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Human
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Te Kāhui Tika Tangata
Human Rights Commission

Whakamahia te tūkinokore
ināianei, ā muri ake nei

Acting now for a violence and abuse free future

Violence and abuse of disabled people in Aotearoa New Zealand
Evidence and recommendations

December 2021

Te Kāhui Tika Tangata
Human Rights Commission



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Human Rights Commission

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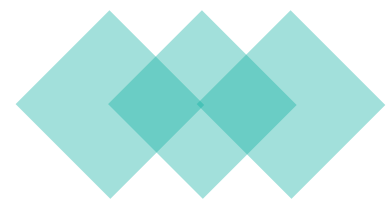
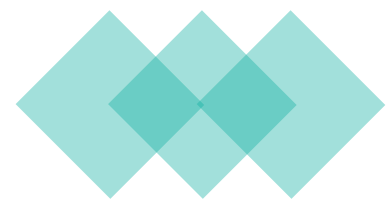


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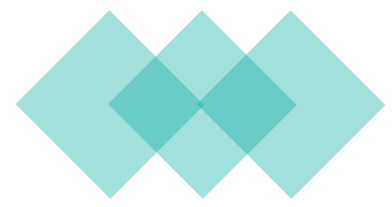
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Foreword

My role is to promote and protect the full and equal enjoyment of disabled people's human rights.¹ The government has Te Tiriti o Waitangi and human rights obligations to commit all available resources and measures to prevent, protect against, and rehabilitate from, all forms of violence and abuse of disabled people and tāngata whaikaha Māori.²

I commissioned this report and the companion report Whakamanahia Te Tiriti, Whakahaumarutia te Tangata (Honour the Treaty, Protect the Person) focused specifically on Te Tiriti and issues affecting tāngata whaikaha Māori to provide evidence of those concerns and to offer a Tiriti and human rights roadmap to address them.

In January 2019, the Minister of Justice reported to the United Nations Human Rights Council:

“Women are twice as likely to suffer partner abuse than men. Māori women, queer women, trans women, women living with a disability and young women experience more violence and are more likely to be re-victimised by current systems. This government is determined to ensure that New Zealanders can live free from violence. Our system is failing New Zealand women, girls and families. We need to transform our system by focusing on prevention, early intervention, integrated responses and new approaches to service delivery.

I welcome the Minister's comment that our rates of family and sexual violence represent a human rights failure and that disabled people are among those who bear a disproportionate burden of that failure.

For too long disabled people and tangata whaikaha Māori have been invisible in the nation's growing awareness of the significant problem of family, sexual and other forms of violence. Violence is one of the gravest symptoms of ableism which is systemic discrimination or prejudice against disabled people.

Only by addressing the underlying structural causes of ableism will we successfully empower disabled people and tāngata whaikaha Māori. A key step is to recognise the magnitude of violence affecting disabled people. Conservatively that magnitude is estimated as twice the overall rate for non-disabled people, increasing to between four and five times the rate for disabled children and women.

This report provides an extensive evidence base and graphic illustration of the many and long-standing risks of violence and abuse and barriers to reaching safety that disabled people experience.

These risks are created by prejudice and discrimination which isolate and disempower disabled people and tāngata whaikaha Māori. To be effective, remedies must therefore take a Tiriti o Waitangi and human rights approach that addresses structural contributors.

Implementing a Tiriti o Waitangi and human rights response is one that:

- ensures Māori are able to exercise self-determination
- addresses structural inequalities
- respects the leadership of disabled people and community
- recognises how different types of discrimination can intersect and add to disadvantage
- is transparent and accountable to the rights holders it must serve.

We have a long way to go to fulfil our international human rights obligations to disabled people agreed by successive governments. My hope is that by building greater awareness of the issues and their magnitude this report ignites action.

This report provides a roadmap for collaborative action towards disabled people living free from violence and abuse and provides a resource for:

- disabled people and tāngata whaikaha Māori to hear and share your voices
- government and public agencies to inform robust policy and legislation
- disability support services to understand more about family and sexual violence
- family and sexual violence services to understand more about ableism and accessibility.

Finally, I acknowledge those disabled people who have been harmed by violence and abuse and those working to prevent it. Alongside you, I commit to doing all I can to help heal the harm and build a violence free future.

Mā whero, mā pango ka oti ai te mahi

With red and black the work will be complete.



Paula Tesoriero MNZM

Disability Rights Commissioner

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Executive summary



Introduction

The purpose of this report is to urge action to address violence and abuse towards tāngata whaikaha Māori and disabled people. It brings together for the first time the evidence about the magnitude and causes of violence and abuse experienced by tāngata whaikaha Māori and disabled people.

The report provides a roadmap and recommendations for a Tiriti and human rights approach to preventing and responding to violence.

The report is a tool for disabled people and allies for continued advocacy for change.

It complements work by the Joint Venture for Prevention Family and Sexual Violence. It is critical reading to ensure effective responses by policy and decision-makers and everyone in the disability and violence prevention sectors.

This report sits alongside Whakamanahia Te Tiriti, Whakahaumarutia te Tangata (Honour the Treaty, Protect the Person) focusing specifically on Te Tiriti o Waitangi and the issues experienced by tāngata whaikaha Māori (Māori with a disability — whaikaha means ‘to have ability’ or ‘to be enabled’).

The body of this report has detailed evidence of the violence and abuse and a fuller explanation of the recommendations.

Te Tiriti o Waitangi and Human Rights

Violence is a Tiriti and human rights issue

Violence against tāngata whaikaha Māori disabled people, Deaf people and adults at risk (adults who are unable to remove themselves from harm) breaches protections offered by Te Tiriti and international human rights instruments.

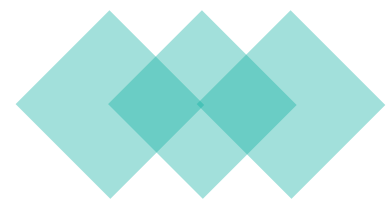
In Aotearoa New Zealand, Te Tiriti o Waitangi (Te Tiriti) is the foundation of all other human rights obligations. It predates the Universal Declaration of Human Rights by over a century and foreshadows the same fundamentals of self-determination, equity and full citizenship. Even so, the Aotearoa New Zealand government has committed to international instruments which, include:

- The International Convention on the Rights of Persons with Disabilities (CRPD)
- The International Convention on the Elimination of all Forms of Racial Discrimination (CEFRD)

- The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)
- The Convention on the Rights of the Child (CRC)
- The United Nations Declaration on the Rights of Indigenous People (UNDRIP).

Tāngata whaikaha Māori rights have been breached

Violence against tāngata whaikaha Māori must be considered in the context of colonisation and its ongoing impacts, including institutional racism and structural barriers that have systematically disenfranchised Māori at all levels. Tāngata whaikaha Māori experience multiple barriers and intersecting disadvantages.



A Tiriti-based approach is required – an approach that ensures tāngata whaikaha Māori are resourced and supported to develop and implement their own responses to violence and abuse. The following aspects would be part of this approach:

- Tāngata whaikaha Māori (as Tiriti partners) would take part in decision-making
- Tāngata whaikaha Māori would be enabled and supported to exercise rangatiratanga and self-determination to lead solutions
- equity for tāngata whaikaha Māori would be at the heart of any response.

Disabled people’s human rights have been breached

The Convention on the Rights of Persons with Disabilities states that disabled people have the same civil, political, economic, social and cultural rights as all other people in the world.

A human rights approach to violence and abuse helps to:

- increase understanding of the intersecting forms of disadvantage that disabled people experience
- provide guidance on the many factors that need addressing to prevent violence, create safety, and design constructive responses.

For many years, disabled people’s experiences of violence have been marginalised and ignored. This is discrimination that, under human rights legislation, requires an immediate response from government.

Violence is an abuse of power

Violence is, at its core, an abuse of power. One way to understand power dynamics in perpetrating violence is to examine which people in our society:

- are perceived to be the most important and powerful
- are primarily harmed by violence.

People in society who are harmed are women, children, elderly people, tāngata whenua, LGBTQI+ and disabled men and women.³

Gender based violence is an epidemic: a gender lens is critical to adequately address violence

Gender inequity is one result of power that is internationally recognised as causing violence.⁴ The United Nations identifies that “violence against women and girls is one of the most widespread, persistent and devastating human rights violations in our world today”.⁵ The World Health Organization calls this a global epidemic.⁶

Violence toward disabled people is also an epidemic as disabled people experience even higher rates of violence

Violence against disabled women and men is significantly more of an epidemic, with over 90% of disabled participants in some international studies disclosing physical, sexual and emotional/coercive violence against them.⁷ In Aotearoa and globally:

- rates of violence against disabled men and boys are significantly higher than those for non-disabled men
- rates of violence against disabled women and girls are higher than rates against disabled men and non-disabled women.⁸

The 2019 New Zealand Family Violence Study⁹ and the New Zealand Crime and Victimisation Survey (2021, NZCVS)¹⁰ report significantly higher rates of violence against disabled people compared with non-disabled people.

Disabled People in Aotearoa

Disabled people are a diverse and significant part of the population

The United Nations Convention on the Rights of People with Disabilities (CRPD) explains that disabled people are:

...those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.¹¹

This aligns with a social model of disability. This is described in the New Zealand Disability Strategy 2016–2026:

Disability is something that happens when people with impairments face barriers in society; it is society that disables us, not our impairments, this is the thing all disabled people have in common. It is something that happens when the world we live in has been designed by people who assume that everyone is the same.¹²

In 2013, one in four New Zealanders identified as disabled. Like all people, disabled people inhabit a complex intersection of ethnicities, gender/sexual identities, gender roles and expectations, cultures, and socioeconomic positions. Interestingly, the most recent year for a comprehensive disability survey was in 1993.

Racism and ableism intersect and create unique risks for tāngata whaikaha Māori

Some people gain privilege by these intersections; for others, these intersections create disadvantage that is potentially further complicated by discrimination related to ableism, racism, sexism, audism, classism, sexual orientation, gender identity or expression and sex characteristics. Disabled indigenous people, tāngata whaikaha Māori, must navigate all these barriers in addition to the disabling effects from suppression of their rangatiratanga or ability to define themselves and determine their own lives.

Indigenous people have additional and diverse historical and contemporary impacts of disablement arising from colonisation, racism, subjugation and dysfunction that are in themselves disabling.¹³

Loaded on to this intersectional dis/advantage is the stigma related to societal, cultural, religious and other misunderstandings of disability. Disabled people are misunderstood, discriminated against and stigmatised by cultural values and “erroneous beliefs and myths”¹⁴ that can differ from community to community. Such beliefs or myths are that disability is a punishment, disabled people are in some way evil, or disabled people are childlike and incapable of adult interactions and thought.¹⁵ Underpinning this fear and misinterpretation of disability is ableism – the hegemonic (dominant in a political or social context) privileging of certain characteristics of mind and body to the detriment of disabled people.

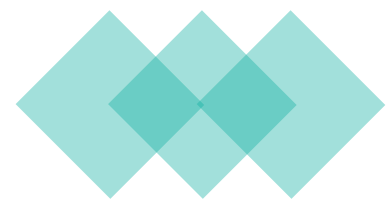
The discrimination and stigma arising from ableism often results in disabled people experiencing:

- verbal, sexual, coercive, emotional and physical violence and abuse
- denial of rights
- segregation
- lack of accommodation¹⁷
- denial of appropriate health care.¹⁸

The consequences of this discrimination include fear, withdrawal, isolation, low self-esteem, reduced social and economic participation, and low participation in education.¹⁹ These in turn increase the risk of poverty and violence.

The disability community in Aotearoa reports that disabled people who have intersecting marginalisation experience higher rates of violence. Those affected include people in one or more of the following groups:

- Māori
- Pacific peoples
- women



- people in the rainbow community
- people who live in residential services where their autonomy and choices are limited
- disabled people who have less access to education, employment and sufficient income than non-disabled people.

Disabled people experience significant socioeconomic marginalisation

Disabled people experience inequities in access to housing, employment, education and income. Reduced choices and standards of living create risk.

Explaining violence and abuse against disabled people and tāngata whaikaha Māori

Violence towards disabled people and tāngata whaikaha Māori takes many forms

Violence against disabled people, tāngata whaikaha Māori, Deaf and adults at risk can be physical, sexual, emotional, financial and coercive control. Other forms of violence are also more commonly experienced by disabled people and adults at risk, or are specific to disabled people's circumstances. Abusers can be family members and friends, carers and support people, and acquaintances and strangers in the wider community.

Some groups such as Māori, women, people with learning impairments, people experiencing psycho-social distress, children, and gender diverse people can face multiple and intersecting risks.

Disabled people face many barriers to accessing services and support to stop violence

Tāngata whaikaha Māori and disabled people encounter significant barriers to reporting abuse and stopping violence when it occurs. These barriers include:

- caregivers/support people may be the abusers
- the devaluing of disabled people
- being silenced
- not being believed
- credibility being questioned or undermined when trying to disclose violence and abuse
- societal and particularly police attitudes towards disabled people

- negative consequences for reporting
- normalisation of abuse
- collusion within services to deny or dismiss disclosures.

Abusive ideologies and structural risks requiring a twin track response

Ableism, socioeconomic disparities and stigma and discrimination experienced by tāngata whaikaha Māori and disabled people pose greater risks. Even so, Aotearoa has no specialised sexual or family violence services for disabled people that respond to these risks. If mainstream services are physically accessible, they rarely have staff with knowledge of disability-specific issues. Although Māori bear a disproportionate burden of violence, few kaupapa Māori sexual or family violence services exist. This demonstrates a lack of Tiriti partnership. There is also no information about the accessibility of the services that do exist.

Abusive ideologies reinforce power imbalances and increase the likelihood of experiencing exploitation and abuse. These ideologies include indifference towards disabled people, perceptions that disabled people are easy targets, and a lack of accountability.

Many structural factors increase the risk of violence and reduce disabled people's options to escape abuse. These include the denial of people's rights, the silencing of people's voice, a lack of accessible housing, lack of accessible information and reliance on others for support.

We need to address the many gaps in skills and knowledge across current services

Disabled people have identified gaps in knowledge, practitioner competency, and service provision. Research about violence against disabled people in Aotearoa is minimal. Police and service data that is collected about incidence and prevalence of violence does not include questions about disability. Information that is produced about sexual and family violence is generally not available in accessible formats.

People do not require a qualification to work in the violence or disability sectors. These sectors receive few offers to be trained in the topic of violence against disabled people.

Available services are also minimal. Few specialist services are available for adults at risk who require safeguarding. A specialist service

is a bespoke service that requires particular, specific staff expertise and is developed for a particular group of people. An NGO, a health or disability service or any other relevant organisation may run a specialist service.

No services are available for disabled men and boys requiring refuge.

No therapeutic services are available for disabled adults and children.

No services are available for women who are unable to access mainstream refuges because:

- of their age (older women)
- they require 24-hour caregiver support
- they have disabled children
- they have substance abuse or mental health problems which mainstream refuges cannot accommodate.

We need a twin-track approach to address gaps in services, knowledge and practice

Disabled people advise that the solution to fill identified gaps is a prevention and response policy and practice designed using a twin-track approach.²¹

Both tracks must be grounded in Te Tiriti. To achieve this, the tracks must be developed in partnership with tāngata whaikaha Māori and effectively meet their needs.

Twin track one requires mainstream prevention initiatives, services and processes to be accessible. Some gaps identified in the body of the report are:

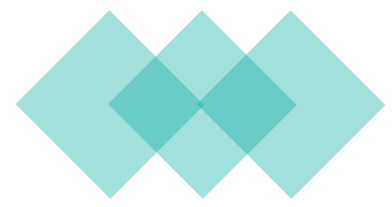
- lack of data and evidence to inform effective responses
- lack of a shared language
- little intersectoral collaboration to address violence and abuse
- low availability, little physical accessibility and insufficient accessible information create barriers to access

- lack of trust and respect for disabled people
- gaps in workforce competence.

Twin track two requires the availability of specialist prevention initiatives, services and processes needed to meet the intersecting needs of disabled/abused people, including people disabled by violence. Some of the gaps that main report notes are:

- lack of culturally appropriate services
- no national integrated safeguarding response
- no outreach, long-term, wrap-around or 24/7 services
- lack of meaningful participation or partnerships with disabled people.

This report makes a range of recommendations. These align with a twin-track approach to help fill the gaps.



A twin-track approach underpinned by Te Tiriti and human rights

Tāngata whaikaha Māori and disabled people must lead solutions

A Tiriti and human rights-based approach will only be effective when tāngata whaikaha Māori and disabled people lead the work to address violence and abuse of disabled people, and lead the solutions.

This approach would help to create a framework that:

- challenges ableism
- dismantles inequity of access to the social and economic factors that affect health
- fully resources tāngata whaikaha Māori and disabled people's organisations to participate.

Te Tiriti and the CRPD underpin such an approach.

Recommendations: a snapshot

This executive summary provides an overview of the detailed recommendations in the report. Principles and processes to apply when implementing the recommendations are also included. The companion report *Whakamanahia Te Tiriti, Whakahaumarutia te Tangata (Honor the Treaty, Protect the Person)* has further specific approaches based around Te Tiriti.

Much work needs to be done to reduce the many and long-standing risks of violence and abuse and the barriers to reaching safety that disabled people experience. The recommendations in the main report are extensive, which reflects the extent of the work to be done. Yet some improvements can be made now while the structural changes unfold over the longer term.

The numbering of the recommendations are for clarity only. They do not indicate priority or hierarchy.

Recommendations to rapidly improve service responses to violence and abuse

1. Develop language to describe violence and abuse. Disabled people should lead the development of this language. The language should be cross-sector and shared.
2. Improve data collection and research. Data collection involves actions such as developing protocols for agencies to collect regular data about the abuse of tāngata whaikaha Māori and disabled people, and disaggregate that data to allow for accurate

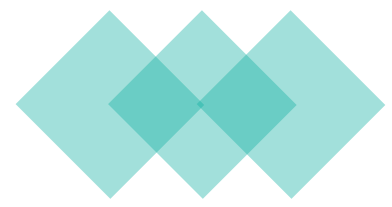
recording and analysis. The government would also commission qualitative and quantitative research to better understand the extent of violence and abuse and the needs (for prevention, safety and response to violence) of tāngata whaikaha Māori and disabled people in Aotearoa. Tāngata whaikaha Māori and disabled people would lead this collection and research. They would have appropriate training, such as understanding the limitations in using such data to guide policy and practice.

3. Enshrine protections in legislation, including protections that improve social participation and improve equality. One urgent need is to progress proposed legislation to 'accelerate accessibility'. A complementary urgent need is to address the digital divide.
4. Upscale and fully resource responses that are already proven to enhance safety and response. One effective response is an integrated Safeguarding Framework across the health, social and justice sectors. A related recommendation is to implement the recommendations in the evaluation from the 'Safeguarding Adults From Abuse' pilot.

5. Develop training and ensure continuous improvement and training, and make resources available.
 - a. Develop qualifications, competencies and ongoing training that uphold Te Tiriti and human rights. Disabled people should lead these developments.
 - b. Ensure continuous improvement and ongoing training across disability, justice and family violence sectors.
 - c. Sufficiently resource disability services to ensure appropriately qualified staff can be employed and standards are upheld.
 - d. Develop all disability services in partnership with disabled people.
 - e. Ensure all information developed about policies and practices is in accessible formats and that all service users can easily access.
6. Support a twin-track approach to violence response and prevention.
 - a. Twin track one. Ensure all services and information are accessible. These include things such as improved services and resources (including staff and access to training), sustainable funding, relevant and up-to-date information, and best practice standards.
 - b. Twin track two. Make available a variety of specialist prevention initiatives. Two initiatives are an integrated community response to safeguarding adults, and therapeutic services for tāngata whaikaha Māori, disabled people, adults at risk and disabled children.
7. Keep children safe from harm.
 - a. Enhance resourcing and support for inclusive education.
 - b. Ensure educators understand neurodiversity, mental distress and a social model of disability.
 - c. Ensure disabled children are able to access relationship, sexuality and health education.
 - d. Enhance support for parents of disabled children and ensure access to equipment and services.
 - e. Provide therapeutic support for children exposed to or experiencing violence.
 - f. Embed disability rights expertise in agencies such as Oranga Tamariki, and ensure all public service and health agencies understand disabled people's right to parent and disabled children's right to family.

Recommendations addressing structural drivers of violence that would help with prevention

8. Make structural changes to enhance the prevention of violence and abuse. Such structural issues are power/powerlessness, invisibility, lack of access to the social and economic determinants of health, and stigma and discrimination. These issues drive increased rates of disability and violence.
9. Ensure all actions are grounded in Te Tiriti o Waitangi and human rights. The Whakamanahia Te Tiriti, Whakahaumarutia te Tangata (companion report) informs these key high-level recommendations and offers further recommendations for ensuring a Tiriti-based approach.
 - a. Realise the promises of Te Tiriti and rights for tāngata whaikaha Māori under the United Nations Declaration on the Rights of Indigenous People (UNDRIP) and the UNCRPD.
 - b. Value indigenous worldviews with the aim of ensuring that tikanga and Te Ao Māori inform programme design, implementation and evaluation.
 - c. Prioritise tino rangatiratanga, self-determination and autonomous decision-making made by tāngata whaikaha Māori, whānau and communities.
 - d. Support public education of Te Tiriti and human rights, including the UNCRPD.



10. Work to eliminate ableism. These recommendations also reflect the recommendations made by Women with Disabilities to the Australian government.
 - a. Recognise ableism and intersecting forms of inequality and discrimination as the drivers of violence, abuse, neglect and exploitation of people with disability.
 - b. Strongly reinforce that segregation of people with disability is discrimination and facilitates violence, abuse, neglect and exploitation.
 - c. Examine how ableism and intersecting forms of inequality and discrimination operate within the country's legal, policy and practice frameworks and through community attitudes, and how they underpin violence, abuse, neglect and exploitation.
 - d. Address the root causes of violence, abuse, neglect and exploitation and facilitate large scale responses and social transformation.
 - e. Identify ableism as a driver of violence against women and girls with disability.
11. Address tāngata whaikaha Māori and disabled people's lack of access to the determinants of health and wellbeing. This recommendation has a range of sub-recommendations.
 - a. Strengthen legislation and policies in relation to reasonable accommodation and accessibility.
 - b. Address discrimination in hiring practices and changing societal knowledge about, and attitudes to, disabled people.
12. Enhance disabled people's access to justice.
 - a. Include the justice sector and police, in consultation with tāngata whaikaha Māori and disabled people, in all upskilling, policy development and other processes to develop safe, intersectional police and justice sector responses to violence and abuse.
 - b. Help to change attitudes and develop justice sector understanding of legal capacity, supported decision-making versus substituted decision-making and tāngata whaikaha Māori and disabled people's right to be recognised as competent, legitimate witnesses.
13. Develop systems to ensure that tāngata whaikaha Māori and disabled people can fully participate in political processes on an equal basis with others.
 - a. Develop systems to ensure that tāngata whaikaha Māori and disabled people can fully participate in political processes on an equal basis with others.
 - b. Develop systems to ensure that tāngata whaikaha Māori and disabled people can fully participate in leisure and cultural activities with others of their choice.
 - c. Develop processes to support decision-making, rather than substitute it, if people are unable to make autonomous decisions.
 - d. Shift decision-making about disability-related issues to within the disability community, and provide resources to build capability and capacity within that community.
 - e. Resource and support whānau and families of tāngata whaikaha Māori to support their disabled family member(s).

Introduction

The purpose of this report is to address violence and abuse towards disabled people and tāngata whaikaha Māori. This is a long standing issue.

There has not been sufficient attention, research or integrated approaches to preventing and responding to the specific risks faced by disabled people and tāngata whaikaha Māori.

This report brings together, for the first time, the evidence about the magnitude and causes of violence and abuse experienced.

Recommendations for a Tiriti o Waitangi and human rights-based approach to preventing and responding to violence are also included. The report is a tool for disabled people, tāngata whaikaha Māori and allies to use to advocate for change.

This detailed guidance seeks to complement work by the Joint Venture for Prevention Family and Sexual Violence. It is critical reading to ensure effective responses by policy and decision-makers and everyone in the disability and violence prevention sectors.

This report sits alongside Whakamanahia Te Tiriti, Whakahaumarutia te Tangata (companion report) focusing specifically on Te Tiriti o Waitangi and the issues experienced by tāngata whaikaha Māori (Māori with a disability — whaikaha means 'to have ability' or 'to be enabled').

Te Tiriti o Waitangi and human rights



Te Tiriti o Waitangi

In Aotearoa New Zealand, Te Tiriti o Waitangi (Te Tiriti) is the foundation of all other human rights obligations. Te Tiriti predates the Universal Declaration of Human Rights by over a century and foreshadows the same fundamentals of self-determination, equity and full citizenship.

