The Royal Australian & New Zealand College of Psychiatrists

Tu Te Akaaka Roa
New Zealand National Office

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The Social Services and Community Committee

Redress System for Abuse in Care Bill

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Excellence and equity in the provision of mental healthcare

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Royal Australian and New Zealand College of Psychiatrists submission

Redress System for Abuse in Care Bill

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the peak body representing psychiatrists in Australia and New Zealand. We are a binational college that prepares doctors to become medical specialists in psychiatry. We support and enhance clinical practice, advocate for people affected by mental illness and addiction, and advise governments on matters related to mental health and addiction care.

We represent over 8,730 members, including more than 6000 qualified psychiatrists and 2500 trainees. Our training, policy, and advocacy approach is led by expert committees of psychiatrists and subject-matter experts with academic, clinical, and service-delivery expertise in mental health and addiction.

Introduction

The Royal Commission of Inquiry into Abuse in Care recommended that the redress scheme should be "open to all survivors", and we supported this recommendation during our College's apology to survivors of abuse at Lake Alice Hospital.

The proposed legislation creates eligibility restrictions based on criminal history that are inconsistent with both the Royal Commission's recommendations and established evidence on trauma and offending.

Tū Te Akaaka Roa and Te Kaunihera of RANZCP oppose any attempts to restrict access to compensation and recommend that this bill be discontinued.

Our position:

1. Criminal offending among institutional abuse survivors is a causal consequence of abuse, operating through documented neurobiological, psychological, and social mechanisms.
2. The Royal Commission's recommendation that redress be "open to all survivors" was evidence-based and should be implemented without additions of criminal history exclusions.
3. Survivors with serious criminal convictions are not less deserving of redress - they are evidence that institutional abuse was severe enough to alter life trajectories fundamentally.
4. The proposed restrictions are inconsistent with trauma-informed practice, which recognises that trauma manifests in diverse ways and that systems should not create additional harm.
5. This legislation breaches Te Tiriti o Waitangi, as Māori survivors are disproportionately affected both by historical State removal policies and by structural racism in the criminal justice system.

Our rationale for this position

Childhood Abuse creates Crime

Clinical and sociological evidence demonstrates clear causal pathways from childhood institutional abuse to later criminal behaviour through neurobiological damage, destruction of social capital, and trauma-driven responses.

The brain develops through childhood in response to environmental inputs. Chronic abuse during critical developmental periods causes measurable, lasting changes to brain structure and function.

The prefrontal cortex, responsible for impulse control, planning, and decision-making, shows reduced volume and connectivity in adults who experienced severe childhood abuse. Teicher and Samson (2016) found that early maltreatment leads to:

- Impaired executive function—difficulty with planning, self-regulation, and considering consequences
- Reduced capacity for delayed gratification
- Heightened impulsivity in stressful situations

These neurobiological changes directly increase the risk of criminal behaviour—not because survivors are morally deficient, but because the neural architecture for impulse control has been damaged by abuse.

Childhood trauma causes the amygdala (the brain's threat-detection centre) to become hyperactive and poorly regulated. This results in:

- Heightened reactivity to perceived threats
- Difficulty distinguishing between genuine threats and neutral stimuli
- Hair-trigger defensive responses, including aggression
- Chronic hypervigilance and inability to feel safe

Chronic childhood stress dysregulates the hypothalamic-pituitary-adrenal (HPA) axis, which governs stress responses. This leads to:

- Chronically elevated cortisol or blunted cortisol responses
- Poor stress tolerance and emotional dysregulation
- Increased risk of substance misuse as self-medication
- Co-occurring mental illness (depression, anxiety, PTSD)

Early trauma affects dopamine pathways involved in reward processing and motivation, leading to:

- Difficulty experiencing pleasure from prosocial activities
- Increased sensation-seeking and risk-taking behaviour

- Vulnerability to substance addiction
- Difficulty maintaining goal-directed behaviour

These neurobiological changes are not subtle—they represent fundamental alterations to how the brain processes threats, rewards, and social information. They create lifelong vulnerabilities that increase the risk of criminal offending, particularly violent offending driven by threat perception or offending related to substance misuse.

Criminal offending is a consequence of institutional abuse. Survivors with convictions have not forfeited their right to redress. Instead, their convictions are evidence of the severity of harm experienced and the extent of ongoing impacts.

The legislation will have a disproportionate impact on Māori

This legislation will disproportionately exclude Māori survivors from compensation due to the compounding effects of colonisation and structural racism.

The Bill's restrictions will disproportionately exclude Māori survivors, compounding historical injustices rather than providing redress for them.

Māori were overrepresented in State Care Māori children were vastly overrepresented in State institutions. This was not because Māori families were more dysfunctional—it was because:

- State policies deliberately targeted Māori children for removal
- Poverty resulting from land confiscation and economic marginalisation was cited as grounds for removal
- Cultural practices were pathologised as evidence of neglect
- Social workers and officials often judged Māori families by Pākehā standards

Māori are overrepresented in the criminal justice system

Māori are dramatically overrepresented in the criminal justice system. This is not because Māori commit more crimes, but because:

- Structural racism at every stage of the justice process (arrest, prosecution, sentencing)
- Poverty and marginalisation create survival crime
- Police over policing of Māori communities
- Harsher sentences for Māori offenders compared to Pākehā for identical crimes

Our recommendations

RANZCP recommends that the Select Committee:

1. Reject the Redress System for Abuse in Care Bill in its entirety. The evidence demonstrates that criminal convictions are a direct consequence of State-inflicted harm, not a basis for denying compensation.

2. If the Bill proceeds, remove all provisions allowing denial, reduction, or delayed access to compensation based on criminal history. Compensation is an acknowledgment of harm caused, not an assessment of moral worth.

3. Increase compensation levels to align with international standards (averaging $100,000) rather than the current inadequate $30,000. Survivors who experienced abuse severe enough to result in criminal trajectory should receive enhanced compensation reflecting greater harm.

4. Provide comprehensive, trauma-informed therapeutic support alongside financial redress, including:

- Long-term mental health treatment by clinicians with trauma specialisation
- Addiction services using trauma-informed, harm-reduction approaches
- Support for stable housing and employment
- Assistance reconnecting with whānau and cultural identity for Māori survivors
- Practical support with financial management and accessing services

5. Establish genuinely independent oversight free from conflicts of interest, with survivor representation and clinical, Māori and sociological expertise.

6. Embed Te Tiriti principles meaningfully through partnership with Māori in governance and decision-making, recognition of disproportionate harm to Māori, and resourcing of kaupapa Māori responses.

Ngā mihi,

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