

# ***PACIFIC WOMEN'S WATCH (NZ)***



## **Report of 5th Annual Conference Saturday, 20 November 2010**

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### **Celebrating 10 years of Diversity People and Action for Gender Justice**

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#### **Keynote Speaker:**

**Louisa Wall, Ngati Tuwharetoa me Waikato, M.Phil. (Social Policy);**  
Principal Adviser, Auckland to the Children's Commissioner with primary responsibility for policy development and advocacy in the health sector and wide experience of working within widely diverse communities.

#### **Workshops on aspects of diversity in New Zealand:**

- **Social Diversity, Economic Wellness and Deprivation**
- **Diversity of Sexual Preferences**
- **Youth Issues Requiring Legal Intervention**
- **Diversity of Health Issues for Disabled Women and Girls**
- **Communication on Health - the Multicultural Dimension**

#### **International days honoured:**

November 16 - International Day of Tolerance

November 20 - Universal Children's Day, 21st Anniversary of adoption of UN Convention on the Rights of the Child

November 25 - International Day for the Elimination of Violence Against Women [IDEVAW] -also known as 'White Ribbon Day' in many countries.

**Somervell Church & Community Centre, Remuera, Auckland**

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## PROGRAMME

- 8.20 am**      **Registration Opens**
- 9.00 am**      **Greetings and Introduction:** *Jane Prichard*, Chairperson
- 9.10 am**      **Keynote Address: Celebrating 10 Years of Diversity –  
People and Action for Gender Justice** *Louisa Wall*
- 9.50 am**      **Morning Tea and networking**
- 10.10 am**     **Interactive Workshop Groups – all workshops offered twice**
- **Social Diversity, Economic Wellness and Deprivation**  
Facilitator: *Dominique Bardoul*
  - **Diversity of Sexual Preferences**  
Facilitator: *Louisa Wall*
  - **Youth Issues Requiring Legal Intervention**  
Facilitator: *Vanushi Walters*
  - **Diversity of Health Issues for Disabled Women and Girls  
and Communication on Health - the Multicultural Dimension**  
Facilitator: *Sandra Gibbons*
- 12.30 pm**     **Plenary report back from Workshops**
- 12.55 pm**     **Thanks and Closure of Conference**

# PACIFIC WOMEN'S WATCH (NZ)

## 10<sup>th</sup> ANNIVERSARY CELEBRATION

### FOREWARD

In honouring and celebrating our first decade of development as a leading organization for women some landmarks stand out.

Any measure of success can only be gauged through concrete achievements. For Pacific Women's Watch (New Zealand) the pathway to success has been consistent. Monitoring, reviewing and reporting on the status of women is our key aim. Maintaining this very clear objective has seen the elaboration of a dynamic programme which has been, and continues to be, attractive to women of all ages and ethnicities. We have a niche role among New Zealand NGOs with a focus on skills training, mentoring and communication across all age groups and cultures.

Reviewing progress for women at the five, ten and fifteen year anniversaries of the Beijing Declaration and Beijing Platform for Action has enabled a longitudinal measure of the status of women to be established. An Alternative NGO Report to the CEDAW Committee presented in New York in August 2007 further elevated our position of leadership. The value of these formal and informal reviews was acknowledged this year in the granting of special consultative status with the United Nations Economic and Social Council (ECOSOC). These have been the landmarks.

Our first decade has indeed seen some concrete achievements. Promoting the aspirations of young women, claiming space for the unresolved issues of refugee and migrant women to be heard, providing specialist skills to develop questionnaires to collect new data, publishing reports to inform the NGO community and using technology to design a web site for resources have all helped to set us apart as a body with the flexibility to move quickly on emerging issues of concern.

At this Fifth Annual Conference we bring the strands together from ten years developing our core function in the title *Celebrating 10 Years of Diversity - People and Action for Gender Justice*. It has been a tremendously fulfilling journey made possible through the commitment of our members and the dedication of our Executive.

**Jane Prichard** Q.S.O.

Chairperson,  
Pacific Women's Watch (NZ)

President, International Council of Women's Asia-Pacific Regional Council

# INTRODUCING THE CONFERENCE

*Jane Prichard*  
*Chairperson of the Conference*

Kia Ora, Kia Orana, Talofa Lava, Malo Leilei, Bula Vinaka, Greetings

In 2010 Pacific Women's Watch (New Zealand) has reached a milestone in its history – the attainment of its first ten years. The theme for our conference this year, *Celebrating Ten Years of Diversity – People and Action for Gender Justice* provides an opportunity to give an overview of the strands of diversity which have driven our programme of work during the first decade.

Although our overarching aim has been tightly focused to monitor, review and report on the status of women, especially New Zealand women, our programme has been dynamic and flexible in its approach. From the beginning Pacific Women's Watch (New Zealand) (PWW(NZ)) recognized the principles of diversity. We wanted to build an organization using a new model based on those principles which would be attractive to young women and women from the diversity of cultures making New Zealand their home but who were struggling to have their voices heard. We are unique in this respect. Our resources concentrate on people, with specific projects funded by grants rather than high membership fees. In this way we create few barriers for those suffering social or economic disadvantage or any kind of marginalisation. For PWW(NZ) data collection, analysis, report writing and communication are major assignments. Skills training and mentoring are priorities.

This model has been very successful as was proven when we appeared before the United Nations NGO Committee as a national body for the consideration of our application for special consultative status with the Economic and Social Council (ECOSOC) in January 2010. The statement prepared for the Committee encapsulates our objectives:

*PWW(NZ) principally provides an advocacy and communication capability for New Zealand NGOs. Accordingly we play a niche role among NGOs in New Zealand as other NGOs have an operational focus. PWW(NZ) focuses on skills training and communication e.g. data collection and analysis and report writing and we have the sole responsibility for major national reports under international agreements (Beijing Platform for Action, MDGs). Accordingly we do not have, or need, large operational budgets – the main resource we have is our people, and their skills, which they provide on a voluntary basis.*

*Our constituent NGOs have larger budgets and fund many of our core activities because of the value they place on our umbrella role. We are unique in working with all age groups and cultures.*

The need for a new organization working for gender justice arose after Asia Pacific Women's Watch (APWW) restructured in 1999 to ensure women in all countries of the Asia Pacific region coordinated in solidarity of purpose to promote the advancement of women. As one of three Pacific sub-regional representatives on the APWW Steering Committee I recognized the priority to make certain that women in the sub-region were visible in discussions on issues critical to their progress. A first step was to build a robust and highly respected umbrella group in New Zealand which was flexible in its structure and able to respond immediately to emerging needs. UN ECOSOC special status now places PWW(NZ) in the position where it can make a difference in supporting women in other countries throughout the Pacific.

In our first ten years we have held in Auckland Forums and Discussions on priority issues such as poverty, women's health, the gender pay gap and issues for migrant and refugee women.

In 2004 we broadened our base in collaboration with the National Council of Women of New Zealand to hold workshops nationwide for the ten-year review of the Beijing Declaration and Beijing Platform for Action. A Questionnaire easily understandable by all women and girls entitled *New Zealand Women Together – How are we Doing?* brought much information about women in their everyday lives. PWW(NZ) had the responsibility for preparing and publishing the New Zealand Non-Maori Country Report for the review.

The data collected for the Beijing ten-year review, together with that from a PWW(NZ) conference on 25 November 2006 entitled *Taking Action to Overcome Violence* formed the basis for a focused and highly regarded Alternative Report to the CEDAW Committee (Convention on the Elimination of all Forms of Discrimination against Women) at its 39<sup>th</sup> session in August 2007.

In 2009 we again conducted nationwide workshops and sought responses to the same questionnaire as was used in 2004 to make longitudinal comparisons and prepare and publish the New Zealand NGO Country Report for the Beijing fifteen-year review.

Developing a web site has been pivotal to efficient communication. In 2010 Pacific Women's Watch (NZ) has a well-developed web site [www.pacificwomenswatch.org.nz](http://www.pacificwomenswatch.org.nz) making reports and information readily accessible.

Seeking support from local women's organizations by holding a series of meetings to promote the UN GEAR campaign (Gender Equality Architecture Reform) to create a new single gender entity for women was an important part of our programme. We therefore celebrated the creation on 2 July 2010 of UN Women as the new gender entity, the result of years of advocacy by civil society, and the subsequent assignment of Michelle Bachelet as its head. At her first press conference Michelle Bachelet stressed that she would strive towards the passing of laws and implementation where they exist to address all forms of violence against women, and would work to achieve the Millennium Development Goals, especially girls' empowerment and maternal health. It is of very great concern, however, that the Pacific sub-region, which is the largest geographic region, has no representative on the 41 member Board of UN Women.