As noted earlier, this report should be read alongside the companion report Whakamanahia Te Tiriti, Whakahaumarutia te Tangata focusing specifically on Te Tiriti and the issues experienced by tāngata whaikaha Māori.

Te Tiriti requires the government to act in partnership with tāngata whenua (article 1), protect tino rangatiratanga (article 2), advance equity for Māori (article 3) and enable Māori customary practices and beliefs (oral article 4).

The Ministry of Justice²² recognise:

Māori are disproportionately affected by family violence due to the complex intersection of sociohistorical and contemporary factors. Understanding violence within whānau Māori requires placing it within the social, historical, political and cultural experience of Māori wāhine, tāne, and tamariki.

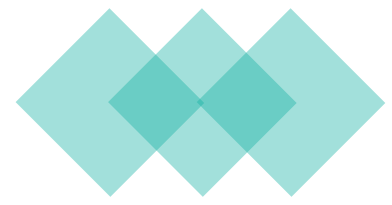
Western approaches to responding to violence have not been effective for Māori. The impacts of colonisation, and the ongoing institutional and societal racism combined are mutually reinforcing and entrench structural barriers with devastating cumulative impacts. These have systematically disenfranchised Māori at all levels.²³

A Tiriti-based approach includes that: Māori as Tiriti partners be part of decision-making; Māori are able and supported to exercise rangatiratanga and self-determination to lead solutions; and equity for Māori is central to responses.

Te Tiriti mandates that tāngata whaikaha Māori must be able to self-define the origins and nature of violence in the social context of colonisation and be resourced and supported to develop and implement their own responses to violence and abuse. This is endorsed in He Puapua (2019), the report of the Working Group detailing how Aotearoa can implement the United Nations Declaration on the Rights of Indigenous People. He Puapua says:

The rights and interests of tāngata whaikaha Māori (disabled), wāhine Māori (women), kaumātua (the elderly), rangatahi (youth), tamariki Māori (children), and takatāpui (LGBTIQ+) communities must also be front and centre of both a Declaration plan and engagement.²⁴

Tāngata whaikaha Māori experience multiple barriers and intersecting disadvantages.²⁵ A Tiriti-based approach that considers the particular factors affecting tāngata whaikaha Māori is one way the government can ensure that it does not exacerbate inequalities and leave disabled people even further behind. As expressed during a meeting of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) expert group on indigenous persons with disabilities: “now we are at the table neither as indigenous peoples nor as disabled, but as indigenous persons with disabilities, that changes everything”.²⁶



Human rights framework

The New Zealand government is signatory to a number of human rights covenants and declarations all of which have a bearing on addressing violence and abuse. The first international human rights declaration was the Universal Declaration of Human Rights (UDHR), developed in 1948.

The UDHR represents a global consensus about the fundamental and inalienable rights, freedoms and protections that each and every citizen should be entitled to. It was designed to address abuses of power, especially by a country against its citizens, that undermine or violate the full realisation of an individual or group's human rights.

The UNUDHR affirms that "All human beings are born free and equal in dignity and rights".²⁷ Central to fulfilling that promise are rights to equality and non-discrimination.²⁸

Article 3 says that everyone has the right to life, liberty and security of person. Article 5 says that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. Article 7 says that everyone has the right to recognition everywhere as a person before the law. Collectively, the three articles define each person's right to live free from violence and abuse and to receive equal and fair treatment by the law when attempting to get redress for violence that has occurred.

When these rights are violated, and individuals and/or particular groups of people (such as disabled people) are harmed, family members and dependants of a victim can also be considered to have suffered harm.

The New Zealand government is bound in international law to protect human rights. This duty arises from its ratification of international human rights treaties. These include the:

- the International Covenant on Economic Social and Cultural Rights (ICESCR)
- the International Covenant on Civil and Political Rights (ICCPR).

Together with the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political Rights and associated Optional Protocols (ICCPR) are collectively known as the International Bill of Human Rights.

The International Bill of Human Rights provides the framework for the other international human rights treaties that protect and affirm ensure the rights of particular population groups. These include the following, all of which have been ratified by the New Zealand Government:

- The UN Convention on the Rights of Persons with Disabilities (UNCRPD)
- The UN Convention on the Elimination of all Forms of Racial Discrimination (UNCERD)
- The UN Convention on the Elimination of Discrimination Against Women (UNCEDAW)
- The UN Convention on the Rights of the Child (UNCRC).

In 2010 the New Zealand Government moved to support the UN Declaration on the Rights of Indigenous People, (UNDRIP). While not a treaty, the UNDRIP is the foremost international statement on the human rights of indigenous people.

The Convention on the Rights of Persons with Disabilities

The UNCRPD reiterates all of the critical civil, political, economic social and cultural human rights described in preceding treaties and declarations and acknowledges the need for a specific focus on the rights of disabled people. This is because these rights are often not being achieved in signatory countries, including Aotearoa.

The UNCRPD does not accord new rights but elaborates on the rights in preceding treaties. It sets out the specific measures required for disabled people to attain equal enjoyment of all human rights. It must be read in relation to

all other covenants and declarations including the UN Convention on the Rights of the Child (UNCRC), the UN Convention on the Elimination of Discrimination Against Women (UNCEDAW) and the UN Declaration on the Rights of Indigenous People (UNDRIP).

Read together, these instruments enable an understanding of multiple and intersecting forms of disadvantage that must be considered when building systems of protection.

Disabled people's leadership

The UNCRPD is a transformative convention because it explicitly states that disabled people must be involved in its implementation and monitoring. The rights of autonomy, self-determined solutions and active participation of disabled people are described in the preamble to the UNCRPD: "(n) Recognising the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices", and in Article 3 (a).

UNCRPD Article 4.3 details the necessity for state parties to "closely consult with and actively involve" tāngata whaikaha Māori and disabled people in the development of legislation and policy that concerns them. For tāngata whaikaha Māori, tino rangatiratanga is also implicit in Articles 3, 4 and 18* of UNDRIP. Article 4 says: "Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs..."

Indigenous and gender lenses are critical

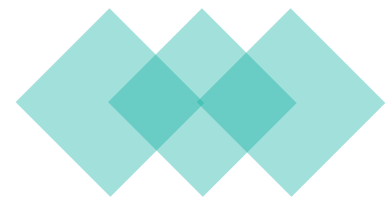
Article 16 of the UNCRPD and Article 22 of UNDRIP both require the gender-based nature of violence to be considered alongside disability. As for all women, indigenous women and disabled women are at greater risk of violence than their indigenous or disabled male counterparts. When disability and indigeneity intersect with one another the respective histories of colonisation, poverty and exclusion compound and multiply inequalities.³⁰

Addressing discrimination

Gender-based violence is a form of discrimination and, when it impedes the enjoyment of other fundamental freedoms, violence can constitute a "breach of other articles whether or not they specifically mention violence".³¹ This same analysis can be applied to disability. Failure to recognise violence directed at people because of their disability, or to address ableist drivers of violence, could constitute discrimination. Ableism is a value system that considers certain typical characteristics of body and mind as essential for living a life of value.³² As these two circumstances of discrimination create a disproportionate burden of harm, about which nothing has been done, these breaches of human rights require an immediate, not a progressive, response.[†]

* Article 3: Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development. Article 4: Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions. Article 18: Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.

† When a country ratifies an international human rights instrument, it doesn't have to do everything in it at once. However, the government must have a plan to achieve full realisation of the instrument and be seen to be making progressive improvements. This is called progressive realisation. Progressive realisation means a country must be seen to be developing legislation, policy and practice to fully realise a particular right. CRPD/c/GC/6 General Comment No 6 (2018) on equality and non-discrimination states (page 3, para 12 states 'Promoting equality and tackling discrimination are cross-cutting obligations of immediate realisation. They are not subject to progressive realisation.' https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/6&Lang=en

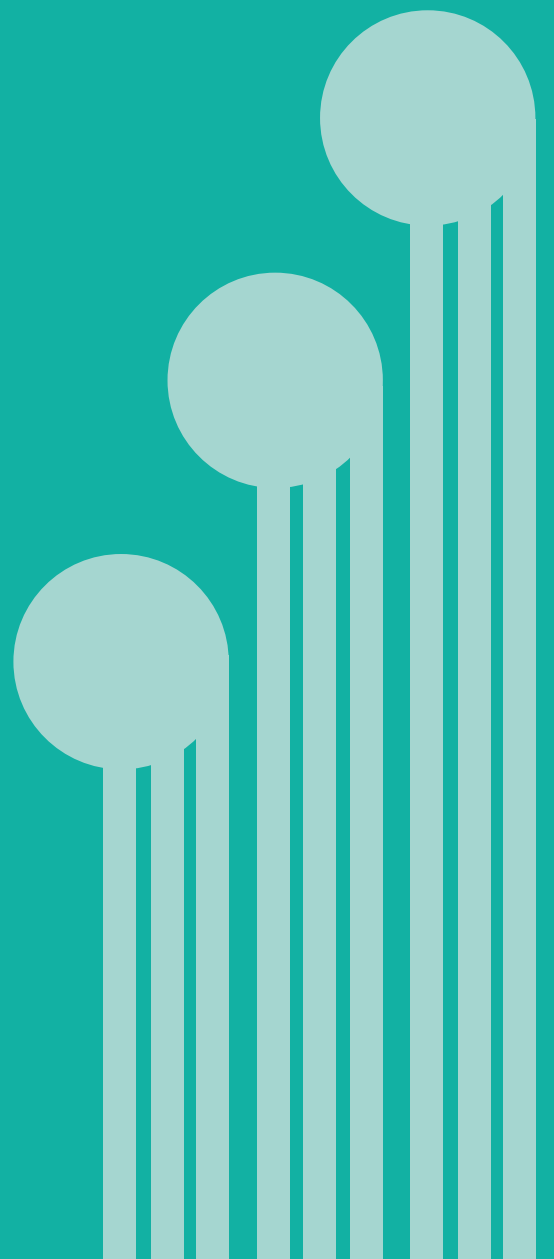


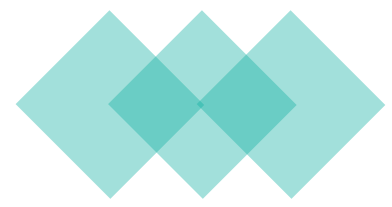
Rights in Aotearoa

Aotearoa's domestic legal framework creates duties to protect all citizens, and therefore disabled people, from violence and abuse. Applicable laws are the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.³³ The New Zealand Bill of Rights Act outlines rights pertaining to the life and security of the person, including the right to not be deprived of life.³⁴ It enshrines the right to be free from discrimination,³⁵ and aligns that with prohibited grounds of discrimination defined in the Human Rights Act which includes disability.³⁶

As noted previously, violence based on personal characteristics such as disability or others covered in the Human Rights Act and which impinge on the enjoyment of other rights, is a form of discrimination. The long-term neglect to understand and remedy the situation could constitute discrimination and would therefore, require an immediate response from government.

Disabled people in Aotearoa





Introducing disabled people and tāngata whaikaha Māori

Disabled people are members of every gender, ethnicity, culture, class and community of identity or interest.³⁷

The UNCRPD describes a:

...human rights model of disability, which recognises that impairment is an important part of human diversity, that disability is created by the lived environment rather than inherent in the person, and that persons with disabilities are rights holders³⁸.

disabled people are:

...those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Article 1 of the UNCRPD.

Impairments can be:

- cognitive (the way people think, learn and experience the world) or physical (affecting muscular or mobility function)
- sensory affecting vision, such as blindness or hearing such as Deafness which may affect perception, communication or navigation
- psychological experience of mental distress/ psychosocial disabilities and/or age-related impairment.

In summary impairments can affect a person's mobility, senses, moods, physical health and the way the brain functions.

An impairment may be serious or mild, singular or multiple, stable or degenerative, constant or intermittent. Some impairments are visible; others, such as deafness, diabetes, HIV/AIDS, mental distress, some physical illness and impairments, or a learning disability, may not be visible. Impairments can be caused by accident, illness, emotional or physical trauma, a genetic condition, aging, or it may be congenital happening from or at birth.³⁹

Disabled people are diverse but share some common experiences

Tāngata whaikaha Māori, Deaf, and disabled people share experiences and understandings of the world that are related to their perspective as a disabled person. They also often share experiences of marginalisation in a world that is not constructed to be accessible to them; stigma and discrimination related to misunderstanding of disability; poverty, abuse, lack of voice and agency; and political and institutional processes that do not invite or listen to the voices of disabled people. In relation to disabled women, the Committee on the Rights of Persons with Disabilities state:

Women with disabilities are not a homogenous group. They include: indigenous women; refugee, migrant, asylum seeker and internally displaced women; women in detention (hospitals, residential institutions, juvenile or correctional facilities and prisons); women living in poverty; women from different ethnic, religious and racial backgrounds; women with multiple disabilities and high levels of support; women with albinism; and lesbian, bi-sexual, transgender women, and intersex persons.⁴⁰

Tāngata whaikaha Māori "describes two or more Māori... with a disability. The term... whaikaha means 'to have ability' or 'to be enabled'".⁴¹

When used with a capital D, Deaf denotes a group of people who are deaf; who use New Zealand Sign Language (NZSL) as their first or preferred language and who identify with the Deaf community. When used with a small d, deaf refers to people who have any degree of hearing loss and includes both people who identify with the Deaf community and those who do not, such as hard-of-hearing people.

Situational risks shared by disabled people and other adults at risk

The term 'adult at risk' refers to any adult who has needs for care and/or support, is being harmed or is at risk of violence and/or abuse and is unable to remove or protect themselves because of their needs for care and/or support. A person is only considered an adult at risk when all three parts of this definition apply. A key element of the definition is that it is situational for example a situation where an adult is chronically ill, is incapacitated, or is experiencing mental distress. It also includes people who are incarcerated or under compulsory treatment orders. Most disabled (and older) people are not adults at risk.

Disabled people are a significant part of the population

In the last disability survey (2013) 24%, one in four New Zealanders, almost 1.1 million people, identified as disabled. Of these:

- 516,000 were male
- 545,000 were female
- the majority had more than one impairment
- more than half required disability support services.⁴²

Statistics New Zealand (2013) report:

- Māori have higher rates of disability at 32% after adjusting for "differences in ethnic population age profiles".⁴³
- The median age of disabled Māori is 40 compared to European at 57 and Asian people at 45.
- More Māori children are disabled (15%) than non-Māori children (9%).
- Pacific peoples have higher rates of disability at 26%.
- When age-adjusted, Pacific peoples have the lowest median age for being disabled at 39.
- The disability rate for the Asian population is 17%.
- Disability rates increase with age. 35% of disabled people are over 65. In 2013 that was 370,000 people.⁴⁴

Disabled people experience significant socioeconomic marginalisation

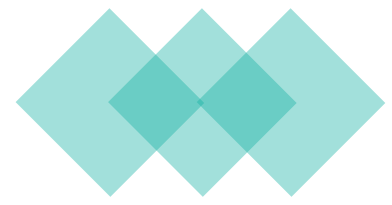
Impairment frequently results in reduced access to the social and economic factors that affect health. Disabled people are more likely to have lower incomes than non-disabled people, and low rates of educational qualifications. In December 2020:

- 38.7% of disabled people aged 15–64 were employed, compared with 78.3% of non-disabled people in the same age group
- the unemployment rate for disabled people aged 15–64 years was 11.4% compared with 5% for non-disabled people.⁴⁵

In 2020 Statistics New Zealand⁴⁶ reported that compared with non-disabled people, disabled people:

- fare worse across a range of outcomes relating to their homes and neighbourhoods, as well as their economic and social lives
- were less likely to live in a suitable home that is warm, affordable, and free from damp and mould
- were more likely to live in neighbourhoods where they were relatively disadvantaged and in households where total income was considered to be inadequate
- had lower levels of labour force participation and employment, resulting in greater dependency on government benefits, and kept average personal incomes low
- had on average lower educational attainment
- tended to have lower job satisfaction, but longer job tenure
- had a higher underutilisation rate, suggesting a greater unmet need for work
- on average, were more likely to be lonely and to experience discrimination
- reported having less access to emotional and instrumental support from others, and lower levels of trust in other people and in public institutions.

As to the seventh point above, underutilisation reflects people who do not have a job but are available to work and are actively seeking



employment. The underutilisation rate is equally as important as the unemployment rate. It gives a broader measure of untapped capacity in the labour market.⁴⁷

Tāngata whaikaha Māori experience additional layers of marginalisation

Although the above report does not disaggregate data specific to tāngata whaikaha Māori, other sources such as the New Zealand Ministry of Health (2018) report that:

- just over half of tāngata whaikaha Māori adults were participating in the labour force
- four in ten tāngata whaikaha Māori adults had no formal educational qualifications, almost double the proportion of non-Māori disabled people without qualifications.⁴⁸

King (2019), in her Waitangi Tribunal report (Wai 2575) says:

Compared with non-Māori, Māori experience less privilege across almost all socioeconomic indicators. Within the Māori population however, the intersection of indigeneity and disability is demonstrated by the significant inequities for Māori with lived experience of disability compared to Māori without lived experience of disability, that occur across a number of socioeconomic indicators. Despite a higher prevalence of disability, Māori have higher proportions of unmet need for access to health professionals and special equipment compared with non-Māori, and are likely to have disproportionate access to disability support services...

Significant inequities exist for Māori with lived experience of disability compared with non-Māori in health outcomes – in terms of exposure to the determinants of health and well-being, access to health and disability services, and the quality of health and disability care received. There is clear evidence of multiple systemic and structural barriers affecting these health outcomes for Māori with lived experience of disability, secondary to racism, colonisation, and coloniality.⁴⁹

Disabled women fare worse than disabled men

Disabled women are disproportionately disadvantaged in relation to disabled men and non-disabled women. Disabled women:

- have lower labour force participation rates than non-disabled women (46% versus 71%), and disabled men (46% versus 54%)
- are less likely to be in full-time employment than either non-disabled women or disabled men
- are more likely (66%) than disabled men (51%) to earn \$30,000 or less⁵⁰
- are more likely to have no educational qualification (34%) than non-disabled women (15%).⁵¹

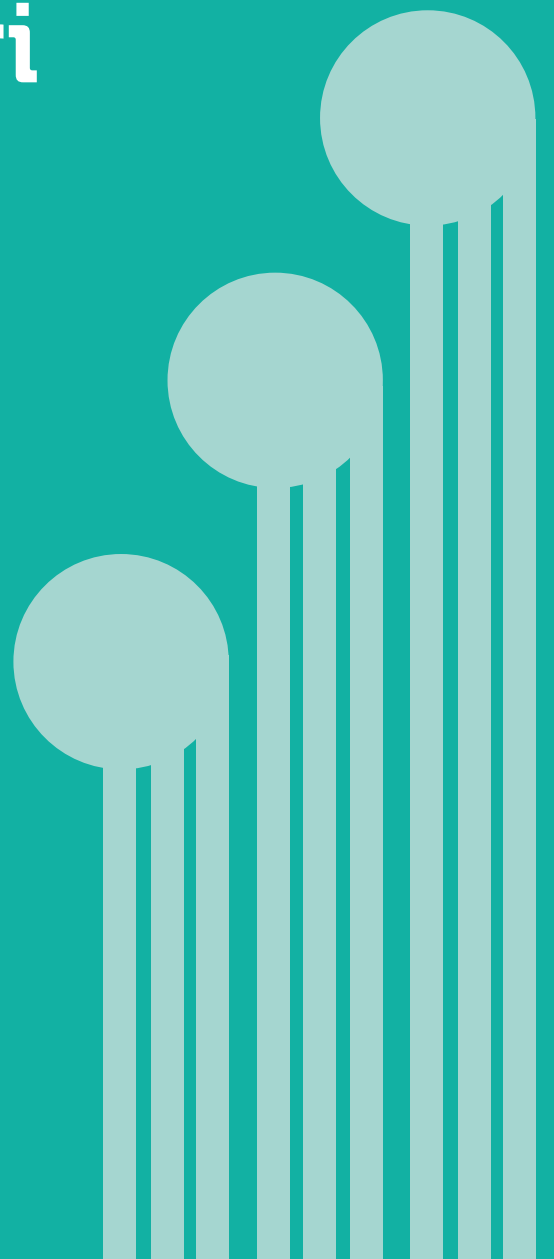
Socioeconomic disadvantage creates risk

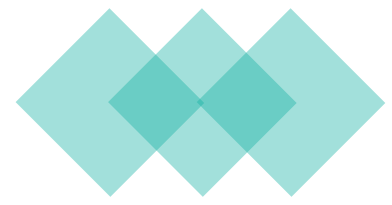
Low rates of educational achievement, employment, and the corresponding low income create disadvantage and poverty. These in turn result in lower standards of living for disabled people and increased rates of disability⁵² and violence.⁵³

It is important to recognise that lack of educational attainment, employment and consequent low levels of income do not reflect disabled people's ability. These circumstances are caused by systemic and enduring discrimination that prevents disabled people as a population group having equitable access to education at all levels, to employment, and to being able to fully participate in their communities.

Underpinning this systemic disadvantage, and inherent in the high rates of violence and abuse, are power and attitudes about who is important and who is not. Many disabled people struggle to have a voice, to participate fully in community and political processes, and to be accepted as participating members of society.

Explaining violence and abuse against disabled people and tāngata whaikaha Māori





What is violence against disabled people and tāngata whaikaha Māori?

Disabled people experience the range of violent abusive behaviours common to all abusive relationships – physical, sexual, verbal, emotional and financial⁵⁴ including patterns of power, control and coercion.⁵⁵ However, there are forms of abuse that are more specific to disabled people, or that have more debilitating effects if people are disabled. These are described below.

Abuse can be caused by deliberate action or by inaction

Abuse can be deliberate – doing something to hurt, frighten or upset a disabled person – or caused by either intentional or unintentional neglect, such as:

- forgetting to pick up or provide medication
- not providing adequate care; leaving an immobile person alone for long periods of time
- not providing meals⁵⁶
- not helping a person to the toilet
- not enabling a person to be hygienic and clean
- failing to provide support that is required, resulting in further harm such as bed sores, malnutrition and pain.

The specific dynamics of violence against disabled people, as outlined in detail in *Table one: Forms of violence against disabled people* (see Appendix one)⁵⁷ are in summary:

- physical harm
- sexual/reproductive harm
- financial harm
- coercive/emotional harm/creating fear
- harm to personal autonomy
- support-related harm
- institutional harm.

These abusive behaviours demonstrate the strong relationship between personal and structural power and violence and how these things are mutually reinforcing. This is particularly harmful for people who, for whatever reason, are reliant on people or organisations to support their autonomy and participation.

In relation to disabled women, the Committee on the Rights of People with Disabilities explain this relationship:

Women with disabilities are at heightened risk of violence, exploitation and abuse compared to the broader population of women. Violence may be interpersonal, institutional and/or structural in nature. Institutional and/or structural violence is any form of structural inequality or institutional discrimination that maintains a woman in a subordinate position, whether physical or ideological, with regard to other people within her family, household or community.

and further that:

The social isolation, segregation and exploitation of girls with disabilities inside the family includes: exclusion from family activities, prevention from leaving home, forced unpaid housework and being forbidden from attending school.

Dehumanising processes such as isolation and discriminatory treatment do not necessarily cause direct physical harm but can cause significant mental distress. Objectifying disabled people, and/or treating them as less important than non-disabled people, elevates this risk. When people's personal choices and voice become invalidated and they are not accorded the same rights as non-disabled people, this results in social exclusion and invisibility.⁵⁹ For people who are dependent on others for care and support, abuse includes limiting day-to-day choices such as who people spend their time with, what they wear, what they eat, the time a person wakes in the morning and goes to bed at night, and the recreation and employment they engage in.

Who harms disabled people?

Disabled people experience violence and harm from close family, friends, intimate partners and wider family, as any person can, but also from professionals and other people providing support in residential, community and civil society settings. For example:

- in residential and organisational settings abuse can be perpetrated by staff including health and welfare professionals, or other people who use services
- in educational settings by teachers and others such as care-takers and drivers
- in home-based environments by property owners care-givers,⁶⁰ health and welfare professionals and the person's partner and wider family and friends
- in community settings by strangers, employers, neighbours, people in faith communities, in cultural groups, in the street, in businesses and people in other civic environments.⁶¹

Family can be a source of harm

The first Aotearoa family violence prevalence study to include disability status[†] for people living in their own homes, reports that, for disabled women, the main perpetrators of non-partner physical violence were parents and relatives (59.7%), whereas for disabled men, strangers were the main perpetrators (59.3%).⁶²

Violence is disabling, it creates and worsens barriers to participation

Any person who is abused can be physically or emotionally damaged by the abuse⁶³ and existing impairments can be exacerbated through.⁶⁴

- physical injuries resulting in impairment including blindness, hearing impairment and impaired mobility
- physical illnesses that can result in physical impairment
- brain injury and neurological disorders causing short and long-term impairment
- self-harming behaviours such as alcohol and substance abuse, eating disorders, sexual promiscuity and lack of self-care that can result in physical and mental impairment
- mental distress, particularly depression, anxiety and post-traumatic stress disorder, all of which can seriously impair people's functioning.

