differences between the three settings used by the CHDS and the settings used in our work for the Commission. To adjust for some of these differences we have calculated overlap across four settings rather than three. To do this we have assumed that the sub-settings identified in our work can broadly be grouped into four categories: health and disability settings; boarding schools; private homes; and other residences (such as special schools and care and protection residences). If we assume that overlap generally occurs across any two of the three CHDS settings (or across any two of our four categories) then the equivalent overlap for four categories would be 21% (which is a 50% increase on the 14% overlap for three settings).

We expect that the Royal Commission will wish to explore other ways to estimate the amount of potential overlap across its settings – particularly as more information is made available from interviews with survivors over the course of the Inquiry. However, in the absence of other current data, we have assumed that the overlap between our settings is 21%.

¹⁸ The CHDS has been in existence for over 40 years, following the health, education, and life progress of a group of 1,265 children born in the Christchurch urban region in mid-1977.



Top-down estimate of abuse

Table 15 (below) and Figure 14 (on the following page) show the overall results of our top-down estimates of the numbers of people abused within State and faith-based care between 1950 and now. We estimate that between 114,000 and 256,000 people across all settings of State and faith-based care may have been abused since 1950. This is between 17 and 39 percent of the total cohort of those in State and faith-based care.

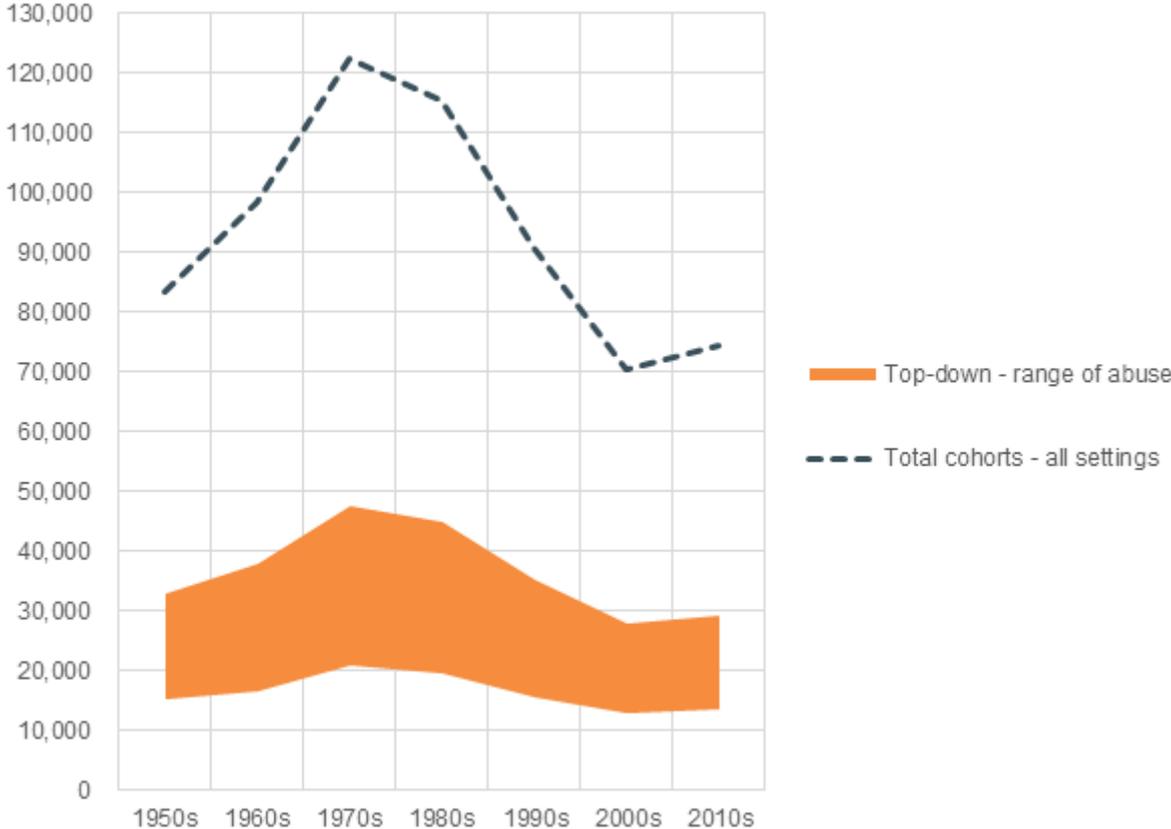
Table 15: Estimated numbers of survivors of abuse in State and faith-based care, 1950 to 2019 (showing the low and high end of the ranges of abuse)

| NUMBERS OF PEOPLE SUSPECTED TO HAVE BEEN ABUSED | Total | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|--|----------------|------------------|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Total Social Welfare (LOW) | 34,373 | 23,834 | 10,539 | 2,195 | 3,299 | 7,484 | 6,999 | 3,857 | 5,137 | 5,402 |
| Total Education (LOW) | 19,471 | 14,728 | 4,743 | 2,938 | 2,935 | 2,944 | 2,956 | 2,955 | 2,317 | 2,426 |
| Total Health and Disability (LOW) | 17,570 | 15,232 | 2,338 | 1,592 | 3,456 | 3,327 | 3,342 | 3,514 | 1,133 | 1,205 |
| Total Faith-based (LOW) | 42,342 | 33,787 | 8,555 | 8,417 | 6,862 | 7,065 | 6,370 | 5,073 | 4,194 | 4,361 |
| Total number of people suspected to have been abused (LOW) | 113,757 | 87,580 | 26,176 | 15,142 | 16,552 | 20,820 | 19,667 | 15,399 | 12,781 | 13,395 |
| Total Social Welfare (HIGH) | 79,008 | 54,730 | 24,278 | 5,179 | 7,689 | 17,149 | 15,935 | 8,779 | 11,821 | 12,457 |
| Total Education (HIGH) | 35,359 | 26,449 | 8,910 | 5,268 | 5,260 | 5,285 | 5,319 | 5,317 | 4,321 | 4,589 |
| Total Health and Disability (HIGH) | 57,438 | 49,794 | 7,644 | 5,206 | 11,298 | 10,876 | 10,925 | 11,489 | 3,704 | 3,940 |
| Total Faith-based (HIGH) | 83,841 | 67,450 | 16,391 | 17,310 | 13,743 | 14,205 | 12,597 | 9,595 | 8,053 | 8,338 |
| Total number of people suspected to have been abused (HIGH) | 255,646 | 198,424 | 57,223 | 32,963 | 37,989 | 47,516 | 44,776 | 35,179 | 27,899 | 29,324 |

Totals may not add due to rounding.



Figure 14: Total cohorts and top-down estimate of the range of suspected abuse, 1950 to 2019



Bottom-up estimates of abuse in State and faith-based care

Table 16 below shows the results of our bottom-up approach to estimating the scale of abuse. A total of around 6,500 known claimants of abuse were identified between 1950 and now, including: 3,134 identified within Social welfare care settings; 196 within Education care settings; 789 within Health and disability care settings; and 2,341 within Faith-based care settings.

Applying the high and low multipliers (Table 5 on page 25 refers) to this data indicates that the estimated number of survivors of abuse within State and faith-based care is between 36,000 and 65,000 people over the period 1950-present.

This is significantly smaller than the top-down estimates (114,000–256,000 people). We suspect this is because our data collection has only identified very low numbers of abuse – and because the nature of abuse in care has meant that there is lower reporting of incidents – and even lower complaint numbers – than for the types of crimes from which the bottom-up multipliers were developed.¹⁹

Table 16: Bottom-up estimates of abuse in State and faith-based care, 1950 to 2019 (low and high end of the ranges of abuse)

| Bottom-up calculations | Total | 1950-1999 | 2000-2019 | 1950s | 1960s | 1970s | 1980s | 1990s | 2000+ |
|---|---------------|---------------|--------------|---------------|---------------|---------------|---------------|--------------|--------------|
| Total number known claimants | 6,460 | 6,150 | 310 | 1,414 | 1,018 | 1,824 | 1,306 | 589 | 282 |
| Percent reported - based on 2014 NZ Crime survey | | | | 18% | 18% | 18% | 18% | 18% | 18% |
| Low multiplier | | | | 5.56 | 5.56 | 5.56 | 5.56 | 5.56 | 5.56 |
| Bottom up calculation of abuse - LOW | 35,889 | 34,168 | 1,721 | 7,856 | 5,656 | 10,132 | 7,253 | 3,271 | 1,568 |
| Percent reported - based on 2018/19 UK Crime survey | | | | 10% | 10% | 10% | 10% | 10% | 10% |
| High multiplier | | | | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| Bottom up calculation of abuse - HIGH | 64,600 | 61,502 | 3,098 | 14,140 | 10,180 | 18,238 | 13,056 | 5,887 | 2,823 |

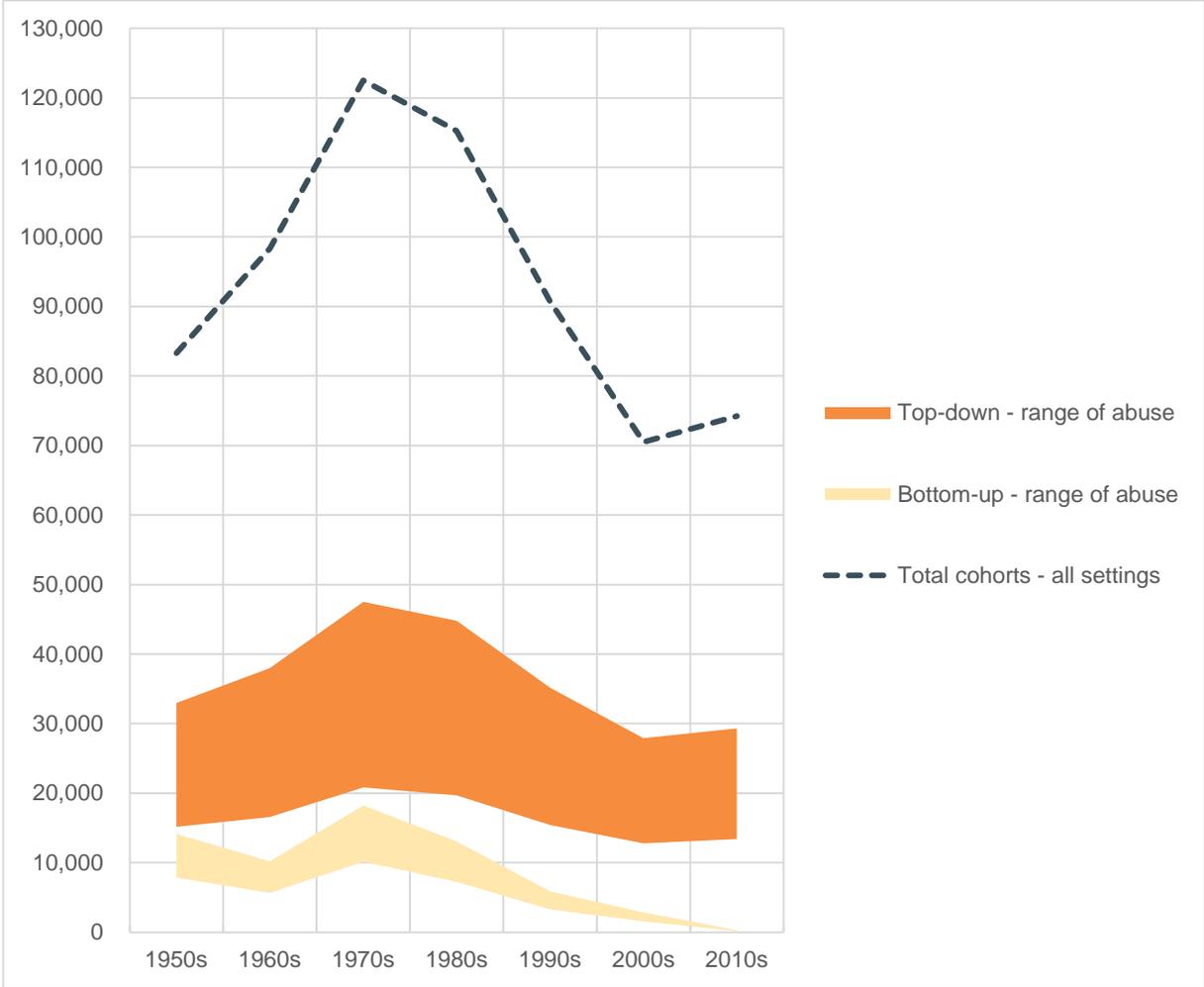
Figure 15 overleaf shows a comparison of the cohort of people in State and faith-based care and the results of our top-down and bottom-up estimates of numbers of people abused.