Since 2006 our major annual event has been a half-day conference on the Saturday nearest to the International Day for the Elimination of Violence against Women and White Ribbon Day. The themes to date have been: *Reviewing CEDAW – Taking Further Action; Promoting Peace and Justice in New Zealand*, (to honour the 60<sup>th</sup> anniversary of the Universal Declaration of Human Rights); and in 2009 *Young Women of Tomorrow – Changes and Challenges*, (honouring the 20<sup>th</sup> anniversary of the Convention on the Rights of the Child.) Coming out of the 2009 conference was a Petition in my name and 46 others present requesting that the *House of Representatives examine the practice of cultural marriages to underage females and to initiate legislation that will effectively intervene in the prevention of abuse of human rights arising out of such marriages in New Zealand.* (see Endnote).

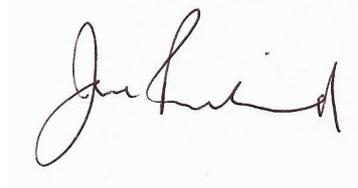
At this year's conference we also recognize International Day of Tolerance, International Day for the Elimination of Violence Against Women, Universal Children's Day and the 21<sup>st</sup> Anniversary of the adoption of the UN Convention on the Rights of the Child. Linked workshops to explore aspects of diversity will consider *Social Diversity – Economic Wellness and Deprivation; Diversity of Sexual Preferences; Youth Issues Requiring Legal Intervention; Diversity of Health Issues for Disabled Women and Girls; and Communication on Health – The Multi-Cultural Dimension.*

In 2011 we plan to hold a side event at the Commission of the Status of Women, New York, in February-March to take up the work within our ECOSOC status and particularly the mandate to support the concerns of women in Pacific Island countries. It will add an exciting new dimension to our agenda.

There is still much to be done to promote peace and justice for women and girls. Speaking on *Women and War* at the 10<sup>th</sup> Anniversary of UN Security Council Resolution 1325 on 4 November 2010 Ambassador Anwarul K. Chowdhury former UN Security Council President said:

*We should never forget that when women are marginalized, there is little chance for our world to get peace in the real sense.*

Pacific Women's Watch (New Zealand) is committed to continuing to work for gender justice and to further developing the crucial role for women in ensuring the human rights of women are an inalienable, integral and indivisible part of universal human rights. We are determined to make a difference.

A handwritten signature in black ink, appearing to read 'Jane Prichard', is centered on the page. The signature is fluid and cursive.

**Jane Prichard QSO**  
Convenor

**Endnote:**

Justice and Electoral Committee: The Justice and Electoral Committee considered the Petition and reported to the House of Representatives in the third week of November 2010, making the recommendation that the government consider the concerns raised in each section of the report and determine what actions it should take in order to prevent the practice of forced underage marriage from continuing to occur in New Zealand.

# Celebrating 10 Years of Diversity People and Action for Gender Justice

Louisa Wall

## Introduction

- Mihi - who am I representing today
- Te kaupapa o te ra - focus on issues of concern to women from the diversity of cultures
- Today the themes are:
  - Social diversity economic-wellness and deprivation
  - Youth issues requiring legal intervention
  - Diversity of health issues for disabled women and girls
  - Communication on health - the multicultural dimension
  - Diversity of sexual expression - that I will facilitate.

## Definitions

- Issue - an important question that is in dispute and must be settled
- Concern - something that interests you because it is important or affects you
- Diversity - communities of difference based on race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies
- Culture - a particular society at a particular time and place
- Context
- What are the important and disputed realities for women:
  - In the World
  - In the Pacific
  - In Aotearoa NZ
  - Within the diversity of women's expression in New Zealand
  - My reality - for indigenous women.

## In the World

US Secretary of State Hillary Clinton spoke out recently concerning the sexual abuse in war-ravaged eastern Dominican Republic of Congo – there must be “no impunity for the perpetrators of sexual violence”

- The UN estimates 3,500 women have been raped in DR Congo so far this year
- Oxfam said it had monitored 20 communities and found that children, some as young as four, had been raped in half of them
- Men have also been the victims of rape
- The UN says sexual crimes have been carried out by both militia fighters and government troops.

Ten years have passed since the unanimous passage of United Nations Security Council Resolution 1325 (31 October 2000) urging all Member States to ensure increased representation of women at all decision-making levels in national, regional and international institutions and mechanisms for the prevention, management, and resolution of conflict.

- Of the 39 conflicts that have erupted in the past 10 years, only eight are entirely new, while thirty-one are recurrences of conflicts that were never fully resolved.
- Most of these conflicts occur in societies where women have little power and are excluded from the process of negotiating and implementing the peace.
- Women and children suffer disproportionately from war.
- When the “victims” organize, they are potent advocates for change, as they were in Sierra Leone, Rwanda and Liberia.

Women can be effective peacemakers because they have a broad, inclusive view of security. Security means that:

- Children can go to school safely
- Women can receive medical attention when they give birth, and have their children vaccinated
- Returning refugees can find land, water and jobs
- There is hope of lasting resolutions as societies mobilize around their children.

In Northern Ireland, women were locked out of the political process during three decades of conflict and several attempts to develop peace agreements quickly collapsed. Then, in the mid-90s, women from both sides of the divide formed a political party, the Northern Ireland Women's Coalition, and earned two seats at the negotiating table.

The Northern Ireland Women's Coalition insisted that the talks include the needs of victims, integrated education, a forum for civil society, women's participation, equality and human rights. Their involvement in the peace process made a crucial contribution to the signing of the Good Friday Agreement in 1998. That peace still stands.

Millennium Development Goal 3 of 8: MDG3 promotes gender equality and empower women

*Target by 2005:*

- Eliminate gender disparity in primary and secondary education - an acknowledgement that equal access to education is the foundation for all other development goals.
- For every 100 boys out of school, there are still 117 girls in the same situation.

*Target by 2015:*

- Eliminate gender disparity at all levels of education by 2015 and empower women.
- Two-thirds of the world's 799 million illiterate adults ages 15 and over are women.

*Education as a resiliency tool is important because:*

- Uneducated girls are more at risk than boys to become marginalized,
- they are more vulnerable to exploitation,
- they are more likely than educated girls to contract HIV/AIDS, which spreads twice as quickly among uneducated girls than it spreads among girls who have even some schooling.

## **In the Pacific**

11th Triennial Conference of Pacific Women was held in August 2010 (they meet every 3-years) organized by the Secretariat of the Pacific Community (SPC), a 63-year-old Secretariat that provides technical and policy advice and assistance, training and research services and has three development outcomes:

- 1 sustainable economic development;
- 2 sustainable natural resource management and development;
- 3 sustainable human and social development – for which the Human Development Programme was established in 2006 and includes programmes in gender, youth, culture and community education and training.

SPC has 26 members, including 22 island countries and territories: American Samoa, Cook Islands, Federated States of Micronesia, Fiji Islands, French Polynesia, Guam, Kiribati, Marshall Islands, Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Pitcairn Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna. The other four members are the founding countries: Australia, France, New Zealand and the United States.

There were 150 participants at the Conference from 22 countries, non-governmental organisations, development partners and funding agencies.

Issues identified pre-conference were:

- progress towards gender balance in institutions and legislatures (12.3% at present)
- many women are still subject to violence, poverty and poor health care.

Conference report 'Beijing+15'<sup>1</sup> identified:

- high rates of violence against women
- low proportions of women in all levels of decision-making
- significant under-representation of women in the formal economy
- the lack of gender balance in virtually all high-level national and regional bodies - there are policies and frameworks but these are not being translated into effective action, mainly because the region and countries lack strong institutional mechanisms and leadership to advance gender equality.

Workshop discussions included:

- alleviating the effects of economic crises and poverty on women,
- improving education,
- training and women's health – particularly sexual and reproductive health,
- potential action against the problems of teenage pregnancies and child prostitution.

SPC is:

- developing a regional gender equality strategy,
- forming an eminent persons group,
- reviewing regional strategies and action plans,
- improving the collection and use of gender statistics.

### **In Aotearoa NZ**

New Zealand's Seventh Periodic Report on its implementation of the United Nations (UN) Convention on the Elimination of All Forms of Discrimination against Women (the CEDAW Convention), covering the period March 2006 to March 2010.

The main outcomes the government wants for women are:

- more women in leadership roles across the economy,
- reducing the damaging impacts of violence against women,
- ensuring all women can be fully engaged in the economy and fully rewarded for their efforts.

Barriers to New Zealand women's full participation in society and the economy:

- Women's leadership skills and experience are still significantly under-utilised with the percentage of women on state sector boards and committees (currently at 41.5 percent).
- Boards of Directors of the top 100 companies listed on the New Zealand Stock Exchange have the fewest women (less than 9 percent of directors) and this is where appointment of more women will have the biggest benefits.
- The gender pay gap has stubbornly sat at around 12 percent for the last decade and there is evidence that gains in relevant areas - such as women's success in tertiary education – are not automatically leading to women and men being rewarded more equally. MWA will focus on empowering women through better information and on addressing factors that are known to underpin the pay gap and include:
  - getting more women into traditionally male-dominated trades and professions,
  - promoting flexible work practices and showing business how making better use of women's skills is good for them, as well as good for women and for the economy.