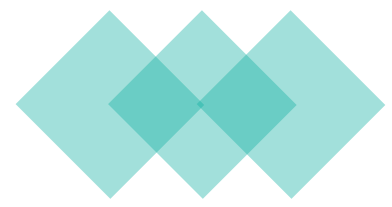
Both deliberate and unintentional neglect and abuse can cause chronic illness and loss of mental and physical functioning, resulting in long-term impairment.⁶⁵

New local research⁶⁶ has identified that across the population, women (18–64 years) who had experienced severe physical violence were:

- three times more likely to have suicidal thoughts
- eight times more likely to attempt suicide compared to women who had not experienced violence
- almost four times more likely to report current symptoms of emotional distress and suicidal thoughts.

People who access treatment in the mental health system may be subject to institutional abuse such as forced treatment, the use of seclusion and restraint, and have inadequate access to justice to challenge these abuses.⁶⁷ People with learning disability also experience these institutional abuses, including indefinite detention.⁶⁸

[†] The 2019 New Zealand Family Violence Study/He Koiira Matapopore interviewed almost 3,000 people between 2017 and early 2019. The sample is generally representative of the New Zealand population, and included people aged 16 years and older (with slightly more older people), was equally split between males and females, and comparable to the ethnic distribution of the population. Of these, 21% (1 in 5) women and about 15.1% (1 in 7) men reported having a disability. Participants self-identified as disabled using the Washington Group Short Set of questions from 2015. People were interviewed in their own homes. Researchers did not talk to people living in residential services, retirement homes or who required support to communicate with the researchers.



The 2019 New Zealand Family Violence Study,⁶⁹ reports that: “of 524 participants with disabilities, 177 (35.1%) reported that an injury or accident was the cause of their disability, and of this group, 33 (18.6%) reported that their injury was due to physical or psychological abuse or both”.

The direct harms that accrue from sexual, physical, emotional and coercive violence (to victim/survivors), also affect the health and wellbeing of families.

This [violence] has negative impacts on parenting skills, intergenerational wellbeing, and performance and achievement in education and employment. The harm and the costs, in every sense, can multiply with each generation.⁷⁰

The magnitude of violence towards disabled people globally: higher risks

In Aotearoa, as well as globally, it is very difficult to establish prevalence rates for the abuse of disabled people because of the lack of systematic data collection.⁷¹ As Thiara, Hague, Bashall, Ellis, and Mullender (2012) state: “The first thing the research literature tells us is that there is not very much of it in any country.⁷² The research that does occur globally provides indications of prevalence, but no definitive rates, as the studies are all methodologically different with different study populations.⁷³

Global studies based on meta-analyses research yield conservative estimates that:⁷⁴

- disabled adults face 1.5 times the risk of violence than the non-disabled population
- adults with experience of mental illness and distress are at nearly four times the risk of experiencing violence
- disabled women and girls are more likely to experience violence than disabled men and boys⁷⁵
- disabled children are nearly four times (3.7 times) more likely to experience violence than non-disabled children
- children with intellectual or psychosocial impairments are at even higher risk, particularly of sexual abuse, facing 4.6 times the risk of sexual violence than their non-

disabled peers. This is partly because these children are particularly susceptible to the power of those they rely upon to provide the necessities of life.

This was confirmed by a recent study by United Nations Population fund (UNFPA)⁷⁶ which found that disabled children are almost four times more likely to experience violence than non-disabled children rising to five times more likely for children with intellectual disabilities.

Within marginalised communities, experience of disability further marginalises. Unlike for other communities, disabled boys and men experience both physical and sexual violence in large numbers.⁷⁷

The quote above exemplifies the risks and violence that disabled people experience worldwide. Men and boys, who are usually protected by some level of dominant privilege, become targets when they are perceived as less able and/or powerless in relation to non-disabled men. Women, tāngata whenua, Pacific peoples, LGBTQI+ people – those who are considered non-hegemonic – are at increased risks of violence and abuse. As can be seen in the above statistics, disability significantly exacerbates this risk. This trend is also obvious in Aotearoa.

The magnitude of violence towards disabled people in Aotearoa: higher risks

Disabled adults

The 2019 New Zealand Family Violence Study⁷⁸ reports more disabled people experiencing non-partner physical and sexual violence than non-disabled people.

- For women, 15.4% of those with impairments experienced lifetime non-partner physical violence, and 11.1% experienced lifetime non-partner sexual violence.
- For disabled men, 56.2% experienced lifetime non-partner physical violence, and 5.6% experienced lifetime non-partner sexual violence.
- Women and men with psychosocial impairments reported the highest prevalence rates of non-partner physical and sexual violence.
- Of the disabled people who reported non-partner sexual violence, 43.5% of women and 60% of men never sought help.

Disabled people in this survey also reported experiencing more intimate partner violence than non-disabled people, including physical violence, psychological abuse and economic abuse. Disabled women were more likely to experience sexual violence by intimate partners than disabled men. Controlling behaviours were experienced by 31.7% of women and 24.7% of men and economic abuse was experienced by 24.7% of women and 19.8% of men.⁷⁹

The New Zealand Crime and Victimisation Survey (2021, NZCVS) reports that when age differences are taken into account:

- 16% of disabled people experienced interpersonal violence compared to 7% of non-disabled people.
- disabled adults are about 52% more likely than non-disabled adults to be sexually assaulted in their lifetime.
- “the risk of interpersonal violence for adults with disability is twice as high as the New Zealand average, after accounting for age differences.”⁸⁰

These two studies surveyed different populations and asked different questions, so the results and populations surveyed are not directly comparable. For example, the interpersonal violence reported in the NZCVS, “includes... sexual assault; other assault; robbery; harassment and threatening behaviour; and household and personal property damage where the offender is known to the victim”.⁸¹ This is a different definition from that used in the New Zealand Family Violence Study.

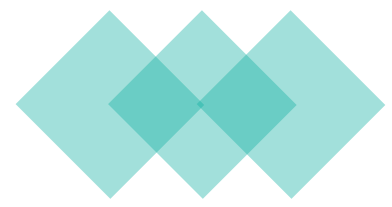
What these studies tell us, however, is the prevalence of violence against disabled people is significantly higher than the rate of violence against non-disabled people. Although both studies gather both ethnicity and disability data neither of them disaggregate or report results by ethnicity and disability.

Tāngata whaikaha Māori

There is no research specifically about the abuse of tāngata whaikaha Māori. King (2019), extrapolating from government data collection, says that tāngata whaikaha Māori are more likely than non-disabled Māori to experience violent crime (8% vs 3%).⁸²

The Abuse in Care Royal Commission (2020) reports:

Available data suggest that a disproportionate number of Māori have also been in both disability and mental health facilities...Māori have higher proportions of disability compared with others in all age groups. Māori have also been consistently overrepresented in admissions to psychiatric institutions since the 1970s. Reports in the 1990s show Māori were not only more likely to be receiving mental health care, but also more likely to be in secure care and subject to compulsory treatment orders.⁸³



The Mental Health Commissioner (2021)⁸⁴ reported “The rate of Māori held under the Mental Health Act compulsory treatment orders continues to be high. In 2018, 28% of those subject to compulsory treatment orders were Māori.”⁸⁵

Gender-diverse disabled people

In 2017, Dickson⁸⁵ surveyed gender-diverse disabled people about their experiences of partner violence and abuse. All of the 159 people who responded to the survey had experienced abuse from a partner. This included sexual, verbal, emotional and psychological abuse, isolation and threatening behaviour. This has been reiterated for disabled trans and non-binary people who report high levels of violence and abuse including a seven times increased risk of sexual violence.⁸⁶

People with learning disability

The Donald Beasley Institute, a centre for learning disability research, has not carried out any research specifically about abuse, but reports findings about abuse in many of the studies it does undertake. For example, research into the institutionalisation of disabled people found:

Neglect was common... Emotional and psychological abuse was seen through people talking about being scared a lot of the time. People...said they were unable to make decisions because they had always

been made for them...Most people said they had been physically restrained or controlled in some way...Most people had been physically abused...Sexual abuse started when the person was a child and was often kept secret until they were adults. People did not talk about it because they were ashamed, and they thought they would not be believed. Those who did report that they had been sexually abused were not supported...Institutions followed Pākehā customs and did not allow for Māori or Pasifika customs to be part of people’s lives. Most said they did not have control of their money and things that they treasured were often stolen.⁸⁷

Research about learning disabled people’s experience of the Aotearoa justice system identified that:

... abuse, both physical and sexual, was evident amongst the group of New Zealand men and women with intellectual disability who participated in this study. Of the 40 individuals who took part in this study approximately half the women and one third of the men disclosed that they had been physically or sexually abused. This is likely to be an underestimate as participants were not directly asked to disclose experiences of abuse, but rather offered this sensitive information during the interview process.⁸⁸

⁸⁵ The Director of Mental Health’s annual report covering 2018 and 2019, issued in 2021, reports rates of compulsory treatment per 100,000 of the general population by DHB. These statistics support the conclusion that “Māori were more likely to be assessed or treated under the Mental Health Act than non-Māori” (p. 1). The report states that in 2018 “Māori made up approximately 16 percent of New Zealand’s population, yet they accounted for 28 percent of all mental health service users.” (p. 18) and that [based on age-standardised rates per 100,000 population] “Māori were 4 times more likely than non-Māori to be subject to a community treatment order and 3.7 times more likely to be subject to an inpatient treatment order” (p. 18).

The report says “In 2019: 6.6 percent of Māori accessed mental health and addiction services, compared with 3.2 percent of non-Māori

- Māori were 3.8 times more likely than non-Māori to be subject to a community treatment order and 3.6 times more likely to be subject to an inpatient treatment order
- Māori males were the population group most likely to be subject to community and inpatient treatment orders (compared with non-Māori males and Māori and non-Māori females)
- DHBs varied in their ratio of Māori to non-Māori subject to community and inpatient treatment orders
- on average, Māori and non-Māori remained on community and inpatient treatment orders for similar lengths of time
- Māori were 2.9 times more likely to be subject to indefinite community treatment orders than non-Māori, and 2.7 times more likely to be subject to indefinite inpatient treatment orders than non-Māori
- Māori made up approximately 17% of New Zealand’s population, yet they accounted for 29% of all mental health service users
- approximately half of all Māori service users were under 25 years of age, compared with approximately 29% of non-Māori service users
- among service users under a community treatment order, 79% of Māori were living in the most deprived deciles (8–10), compared with 30 percent of non-Māori” (pp. 18/19).

Keeping Safe, Feeling Safe, is an initiative of People First: Ngā Tāngata Tuatahi, a self-advocacy organisation for people with learning disability. People First ran focus groups in Auckland with people with learning disability, to find out about people's lived experiences of abuse and barriers to accessing services and support. The findings reported that:

- all 29 participants in the focus groups had experienced some form of abuse or sexual violence in their lives
- 4 of the 29 participants who took part in the focus groups had attempted suicide as a result of the abuse
- participants had encountered many barriers accessing help from the Police
- all of the participants were unaware of any specialist sexual violence services or stopping violence services they could access to stop the abuse and to address the harm caused by the abuse.⁸⁹

Older disabled people

Not all elder abuse is abuse of disabled people. However, as disability increases with age, and there are many similarities between the abuse of disabled and older people, including the significantly higher rates of abuse of older men in comparison to non-disabled men, statistics about elder abuse and neglect is an important

indication of prevalence. In 2015, the Office for Senior Citizens reported that one in ten people surveyed as part of the New Zealand Longitudinal Study of Ageing^{**} disclosed some form of abuse.⁹⁰

In the year July 2019 to June 2020, 1805 elder abuse and neglect cases were identified^{††} by Age Concern Elder Abuse services.⁹¹

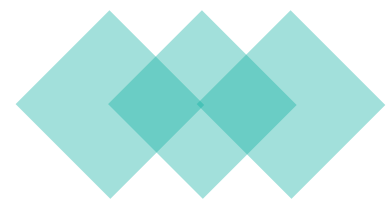
Adults at risk

It is difficult to understand the prevalence of violence against adults at risk as situational risk is poorly understood and very few services are collating these statistics. It is not known how many people in situations of risk are participating in mainstream surveys and research. Waitemata District Health Board collates statistics for the 'vulnerable adults' that it works with. In 2018, 15% of people seen were under 50, with 6% under 40 and 85% between 60-late 90s. In 2020/2021, 14% were under 50.^{††} People lived in institutional settings, residential services, were homeless or lived in their own homes alone or with others. They suffered physical, emotional, sexual and financial abuse, intimate partner violence, discrimination, institutional abuse and neglect.⁹²

^{**} This research was from the New Zealand Longitudinal Study of Ageing (NZLSA). The research was based on a national random sample of 2,987 New Zealanders aged between 50 and 86 years in 2010 and 2012. Within this group 1,699 people aged 65 and over were administered an elder abuse scale as part of the survey.

^{††} Of the 1805 elder abuse cases, 63% were female and 37% male. 37% were aged over 80. Victims identified as Pakeha – 71%, Māori – 15%, other, 14%. The abuse was primarily psychological 88% and financial 44%, but also physical abuse 19%, neglect 14%, sexual violence 1% and institutional abuse 5%. 22% of the abuse had been going on for more than two years. These statistics are taken from the Age Concern New Zealand database from the elder abuse services run by 20 Age Concerns operating MSD funded Elder Abuse and Neglect contracts. This covers most of New Zealand but in the Bay of Plenty region, Tararua district and Wellington region other agencies have EARS contracts so their data is not included.

^{††} Across the 2018 – 2021 statistics people were primarily NZ European (approx. 70%) Māori 14-18%, Pacific peoples 6-10%, and (gender) 52-60% were women.



Murder of disabled people

The Disability Clothesline (<http://disabilityclothesline.org.nz/>) reports that 37 disabled people were murdered between 1997 and 2019. It is likely that this is an underestimate, as these figures are accessed from public documents and reports. Also, it is not known what percentage of these are family violence deaths. Even so, despite these deaths, there is no mechanism, in Aotearoa, to record and report specifically on the deaths of disabled people. Family violence-related deaths of disabled people may, by law, be investigated by the Family Violence Death Review Committee (FVDRC), however, disability has not, to date, been systematically investigated or reported on by the FVDRC. The FVDRC is working towards addressing this gap.

Children

There is little information about the abuse of tāngata whaikaha Māori or disabled children in Aotearoa. Much of the abuse in institutional settings was abuse of children (for example, that investigated by the Abuse in Care Royal Commission (2020) and the Donald Beasley Institute), but this is unquantified. Sir Robert Martin was one of many disabled children who, as babies or children, were put into institutions such as Kimberly Hospital in Levin and there suffered many forms of violence and abuse.⁹³ Sir Robert says “the Farm earned itself a reputation for brutality...I don’t remember being touched and cuddled like other kids are. I was never loved as a child. Me and all those other kids...”

He goes on to say:

People say these things didn’t happen, but they did. Or they say that if these things did happen then they were unusual. That it was just a few people who did bad things. I’ve spoken to people all over New Zealand who lived in Kimberley and places like it. In fact, all over the world people have told me their stories and they are all the same: institutions are places of abuse.⁹⁴

A study among children in special education units in Aotearoa⁹⁵ established that children with learning disabilities were far more likely than non-disabled children to experience physical violence, bullying and sexual abuse including rape, and, although girls especially often tried to report the abuse, they were frequently ignored. In a follow up report about the same study (2006), nearly half of the participating children were identified as Māori, but the data was not disaggregated by ethnic identity. However, identifying racism as an intersectional form of abuse, one boy in the study responded to a question about reporting abuse with “It would be a waste of time. Cops wouldn’t believe a Māori kid in our town”.⁹⁶

According to parents of disabled children and their advocates, until recently seclusion was being used to control some disabled children’s behaviour at school and currently, disabled children in New Zealand are being regularly excluded from school.⁹⁷ These practices are harmful, stigmatising and disabling, and have long-term effects on children’s education, lifelong wellbeing and participation in the community.

In answer to an official information request⁹⁸ about disabled children in the care of the state,³³ Oranga Tamariki stated that they were unable to provide details about the numbers, or situations, of disabled children in care. They said:

Oranga Tamariki records information about the disability and needs of children and young people in the case notes of individual files, located in our online record management system...Currently we cannot easily aggregate and report on data recorded in this way.

During her investigations for a Waitangi Tribunal Inquiry, King (2019)⁹⁹ received exactly the same reply. In response to this she writes:

As the Crown does not monitor this information and has refused to collate and provide such information to the researcher despite it being clear it was for research to support the Waitangi Tribunal's Inquiry, the number of Māori children and young people with lived experience of disability in the care and protection and youth justice residences across Aotearoa/New Zealand is largely unknown. However, what this does signify is that the Crown does not collate and analyse nationally, the numbers of Māori children and young people with lived experience of disability within its care and protection and youth justice residences across Aotearoa/

New Zealand. In other words, the Crown does not have the appropriate monitoring mechanisms in place to be able to ensure that the health and disability support needs for Māori children and young people with lived experience of disability within its care and protection and youth justice residences are being met.

The harm, and lack of response to harm of disabled children, identified above, fails to uphold obligations to protect children's rights UNCRPD Article 7 and UNCRC Article 23.^{***} This neglect of disabled children's rights and wellbeing requires immediate response. Discrimination, neglect and harm are not subject to progressive realisation.

As noted in the King quote above, the lack of data collection demonstrates a failure to adequately monitor wellbeing, in the case of her focus of disabled Māori children. However, as this whole section has demonstrated, data gaps are widespread. Work to improve data such as that undertaken by the Disability Data and Evidence Working group must ensure that data can be disaggregated by the characteristics such as ethnicity, gender and age that affect risks of violence. The following sections will demonstrate that even where some data on the elevated risks of violence towards disabled people has been known, there has not been systemic or sustained action to address it.

³³ Does Oranga Tamariki collect information about the impairments (disabilities) of children referred to the Oranga Tamariki?

3. How many children reported to Oranga Tamariki were disabled?

4. How many children investigated were disabled?

5. How many children, where action was taken on a complaint, were disabled?

6. What were the outcomes for these children?

9. Could you provide a list of the disabilities that were recorded for these children.

10. What percentage of all reported cases/investigations/actions were disabled children?

18. Have there been allegations of abuse by the foster families that disabled children have been placed with? If yes, please provide non-identifying details about the cases and what Oranga Tamariki has done in relation to these allegations.

^{***} UNCRPD Article 7 says:

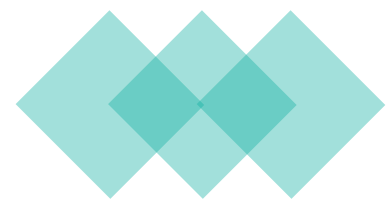
1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children

2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration

3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

UNCRC Article 23 says 1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

^{†††} A multi-agency group co facilitated by Office for Disability Issues and Stats NZ to improve the types of data needed to develop sound policy and services to meet the needs of disabled people.



Abusive ideologies and structural risks that contribute to violence towards disabled people

Abusive ideologies

Evidence has been available for some time that tāngata whaikaha Māori and disabled people are exposed to risks additional to the usual dynamics of power and control inherent in family and intimate partner relationships. This is due to the unique circumstances in which many disabled people live, and the power imbalances these can create. The Council of Europe is an international organisation of 47 member states, formed in 1949, to uphold human rights, democracy and the rule of law in Europe. It identifies that there are:

...“abusive ideologies” that reinforce and perpetuate the likelihood of persons with disabilities experiencing exploitation, violence and abuse. Among the many factors...are the following:

- public perception and hostility or indifference
- perception as “easy targets”
- lack of understanding of “disability”
- ignorance and poor training of staff, particularly for persons with complex needs or challenging behaviours
- lack of accountability
- lack of knowledge and inadequate access to discrimination prevention and accountability.¹⁰⁰

Myths and low knowledge of rights create risks

Myths and societal misunderstandings of disability increase the risk of violence occurring and of no, or inadequate, response to disclosures. For example, the myths about disabled people as asexual, innocent and dependent, combine with social stereotypes about gender and disability¹⁰¹ to reinforce concepts of the inferior status of disabled people. This leads to further myths, such as that disabled people – and in particular people with learning disability – are not affected by sexual and other abuse as they are used to it and/or don’t understand it.¹⁰²

Research identifies that disabled people’s risk of sexual and other violence is affected by:

- societal myths that infantilise disabled people, portray them as non-sexual or hyper-sexual, or not harmed by sexual violence¹⁰³
- the exclusion of disabled children from sexuality and healthy relationship education and knowledge¹⁰⁴
- lack of access to sexual and reproductive health services¹⁰⁵
- learnt compliance with authority/carers¹⁰⁶
- being accustomed to very intimate handling which can make it difficult for people to differentiate between acceptable and abusive handling and behaviours.

This is expressed in research where participants talk about for example, the difficulty of judging when vaginal washing moved from “wash[ing] good [to] too much or too hard”.¹⁰⁷

Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH- NNEST) is the national network of those providing specialist services for sexual violence prevention and intervention. It identified that:

Some disabled people experiencing abuse may not understand that what is happening to them is abuse (abuse is normalised); have the ability to report the abuse; know who they can tell about the abuse; know how to tell someone about the abuse; feel confident to tell someone about the abuse because they are fearful of repercussions or may not want to get the abuser in trouble.

Exercise of power in institutional community and residential settings create risk

Internationally it is recognised that children and adults with learning disabilities in institutional settings are at greatest risk of being sexually abused.¹⁰⁹ The report 'Institutions are places of abuse: The experiences of disabled children and adults in State care'¹¹⁰ found that disabled people in Aotearoa were also subject to violence and abuse by those charged with their support and care in institutional settings. This has been reiterated by people sharing their experiences with the Abuse in Care Royal Commission.¹¹¹ This abuse is caused by poor (or lack of) policy and practice and the attitudes of those employed to work with disabled people, including the devaluing of people needing safeguarding and support.

In 2013, in Gisborne, Michael Roguski¹¹² carried out one of the first studies exploring disabled people's experiences of abuse. The study identified a range of community settings in which disabled people experienced harm. These are:

- residential services – abuse occurring from either a staff member or service user associated with the organisation within, for example: nursing homes, specialist residences for people who have experienced brain injury (including stroke), mental distress or intellectual disabilities, and homes for people in need of care and support
- home-based environments – abuse within the home from home-based care workers, landlords and the individual's partner, family or whānau. Managers of home care services were also described as sometimes facilitating abuse by failing to appropriately act on disclosures
- community settings – occurring either opportunistically by someone unknown to the victim or, for example, in the case of financial abuse, through local businesses and neighbours.

The same study identifies a range of factors operating to silence disabled people and impede prevention and response including:¹¹³

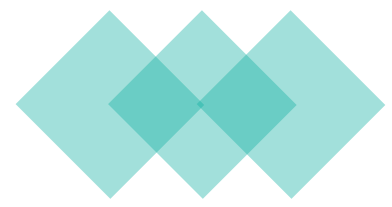
- pressure not to report
- negative consequences for reporting (being punished, isolated, ignored, missing out on things)
- reports being ignored by third parties
- credibility being questioned or undermined
- normalisation of abuse /resignation to abuse as normal or deserved
- collusion, within services, to deny or dismiss reports.

Confirmation that disabled people remained at risk of abuse in disability service settings is provided by the 'Putting People First' report,¹¹⁴ a review conducted by Disability Support services within the Ministry of Health, about the adequacy of their systems for assuring quality and safety for disabled people. The report outlined very similar experiences to those identified by Roguski, including that disabled people have learnt to be silent about abuse through fear of retribution, fear of losing services they depend on, or perceiving they deserve to be abused.¹¹⁵ As a result, much violence remains invisible.

Structural factors that increase risk of violence

Structural factors that create risk for disabled people and tāngata whaikaha Māori, or that create situations where violence and abuse are less likely to be reported or identified, have been recognised by disabled advocates and researchers.¹¹⁶ These are:

- the denial of disabled people's rights. Many disabled people have had little opportunity to learn about their rights, including rights of sexual citizenship, and potentially limited exposure to situations in which those rights are actively upheld
- the lack of accessible housing. People may not want to leave, or have options to leave, an accessible house



- a perceived lack of credibility. When disabled people disclose, they are frequently not taken seriously or are blamed for the abuse
- that there are few trained services/professionals who can respond appropriately to violence, neglect and abuse of disabled people. This situation is particularly acute for people who are non-verbal and those who require support for comprehension and decision making
- that there are almost no accessible services/houses/refuges
- that the evaluation of a 2016 safeguarding pilot project in Auckland, which included providing training and resources for police, identified that prior to the training, police did not have the knowledge and skills to follow up disclosures of care giver abuse, refer abused people to support services, or initiate prosecutions.¹¹⁷

Additionally, there is a lack of accessible information about how to access help, and a lack of resources, such as money and social networks, to support leaving abusive relationships.

