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EXECUTIVE SUMMARY

A different kind of family: Retrospective accounts of growing up at Centrepoint and implications for adulthood

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> *I think no-one has ever asked us. There's never been like a forum like this where we can actually say how it was. And I'm interested. I want everyone… I want everyone to have a voice and I'm interested in other people's stories and I think this is… important research. And it's also I think, quite healing as well and I hope that lots of people will get involved in it, yeah. And I hope that it does have some kind of implications that will better our lives in some way.* (Research Participant)

BACKGROUND TO THE RESEARCH

This research project was commissioned by the New Zealand Community Growth Trust (NZCGT) the body that became legally responsible for the assets of an intentional community, known as Centrepoint, after it closed. A function of the NZCGT is to address the rehabilitation needs of former residents including the children who grew up there. The research is intended to help the NZCGT achieve a better understanding of the needs of the former children of Centrepoint and to enable it to provide more effective assistance to them.

This independent research was undertaken by Kerry Gibson, Mandy Morgan, Cheryl Woolley and Tracey Powis of the School of Psychology at Massey University. The researchers were asked to:

(a) Describe advantages and/or difficulties the children, now adult, experienced, or are now experiencing;
(b) Identify and assess needs for rehabilitation;
(c) Identify other areas of most need in priority order, including participants' suggestions for strategies to meet these needs;
(d) Identify ways that health professionals and others could assist children from a spiritual or intentional community;
(e) Develop recommendations to assist the NZCGT in the short, medium and long term.

ABOUT CENTREPOINT

Centrepoint was an intentional community that operated on the North Shore of Auckland between 1977 and 2000. At its peak it housed about 300 people and is estimated to have been home, second home or temporary residence to between 200 and 300 children during its existence. It was set up as a therapeutic community and aimed at personal growth and transformed relationships. The boundaries between

therapy sessions and daily community life were blurred and events and relationships usually regarded as private were regarded as more open within the community. This openness extended to communal sleeping arrangements and open showers and toilets. Freedom of sexual expression and sexual exploration were promoted for adults and children. Children were treated as adults and encouraged to be independent from a young age.

Centrepoint functioned communally and personal possessions and assets were surrendered on membership. Nevertheless it remained hierarchical in structure. Bert Potter, the 'spiritual leader', held significant influence over the community's direction and focus and there was a clear hierarchy among adults. But children were not counted among the powerful. The way that therapeutic techniques were used to transform their interpersonal relationships depended largely on community adults.

Throughout the 1980s and 1990s police raids were carried out, culminating in the arrest of several senior community members on allegations of drug and sexual offences. Bert Potter and several other senior members were later convicted. On March 29, 2000 the Community Trust, under which Centrepoint had been established, was terminated by a court decision, after investigations into these offences and allegations of financial mismanagement. The Trust was restructured, renamed the New Zealand Community Growth Trust (NZCGT) and placed under public trustees. The reformed Trust was given responsibility for administration and supporting members of the former Centrepoint community.

THE RESEARCH METHODOLOGY

This research report is based on in-depth interviews with 29 participants who spent some or all of their childhood at Centrepoint. This number is estimated to be between 10 and 15% of the total population of former Centrepoint children. This sample included more or less even numbers of those who felt they had primarily negative experiences and those who felt they had positive ones – although most felt they had 'mixed' experiences. The sample included participants who had been there at different times and provided insights into how the community changed over its existence. Some said they were aware of Centrepoint children with significant problems, but who were too distressed to be interviewed. Therefore although the sample is considered to be adequately representative numerically and in relation to the types of relationships the children had with the community, this research may not adequately represent those most severely affected.

Given that it was likely that some would find it distressing to talk about their experiences, the research process took into account the participants' need for safety and follow-up support if needed. Because those who had grown up at Centrepoint had been subject to public scrutiny and media attention, the research prioritised their rights to privacy and confidentiality. The report uses various strategies to reduce the possibility of identification of participants.

A qualitative research methodology was chosen, allowing interviewees to tell their stories in their own words. This form of research does not lend itself to drawing conclusions about the likelihood of a particular number of people having experienced any particular event or consequence. Instead, the methodology provides insight into

the variety of *different* experiences and opinions that the NZCGT would need to take into account to meet the needs of former Centrepoint children.