Family violence and other forms of violence (e.g. sexual violence) continue to be issues of immense concern.

- Reported rates of family violence are actually rising and this reflects a lower tolerance of such violence and a greater willingness to report on the back of a concerted nation-wide campaign to change public attitudes in the "It's not Okay" campaign, launched in 2007.
- New Zealand also faces considerable problems with sexual violence, including low rates of reporting and conviction, and inadequate support for many survivors. Not noted are the changes to the ACC Clinical Pathway that are again being reviewed.

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<sup>1</sup> *Beijing + 15: Review of progress in implementing in Pacific Island countries and territories*, compiled by the Secretariat of the Pacific Community, Human Development Programme  
See: [http://www.spc.int/hdp/index.php?option=com\\_docman&task=cat\\_view&qid=85&Itemid=44](http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&qid=85&Itemid=44)

Some groups of women also continue to have poorer outcomes relative to each other and some face greater discrimination than others. Māori women have poorer outcomes in many key areas, even after adjusting for socio-economic status; and migrant and refugee women often face cultural and language barriers in addition to those faced by other New Zealand women.

New Zealand is committed to promoting women's rights at an international level by:

- being an active participant in the United Nations Commission on the Status of Women, promoting women's rights at the Human Rights Council, the Third Committee of the United Nations General Assembly,
- strongly supporting the creation of the new United Nations gender agency and
- presenting with Columbia in 2009 a resolution to the Human Rights Council that recognised maternal mortality as a human rights issue.

### **Women's Expression in NZ**

#### Pacific Women's Watch (New Zealand) Inc.

*Ka pai* - this year PWW(NZ) was granted special consultative status with the United Nations Economic and Social Council (ECOSOC)

- PWW(NZ) compiled *NZ NGO Beijing + 15 Review and Appraisal* – which has been developed from 15 workshops and almost 500 responses to the Questionnaire “How are We Doing - New Zealand Women Together”

As in the reviews for Beijing + 5 and Beijing + 10, concerns for women were clear:

- The pay gap differential for women compared to men continues to be a major concern
- Ongoing workplace difficulties including low pay for the type of work performed; balancing work with family commitments (work-life balance); not feeling valued by management; a poor working environment
- The high level of domestic violence suffered by women and girls
- Continuing impoverishment of families
- 1 in 4 children in poverty
- Health and welfare of elderly women, women with disabilities and girls.

#### P.A.C.I.F.I.C.A. Inc. - Pacific Allied (Women's) Council Inspires Faith in Ideals Concerning All.

I spoke to the Northern Vice President, Josephine Bartley who noted that Dr Peggy Fairbairn Dunlop has historically been engaged in this area.

The issues for Pacific women are:

- Unemployment
- Low paid and low skilled work
- Domestic violence
- Access to cervical and breast screenings
- Josephine noted that Pacific women are one of the most under-represented voices around the decision-making table (Auckland City - no Councillors and only 2/159 local board members).

#### Rural Women New Zealand - focuses on four main areas:

- Land use issues – environment policies, land access issues, animal welfare
- Education issues - broadband, school transport and safety, equitable access to education
- Health issues – services and strategies, agricultural safety and health, public health, mental health, genetic modification, older persons, disability, children's health
- Social issues - access to services, income support, social welfare, family and the law, violence and abuse.

Submissions or statements have been made on topics including:

Rural representation, terminator gene technology, land access, dog ID chipping, paid parental leave, depression, pandemic preparedness, home healthcare and access to drinking water - to name a few.

The New Zealand Sikh Women's Association Inc. - formed in 2002 to assist the community in overcoming violence and ensuring a violence free community and their mission is to "promote the women's rights to be educated and lead life safely, happily and independently within the wider community".

Their "issue" is Family Violence in all its orientations:

- Physical abuse
- Emotional abuse
- Mental harassment
- Sexual abuse
- Verbal abuse
- Child abuse
- Senior citizen abuse.

### **Indigenous Women**

Te Wahine Maori Toko I Te Ora - their pressing concerns are:

- Unemployment - 48% of 19-24 year olds wahine do not have a job
- Family Violence
- Abortions
- STIs: Chlamydia (most commonly diagnosed STI increased by 19% between 2003-2007) 4501 cases - Maori 34%

Gonorrhoea (increased by 56% between 2003-2007) 925 cases - Maori 44%.

Te Whaainga Wahine - a forum for wahine to regroup, reconnect, share information and strategise about collectively influencing the political climate in Aotearoa.

On Fri 26th to 28th Nov 2010: Powhiri Fri 26th at 6.00pm at Matai Whetu, in Kopu, Thames:

Dr Karina Walters of the Choctaw Nation of Oklahoma from Great Turtle Island will set the scene and korero about historical trauma, the creation of lateral violence and the impact on Indigenous Women.

Other speakers include:

Annette Sykes – "The Politics of the Brown Table"

Leonie Pihama – "Colonisation of Maori Women"

Mereana Pitman – "Maori women and Leadership"

Angeline Greensill – "Foreshore and Seabed Mark 2 and Mining".

I want to be the Member of Parliament for Manurewa.

In the South Auckland Electorates that encompass Hunua, Papakura, Clevedon, Manurewa, Manukau East, Mangere and Maungakiekie, Labour has never had a women MP (and for Manurewa that means since 1963) nor an identified Maori candidate other than Georgina Beyer in a General Seat (in 1967 this was allowed and vice versa).

Labour holds 19 electorate seats, 5 of those are held by women MPs – this is 26.31%. 3 of those seats are in the South Island, 1 in Wellington and 1 is Hauraki-Waikato. There is no general seat held by a woman north of Rongotai, Wellington.

The Party has a target of 40% women MPs by 2017.

Today is an opportunity for you to have your say -

There are many issues that have many layers and it depends on your experience and perception and knowledge of the context of the issue that drives what you do - your actions

Actions like attending today and other events such as this

Thank you Pacific Women's Watch

For the opportunity to present

For being active

For listening

He patai.

# WORKSHOP REPORTS

*Notes from two discussion groups on each topic have been merged*

## **Workshop 1 - Social Diversity, Economic Wellness and Deprivation**

Average standard of living in NZ is lower than in many OECD countries.

Employment relations are not equitable with respect to women - gender pay gap still exists and disadvantages women:

Women's ranking re their pay rates is dropping with growing scarcity of jobs

Different social and / or ethnic groups are affected differently - Pacific Island women are especially vulnerable – average pay is decreasing. Unskilled ethnic women suffer too.

Low remuneration for women in workplace leads to deprivation for women involved and their families with multiple short and long-term repercussions e.g. physical and mental health, education...

Research of the Alternative Welfare Working Group 2010 highlights many issues and discrepancies, see: [www.alternativewelfareworkinggroup.org.nz](http://www.alternativewelfareworkinggroup.org.nz)

### Discussion points:

Participants agreed that the 'haves' and 'have-nots' are a very long way apart and that bringing up a healthy family is a struggle for many women.<sup>2</sup>

Value of unpaid work is still poorly recognized e.g. caring for children, ill and/or ageing family – tensions arise around valuing men and women's roles with respect to whether their work is paid or unpaid / valued or not regarded as 'work'.

The responsibility and burden of caring work within a family should be shared 50:50. While this is becoming more common with younger parents, it is still the exception for many older parents...

Disparities between attitudes around who does what work are often highlighted in a workplace by the discriminatory, disparaging language used by some men towards women workers. With jobs hard to find, women may not 'make a fuss' but do find it unfair and hurtful. This behaviour exists for women in white collar professions as well as for women factory and field workers.

New arrivals in NZ find that race relations are not as good as they had been led to believe. As far as many newcomers are concerned, social diversity can be linked with ethnic diversity in New Zealand – well qualified migrants continue to find it very hard to even get a job interview. Many non-European newcomers to New Zealand experience racist attitudes towards them – especially when English is obviously not their first language. It is known for Asian migrants to adopt an English name to get their CV read and achieve a work interview.

New Zealand's most recent migrants from Asia feel that they attract unwanted and unwarranted, racist attention – many long-time New Zealanders need educating re the values of diversity and that some 'necessities of life' for instance, an adequate nursing workforce could not be maintained without migrant nurses e.g. from the Philippines. New Zealand does not match Canada with regards to its services and support for new migrants – it was suggested that new migrants would settle much more easily in New Zealand if there could be a volunteer scheme like Canada's that helps migrants into work.

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<sup>2</sup> See Appendix on p.27.

## Workshop 2 - Diversity of Sexual Preferences

One's sexuality or sexual preferences is a core identifier for all individuals – it is central to the way we express ourselves. 'The right to be who you are' is a basic human right, regardless of sex and age.<sup>3</sup>

The starting point in discussing diversity is understanding the 'language':

LGBT refers to lesbian, gay, bisexual and transsexual individuals.

LGBT has replaced "gay" as a general term for anyone who experiences sexual and romantic desire for a person of same sex.