¹⁹ The low and high multipliers used in the bottom-up approach were derived from data on the percentage of crime that is reported to the Police (as measured in Crime and Victimisation Surveys conducted in New Zealand and the UK). See Methodology section on page 25 for more details.



As noted above, the bottom-up estimates of abuse are significantly lower than the top-down estimates of abuse.

Figure 15: Comparison of top-down and bottom-up approaches to estimating numbers of abuse survivors, 1950 to 2019



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APPENDIX 1: PREVALENCE ESTIMATES

Prevalence estimates for the top-down approach – estimating the extent of abuse in care for each of the settings

In the following sections we set out additional detail on how we have developed the range of prevalence percentages that we applied to the cohorts in our top-down estimates of abuse.

We have separately calculated prevalence ranges for each of the sub-categories for each of the setting. For both the lower end of the ranges and the upper end of the ranges, we firstly remove any obvious outliers, and secondly, we calculate the average of the remaining studies that are clustered around the low and high points. This means that, where possible, we don't overly rely on one study to provide a low or high end of the range.

Has the prevalence of abuse changed over the period of our study?

The research is unclear whether childhood abuses have decreased, increased, or stayed the same over time:

- A study published in 2012 examining child maltreatment trends in six developed countries from 1979 onwards using multiple administrative data sets, found no clear evidence of a decrease in child maltreatment in New Zealand over time (Gilbert et al., 2011).
- Specific to youth justice facilities in the US, there appeared to be a decrease over time between 2012 and 2018 of the proportion of youth experiencing sexual victimisation (Smith & Stroop, 2019).
- Ministry of Social Development and Oranga Tamariki notifications have increased substantially over time. However, the number that require further action, and those that are substantiated remain relatively stable (Carne, 2020). The Royal Commission has suggested that this could be further investigated as to whether the findings are due to best practice, or other factors such as resourcing or capacity constraints.
- Studies and investigations commissioned by the Catholic Church in the US state that the “incidence of child sexual abuse has declined in both the Catholic Church and in society generally, though the rate of decline is greater in the Catholic Church in the same time period. The use of confirmations as a proxy for the number of Catholic children in contact with priests in the United States has limitations but provides a stable comparison rate by year in the Catholic Church” (John Jay College of Criminal Justice, 2004; Terry et al., 2011). However, the study has been widely challenged in the media and by survivors as using reporting from Bishops as the main source of data (Stern, 2011).



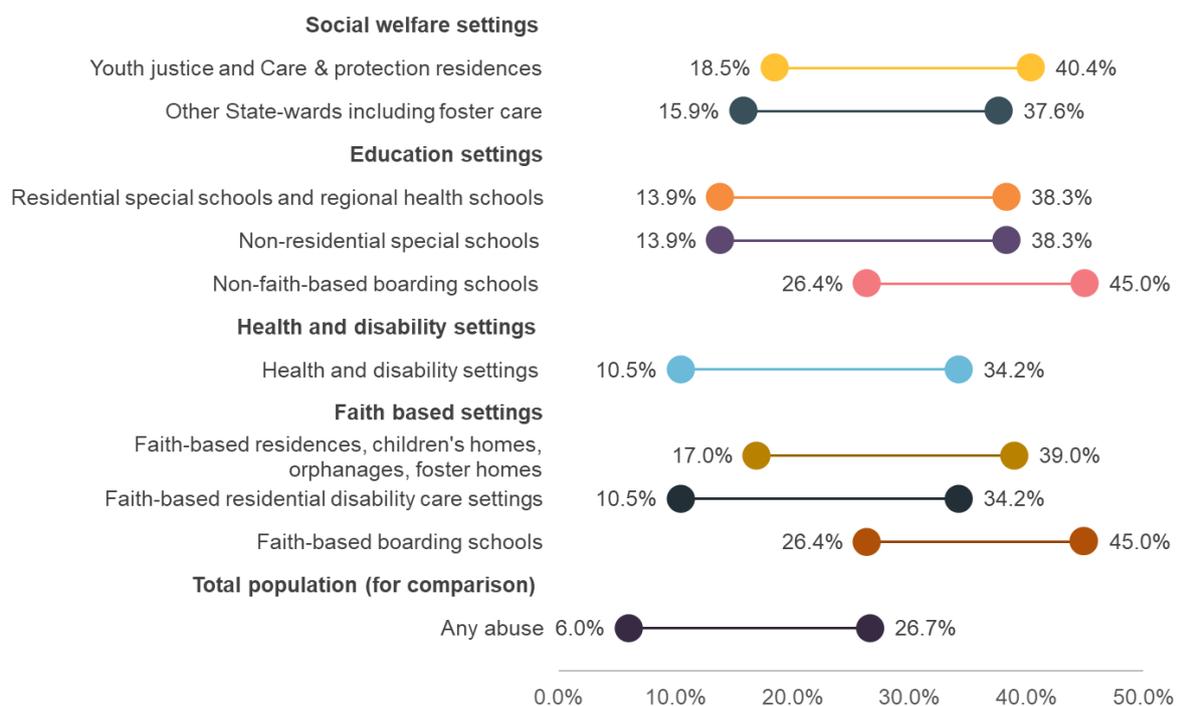
- Analysis of foster care and maltreatment notifications in the US between 2011 and 2016 found that while rates of foster care have increased, rates of confirmed maltreatment were stable (Yi et al., 2020).

For the purposes of our estimates, we have taken the middle ground and applied the prevalence estimates from the studies across all years from 1950 to now.

Summary of overall results

Our final prevalence ranges are shown in Figure 16. Also included in the chart is a prevalence range for the general population. We have included this to compare to our settings – with research suggesting that abuse in care will likely be greater than that experienced by the general population.

Figure 16: Prevalence ranges used in our estimates, by setting



General population prevalence estimates

Figure 17 shows the four studies which met our criteria to use in the general population calculation. Childhood sexual abuse (CSA) is defined in multiple ways in the literature. The Christchurch Health



and Development Study (CHDS) groups CSA by non-contact and contact²⁰. Physical violence is also defined in various ways in the literature. The way violence is referred to in the study is stated in the figure. The CHDS combines abuse into 'regular' and 'severe'²¹ – for the purposes of this study we have been provided customised data from CHDS by the different categorisations of abuse, as well as a combined figure for 'any abuse'.

Many studies also use the global 'maltreatment' term. The Dunedin Multidisciplinary Health and Development Study (DMHDS) captured a cumulative exposure score for each child in the study by counting the number of maltreatment indicators (from 0 to 5)²² and children were classified by 'no maltreatment' (no indicators), 'moderate maltreatment' (1 indicator) and severe maltreatment (2 to 5 indicators) (Breslau et al., 2014; Danese et al., 2009). Where possible we seek a prevalence rate for 'any abuse' or maltreatment.

It was also important to consider how law and policy changes may affect prevalence rates. For example, research focusing on parental reports of physical abuse highlights the changes in approaches to discipline that have occurred over the period of analysis. New Zealand research undertaken in the 1990s shows that smacking is the prevalent disciplinary method (Ritchie, 2002 & Maxwell, 1995, as cited in Millichamp et al., 2006). Similar studies undertaken in North America around this time had parents reporting similar use of spanking or smacking. This likely accounts for the high prevalence of smacking reported in the DMHDS which appears as an outlier in our figure (and is not used).

For the purposes of the population baseline, we use a range of 6.0% to 26.7% for the prevalence of abuse. The low (6.0%) is from the Scottish review (Radford et al., 2017), and the high (26.7%) is an average of the highest relevant percentages from the four studies which met our criteria (Carroll-Lind et al., 2011; Horwood, 2020; Millichamp et al., 2006; Radford et al., 2017).

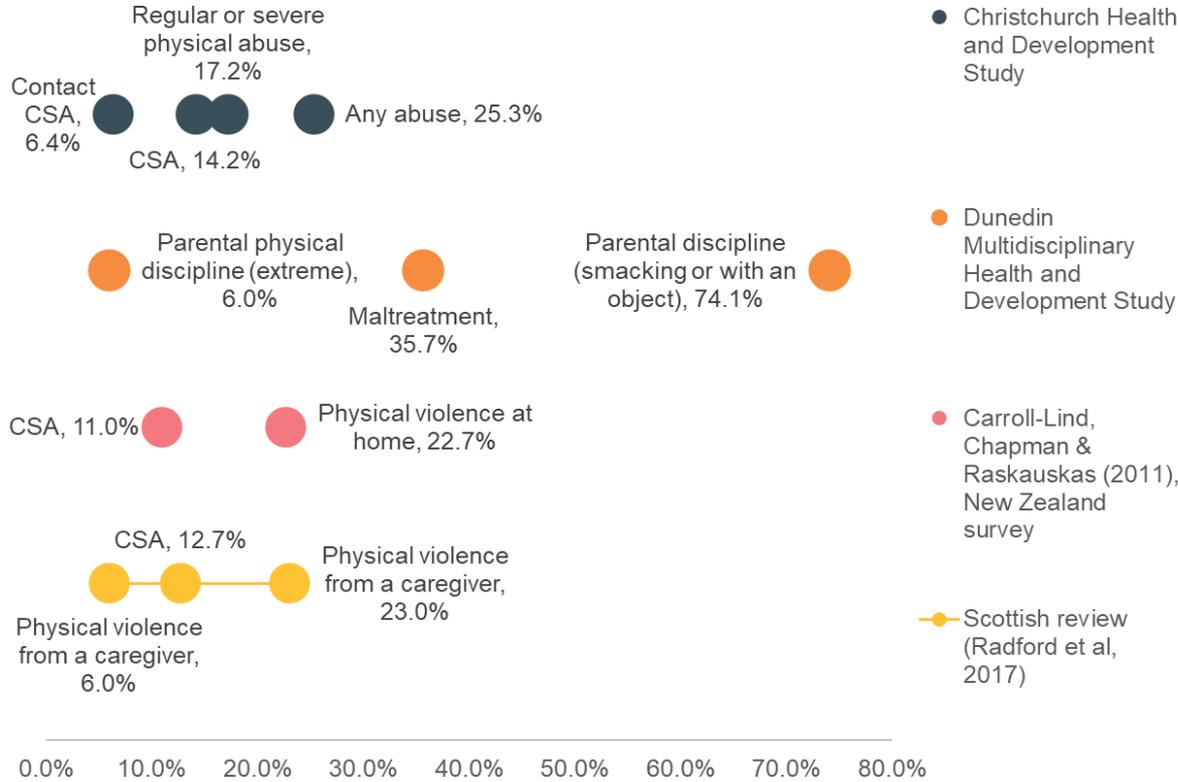
²⁰ Childhood sexual abuse – Participants were questioned on a series of 15 items reflecting different types of unwanted sexual experience ranging from episodes of non-contact abuse (eg indecent exposure); through various forms of inappropriate sexual contact; to incidents involving attempted/completed sexual penetration. Using this data participants were classified into four groups reflecting the most severe form of abuse reported at either age 18 or 21. These groups were: no abuse; non-contact abuse only; contact abuse not involving attempted/completed sexual penetration; attempted/completed sexual penetration (4-6). For the purposes of this study, we were provided with data where the second (non-contact) and third (contact not involving attempted/completed penetration) groups have been combined.

