

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY  
TULOOU – OUR PACIFIC VOICES: TATALA E PULONGA**

**Under** The Inquiries Act 2013

**In the matter of** The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions

**Royal Commission:** Judge Coral Shaw (Chair)  
Ali'imuaamua Sandra Alofivae  
Mr Paul Gibson  
Dr Anaru Erueti  
Ms Julia Steenson

**Counsel:** Mr Simon Mount QC, Ms Kerryn Beaton QC,  
Ms Tania Sharkey, Mr Semisi Pohiva, Ms Reina Va'ai, Ms Nicole Copeland, Ms Sonja Cooper, Ms Amanda Hill for the Royal Commission  
Ms Rachael Schmidt-McCleave, Ms Julia White and Ms Alana Ruakere for the Crown  
Mr Ray Tuala for the Ministry for Pacific Peoples  
Mr Alex Winsley for the Bishops and Congregational Leaders of the Catholic Church in Aotearoa New Zealand

**Venue:** Fale o Samoa  
141 Bader Drive  
Mangere  
AUCKLAND

**Date:** 30 July 2021

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**TRANSCRIPT OF PROCEEDINGS**

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1 community. I want to acknowledge that man there.

2 **CHAIR:** Would you like to come forward so we can hear you. Thank you for coming forward.

3 Could you tell us your name?

4 **AUDIENCE MEMBER:** My name is Sui Po i Po Tagaloa Sa. I share my story a couple of  
5 months ago at the beginning of the year on Tagata Pasifika, the same topic. I couldn't go  
6 away today without acknowledging your courage. Momoli la'u fa'afetai le alofa ma le  
7 agaga lelei o le atua, ua maua lenei avanoa e mafai ai ona tatou talanoa se mataaupu ua leva  
8 tele alo ma fanau o le tatou atunu'u o lo fa'apena ua a'afia ai. Ae le mafai le tatou atunu'u  
9 ona talanoa se tulaga ua fa'asamasamanoa. Fai mai le tala a le atunuu, e a fua manuia mai  
10 mauga. E momoli la'u fa'afetai o lea ua amata mea. Faafetai lou alofa aua e fa'asino mana  
11 le tagata e aumai e le atua. Fa'afetai lea ua aumai e le Atua le auala e mafai ai le  
12 faasootai. I was born and raised in Samoa, I moved here in 2003, I was 23 when I moved  
13 here. I was brought up without a dad, my dad passed away before I was even born. I was  
14 sexually abused in Samoa, I was an overstayer here for five years. I am now married to a  
15 European, have two beautiful kids. I was foster parents for five years. I am now in a  
16 fitness, health and well-being in Otahuhu. I was working for Better Blokes. Better Blokes  
17 is part of Male Survivors of Aotearoa. I am now setting up a Pacific Male Survivor in  
18 Auckland. It's only just start.

19 A. Nice.

20 **Q.** But, e momoli la'u faafetai ma la'u faamalo i le toa, fa'afetai. Pau lea o le matou tatalo ia  
21 faatasi mai le alii. Ia tauaveina lou malosi ae maise o le toa aua le tautuina o le tatou  
22 atun'uu. To'atele nisi o alo ma fanau o le tatou atunu'u o lo a'afia. Sa taumafai pea. Ai se  
23 a? Faigata le agunuu a le tatou atunu'u. E faigata le tautala i le agaga fa'asamoa i le tulaga  
24 o le sexually abuse. Ae fa'afetai o lea ua amata mea. E momoli la'u fafaetai i le paia ma le  
25 mamalu o le tatou atunu'u, Amaise ia le mamalu o Samoa o le fa'agaugaufia i lenei itula o  
26 le aso. Faatasi mai le alii. I wanted to say thank you to you guys as well. Thank you, the  
27 judges, for all the work that you guys have done. Thank you, Tania, I have met you a  
28 couple of years ago through my journey. Thank you for your courage to actually put these  
29 events up, it's only the beginning. May God bless all of us and show courage in our  
30 community. This needs to stop. Thank you. **[Applause]**

31 **[Samoan song]**

32 **MR POHIVA:** Thank you very much, Commissioners. Can I ask that you remain and we'll just  
33 do a quick swap over for our next witness.