LGBT can also refer to anyone who is not heterosexual, is interested in male-female complexities and who may as an individual be unsure and still questioning his/her sexuality.

However – "*It's all a matter of definition*"

LGBT covers and highlights the diversity of sexuality that exists with respect to individuals and to gender identity-based cultures. LGBTQ expands on this - the addition of Q does not mean 'Queer' but is used to include those 'Questioning' their sexual identity.

Whereas 'queer' used to be derogatory, slang, almost defamatory it is more and more accepted now as a simple umbrella term replacing LGBTQ, hence 'Queer Youth'.<sup>4</sup>

In Aotearoa New Zealand, the word "queer" has been reclaimed by young people as a positive term that includes gay, lesbian, bisexual, transgender, takataapui, fa'afaine,<sup>5</sup> intersex, asexual and queer-identified people in our communities and families as well as everyone in between and not sure. While the word 'queer' is used by many people, it is also appreciated that it is not the preferred term for everybody.

Rainbow Youth<sup>6</sup> is a key group for young people confused and searching for their sexual identity. They are keen to clarify and expand the definitions of various terms used because a person's sexuality is a key 'identifier' and "relates directly to the way we express ourselves." Over the last few years Rainbow Youth has seen record numbers through its doors and at events, while visiting over 80 high schools in the Auckland region.

A damning ERO review of sexuality education in secondary schools in 2007 found that only 20% of schools gave students the opportunity to explore issues such as homophobia, acceptance, and the diversity of sexual preferences. Queer youth also suffer from lack of appropriate 'sex education' with respect to contraception.

### Workshop discussions:

Workshop participants felt strongly that there should be a "Principals' Code" requiring them to be conversant with and to implement the NZ Bill of Rights and to follow all requirements and guidelines in the New Zealand Human Rights Act 1993. Principals should be accountable for upholding these specifically NZ legal instruments as well as UNCROC<sup>7</sup> and CEDAW<sup>8</sup>

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<sup>3</sup> The UN Human Rights Committee (UNHRC) has determined that discrimination in the arena of anyone's civil and political rights should be understood to include "sexual orientation" as a protected status. The UNHRC has also addressed human rights violations based on sexual orientation in some of its resolutions.

<sup>4</sup> The 'Curious' website was launched in February 2010 at the Nelson Q-Youth Hui - Link Together aims to be the hub for Queer Youth throughout Aotearoa New Zealand. 'Curious' is part of a joint initiative between New Zealand AIDS Foundation and Rainbow Youth – "For youth, by youth." <http://www.curious.org.nz>

<sup>5</sup> Fa'afafine are biological males who have a strong feminine gender orientation, which the Samoan parents recognize quite early in childhood, and then raise them as female children or rather 'third gender' children.

<sup>6</sup> Rainbow Youth is an Auckland-based organisation providing support, information, advocacy and education for queer young people (aged between 13 and 28), their friends, family and whanau, see: [www.rainbowyouth.org.nz](http://www.rainbowyouth.org.nz)

<sup>7</sup> UNCROC – UN Convention on the Rights of the Child 1989.

NZ signed: 1990, ratified: 1993; Latest Report to UN Committee, submitted 2010, will be heard 2011.

<sup>8</sup> CEDAW – International Convention on the Elimination of all Forms of Discrimination against Women 1979. NZ signed: 1980, ratified: 1985; NZ's Seventh Report to UN Committee is due to be submitted in 2010.

There is real discomfort in some Auckland schools to the extent that one principal in an all-girls school would not approve of the establishment of a GLBTQ support group as an approved student 'club'. This decision was overturned on grounds of the principal's clear discrimination re sexual orientation. Her initial veto could also be termed 'bullying', although commonly bullying of queer youth is carried out mainly by their peers, threatening their right to security and freedom of movement and association.

Progress in ending discriminatory treatment of members of the 'rainbow community' is slow but there are key advocates/lobbyists e.g. Chris Carter, MP. and Rainbow Youth staff working hard here. Although successive governments have taken some steps to remove the explicit and implicit barriers to homosexual people being able to exercise their human rights, e.g. Civil Union Act it was agreed that there needs to be further legislative change for all GLTBQ community to have real equality. Sadly for queer youth, legislative change lags behind reality.

Society's responsibility to young women is to provide them with a safe environment for their sexual expression to be able to take its own course for organic expression –  
"We don't need to dictate what sexual preferences are available – just be supportive!  
Let our kids be accepted as themselves. This is crucial for their good mental health."

### **But how do we do this?"**

There was considerable discussion about changes in ages of sexual maturity of children based on work of Dr Sir Peter Gluckman at Auckland University's Liggins Institute who had found that some children aged 10 and 11 are sexually mature before either they or society are prepared for the implications; the complexity of modern society means there is a mismatch between their bodies and brains. Acting-out behaviours such as binge drinking, illicit drug use, unsafe sex and criminal offending "are increasingly likely to occur."

According to Sir Peter, young people are becoming sexually mature before they are psychologically equipped to function as adults. "It is not effective to just keep telling young people with raging hormones to keep their legs crossed", Dr Gluckman said back in 2005. "All our systems...our school structure, customs and mores, need a fundamental rethink."

Sexualisation of the young is hyped by makers and sellers of 'Girls' toys' vs. 'Boys' toys' and clothing too, especially for young and pre-teen girls. Although young women are now sexually mature by 14 years at the latest and young men by 16 years, yet their brains are not fully mature until some time between the ages of 20 and 30 – and the areas of the brain involved in impulse control and judgement are the last areas of the brain to mature.

Teenagers of both sexes often show signs of frustration and high violence levels: viz: high car accident statistics for male teens and very nasty bullying by adolescent girls. "Solutions to these problems would require a much greater understanding of brain maturation and how it was affected by societal pressures and of how social structures could be engineered to ease the transition from child to adult", Dr Gluckman.

Easy IT access, advanced chatting on-line, sexual play on-line all threaten the safety of girls.

Because it is hard to control what happens in a private home, perhaps stronger policy is needed at central governmental levels. All these realities pose considerable extra risks for teen members of the queer community.

Growing up and reaching sexual maturity can be particularly hard for children 'in care', foster children and other 'high needs' children. Foster parents need sound training to look after youth struggling with their sexuality and identity. It should be considered that long-term committed same-sex couples may well be better parents than a sequence of foster homes.

When looking at 'well-being' indicators: - youth suicide rates are taken as an indicator of the mental health of youth. NZ youth suicides rates are among the highest in the world and may reflect the inadequate level of support available to young people as they make the transition to adulthood. International experts have already suggested that young adolescents with serious gender identity disorders should be given drugs which will block puberty.

Male survivors of suicide in NZ often state that their attempt was connected to their sexual identity - who is responsible? Real life situations shared included the suicide of a transgender person whose genital change surgery triggered his suicide, possibly because of being poorly prepared or appropriate counselling not being available when needed.

Accepting difference - Other cultures accept sexual diversity better than we do in New Zealand e.g. in Samoa, Fa'afafine [see footnote 5] are known for their hard work and dedication to the family; they are prized and respected in Samoa but taunted and bullied here in NZ.

Bullying of anyone who is different is all too common in NZ whereas we should be creating an environment where everyone can be themselves – schools have an important role here. They need to be asking: a) Who is bullying and why? b) Who is being bullied and why? “We are not always good for our kids” was a heartfelt comment from one participant.

Mentoring of students with low self-esteem and importance of tolerance of diversity and difference were explored. Guidelines for good/acceptable behaviour must be applied universally to all in a community – family, school or local district.

The importance of respect for individuals and the belief that “Everyone matters” was affirmed - reminiscent of ‘Every Child Counts’.

Whether or not an ‘Out’ group should be offered at school was balanced by whether or not it is better to wait for someone to be a champion e.g. for transgender youth or for same sex partners to attend the school ball...

The question of “What is a respectful relationship?” should be at the core of all interactions in a school community rather than putting areas of concern into ‘boxes’ e.g. focussing narrowly on sexuality. Similarly, the wearing of gloves in a hospital should be a universal precaution wherever there could be transfer of HIV/AIDS, rather than only when caring for an HIV/AIDS patient.

Adapting and extending the Peace Foundation’s ‘Cool Schools’ programme to cope with students who are unsociable and disruptive in the playground because of unresolved sexuality issues. Training for counsellors to use a ‘queer’ lens to see where some confused and/or difficult students could be ‘coming from’...

A number of different situations that could and do arise in NZ and which can have negative outcomes were discussed:

- Raising children in solo parent environs and without any good male role models;
- Foster parents’ shortage of money and time to parent their foster children really well;
- Inadequate/poor opportunities for parenthood training for natural and foster parents;
- ‘Special needs’ children being moved around a succession of foster homes with problems as a consequence – caring for these children by long-term, committed same sex couples may well be better than their living in transient foster environments;
- Unplanned pregnancy rate in NZ is high and the consequences of foetal alcohol syndrome disorder [FAS]<sup>9</sup> are devastating, e.g. children suffering from FAS do not learn from social experience and have multiple extra needs.