²¹ In the CHDS participants reported the extent to which their parents had used physical punishment during childhood (prior to age 16). The data we were provided with grouped participants were classified into three groups based on the most severe form of physical abuse/punishment reported at either age 18 or 21. These groups were: (1) parents never used physical punishment or parents rarely used physical punishment; (2) at least one parent regularly used physical punishment; (3) at least one parent used physical punishment frequently, or treated the participant in a severe/harsh manner.

²² Indicators in the first decade of life were based on assessments of (1) staff-observed maternal rejection at age 3 years; (2) parent-reported harsh discipline at ages 7 and 9 years; parents scoring in the top decile of the distribution were classified as unusually harsh; (3) 2 or more changes in the child's primary caregiver up to age 11; (4) exposure to physical abuse prior to age 11, retrospectively reported by study members at age 26 assessment; and (5) exposure to sexual abuse prior to age 11, retrospectively reported by study members at age 26 assessment.



Figure 17: Maltreatment, childhood sexual abuse and physical abuse in the general population



Social welfare settings prevalence estimates

Youth justice; and care & protection residences

Few studies met the threshold for inclusion for this setting (see Figure 18) (Allroggen et al., 2017; Euser et al., 2014; Horwood, 2020). A particular difficulty we encountered was identifying studies that were comparable to the care settings set out by the Royal Commission. For the CHDS (Horwood, 2020), institutional care refers to:

short or long-term admission to state residential facilities for child behavioural or protection issues, as well as long term institutional care for severe neurosensory disability.

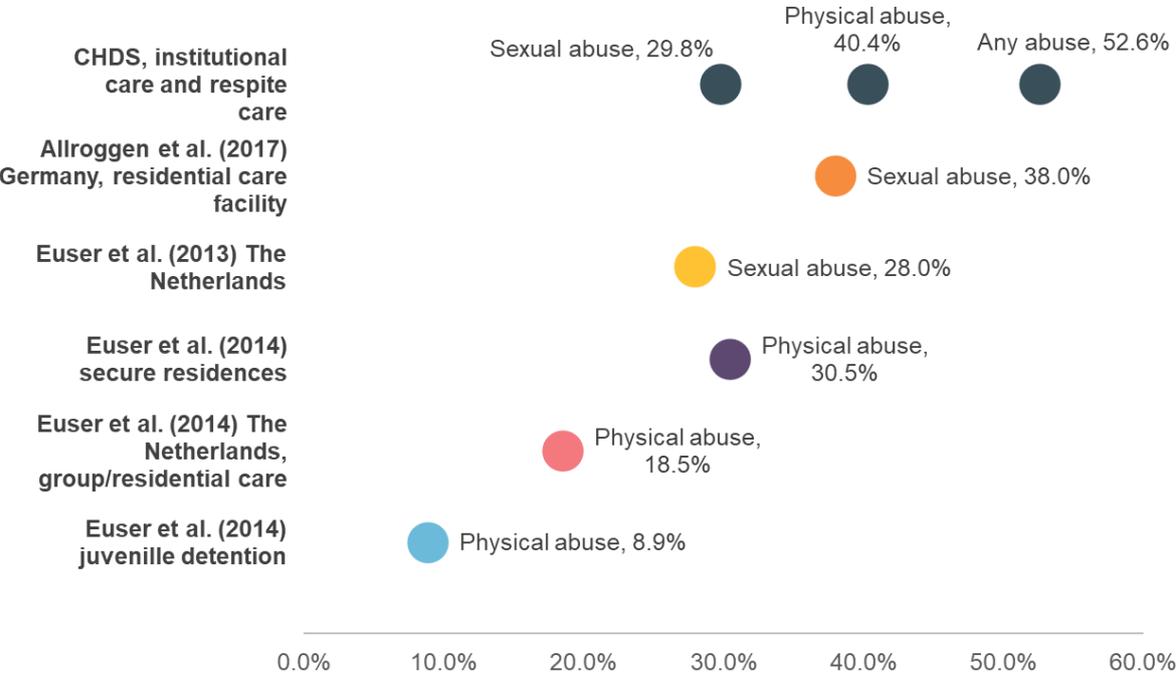
While respite care refers to:

short-term placement in health camp, Cholmondeley Children’s Home or related facility

Based on the average of the lower and upper bound prevalence estimates set out in the studies which met our criteria, we use 18.5% for lowest prevalence and 40.4% for the highest prevalence.



Figure 18: Abuse prevalence in youth justice residences and care & protection residences



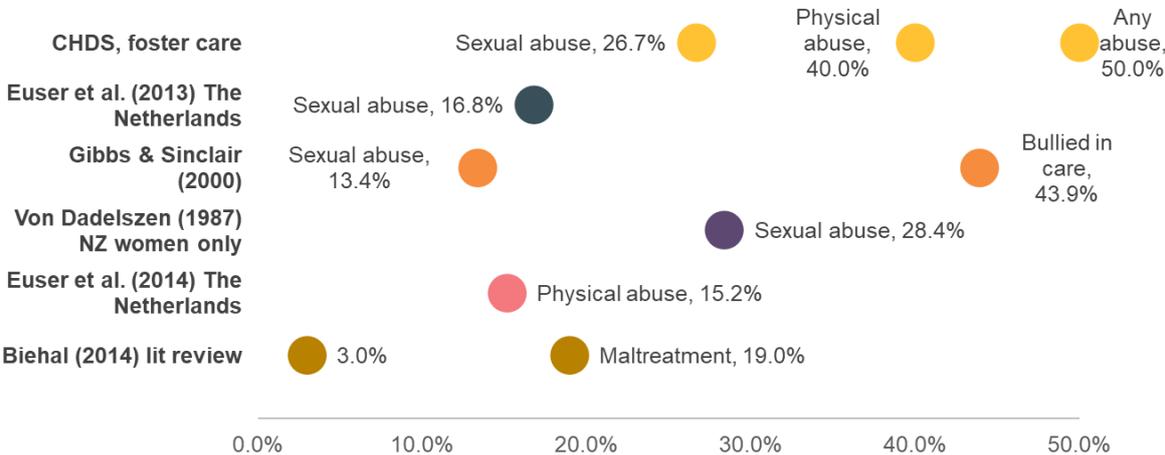
Other State-wards

Figure 19 shows the six studies which met our criteria (Biehal, 2014; Euser et al., 2013, 2014; Gibbs & Sinclair, 2000; Horwood, 2020; Von Dadelszen, 1987). Based on the average of the lower and upper bound prevalence set out in the studies which met our criteria, we use 15.9% for lowest prevalence and 37.6% for the highest prevalence.

Note that for the CHDS, sample attrition over time was modestly associated with socio-economic disadvantage (lower maternal education, lower SES family, single parent family). As a result, the estimated prevalence of state care or equivalent in the observed sample may be a slight underestimate of the true prevalence of care in the full cohort (Horwood, 2020).



Figure 19: Foster care/kin care prevalence



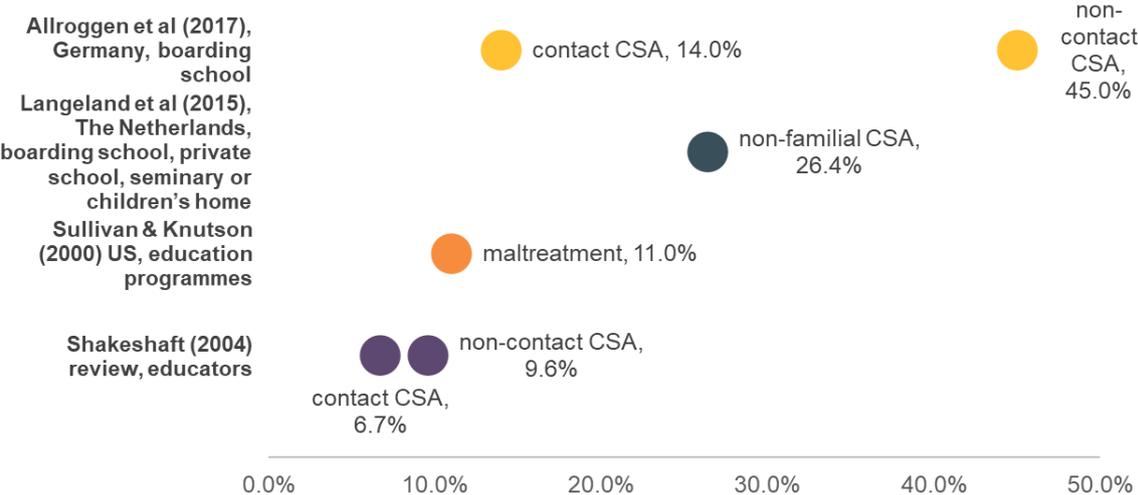
Education settings prevalence estimates

Boarding at non-faith-based schools

Figure 20 shows the four education setting studies which met our criteria (Allroggen et al., 2017; Langeland et al., 2015; Shakeshaft, 2004; Sullivan & Knutson, 2000). Based on the lowest boarding school-focused prevalence, we use 26.4%. For the highest boarding school prevalence, we use 45%.