Situational factors that increase risks of violence

As well as the structural and institutional factors identified above, there are some situations, that create added risk and result in people being unable to remove themselves from harm, which are listed below.

- Victims are often reliant on family members and/or carers (who may not be family members) who are the abusers. This relationship is acknowledged in the NZ Family Violence Act (2018, section 14), but there are no formalised policies to address the need for additional support in these circumstances.
- There are very few options for people to change carers (as above).
- Some people have communication difficulties, and the equipment or interpreters required are not provided, not available or are withheld by an abuser.

- Some people may also require support to understand information and/or for decision making.
- The over or under use of medication can impede people's functioning, prevent communication, or inhibit perceived credibility.

All of these situations can result in increased risk of violence, exploitation and neglect.

An intersectional and participatory response is required

Intersectionality recognises the multi-layered identities of disabled people, identifying the discrimination and advantages that various combinations create. The intersecting of disability, gender identity, ethnicity and other identities are not cumulative or additive, but create "substantively distinct experiences"¹¹⁸, even within the same geographic space. This can be understood by comparing different experiences of family and sexual violence with reference to a disabled Māori woman in contrast to that of a non-disabled white woman, because of the ethnic histories of violence, abuse, colonisation, social responses, stigma, power relationships and access to services.¹¹⁹

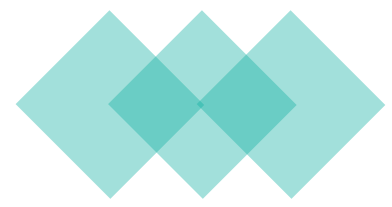
Addressing the risks, overcoming these barriers and providing safe and constructive prevention and responses, requires disabled people's participation in all aspects of change (policy, legislation and funding) and ongoing provision and monitoring of services.

The changes required include that:

- societal attitudes to disabled people become inclusive and non-stigmatising
- structural and institutional barriers are overcome
- the breadth of services that engage with victims and perpetrators of violence are facilitated and resourced to become accessible and culturally responsive to the diverse community of disabled people
- specialised services are resourced, developed and maintained.

**We need a twin-track
approach to address gaps
in services, knowledge
and practice**





Twin-track approach

The previous section above has identified a number of specific circumstances that increase the risk of violence against disabled people. Responding to these risks requires a human rights approach. The NZ Disability strategy developed by disabled people to operationalise the UNCRPD in a domestic context includes a twin-track approach.

Both tracks must be grounded in Te Tiriti, and so must be developed in partnership with tāngata whaikaha Māori and effectively meet their needs. There are two essential components of a twin-track approach:

- track one: the accessibility of all relevant 'mainstream' services and processes
- track two: the provision of specialist services and processes when required.

Using research carried out across the sexual violence, family violence and disability sectors in

Aotearoa, this section investigates the current situation drawing attention to the gaps. The results of each discrete study can be generalised across sectors.¹²⁰

The information is presented using a twin track structure covering both 'mainstream services and specialist services. The results of each discrete study can be generalised across sectors. The recommendation section suggests how these gaps can be addressed.

Twin track one: gaps in the accessibility of all relevant mainstream services and processes

Lack of data and evidence to inform effective responses

As noted earlier in this report, there are large gaps in data about disabled people and experience of violence. The lack of understanding impedes the ability to respond. For example, in Aotearoa, very little is known about the help-seeking experiences of disabled people confronted by violence.

There is some research into the help-seeking behaviours of women with experience of violence-related mental distress from an Aotearoa perspective,¹²¹ but little research (other than Roguski¹²² and Hobbs¹²³) into the experiences of people in the wider disability sector, and none specifically about tāngata whaikaha Māori and Deaf people. Most research excludes people who live in the most precarious situations – such as in residential and retirement settings and those who require support to communicate with others.

Not only is there a lack of research and data specifically focused on the experiences of tāngata whaikaha Māori and disabled people, but many are excluded from participating in generic surveys, the census and other research that may identify violence and abuse. This is, because their modes of communication are not being enabled, there is no use of NZSL, or because people lack the resources to participate. Recent research on digital inclusion and wellbeing in Aotearoa shows that tāngata whaikaha Māori and disabled people are among those who are the most digitally excluded.¹²⁴

Further, in Aotearoa, no violence or related services routinely collect disability data. The lack of quantitative and qualitative data makes it very difficult to ascertain the full extent of the problem of violence against disabled people or the effectiveness of responses to victims and perpetrators.¹²⁵

Data informs policy, legislation and the distribution of resources. If tāngata whaikaha Māori and disabled people are invisible in data collection their needs and wants will not be incorporated into government planning, funding, policy and implementation. This enables violence and abuse to proliferate undetected and without consequences.

Lack of a shared language

To facilitate alignment across government, the disability and violence sectors, and justice/policing services and responses, data collection and service delivery need to be coherent. This means all sectors must agree and use a shared language to describe violence against disabled women, children and men.

Disabled people must lead the development of the language and its use in data collection, data sharing, wider research and service development. The lack of shared language extends beyond violence against disabled people. There is currently no shared language to describe men's violence against women and children, men's violence against men, or wider family violence.

Little intersectoral collaboration to address violence and abuse

[limited opportunities mean] disabled people generally exchange one oppressive situation for another"¹²⁶

Hager (2017)¹²⁷ investigated why the Aotearoa violence and disability sectors were not working together to address the abuse of disabled women. The answers were complex; however, primarily the sectors did not recognise each other as being relevant to each other's services and populations. Many participants in both sectors felt overwhelmed working with their own issue and did not want the added complication of addressing violence against disabled people. Participants felt that underfunding and consequent understaffing prevented them from developing expertise about violence against disabled people or developing relationships with the other sector (violence or disability).

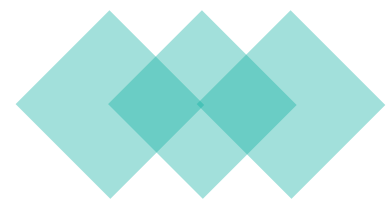
There was an attitude in both sectors that violence against disabled women was "not our problem" and/or not a problem at all. Very few disabled women were seeking support from violence services and disability services were not seeing women who disclosed violence or asking for specialist help. Across both sectors there was little recognition that this lack of visibility of abused disabled women was because services were either not configured to enable disclosure (disability services) or accessible to women who required help (violence services).¹²⁸

There is little evidence of either violence or disability services having formal agreements or collaborative relationships with other agencies to address violence against disabled people. This means that the support that is available to disabled people is inconsistent across sites and regions, as are the agencies that staff members engage with.¹²⁹

Low availability, little physical accessibility and insufficient accessible information create barriers to access

Research¹³⁰ identifies there are almost no mainstream services available that respond to violence against disabled people. Reasons include inaccessible facilities, lack of staff knowledge and skills, and a lack of resources. When crisis services are available, there are few provisions for refuge, long term follow-up, or appropriate accessible counselling/trauma treatment services. TOAH-NNEST (2016)¹³¹ identified that generally, when crisis support has been offered to disabled people who have been sexually abused/raped, there are no appropriate services or supports available in the community for long-term support either for the abused person or their family.

There is no information source for disabled people about which sexual violence services are physically accessible and which services have staff with appropriate knowledge and skills to work with disabled people.¹³² Few refuge premises are fully accessible¹³³, in fact most of them are not accessible for:



- blind women
- women in wheelchairs or those requiring other aids for mobility or communication
- women who require personal assistance
- women with learning disabilities.

In 2019, the Human Rights Commission reported that one refuge had made its house accessible via a wheelchair lift and has a wet floor in the bathroom. However, the refuge doesn't have equipment to assist people in and out of bed, nor do they have support people who are trained to assist women, so the refuge is only partially accessible unless the woman's own support person stays with her.

No refuges have overnight staff. This means that women who require support for personal care and women who are experiencing mental distress or substance abuse problems, requiring 24-hour monitoring and support, cannot be housed in existing refuges.¹³⁴

Further barriers to inclusive sexual and family violence service best practice include a lack of funding to make services physically accessible, and no funding to improve accessibility in other areas such as interpreters and information.¹³⁵

Because disabled people report encountering barriers to disclosure, many never engage with services. Barriers identified in disability services¹³⁶ centre on the workforce and include:

- poor hiring practices, including not vetting for relevant conviction records
- nepotism
- staff with inappropriate attitudes
- the poor management practices of a variety of disability-related residences and services
- people being punished by caregivers for complaining of abuse
- people do not receive adequate protection during the investigation of abuse.

As outlined earlier in this report, there are societal barriers to disclosing abuse, or receiving help including:

- a low level of societal awareness of disability-related violence and abuse
- a lack of appropriate monitoring of services
- inadequate reporting options
- significant barriers to engaging with police, including police attitudes
- justice sector/police perception of difficulties gathering evidence sufficient to meet evidential thresholds
- demonstrations of prejudice
- existing legislation, and powers emerging from legislation, are inadequate.¹³⁷

Further, some people are unable to access services on their own and may have no one they can trust to support them.¹³⁸

There are also additional specific situations that exclude disabled people from mainstream sexual and family violence services. Some refuge services prioritise women with young children. For disabled women who do not have children, and women with experience of mental distress and substance abuse problems who are more likely to have had their children removed,¹³⁹ this can further restrict access to services.

Disability increases with age but very few refuges accommodate women over approximately 55. These women are referred to Age Concern. Age Concern works with men and women; however, they have no legal staff and no resources to house people requiring refuge.¹⁴⁰ As older women lack options for alternative housing, and many do not want to go into residential care, they often stay in violent relationships because they have nowhere else to go.¹⁴¹

Disabled people have also identified a lack of societal awareness of disabled people's rights and a lack of knowledge about appropriate response and referral services, as barriers to receiving help and support. When combined with the lack of credibility discussed below, and resulting in few options for disabled people to escape abuse, we see a direct failure to fulfill the rights outlined in the UNCRPD Article 16.

Lack of trust and respect for disabled people

UNCRPD Article 16 is about freedom from violence, exploitation and abuse,³³³ Article 12 is about equality before the law, and Article 13^{****} about equal access to justice. An identified barrier to the realisation of disabled people's rights is the lack of credibility accorded to disabled people, particularly when they attempt to disclose abuse. This was recognised by the Abuse in Care Royal Commission of Inquiry¹⁴² and acknowledged by police on June 24, 2021, when Detective Superintendent Thomas Fitzgerald, Criminal Investigation Branch director, offered an apology, on behalf of police, for failings to investigate complaints of abuse in the adolescent unit at the Lake Alice Psychiatric Hospital in the 1970s.¹⁴³

Societal attitudes about disabled people, such as those discussed previously in this report, lead to disabled people who disclose sexual and other violence, being less likely to be believed.¹⁴⁴ Problems accessing the criminal justice system include:

- not being believed
- not being perceived as a credible witness
- no support-people within the system¹⁴⁵

- significant problems engaging with police, including police attitudes
- difficulties gathering evidence sufficient to meet evidential thresholds
- demonstrations of prejudice.

Compounding this is the lack of training and knowledge about sexual and other violence among staff in disability services and the communication problems¹⁴⁶ experienced by some disabled people.

Gaps in workforce competence

There are no nationally mandated specialised qualifications, competency requirements, or standardised training programmes for people working in the disability and violence sectors. Murphy and Fanslow (2012) noted that even if specific training were to be mandated there is little or no funding for training and high turnover in the sector means it is difficult to retain knowledge and skills. Currently good practice relies on specific individuals' skills and passion.¹⁴⁷

³³³ States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.

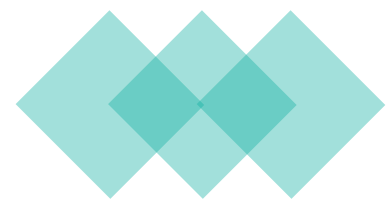
3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.

4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

^{****} 1. States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.

2. In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.



Inadequate education, training and support can lead to practitioners:

- reinforcing societal myths about disability, family and sexual violence
- neglecting to understand the complicated lives of victims, with the result that victims are not identified, or are re-victimised or blamed
- interfering with victims' strategies to escape violence
- not holding perpetrators accountable for their behaviours
- discriminating against victims in a manner that impacts on their access to crucial services
- being over-confident in assessing situations when there is a lack of evidence to inform practice.¹⁴⁸

Despite the risk to the safety of victims that this poses, very little training is offered to either the family, sexual violence or disability sectors about disability and family and sexual violence.¹⁴⁹ A study of refuge services identified that very few refuge staff have the necessary skills to support

a woman with complex physical care needs. When there are skilled refuge staff, there is no formalised register of this knowledge or way to share skills, and informal sharing of skills is rare.¹⁵⁰

A lack of staff knowledge and skill about violence has also been identified in disability services,¹⁵¹ including in disabled people's home settings. Conversely disabled women who live at home, who are not receiving any health or disability services, often have no oversight or monitoring of their situation, leaving them at risk of abuse.¹⁵²

In June 2017 the government released a Workforce Capability Framework¹⁵³ that describes good practice across a range of issues related to working in the violence sector. This framework is currently (2021) being updated and disabled people are being consulted as part of the developmental process. This consultation exemplifies good practice that should be included in all government policy development and implementation.

Twin track two: specialist services

Lack of culturally appropriate services

Overall, there are no violence prevention and response services that are responsive to, or that incorporate, disability-specific intersectional cultural needs. There are no:

- kaupapa Māori services developed to respond to violence against tāngata whaikaha Māori
- services for the Deaf community and limited access to NZSL speakers and interpreters
- services for Pacific peoples and people from other ethnic minorities in Aotearoa
- services for people in the rainbow community.

No national integrated safeguarding response

People First have identified that there is a gap in both service and justice responses for people in Aotearoa who are unable to remove themselves from violence, abuse or neglect:

There is currently no statutory organisation or framework in New Zealand... that supports different agencies to work together to protect adults who because of their situation or circumstances may be at risk of abuse and neglect (defined in the Crimes Act as 'Vulnerable Adults').¹⁵⁴

Promising practice

A Safeguarding Adults from Abuse (SAFA) pilot was undertaken in 2016, to develop a framework for safeguarding adults who are at risk of family harm and other forms of neglect, violence or abuse. The pilot was a collaboration between Waitematā Police, Waitematā DHB and the SAFA Collective. It aimed to improve participants' recognition of vulnerability, and to support police understanding of the intersection between family violence, safeguarding, and community partnerships.

In the pilot, the term 'vulnerable adults' was used to mean those individuals who have complex care and support needs and are experiencing, or are at risk of experiencing harm, abuse or neglect, and who, because of those support needs, are not able to remove themselves from an unsafe situation (and/or may need support to do so). Hobbs says:

It is important to recognise that while 'vulnerable adults' can be considered a homogenous group in legislation/by the law, a person is not 'at risk' just because they have a disability. In other words, a person's disability should not lead to the automatic assumption that the individual is vulnerable or at risk.¹⁵⁵

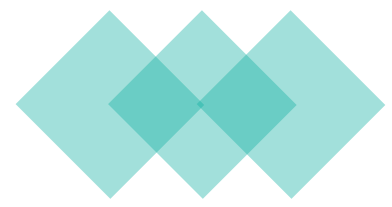
The pilot identified that:¹⁵⁶

- police may not understand or recognise adults at risk
 - even if adults at risk are recognised, police have limited coding options they can use to capture or flag this
 - disabled people and/or adults at risk may not trust, or feel satisfied with, the response received from police when they report abuse
 - there is a lack of clear referral pathways to guide police responses across multiple agencies and there are no cross-agency processes or information sharing agreements
 - without clear referral pathways and agreed collaborative agency responses, there is no guaranteed intensive case management, or means to ensure organisations work together to prevent harm, abuse and neglect.
- Currently (2021) this work continues in Waitemata, and the Waitemata DHB has formed an alliance with Auckland and Counties Manukau DHBs to provide the same service.

No outreach, long term, wrap around or 24/7 services

There are a number of other specialist service gaps:

- no accessible refuges that provide 24-hour carer support for women who have disability-related support needs
- no specialised violence services to respond to women who are disabled by alcohol and/or other substance abuse problems as a result of living with violence and abuse, or for women who are mentally distressed, particularly as a consequence of their experiences of violence. Currently (because of funding, resource and staffing constraints) it is difficult for these women to be housed in mainstream refuges. Women with substance abuse problems and experience of mental distress require long term, often 24-hour, specialised support to identify the relationship between the violence they have experienced and the psychosocial and other manifestations they are experiencing¹⁵⁸
- no refuge/violence response services that house men and most refuges will only take boys younger than adolescence
- lack of prevention, outreach, appropriate disability-sensitive screening, and physically accessible and disability-supportive programmes for disabled people who have experienced violence.¹⁵⁹
- few services provide information in formats that are accessible to Deaf people and people with particular impairments.



Lack of meaningful participation or partnerships with disabled people

In July 1987 a group of disabled activist women met with the New Zealand Ministry of Women's Affairs to discuss issues associated with disabled women. Among the many issues that were raised in the consultation was violence against disabled women. The report of the meeting states:

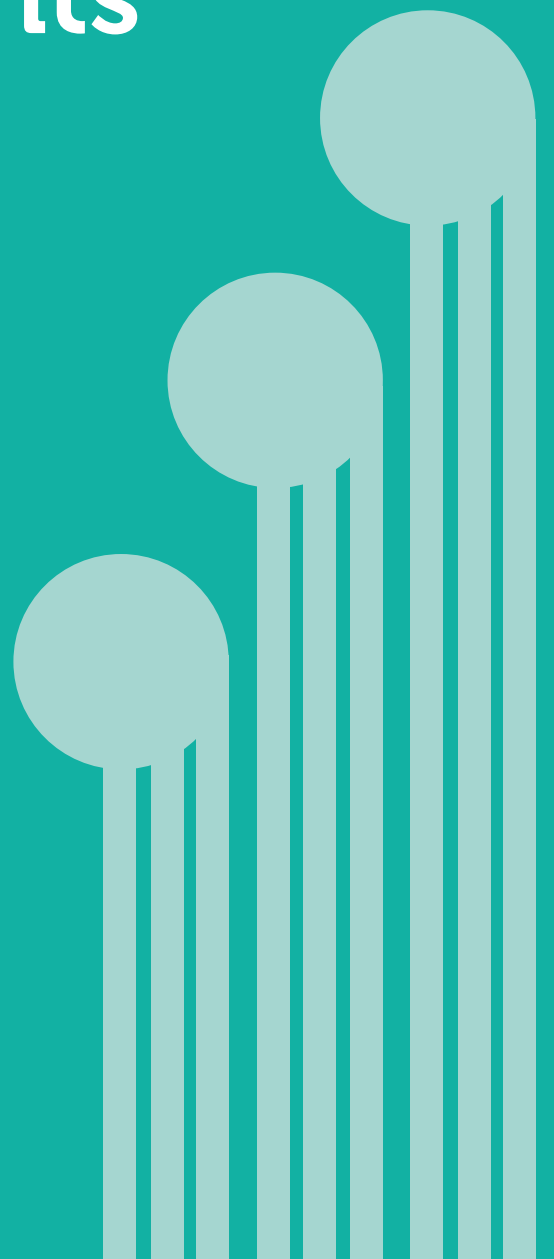
...women with disabilities are particularly susceptible to violence and sexual abuse. There is a lot of consciousness raising work to be done to get people to realise that women and children with disabilities do get abused. There should be funding made available to enable refuge and rape crisis personnel to work with women with disabilities as paid consultants to work out appropriate ways of assisting abused women...¹⁶⁰.

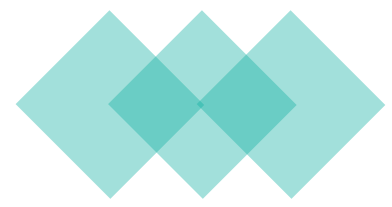
Nothing happened in response to this consultation, nor is there evidence that any further consultation with disabled women occurred for many years. A number of these

women, 34 years later, are still actively raising the same concerns and attempting to use the existing structures to initiate a prevention and service response at government level. As a consequence of this on-going lobbying and activism, primarily by disabled women, there is an increasing consciousness of the high rates of violence against tāngata whaikaha Māori, Deaf and disabled women, men and children, and government has started to engage.

However, despite the above, there is still (2021) little interaction between sectors and few accessible sexual or domestic violence services, or services with staff who have expertise to work with disabled people. Disappointment has also been expressed that initiatives evaluated as making a positive difference to protecting disabled people from violence have been discontinued or remain small in scale.

A twin-track approach underpinned by Te Tiriti and human rights





Underpinned by Te Tiriti

Consolidating a Tiriti o Waitangi and human rights-based approach to all violence prevention and response initiatives, policy and legislative work is essential. It will identify how to most effectively respond to the multiple and intersecting barriers that must be eliminated if current disparities are not to be entrenched, or worse, increased for tāngata whaikaha Māori.¹⁶¹

Key elements of such an approach include:

Tino rangatiratanga for whanau whaikaha

- Realise the promises of Te Tiriti and rights for tāngata whaikaha Māori under UNDRIP and UNCRPD.
- Value indigenous worldviews ensuring programme design, implementation and evaluation is informed by tikanga and Te Ao Māori.
- Prioritise tino rangatiratanga, self-determination and autonomous decision-making made by tāngata whaikaha Māori, whānau and communities.

A plan for progressive realisation

When a country ratifies an international human rights instrument such as the UNCRPD it doesn't have to do everything at once. However, the government must have a plan to achieve full realisation of the instrument and be seen to be making progressive improvements. This is called progressive realisation. Progressive realisation means a country must be seen to be developing legislation, policy and practice to fully realise a particular right.

Obligations to protect, respect and fulfil human rights

There are also things governments must not do, including: torture, non-consensual or degrading treatment, and unfair discrimination. As identified in the body of this report, many disabled people have suffered from violence and abuse, non-consensual or degrading treatment, unfair discrimination and, many¹⁶² would argue in relation to children's experiences in Lake Alice hospital in the 1970s, torture. These things require an immediate response from a country.

Promoting equality and tackling discrimination are cross-cutting obligations of immediate realisation. They are not subject to progressive realisation¹⁶³.

A country can violate human rights by taking an action that contravenes the human rights of an individual or a group, or it can violate rights by omission. Omission means:

...for example, not taking effective measures to prevent violations, or to investigate, punish, and redress the harm caused by such violations (including in some circumstances violations by private persons or entities).¹⁶⁴

A focus on equity

The term substantive equality is used in a human rights context to indicate an understanding of equality as the elimination of major inequities. Fredman (2016) proposes that this means:

...to redress disadvantage; to address stigma, stereotyping, prejudice and violence; to enhance voice and participation; and to accommodate difference and achieve structural change. Behind this is the basic principle that the right to equality should be located in the social context, responsive to those who are disadvantaged, demeaned, excluded, or ignored.¹⁶⁵

A country's responsibility to achieve substantive equality and protect citizens from human rights violations is an obligation of due diligence. Goodmark (2018) describes due diligence in relation to women's right to be free from violence and abuse:

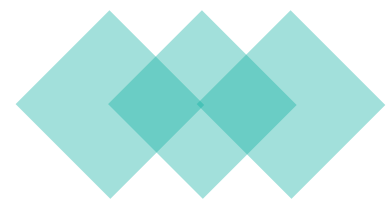
Due diligence is more than just passing legislation or criminalising violence. If existing law fails to protect women from violence, states are required to find more effective measures...prevention requires that the nation identify and address the root causes of violence against women, including gender-based stereotyping and discrimination and structural economic and social inequality¹⁶⁶.

Women With Disabilities Australia (WWDA) explain that, without the use of a comprehensive gendered human rights frame, mainstream and non-specialist efforts to prevent and respond to violence against women will further marginalise and disadvantage disabled women and can increase the risks of systemic violence against them (violating rights by omission).¹⁶⁷

They propose that using a human rights frame to address violence against disabled people:

- recognises violence against disabled people as a violation of rights
- recognises the multiple and intersecting forms of discrimination that both enable violence to occur and are created by experiencing violence
- specifies and prioritises communities facing discriminatory and disproportionate burdens of violence
- commits to core human rights principles of non-discrimination, and self-determination and participation by those most affected.¹⁶⁸

The recommendations target "root causes"¹⁶⁹ of violence against disabled people as well as the gaps in data, service provision and sector knowledge and skills.



Universal human rights implemented through a CRPD lens

Article 19 of the UNCRPD guarantees the full and effective inclusion of disabled people in the wider community. This means:

A profound shift of values in the context of disability, away from treating people with disabilities as objects of pity, to be managed or taken care of, towards treating them as human subjects and 'equal citizens,' deserving equal respect for equal rights.¹⁷⁰

To uphold this article and achieve free and equitable participation in all parts of society requires many other intersecting rights to also be respected. A cross cutting right is that of disabled people's leadership, voice and meaningful participation. This is critical to ensuring that prevention measures protect from violence and abuse at all levels of interaction (interpersonal, community, work and leisure, and political).