This report contains accounts of how childhood experiences continued to impact on participants as adults. It makes recommendations for addressing rehabilitative needs and summarises recommendations made to the NZCGT.

RESEARCH FINDINGS

KEY FINDINGS OF THE RESEARCH

1. Participants describe a **diversity of experiences**, positive and negative, during their childhood at Centrepoint.
2. Centrepoint was an environment which potentially exposed children to a range of **adverse circumstances** that extended well beyond the widely reported sexual abuse. Drug use, psychological manipulation, parental neglect, witnessing abuse, corporal punishment, adult conflict, peer bullying and a parent's imprisonment were just some of the additional factors that may have impacted on them.
3. Centrepoint exposed children to some potentially **beneficial circumstances** including child-friendly recreational facilities, a range of adult role models and opportunities for peer and adult social interaction.
4. **Stigma and negative publicity** about Centrepoint created a difficult environment for participants, both as children and into adulthood.
5. **Negative impacts** include psychological disorder, substance abuse problems, difficulties in intimate and family relationships, financial difficulties, lack of direction in education and career, fear of social stigma and, for some, uncertainty about their own perception of reality.
6. **Positive impacts** include resilience, independence, good social skills and open and honest relational abilities.
7. Different experiences, beliefs and coping strategies create a tendency towards **factionalised perspectives** about Centrepoint with some participants arguing that it was fundamentally abusive and others that it was an ideal place to grow up.

Childhood at Centrepoint

Different experiences: How participants negotiated living at Centrepoint and their lives afterwards depended on their particular circumstances and the resources available to them. As Centrepoint changed substantially over the years, there were variations in the kind of experiences children had. An analogy: siblings may inhabit the same household but have had quite different experiences within it.

Reasons for being at Centrepoint: While some participants spoke about idealism motivating them or their parents to join Centrepoint, others thought vulnerability – theirs or their parents – brought them there. It was different for younger participants who had been born at Centrepoint and for whom it was their only 'home'.

Relationships with parents: Participants felt that they had less involvement with their parents once they came to Centrepoint. Ideas about communal parenting, and the fact that many adults were intent on their own personal growth, made some feel neglected. Children were left with inadequate protection against the demands of Centrepoint life – including abuse. Weakening bonds with parents led some children to be unusually dependent on Centrepoint as an over-arching 'parent'.

Relationships with adults: Communal arrangements and lack of involvement with parents meant participants were exposed to a range of adult behaviour with potential for both positive and negative effects. Positioning all adults as 'parents' made it more likely that children complied with inappropriate adult requests.

Relationships with peers: Peer relationships at Centrepoint seemed to have developed a particular intensity and were used to compensate for reduced adult supervision. It was sometimes a source of support, but may also have added to social pressure to comply with Centrepoint beliefs and practices.

Rules and discipline: Participants reported an unusual amount of freedom, but the idea that children grew up free from restrictions may be misleading. Powerful mechanisms of control and manipulation operated under the guise of 'therapy'.

Recreation/Activities for Children: Participants spoke about the 'child-friendly' facilities and the sheer range of recreational opportunities providing for physical, social development and creativity. This made Centrepoint a very attractive environment for children and teenagers.

Therapy and the culture of personal growth: Some participants experienced the range of therapeutic activities as positive; others found them intensely distressing and overwhelming. The activities functioned to maintain compliance and dampen dissent.

Bodies and sexuality: Participants recalled their exposure to nudity and public sex as relatively normal in the context of the community. Sexual interaction at a young age was common. The powerful messages of normalisation helped to create an atmosphere in which sexual abuse could not be easily identified by community members – including children.

Sexual abuse: Participants spoke about different kinds of sexual abuse, sanctioned and unsanctioned. The ideology of 'healthy' sexual expression appeared to have been used to facilitate the sexual use of children across a range of ages and situations. Systematic abuse of children occurred without intervention because adults didn't recognise it as abuse. It occurred most often against a background of grooming, manipulation and social approbation. Some children presented as willing participants as they responded to social pressures within the community. But not all children were abused and those who were there in later years were less likely to have been.

Drug and alcohol use: Some children were encouraged to use illegal drugs. While this seems to have been prevalent only during the middle years of the community's existence, it had a significant impact on those who were there at the time. Drug use

was at times voluntary and recreational among teenagers but was also used in sexual experimentation and created further opportunities for abuse.