Figure 20: Non-faith-based boarding schools²³



Residential special schools and residential health schools, and non-residential health schools

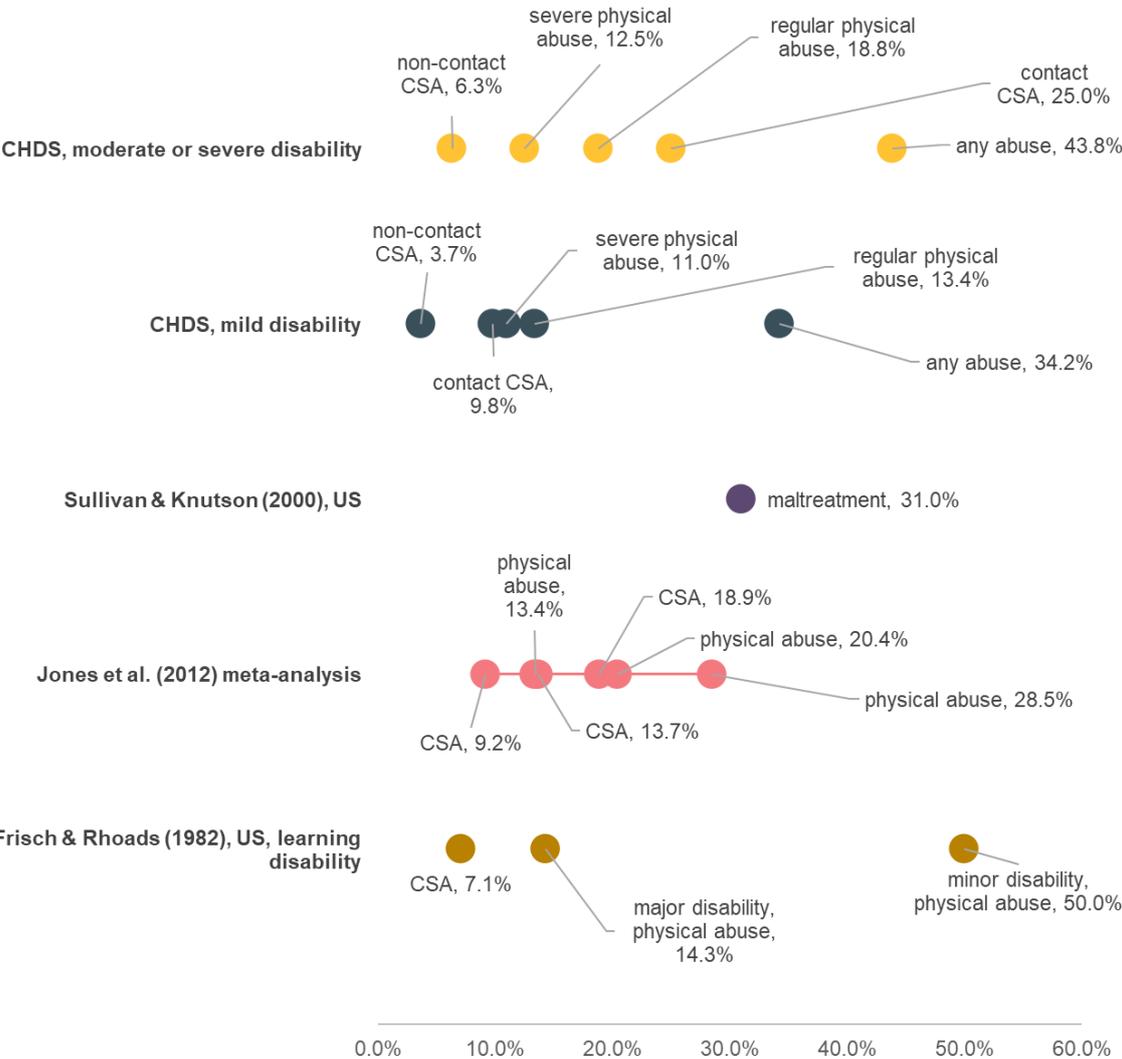
There were no studies which met our criteria that were specific to these settings. As a proxy we use studies related to disabled children in the general population as it is assumed that the special school and health school settings would be similar to mainstream schools in the way ‘care’ is provided. A number of studies find that disability can be related to higher risk of abuse. In Sullivan and Knutson’s (2000) study of children enrolled in education programmes in Nebraska, US between 1994 and 1995, children with impairments were 3.4 times more likely to be maltreated than those without. In an older study of children in Oahu, Hawaii abuse and/or neglect notifications were 3.5 times higher for children with learning problems than those who did not have developmental disabilities (Frisch & Rhoads, 1982).

We use 13.9% for lowest prevalence and 38.3% for the highest prevalence for these settings – based on averages of the lowest and highest prevalence in Figure 21 ((Frisch & Rhoads, 1982; Horwood, 2020; Jones et al., 2012; Sullivan & Knutson, 2000).

²³ Maltreatment in the Sullivan & Knutson (2000) study refers to neglect, sexual, physical and emotional abuse.



Figure 21: Disability prevalence



Health and disability settings prevalence estimates

Health and disability settings

There were no studies which met our criteria that were specific to this setting. As a proxy we use studies related to disabled children and disabled children in care. We use 10.5% for lowest prevalence and 34.2% for the highest prevalence for these settings. These are based on averages of the highest



and lowest prevalence in Figure 22 – this includes disability in care prevalence from CHDS (Horwood, 2020) and Euser et al. (2016).

Figure 22: Disability, and disability in care, prevalence



Faith-based settings prevalence estimates

We were unable to find any studies or data that met our criteria for inclusion. Some studies have focused on priests or caregivers as the case of interest, but because of the nature of these studies it is not possible to translate their data into estimates of survivor prevalence for our purposes. This is not a



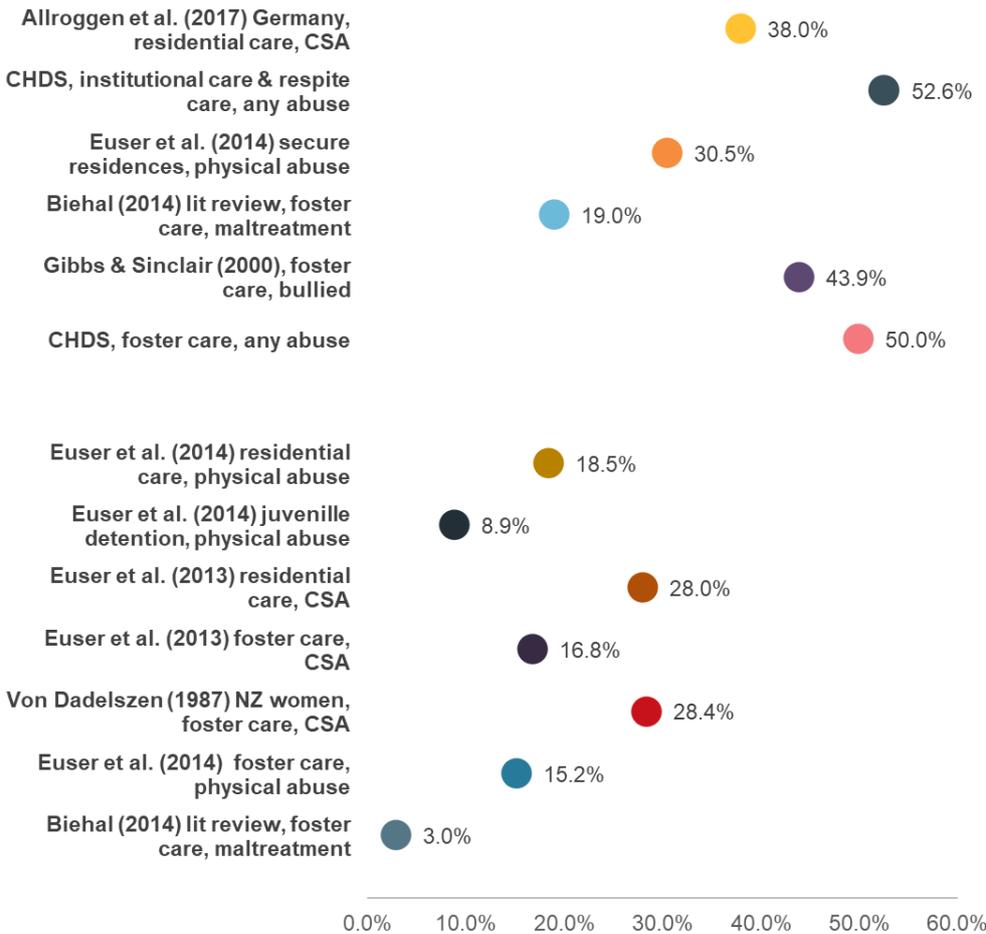
weakness in the data or the methodologies – it just reflects that the other studies undertook their work for a different purpose – and the results cannot be repurposed for our needs.

With no specific data for faith-based prevalence, we have used data from comparable settings that have included both faith-based and non-faith-based prevalence.

Faith-based residences, children’s homes, orphanages, and foster homes

We use as a proxy the average of the lowest and highest relevant prevalence from studies in care & protection, youth justice and foster care settings (Figure 23). The low prevalence rate is 17.0% and the high rate is 39.0%.

Figure 23: Care & protection, youth justice and foster care prevalence – used as a proxy



Faith-based residential disability care settings

We used the range established by the disability and disability in care studies. This is 10.5% for lowest prevalence and 34.2% for the highest prevalence. (See Figure 22).

Faith-based boarding schools

We used the range established in the non-faith-based boarding schools. This is 26.4% for the lowest prevalence and 45.0% for the highest prevalence. (See Figure 20).

Other prevalence rates established in the literature

Gender

While the data we've been able to collate on the cohorts in different settings has usually not been available by gender, the research suggests that females tend to experience CSA more than males ((Barth et al., 2013; Bell et al., 2019; Kelly & Karsna, 2018; Shakeshaft, 2004; van Roode et al., 2009)). Figure 24 and Figure 25 show prevalence of CSA and physical abuse by gender, for the studies which met our criteria. The research also suggests that rural locations are a potential risk factor (Fanslow et al., 2007), and while males tend not to experience CSA, compared with females, they can take longer to divulge and report it to authorities or others. The Australia Royal Commission reported that survivors who spoke with them during private sessions took on average 23.9 years to tell someone about CSA, and men often took longer to disclose than women (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017).



