

Submission to United Nations Committee on Economic, Social and Cultural Rights regarding New Zealand

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1 Main

Human rights can only be realised if they are protected and enforced. The human rights, health, and well being of New Zealanders rely on a having robust human rights framework. Identifying and improving weak points in our human rights reporting strengthens the whole system. Understanding what needs to be done, in the community, by the community, and for the community, comes from reporting full and accurate information.

New Zealand has not made full reports on both women's **and** men's human rights issues to the committee, violating article 3 of the covenant. For example, New Zealand has not fully reported on boy's education, male domestic violence statistics and men's health. We would like the committee to recommend New Zealand abide by article 3 of the convention and fully report human rights issues facing men in addition to the human rights issues facing women.

Boys education:

The third report to the Committee identified areas where boys are falling behind in education, although under the heading "Vulnerable and disadvantaged groups - Young *women*". The fourth report limited discussion of educational achievements to Māori, Pasifika and disadvantaged students only, even though boys and men are still performing worse than girls and women at all levels. Gender equality in education is now an issue for boys and men. Currently, the National Plan of Action does not have any specific actions to address this educational disadvantage for boys and men.

Partner Violence

New Zealand has a problem with intimate partner violence. Both women and men are victims. The annual rate of intimate partner violence against men in 2015 was 4.4% (compared to 5.7% for

women), making up 40% of the victims of intimate partner violence. New Zealand has not reported the number of male victims even though the source of their information contained these figures.¹

Health:

There are also significant issues for men regarding health that should be reported to the committee.

Suicide is a particular problem for men. In New Zealand, men die from suicide at three times the rate of women. While our high rate of male suicide is recognised as a fact, there has been little attention paid to addressing male suicide specifically.^{2 3}

Men also have high rates of injury. ACC and Statistics New Zealand report that men make up approximately three-quarters of injury claims. Incidents rates for injury claims have fallen slightly between 2002 and 2014. In 2014 men made up 94% of workplace fatalities.⁴

Additionally, “[f]or every \$1 the Health Research Council spends exclusively on women’s health, 6c goes to men.”⁵

New Zealand has not reported progress toward gender equality for boys and men either. For example, since the 1st of January 2017 boys became eligible for free human papillomavirus (HPV) vaccinations, making the vaccination scheme gender equal. Girls have had them since 2008.⁶

The inclusion of men’s human rights issues was raised with the Ministry of Justice when they asked for feedback on a draft of their report. However, the final report does a poor job in reporting men’s human rights issues. The Ministry of Justice has not answered questions regarding reporting men’s human rights issues.

The lack of full reporting of men’s human rights issues has prevented the committee from considering the issues and deciding to make recommendations or not. With no recommendations from the committee, there is no chance for the issues incorporated into our national plan of action, and progress to improve those issues suffers as a result.

We have faith that once these men’s human rights issues are fully included in the reporting, they will be addressed through current mechanisms and it will not be necessary for the people of New Zealand to raise individual issues with the committee.

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1 A spreadsheet with the relevant data is available from the following URL under the heading Data Tables and is labelled ‘Who experiences crime’ <https://www.justice.govt.nz/justice-sector-policy/research-data/nzcass/resources-and-downloads/>

2 <http://socialreport.msd.govt.nz/health/suicide.html>

3 <https://www.health.govt.nz/publication/suicide-facts-deaths-and-intentional-self-harm-hospitalisations-2013>

4 http://www.stats.govt.nz/browse_for_stats/health/injuries/InjuryStatistics_HOTP15/Tables.aspx

5 <http://www.noted.co.nz/health/health/men-are-paying-with-their-lives-for-unequal-health-funding/>

6 <https://www.stuff.co.nz/national/health/94671018/free-hpv-vaccine-available-for-boys-young-men>

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2 Letter of support

To Whom it May Concern,

I operate a general support service for men called The Canterbury Men's Centre. I've been aware of the lack of inclusion of men's issues in the New Zealand human rights framework for a number of years and my comments were included (later removed) in a final draft of the Committee on Economic, Social and Cultural Rights report 8 years ago. I hope writing at this time will allow this other important voice to be heard.

We rely on the New Zealand Human Rights Commission (NZHRC) to protect our human rights and current reporting by the Human Rights Commission excludes a number of significant issues in relation to human rights and men. My agency sees the issues arising from this on a frequent basis and I hope my comments are below assumed to have anecdotes associated with them, but I won't supply many of these to keep things brief.

I have personally raised a number of the following issues with the NZHRC and they have not responded. I know of various other groups that met with the NZHRC and note that despite there being a cordial dialogue the existing NZHRC report does not reflect the content of the meetings held.