Disabled people have identified a number of rights-based approaches and actions key to developing a constructive response to violence against disabled people. These include:

- embedding UNCRPD principles into all programmes, services and policies to ensure accessibility and the adoption of specific measures that will empower disabled people and enable them to live independently in the community.¹⁷¹ The intent of the CRPD in its entirety and the general comments of the CRPD committee support an approach that includes:
 - recognising ableism as one of the contextual factors for violence alongside colonisation, patriarchy, and other discriminatory systems
 - working to equalise the social power of disabled people. This is pivotal to addressing the risks that arise from disabled people's ongoing disempowered social position

- properly resourcing Tāngata whaikaha Māori and their organisations, and disabled people and disabled people's organisations, to lead any initiatives for disabled people
- ensuring disabled-person-led governance and accountability processes need to be established, and organisations, including existing governance to be fully resourced for success and sustainability
- promoting peer leadership. This is the identification, support and resourcing of tāngata whaikaha Māori and disabled leaders
- facilitating participation. Disabled people must be actively involved in the development of policy, strategies and service initiatives that address violence, to ensure that they are fully inclusive and accessible.

The participation of disabled people in recent government agency work to address violence has identified the following elements for systemic change.

- Naming disability and making it visible in any strategy to prevent and respond to violence. This means ensuring that all legislation, strategy and policies contain a description of violence against disabled people and tāngata whaikaha Māori so they are visible, recognises the different dynamics and specific ways that disabled people are abused, how abuse impacts disabled people, plus detailed outcomes expected to occur for disabled people. These need to be linked to government programmes including Enabling Good Lives and the Disability Action Plan. Enabling Good Lives is a partnership between the disability sector and government agencies aimed at long term transformation of how disabled people and families are supported to live everyday lives.

- Securing sector leadership. Strong leadership is required from government and violence/disability/justice sector organisations to ensure a shared understanding of, and commitment to, ongoing change and development.
- Resourcing of these processes. Specific resources will be needed to promote partnerships and develop relationships.¹⁷²
- Supporting a twin track approach to prevention and response. A twin track approach to prevention means eliminating barriers - barriers to disabled people's full participation in society and barriers to the full realisation of their rights, as well as the implementation of specific strategies to prevent violence. This twin track approach means that government strategies to prevent and respond to violence against disabled people must focus both on structural drivers of violence and abuse as well as responses to individuals and whānau.
- Adopting an ecological model understanding of disability. Central to this is an analysis of how systems of power put disabled people at risk, as opposed to disabled people being inherently damaged or at risk.
- An ecological approach to prevention describes four levels of response to the barriers and gaps identified in the previous section. The four levels are:
 1. individual biological and personal factors
 2. relationships – a person's close peers, family and partners

3. community – the settings and social environments in which people live, play and work¹⁷³
4. structural factors

which the Centre for Disease Control and Prevention (CDC) say are:

...the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society.¹⁷⁴

These principles underpin a constructive whole of society response that incorporates the knowledge, experience and expertise of tāngata whaikaha Māori and disabled people at every level; addressing structural barriers, making mainstream services accessible, developing the specialist services that will keep particular groups of disabled people safe, and helping tāngata whaikaha Māori and disabled people recover from violence-related harm.

These principles guide the process for implementing the recommendations that follow.

The recommendations are extensive which reflects the extent of the work to be done.

Recommendations



Recommendations to rapidly improve service responses to violence and abuse

There are a number of initiatives that have been either piloted or well developed that could be implemented immediately. Other initiatives have been proposed by disabled people for many years and, while they will take some time to be fully implemented, could be started immediately. Some of the following recommendations address overarching issues, such as data collection, while others are service-related. All of them are required to increase safety and wellbeing for tāngata whaikaha Māori and disabled people.

1. Disabled people leading the development of a shared language

We recommend:

- that a shared language is developed to describe violence against tāngata whaikaha Māori, disabled women, children and men, and that this language is used in data collection, data sharing, wider research and across services
- that the language and terms developed are inclusive and accessible and reflect an ecological understanding of disability
- that all language existing and developed for violence prevention and response be translated into NZSL, Easy Read and other accessible formats, and made accessible to the Deaf and disability communities.

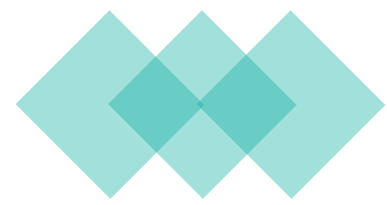
2. Improving data collection and research

The UNCRPD responds to the lack of disaggregated disability data around the globe by including a dedicated article (Article 31) specifying countries' obligations to collect statistical and research data that will assist in identifying and addressing barriers faced by disabled people.

- In accordance with Article 31, ensure accurate and epidemiological information on intimate partner violence and sexual violence and on their causes and consequences, is collected and used to contribute directly to preventing such forms of violence.

To uphold this right, we recommend:

- protocols be developed to ensure that data about the abuse of tāngata whaikaha Māori and disabled people is collected by, at the very least, government, violence services, police, and health and disability services
- that the government commissions qualitative and quantitative research to better understand the extent of violence and abuse and the needs (for prevention, safety and response to violence) of tāngata whaikaha Māori and disabled people in Aotearoa
- all research undertaken to learn more about the violence prevention and response needs of tāngata whaikaha Māori and disabled people must be developed and undertaken by or with tāngata whaikaha Māori and disabled people
- all data collected by government, violence services, police, health boards and disability services be disaggregated by disability status, gender, sexual identity, ethnicity, age, perpetrator and type of abuse, to allow for accurate recording and analysis of violence and abuse towards tāngata whaikaha Māori and disabled people
- data about the number and situations of disabled Māori and other children and young people in state care in Aotearoa be collected, collated, recorded and analysed nationally
- people collecting this data about tāngata whaikaha Māori and disabled people must have training in: (a) disability-related issues, including enabling self-identification of disability (not making assumptions and only asking the questions if someone has a visible impairment); (b) ensuring informed consent is obtained for research and data collection processes
- that the limitations of administrative data, based on service use, need to be understood by those collecting and those using the data to guide policy and practice. This requires an understanding of why tāngata whaikaha Māori and disabled people are not using services and/or disclosing violence



- everyone involved in research and data collection must use shared, agreed language, as outlined above
- appropriate methodologies are employed to ensure that data is gathered from those who are currently excluded from research – people in residential services (including retirement homes), and people who require support to communicate.

3. Enshrine protections in legislation

We recommend that:

- proposed legislation to ‘accelerate accessibility’, be immediately progressed
 - Passing legislation to create more equitable access to the community will significantly improve the health and wellbeing of tāngata whaikaha Māori and disabled adults and children
- any legislation to address incitement of hatred and discrimination arising from proposals under consideration must specifically address harmful speech directed at disabled people
 - Hateful actions prevent disabled people from fully accessing community and social spaces, and can result in avoidance, loneliness, isolation and physical and emotional harm
 - Data must be gathered about such incidents irrespective of whether they are categorised as crimes
- legislation be advanced to prohibit:
 - non-therapeutic sterilisation
 - non-consensual pharmaceutical and surgical interventions
 - non-consensual treatment and seclusion and restraint including repealing the legal authority to detain, restrain and force treatment on the basis of disability, (Mental Health (Compulsory Assessment and Treatment) Act 1992
- in proposed adoption law reform underway, ensure Section 8; (1 b) and (6) of the Adoption Act 1955, which permits the adoption of a child of a disabled person without their consent, is revoked

- legislation be investigated and developed for Safeguarding Adults, similar to the United Kingdom Care Act, 2014
- urgent attention be given to addressing the digital divide
 - As disabled people, those in social housing, Māori, Pacific peoples and people over 75 are among those who are the most digitally excluded – and all of these groups include disabled people - this is creating inequity and increased lack of access to information and services including welfare, education and health.

4. Upscale and fully resources responses that are already proven to enhance safety and response

We recommend that:

- government resource the national implementation of the Safeguarding Adults From Abuse (SAFA) integrated community response for adults at risk
- the Enabling Good Lives principles and Safeguarding Framework inform systems, policy and processes for promoting wellbeing and preventing and responding to violence towards adults at risk, tāngata whaikaha Māori and disabled people.
- the recommendations of the evaluation of the SAFA pilot be implemented which are:
 - police training in recognition of, and responses to, adults at risk
 - improved police systems to monitor incidence and to help police recognise and engage with adults at risk
 - to codify leadership and partnerships between police and DHBs
 - to have SAFA coordinator roles established with appropriate expertise, in each (geographical) area. This was an essential success factor.

As to the first point above, rolling out a nationwide safeguarding integrated response fulfils responsibilities under the Crimes Act to address violence against adults at risk. Currently, the Safeguarding Framework

underpins the new disability support system prototype in Midcentral. It provides a range of activities that protect and promote the rights, culture and wellbeing of disabled people and adults at risk and protect people against abuse.

We further recommend that:

- tools, such as those developed by TOAH NNEST for use within sexual and family violence services, and the People First Keeping Safe Feeling Safe programme, be resourced for national distribution
- the Family Violence Death Review Committee be required to investigate the family violence (including caregiver and residential services related) deaths of tāngata whaikaha Māori, Deaf, and disabled adults (including older people), children and adults at risk.

Two examples underpin the first point. First, the recently formed Personal Advocacy and Safeguarding Adults Trust offers multi-agency responses to violence and abuse of adults at risk in the Auckland and Mid-central regions of the North Island only, as the service lacks resources to provide the services in other areas. Second, TOAH NNEST has developed best practice service guidelines for working with disabled people who have been sexually abused/raped and have developed an E-learning module about inclusive practice that includes some information about working with disabled people. These, or similar initiatives, could be resourced and shared nationally.

5. Develop training and ensure continuous training, and make resources available

To ensure that the disability services provided in Aotearoa are of the highest possible standard we recommend that baseline qualifications are developed for all disability support services. The qualifications must be developed in consultation with disabled people and include a robust understanding of:

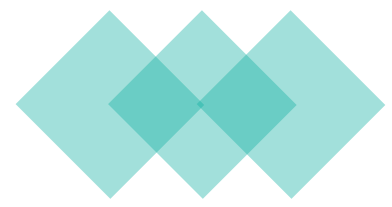
- Te Tiriti o Waitangi, kaupapa Māori models and approaches, and issues for tāngata whaikaha Māori

- the UNCRPD and what upholding its ethos means in practice in disability services, such as expressed in the preamble:
 - recognising the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices
 - considering that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them
- ableism
- violence against disabled people and how to prevent it, safely intervene and respond constructively
- informed consent and supported decision making
- the concept of interdependence versus fostering/enforcing dependence
- the rights of service recipients.

We further recommend that:

- disability services are sufficiently resourced to ensure that appropriately qualified staff can be employed and that standards are upheld
- all disability services must develop, in partnership with disabled people:
 - comprehensive policies and practices to prevent, identify, receive disclosures of, and document violence and abuse
 - comprehensive policies and practices to safely respond to violence and abuse relationships with mainstream violence response services and with specialist and safeguarding services
- all information developed about policies and practices must be in accessible formats and easily accessed by all service users.

A critical part of a comprehensive response to preventing and responding to violence and abuse of disabled people must be a shared understanding of who disabled people are, including recognition of the complexity and intersectionality of disabled people's identities and lives, and the specific dynamics of violence against disabled people.



We recommend that:

- in partnership with disabled people, workforce competencies about violence and abuse, the harms of violence, the gendered dynamics of violence and violence against tāngata whaikaha Māori and disabled adults and children be developed at pace
- training programmes, produced by tāngata whaikaha Māori and disabled people are developed to build and embed these competencies and
- training as described above be made mandatory for all people working across the violence prevention and response sector, including police, lawyers and judges; researchers who want to research disabled people's circumstances; the disability sector; the wider health sector; and social services and be embedded
- training as described above be embedded in all tertiary education for social workers, psychologists, health professionals, counsellors, lawyers, and in police training
- training about the mental health effects of sexual and family violence should be incorporated into the initial and ongoing professional development training of all health, legal, therapeutic and social service professionals, including psychologists, psychiatrists, mental health and drug and alcohol service staff, judges, lawyers, court staff, police, social workers, therapists and counsellors.

6. Support a twin-track approach to violence response and prevention

Twin track one: Ensure all services and information are accessible

A twin-track approach to service provision and interventions responding to violence, directs that mainstream services and supports are made inclusive of, and fully accessible to, disabled people, and specialised services and supports that are specific to disabled people, including for disabled children of victims, are also available. Both tracks must be grounded in Te Tiriti, and so must be developed in partnership with tāngata whaikaha Māori and effectively meet their needs.

For mainstream services this will require:

- providing support for victims to remain in a home that is adapted to their needs, and in the community that meets their accessibility needs
- sustainable funding for tāngata whaikaha Māori and disabled people-led organisations working in family and sexual violence prevention and response
- access to sustainably funded specialised inclusive services
- resources for awareness and prevention activities co-designed with tāngata whaikaha Māori, Deaf and disabled people, and produced in accessible formats
- staff of all crisis and therapeutic services having the knowledge and skills to work with disabled people
- ensuring that relevant, up-to-date information about support and services, including information about legal processes, is available in accessible formats
- ensuring the development of auditable best practice service standards
- including tāngata whaikaha Māori and disabled people in ongoing evaluation and development of services to better meet needs
- ensuring access to trained and resourced tāngata whaikaha Māori and disabled people to conduct accessibility and other audits of violence prevention and response services to ensure that they are inclusive and accessible, and staff having access to appropriate training
- ensuring that mainstream refuges are fully accessible for disabled women who do not require 24-hour support and for women with disabled dependent children of any age.

Twin track two: Make available a variety of specialist prevention initiatives

Specialist and therapeutic services must include, but not be limited to:

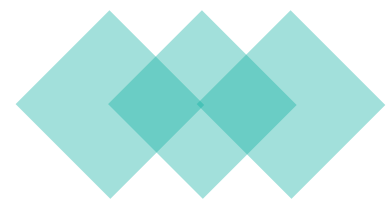
- a safeguarding adults integrated community response
- therapeutic services for tāngata whaikaha Māori, disabled people, adults at risk and disabled children
- specialised refuges with 24-hour on-site support for women experiencing mental distress as a result of violence and abuse
- specialised refuges with 24-hour on-site support for women with substance abuse problems
- accessible refuges with 24-hour on-site support for disabled women and/or women with dependent disabled children of any age
- services for disabled men and boys. It is not acceptable/safe for men and women to be housed in the same services.

7. Keeping children safe from harm

Children experience harm by being exposed to violence occurring in their home, from direct experience of family violence, and also by experiencing violence in a range of educational and civil society settings. Many of the recommendations in this report apply to children. However, there are some specific circumstances where disabled children's needs and rights predominate.

We recommend:

- enhanced support and resourcing for disabled children and young people to participate in mainstream education from early childhood education to tertiary level
- ensuring that all educators and school staff receive training in neurodiversity, disability and mental distress, including the manifestations of living with violence and abuse
- that all schools be resourced to provide healthy relationship, sexuality and reproductive health education to children and young people of all ages, ensuring that disabled children are not excluded and are enabled to fully participate in the learning
- enhanced support and resourcing for parents raising disabled children, including additional funding for health services (if required), trained support people and adequate respite services
- child-focused mental health and other therapeutic services be guaranteed for children who have been exposed to/have experienced violence
- child-focused disability specialists are available in agencies such as Oranga Tamariki and disability specific placements for disabled children who have been removed from their families
- that health and state agencies have training to ensure they understand both the rights of disabled adults to parent, and the rights of disabled children to live in their families of origin.



Recommendations addressing structural drivers of violence that would help with prevention

8. Make structural changes to enhance the prevention of violence and abuse

To secure meaningful and enduring change, the structural issues that create increased risk for tāngata whaikaha Māori and disabled people must be addressed in parallel to the above service, policy and legislative recommendations.

These are issues of power/powerlessness, invisibility, lack of access to the social and economic determinants of health,¹⁷⁹ and stigma and discrimination. These things, in turn, result in increased rates of disability¹⁸⁰ and violence.¹⁸¹ Preventing violence, therefore, requires a response not only to people who are harmed by violence but to the structural drivers of that harm. In relation to these issues, we make the following recommendations.

9. Ensure all actions are grounded Te Tiriti o Waitangi and human rights

A shared, nationwide understanding of Te Tiriti o Waitangi and human rights principles is the first step towards a full implementation of Aotearoa's international and national human rights obligations to reducing rates of violence against disabled people¹⁸² and violence-related disability.¹⁸³ We therefore recommend the government educate New Zealanders about Te Tiriti o Waitangi, human rights, and specifically the UNCRPD.

We recommend:

- realising the promises of Te Tiriti and rights for tāngata whaikaha Māori under UNDRIP and UNCRPD.
- valuing indigenous worldviews ensuring programme design, implementation and evaluation is informed by tikanga and Te Ao Māori
- prioritising tino rangatiratanga, self-determination and autonomous decision-making made by tāngata whaikaha Māori, whānau and communities.

10. Work to eliminate ableism

Ableism, including audism, minimises the needs and concerns of disabled people. Eliminating ableism will enable disabled people to participate fully and safely in the social, economic and political spheres and to feel confident about speaking up or complaining if they have been discriminated against or hurt.

Ableism must be identified and addressed at all levels of government and civil society.

We support the recommendations made by Women with Disabilities to the Australian government that they:

- recognise ableism and intersecting forms of inequality and discrimination as the drivers of violence, abuse, neglect and exploitation of people with disability
- strongly reinforce that segregation of people with disability is discrimination, and facilitates violence, abuse, neglect and exploitation
- examine how ableism and intersecting forms of inequality and discrimination operate within the country's legal, policy and practice frameworks and through community attitudes, and how they underpin violence, abuse, neglect and exploitation
- address the root causes of violence, abuse, neglect and exploitation and facilitate large scale responses and social transformation
- identify ableism as a driver of violence against women and girls with disability.¹⁸⁴

These recommendations are equally relevant in Aotearoa but must be implemented in Te Tiriti based ways that recognise the impact of colonisation on contemporary expression of ableism.

11. Address tāngata whaikaha Māori and disabled people's lack of access to the determinants of health and wellbeing

Violence proliferates when there are imbalances of power, people have few choices, and are not supported to be autonomous and self-defining. To prevent this, we recommend:

- all tāngata whaikaha Māori and disabled people have an income that enables them to live in warm, safe and dry accessible homes; pay all bills, participate fully in the community and purchase and manage the support that they require (Article 28, UNCRPD)
- all tāngata whaikaha Māori, Deaf and disabled people (children and adults) have equitable access to life-long learning, including full support to achieve at primary and secondary school and in tertiary training of their choice (Article 24, UNCRPD)
- all organisations/businesses are required to make appropriate accommodations and ensure full accessibility of services and information to enable tāngata whaikaha Māori and disabled people to participate in employment of their choice (refer Articles 9/27 UNCRPD).

In turn this will require:

- strengthening legislation and policies in relation to reasonable accommodation and accessibility
- addressing discrimination in hiring practices and changing societal knowledge about, and attitudes to, disabled people (Article 8, UNCRPD)
- developing systems to ensure tāngata whaikaha Māori and disabled people can fully participate in political processes on an equal basis with others (Article 29, UNCRPD)
- developing systems to ensure tāngata whaikaha Māori and disabled people can fully participate in leisure and cultural activities with others of their choice (Article 30, UNCRPD)

- developing processes to support decision-making, rather than substituted decision-making, if people are unable to make autonomous decisions
- shifting decision-making about disability-related issues to within the disability community and provide resource to build capability and capacity within the community
- resourcing and supporting whānau and families to support their disabled family members.

12. Enhance disabled people's access to justice

Disabled people in Aotearoa have recognised that a barrier to the disclosure of abuse is the lack of credibility accorded to tāngata whaikaha Māori, Deaf, disabled people and adults at risk by police and justice sector staff, including judges. This is discriminatory and contravenes disabled people's right to justice (Article 13, UNCRPD) and the right to equal recognition before the law (Article 12, UNCRPD).

We therefore recommend:

- including the justice sector and police, in consultation with tāngata whaikaha Māori and disabled people in all upskilling, policy development and other processes to develop safe, intersectional police and justice sector responses to violence and abuse.
- changing attitudes and developing justice sector understanding of legal capacity (UNCRPD, Article 12), supported decision-making¹⁸⁵ and tāngata whaikaha Māori and disabled people's right to be recognised as competent, legitimate witnesses.¹⁸⁶

Conclusion



Violence proliferates when people are marginalised and silenced by negative social attitudes, lack of resources, stigma and discrimination, and the ensuing powerlessness and invisibility created by these circumstances.

This report makes several recommendations to address these underlying causes of violence and abuse against tāngata whaikaha Māori, Deaf and disabled people, and also to reorientate the systems designed to respond to violence and abuse to ensure they are accessible and relevant when disabled people need safety and support to escape and recover from violence.

Making these changes will require a whole of society change that incorporates the knowledge, experience and expertise of tāngata whaikaha Māori and disabled people at every level in:

- addressing structural barriers
- making mainstream services accessible
- developing the specialist services that will keep particular groups of disabled people safe
- helping tāngata whaikaha Māori and disabled people recover from violence-related harm.

The first step in this process is for government, ministries, government and NGO services, and civil society to recognise the severity and size of the problem – the epidemic proportions of violence and abuse of tāngata whaikaha Māori and disabled people – and acknowledge that this is a problem not for disabled people to solve, but for all of us.

The long-standing violence and abuse of tāngata whaikaha Māori and disabled children and adults, currently being exposed by the 'Abuse in Care: Royal Commission of Inquiry (2021)', is not just an historic problem, but one occurring every day across the country.

Disabled people are 24% of the population. This number is expected to grow as the population ages, and as poverty and inequity increase. Disabled people are reflective of everyone in society, and hence, are part of all our families; are our peers and friends, work mates, and the people we interact with in the community. It is unacceptable that violence against so many people who are part of our society should be unrecognised and ignored.

This report has identified the lack of a comprehensive Te Tiriti o Waitangi and human rights-based policy to address violence against tāngata whaikaha Māori, Deaf and disabled people, and adults at risk. Implementing the recommendations in this report will form the basis of a robust, strategic response to prevent further harm, identify existing violence and abuse, and provide therapeutic responses to those who have been physically, sexually, emotionally and spiritually harmed by violence and abuse. The time to do this is now.

Glossary – explanation of language



Ableism: Ableism is “discrimination or prejudice against people with lived experience of disability”¹⁸⁷ and a value system that considers certain typical characteristics of body and mind as essential for living a life of value.¹⁸⁸

Ableism leads to social prejudice, discrimination against, and oppression of, persons with disabilities, as it informs legislation, policies and practices. Ableist assumptions lie at the root of discriminatory practices.¹⁸⁹

Everyday ableism can be understood as being:

...embodied in negative attitudes to disability and the frequent power imbalances between disabled people and those who control the resources we need¹⁹⁰.

and

The effect of a system of classification based on ableist beliefs is to assist dominant, non-disabled groups to render the existence and concerns of disabled people either invisible, or subject to the exercise of patronage and benevolence. At the same time the benefits of being not disabled remain invisible and seldom acknowledged.¹⁹¹

Disability activists use the term ableism to describe:

...discrimination against people with disabilities, including the expression of hate for people with disabilities, denial of accessibility, rejection of disabled applicants for housing and jobs, (and) institutionalised discrimination in the form of benefit systems designed to keep people with disabilities in poverty.¹⁹²

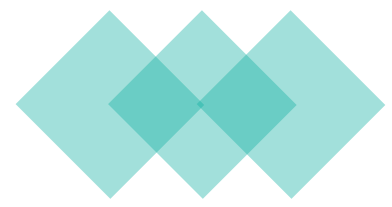
Accessibility: Women Enabled International (2021) provide a checklist to ensure that tāngata whaikaha Māori and disabled people are not disadvantaged by lack of access to information about violence, facilities or access to services.

They say:

Accessibility means that information, goods, and services can be used by persons with disabilities on an equal basis with others... Accessibility in this context may include:

- disseminating information related to GBV [gender-based violence] in accessible formats such as digital formats accessible to screen readers, braille, sign language, plain language, and Easy-Read formats
- providing sign language interpretation in police stations and courts
- providing accessible helplines, including offering text service
- ensuring victims/survivors have physical access to accessible shelters that include ramps, railings and elevators and are close to where victims/survivors live
- ensuring that services are free or low-cost
- and providing training on disability inclusion to all the staff working in GBV related services.¹⁹³

Accessibility of services: Being an accessible violence prevention or response service means providing not only physical access to buildings (toilets, bathrooms and all other spaces), but offering fully accessible information in a range of formats including access to NZ sign language users and interpreters. It means all organisations must develop policies and procedures in conjunction with tāngata whaikaha Māori and disabled people that specify and teach the competencies required to understand who disabled people are; the dynamics and dimensions of violence against tāngata whaikaha Māori and disabled women, men and children; and how to constructively respond to this violence, including a knowledge of available services and processes. This right is described in the United Nations Convention on the Rights of Persons with Disabilities.