Figure 24: Childhood sexual abuse prevalence in the population, by gender

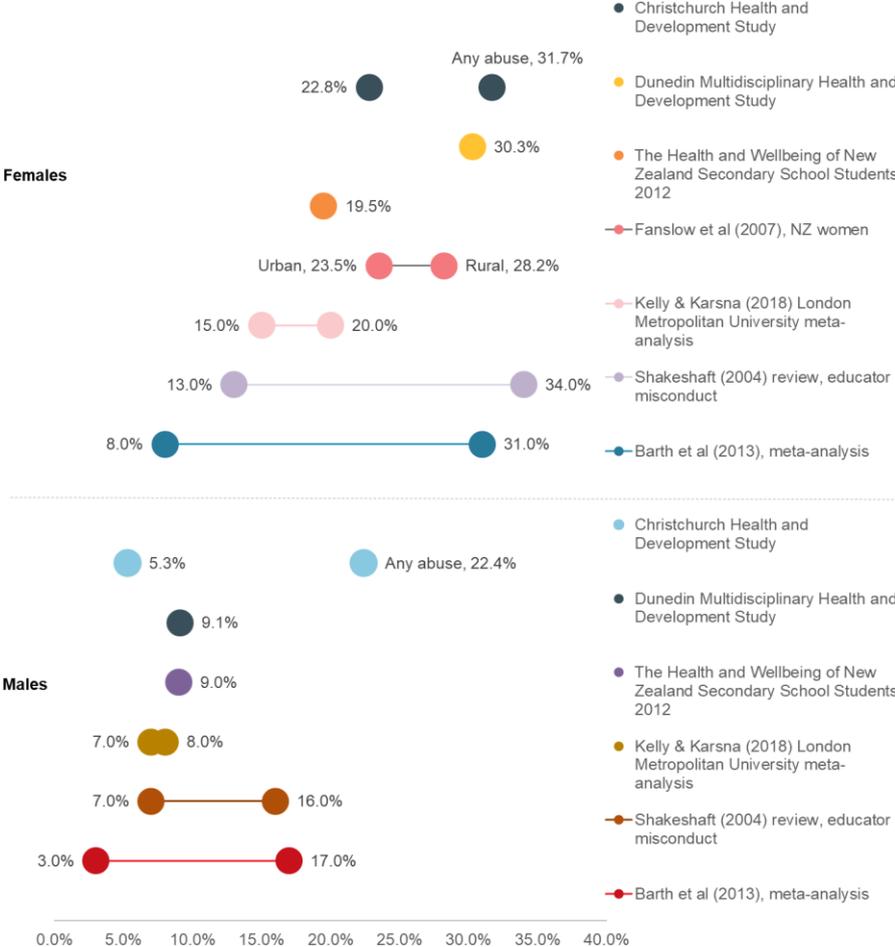
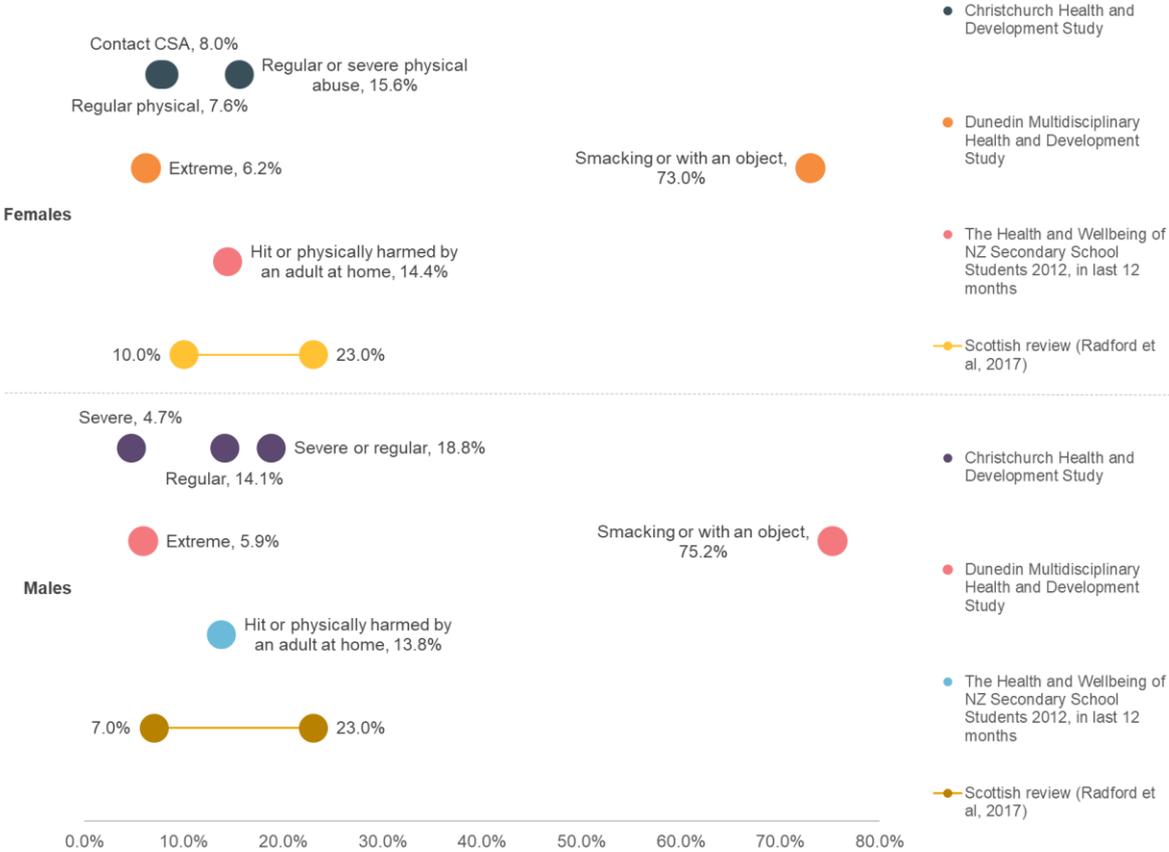


Figure 25: Physical abuse prevalence, by gender



Ethnicity

For physical abuse, the CHDS was the only study that had data on ethnicity. However, the very low numbers of Māori and Pacific participants in the study means that the data would not provide a fair reflection of ethnicity across the settings in our study.



Description of the types of abuse in scope of the studies used in this analysis

The following table shows the definitions of abuse covered under each of the studies contributing to our low and high estimates of the prevalence of abuse.

Table 17: Description of the types of abuse within scope of the studies used to estimate our low and high prevalence estimates

| Section | Highs and lows | Studies | Definition of abuse in study |
|------------|--|-----------------------------|---|
| Population | 6.0% and 26.7% for the prevalence of abuse. The low (6.0%) is from the Scottish review (Radford et al., 2017), and the high (26.7%) is an average of the highest relevant percentages from the four studies which met our criteria (Carroll-Lind et al., 2011; Horwood, 2020; Millichamp et al., 2006; Radford et al., 2017) | (Radford et al., 2017) | Literature review which presented a useful summary of ranges among prevalence and incidence rates of child abuse on 31 studies reviewed as part of a determining global prevalence rates. The 6 – 23% we used is from lifetime rates for females and males of physical abuse from a caregiver. We note that 12 – 25% is cited as the range for any child maltreatment, which is within the final range we used. |
| | | (Carroll-Lind et al., 2011) | National survey of New Zealand children aged 9 to 13 years, with a representative sample of 2,077 children from 28 randomly selected schools of various sizes, geographic areas and socio-economic neighbourhoods. Asked whether or not they had either directly or indirectly experienced physical, sexual or emotional violence at some time in their lives. 11% childhood sexual abuse: sexual violence was defined as “having unwanted sexual touching or being asked to do unwanted sexual things”. 22.7% direct experience of physical violence at home. Physical violence was defined as “being punched, kicked, beaten or hit, or getting into a physical fight (punch-up)”. |
| | | (Horwood, 2020) | The researchers provided customised data which aggregated abuses to determine “any abuse”. Abuses were determined by: <ul style="list-style-type: none"> • Childhood sexual abuse – Participants were questioned on a series of 15 items reflecting different types of unwanted sexual experience ranging from episodes of non-contact abuse (eg indecent exposure); through various forms of inappropriate sexual contact; to incidents involving attempted/completed sexual penetration. Using these data participants were classified into four groups reflecting the most severe form of abuse reported at either age 18 or 21. These groups were: no abuse; non-contact abuse only; contact abuse not involving attempted/completed sexual penetration; attempted/completed sexual penetration (4-6). For the purposes of this study, we were provided with data where the second (non- |



| Section | Highs and lows | Studies | Definition of abuse in study |
|--|--|---------------------------|---|
| | | | <p>contact) and third (contact not involving attempted/completed penetration) groups have been combined.</p> <ul style="list-style-type: none"> Childhood physical abuse: Participants reported the extent to which their parents had used physical punishment during childhood (prior to age 16). The data we were provided with grouped participants were classified into three groups based on the most severe form of physical abuse/punishment reported at either age 18 or 21. These groups were: (1) parents never used physical punishment or parents rarely used physical punishment; (2) at least one parent regularly used physical punishment; (3) at least one parent used physical punishment frequently, or treated the participant in a severe/harsh manner. |
| | | (Millichamp et al., 2006) | <p>Dunedin Multidisciplinary Health and Development Study</p> <p>A cumulative exposure score for each child in the study by counting the number of maltreatment indicators (from 0 to 5)²⁴ and children were classified by 'no maltreatment' (no indicators), 'moderate maltreatment' (1 indicator) and severe maltreatment (2 to 5 indicators).</p> <p>Indicators in the first decade of life were based on assessments of (1) staff-observed maternal rejection at age 3 years; (2) parent-reported harsh discipline at ages 7 and 9 years; parents scoring in the top decile of the distribution were classified as unusually harsh; (3) 2 or more changes in the child's primary caregiver up to age 11; (4) exposure to physical abuse prior to age 11, retrospectively reported by study members at age 26 assessment; and (5) exposure to sexual abuse prior to age 11, retrospectively reported by study members at age 26 assessment.</p> |
| Social welfare: Youth justice and Care & protection residences | Based on the average of the lower and upper bound prevalence estimates set out in the studies which met our criteria, we use 18.5% for lowest prevalence and 40.4% for the highest prevalence. | (Euser et al., 2014) | Physical abuse: defined as every form of intentional physical abuse by an adult with or without an object, weapon or substance, and which causes or is liable to cause serious physical or psychological harm to the minor. This definition is based on the definition used in the fourth United States' National Incidence Study. |
| | | (Euser et al., 2013) | Childhood sexual abuse: defined as every form of sexual interaction with a child between 0 and 17 years of age against the will of the child or without the possibility for the child to refuse the interaction. Such interactions can be with or without physical contact, such as penetration, molestation with genital contact, child prostitution, involvement in pornography, or voyeurism, and refer to sexual acts by adults as well as peers. |

²⁴ Indicators in the first decade of life were based on assessments of (1) staff-observed maternal rejection at age 3 years; (2) parent-reported harsh discipline at ages 7 and 9 years; parents scoring in the top decile of the distribution were classified as unusually harsh; (3) 2 or more changes in the child's primary caregiver up to age 11; (4) exposure to physical abuse prior to age 11, retrospectively reported by study members at age 26 assessment; and (5) exposure to sexual abuse prior to age 11, retrospectively reported by study members at age 26 assessment.



| Section | Highs and lows | Studies | Definition of abuse in study |
|---|--|----------------------------|--|
| | | (Horwood, 2020) | Any abuse. As above. |
| | | (Allroggen et al., 2017) | Sexual victimisation: three categories divided by severity: (1) "sexual harassment" (confronting others with pornographic material or sexually explicit messages via internet, cell phone or direct contact), (2) "assaults without penetration" (masturbation in front of others, sexually touching breast, buttocks or genitals) and (3) "assaults with penetration" (sexual assaults with (attempted) penetration by fingers, tongue, objects or penis). The lifetime prevalence of all violent sexual experiences and the related circumstances were recorded. |
| Social welfare: Other State wards | We use 15.9% for lowest prevalence and 37.6% for the highest prevalence | (Euser et al., 2013) | Childhood sexual abuse. As above. |
| | | (Von Dadelszen, 1987) | Childhood sexual abuse. |
| | | (Euser et al., 2014) | Physical abuse. Above. |
| | | (Biehal, 2014) | Literature review. Maltreatment. Depending on the studies this ranges from "gross abuse to relatively minor incidents". Includes physical, emotional and sexual harm, as well as carers coping poorly with the children's relationship and behavioural disturbances. |
| Education: Residential special schools and residential health schools, and non-residential health schools | We use 13.9% for lowest prevalence and 38.3% for the highest prevalence for these settings | (Sullivan & Knutson, 2000) | Maltreatment. Information recorded included: the types of abuse (consistent with the Interagency Task Force on Research Definitions of Maltreatment), and a rating of the severity of maltreatment. |
| | | (Jones et al., 2012) | Violence: physical violence, sexual violence, emotional abuse, neglect and any violence. Neglect includes lack of supervision, medical neglect, inadequate housing, hygiene neglect, no response on attempt to interact with parents. |
| | | (Frisch & Rhoads, 1982) | Abuse and neglect resulting in a notification to Children's Protective Services Center. |
| | | (Horwood, 2020) | Any abuse. As above. |
| Education: Boarding at non-faith based schools | Based on the lowest boarding school-focused prevalence, we use 26.4%. For the highest boarding school prevalence, we use 45.0% | (Langeland et al., 2015) | Non-familial childhood sexual abuse. |
| | | (Allroggen et al., 2017) | Non-contact childhood sexual abuse. See above. |
| Health and disability settings | We use 10.5% for lowest prevalence and 34.2% for the | (Jones et al., 2012) | Physical violence, sexual violence, emotional abuse, neglect and any violence. As above. |
| | | (Frisch & Rhoads, 1982) | Abuse and neglect. As above. |