Access to money and resources: Participants' accounts suggest that children at Centrepoint were not materially deprived but a lack of individual control over possessions (like clothes and money) may have fostered their dependence on the community and its leaders. An environment of emotional neglect and an absence of material luxury left some participants feeling deprived.

Relationships with people and organisations outside: Participants reported no restrictions on outside contact and they attended local schools. Nonetheless, outside relationships were constrained by prejudice on both sides. There was bullying at school and prejudice from the broader community. It helped to create a degree of isolation and impeded access to external supports.

Experience of law and other outside agencies: Contact with various agencies involved in criminal investigations were part of the Centrepoint experience. These contacts were normalised by the community but some were very distressing for the children of adults directly implicated. Some investigations helped to create a sense of being collectively beleaguered which strengthened community bonds.

Leaving Centrepoint: Lack of independent financial means and some wariness about the outside world may have made it difficult for participants to leave. For some, leaving was similar to the usual departure of young adults from home, feeling that they could return if they wanted. But for others leaving was a wrench from a childhood family. Even for those who left willingly, with anger or fear as the prime motivator, there were still difficulties in adjusting to the 'outside'.

Life after Centrepoint

***The immediate transition*:** The transition process raised a number of immediate challenges, initially practical and financial. A second set of difficulties related to emotional loss. The dependence fostered at Centrepoint created challenges for children and families forced to leave abruptly. But even those who left willingly had problems with establishing a clear sense of identity and negotiating new ways of interacting.

Family relationships after Centrepoint: Participants spoke about how experiences at Centrepoint had challenged and, in some cases, undermined nuclear family relationships. This had had a lasting impact. Sometimes it brought increased closeness – but even then it was not entirely comfortable. It seemed that Centrepoint experiences generated areas of 'silence' within families: children could not easily ask about parents' involvement in abuse, parents may have been reluctant to acknowledge guilt, and siblings protected one another.

Intimate relationships and friendships: Those who had grown up at the community often felt they had difficulty relating to other people. This was attributed to their learned prejudices against outsiders or general mistrust of others. They tended to be wary of manipulation or misuse of authority which, for some, had had a protective function. The unusual upbringing also set them apart because they felt others were

unable to comprehend their experiences. In marked contrast, some participants felt they had gained social advantages in being exposed to a greater range of relationships and more honest interactions. These interactions would likely have required greater assertiveness and ability to communicate with different groups of people.

Health and psychological difficulties: While the research indicated that some children might have emerged without psychological difficulties and some were resilient in the face of adverse conditions, a number described significant psychological problems which, in many cases, they attributed to their Centrepoint experiences. Reported difficulties included post-traumatic symptoms associated with sexual and other forms of abuse, anxiety, depression, self-destructive and suicidal behaviour, social isolation, sexual dysfunction, low self-esteem, substance abuse, eating disorders, and other personality and psychotic symptoms. Drug and alcohol abuse were significant problems for some. Some attributed their difficulties to sexual abuse, but acknowledged the impact of other negative experiences including early drug use, parental neglect, psychological manipulation and parental imprisonment. They also acknowledged vulnerabilities that pre-dated their arrival at Centrepoint.

Study and work: The effects of psychological problems and drug use resulted in some Centrepoint children experiencing difficulty in continuing their education and making a career. Those who had difficulty in handling the tasks of early adulthood thought it might be because they did not have adult role models to demonstrate goal orientation in the outside world. As a result they took longer than usual to establish themselves. However, others said their involvement in collective community tasks had given them a good work ethic. The latter were largely those who had been at Centrepoint in later years.

Managing financially: Participants faced challenges in learning to manage money. Their parents had mostly left the community without resources and they knew nothing about managing a household. At Centrepoint, those things were done by someone else. Despite that, some believed their lifestyle had taught them to be financially independent, and some younger participants displayed an unusual degree of self-sufficiency.

Participation in court cases: Some did but many didn't seek prosecution for their abusers. Fears of facing them in court, worries about not being believed and conflicting loyalties may have played a role for those who didn't seek prosecution. It is also likely that the plea bargaining in some of the earlier legal cases brought against Centrepoint members conveyed a message that the exercise was futile.