Adults at risk: An adult at risk is a person who has needs for care and/or support, (whether they are receiving services for those needs or not) and is experiencing (or is at risk of) family violence, sexual violence, or any form of abuse, neglect and harm, and, because of their needs for care and/or support, is unable to protect themselves against the abuse, or the risk of it. All parts of the definition need to apply.¹⁹⁴

Audism: An attitude based on pathological thinking that results in a negative stigma toward anyone who does not hear; like racism or sexism, audism judges, labels, and limits individuals on the basis of whether a person hears and speaks... Audism reflects the medical view of deafness as a disability that must be fixed. It is rooted in the historical belief that deaf people were savages without language, equating language to humanity. Because many Deaf people grew up in hearing families who did not learn to sign, audism may be ingrained. Audists can be either hearing or deaf. This attitude can also be present among Deaf individuals.¹⁹⁵

Deaf: The capital "D" in "Deaf" is used to denote a group of people who are deaf; who use New Zealand Sign Language (NZSL) as their first or preferred language and who identify with the Deaf community. It also denotes a cultural-linguistic group of people who share a common language (sign language) and identify with Deaf culture. Deaf culture is well documented in research and literature and includes distinct Deaf values, beliefs, traditions, behaviours, history, art, and humour. The small "d" in "deaf" is used to refer to people who have any degree of hearing loss and includes both people who identify with the Deaf community and those who do not, such as hard-of-hearing people. Being a member of the Deaf community is largely based on personal identity and choice and the degree of hearing loss is not a good indicator of membership of the Deaf community.

Disability: is defined, in the United Nations Convention on the Rights of Persons with Disabilities, as:

... disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.¹⁹⁶

Disabled people: is the language disabled people in Aotearoa use to describe people disabled by social arrangements that are not designed to include diverse ways of living.

Instruments: is the generic word used to describe international human rights declarations, covenants and optional protocols.

Learning disability: is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people.¹⁹⁷

NZSL: New Zealand sign language. This is one of the three official languages of Aotearoa.

Protection: When applied to disabled people and tāngata whaikaha Māori, the concept of protection is often interpreted as paternalistic support, frequently denying people agency and choice, and replacing their own needs and wants with those imposed by others (for example, the difference between substituted decision-making

and supported decision-making^{†††}). Disabled people report being protected against making independent decisions, such as trying something new or doing something differently, that others feel may put them at risk.

Inhibiting the possibilities for persons with disabilities to make a mistake, to take a risk, is part of a larger pattern that contributes to a sense of lacking possibilities, of being violated in one's opportunities. As Pat Deegan observes, "the right to make a mistake" is part of a human being's dignity; there is something akin to the "dignity of risk".¹⁹⁸

In the context of Te Tiriti and human rights this word takes a positive meaning of active protection, generally referring to Government obligations to protect the mana of people, access to (for example) equality of services, resources and participation, and to ensure Māori rights as outlined in Te Tiriti o Waitangi.

When talking about violence against disabled women WWDA talk about the concept of protection as rights rather than paternalism:

... protect their [women and girls] rights to live free from violence, abuse, exploitation and neglect.¹⁹⁹

Safeguarding adults at risk: Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. It is a range of activities and responses that promote and protect human rights, health, wellbeing and culture, and prevent or reduce harm, abuse and neglect. This includes family and sexual violence.

Safeguarding is a continuum from promoting wellbeing to protecting people from harm. It includes preventative measures such as building a person's capacity and capability to safeguard

themselves from harm, to, on the other end of the spectrum, a coordinated interagency safeguarding adults' response (SAFA) to a situation of harm, abuse or neglect, or the risk of it.²⁰⁰ It is about communities, organisations and government working together to prevent violence occurring and respond constructively when it does. This includes ensuring that every person's views, wishes and preferences are respected so that the person remains in control of the decision-making about their life and support.

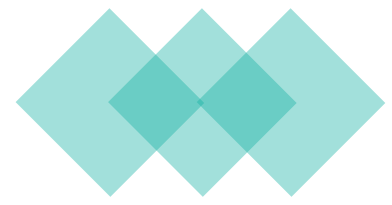
Social model of disability: The language used in this report reflects a social model of disability. This model is one in which disability is understood as an interaction between people with impairments (physical, psychosocial, intellectual or sensory) and society. People are disabled, not by their impairment, but by environmental and attitudinal barriers within society that limit their full and effective participation.

This is in comparison to a medical model construction of disability. This says that disability is about deficit – it is a medical problem that requires medication/treatment/fixing of the person and sites the responsibility for the problem within the person. This conceptualisation of disability often results in people's choices being controlled and constrained.

The social model sites the problem – the disabling – in society and identifies that it is inaccessible environments and processes that require remediation and fixing – not people. This model is evolving, and with the ratification of the UNCRPD there is now a strong focus on rights – civil, political, economic, social and cultural.²⁰¹

^{†††} C. Respecting personal autonomy and integrity

65. States have an obligation to review their legal and policy frameworks and repeal all laws, regulations, customs and practices that discriminate against persons with disabilities in the context of medical or scientific procedures, research and experimentation. Legislation must expressly recognize the right of persons with disabilities to provide their free and informed consent in such circumstances. Substitute decision-making regimes for medical or scientific experimentation must be immediately repealed. Supported decision-making schemes must be subjected to an appropriate framework of safeguards to ensure respect for the rights, will and preferences of individuals in the provision of support and protect them from conflicts of interest, undue influence and abuse (see A/HRC/37/56). Respect for autonomy and self-determination, including in situations which may not align with clinical best interests, is central to protecting the integrity of persons with disabilities on an equal basis with others. Page 15, A/HRC/43/41 Human Rights Council Forty-third session Rights of persons with disabilities Report of the Special Rapporteur on the rights of persons with disabilities.



Specialist service: is a bespoke service that requires particular, specific expertise and is developed for a particular group of people. This may be a service run by an NGO, a health service or any other relevant organisation.

State: in human rights documents the ratifying country is referred to as the State. In this report the word country is used.

Tāngata whaikaha Māori. This is a term introduced in Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan.

Tāngata whaikaha Māori describes two or more Māori people with a disability. The term... whaikaha means 'to have ability' or 'to be enabled'²⁰²

Tāngata whaikaha Māori means people who are determined to do well, or is certainly a goal that they reach for. It fits nicely with the goals and aims of people with disabilities who are determined in some way to do well and create opportunities for themselves as opposed to being labelled, as in the past.²⁰³

Twin Track: The NZ Disability Strategy explains a twin track approach.

A twin-track approach is about making sure mainstream services and supports are inclusive of, and accessible to, us and that services and supports that are specific to us as disabled people are also available. This approach is not about having to choose between the specific or mainstream option; rather it is about having the right access to the right high-quality support or service, at the right time and in the right place.²⁰⁴

In response to violence against tāngata whaikaha Māori and disabled people, a twin track approach means making mainstream prevention and response initiatives and services fully accessible and inclusive of disabled people and also "providing targeted specialist services to address the specific needs of disabled people and adults at risk".²⁰⁵ Each track must be Te Tiriti o Waitangi compliant,

and identify and meet the needs and aspirations of tāngata whaikaha Māori.

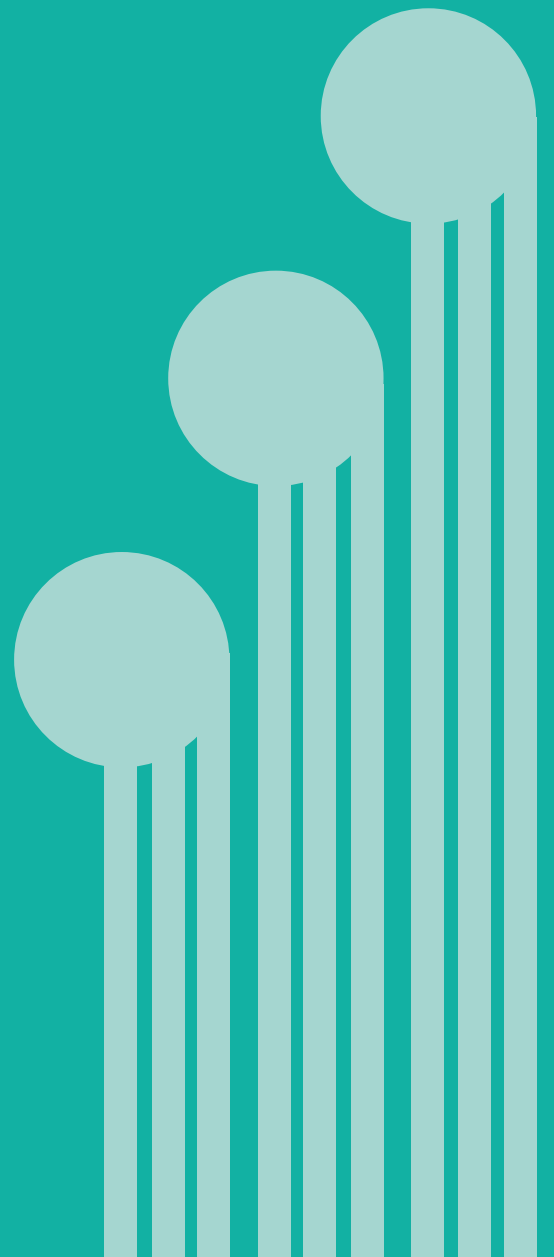
Victims: The United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (1985) defines "victims" as persons who have suffered harm (including physical or mental injury) through acts or omissions that are defined as criminal in UN Member States, or are violations of "internationally recognized norms relating to human rights." Article 4 states that "victims should be treated compassionately and with respect for their dignity, and that mechanisms should be available which allow victims to obtain redress through procedures that are "expeditious, fair, inexpensive and accessible."²⁰⁶

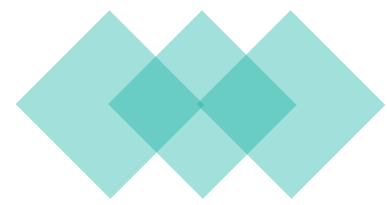
Vulnerable: This word has two complementary meanings. One definition of vulnerable is someone who is open to attack or harm because of forces outside of themselves; "exposed to the possibility of being attacked or harmed, either physically or emotionally"²⁰⁷ The other definition is that a person or people can be harmed because of some inherent weakness within themselves; "(of a person) in need of special care, support, or protection because of age, disability, or risk of abuse or neglect".²⁰⁸

The NZ Crimes Act (1961) defines a vulnerable adult as "a person unable, by reason of detention, age, sickness, mental impairment, or any other cause, to withdraw himself or herself from the care or charge of another person".

The word vulnerable is not used in this document, except when quoted or referring to the legislation, as it is a contested term. Tāngata whaikaha Māori and disabled people do not see themselves as inherently vulnerable. In line with the social/rights model of disability, risk of violence is created by institutional, attitudinal and other practices which silence and disempower disabled people and services that fail to respond when abuse occurs. The language used in this report, referring to people who require care and support, and who are unable to remove themselves from harm, is adults at risk.

Appendices





Appendix one: forms of violence against disabled people

Physical harm	Physical force/punishment Trafficking Infanticide 'Mercy' killing Use of weapons Being choked, suffocated or strangled
Sexual/reproductive harm	Preventing disabled women having children by, for example, forcing a woman to have an abortion or be sterilised (without consent) Preventing disabled women accessing IVF treatment Threatened with sexual violence Rape – unwanted/non-consensual anal, oral or vaginal penetration Unwanted touching Disrespect for intimacy Controlling menstruation Forced, coerced and otherwise involuntary pregnancy Showing/displaying pornographic materials Forced abortion, criminalisation of abortion, denial or delay of safe abortion and/or post-abortion care Forced contraception Abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment. ²⁰⁹
Financial harm	Keeping people short of money Making financial decisions for people Misusing other people's money Abuse of Power of Attorney Economic coercion
Coercive/emotional harm/creating fear	Bullying and cruelty Verbal abuse and ridicule on the grounds of disability Misinformation Deception Causing fear by intimidation Harming or threatening to harm Removing, cruelty to, or killing pets or assistance dogs Destroying objects Psychological manipulation Controlling behaviours involving restricting face-to-face or virtual access to family, friends or others Isolation Emotional and social deprivation Loneliness Disrespect for privacy Threats to withdraw care or institutionalise people Spiritual harm

Harm to personal autonomy

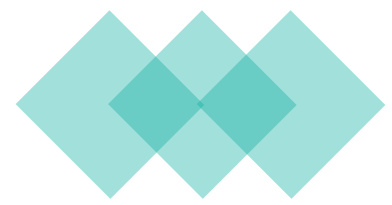
Unwarranted/unwanted control
Deprivation of independence and autonomy, such as restraint, forced treatment orders, denial of access to mental health district inspectors
The absence of free and informed consent
Seeking consent under duress - for example, for medical procedures, sex, marriage, other situations where autonomous informed consent would be expected
Legal compulsion
Never letting a disabled person be alone with a health practitioner or other helping professional
Limiting choices about daily living
Lack of, or removal of, support for people with decision making impairment to make decisions

Support-related harm

Abandonment
Neglect, including the withholding or denying access to medication
Removing or controlling communication aids or refusal of assistance to communicate
Denying personal mobility and accessibility such as removing or destroying accessibility features such as ramps, or assistive devices such as a white cane or mobility devices such as a wheelchair
Refusal of caregivers to assist with daily living such as bathing, menstrual and/or sanitation management, dressing and eating, thus denying the right to live independently
Freedom from degrading treatment
Denial of food or water, or threat of any of these acts
Withholding medication - which could risk killing the person or make a person endure pain for much longer than necessary
Overmedicating - so people are sedated and unable to function
Restraint

Institutional harm

Silencing. Disabled people being pressured to refrain from reporting abuse or having their complaints ignored
Locked in abuse. This describes situations where a person's mobility or ability to communicate are purposely removed. This behaviour isolates people and makes them dependent on the abuser for mobility and/or communication with the outside world
Dehumanising processes
Lack of choice and autonomy
The invasive and irreversible surgical practises including psychosurgery, female genital mutilation or surgery or treatment performed on intersex children without their informed consent
The administration of electroshocks
Chemical, physical or mechanical restraints
Isolation or seclusion.
Ableism

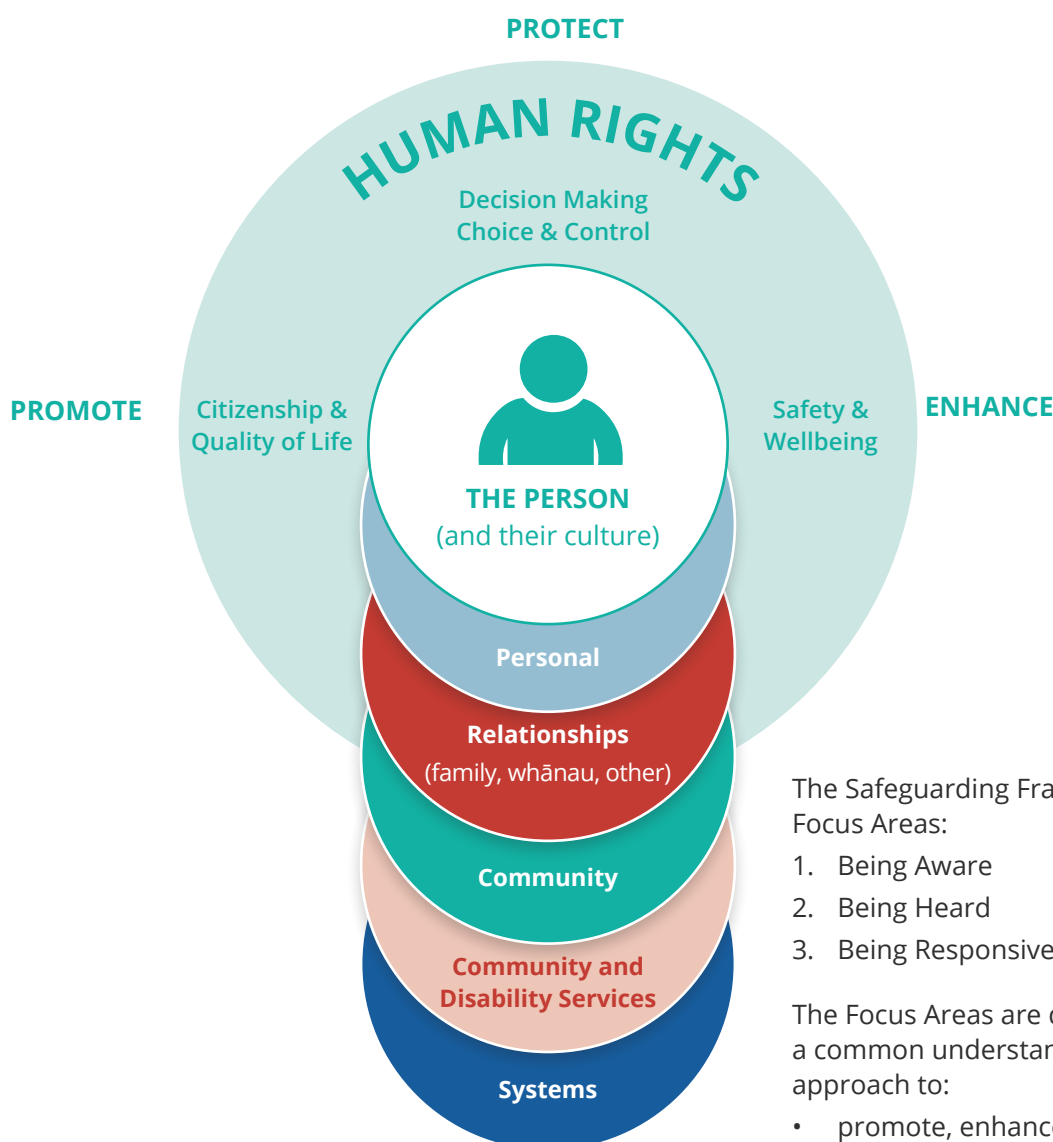


Appendix two: safeguarding model

The term safeguarding is broader than child and adult protection. In its broadest meaning safeguarding has a significant preventative component and means protecting and promoting people's human rights. It is about enabling people to live everyday lives, free from abuse.

It relates to the actions taken to promote, enhance and protect a person's including:

- life outcomes
- human rights
- decision making, choice and control
- safety, wellbeing and culture
- citizenship, and quality of life.



The Safeguarding Framework has three Focus Areas:

1. Being Aware
2. Being Heard
3. Being Responsive

The Focus Areas are designed to establish a common understanding and consistent approach to:

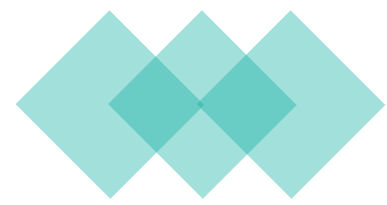
- promote, enhance and protect the rights of disabled people, and
- safeguard people against abuse.

The human rights and individual outcomes that safeguards aim to uphold are described further in the CRPD.

Appendix three: progress assessment questions

The Council of Europe (2017)²¹⁰ provides a series of questions to assess the progress made towards a comprehensive response to exploitation, violence and abuse experienced by persons with disabilities.

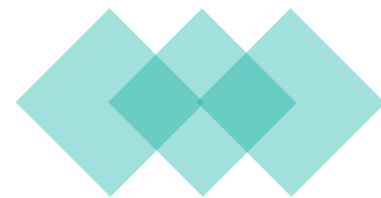
- Is the scope of abuse, violence and exploitation of persons with disabilities understood at all policy levels?
- Is the specific nature of abuse, violence and exploitation of persons with disabilities clear, including in cases of multiple discrimination?
- Does the (existing) Action Plan on violence specify actions for the prevention of abuse, violence and exploitation of persons with disabilities?
- Does the (existing) Action Plan on persons with disabilities break down actions on prevention of abuse, violence and exploitation?
- Has specific research on the nature and extent of abuse, violence and exploitation of persons with disabilities, including through peer participation, been encouraged?
- Are there training tools on prevention of abuse, violence and exploitation of persons with disabilities readily available?
- Are trainings, particularly but not limited to the professions obliged by the UNCROPD (Articles 4(1)(i), 8(2)(d), 9(2)(c), 13(2), 20(c), 24(4), 24(5), 25(d), 26(2), 28(2)(c)) being offered on an ongoing basis?
- Do trainings on prevention of abuse, violence and exploitation against persons with disabilities include self-advocates as experts in their own right?
- Is prevention of violence, exploitation and abuse of persons with disabilities part of the core curriculum for future teachers, medical professionals, judges and police officers?
- Are support services for victims of violence, including hotlines, accessible for persons with disabilities?
- Do support services for victims of violence receive specific training on prevention of violence for persons with disabilities, with the support of self-advocates?
- Is support, including peer-support, provided for persons with disabilities who become victims of exploitation, violence or abuse?
- Is support, including peer-support, provided for persons with disabilities who witness exploitation, violence or abuse?
- Have the mainstream support services for victims and witnesses of violence been discussed with self-advocates as experts in their own right?
- Has a monitoring mechanism been set up in accordance with Article 16(3) of the UNCROPD?
- Is disability or impairment, respectively, included in the definition of the Criminal Code's hate crime provision?
- Is disability or impairment, respectively, included in the data collection related to hate crimes?



- Is the obligation to ensure participation of persons with disabilities in all relevant policy discussions implemented (UNCRPD, Article 4(3))?
- Is a plan for deinstitutionalisation for all levels of governance (federal, provincial, communal) in place?
- Is there specific support (financial, legal, policy) for associations which provide peer support and peer learning?
- Is the legal capacity and the right to act this capacity recognised for all persons with disabilities?
- Is supported decision making ensured for those persons who require assistance in enacting their legal capacity?
- Is personal assistance offered (UNCRPD, Article 19) also for children and youth with disabilities?
- Are community-based services in place, including for children and youth with disabilities?
- Are health services, including sexual and reproductive health services, accessible?
- Is the right to vote and the right to stand for election recognised for persons with disabilities?
- Are persons with disabilities representing themselves at various levels of government (federal, provincial, municipal)?
- Are persons with disabilities members of trade unions and associations (UNCRPD, Article 29)?