| Section | Highs and lows | Studies | Definition of abuse in study |
|--|--|---|---|
| | highest prevalence for these settings | (Euser et al., 2016) | Childhood sexual abuse. |
| | | (Sullivan & Knutson, 2000) | Maltreatment. As above. |
| | | (Horwood, 2020) | Any abuse. As above. |
| Faith-based settings: faith-based residences, children's homes, orphanages, foster homes | The lowest prevalence is 17.0% and the highest is 39.0% | (Euser et al., 2014) | Physical abuse. As above. |
| | | (Euser et al., 2013) | Childhood sexual abuse. As above. |
| | | (Von Dadelzen, 1987) | Childhood sexual abuse. As above. |
| | | (Biehal, 2014) | Maltreatment. As above. |
| | | (Allroggen et al., 2017) | Non-contact childhood sexual abuse. See above.. |
| | | (Horwood, 2020) | Any abuse. As above |
| | | (Gibbs & Sinclair, 2000) | Bullied. Interview question referred to attempts at bullying in the home by other residents. Relies on the respondents' account of their experience. Justification of this approach is provided both by the association of bullying with misery, and by the literature on the validity of self-reports of bullying. |
| Faith-based settings: Faith-based residential disability care settings | 10.5% for lowest prevalence and 34.2% for the highest prevalence | See Health & disability settings above | |
| Faith-based settings: Faith-based boarding schools | 26.4% for the lowest prevalence and 45.0% for the highest prevalence | See Educational settings (boarding schools) above | |



APPENDIX 2: DESCRIPTION OF METHODOLOGY AND DATA SOURCES

Our methodology uses two ways to calculate the numbers of people who have suffered abuse. The first is our main estimate, called the ‘top down’ approach. The second is a supporting estimate, called the ‘bottom up’ approach. In this Appendix we describe each of these methodologies in more detail.

Top-down approach

The ‘top-down’ approach starts with an estimate of the number of people in State and faith-based care (in a range of settings) between 1950 and the present day – ‘the Cohort’ – and uses data on the prevalence of abuse (from New Zealand and international studies) to estimate the percentages of the Cohort who may have been abused.

The data inputs into this method are (a) estimates of the size of the Cohorts in each setting, between 1950 and now, and (b) estimates of the prevalence of abuse within each of these settings.

The settings we have measured – compared to the settings within the Royal Commission’s Terms of Reference

The settings we have been able to measure have been constrained by the availability of data and the project timeframes.

Paragraph 17.3 of the Royal Commission’s Terms of Reference describes what is meant by ‘State-care’ and the settings in which this care is provided.²⁵ Below we have highlighted and underlined, within the wider terms of reference, the specific parts of the settings we have measured:

(c) *for the purpose of this inquiry, ‘State care’ (direct or indirect) includes the following settings:*

(i) *social welfare settings, including, for example:*

(A) **care and protection residences and youth justice residences:**

(B) **child welfare and youth justice placements, including foster care and adoptions placements:**

(C) *children’s homes, borstals, or similar facilities:*

(ii) *health and disability settings, including, for example:*

(A) **psychiatric hospitals or facilities (including all places within these facilities):**

²⁵ Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions, 2018. Terms of Reference. <https://www.abuseincare.org.nz/library/v/3/terms-of-reference>



(B) residential or non-residential disability facilities (including all places within these facilities)²⁶:

(C) non-residential psychiatric or disability care:

(D) health camps:

(iii) educational settings, including, for example:

(A) early childhood educational facilities:

(B) primary, intermediate, and secondary State schools, including **boarding schools**:

(C) **residential special schools** and regional health schools:

(D) teen parent units:

(iv) transitional and law enforcement settings, including, for example:

(A) police cells:

(B) police custody:

(C) court cells:

(D) abuse that occurs on the way to, between, or out of State care facilities or settings.

Paragraph 17.4 states: “In the care of faith-based institutions means where a faith-based institution assumed responsibility for the care of an individual, including faith-based schools ...”. The paragraph also states “care provided by faith-based institutions excludes fully private settings, except where the person was also in the care of a faith-based institution”.

For faith-based settings we have measured people in:

- Faith-based residences, children’s homes, orphanages and foster homes
- Faith-based residential disability care settings
- Faith-based boarding schools.

Our methodology is set out below under the key settings: Social Welfare, Education, Health and Disability, and Faith-based settings.

Annual rolls – and annual cohorts

Much of the data provided to us by the Crown and Faith-based entities came in the form of annual rolls of people, or point-in-time estimates of the people resident in an institution. These numbers differ to the count of individual people who have passed through the setting, because some people will stay in a setting for a matter of weeks or months, and others for a number of years.

²⁶ This setting is included within our Social Welfare settings, rather than the Health and Disability settings.



Where roll-based data was provided, we have derived an estimate of the annual 'first-admissions' of people entering the setting for the first time. We do this by applying an estimate of the average time in care for each group of people, with the result being the annual cohort of people in each of the settings.

In some settings, such as Health and Disability, first admissions data was directly available and no conversion was required.

Social welfare settings

Annual rolls of people in care

The annual count of people in social welfare settings have been measured in two groups, Youth Justice and Other State Wards:

- **Youth justice**
 - Between 1950 and 1989: data is sourced from the Ministry of Social Development (MSD) through Section 20 notices. Specifically, the numbers in care and protection and youth justice residences are the difference between the following series:
 - Institutions administered by DSW (Child Welfare pre 1972) or Department of Justice (originally sourced from Statistics NZ Yearbooks) – years ended 31 December
 - Total Department of Social Welfare (DSW) residential (provided to the Royal Commission by MSD), lagged by one year to account for this data being provided as March year-end figures.
 - Between 1989 and 2006 the data was no longer reported in the Statistics New Zealand Yearbooks.
 - Between 2006 and 2019: data is sourced from some sparse data on numbers in youth justice residences (2006–09, 2012, and 2018–19) from Oranga Tamariki statistics and annual reports. Gaps in this data have been linearly interpolated.
 - No data is available to allow us to distinguish between youth justice placements and residences.
- **Other state-wards (including care and protection residences and placements and foster care)**
 - Between 1950 and 2006: data is sourced from the Ministry of Social Development through Section 20 notices. This data reports "Total state-wards at 31 March." Youth justice figures (discussed above) are additional to these figures. Data is lagged by a year to convert March years to calendar years.
 - Between 2007 and 2019: data is sourced from Oranga Tamariki statistics and annual reports.
 - Gaps in this data have been linearly interpolated.
 - The data shows that foster care is the largest portion of the settings (eg on average 74% of total state-wards between 1950 and 1989).



- 'Other state-wards' includes DSW/MSD care and protection residences (short- and long-stay), and care in private homes (foster care, kin care etc).
- Reporting of this data varied greatly over the period 1950–2019, including several years with no data (eg in the 1990s), and many years where only the “Number in the care of the CE” was reported.

Conversion from roll data to annual cohorts – based on average time in care

We have calculated the average time in care for each of our social welfare settings based on data provided by Oranga Tamariki:

- **Youth justice**
 - Oranga Tamariki provided operational data on the average duration of youth justice care for fiscal-years 2002–19. The average duration of care over this period was 108 days (0.30 years).
- **Care and protection**
 - Oranga Tamariki provided operational data on the average duration of care and protection for fiscal-years 2002–19. The average duration of care over this period was 710 days (1.94 years).

The annual averages of duration of care were relatively stable from 2002 to 2019. In the absence of any alternative data, we have therefore applied these average year estimates across the entire study period from 1950 to 2019.

Education settings

Annual rolls of people in care

Our count of the numbers of people in education settings focuses on settings with a residential component (eg boarding schools) and special schools. We have not included children in early childhood education centres, primary and secondary schools, as this would effectively include almost all of New Zealand’s population.

The annual rolls of students in education settings have been extracted from the following sources:

- **Residential special schools**
 - Between 1950 and 1989: from Statistics NZ Yearbooks, reported in several ways and levels of disaggregation.
 - Between 1996 and 2019: from Education Counts, school rolls by school sector tables (special schools). Note that only some special schools have a residential facility – to estimate the portion of students in residential facilities, data on roll numbers was compared with residential capacity of these schools (sourced from school websites and Education Review Office (ERO) reports). Where the school roll exceeded the stated capacity, the roll was reset to the capacity figure.



- Between 1990 and 1995: data was linearly interpolated.
- **Non-residential special schools**
 - Between 1996 and 2019: from Education Counts, school rolls by school sector tables (special schools). Non-residential special schools are total rolls at special schools, less residential special schools.
 - Between 1950 and 1995 no data was available. These numbers were relatively small, so we have adopted an approach similar to that described below for boarding schools and assumed that the annual rolls in the early years are the same as the roll in the closest year of data, 1996.
- **Non-religious boarding schools**
 - Between 2009 and 2019: data on the numbers of boarding students, by school, by year were requested from the Ministry of Education. Data was provided for boarding and non-boarding students. Obvious data gaps and inconsistencies in this data was corrected, and numbers of boarding students were cross tabulated by school sector (primary, secondary, composite, and special), school affiliation (religious, organisational, and no affiliation), and year. Data presented in this category are for students at non-religious boarding schools (with religious boarding school data included in the Faith-based settings).
 - Between 1999 and 2008: data on numbers of boarding students were extended back to 1999 using total roll numbers of schools with a boarding facility (from education counts) as an explanatory variable.
 - Between 1950 and 1998 no data was available: We investigated using a population-based estimate for this data, with this lowering the cohort in the early years. However, this did not match other data that indicated there may have been more students in boarding schools in the earlier years of the study. In the absence of a conclusive argument either way, we have assumed that the annual rolls in the early years are the same as the roll in the closest year of data, 1999.

Conversion from roll data to annual cohorts – based on average time in care

The average time in care for education settings was estimated by using school roll data from Education Counts (1996–2019).

- Student numbers were cross-tabulated by school type, year level (1–15), and year.
- For each year level, the number of ‘years at school’ was assumed (ie Year 1 is 1 year... Year 6 is 6 years etc).
- For each year, and school type, we calculated a weighted average of ‘years of school’ in each year level. These averages were relatively flat across the timeseries (1996–2019), so we have used a single rate for the time-series for each type of school.
- On this basis the average time in care for boarding schools was 3.85 years, and for special schools was 8.21 years.



Health and disability settings

The number of people in the health and disability settings focused on those in mental hospital and psychiatric care. Reliable information was unable to be sourced for non-residential psychiatric or disability care, and health camps. Data on residential and non-residential disability facilities was also excluded from the Health settings cohorts as a portion of this information was able to be captured within special schools (in the Education settings) and within the Faith-based disabled care settings.