I ask that the United Nations Human Rights Committee on Economic, Social and Cultural Rights take action to see that men's human rights issues are reported and especially the following points are also reported. Mine is only an initial review of the prominent issues that are neglected and a more comprehensive effort by those concerned would make an even stronger case than I report.

The following are issues that should have been reported in the NZHRC's report to the Committee on Economic, Social and Cultural Rights report.

3. Inequalities:

A. Material Deprivation:

B. Housing: For adult populations males are most likely to experience homelessness and street living. While there is a response agencies in many cities to address this issue there is little push by services for proactive care for men prior to finding themselves in this situation.

In many cases early engagement with these men would result in them not living on the street and is symptomatic of the larger neglect they experience in social care and health systems.

C. Education: Boys and young men are showing a number of signs of not succeeding in the education systems. This discrepancy is not mentioned in the report and should be regardless of whether this is a systematic or a biological issue.

There are very few projects aimed to address this discrepancy or to research it and this is partly due to the lack of prioritising this as a human rights issue. It is very common for women to have special supports and incentives to attend areas in which they are a minority, including over 100 women's only scholarships and special programmes both inside existing programmes. There is also special access for women in my region for practical trade courses with women being able to take them for free.

There are also significant "second chance" and bridging educational programmes in existence for women only, despite their thriving significantly more than men at tertiary education levels.

A question to ask in this section is "What is being done to address the proportionately reduced engagement of men in particular training and fields"? A further question would be "What is being done to address pathways to street living for men"?

D. Health:

In relation to health, men have worse health related behaviours and in most instances worse health related outcomes yet after subtracting for the costs of obstetric/gender related costs they consume significantly less than women of the annual health expenditure. They are rarely targeted by health services as a grouping whereas there are many services in each New Zealand district that cater specifically to the needs of women.

Men consume fewer services despite a higher arguable need (outside of gender specific issues) and there is no concern made to improve access of services for them. While this is particularly true of indigenous men (Maori) and other minority groups it is also true for those of European origin. We seem to be much more interested in blaming men for not seeing the doctor than in seeing that they do get there.

We can point to things improving for men with the gender death age gap declining, though this decline has become much less pronounced. And no particular programme is operating or being considered to address the gap.

Q1 What is being done to address improve male specific pathways to wellbeing?

Q2 What steps should be and are being taken to the gender related age of death gap?

E. Employment:

Men work significantly more work hours in New Zealand than women and rank quite high in the overall ratio of this balance in the OECD. This has a toll on them at many levels in regards to their health and social well-being. This is mentioned in the report currently as measured as women's participation report.

While this imbalance does affect women, it also has significant effects on men. And these should also be included in the report.

One negative outcome of this behaviour is the already mentioned wage gap, which is to a large part due to women prioritising earning power as their shared role, and broader New Zealand society seeing them as being an equal provider.

Another negative outcome is that on separation the situation is much less likely to be one of equal partnership in caring for the child. While the woman is more likely to be left with a vulnerable

financial situation and dependant on the state, the man is likely to be left in a situation where he only sees his child(ren) once per fortnight.

The New Zealand social welfare systems forces this situation to some degree as they only allow one carer to be on the Domestic Purposes Benefit (provides for the primary carer to not be employed).

Another issue is that with the birth of a child the male biological parent is allocated two weeks of leave from their work, with this being unpaid. Those first months are critical to the bonding of the father with the child and establishing shared parenting roles and presses couples into much more dualistic caring roles.

Another gender related issue to the work place is that men are by far the largest number of those dying and being injured in the workplace. This is much more to do with the professions they work in and a burden associated with them being less likely to enter higher education due to the systemic issues.

Q1- What is being done to support fathers to be engaged with their children from the beginning?

Q2- What is being done to support men to choose the career more aligned with their wish than with the requirement to be a provider?

F. Criminal Justice System:

Men are predominantly the gender in prison for criminal behaviour. There is significant data in the United States of America showing that gender has a large effect through the justice intervention process. Many claim that research in the American shows the gender of the perpetrator has more bearing on the bias in sentencing (and other interventions) than ethnicity.

A significant proportion of male criminal behaviour is the lack of targeted social support for men. My agency has found that men do accept support (we currently do 100 counselling session per week) and if they aren't cared for they are much more likely to act out of pain and anger. There are many comparable services around the country for women but very little attempt to be proactive in caring for men.

New Zealand is not researching the issue of gender disparity in sentencing and I know of no attempt to engage with the bias by the courts.

