

## Response ID ANON-C5F6-7WGF-F

Submitted to About the Act and Code Review

Submitted on 2024-05-26 17:10:36

### Your details

1 What is your name?

Name:

[REDACTED]

2 What is your email address?

Email:

[REDACTED]

3 Are you submitting as an individual, or on behalf of an organisation or group?

I am submitting on behalf of an organisation/group

4 How did you hear about this consultation?

Select from the following options:

Social media

If you selected other, please specify below:

### Questions for organisations/groups

1 Name of your organisation or group (if applicable)

Organisation:

Network of Survivors abused in Faith-based institutions

2 Type of organisation/group (if applicable)

Organisation - type of organisation/group/ropū :

Other (please specify below)

Please feel free to provide any further detail below:

We are a group of volunteers - survivors of abuse in faith-based institutions and their advocates. The group was established by Liz Tonks and Murray Heasley about six years ago but now has a core leadership group of about five. There are several hundred members, many of whom gave evidence to the Royal Commission into Abuse in Care.

### Share 'one big thing' or upload a file

5 Are you here to tell us your 'one big thing'?

Your one big thing::

Yes - see attached file.

Our one big thing is that the Health and Disability Commission needs to clearly cater to those receiving health care in faith-based settings such as churches.

6 Upload a file

File upload:

Health and Disability Act.docx was uploaded

This file is a submission

### Topic 1: Supporting better and equitable complaint resolution

1.1 Did we cover the main issues about supporting better and equitable complaints resolution?

Please add your response below:

No - see 'one big thing' attachment.

1.2 What do you think of our suggestions for supporting better and equitable complaint resolution, and what impacts could they have?

Please add your response below:

1.3 What other changes, both legislative and non-legislative, should we consider for supporting better and equitable complaint resolution?

1.3 changes - supporting better and equitable complaint resolution:

Make it clear in the legislation that health care in faith-based settings is covered by the Act. Following on from this, churches need to display the processes for complaints.

## Publishing and data protection

May we publish your submission?

Yes, you may publish my submission

Please note any part(s) of your submission you do not want published::

Reasons to withhold parts of your submission

Yes, I would like HDC to consider withholding parts of my submission from responses to OIA requests.:

No

I think these parts of my submission should be withheld, for these reasons: :

If needed, can we to contact you to follow up for more detail on your submission?

Yes, you can contact me

Would you like to receive updates about the review?

I'd like to receive updates about the review

## Health and Disability Act & Code Review

I write on behalf of a New Zealand Survivors' Network of those abused in faith-based settings. I am a survivor spokesperson for this group and I experienced sexual abuse in 2005 from an Anglican priest during a counselling session. When I sought help from the Health & Disability Commission I was told they didn't cover church counselling and that I would have to complain to the church itself.

We have concerns about the Health & Disability Commission's lack of clarity around whether health care from faith-based providers is covered by the Health & Disability Commissioner Act. Our experience is that survivors' complaints have been turned away and that they are advised to return to the faith-based institution that harmed them to make a complaint. The latter rarely results in a satisfactory outcome due to a lack of independence and a lack of appropriate processes. This was made clear during the Royal Commission into Abuse in Care redress hearings. The lack of transparency also prevents public awareness or positive change occurring. Other survivors don't even go to the Health & Disability Commission as they've heard via word-of-mouth that they won't be covered.

Churches often offer counselling for mental health issues and also offer healing for physical illnesses and mental illnesses via other means such as 'laying on of hands' and exorcisms. Diane Ingle, for example, was involved in a healing centre in Christchurch that claimed to heal depression (<https://nzcatholic.org.nz/2016/06/22/soul-healing-fixes-long-term-depression/>). One of our Network members was seriously harmed by her "healing" at this place, to the extent that she attempted to take her life as a consequence. Churches often state that they are not providing counselling but rather are providing 'spiritual guidance' or pastoral care, but this is essentially the same thing under another name. Regardless of the name, people go to receive these services with the belief that they will assist their wellbeing/health.

The pastoral care provided by religious institutions is a form of counselling as the priest or spiritual mentor/ leader provides one to one guidance and advice to people who are struggling with their wellbeing, often their mental health. This guidance will often include spiritual guidance but is certainly not limited to that. Those providing the counsel have a wide range of qualifications to do so, ranging from mainstream professional counselling qualifications to pastoral care qualifications gained from within their religious organization to no qualifications at all. Some churches offer group care for specific issues such as dealing with grief, depression, trauma etc. All of those offering the care are trusted by those who use their services. Most people providing the service are paid by their church to do so and so the consumer often doesn't pay directly, but so indirectly via their tithing to the church. Churches are able to claim charitable status because they provide these health services to their community.

It is not uncommon for people to be seriously harmed from this care. The Royal Commission into Abuse in Care has shown this. The history of damage from conversion therapies is just one example. Exorcisms have also now been found to be very damaging to many who have

had them presented to them as a way to heal them of mental illnesses. The people who put their mental or physical health in the hands of these services are often very vulnerable.

Although the Act currently states that it applies to “any other person who provides, or holds himself or herself or itself out as providing, health services to the public or to any section of the public, whether or not any charge is made for those services” our Network would like to see a statement that makes it clear that this includes the health services being offered by churches. It is not acceptable for the Health & Disability Commission to refer our survivors back to the very institutions that harmed them. This is not a feasible option as many find that prospect too difficult and retraumatising. It also prevents any oversight of what is going on within the health care services provided by churches. It is not acceptable to keep stating that it is “spiritual” care only when that is simply not the reality.

If you would like to discuss this issue further, I am more than willing to do so. I can be contacted on [REDACTED] or [REDACTED].

Yours sincerely

Jacinda Thompson

On behalf of,

The Network of Survivors of abuse in Faith-based care, Aotearoa.