First admissions cohorts

- **Psychiatric hospitals or facilities (including non-psychiatric):**
 - Inpatient cohorts from 1950 to 1993 – figures are based on “first admissions” data for those entering psychiatric hospitals or facilities (including non-psychiatric), which was extracted from New Zealand Yearbooks for that period.
 - Inpatient cohorts 2004 to 2017 – data was compiled from the Office of the Director of Mental Health and Addiction Services Annual Reports for 2004-2017, together with additional data provided to us by the Ministry of Justice which expanded some of the tables in the Annual Reports. The data comprised:
 - first admissions for compulsory inpatient treatment orders
 - applications for committal or detention under the Alcoholism and Drug Addiction Act 1966
 - numbers of special and restricted patients.
 - No data was available between 1993 and 2004. However, because of the significant changes in the treatment of people over this time, we considered the interpolation of this data in two ways. Firstly, we measured the ongoing decline in institutional bed numbers (due to closure of many of the facilities) from 1993 to 2003 (see Figure 8: Bed numbers at psychiatric hospitals in New Zealand, by decade) – and we applied this declining trend to the 1993 first admissions. Secondly, we applied a linear trend backwards from 2004, and ensured a meaningful transition from one series to the next.
 - For 2017 to 2019, we also applied a linear trend based on the five years of data from 2013 to 2017.

Faith-based settings

Faith-based cohort figures have been estimated for a total of 135 identified places of care – comprising children’s homes, orphanages, borstals, hostels, family homes and foster homes, as well as disabled or disturbed children’s residences. Cohorts have also been included for religious boarding schools.

Due to lack of data, the numbers exclude wider care settings within the church, such as Sunday schools and youth groups, and programs run or affiliated by a church or other religious group such as holiday programs. Very little information was available for these activities, particularly over the period 1950 to 1999. The information that was available suggests the wider faith-based care settings would



probably comprise thousands of children each year, but these figures are not robust enough to include in the analysis.

Consistent with the methodology in the Education settings, we have excluded children in education – except for those in boarding and special schools.

In collating these 135 places of care, we have removed all institutions that would have been included in the State care cohorts.

Annual rolls of people in care

- **Residences, children’s homes, orphanages, foster homes, and hostels (129 places of care):**
 - Annual roll and institution information was sourced from section 20 information provided by faith-based institutions as well as information compiled by the Royal Commission. The Royal Commission data included (for some institutions) the operational period, capacity, type of care provided, the number of individuals that may have been cared for and the typical length of stay ('long', 'short' and 'mixed').
 - A small number of places also had actual admissions numbers for the majority of their operating period. This data was used in its raw form without the need to convert it from an annual roll.
 - Suitable roll and/or capacity data was available for 44 places of care (34% of the total 129). A further 85 places of care had limited or no information. This presented a sizeable gap, which we filled on a pro-rata basis using the averaged data from the 44 places of care. We used this method on the basis that our review of the descriptions of all of the sample of places of care showed that the nature of the places was similar across both the 44 with data and the 85 without.
- **Residential disability care settings (6 places of care):**
 - Disability care settings included homes for disturbed children, those with behavioral problems and those with disabilities. To count these people we used a methodology consistent with that described above for residences, children’s homes, orphanages, foster homes and hostels. In this case we had 4 places with good data (67% of 6) and we estimated the additional numbers for the remaining 2 on a pro-rata basis.
- **Boarding schools:**
 - Consistent with our approach for non-religious boarding schools, data was sourced from the Ministry of Education. Total roll numbers were provided from 1999-2019, and boarder numbers from 2009-2019. Obvious data gaps and inconsistencies in this data was corrected.
 - Between 1999 and 2008: data on numbers of boarding students were extended back to 1999 using total roll numbers of schools with a boarding facility (from education counts) as an explanatory variable.
 - Between 1950 and 1998: we have no specific data for boarding school rolls. Consistent with the methodology adopted for boarding schools in the Education settings, we have assumed



that the annual rolls in the early years are the same as the roll in the closest year of data, 1999.

Other assumptions:

For residences, children's homes, orphanages, foster homes and residential disability care settings:

- Where information on the total number of children that were admitted into a specific place of care was only provided in total for a number of years, this has been split evenly over those years.
- If a capacity range was provided the mid-point of this range was used.
- Unless otherwise stated, the average length of time in care is assumed to be 'long' for children's homes, family homes, orphanages, residential disability settings, 'mixed' (both long and short) for foster homes, and 'short' for hostels and other temporary accommodation.
- The average length of time in care for a 'long' stay is 2.5 years (30 months), 'short' stays are for 4 months, and 'mixed' stays are for approximately 9 months. This is based on evidence derived from a small number of institutions.

For boarding schools:

- Boarders spend approximately 3.85 years at a boarding facility. This is the same as the assumption applied for non-religious boarding schools.
- Boarders as a portion of total boarding school roll numbers are consistent over time, based on 2009 figures.

Key limitations

The information provided to us identifies 135 places of faith-based care residences, homes, orphanages, foster homes and disability care settings in New Zealand between 1950 and 2019 (although these are mainly from 1950-1999). We suspect that there are many more places of care than this over the period.

Bottom up approach

The 'bottom-up' approach starts with the number of people in State and faith-based care (in a range of settings) between 1950 and 2029 who have identified that they have been abused in care – the 'known' survivors of abuse. The additional 'suspected' survivors of abuse are then estimated using assumptions around the proportion of crime that goes unreported in New Zealand.

The following sections describe the data sources behind the estimates of the 'known' survivors of abuse, and the assumptions around the portion of unreported crime in New Zealand.

Social Welfare settings

The number of people abused in social welfare care settings was sourced from information provided by MSD in response to Section 20 Notices. This data provided information on the allegations of abuse, including the type of abuse experienced, the care setting, the period in care, as well as information on the alleged perpetrator, and their relationship to the claimant. Where possible, this data was spread



across the decades using the first year in care as a proxy. Many of the alleged abuses had no data on the period of care, so these were spread across the decades based on the pattern of known abuses.

Education settings

The number of people abused in education settings was sourced from information provided by the Ministry of Education (MoE) in response to Section 20 Notices. This data provided information on the allegations of abuse, including the date of birth, sex, ethnicity, and disability status of the claimant, plus the School(s)/location(s) and the year(s) when abuse occurred. There was also a separate sheet of data that related to joint MSD/MoE claims (with the same variables provided) – all the claims on this sheet related to Campbell Park School (in North Otago, closed in 1987).

All the variables within the data had large portions of missing/unknown values. Where the year in which abuse occurred was unknown, abuses were spread over the decades based on the pattern of known abuses.

Health and disability settings

Data from the Ministry of Health (MoH) that was provided in response to Section 20 notices was used to estimate the numbers of known claimants of abuse. Numbers were calculated using three main sources of information from the Ministry:

- *Crown Health Funding Agency's (CHFA) Plaintiff's Offer Database (as at 27 June 2012)*: which lists details of those who lodged a claim with the agency between January 2012 and May 2014. It is assumed that all these alleged abuses occurred within mental hospitals. There was no data on the date abuse occurred for each claim in this source, however another PDF document titled '*Mental health claims - information taken from statements of claim*' from the Ministry mainly replicated the people recorded in the CHFA numbers and provided dates of abuse or admissions.

We noted these dates against existing claimants. For some claimants, the approximate date of abuse was recorded, but for most we have recorded the year of first admission. These dates enabled us to allocate the instance of abuse to a specific decade. Claims without dates (17%) were allocated to decades to match the pattern of known dates.

- *Civil Claims Received by Ministry of Health from 2013 to Current day*: contains all claims MoH has received since 2013 that relate to abuses prior to 1993. It is assumed that all these alleged abuses occurred within Mental Hospitals. The dates of abuse were not recorded in this data, so claims were allocated to decades to match the pattern of known dates from CHFA claimant's data.
- *Centralised Lake Alice claimant's spreadsheet*: is a centralised list held by MoH that details claims received from Lake Alice Psychiatric Hospital patients who received treatment in the Child and Adolescent Unit at the Hospital between 1972 and 1978.

Each document was searched to remove instances of double-counting across the three sources. No further adjustments were made to the data.



Faith-based settings

Care institutions, homes, facilities, schools:

- Complaints data in the period when abuse was alleged to have occurred was provided by the Catholic Church. This was summed into corresponding decades, with unknown figures apportioned to decades following the same pattern as known data. Complaints were then converted into the number of complainants, using the ratio of complaints to complainants (which was able to be calculated from some of the data).
- Complaints data for 7 children's homes from the Salvation Army was apportioned to decades based on the operating period of the home and the pattern of complaints information from the Catholic Church.
- The Anglican Church also provided allegations from individuals for specific years (or a range of years) across these settings.

Wider care settings:

- A summary of complaints of abuse in 'wider care settings' (no definition provided but assumed to be Sunday school, youth groups, holiday programmes and similar settings linked to the church) from 1950-1999 was provided by the Catholic Church. This was apportioned to decades based on the pattern of complaints in care institutions, homes, facilities and schools over the same decades.
- Complaints in each decade were then converted to the numbers of those abused based on the ratio of complaints to complainants for 'wider care settings' based on the available information.
- The Anglican Church also provided allegations from individuals for specific years (or a range of years).

Unreported crime

Data on unreported crime (used to estimate 'known', plus 'suspected' survivors of abuse) was sourced from the 2014, and 2019 NZ Crime and Victims Surveys (Ministry of Justice, 2014 and 2019), and the Crime Survey for England and Wales (2018/19). The following findings from these reports are relevant to our calculations:

- 2018-19 NZ Crime and Victims Survey states that only 25% of crime in New Zealand is reported to the Police²⁷
- 2014 NZ Crime and Safety Survey reports that, in 2013, people aged 15 to 19 years old were less likely to report an incident to the Police (18% compared with the NZ average of 31%)²⁸

²⁷ Ministry of Justice, 2019. NZ Crime and Victims Survey, 2019. <https://www.justice.govt.nz/assets/Documents/Publications/NZCVS-Y2-core-report-for-release.pdf>

²⁸ Ministry of Justice, 2014. NZ Crime and Safety Survey, 2014. <https://www.justice.govt.nz/assets/Documents/Publications/NZCASS-201602-Main-Findings-Report-Updated.pdf>



- Crime Survey for England and Wales (2018/19) - In the year ending March 2018, the CSEW showed that 10% of violent incidents experienced by children aged 10 to 15 years were reported to the police.²⁹

Most of the known claimants of abuse were young when the abuses occurred (ie closer to 15-19 or 10-15 years old than older age groups). Therefore, we have used a range of 10% to 18% for the percentage of crime reported for our bottom-up calculations.

²⁹ Office of National Statistics (UK), 2019. Crime Survey for England and Wales, 2018/19.
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingdecember2019>



APPENDIX 3: DEMOGRAPHICS OF PEOPLE REGISTERED WITH THE ROYAL COMMISSION AS SURVIVORS OF ABUSE

This section describes the demographics of the group of people who have registered with the Royal Commission as survivors of abuse in care. In total, 1,332 people have registered with the Royal Commission (as at July 2020), and for those that have reported the settings of abuse, around 17% of the registrations have been solely associated with faith-based care – and a further 9% have been associated with both faith-based and State care.