The next generation: Participants raised concerns about the impact of the Centrepoint experience on the 'next generation'. While collective parenting provided some role modelling, these unorthodox arrangements did not always prepare Centrepoint children as well for parenting in a nuclear family. Some were working on their parenting skills but the spectre of abuse still hangs over some families.

Shifting realities in the aftermath of Centrepoint: Participants' accounts suggest that they struggle to make sense of the differences between the ideologies and practices they learnt at Centrepoint and those generally accepted 'outside'. Some believe they were exposed to the type of 'brainwashing' found in cults. But even for those who

resisted the cult label, there were difficulties in reorienting themselves to the norms of the broader society. Making sense of different realities takes time and the former children of Centrepoint are likely to have different opinions of their experiences at different points in their lives.

Relationship with Centrepoint: Different experiences and different understandings mean different perspectives. Some see Centrepoint as a den of abuse and manipulation. Others assert, just as vehemently, that it was an ideal place to grow up. But, whatever the perspective, most found the stigma and public exposure of their lives at Centrepoint distressing. The expectation that they will be judged and condemned diminishes their opportunities to live life free of discrimination or to seek support when they experience difficulties. This represents a kind of re-victimisation for those who had already suffered at Centrepoint.

Strategies for coping: Participants employed various strategies to help them through their experiences at Centrepoint and afterwards. For some, coping involved minimising negatives and optimising benefits. Others found comfort in challenging the authority of those who had hurt them, using their anger to spur them on to seek justice for themselves and others. Other coping strategies involved trying to appear 'normal'; finding ways to avoid being noticed; or seeking support in protective relationships with individuals or organisations. No doubt there are others. But many share a resistance to being labelled as 'victims'. 'Victimhood' positions people as 'damaged goods' and represents them as powerless. It is not surprising that the former Centrepoint children do not want to be perceived in this way.

RECOMMENDATIONS

KEY RECOMMENDATIONS

1. There is **no single rehabilitation package** that is likely to work for all former Centrepoint children.
2. **Needs identified** included those related to psychological problems, substance abuse problems, financial management problems, life skills deficits, educational and career issues, justice, short-term financial assistance, sundry goods, housing and health needs.
3. **A flexible package of responses** is needed**.** Some of the former Centrepoint children who are functioning less well may need basic assistance to make sense of their own needs and what the Trust can do for them. For those who are functioning slightly better, it is possible that they may be able to identify their own needs for psychological or financial help. Those who have either had effective rehabilitative support, or who did not need it, may need assistance in fulfilling their career potential or enhancing their financial security.
4. It is important to distinguish between **hardship needs and rehabilitative needs**. It is important to recognise all rehabilitation needs as valid, while hardship needs may need to be established against specific criteria.
5. It would be better to prioritise interventions aimed at **sustainable development** above the provision of *ad hoc* or emergency support. Nonetheless assistance for a short term crisis or financial need should be provided and wherever possible built into a broader development plan for each individual.
6. **Clear and transparent criteria** should be developed for allocating resources. These should be provided to former Centrepoint children.
7. **A sensitive and empathic model of assessing needs** must be developed to ensure that they do not experience 're-victimisation'. This might be done best by interviews.
8. There needs to be **greater awareness in the general community** and in the health/rehabilitation sector about the impact of cults and intentional communities on people.
9. **Information should be disseminated** from this research to improve understanding of intentional communities and Centrepoint in particular. It should go to rehabilitation service providers and the broader community.

Other major recommendations:

***Psychological rehabilitation*:** The research suggests a likely need for psychological assistance for some. Children growing up at Centrepoint were exposed to events and experiences detrimental to their psychological development. For some, this will have on-going effects. Child sexual abuse manifests in symptoms of post traumatic stress disorder, and affects relationships, sense of self and the ability to manage inter-personal boundaries. An important finding is that psychological difficulties may not be limited to only those who experienced sexual abuse. Other sources of emotional harm included parental neglect, parental imprisonment, psychological manipulation, inappropriate psychotherapeutic encounters, witnessing abuse, corporal punishment, adult conflict, peer bullying, and parental vulnerabilities that motivated joining the

community. The unusual 'norms' that featured at Centrepoint are also likely to create difficulties for adults.

It is difficult to classify particular groups as more at risk. In some sense, all children growing up at Centrepoint may have faced an unusually high risk of experiences contributing to psychological difficulties.

