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ACC: Creating barriers to recovery

The ACC Minister is right, says the National Council of Women of New Zealand (NCWNZ), the system and support for counselling of sexual abuse victims does need an overhaul. None of the required changes however, are currently on his table.

NCWNZ supports the key findings of the recently released Ministry of Women's Affairs report, *Responding to sexual violence: Environmental scan of New Zealand agencies (September 2009)* which sets out the many changes that are needed:

- The cost of services is a barrier; the counselling should be fully funded by ACC.
- ACC should assist with the costs of transport/childcare necessary to support victims to access appropriate services.
- Currently those sexually abused/assaulted outside of New Zealand but now residing in New Zealand do not qualify for ACC. This means that ethnic minorities, migrants and refugee groups are unable to access the counselling services necessary for recovery.
- Subsistent funding of counsellors has created the shortfall in availability of services, hence unreasonable waiting lists exist.
- Rape crisis centres and other community-based organisations specialising in sexual abuse are not sufficiently resourced, hence the limited geographical coverage and inability to meet demand.
- Under the current system, the delay in gaining approval from ACC for assistance to partially meet the costs of treatment, has been alarmingly protracted. This puts extra pressure on victims and can lead to increased fear and anxiety.

While the Minister has been dismissing the claims that the changes to ACC funding rules for survivors of sexual abuse and sexual assault, due to come into force on October 27, are not part of the ACC cost recovery plan, most women do not accept this.

“Instead of taking the razor out to reduce the budget for sexual abuse counselling directly, policy changes have been made which make the path to help and recovery more difficult, unattractive and risky,” said Elizabeth Bang, NCWNZ National President.

“Victims will be expected to tell their story three times to show that the sexual abuse has led to a mental injury,” said Elizabeth Bang. “This is not in the best interest of the victim; it is a large amount of red tape put in place to limit the number of claims that ACC will cover.”

Further Information:

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"Women Influencing Policy"

Background Information

Key findings of the recently released Ministry of Women's Affairs report, *Responding to sexual violence: Environmental scan of New Zealand agencies (September 2009)* - abridged

The cost of services was a frequently mentioned barrier, particularly in relation to accessing emotional support services. Many Accident Compensation Corporation (ACC) counsellors commented that they had to charge a surcharge because services were not fully covered by ACC funding. The costs of transport and childcare to enable victim/survivors to access services were also seen as prohibitive for some, particularly those in rural areas. Fully funding treatment services and providing the supports necessary to enable victim/survivors to get to services would ensure victim/survivors could access appropriate responses.

A significant barrier to accessing mental health counselling was the ineligibility for ACC funding for those now living in New Zealand but whose sexual violence occurred outside of New Zealand (e.g. Pacific peoples and other ethnic minority, migrant and refugee groups).

There were several references to the delays and waiting lists victim/survivors must face, particularly in relation to accessing counselling services. This again suggests that although services may exist, they may not be sufficiently resourced to meet the demand, or there may be insufficient qualified and experienced staff to deliver these services.

Many respondents saw counselling as one of the more effective ways to assist in the recovery and well-being of victim/survivors. This means the delays in gaining approval to access ACC-funded assistance, the lack of specialised counsellors, and the waiting lists of those who are available are concerns. Māori victim/survivors are over-represented as victim/survivors of sexual violence, which means the lack of specialised Māori counsellors is particularly important to address.

According to Crime statistics released by the Ministry of Police, from 2000 – 2009, the following number of (sexual offence/ traumatising) cases have been reported:

Abduction for Marriage Girl under 12	1
Abduction for Marriage Girl 12-16	1
Abduction for Marriage Female Over 16	3
Abduction for Sex Girl under 12	14
Abduction for Sex Girl 12-16	56
Abduction for Sex Female Over 16	216
Other Abduction for Marriage or Sex	10
Indecently Assaults Female under 12	2250
Indecently Assaults Female 12-16	2372
Indecently Assaults Female Over 16	4264
Inducing Sexual Intercourse Pretence of Marriage	1
Inducing Sexual Connection - Female under 12	4
Inducing Sexual Connection - Female 12-16	17
Inducing Sexual Connection - Female Over 16	7
Males Rapes Female under 12	357
Males Rapes Female 12-16	1312
Males Rapes Female Over 16	2958
Husband Rapes Wife	64