New Zealand also has a gender specific crime: Male Assaults Female. This has significant higher penalties than that of a female assailant. Targeting a gender in law is a human rights issue and this law is having large injustice implications as it is currently applied.

Q1- What is being done to research and address (if found) gender disparity in sentencing?

Q2- What is being done to remove a gender specific crime from the criminal code?

G. Asylum Seekers:

The majority of solo asylum seekers are men. They are much less likely to engage with the local migrant support services as these are largely provided by all women work teams. Gender appropriate care is arguable more a requirement in many of the cultural contexts the asylum seekers are coming from. In one of the main centres the provider runs frequent women's health days and no comparable health projects for men. This is partly because they find the men don't engage.

Q1- What is being done to address the lack of appropriate support for male asylum seekers?

4. Violence and abuse:

E. Men- Men are largely excluded from care by specialist agencies and none has the responsibility for raising awareness of male victimisation in family violence situations.

This is despite 40% of adult family violence deaths being males and 25% of adult victims of family violence in police reports being male. Those men do not receive a support phone call from a relevant specialist service.

While there is reason to be aware of women experience significant focus in this matter the near complete exclusion of care for men in this situation is remarkable. We don't apply the same principal of gender exclusion with the very serious issue of suicide.

The continued exclusion of men from services is also harmful to their children. While the current report also focuses on children it doesn't mention that the majority of child abuse investigations are of female abusers. While women do provide significantly more childcare than men, when the men are victims of family violence and they are forced to leave the home because of their victimisation this is also one reason for the higher levels of child abuse in single parent homes.

We currently do not collect the man's story in most cases when they are a victim. If we were calling them after they came to police attention as well, then we would be collecting the story early on such that if a mother does become the primary carer the man has at least some record of challenging the woman's behaviour and acting as a responsible parent. As it currently stands the mother is in a situation where professionals hear from her only which in some cases enables her to manipulate the justice system.

While many describe men's experience of victimisation as having minimal impact on them this is not the experience of men that come for care from us. Engaging with a family member or partner who is abusive has an incredible impact on the well-being of men. You have simply to ask male peers how they would feel in the situation of on-going emotional abuse by the person you are bound to, share an emotional landscape with, rely on for intimacy, partner to make decisions about finance and to raise children with.

Men deserve the support required to press back gracefully against an abusive family member/partner or to leave the relationship and this is best for all of the family involved. As it currently stands I have had a number of men tell me that the police told them they should just "deal with it". This approach is harmful to all especially if the man does choose to reciprocate the abuse and carry the life scarring burden of imprisonment for Male Assaults Female.

Many of our staff have commented after working with the occasional male victim of intimate partner violence that the man is not so frightened for themselves and the abuse they receive but they are very frightened for what will happen when they leave, and in many cases don't.

One of the ironies of New Zealand domestic violence systems is that females involved in a domestic violence incident are typically phoned later to be offered services regardless of their being identified as perpetrator or victim. Men are generally only followed up on to some degree when they are perpetrators. Once again, men are denied family violence support services wholly because of their gender. This is clearly a human rights issue that the NZHRC does not recognise in the current report nor any other in the public sphere.

Women are not charged by the police with domestic violence charges unless they have made a significant attempt to harm the male partner or other family member. This is one of the justice biases mentioned above. It is normal for my agency to have men tell us they called the police to ask for help when they were demonstrably the victim but little action was taken and the incident not recorded as a police incident. The police have confirmed this behaviour is common when we consulted them about it in recent research, saying so on tape, and there is no one that is taking them to task to change this cultural issue.

Men are also the predominant victim of murder and experience assault on a comparable level to that of women. Those men that are victims of violence outside of the family/partner setting are generally not offered support despite coming to police attention with the presumption being that they were somehow complicit in the exchange and as such not eligible to receive such support.

Q1- What steps is the government taking to ensure that men are offered relevant support services when they are identified as victims of family violence?

Q2- What are NZ child protection services doing to improve engagement with fathers such that they can seek support when the mother of their children is harming them?

Q3- What are the police and others doing to care for men that experience assault, in particular with focus on integrating the harm and preparing to avoid further such harm?

5. Additional matters

A. Male genital mutilation is still legal for boys in New Zealand. There is very weak evidence to support the on-going allowance of this to continue and some concern about harm suffered as well. Regardless, the matter is about an irreversible insult to a child's bodily integrity without just cause.

Q1- What is the NZ government doing about passing legislation or policy to prevent circumcision?

B. Men are receiving much fewer proactive social and health services to address their needs than women are despite arguably worse outcomes in both areas.

Q1- What is the New Zealand government doing to identify and address the imbalance of action taken to improve male health and wellbeing?

Best wishes,

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