The fact that the adverse circumstances persisted over a long period could, in some cases, have given rise to on-going psychological difficulties. Short term psychological or counselling intervention may not be sufficient. This research also suggested a pattern in which an awareness of psychological problems emerged over time together with a growing realisation of the import of experiences. Psychological rehabilitation would need to be available for a longer time.

Counselling, psychotherapy and psychological services may be needed. It needs to be recognised, however, that some may be sceptical about the value of these services because of negative associations with Centrepoint's therapeutic activities.

Substance abuse rehabilitation: Former Centrepoint children may have a particular need for rehabilitation to address substance abuse problems. While substance abuse is often a way of dealing with adverse reality, it soon begins to create its own difficulties in relationships, employment, finances, health and even involvement in crime. Rehabilitation must be treated as a priority. Substance abusers are not always open to help. Any attempt to reach this group would have to promote awareness of resources available rather than waiting passively for people to come forward.

Rehabilitation for substance abuse is best provided by specialist agencies such as Alcoholics Anonymous or the Community Alcohol and Drug Service or private practitioners. Neuropsychological rehabilitation may be necessary for extended or severe users.

Financial rehabilitation: The respondents began their adult lives at a significant disadvantage because family assets were lost to the community. They often emerged with poor knowledge of financial management and perhaps unrealistic expectations that others would take care of them. They would need to be taught how to manage their own finances. It is likely that many would come forward for help if such a service were available.

Life skills rehabilitation: While Centrepoint sometimes helped to inculcate life skills, these skills did not always match those needed in the outside world. A focus on collectivist thinking is not in itself harmful, but may not match the goal-orientated individualism expected of adults in New Zealand society. Psychological or substance abuse difficulties compound the problem. Former Centrepoint residents may benefit from learning how to take charge of their own lives and set their own goals.

While there is no doubt that some former Centrepoint children have very good social skills, others may require help to adapt to, say, workplace requirements and formal relationships. Because they need to come to terms with a new reality, they might also need to develop safe relationships where they can speak openly about the past.

Education and occupational rehabilitation: While some participants have been able to pursue educational and career aspirations, others have struggled to find a direction. Help with vocational choices and opportunities for further education would help some to emerge from the "dead end" they perceive themselves to be in. So would scholarships and financial aid for tertiary education.

Rehabilitation may require intervention from vocational assessment services and educational or career advisors.

Justice: Some respondents believe they did not receive justice through the courts for the abuse they suffered. This makes it more difficult for them to move on with their lives. It may be important to help them seek justice through legal channels – or to explore other ways of having their suffering acknowledged. But if individuals are helped in this way, they may need considerable support.

More publicity may create further psychological trauma for those whose parents were abusers, and for those who have their ordeals exposed to public scrutiny. Even those not involved in further action may need additional support when memories come flooding back.

Recommendations for health and rehabilitation professionals

Professionals involved in rehabilitation may quickly pick up a client's experience of sexual abuse, and have some knowledge of how to work with these issues. But they may not be as familiar with the unusual and specific nature of experiences in intentional communities like Centrepoint. They could be more effective if they are made aware of the literature on the shared characteristics of intentional communities and cults, and some of the known adjustment difficulties members experience on re-entering society.

Effects include such diverse aspects as mourning the loss of friends in the community, unrecognised dependency issues, conflict about whether they are victims or agents of their own experience, insecure identity and confusion over what went right or wrong.

Health and rehabilitation workers, in particular, need to be aware of the extent to which an intentional community with a strong ideological base can create difficulties with adjustment. Those who leave a community often struggle to make sense of the different realities they once knew, and those they find in the broader society and may need support to help them do this.

Professionals should not look for a particular syndrome. Given the wide array of responses from our respondents, they should rather keep an open mind regarding possible effects, and tailor interventions individually.

Because Centrepoint specifically targeted relational change, this is likely to impact on the relationship former members have with service providers. A hierarchical community emphasising communality, coupled with psychological manipulation aimed at compliance, are likely to foster dependency among former members. This may need to be counteracted. Former residents are also likely to be mistrustful of professionals - because they have experienced abuse of authority and because

attempts at Centrepoint to get help received no response. Centrepoint claimed to be a 'therapeutic' community; a wariness of psychotherapeutic professionals can be expected. Dealing with this will require understanding and sensitivity from providers.