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<sup>9</sup> Alcohol Health Watch - 1 in 4 children affected by FAS suffer longstanding effects and do not respond to cognitive therapy.

## The Family:

Extending the definition of 'family' is an important debate and has ramifications with respect to the 'institution of marriage' and New Zealand's Marriage Act which is built around the Christian religion's concept of marriage.

The Civil Union Bill eroded discrimination against same-sex relationships in a number of ways and the removal of discrimination around same-sex marriages has been most welcome.

Adoption protocols and law need revisiting as adoption by a couple requires them to be in a marriage, a civil union is not acceptable.

Adoption options for a same sex couple are limited to a child being adopted by just one member of the partnership who becomes the adoptive parent, the other has no legal standing. For several years, long overdue changes to remove this discrimination have been discussed by judges wanting to bring NZ law into parallel with NZ society – but the issue seems to be too complex and it is over-likely to be sensationalised.

Relationship education/living skills should be embedded in school curricula as a core element and underlying theme from Year 1 to Year 13, progressing according to the age of the children from friendship to intimate relationships and basic parenting skills.<sup>10</sup>

Youthline is a valuable, well used service offering help "to better understand yourself and relieve emotional distress." Issues that counsellors can discuss include: Communication, Sexuality, Gender identity, Mental health, Trauma/Abuse.<sup>11</sup>

### Note:

Within PWW(NZ) Conference, two separate workshops were held for all topics.

For 'Diversity of Sexual Preferences', the first group was more about integrating and normalising any expression of sexuality - and creating a responsive context to whoever children and young people are in that expression while the second group was more focused on the differences in sexual expression and the right to be different - a pro-Queer position.

Post-script: Human Rights Commission Report - *Human Rights in New Zealand Today, Ngā Tika Tangata O Te Motu* was launched on 9 December, 2010.

Chapter 19, Sectn 5: [The rights of homosexual, transsexual and intersex people](#) include:

From consultation and from the literature, three clear themes emerged about the current status of homosexual, transgender, and intersex people in New Zealand today: lack of data, the right to be who you are, and the right to security.

<http://www.hrc.co.nz/report/summary/summary19.html#sel>

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<sup>10</sup> *Roots of Empathy* was brought to New Zealand by Peace Foundation Aotearoa/New Zealand. A 3-year trial for 9-11 yr olds (Yr 4-6) who learn to understand and identify others' feelings and how to resolve problems by observing interaction between baby and mother who make class visits weekly is undergoing evaluation.

<sup>11</sup> Youthline is a regionally focused, nationally linked service, established 1970 and celebrates and values diversity. Youthline's first research symposium was held on 16 November 2010 in Auckland. Ref: <http://youthline.co.nz/services/67/266.html> Pathways to Resilience and Youth Transitions are two collaborative youth research projects currently exploring the resources young people need to do well and the issues they confront in making successful transitions to young adulthood. Youthline provides a whole range of services designed for young people and is a comprehensive, confidential source of information with a free 0800 landline, free text, see: <http://youthline.co.nz/services-directory.html> for more than 20 links.

### Workshop 3 - Youth Issues Requiring Legal Intervention

**YouthLaw Tino Rangatiratanga Taitamariki** is an Auckland-based national community law centre for children and young people, providing legal advice, assistance and representation to young people under the age of 25. YouthLaw has a good relationship with many schools and outreach staff visit as many as they can fit in, meeting with children and young people and explaining their services, distributing fact sheets and putting a face to their services e.g. <http://www.youthlaw.co.nz> and <http://www.youthlaw.co.nz/page/Family>

Vested under the Legal Services Act 2000, YouthLaw's base in Auckland has five full-time lawyers, a legal education coordinator, administrative office staff and several volunteers. This staffing enables them to offer free legal services including legal information and advice re the young client's education, employment, criminal matters, family violence, preparation of legal documents and also support for counselling, mediation, representation at meetings or in Court. While the age criteria for 'youth' is commonly up to 18 years, for YouthLaw (YL) it is up to 25 yr old. Young people can phone in with questions or leave a message or e-mail etc and a YL lawyer will respond in working hours, usually the same day. This quick response with impartial advice can help the inquirer greatly and often defuses an 'overwhelming' situation – providing support for youth in strife is paramount.

YouthLaw has a good bank of resources in appropriate languages – its scope is only constrained by funding. Interns/law students make a valuable contribution here with researching and writing new resources.

**In the community:** As society shifts and becomes more diverse, YouthLaw conducts human rights research, and advocates for law reform to protect the rights and interests of children and young people in New Zealand. YL has a public education role too at the interface between NZ law and youth, parents, family/whanau and guardians.

Many young women feel they are invincible – a common illusion.

Vanushi Walters, facilitator, presented to us a typical scenario that required specific legal knowledge and / or intervention to ensure the safety and well-being of the youth involved.

A 15-16yr old girl working as a part-time receptionist out of school hours, realises that she is pregnant and tells her boss (but not yet her parents). Boss offers 'time out' but suggests / recommends she stop working immediately. He offers her 'holiday pay' but says "Don't come back"

**Q:** "Can he sack me just like that?"

**A:** No, your boss is discriminating on grounds of pregnancy.

**Q:** "What do I do first?"

**A:** Consult YouthLaw to get the facts about your options and get a counsellor to be your support person as required – YouthLaw can help here too.

**Q:** "Do I have to leave school – will they ask me to go?"

**A:** No, you can remain at your school or decide to attend an alternative school. There are various ways for you to continue your formal education if you choose to leave your current school.

**Q:** "What are my rights?"

**A:** Your counsellor/support person will work with you to sort out what your rights are and how you want to proceed.

YL and counsellors are very aware that the confidence and apparent invincibility of many young women is an illusion which can collapse totally in a stressful situation eg bullying, sexual abuse or rape, especially when a family member or close family friend is involved.

YL's priorities are to make sure that the girl is safe and informed about her rights and options and for her to have secure, on-going support - to link her up with a good supportive person

immediately. YL needs to gain and keep the girl's confidence and to hear her story - fully and as soon as possible to prevent any unsound, bad, stressed decisions being made, e.g. making an initial, formal complaint and then wanting to withdraw it – VERY difficult.

YL can arrange for the girl and her preferred support person to meet with a potential/possible counsellor. If one is hard to find quickly – phone the Police and ask for a woman officer to attend as a neutral and knowledgeable support person.

The safety of the girl is paramount - if a counsellor suspects child abuse, CYFS must be called immediately. The safety of the young person is always paramount.

When sorting out a 'best practice' route re intervening, YouthLaw often has to weigh up the risk of the likelihood of causing girl's alienation from her family vs. the safety of the girl. Often a diversity of possible outcomes must be considered...

The girl in our scenario would have many questions such as:

"What if I want to have an abortion and my parents say I can't?" *or vice versa.*

Note: New Zealand law allows a girl of any age to accept or refuse an abortion.

"Can I make the boy/man have a test to show that he's the father?"

"What happens next?"

"What if my baby's father wants a test (DNA) to be sure the baby is his?" *or not.*

There is a lot of misinformation in communities - pregnant teenagers cannot be compelled to leave school – telling them they must leave is illegal. After the birth, teen mothers can choose to continue their schooling - one option is in dedicated teen-parent units attached to some state secondary schools. Some Women's Centres offer valuable and supportive parenting courses for teen parents and can advise re other opportunities. Their counsellors are also very aware that the self-confidence and assurance of many young women is actually fragile and can collapse totally in a stressful situation e.g. unexpected pregnancy.

Youth need to understand their rights as individuals – and usually still need guidance so they can answer and make good choices when asked: "What do you want to do?" "What can we do to support you?" Receiving 'too much advice' and having 'too many options' is SCARY!

Workshop participants brainstorming this whole scenario shared information and comments:

- It is very important for all teenagers to receive good 'relationships advice' and to hear it and heed it, especially necessary for girls;
- Young women fear being 'found out' if they are 'on the pill' – they face very mixed reactions, snide remarks, envy to disdain, being labelled as a 'XYZ XYZ', or 'easy';
- There is a stigma around contraception for sexually active girls and it needs to be removed. For many teens their bodies have matured years before their brains' self-control, reasoning and/or their 'consequences' mechanisms have.<sup>12</sup>

An agreed recommendation is for the establishment of a 'One stop shop' for youth to go to as a co-ordinating centre for sexuality, legal, family, personal relationship advice and counselling with privacy always guaranteed.

'Information', 'prevention', 'safety', understanding 'options', awareness of 'cultural issues' - these terms were used frequently, in different combinations and in different contexts. Time spent in confirming with youth exactly what is meant or involved is time well spent.

Parents should be taking responsibility for their daughters' sexual safety as well as their physical safety and open up opportunities for age-appropriate discussions with their children

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<sup>12</sup> see 'Diversity of Sexual Preferences' workshop, p. 13 – the Liggins Institute research findings referenced there are also relevant here

from an early age. Parents need to be a step ahead in terms of the scope of moral and ethics education that their children receive/absorb so that children can deal with good and bad information and choice. While schools can and do offer this too, it is foremost the parents' job to do so and this will occur with an overlay of cultural 'norms' and expectations.