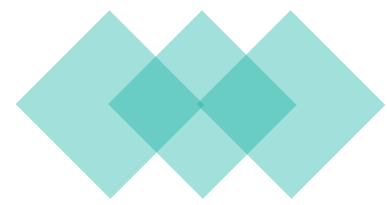
References

- ¹ Human Rights Act 1993. New Zealand. Section 5(1)(e). <https://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html>
- ² See Te Tiriti o Waitangi.
See also:
 - United Nations. (2007). *Convention on the Rights of Persons with Disabilities*. Department of Economic and Social Affairs Disability. Article 16.
 - United Nations, United Nations Declaration on the Rights of Indigenous Peoples. Article 22.
- ³ Hager, D. (2020). The hierarchies in NZ's domestic violence problem, *Newsroom*. <https://www.newsroom.co.nz/ideasroom/the-hierarchies-in-nzs-domestic-violence-problem>
- ⁴ Commission on Social Determinants of Health (CSDH). (2008). *Closing the gap in a generation: health equity through action on the social determinants of health*. Final Report of the Commission on Social Determinants of Health. World Health Organization.
- ⁵ United Nations (n.d.). *Sustainable Development Goals .5: Gender Equality*. <https://www.un.org/sustainabledevelopment/ending-violence-against-women-and-girls/>
- ⁶ World Health Organization. (2021). *Violence against women: Key facts. Newsroom fact sheets*. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>. <https://doi.org/10.1016/j.amepre.2021.02.022>
- ⁷ Hughes, K., Bellis, M, A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T., & Officer, A., (2012). Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*, 379(9826), 1621–1629.
- ⁸ Fanslow, J. L., Malihi, Z., Hashemi, L., Gulliver, P., & McIntosh, T. (2021). Lifetime prevalence of intimate partner violence and disability: Results from a population-based study in New Zealand. *American Journal of Preventive Medicine*. doi: 10.1016/j.amepre.2021.02.022
Also see:
 - Malihi, Z., Fanslow, J. L., Hashemi, L., Gulliver, P., & McIntosh, T. (2021). Prevalence of nonpartner physical and sexual violence against people with disabilities. *American Journal of Preventive Medicine*. doi: 10.1016/j.amepre.2021.03.016
 - Women with Disabilities Australia (WWDA). (2020). *Submission to the House Standing Committee on Social Policy and Legal Affairs' inquiry into family, domestic and sexual violence*.
 - Ministry of Justice. (2021). *New Zealand Crime & Victims Survey. Key findings. Descriptive statistics. May 2021*. Results drawn from Cycle 3 (2019/20) of the New Zealand Crime and Victims Survey.
- ⁹ Fanslow, J. L., Malihi, Z., Hashemi, L., Gulliver, P., & McIntosh, T. (2021). Lifetime prevalence of intimate partner violence and disability: Results from a population-based study in New Zealand. *American Journal of Preventive Medicine*. doi: 10.1016/j.amepre.2021.02.022
Also see:
 - Malihi, Z., Fanslow, J. L., Hashemi, L., Gulliver, P., & McIntosh, T. (2021). Prevalence of nonpartner physical and sexual violence against people with disabilities. *American Journal of Preventive Medicine*. doi: 10.1016/j.amepre.2021.03.016
- ¹⁰ Ministry of Justice. (2021). *New Zealand Crime & Victims Survey. Key findings. Descriptive statistics. May 2021. Results drawn from Cycle 3 (2019/20) of the New Zealand Crime and Victims Survey*.
- ¹¹ United Nations. (2007). *Convention on the Rights of Persons with Disabilities*. Department of Economic and Social Affairs Disability.
- ¹² Office for Disability Issues. Te Tarī Mō Ngā Take Hauātanga. (2016). *New Zealand disability strategy*. Ministry of Social Development. (p. 3). <https://www.odi.govt.nz/nz-disability-strategy/>
- ¹³ Hickey, H., & Wilson, D. L. (2017). Whānau hauā: Reframing disability from an Indigenous perspective. *MAI Journal* 6(1), 82–94 (at 85). <https://doi.org/10.20507/MAIJournal.2017.6.1.7>. Cited in King, P. T. (2019). *Wai 2575, #B22. Māori With Lived Experience of Disability Part I*. Waitangi Tribunal for Stage Two of the Wai 2575 Health Services and Outcomes Kaupapa Inquiry. (p. 4).
- ¹⁴ United Nations Committee on the Rights of Persons with Disabilities (CRPD). (2016). *General Comment No. 3. Women and Girls With Disabilities*, UN Doc CRPD/C/GC/3.
- ¹⁵ Ibid.
- ¹⁶ United Nations Human Rights Council. Forty-third session. A/HRC/43/41 (2020). *Rights of persons with disabilities. Report of the Special Rapporteur on the rights of persons with disabilities*. (vol. III/9, p. 3). United Nations General Assembly.
- ¹⁷ World Health Organization (2011). *World report on disability*.
- ¹⁸ Barnett, H. (2015). *Report to the Special Rapporteur on the rights of persons with disabilities. United Nations, Geneva*. Disabled Persons Assembly New Zealand.



- ¹⁹ World Health Organization (2011). *World report on disability*.
- ²⁰ Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH NNEST). Personal Communication. 2019.
- ²¹ Office for Disability Issues. Te Tari Mō Ngā Take Hauātanga. (2016). *New Zealand disability strategy*. Ministry of Social Development. <https://www.odi.govt.nz/nz-disability-strategy/>
- ²² Joint Venture Business Unit, Ministry of Justice. (2021). *Specialist family violence organisational standards: Strengthening the specialist response to family violence in Aotearoa prototype*. Ministry of Justice.
- ²³ He Waka Roimata. (2019). *Transforming our criminal justice system. First report of Te Uepū Hāpaiite Ora–Safe and Effective Justice Advisory Group*. (p. 9). safeandeffectivejustice.govt.nz/about-this-work/te-uepu-report. Cited in Joint Venture Business Unit, Ministry of Justice. (2021). *Specialist Family Violence Organisational Standards: Strengthening the specialist response to family violence in Aotearoa prototype*. Ministry of Justice.
- ²⁴ Charters, C., Kingdon–Bebb, K., Olsen, T., Ormsby, W., Owen, E., Pryor, J., Ruru, J., Solomon, J., Williams, G. (2020). *He Puapua: Report of the working group on a plan to realise the UN Declaration on the Rights of Indigenous Peoples in Aotearoa/New Zealand*. Te Puni Kōkiri. (p. iv, para 7).
- ²⁵ McCallum, R. (2020). *Research report: The United Nations Convention on the Rights of Persons with Disabilities: An assessment of Australia's compliance*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities.
- ²⁶ United Nations Special Rapporteur on the Rights of Indigenous Peoples, United Nations Special Rapporteur on the Rights of Persons with Disabilities. (2016). *Expert group meeting on indigenous persons with disabilities*. <https://www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/IPDisabilities.aspx>
- ²⁷ United Nations. *Universal Declaration of Human Rights*. Article 1. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
- ²⁸ Ibid. Articles 2 and 7. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
- ²⁹ Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions. (2020). *Briefing paper — Redress in international and domestic human rights*. (p. 7).
- ³⁰ United Nations Inter-Agency Support Group (IASG) on Indigenous Peoples' Issues. (2014). *Thematic paper on the elimination and responses to violence, exploitation and abuse of indigenous girls, adolescents and young women*. (pp. 1–2). https://www.un.org/en/ga/69/meetings/indigenous/pdf/IASG%20Thematic%20Paper_%20Violence%20against%20Girls%20and%20Women%20-%20rev1.pdf
- ³¹ United Nations Committee on the Elimination of Discrimination Against Women (CEDAW). (1992). *CEDAW General Recommendation No. 19: Violence against women*. Paras 6–12 and 23–24. <https://www.refworld.org/docid/52d920c54.html>
- ³² See United Nations Human Rights Council. Forty-third session. A/HRC/43/41 (2020). *Rights of persons with disabilities. Report of the Special Rapporteur on the rights of persons with disabilities*. (vol. III/9, p. 3). United Nations General Assembly.
- ³³ Human Rights Act 1993. New Zealand. Section 21. <https://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html>.
- ³⁴ Including New Zealand Bill of Rights Act 1990. Section 8. (Right not to be deprived of life) and section 9 (Right not to be subject to torture or cruel treatment). <https://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html>
- ³⁵ New Zealand Bill of Rights Act 1990. Section 19. <https://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html>
- ³⁶ Human Rights Act 1993. New Zealand. Section 21. <https://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html>.
- ³⁷ Robson, E. (2016). *Good practice guidelines for 'mainstream' sexual violence crisis services - everything with us: Report on working with people with disability*. (p. 4). Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST).
- ³⁸ Women Enabled International and United National Population Fund (NFPF). (2021). *COVID-19, Gender, and disability checklist: Ensuring human rights-based sexual and reproductive health for women, girls, and gender non-conforming persons with disabilities during the COVID-19 Pandemic*. (p. 2). Women Enabled International.
- ³⁹ Domestic Violence and Disability Working Group. (2010). *Domestic violence and disabled people*. It's Not OK Campaign. Ministry of Social Development.
- ⁴⁰ United Nations Committee on the Rights of Persons with Disabilities (CRPD). (2016). *General Comment No. 3. Women and Girls With Disabilities*, (sec. 5, p. 2), UN Doc CRPD/C/GC/3.
- ⁴¹ Ministry of Health. (2018). *Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan*. (p. 4). <https://www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-Māori-disability-action-plan>
- ⁴² Statistics New Zealand. (2013). *Disability survey 2013*. Word version for screen readers. (p. 4) <https://www.stats.govt.nz/information-releases/disability-survey-2013>
- ⁴³ Statistics New Zealand. (2013). *Disability survey 2013*. <https://www.stats.govt.nz/information-releases/disability-survey-2013>
- ⁴⁴ Statistics New Zealand. (2014). *Disability survey*. (Table 1.02. Number of disabled people, by year, age group, and sex).
- ⁴⁵ Statistics New Zealand. (2020). *Labour market statistics disability, December 2020 quarter*. <https://www.stats.govt.nz/information-releases/labour-market-statistics-disability-december-2020-quarter>

- ⁴⁶ Statistics New Zealand. (2020). *Measuring inequality for disabled New Zealanders: 2018*. <https://www.stats.govt.nz/reports/measuring-inequality-for-disabled-new-zealanders-2018>
- ⁴⁷ Statistics New Zealand. (n.d.) 'Underutilisation rate'. <https://www.stats.govt.nz/indicators/underutilisation-rate>
- ⁴⁸ Ministry of Health. (2018). Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan. <https://www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-Māori-disability-action-plan>
- ⁴⁹ King, P. T. (2019). Wai 2575, #B22. *Māori with lived experience of disability Part I*. (pp. 34–35). Waitangi Tribunal for Stage Two of the Wai 2575 Health Services and Outcomes Kaupapa Inquiry.
- ⁵⁰ Statistics New Zealand. (2018). *Labour Market Statistics (disability) June 2018 Quarter*. Table 3. See <https://www.stats.govt.nz/information-releases/labour-market-statistics-disability-june-2018-quarter>. Cited in Independent Monitoring Mechanism of the Convention on the Rights of Persons with Disabilities (IMM). (2016). *Making disability rights real Whakatūtu Ngā Tika Hauātanga: Third report of the Independent Monitoring Mechanism of the Convention on the Rights of Persons with Disabilities. Aotearoa | New Zealand 2014–2019*.
- ⁵¹ Office for Disability Issues. Te Tari Mō Ngā Take Hauātanga. (2016). *Key facts about disability in New Zealand*. Ministry of Social Development. <https://www.odi.govt.nz/home/about-disability/key-facts-about-disability-in-new-zealand/>
- ⁵² Pinilla-Roncancio, M. (2015). Disability and poverty: two related conditions. A review of the literature. *Rev. Fac. Med.* 63:S113–23. Paragraph 27/28. doi: <http://dx.doi.org/10.15446/revfacmed.v63n3sup.50132>
- ⁵³ Krug, E. G., Dahlberg L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.) (2002). *World report on violence and health*. World Health Organization.
- ⁵⁴ Powers, L. E., & Oschwald, M. (2004). *Violence and abuse against people with disabilities: Experiences, barriers and prevention strategies*. Center on Self-Determination, Oregon Institute on Disability and Development, Oregon Health & Science University. <https://phinational.org/sites/phinational.org/files/clearinghouse/AbuseandViolenceBrief%203-7-04.pdf>
- ⁵⁵ Barbuto, R., & Napolitano, E. (2014). Women with disabilities: From discrimination and violence towards an ethic of reciprocity. *Modern Italy*, 19(2), 161–168.
- Also see:
- Walter-Brice, A., Cox, R., Priest, H., & Thompson, F. (2012). What do women with learning disabilities say about their experiences of domestic abuse within the context of their intimate partner relationships? *Disability and Society*, 27(4), 503–517.
- ⁵⁶ Domestic Violence and Disability Working Group. (2010). *Domestic violence and disabled people*. It's Not OK Campaign. Ministry of Social Development.
- ⁵⁷ Barbuto, R., & Napolitano, E. (2014). Women with disabilities: From discrimination and violence towards an ethic of reciprocity. *Modern Italy*, 19(2), 161–168.
- Also see:
- United Nations Committee on the Rights of Persons with Disabilities (CRPD). (2016). *General Comment No. 3. Women and Girls With Disabilities*, UN Doc CRPD/C/GC/3.
- Dickson, S. (2017). *Responses from disabled sex, sexuality and gender diverse people: Building rainbow communities free of partner and sexual violence*. Hohou Te Rongo Kahukura – Outing Violence.
- Domestic Violence and Disability Working Group. (2010). *Domestic violence and disabled people*. It's Not OK Campaign. Ministry of Social Development.
- Frawley, P., Dyson, S., Robinson S., & Dixon, J. (2015). *What does it take? Developing informed and effective tertiary responses to violence and abuse of women and girls with disabilities in Australia*. Australia's National Research Organisation for Women's Safety Limited (ANROWS).
- Harpur, P., & Douglas, H. (2014). Disability and domestic violence: Protecting survivors' human rights. *Griffith Law Review*, 23(3), 405–433.
- Healey, L., Howe, K., Humphreys, C., Jennings, C., & Julian, F. (2008). *Building the evidence*. Victorian Women with Disabilities Network Advocacy Information Service.
- Powers, L. E., & Oschwald, M. (2004). *Violence and abuse against people with disabilities: Experiences, barriers and prevention strategies*. Center on Self-Determination, Oregon Institute on Disability and Development, Oregon Health & Science University. <https://phinational.org/sites/phinational.org/files/clearinghouse/AbuseandViolenceBrief%203-7-04.pdf>
- Radford, J., Harne, L., & Trotter, J. (2006). Disabled women and domestic violence as violent crime. *Practice: Social Work in Action*, 18(4), 233–246.
- Roguski, M. (2013). The hidden abuse of disabled people residing in the community: An exploratory study. Tairawhiti Community Voice.
- Schulze, M. (2017). *Freedom from exploitation, violence and abuse of persons with disabilities: Contribution to the Council of Europe Strategy on the Rights of Persons with Disabilities*. Council of Europe.
- Walker, H. (2021). Still alone together. How loneliness changed in Aotearoa New Zealand in 2020 and what it means for public policy. *Post pandemic Futures Series*. Vol. IV. Helen Clark Foundation and WSP.



Women with Disabilities Australia (WWDA). (2021). *Response to the violence and abuse of people with disability at home Issues*. Paper of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

⁵⁸ United Nations Committee on the Rights of Persons with Disabilities (CRPD). (2016). *General Comment No. 3. Women and Girls With Disabilities*, (sec. 29, p. 9, & sec. 36, p. 11), UN Doc CRPD/C/GC/3.

⁵⁹ Roguski, M. (2013). *The hidden abuse of disabled people residing in the community: An exploratory study*. Tairawhiti Community Voice.

⁶⁰ Otkay, J. S., & Tompkins, C. J. (2004). Personal assistant providers' mistreatment of disabled adults. *Health and Social Work*, 29 (3), 177–188. DOI: 10.1093/hsww/29.3.177

⁶¹ Domestic Violence and Disability Working Group. (2010). *Domestic violence and disabled people*. It's Not OK Campaign. Ministry of Social Development.

Also see:

Roguski, M. (2013). *The hidden abuse of disabled people residing in the community: An exploratory study*. Tairawhiti Community Voice.

Thiara, R. K., Hague, G., Bashall, R., Ellis, B., & Mullender, A. (2012). *Disabled women and domestic violence: Responding to the experiences of survivors*. Jessica Kingsley.

⁶² Malihi, Z., Fanslow, J. L., Hashemi, L., Gulliver, P., & McIntosh, T. (2021). Prevalence of nonpartner physical and sexual violence against people with disabilities. *American Journal of Preventive Medicine*. doi: 10.1016/j.amepre.2021.03.016

⁶³ United Nations Committee on the Rights of Persons with Disabilities (CRPD). (2016). *General Comment No. 3. Women and Girls With Disabilities*, UN Doc CRPD/C/GC/3.

⁶⁴ Hager, D. (2001). *He drove me mad: The relationship between domestic violence and mental illness*. (Unpublished Master's thesis). University of Auckland.

⁶⁵ Domestic Violence and Disability Working Group. (2010). *Domestic violence and disabled people*. It's Not OK Campaign. Ministry of Social Development.

⁶⁶ Fanslow, J., & Robinson, E. (2004). Violence against women in New Zealand: Prevalence and health consequences. *New Zealand Medical Journal*, 117(1206), 1–12.

Also see:

Gulliver, P., & Fanslow, J. (2013). Exploring risk factors for suicidal ideation in a population-based sample of New Zealand women who have experienced intimate partner violence. *Australian and New Zealand Journal of Public Health*. <http://dx.doi.org/10.1111/1753-6405.12110>

⁶⁷ Barnett, H. (2015). *Report to the Special Rapporteur on the rights of persons with disabilities*. United Nations, Geneva. Disabled Persons Assembly New Zealand.

⁶⁸ Ibid.

⁶⁹ Fanslow, J. L., Malihi, Z., Hashemi, L., Gulliver, P., & McIntosh, T. (2021). Lifetime prevalence of intimate partner violence and disability: Results from a population-based study in New Zealand. *American Journal of Preventive Medicine*. doi: 10.1016/j.amepre.2021.02.022

Also see:

Malihi, Z., Fanslow, J. L., Hashemi, L., Gulliver, P., & McIntosh, T. (2021). Prevalence of nonpartner physical and sexual violence against people with disabilities. *American Journal of Preventive Medicine*. doi: 10.1016/j.amepre.2021.03.016

⁷⁰ Human Rights Commission. (2020). Unpublished internal options paper.

⁷¹ Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T., & Officer, A., (2012). Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*, 379(9826), 1621–1629.

⁷² Thiara, R. K., Hague, G., Bashall, R., Ellis, B., & Mullender, A. (2012). *Disabled women and domestic violence: Responding to the experiences of survivors*. (p. 25). Jessica Kingsley.

⁷³ McCarthy, M., & Thompson, D. (1997). A prevalence study of sexual abuse of adults with intellectual disabilities referred for sex education. *Journal of Applied Research in Intellectual Disabilities*, 10(2), 105–124.

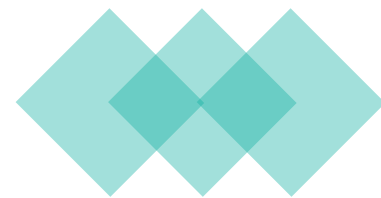
⁷⁴ Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T., & Officer, A., (2012). Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*, 379(9826), 1621–1629.

⁷⁵ United Nations Human Rights. Special Rapporteur on the rights of persons with disabilities. (2017). *Report of the Special Rapporteur on Rights of Persons with Disabilities. Sexual and reproductive health and rights of girls and young women*. A/72/133.

Also see:

United Nations Committee on the Rights of Persons with Disabilities (CRPD). (2016). *General Comment No. 3. Women and Girls With Disabilities*, UN Doc CRPD/C/GC/3.

- ⁷⁶ United Nations Population Fund (UNFPA). (2018). *Young persons with disabilities*. Global study on ending gender-based violence and realizing sexual and reproductive health and rights. <https://www.unfpa.org/publications/young-persons-disabilities>
- ⁷⁷ Robson, E. (2016). *Good practice guidelines for 'mainstream' sexual violence crisis services - everything with us: Report on working with people with disability*. (p. 4). Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST).
- ⁷⁸ Fanslow, J. L., Malihi, Z., Hashemi, L., Gulliver, P., & McIntosh, T. (2021). Lifetime prevalence of intimate partner violence and disability: Results from a population-based study in New Zealand. *American Journal of Preventive Medicine*. doi: 10.1016/j.amepre.2021.02.022
- Also see:
- Malihi, Z., Fanslow, J. L., Hashemi, L., Gulliver, P., & McIntosh, T. (2021). Prevalence of nonpartner physical and sexual violence against people with disabilities. *American Journal of Preventive Medicine*. doi: 10.1016/j.amepre.2021.03.016
- ⁷⁹ Fanslow, J. L., Malihi, Z., Hashemi, L., Gulliver, P., & McIntosh, T. (2021). Lifetime prevalence of intimate partner violence and disability: Results from a population-based study in New Zealand. *American Journal of Preventive Medicine*. doi: 10.1016/j.amepre.2021.02.022
- ⁸⁰ Ministry of Justice. (2021). *New Zealand Crime & Victims Survey. Key findings. Descriptive statistics. May 2021. Results drawn from Cycle 3 (2019/20) of the New Zealand Crime and Victims Survey*. (p. 87).
- ⁸¹ Ibid, p. 32.
- ⁸² King, P. T. (2019). *Wai 2575, #B22. Māori with lived experience of disability Part I*. Waitangi Tribunal for Stage Two of the Wai 2575 Health Services and Outcomes Kaupapa Inquiry.
- ⁸³ Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions. (2020). *Volume One: Tāwharautia: Pūrongo o te Wā - Interim Report*. (p. 60). <https://www.abuseincare.org.nz/library/v/194/tawharautia-purongo-o-te-wa-interim-report>
- ⁸⁴ Ministry of Health. (2021). *Office of the Director of Mental Health and Addiction Services Annual Report 2018 and 2019*. (p. 19). <https://www.health.govt.nz/publication/office-director-mental-health-and-addiction-services-annual-report-2018-and-2019>
- ⁸⁵ Dickson, S. (2017). *Responses from disabled sex, sexuality and gender diverse people: Building rainbow communities free of partner and sexual violence*. Hohou Te Rongo Kahukura – Outing Violence.
- ⁸⁶ Veale, J., Byrne, J., Tan, K., Guy, S., Yee, A., Nopera, T., & Bentham, R. (2019). *Counting ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand*. Transgender Health Research Lab, University of Waikato.
- ⁸⁷ Mirfin-Veitch, B., & Conder, J. (2017). "Institutions are places of abuse": *The experiences of disabled children and adults in State care between 1950–1992*. (pp. ix, x). The Donald Beasley Institute. https://www.hrc.co.nz/files/3415/0103/3949/Institutions_are_places_of_abuse_The_experiences_of_disabled_children_and_adults_in_State_care.pdf
- ⁸⁸ Mirfin-Veitch, B., Diesfeld, K., Gates, S., & Henaghan, M. (2014). *Developing a more responsive legal system for people with intellectual disability in New Zealand*. (p. 9). Donald Beasley Institute.
- ⁸⁹ Hobbs, S. (2018). *People First New Zealand's 'Keeping Safe Feeling Safe'. Abuse Prevention Programme for adults with learning disability*. People First New Zealand, Ngā Tāngata Tuatahi.
- ⁹⁰ Office for Senior Citizens. (2015). *Towards gaining a greater understanding of elder abuse and neglect in New Zealand*. Office for Senior Citizens. <https://www.superseniors.msd.govt.nz/documents/osc-elder-abuse-neglect-june-15.pdf>
- ⁹¹ Professional Educator: Elder abuse and Neglect prevention, Age Concern New Zealand. Personal communication. June 2021.
- ⁹² Waitemātā District Health Board. (2021). *Vulnerable adult response statistics: 2018, 2019, 2020, 2021*. Vulnerable Adult Response Co-ordinator, Waitemātā District Health Board.
- ⁹³ McRae, J. (2014). *Becoming a person: The biography of Robert Martin. How an intellectually disabled man helped change the world*. (pp. 13, 14). Craig Potton Publishing.
- ⁹⁴ Ibid, p. 34.
- ⁹⁵ Briggs, F., & Hawkins, R. (2005). Personal safety issues in the lives of children with learning disabilities. *Children Australia*, 30(2), 19–27.
- ⁹⁶ Briggs, F. (2006). Safety issues in the lives of children with learning disabilities. *Social Policy Journal*, 29, 43–59 (at 50).
- ⁹⁷ Williams, A. (2021). Schools' exclusion of children with high needs 'common' – advocates. *Radio NZ*. <https://www.rnz.co.nz/news/national/441314/schools-exclusion-of-children-with-high-needs-common-advocates>
- ⁹⁸ Oranga Tamariki. (2020). *Official Information Request response from Steve Groom, General Manager Public, Ministerial and Executive Services*.
- ⁹⁹ King, P. T. (2019). *Wai 2575, #B22. Māori with lived experience of disability Part I*. (p. 276). Waitangi Tribunal for Stage Two of the Wai 2575 Health Services and Outcomes Kaupapa Inquiry.
- ¹⁰⁰ Brown, H. (2003). *Safeguarding adults and children with disabilities against abuse*. Council of Europe. Cited in Schulze, M. (2017). *Freedom from exploitation, violence and abuse of persons with disabilities: Contribution to the Council of Europe Strategy on the Rights of Persons with Disabilities*. Council of Europe. pp. 11–12.
- ¹⁰¹ Shakespeare, T. (1999). The sexual politics of disabled masculinity. *Sexuality and Disability*, 17(1), 53–64.



¹⁰²Calderbank, R. (2000). Abuse and disabled people: Vulnerability or social indifference? *Disability & Society*, 15(3), 521–534. <http://dx.doi.org/10.1080/713661966>

Also see:

McCarthy, M., & Thompson, D. (1997). A prevalence study of sexual abuse of adults with intellectual disabilities referred for sex education. *Journal of Applied Research in Intellectual Disabilities*, 10(2), 105–124.

¹⁰³Schulze, M. (2017). *Freedom from exploitation, violence and abuse of persons with disabilities: Contribution to the Council of Europe Strategy on the Rights of Persons with Disabilities*. (p. 12). Council of Europe.

Also see:

United Nations Committee on the Rights of Persons with Disabilities (CRPD). (2016). *General Comment No. 3. Women and Girls With Disabilities*, UN Doc CRPD/C/GC/3.

¹⁰⁴Moore, D., Esplin, J., Hambling, T., Rippon, R., & Gammon, R. (2020). *Sexual violence prevention initiatives for disabled people in New Zealand*. Sapere.

¹⁰⁵Frohman, C., Dowse, L., & Didi, A. (2015). *Preventing Violence against Women and Girls with Disabilities: Integrating a human rights perspective*. Women With Disabilities Australia (WWDA).

¹⁰⁶Moore, D., Esplin, J., Hambling, T., Rippon, R., & Gammon, R. (2020). *Sexual violence prevention initiatives for disabled people in New Zealand*. Sapere.