Unlawful Sexual Connection Female under 12	938
Unlawful Sexual Connection Female 12-16	946
Unlawful Sexual Connection Female Over 16	1525
Unlawful Sexual Connection with Spouse	40
Attempt to Rape Female under 12	20
Attempt To Rape Female 12-16	47
Attempt to Rape Female Over 16	116
Attempt to Rape Spouse	0
Attempted Unlawful Sexual Connection Female under 12	22
Attempted Unlawful Sexual Connection Female 12-16	22
Attempted Unlawful Sexual Connection Female Over 16	59
Attempted Unlawful Sexual Connection Spouse	2
Assault with Intent to Commit Rape Female under 12	11
Assault With Intent to Commit Rape Female 12-16	49
Assault with Intent to Commit Rape Female Over 16	216
Assault with Intent to Commit Rape Spouse	9
Assault Intent Commit Sex Connection Female under 12	3
Assault Intent Commit Sex Connection Female 12-16	24
Assault Intent Commit Sexual Connection Female Over 16	130
Assault Intent Commit Sex Connect-Spouse	2
Sexual Intercourse with Female under 12	11
Sexual Intercourse with Female 12-16	517
Sexual Intercourse with Severely Subnormal Female under 12	0
Sexual Intercourse with Severely Subnormal Female 12-16	2
Sexual Intercourse with Severely Subnormal Female Over 16	16
Attempted Sexual Intercourse Female under 12	4
Attempted Sexual Intercourse Female 12-16	17
Attmpt Sex Intercourse Severely Subnormal Female under 12	0
Attmpt Sex Intercourse Severely Subnormal Female 12-16	0
Attmpt Sex Intercourse Severely Subnormal Female Over 16	2
Sex Exploitation Significant Impairment	25
Attmpt Sex Exploitation Significant Impairment	2
Does Indecent Act Male with Girl under 12	305
Does Indecent Act Male with Girl 12-16	209
Permits Indecent Act Male with Girl under 12	29
Permits Indecent Act Male with Girl 12-16	36
Other Indecency (Male-Female)	134
TOTAL	19397

An estimated 90% of sexual offences go unreported.

Morris, A., et al. (2003) The New Zealand National Survey of Crime Victims 2001, Ministry of Justice, Wellington

According to a Treasury working paper, sexual violence is by far the most costly crime for our country.

Roper, T. and Thompson, A. (2006) 'Estimating the costs of crime in New Zealand in 2003/04', New Zealand Treasury Working Paper 06/04, New Zealand Treasury, Wellington. This paper established that, on a per criminal act basis, at approximately \$72,130 each incident, sexual offences are by far the most costly crime.

Greater savings could be made if 70 fewer sex offenders each year were produced by New Zealand society.

ACC argues that their legislation requires a sexual abuse victim to have a mental illness diagnosis under the American Diagnostic and Statistical Manual DSM-IV to get cover. These victims do not want to be classified as having mental illness, because they

are fearful of the extra discrimination burden they might experience. Also, New Zealand still has some distance to go yet before mental illness is not stigmatised.

Discrimination against those with a diagnosed mental illness:

Health: The main type of discrimination mentioned in the survey was receiving poor treatment from hospital services for non-mental health problems. This included all symptoms being seen as related to mental illness, service providers exhibiting fear of mental illness, and people being treated as incompetent or drug seeking. People reported being treated differently from people without experience of mental illness, and when seeking help for their physical health problems, reporting attitudes ranging from fear to annoyance for “wasting their time”.

People with experience of mental illness appear to be seeing their GPs at the same rate or higher than the general population but still have poorer physical health suggesting that, despite this, their physical health needs are not being met. One of the reasons for this appears to be related to doctors not taking service users’ issues seriously.

http://www.mentalhealth.org.nz/resources/Discrimination_from_gen_health_services.doc

Family and Friends: Families and whanau may play an important role in the lives of people with experience of mental illness. People with experience of mental illness often rely on family members as part of their support mechanisms. The relationships with family members may be the closest relationships that we have. A recent survey of discrimination against people with experience of mental illness in New Zealand (Peterson, Pere et al. 2004), however, showed that more people reported discrimination occurring from their friends and family than from any other source. This means that while families are an important feature in our lives, their attitudes and behaviours, whether they intend them or not, are not always effective in supporting people with experience of mental illness.

http://www.mentalhealth.org.nz/file/downloads/doc/file_108.doc

Employment and Housing: The three highest areas of discrimination in Aotearoa New Zealand for people that experience mental illness are employment, housing and parenting (Like Minds, 2003).

<http://www.likeminds.org.nz/page/80-Resources>