Not all men nor all cultures clearly acknowledge that sexual violence is a criminal issue. "She was asking for it" or "I thought she'd be on the pill" as male defence are not acceptable.

Young women need to have clear recall, be absolutely sure of their facts when saying they were co-erced into sex, assaulted, raped etc...

Q: If CYFS<sup>13</sup> are contacted what will happen if the rapist is a member of the family?

Young women may believe that they 'know their rights' and will be vocal about them – but their real knowledge is often very shallow and sketchy.

Lodging a complaint to the Police leads to a state prosecution.

It is important for girls and young women to know the consequences of their reporting to Police e.g. if you report 'abuse' or 'rape'. When there has been an allegation of 'rape!' it is very difficult to change, stop or withdraw the claim, or to cancel the prosecution process.

There is a lot to think about, hence the importance of a support person.

There was considerable workshop discussion as to whether or not a victim of abuse or violence should be able/have the right to withdraw her claim or her report.

Reasons given were:

*"If/when the woman goes back to her partner, the fact that she has reported the violence can lead to more of the same!"*

*"She'll be worse off and have to deal with safety implications from reporting"*

There are also economic/financial implications: *"If the breadwinner leaves, what will me and the kids do?"* There is a real 'disconnect' between the victims and the prosecution.

HELP can offer culturally sensitive advice and assistance that is not invasive of privacy.

Their 'rape kits' are shared and victims have the choice whether to report or not... And even if the victims decide not to prosecute, they still get support from HELP and their evidence is recorded and kept. HELP with its 0800 line deals only with sexual abuse and rape issues. Based in Grafton Rd it has strong links with police, CYFS and the assault patrol adult unit at Greenlane Hospital, Auckland.

**At work:** Many employers are ignorant with respect to their responsibilities as good bosses under various Department of Labour regulations, as well as under the Human Rights Act, Privacy Act, et al... Many (smaller, newer) employers seem to be ignorant or hazy about their own human rights and responsibilities as well as those of their staff – it is over to the employer to be aware of their responsibilities as well as their rights. Many employees are similarly unaware. The Human Rights Commission can offer advice (it has a confidential phone-in line) and offers free mediation when this is deemed appropriate.

**Interaction with schools:** The extent and limits of power held by schools are rarely investigated and sometimes a school principal or the Board of Trustees oversteps their authority. YouthLaw is happy to meet with Boards of Trustees and brief them generally on legal aspects of their interactions with students – breaches of school rules that cut across cultural practices can lead to confrontations 'blowing up' in schools and cause much stress e.g. a young woman student who wanted to display a cultural symbol on her skin was told to remove it or to wear stockings to hide it - this took place in Auckland, in summer! YouthLaw assisted this young woman to proceed to mediation.

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<sup>13</sup> Child Youth and Family is a service of the Ministry of Social Development; see: [www.cyf.govt.nz/info-for-teenagers/index.html](http://www.cyf.govt.nz/info-for-teenagers/index.html)

Another area or set of circumstances where YL are asked to provide advice/guidance is with respect to the interface/interaction between GLBT youth and the school establishment. Situations have ranged from a GLBT support group being accorded 'club' status within one school, to another school which emphatically forbade this. YouthLaw support resulted in this group being enabled to be set up.

Information and prevention are key factors. In some school communities there is real concern about the difficulties faced by young people who are in strife with their teachers, or whose parents are in conflict with senior staff or the principal, or out-of-step with the Board of Trustees – for whatever reasons...

Recommendation from both workshops:

YouthLaw has investigated high school discipline structures 'in situ' and across a range of circumstances and considers that it would be most advantageous if an intermediary body could be introduced that would fit/sit between a Board of Trustees and the next avenue for redress, which is the High Court. At present High Court action involves masses of paperwork and heavy fees for the client.

There are not too many lawyers prepared or able to undertake this work 'pro bono' as losing the case can leave them bearing all the costs!

## **Workshop 4 - Communication on health matters - multicultural dimensions** ***including Diversity of health issues for disabled women and girls***

The two workshops relating to health issues were combined and while the paper below was prepared in the first instance to highlight issues faced by disabled women and girls, it also relates very well to the knowledge and awareness dimension necessary for good communication on health matters in multicultural communities.

### **The Interwoven Self – Deaf Dialogue and Medical Systems**

#### ***What is the interwoven self?***

This term describes the way in which each of us create our own 'selfhood' by interweaving into our 'essentialness', the warp of our lives with the multiple colours, patterns and textures of our being, using the strands of our different cultures, perspectives and experiences. In this way, each person reflects their individuality and interconnectedness, diversity and differences. We are from the many different cultures and ethnicities, making up our country in New Zealand. It is something that we can be proud of and honour. Our diversity and our differences make us special and give us a wide opportunity to explore other ways of being and other ways of cultural authenticity. In this way, we honour the interwoven selfhood of people from many different perspectives. We also learn new ways of interweaving other strands of cultural colour and fabric into Aotearoa New Zealand.

One aspect of our interwoven-ness which we will be looking at has to do with the nature of disability and the culture of Deaf.<sup>14</sup> These strands were chosen as a way of looking at the multi-diversity of our nature, and to honour people who are often almost invisible and un-regarded. The issues of disabled people including Deaf people when coming into contact with medical systems are huge, and affect many people, with disabling forms that unravel the self, leaving torn threads behind.

I remember working with 'Margaret', a girl with severe cerebral palsy. She is non-lingual, although very determined. Living at home with her adoptive family, she was able to manage a life that was full for her as a child, although later on as she lost more movement, and as her adoptive mother's health and ability to care for her declined because of MS, this was reduced. When her adoptive mother could no longer care for Margaret, she was placed into care. This was not Margaret's wish, and she made life very hard for her new carers and so she was moved to a new locality. Sadly, a decision was made to medicate Margaret to make her more amenable for the staff. This left her sleeping most of the time and generally in a fug. Unfortunately, this is not an isolated case. In care environments where there are a number of people to be looked after, it can become very difficult to give good quality care to everyone. And those who are most at risk of being medicated in this way are those who are feisty and therefore a problem. Fortunately, Margaret's case was seen and she was again moved. She now lives in Avondale, and has been very happy there for some years.

From my own experience: I have a daughter who has had ME (Myalgic/Encephalomyelitis /Chronic Fatigue Syndrome) for the past 22 years. The initial diagnosis was not helped by specialists claiming that the cause of her symptoms/issues were:

- 1) *her parents who were pressuring her to achieve,*
- 2) *her own fault – she wants to be sick,*
- 3) *the pets we have and we needed to put them all down.*

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<sup>14</sup> 'Deaf Pride is important to Deaf people'. 'The capital **D** is a statement of identity'. 'Deaf people are people of the eye.' 'Deaf people do not think in words but in signs and pictures.'

There is a great deal that Deaf people would like to share so that hearing people will understand better – and in Auckland, a source of information to give some basic understandings is the Auckland Deaf Christian Fellowship (ADCF). These quotes are from ADCF information - to contact them: fax: 814 9642, text 027 476 4712, or e-mail: [s.gibbons@xtra.co.nz](mailto:s.gibbons@xtra.co.nz)

Having rejected all of these diagnoses, we found help through an alternative practitioner. Whilst our daughter still has ME, it is no longer so disabling and earlier this year she graduated with a Masters degree in Anthropology (A pass), and is about to start her PhD.

I had hoped such medical behaviour as my daughter received initially was a thing of the past. Sadly, not so. Recently, my eldest grandson exhibited much the same signs as my daughter did. What do the specialists say? *'His problem is caused by his mother/ female relatives telling him he is sick'. 'It is all in the mind and there is nothing really wrong with him'*. Needless to say, we are taking him to the same alternative professional as for our daughter.

### **What are some of the other main issues faced by disabled and Deaf people?**

At the workshop, a story was told about a young woman Y who was found by C, a member of City Mission staff in a centre she was visiting. Realising that Y was a street person, she talked with her and rapidly realized that she had an intellectual disability. C was horrified to hear the story of how Y had arrived in Auckland and met some prostitutes who told her she was too young to do what they were doing and to go home. But after the prostitutes left, Y got customers for herself. Fortunately, Y was soon taken to a safe place and after receiving medical treatment for her several STDs she has been placed in a house for now.

Full assessment has not yet happened, although it was asked for urgently 4 weeks previously. Y's mother explained how her daughter would wander off, and that she was often picked up and returned home by police and neighbours. There had been no support systems for the young woman or her mother and there is still very little available.

Moving on to issues with Deaf people, I want to look at some of the multiple problems caused by communication difficulties, and will use some of my experience with Deaf people to illustrate issues that have been raised:

What are the barriers to dialogue and communication?

New Zealand Sign Language, the third official language of NZ is a visual language and often hearing people do not understand what this means.