¹⁰⁷Saxton, M., Curry, M. A., Powers, L., Maley, S., Eckels, K., & Gross, J. (2001). Bring my scooter so I can leave you: A study of disabled women handling abuse by personal assistance providers. *Violence Against Women*, 7(4), 393–417 (at 401).

¹⁰⁸Robson, E. (2016). *Good practice guidelines for 'mainstream' sexual violence crisis services — everything with us: Report on working with people with disability*. (p. 18). Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST).

¹⁰⁹Schulze, M. (2017). *Freedom from exploitation, violence and abuse of persons with disabilities: Contribution to the Council of Europe Strategy on the Rights of Persons with Disabilities*. Council of Europe.

¹¹⁰Mirfin-Veitch, B., & Conder, J. (2017). *"Institutions are places of abuse": The experiences of disabled children and adults in State care between 1950–1992*. (p. iv). The Donald Beasley Institute. https://www.hrc.co.nz/files/3415/0103/3949/Institutions_are_places_of_abuse_The_experiences_of_disabled_children_and_adults_in_State_care_.pdf

¹¹¹Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions. (2020). *Volume One: Tāwharautia: Pūrongo o te Wā - Interim Report*. <https://www.abuseincare.org.nz/library/v/194/tawharautia-purongo-o-te-wa-interim-report>

¹¹²Roguski, M. (2013). *The hidden abuse of disabled people residing in the community: An exploratory study*. Tairawhiti Community Voice.

¹¹³Ibid.

¹¹⁴Van Eden, K. (2013). *Putting people first. A review of disability support services performance and quality management processes for purchased provider services*. <https://www.health.govt.nz/publication/review-disability-support-services>

¹¹⁵Ibid, pp. 10–12. <https://www.health.govt.nz/publication/review-disability-support-services>

¹¹⁶See, for example, Hobbs, S. (2018). *People First New Zealand's 'Keeping Safe Feeling Safe'. Abuse Prevention Programme for adults with learning disability*. People First New Zealand, Ngā Tāngata Tuatahi.

Also see:

New Zealand Family Violence Unit, & Hager, D. (2013). *Evidence brief: Issues and opportunities for addressing family violence within the disability sector*. Prepared for the Taskforce on Family Violence. NZ Family Violence Unit, Ministry of Social Development.

Roguski, M. (2013). *The hidden abuse of disabled people residing in the community: An exploratory study*. Tairawhiti Community Voice.

¹¹⁷Appleton-Dyer, S., & Soupen, A. (2017). *Rapid review of the Waitematā safeguarding adults from abuse (SAFA) pilot report for the Waitematā Police*. Synergia.

¹¹⁸Association for Women's Rights in Development. (2004). Intersectionality: A tool for gender and economic justice. *Women's Rights and Economic Changes*, 9, (at 2). <https://www.awid.org/publications/intersectionality-tool-gender-and-economic-justice>

¹¹⁹Hicky, S. J. (2007). *The unmet legal, social and cultural needs of Māori with disabilities*. (Unpublished doctoral thesis). University of Waikato.

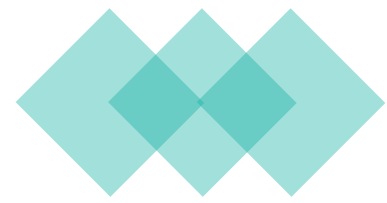
¹²⁰For example, see New Zealand Family Violence Unit, & Hager, D. (2013). *Evidence brief: Issues and opportunities for addressing family violence within the disability sector*. Prepared for the Taskforce on Family Violence. NZ Family Violence Unit, Ministry of Social Development.

Also see:

Human Rights Commission Disability Advisory Group. (2021). In consultation with the Joint Venture Business Unit, Ministry of Justice.

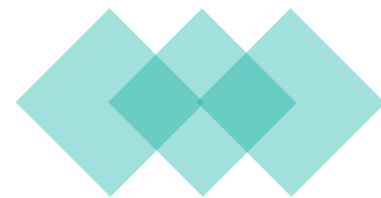
¹²¹Hager, D. (2001). *He drove me mad: The relationship between domestic violence and mental illness*. (Unpublished Master's thesis). University of Auckland.

- ¹²²Roguski, M. (2013). *The hidden abuse of disabled people residing in the community: An exploratory study*. Tairāwhiti Community Voice.
- ¹²³Hobbs, S. (2018). *People First New Zealand's 'Keeping Safe Feeling Safe'. Abuse Prevention Programme for adults with learning disability*. People First New Zealand, Ngā Tāngata Tuatahi.
- ¹²⁴Motu Economic and Public Policy Research. (2019). *Digital inclusion and wellbeing in New Zealand*. Report for Department of Internal Affairs. <https://www.digital.govt.nz/digital-government/digital-transformation/digital-inclusion/report-digital-inclusion-and-wellbeing-in-new-zealand/>. Cited in Human Rights Commission. (2020). Unpublished internal options paper.
- ¹²⁵Hager, D. (2017). *Not inherently vulnerable: An examination of paradigms, attitudes and systems that enable the abuse of dis/abled women*. University of Auckland. <https://researchspace.auckland.ac.nz/handle/2292/36826>
- ¹²⁶Robson, E. (2016). *Good practice guidelines for 'mainstream' sexual violence crisis services — everything with us: Report on working with people with disability*. (p. 18). Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST).
- ¹²⁷Hager, D. (2017). *Not inherently vulnerable: An examination of paradigms, attitudes and systems that enable the abuse of dis/abled women*. University of Auckland. <https://researchspace.auckland.ac.nz/handle/2292/36826>
- ¹²⁸Ibid.
- ¹²⁹Hager, D. (2011). *Finding safety: Provision of specialised domestic violence and refuge services for women who currently find it difficult to access mainstream services*. (Report written with support from the Winston Churchill Trust, New Horizons Trust, and Women Minister's Discretionary Fund). Homeworks Trust. <https://nzfvc.org.nz/sites/default/files/Hager-Finding-safety-Winston-Churchill-research-report-2011.pdf>
- Also see:
- Hager, D. (2017). *Not inherently vulnerable: An examination of paradigms, attitudes and systems that enable the abuse of dis/abled women*. University of Auckland. <https://researchspace.auckland.ac.nz/handle/2292/36826>
- ¹³⁰Hager, D. (2011). *Finding safety: Provision of specialised domestic violence and refuge services for women who currently find it difficult to access mainstream services*. (Report written with support from the Winston Churchill Trust, New Horizons Trust, and Women Minister's Discretionary Fund). Homeworks Trust. <https://nzfvc.org.nz/sites/default/files/Hager-Finding-safety-Winston-Churchill-research-report-2011.pdf>
- Also see:
- Hager, D. (2001). *He drove me mad: The relationship between domestic violence and mental illness*. (Unpublished Master's thesis). University of Auckland.
- Hager, D. (2017). *Not inherently vulnerable: An examination of paradigms, attitudes and systems that enable the abuse of dis/abled women*. University of Auckland. <https://researchspace.auckland.ac.nz/handle/2292/36826>
- ¹³¹Robson, E. (2016). *Good practice guidelines for 'mainstream' sexual violence crisis services — everything with us: Report on working with people with disability*. Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST).
- ¹³²Ibid.
- ¹³³Barnett, H. (2015). *Report to the Special Rapporteur on the rights of persons with disabilities*. United Nations, Geneva. Disabled Persons Assembly New Zealand.
- Also see:
- Cranson, H. (2010). *Diversity report 2009–2010*. National Collective of Independent Women's Refuges.
- ¹³⁴Hager, D. (2011). *Finding safety: Provision of specialised domestic violence and refuge services for women who currently find it difficult to access mainstream services*. (Report written with support from the Winston Churchill Trust, New Horizons Trust, and Women Minister's Discretionary Fund). Homeworks Trust. <https://nzfvc.org.nz/sites/default/files/Hager-Finding-safety-Winston-Churchill-research-report-2011.pdf>
- Also see:
- Hager, D. (2017). *Not inherently vulnerable: An examination of paradigms, attitudes and systems that enable the abuse of dis/abled women*. University of Auckland. <https://researchspace.auckland.ac.nz/handle/2292/36826>
- ¹³⁵Robson, E. (2016). *Good practice guidelines for 'mainstream' sexual violence crisis services — everything with us: Report on working with people with disability*. Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST).
- ¹³⁶Roguski, M. (2013). *The hidden abuse of disabled people residing in the community: An exploratory study*. Tairāwhiti Community Voice.
- ¹³⁷Ibid, pp. vii–viii.
- ¹³⁸Ministry of Women's Affairs (2007). *Strong and safe communities – effective interventions for adult victims of sexual violence. Report on workshop for stakeholders with disabilities*. Ministry of Women's Affairs.
- ¹³⁹Hager, D. (2011). *Finding safety: Provision of specialised domestic violence and refuge services for women who currently find it difficult to access mainstream services*. (Report written with support from the Winston Churchill Trust, New Horizons Trust, and Women Minister's Discretionary Fund). Homeworks Trust. <https://nzfvc.org.nz/sites/default/files/Hager-Finding-safety-Winston-Churchill-research-report-2011.pdf>

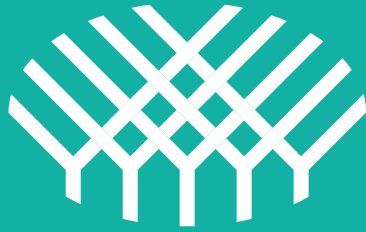


- ¹⁴⁰Professional Educator: Elder abuse and Neglect prevention, Age Concern New Zealand. Personal communication. June 2021.
- ¹⁴¹Ministry of Women's Affairs (2007). *Strong and safe communities – effective interventions for adult victims of sexual violence. Report on workshop for stakeholders with disabilities*. Ministry of Women's Affairs.
- ¹⁴²Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions. (2020). *Volume One: Tāwharautia: Pūrongo o te Wā - Interim Report*. <https://www.abuseincare.org.nz/library/v/194/tawharautia-purongo-o-te-wa-interim-report>
- ¹⁴³McRae, A. (24 June 2021). Lake Alice abuse in care: Police apologise, admit failings in investigations. *Radio NZ*. <https://www.rnz.co.nz/news/national/445460/lake-alice-abuse-in-care-police-apologise-admit-failings-in-investigations>
- ¹⁴⁴Ministry of Women's Affairs (2007). *Strong and safe communities – effective interventions for adult victims of sexual violence. Report on workshop for stakeholders with disabilities*. Ministry of Women's Affairs.
- ¹⁴⁵Ibid.
- ¹⁴⁶Ibid.
- ¹⁴⁷Murphy, C., & Fanslow, J. (2012). *Building collaborations to eliminate family violence: facilitators, barriers and good practice*. Issues paper 1. New Zealand Family Violence Clearinghouse.
- ¹⁴⁸Institute of Medicine. (2002). *Confronting chronic neglect: the education and training of health professionals on family violence*. The National Academies Press.
- ¹⁴⁹Cranson, H. (2010). *Diversity report 2009–2010*. National Collective of Independent Women's Refuges.
- Also see:
- Hager, D. (2011). *Finding safety: Provision of specialised domestic violence and refuge services for women who currently find it difficult to access mainstream services*. (Report written with support from the Winston Churchill Trust, New Horizons Trust, and Women Minister's Discretionary Fund). Homeworks Trust. <https://nzfvc.org.nz/sites/default/files/Hager-Finding-safety-Winston-Churchill-research-report-2011.pdf>
- Hager, D. (2017). *Not inherently vulnerable: An examination of paradigms, attitudes and systems that enable the abuse of dis/abled women*. University of Auckland. <https://researchspace.auckland.ac.nz/handle/2292/36826>
- ¹⁵⁰Cranson, H. (2010). *Diversity report 2009–2010*. National Collective of Independent Women's Refuges.
- ¹⁵¹Roguski, M. (2013). *The hidden abuse of disabled people residing in the community: An exploratory study*. Tairāwhiti Community Voice.
- ¹⁵²Ibid.
- ¹⁵³Ministry of Social Development (2017). *Family violence, sexual violence and violence within whānau: Workforce capability framework June 2017*. Ministry of Social Development.
- ¹⁵⁴Hobbs, S. (2015). *Adults who are at risk of abuse and neglect discussion paper: Responding to the abuse and neglect of disabled adults, in particular adults with learning disability*. (p. 5). People First New Zealand, Ngā Tāngata Tuatahi.
- ¹⁵⁵Ibid, p.6.
- ¹⁵⁶Appleton-Dyer, S., & Soupen, A. (2017). *Rapid review of the Waitematā safeguarding adults from abuse (SAFA) pilot report for the Waitematā Police*. Synergia.
- ¹⁵⁷Barnett, H. (2015). *Report to the Special Rapporteur on the rights of persons with disabilities*. United Nations, Geneva. Disabled Persons Assembly New Zealand.
- Also see:
- Cranson, H. (2010). *Diversity report 2009–2010*. National Collective of Independent Women's Refuges.
- ¹⁵⁸Hager, D. (2011). *Finding safety: Provision of specialised domestic violence and refuge services for women who currently find it difficult to access mainstream services*. (Report written with support from the Winston Churchill Trust, New Horizons Trust, and Women Minister's Discretionary Fund). Homeworks Trust. <https://nzfvc.org.nz/sites/default/files/Hager-Finding-safety-Winston-Churchill-research-report-2011.pdf>
- ¹⁵⁹Ministry of Social Development (MSD Taskforce for Action on Violence within Families). (2012). *Evidence brief: Issues and opportunities for addressing family violence within the disability sector. Key Points*. <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/disability-evidence-brief-03-10-2012-taskforce-meeting.pdf>
- ¹⁶⁰Disabled Women's Support Group. (1987). *Women with Disabilities. Report of a consultation meeting of women with disabilities, convened by the Ministry of Women's Affairs*. Disabled Women's Support Group and Disabled Persons Assembly. (p. 22).
- ¹⁶¹Human Rights Commission Disability Advisory Group. (2021). In consultation with the Joint Venture Business Unit, Ministry of Justice.
- ¹⁶²See for example, McRae, A. (22 June 2021). Former nurse aide recounts 'hideous' abuse at Lake Alice. *Radio NZ News*. <https://www.rnz.co.nz/news/national/445161/lake-alice-hospital-survivor-tells-abuse-inquiry-of-lifelong-hideous-effects>
- Also see:
- McRae, A. (20 June 2021). Lake Alice Hospital survivor tells abuse inquiry of 'lifelong, hideous effects'. *Radio NZ News*. <https://www.rnz.co.nz/news/national/445161/lake-alice-hospital-survivor-tells-abuse-inquiry-of-lifelong-hideous-effects>

- ¹⁶³United Nations Committee on the Rights of Persons with Disabilities (CRPD). (2018.) *General Comment No. 6 (2018) on equality and non-discrimination*, CRPD /C/GC/6. (p. 3, para. 12). https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolNo=CRPD/C/GC/6&Lang=en
- ¹⁶⁴International Covenant on Civil and Political Rights (CCPR). *General Comment No. 31 CCPR/C/21/Rev.1/Add. 13* (2004). Also see Committee on Economic, Social and Cultural Rights (CESCR). *General Comment 19 E/C.12/GC/19* (2008) at [64]-[65]. Cited in Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions. (2020) *Briefing paper — Redress in international and domestic human rights*. (p. 7).
- ¹⁶⁵Fredman, S. (2016). Substantive equality revised. *International Journal of Constitutional Law*, 14(3), 712–738, (at 713). <https://doi.org/10.1093/icon/mow043>
- ¹⁶⁶Goodmark, L. (2018). *Decriminalising domestic violence. A balanced policy approach to intimate partner violence*. (p. 110). University of California Press.
- ¹⁶⁷Frohman, C., Dowse, L., & Didi, A. (2015). *Preventing Violence against Women and Girls with Disabilities: Integrating a human rights perspective*. Women With Disabilities Australia (WWDA).
- ¹⁶⁸Ibid.
- ¹⁶⁹Goodmark, L. (2018). *Decriminalising domestic violence. A balanced policy approach to intimate partner violence*. University of California Press.
- ¹⁷⁰Palmisano, G. (2017). Article 19: *Living independently and being included in the community*. In V. Della Fina, R. Cera, & G. Palmisano. (Eds) *The United Nations Convention on the Rights of Persons with Disabilities*. (p. 353). Springer International Publishing.
- ¹⁷¹Schulze, M. (2017). *Freedom from exploitation, violence and abuse of persons with disabilities: Contribution to the Council of Europe Strategy on the Rights of Persons with Disabilities*. (p. 25). Council of Europe.
- ¹⁷²Ministry of Social Development (MSD Taskforce for Action on Violence within Families). (2012). *Evidence brief: Issues and opportunities for addressing family violence within the disability sector. Key Points*. <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/disability-evidence-brief-03-10-2012-taskforce-meeting.pdf>
- ¹⁷³Centers for Disease Control and Prevention. (2021). *The ecological model of disease prevention*. <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>. Using the work of Krug, E. G., Dahlberg L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.) (2002). *World report on violence and health*. World Health Organization (pp. 1–21).
- ¹⁷⁴Centers for Disease Control and Prevention. (2021). *The ecological model of disease prevention*. (para. 6). <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>. Using the work of Krug, E. G., Dahlberg L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.) (2002). *World report on violence and health*. World Health Organization (pp. 1–21).
- ¹⁷⁵World Health Organization, (2012). *Preventing intimate partner and sexual violence against women; taking action and generating evidence*. (pp. 62–64).
- ¹⁷⁶Ministry of Justice. (2021). *Discussion document: Proposals against incitement of hatred and discrimination*.
Also see:
Schulze, M. (2017). *Freedom from exploitation, violence and abuse of persons with disabilities: Contribution to the Council of Europe Strategy on the Rights of Persons with Disabilities*. Council of Europe.
- ¹⁷⁷Motu Economic and Public Policy Research. (2019). *Digital inclusion and wellbeing in New Zealand*. Report for Department of Internal Affairs. <https://www.digital.govt.nz/digital-government/digital-transformation/digital-inclusion/report-digital-inclusion-and-wellbeing-in-new-zealand/>. Cited in Human Rights Commission. (2020). Unpublished internal options paper.
- ¹⁷⁸Appleton-Dyer, S., & Soupen, A. (2017). *Rapid review of the Waitematā safeguarding adults from abuse (SAFA) pilot report for the Waitematā Police*. Synergia.
- ¹⁷⁹Ministry of Health. (2021). *Office of the Director of Mental Health and Addiction Services Annual Report 2018 and 2019*. <https://www.health.govt.nz/publication/office-director-mental-health-and-addiction-services-annual-report-2018-and-2019>
- ¹⁸⁰Pinilla-Roncancio, M. (2015). Disability and poverty: two related conditions. A review of the literature. *Rev. Fac. Med.* 63:S113–23. Paras 27 & 28. doi: <http://dx.doi.org/10.15446/revfacmed.v63n3sup.50132>
- ¹⁸¹Krug, E. G., Dahlberg L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.) (2002). *World report on violence and health*. World Health Organization.
- ¹⁸²Ibid.
- ¹⁸³Pinilla-Roncancio, M. (2015). Disability and poverty: two related conditions. A review of the literature. *Rev. Fac. Med.* 63:S113–23. Paras 27 & 28. doi: <http://dx.doi.org/10.15446/revfacmed.v63n3sup.50132>
- ¹⁸⁴Women with Disabilities Australia (WWDA). (2021). *Response to the violence and abuse of people with disability at home*. Issues Paper of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (p. 9).
- ¹⁸⁵United Nations Human Rights Council. Forty-third session. A/HRC/43/41 (2020). *Rights of persons with disabilities Report of the Special Rapporteur on the rights of persons with disabilities*. VII/C/65, pp. 15–16. United Nations General Assembly.



- ¹⁸⁶McCallum, R. (2020). *Research report: The United Nations Convention on the Rights of Persons with Disabilities: An assessment of Australia's compliance*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities.
- ¹⁸⁷King, P. T. (2019). *Wai 2575, #B22. Māori with lived experience of disability Part I*. (p. xii). Waitangi Tribunal for Stage Two of the Wai 2575 Health Services and Outcomes Kaupapa Inquiry.
- ¹⁸⁸United Nations Human Rights Council. Forty-third session. A/HRC/43/41 (2020). *Rights of persons with disabilities. Report of the Special Rapporteur on the rights of persons with disabilities*. (vol. III/9, p. 3). United Nations General Assembly.
- ¹⁸⁹Ibid, vol. III/10, p. 3.
- ¹⁹⁰Hunt, R. (2021). A community alone: Why loneliness is a disability issue. *The Spinoff*. <https://thespinoff.co.nz/society/14-04-2021/why-loneliness-is-a-disability-issue-and-how-our-societies-are-making-it-worse/>
- ¹⁹¹McLean, M. (2005). Emancipatory understandings for allies: Recognising ableism. In P. O'Brien, & M. Sullivan (Eds.) *Allies in emancipation: Shifting from providing service to being of support* (pp. 65–78). Thomson Dunmore Press.
- ¹⁹²Feminists with disabilities for a way forward. (2010). *What is ableism? Five things about ableism you should know*. <http://disabledfeminists.com/2010/11/19/what-is-ableism-five-things-about-ableism-you-should-know/>
- ¹⁹³Women Enabled International and UN Women. (2021). *COVID-19, gender, and disability checklist: Preventing and addressing gender-based violence against women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic*. (p. 5). Women Enabled International.
- ¹⁹⁴Hobbs, S. & McKenna, D. (2020). *Family violence and Disabled People*. Presentation to the Joint Venture Business Unit, ICR System Design Group.
- ¹⁹⁵VAWNnet. (2021). *Audism: Oppression in the lives of Deaf individuals*. National Resource Centre on Domestic Violence. <https://vawnet.org/sc/audism-oppression-lives-deaf-individuals?fbclid=IwAR0QymQabQakCdx0Fzg-DdeEwFFBOF-IPxbPggg4sBMYcE9yXtwuBfkRuc>
- ¹⁹⁶United Nations Committee on the Rights of Persons with Disabilities (CRPD). *Preamble*. (para. 5). <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/preamble.html>
- ¹⁹⁷Mencap. (n.d.). *Learning disability explained*. <https://www.mencap.org.uk/learning-disability-explained/what-learning-disability>
- ¹⁹⁸Deegan P. (1996). *Recovery and the conspiracy of hope*. (p. 12). Cited in Schulze, M. (2017). *Freedom from exploitation, violence and abuse of persons with disabilities: Contribution to the Council of Europe Strategy on the Rights of Persons with Disabilities*. Council of Europe.
- ¹⁹⁹Frohman, C., Dowse, L., & Didi, A. (2015). *Preventing Violence against Women and Girls with Disabilities: Integrating a human rights perspective*. (p. 5). Women With Disabilities Australia (WWDA).
- ²⁰⁰Hobbs, S. & McKenna, D. (2020). *Family violence and Disabled People*. Presentation to the Joint Venture Business Unit, ICR System Design Group.
- ²⁰¹McGregor, J., Bell, S., & Wilson, M. (2016). *Human rights in New Zealand: Emerging faultlines*. (p. 142). Bridget William Books and the New Zealand Law Commission.
- ²⁰²Ministry of Health. (2018). *Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan*. (p. 4). <https://www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-Māori-disability-action-plan>
- ²⁰³Maaka Tibble, founding member of the Māori Disability Leadership Group, 2016. Cited in Ministry of Health. (2018). *Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan*. Ministry of Health. (p. 4). <https://www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-Māori-disability-action-plan>
- ²⁰⁴Office for Disability Issues. Te Tari Mō Ngā Take Hauātanga. (2016). *New Zealand disability strategy*. Ministry of Social Development. (p. 21). <https://www.odi.govt.nz/nz-disability-strategy/>
- ²⁰⁵Hobbs, S. & McKenna, D. (2020). *Family violence and Disabled People*. Presentation to the Joint Venture Business Unit, ICR System Design Group.
- ²⁰⁶United Nations. (1985). *The United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power*, as cited in Independent Monitoring Mechanism of the Convention on the Rights of Persons with Disabilities (IMM). (2016). *Making Disability Rights Real Whakatūturū Ngā Tika Hauātanga: Third report of the Independent Monitoring Mechanism of the Convention on the Rights of Persons with Disabilities*. Aotearoa | New Zealand 2014–2019.
- ²⁰⁷Oxford Dictionary. (n.d.). Vulnerable. In [lexico.com](https://www.lexico.com/definition/vulnerable). <https://www.lexico.com/definition/vulnerable>
- ²⁰⁸Ibid.
- ²⁰⁹Women with Disabilities Australia (WWDA). (2021). *Response to the violence and abuse of people with disability at home*. Issues Paper of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (p. 6).
- ²¹⁰Schulze, M. (2017). *Freedom from exploitation, violence and abuse of persons with disabilities: Contribution to the Council of Europe Strategy on the Rights of Persons with Disabilities*. (pp. 36–37). Council of Europe.



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