Because Centrepoint undermined individual and inter-personal boundaries, it is possible that some former residents may have difficulty in maintaining their own boundaries and recognising those of others. Maintaining clear professional boundaries is an ethical priority for all health providers. They should be aware of the potential difficulty and vigilant in guarding against it.

It is well recognised that those who survive abuse often go on to experience a secondary victimisation, unwittingly perpetrated by those who claim to help them. Survivors can be questioned challengingly or treated insensitively. Even more aware health or rehabilitation providers can slip into the trap of treating survivors as 'damaged' and therefore less capable of making choices or having opinions on their lives. It is important to recognise that even some with the most adverse experiences at Centrepoint showed considerable resilience in their lives afterwards. The challenge for health and rehabilitation providers is to recognise both areas of vulnerability and strength, and to avoid type-casting all as 'victims'.

SPECIFIC RECOMMENDATIONS TO THE NZCGT

Educate the NZCGT about the experiences and needs of former Centrepoint children: This research provides a useful starting point for a better understanding of the difficulties of the former children of Centrepoint and increases the possibility that NZCGT can respond sensitively and appropriately to the diversity of needs in this group.

Educate former Centrepoint children about the role of the NZCGT: Clear and easily understandable information needs to be disseminated to the former children of Centrepoint about the legal obligations of the NZCGT in relation to the assets that once belonged to the community. These assets were effectively confiscated by the court, and no longer belong to former residents. But they can be used to assist them according to specific court criteria.

Set up clear and transparent criteria for rehabilitation: These criteria would need to set out the difference between hardship assistance and rehabilitation assistance. Help for psychological, health, education, financial coaching and life skills development would fall under rehabilitation. Shorter term financial assistance or purchase of goods may be better classified under the 'hardship' category. This has implications for the process of decision making. Rehabilitation awards would no longer require a justification of financial hardship. Given the ubiquitous exposure to adverse experiences, it may be necessary only to establish that the claimant lived at Centrepoint.

Emphasise development: To avoid reproducing patterns of financial dependency, it would be valuable to shift the focus of assistance from 'crisis' grants to strategies aimed at empowering former community members to live more independently in contemporary society. This would include focusing on building skill in financial and career management and in providing education or counselling.

Develop flexible processes for assessing needs: It may be helpful to move from current practice which requires proof of income or other intrusive assessments in response to specific requests. An alternative is an interview based approach which allows those requesting help to talk about their general difficulties and get advice on options for addressing these. A face-to-face interview would allow for a more 'personalised' approach which can take into account the marked differences we observed in the needs and expectations of respondents. The NZCGT could contract out such a service to appropriate service providers.

Respect and sensitivity: Those who have been neglected, abused, manipulated or stigmatised will inevitably be especially sensitive to experiences that mimic the treatment they received in the past. The NZCGT needs to be particularly aware of the danger of opening old wounds. While it may not be possible to meet every expectation, there is value in recognising that an untimely response may be perceived as indifference; a declined request might feel punishing; and restricted access to services may evoke fear of being controlled. A respectful relationship that recognises the experiences of former residents and their subsequent efforts to manage their lives is essential.

Managing differences: There are powerfully factionalising dynamics operating among former Centrepoint children. Different experiences, different beliefs and different coping strategies ensure differences in opinion. It is important for the NZCGT to remain neutral and recognise the rights of all. It is too easy to conclude that one faction is 'right' and the other 'wrong.' In the case of Centrepoint, there may be many different but equally valid versions of reality that need to be accommodated.

Disseminating knowledge about intentional communities: The NZCGT has an important role to play in spreading knowledge about the effects of intentional communities and the range of adverse experiences that some former children were exposed to. This information, in accessible form, could be given to people struggling with re-integration – and to those who may be thinking of joining such a community. It could also go to the broader society. Media coverage of Centrepoint has sometimes been unhelpfully sensationalist or factionalised. Perspectives that reduce the stigma faced by former residents could increase empathy for their situation.

Disseminating the current research may help those wishing to develop an intentional community, join one or work professionally with someone who has lived in one. During the years of Centrepoint's existence there was an alarming lack of action from service providers and others who knew or suspected abuse. It is important that there is a broad knowledge of the potential for this kind of experiment in communal living to go badly wrong, and for those on the outskirts to recognise warning signs.