The English language used by hearing people often does not take into account people who use English as a 2<sup>nd</sup> language, and is often too complex for Deaf people as well. Added to that, the speakers' faces are often averted or their hands put in front of the mouth, so that lips cannot be read.

Having to ensure that lighting is suitable for communication is not something we generally think of, but good lighting is critical for Deaf people. 'Nothing is simple!'

Trying to communicate over distances can become a nightmare. When someone is brought into Hospital, often there is no way for them to tell people what has happened. Access to fax facilities and, even more importantly for Deaf people telephone relay services, are essential, but very rare. Many kindly intentioned hearing people, without thinking, will offer the phone to a Deaf person, forgetting that a Deaf person cannot hear.

Other equipment issues can be very important, too and ensuring that relay phones are available in public buildings, especially in hospitals, will enable Deaf people to communicate with almost the ease that hearing people are used to. Some Hospitals require intercom connections for doors to the wards to be opened. These problems are not, I think, the result of not caring, but of not knowing. And when one remembers that there are about 500,000 people in NZ with severe hearing loss, it can be seen that there is a huge need for education in this area.

Within the medical systems, which are set up to 'make people better', the 'wellness' culture often leaves out those who will never have the opportunity to be 'well'. They will always live with some level of health issues and be seen within the 'normalcy' doctrine as being damaged.

However, Deaf people, living in Deaf culture, do not consider themselves to be 'damaged'. Deaf people in New Zealand come from many different cultures and ethnicities. Indian, Iraqi, Samoan, Niuean, Maori, Russian, English, Dutch, Korean, Fijian and many, many others, make up a colourful fabric within the Deaf culture. Deaf people perceive that they live in a disabling or handicapping world which is created by the 'hearing' environment, which/who are not interested in learning the culture of Deaf people. Many people with disabilities feel exactly the same way as Deaf people do, prescribing the perspective of them as being 'faulty' bodies to the hegemony of health.

These issues are huge when it comes to coping within the medical systems that are in place today. To try to bring these huge issues into a realizable framework, Johanna (see later) and I will use narrative to show true stories we have seen and experienced. In this way, we hope to show how at times the interwoven self can become unravelled and frayed by negative experiences (we will of course use other names to keep the privacy of the people involved).

Sandra shared some reminiscences from her many years of involvement with the Deaf community – all names have been changed for privacy reasons:

"I was in a hospital waiting area with my sisters, when I was asked to go to the reception area to try to help a Deaf couple who were attempting to understand what it was the doctor was saying to them. I spoke with the wife who explained how anxious, upset and confused they were. They had been told to come urgently, and had wondered why this was. Because they had waited a long time for an appointment, they did not want to refuse, so came along, although there had been no time to arrange for an interpreter.

When I met them, they had just come out from seeing the doctor. The wife explained the situation, and realizing their struggles, I offered to go back with them to the doctor to try to help with the communication. The very helpful nurse went immediately to the doctor, who was writing up his notes. The doctor refused to see them again, saying he/she had moved on, as the schedule was so full. Because of this, the couple were left feeling most confused, anxious and worried. The nurse did her best, as did I, to communicate what she understood the doctor was saying, but they went away feeling very stressed and most unwelcome.

"Next I want to talk about 'Leila', a Deaf woman with multiple disabilities. For several years I have been working with this Deaf woman who also has mental health issues. She lives in sheltered accommodation, and until earlier this year, it was a good situation for her. The placement had been found for her by the prison service on her release from a several month sentence at Mt Eden Prison. I act as next of kin for her because her family can no longer manage this for her.

At the time of this incident, Leila contacted me to say she was unhappy with her key worker, a Chinese woman. I spent some time talking with this care worker and realized we had some communication and cultural problems, as well as some process issues. The care worker felt that Leila's issues were more social than mental health and wanted her to leave the accommodation, go out into the 'community' and get 'settled and comfortable'. Leila was extremely concerned at this plan as her previous attempt at moving out from sheltered accommodation had led to her living on the streets and from there to criminal charges and prison. Naturally she did not want to go there again. She was very, very stressed and afraid, feeling suicidal and rapidly became borderline paranoid. When talking with the key worker, one of the first things I realized was that she considered that 'community' for Leila meant the 'hearing community'. I tried to explain to her that this was not Leila's community, and we had what I would consider an uneasy agreement to leave Leila where she was.

Soon after, I attended a meeting in the 'House' with them both and an interpreter and noticed that neither was able to work with the other. A short time later, Leila had another mental health episode, which was very distressing for her and for everyone in her house. Thankfully, there was a good outcome for Leila, with her being given a new key worker, a lovely Maori woman, with whom she fits really well, and the situation has now stabilized again. I believe that a great deal of the earlier problems with the previous key worker were around communication.

"Another Deaf person with mental health issues and thyroid dysfunction is 'Rachel'. Initially the drug Thyroxine had been helpful, but Levothyroxine the new product from China aggravated her mental health problems so she had tried to get help from her GP. Rachel felt he would not listen to her, so I offered to go with her to see if we could get some resolution for her. Once we were in the doctor's room, I realized one of the problems was her difficulty in using the right words to express herself clearly – 'verbalisation'. The doctor seemed to be very avuncular, but also dismissive of Rachel's problems. However, when I talked with him as well, he willingly changed her medication to another product, which worked much better."

Issues of Deaf non-verbalisation, or limited verbalisation are part of the lived experience of Deaf people. For both women, English was not their first language and yet both had to communicate in that language and try to understand across very different cultures.

**Johanna Brens QSM**, apart from founding Hearing Dogs for Deaf People NZ has also worked as a hospital Occupational Therapist, and as a Needs Assessor at Waitakere Hospital and she is now caring for an elderly Deaf/blind person with multiple medical issues.

Johanna wrote as follows: The medical systems have patterns, just like the warp of a woven fabric. The weft is like the different colours of the cultures which are interwoven with it - each strand is an individual, and you may have a group or banding of weft strands/fibres. Some are smooth and some are bumpy. And you follow a pattern which gives the special effect to the product at the end. The Deaf weft colour may be of subtle hues, which intertwine with the bold warp structures. Sadly, there are some times when the weft of the Deaf culture feel frayed and unwoven, left at loose ends as they come in contact with the strong warp of medical systems. Here are some true stories of how this happens, although these are sadly only a few of many, many other examples.

Recently attending an outpatient eye appointment, the doctor was in such a rush that it was not possible to give a deaf/blind woman called 'Mabel, (name changed to protect her privacy), the explanations, information and instructions required. To translate hearing language for a pre-lingual Deaf person requires a skill in understanding in order to communicate the information in a way that the Deaf person can assimilate and process it. To ensure clarity, this often requires multiple ways of giving information. With a great deal of medical terminology it is necessary to take much longer to relay, communicate and change the words around so that Deaf people can understand what is happening.

Mabel needed to understand information about having a needle inserted into her eyeball and then instructions for her to look in different directions when told. This was not possible for Mabel within the short time frame allowed. I understand that this was due to the work pressure put on the doctors by the volume of patients they are required to see. What would have helped? It would have been useful, beneficial, to have had the information about the procedures and the requirements during the procedures explained ahead of time, eg when the nurse checked the eye pressure before the consultation, rather than during the actual procedure with the doctor. As it was, because Mabel had to turn her head to see what I was saying to her, they had to abandon the very procedure which could have helped to hold that level of loss of vision instead of the hasty progression towards blindness which is now happening. If only the system had allowed time and if the doctor had had a greater level of patience, plus...

When it came to Mabel being told that she had an inoperable tumour, sadly the doctors chose to tell her in her ward, in loud voices, so that everyone else in the ward could hear what was happening. I was also distressed that the medical staff communicated with me about Mabel's diagnosis, rather than involving her to the extent that the doctor told me the situation whilst Mabel was still under anaesthetic and then wanted me to explain it to her.

Thinking about other Deaf women who have experienced problems with medical systems, I am aware of several who have struggled when in hospital. Often the doctors talk with the patient while standing with the light of a window behind them, making their face become a silhouette and impossible for the Deaf person to lip read, or turning the head away or putting a hand in front of the mouth/obstacle. A light shining on to the Deaf patient's face will also create the same issues and be a barrier to communication. Often the doctor or medical staff will think they have communicated well, when in fact, the Deaf person is extremely confused about what is happening.

When these situations happen, it is like leaving a loose end that can unravel or create a fault in the cloth that will cause greater areas of weakness. Or it may be that the colour may no longer shine properly. There is now a great 'blip', because part of the interwoven self is coming adrift.

Another story: As a person who is Deaf and also a support person for Deaf people, I have my own Hearing dog, Monty. Hearing dogs are allowed to have access to all public places, including hospitals, just like Guide dogs for blind people and other assistance dogs. Whilst visiting Auckland Hospital recently, I had been helping an elderly Deaf woman, 'Margaret', in the Emergency Dept's 'resuscitation area' with her Hearing dog and Monty in attendance. We then took another Deaf woman home and returned after 'visiting hours' to the Emergency Dept to help with further communication for Margaret, as she went through various investigations and procedures.