These 1,332 people have notified the Royal Commission of 1,952 abuse events. The abuse events counted here do not include all instances of abuse suffered by the survivors. They reflect abuse of an individual of different types (for example, physical or sexual) or abuse of an individual in different institutions. In reality, many survivors of abuse have experienced multiple types of abuse and reported suffering abuse over multiple decades.

As noted in the body of the report, we have not explicitly included this data in our count of the known claimants of abuse. This is because we have separately sourced our claimant data from State and faith-based institutions, and we do not have a basis for identifying if the people registered with the Commission have already been included in that data. Because our State and faith-based dataset is larger than the Commission’s registrations, we have used the more complete dataset for the purposes of our report. In doing this we remove any chance of double counting across the two set of data.

People registered with the Royal Commission by gender and by ethnicity

Table 18 and Figure 26 below show the breakdown of the people registered with the Royal Commission by gender and by ethnicity. As at July 2020, 1,332 people have registered with the Royal Commission as survivors of abuse in care, including 760 men (57 percent) and 572 women (43 percent). Of these 1,332 people: 429 were Māori (32 percent); 13 were Māori and Pacific people (1 percent); 13 were Pacific Peoples (1 percent); and 550 were other ethnicities (41 percent). Other ethnicities include European and other ethnicities. An additional 327 people (25 percent) did not provide their ethnicity to the Royal Commission.

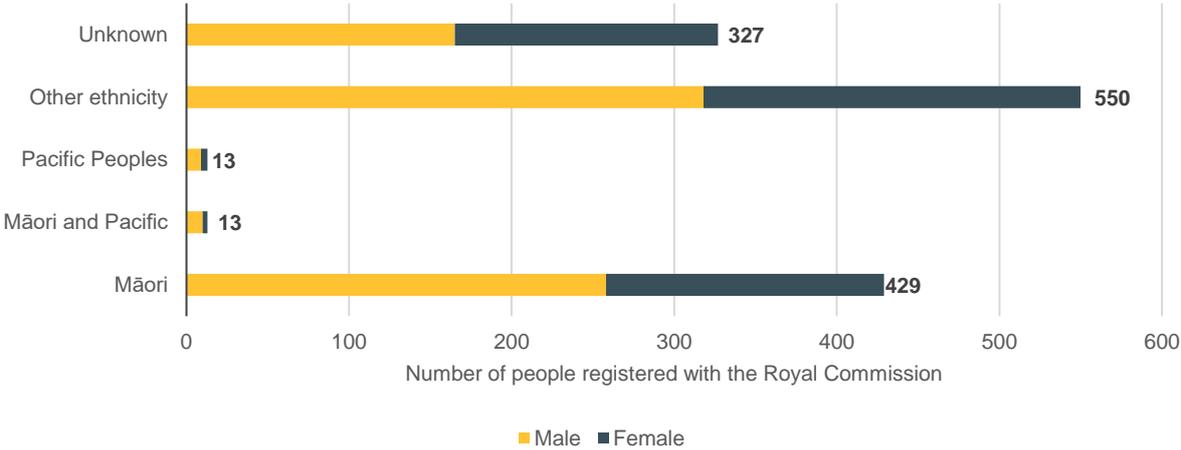


Table 18: People registered with the Royal Commission to July 2020 – by gender, by ethnicity

| Ethnicity | Male | Female | Total |
|-------------------|------------|------------|-------------|
| Māori | 258 | 171 | 429 |
| Māori and Pacific | 10 | 3 | 13 |
| Pacific Peoples | 9 | 4 | 13 |
| Other ethnicity | 318 | 232 | 550 |
| Unknown | 165 | 162 | 327 |
| TOTAL | 760 | 572 | 1332 |

Source: Royal Commission of Inquiry into Abuse in Care

Figure 26: People registered with the Royal Commission by gender, by ethnicity



Source: Royal Commission of Inquiry into Abuse in Care

Abuse events and demographics of people abused

In the following section we describe the numbers of people registered with the Royal Commission – and information on the numbers of these people by gender, by decade of abuse, by nature of abuse and by Māori/Non-Māori ethnicity.

In total, 1,952 abuse in care events have been registered with the Royal Commission by 939 individual survivors. Many of these people reportedly suffered multiple types of abuse, and many reportedly suffered abuse spanning multiple decades. There are also many missing values for some variables, with gender was the only variable that was completed for all people. Missing values have been recorded as 'Unknown'.

In comparison, 393 people who have registered with the Royal Commission have not registered abuse events. This occurs for a range of reasons, including that some of these people may not yet have had



a private session with the Royal Commission. These people have been included in the following tables as 'Unknown'.

People abused by gender, by decade of abuse

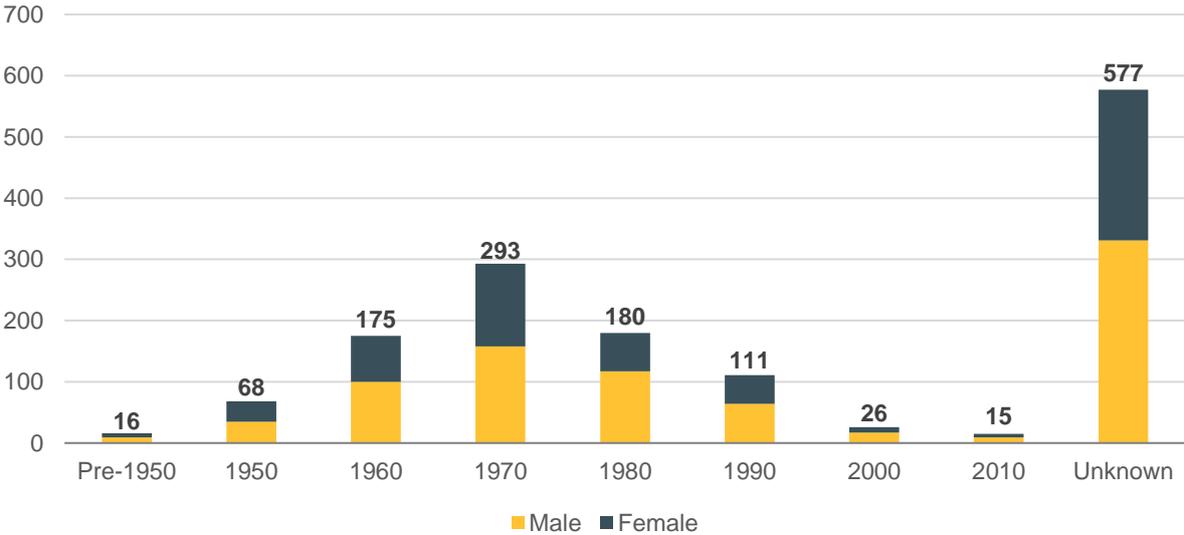
Table 19 and Figure 27 below show the distribution of numbers of people abused over time, including by decade of abuse. The chart below shows a similar trend in abuses over time to the data captured from State and faith-based organisations (through Section 20 Notices and other means) – with numbers of people abused peaking in the 1970s and declining thereafter.

Table 19: Numbers of people abused, by gender, by decade of abuse – registrations to July 2020

| Decade of abuse | Male | Female | Total |
|-----------------|------------|------------|--------------|
| Pre-1950 | 9 | 7 | 16 |
| 1950s | 35 | 33 | 68 |
| 1960s | 100 | 75 | 175 |
| 1970s | 158 | 135 | 293 |
| 1980s | 117 | 63 | 180 |
| 1990s | 64 | 47 | 111 |
| 2000s | 17 | 9 | 26 |
| 2010s | 9 | 6 | 15 |
| Unknown | 331 | 246 | 577 |
| TOTAL | 840 | 621 | 1,461 |

Source: Royal Commission of Inquiry into Abuse in Care

Figure 27: Numbers of people abused, by gender, by decade of abuse



Source: Royal Commission of Inquiry into Abuse in Care



People abused by gender, by nature of abuse

Table 20 and Figure 28 below show the numbers of people abused, by gender, by the nature of the abuse suffered. There were many missing values in this data and these are shown as 'Unknown' in the table and chart. In addition, many people did not specify an abuse type – with these shown as 'Not specified'.

Of the abuses where the type was specified, sexual (233, including non-contact) and physical abuse (222) were the most common types noted. By comparison, fewer occurrences of emotional/psychological abuse (136) and neglect (52) were recorded. This information should be interpreted with care since the distribution by type of abuse below may not reflect the actual occurrences of these kinds of abuse.

To July 2020, there have been 958 men and 704 women reporting abuses of these types to the Royal Commission.

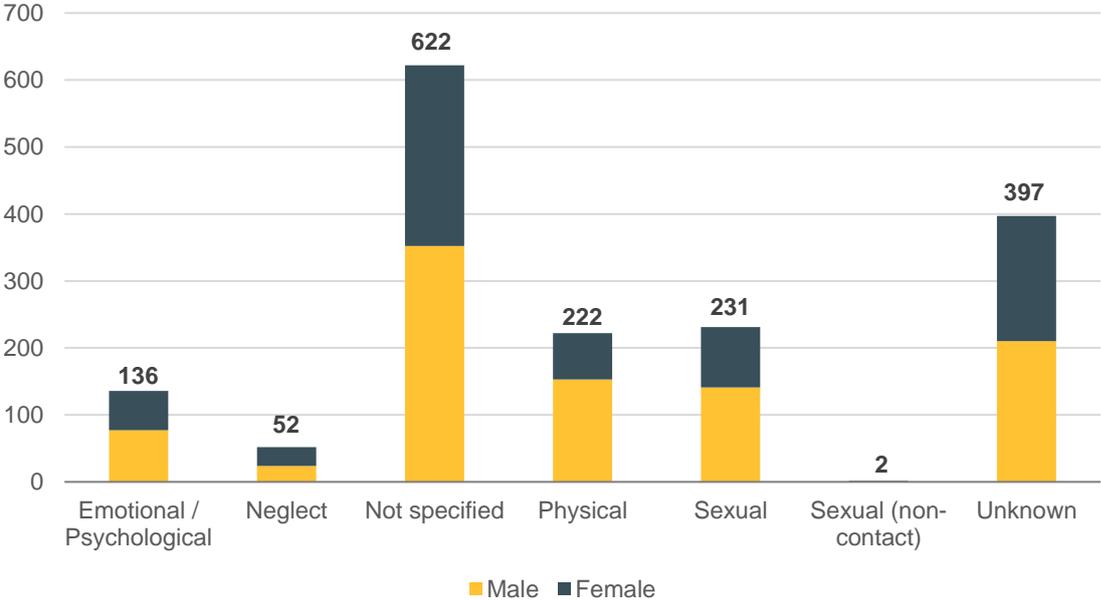
Table 20: Numbers of people abused, by gender, by nature of abuse – registrations to July 2020

| Nature of abuse | Male | Female | TOTAL |
|---------------------------|------------|------------|--------------|
| Emotional / Psychological | 77 | 59 | 136 |
| Neglect | 24 | 28 | 52 |
| Not specified | 352 | 270 | 622 |
| Physical | 153 | 69 | 222 |
| Sexual | 141 | 90 | 231 |
| Sexual (non-contact) | 1 | 1 | 2 |
| Unknown | 210 | 187 | 397 |
| TOTAL | 958 | 704 | 1,662 |

Source: Royal Commission of Inquiry into Abuse in Care



Figure 28: Numbers of people abused, by gender, by nature of abuse



Source: Royal Commission of Inquiry into Abuse in Care