However, the security officer said I could not bring the dog in and that I had to tie him up. I explained that Monty was a working Hearing dog and had access the same as a guide dog. I presented Monty's ID card and other supporting information and explained that we had already been in the Emergency Dept a couple of hours previously and that I could not leave Monty tied up outside as he was a valuable dog because he is trained to help me specifically. He works for me by alerting me to specific sounds e.g. fire bells or someone wanting to come into the cubicle, room etc. He also alerts other people to my hidden disability, helping them to respond to me in a positive way. The security officer rang his manager and endeavoured to pass me the phone, even though I had already said that I was Deaf – how simple was that!

Later, a charge nurse on the ward asked me how the dog worked and I explained. After informing her about what had happened, she gave me the contact details for the service co-ordinator and also phoned the co-ordinator to say what had happened. This same nurse suggested I should give in-service training to the staff, which would have been great. However this situation left me feeling inadequate and unravelled. Knotted and twisted inside. It felt very much like I had frayed edges.

This is the way Deaf people feel frequently when they are ignored by people in positions of authority. Deaf people can feel as if they are the only one with the condition, not knowing if their reactions are the normal thing. "Our lack of hearing often means we are not part of the hearing discussions which happen on the radio or TV, or in daily activities. If there are no subtitles, we cannot participate."<sup>15</sup> This inability to participate and the feelings of vulnerability and isolation that ensue are big issues for Deaf women and also for girls and women disabled in other ways: physically, psychologically, intellectually.

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<sup>15</sup> See Executive Summary of Deaf Way Report, 29 November 2010.  
<http://www.deaf.org.nz/yk-files/cf918620c2a4f7c140de16c0208d6e8d/Deaf+Way+Report+Final.pdf>

Being unable to participate in 'Kiwi' activities, feeling stressed, vulnerable, isolated and in need of advice on health matters are huge issues for women and girls living in New Zealand but who have different religious and cultural backgrounds, beliefs and family expectations.

**Concerns shared and ideas discussed** by workshop participants from their own experiences as well as in feedback triggered by issues raised by Sandra are listed below:

Rather than being born deaf, many peoples have become deaf from illness especially from illness that is preventable by immunisation. This led into discussions about immunisation, maternal screening and informed consent – all of which are difficult to deal with for women and girls from different ethnic and cultural backgrounds as well as those with related disabilities.

Deafness can severely limit conversation and access to knowledge and many consider being deaf is worse than being blind. The diversity of women and girls, their health and disability problems and the (non)-availability of suitable, appropriate services all create a myriad of challenges – *“Just try to imagine the difficulties a Deaf woman faces trying to find a taxi late at night”*

Ease of mis-communication between lay public and medical health system professionals. Effective communication must be a priority in all situations. This includes interpreting services, now accessible for clients who are eligible for publicly funded health services.<sup>16</sup> Family or community members are NOT necessarily good choices as interpreter - their presence can prevent open exploration by a GP of very personal conditions/issues.

Health professionals need to be aware of what is / is NOT culturally appropriate and must be able to communicate simply and clearly. If of same culture –“No problem” but it may be necessary for others to undertake training to acquire the knowledge and skills necessary.

Considerable concern in Auckland area re 'health literacy' of women who have come from non English-speaking backgrounds [NESB] and are struggling with English but want to read about health matters such as the “Why?” and “What?” of maternal screening. General health information is mostly in English - NESB new arrivals need NZ system to be explained clearly before they need to use it.

Existing services for health and disability lack funding to maintain them well and yet both health and education funding have been reduced - but money is available for entertainment such as World Cup 2011's 'Party Central'!

Better collaboration between services is highly desirable to prevent a person needing health and other assistance being 'bounced' or 'shuffled' around between services...  
e.g. 'mental health', 'intellectual disability', 'social services', 'justice system', 'housing'...

The highest needs are for good communication access to government services with Health, Emergency services, Work and Income, and Police being considered the four most important overall. Personal safety is the top priority at all times. It is crucial that these and other related services understand this and agree to act with urgency when health and welfare needs are urgent/critical and especially when a situation really is an 'emergency'.<sup>17</sup>

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<sup>16</sup> IF eligible - free interpreting is available for GP visits and all PHO services. Telephone interpreting is what is automatically offered first. It is the 'default medium' unless consultations are for over 45 minutes, for complex issues or comprehensive health history, Breast screening, appointments required under mental health Act or when sign language is needed. But – ACC clients are not eligible

<sup>17</sup> Police worked with Deaf Aotearoa New Zealand, NZ Fire Service and St John to develop the new 111 text service for the Deaf, launched October 2010.

Increasing numbers of persons with mental health issues and/or intellectual disabilities are slipping through the system and becoming homeless – there is no long-term support system available for them – women and girls particularly vulnerable and there needs to be a ‘safety net’ for them. De-institutionalisation of people with mental health issues and/or intellectual disabilities has created a hiatus re care, support for these people is very variable

Immunisation of babies and young people – access can be problematic, as can who decides re ‘Opting IN?’ or ‘Opting Out?’ of any particular immunisation programme.

The higher the client’s needs, the more likely she is to be or feel marginalised by mainstream health systems and feel isolated, alone, put aside.<sup>18</sup>

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<sup>18</sup> On 8 December, 2010, the Human Rights Commission welcomed the release of the Convention Coalition disabled peoples organisations collaborative report addressing the rights of disabled people in New Zealand.

The report, *Disability Rights in Aotearoa New Zealand 2010*, is based on interviews with 98 disabled people from around New Zealand, as part of monitoring towards realising the UN Convention on the Rights of Persons with Disabilities (CRPD).

This is a significant and important report, especially given the research was conducted by disabled people for disabled people, says acting Disability Commissioner Judy McGregor.

The most pressing issue highlighted by participants in the project was social participation, with many of them noting experiences of segregation and isolation. Participants also reported that a major barrier was bureaucratic structures that hindered rather than helped, and mentioned instances of institutionalised disablism.

The Commission notes that the findings show evidence of New Zealand as a disabling society with regard to human rights issues such as civil, political, social, economic and cultural rights, says Dr McGregor.

**Dignity, autonomy, inclusion, participation, respect** are high on the wish-list of disabled people in New Zealand.

Among the recommendations in the report is the development of a disability awareness campaign and disability training for government departments.

The Human Rights Commission looks forward to working with the Convention Coalition on further monitoring activity in relation to the CRPD.

*Link to the report:*

[http://www.hrc.co.nz/hrc\\_new/hrc/cms/files/documents/08-Dec-2010\\_13-17-27\\_DisabilityRightsinNZ2010.pdf](http://www.hrc.co.nz/hrc_new/hrc/cms/files/documents/08-Dec-2010_13-17-27_DisabilityRightsinNZ2010.pdf)

## Appendix:

### Impact of Social Welfare Reforms on Single Parents

On Monday 16 August 2010 at St David's Church, 70 Khyber Pass Road, Grafton a public forum was hosted by Pacific Women's Watch (NZ). The topic 'Impact of Social Welfare Reforms on Single Parents' was introduced by the Keynote speaker: Carmel Sepuloni, Labour List M.P., Waitakere. Vigorous discussion identified the barriers/issues faced by many solo parents.

The Pacific Women's Watch (NZ) report below was circulated to participants, up-loaded to PWW(NZ) website and is now published here.

### Key Points from Discussion Groups on Initiatives Needed to Support Sole Parents:

- Reinstatement Training and Incentive Allowances (TIA)
- Quality education which aims at all achieving Level 3 at Secondary School
- Adult and Community classes 80% cut a great disadvantage to those wishing to learn new skills
- Preferential housing for solo parents has a very long waiting list
- Schooling for teenage parents – little political will to make education available
- Higher living wage essential
- Culture of WINZ<sup>19</sup> of intimidation must be changed. Why are people afraid to go to WINZ?
- Insufficient quality after school care. Higher subsidies to be provided.
- Free doctor's visits 0-15 years should be a priority
- Look at prescription fee levels e.g. children with asthma need regular visits and medication
- Problem of transience when family has to move to different area arising from welfare-to-work policies – social networks cannot be developed, especially with school changes for children – mothers become socially isolated
- Adequate, affordable housing which is near to public transport routes for beneficiaries and those on low incomes
- Recognition of the extra difficulties faced by sole parents e.g. time taken to drop off and pick-up from child care and 'after school' centres.

Many of the issues raised were identical to recommendations from the recently published Child Poverty Action Group Report (CPAG) *What Work Counts? Work Incentives and sole parent families*.

eg Recommendation from CPAG Report:

*“Frame the welfare state as an enabling institution that invests in all children, facilitates early childhood development, and lays the foundation for the child's future development”.*

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<sup>19</sup> Work and Income New Zealand is a service of the Ministry of Social Development see: [www.workandincome.govt.nz](http://www.workandincome.govt.nz)