34 **CHAIR:** Very well, thank you. This is what's called a pregnant pause.

**FOLASĀITU DR APAULA JULIA IOANE**

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**MS SHARKEY:** Commissioners, our second witness of the morning is Folasāitu Dr Apaula Julia Ioane. Dr Ioane, as we've discussed before, you would prefer during this talanoa to be called Julia?

A. Yes.

**Q.** Okay.

**CHAIR:** Julia, welcome back. Julia has been in front of us in several guises, not the least of which as a fine facilitator of one half of the talanoa yesterday, and so that was like a good beginning, I think, towards where we're going today. But now you've turned into a witness, so before you start, if I just ask you to take the affirmation. Do you solemnly, sincerely and truly declare and affirm that the evidence that you'll give, the expert evidence you give today will be the truth, the whole truth and nothing but the truth?

A. Yes.

**Q.** Thank you.

**QUESTIONING BY MS SHARKEY:** Julia, before we get into things, are there any comments you would like to make?

**A.** Ou te fa'atalofa atu i le tatou mafutaga i lenei aso. Le paia o le mamalu o commisoner. Faapea lou afioga Alimuamua Sandra Alofiavae. Ou te faafetai i le agaga lelei o le atua ua mafai ona tatou fa'atasi ai i lenei aso. Ae fa'apito ona ou fa'atalofa atu i le tatou nei survivors, malo lenei aso. Malo lava le onosa'i. Malo le soifua manuia.

Ka tangi te tītī, ka tangi te kākā, ka tangi hoki ahau, tīhei mauri ora.

Ko Vai te maunga, ko Polynesian Airlines te waka, ko Ngāti Hāmoa te iwi.

Ko Fasitouta leova'a lotofaga leo lu'uega tōku hapū

Ko Taotega atefenua I'iga Curessa tōku māmā

Ko folosai Kotaigalala Ioane tōku pāpā

Ko Antony Joseph tōku tāne

Ko Apaole Julia Ioane tōku ingoa.

Tēnā koutou, tēnā koutou, tēnā koutou katoa.

**CHAIR:** Tēnā koe.

A. Firstly, I wish to acknowledge the survivors here today, those who are not able to be here and those who are no longer with us. I've been truly humbled by your presence, listened to your stories and marveled at your resilience and bravery to speak and to share your talanoa, and I hope that the sharing of your story has provided you with some comfort and peace in knowing that you are being heard. I also hope that I'm able to do you justice and honouring

1 your stories and provide a little bit of expertise in my area of psychology and Pasifika to  
2 ensuring that this does not happen again for our Pasifika communities, our children and our  
3 youth, now and in the future.

4 I wish to acknowledge our Commissioners and our Pasifika Commissioner,  
5 Ali'imua Sandra Alofivae. It is with great honour that I am here speaking in front of  
6 you today.

7 Finally, I really want to acknowledge the Pasifika team of this Inquiry, malo le  
8 faiva, malo le onosai. I empathise with you all on the journey you have taken to be part of  
9 this challenging yet crucial moment in creating a new history for our Pasifika people.  
10 I apologise now if I get a little bit emotional. It's interesting when you -- as I sit here, all of  
11 a sudden, I'm getting just the memories and the thoughts of all the children and the young  
12 people and the families that I have worked with, so I apologise in advance.

13 **QUESTIONING BY MS SHARKEY CONTINUED:** Thank you, Julia. Your qualifications are  
14 attached at appendix 1 of your statement. The Commissioners have your statement, they  
15 have read your statement and it will be available later on on the website, but to summarise,  
16 you are a registered clinical psychologist and an associate professor in clinical psychology  
17 at Massey University. If we could just start, could you please tell us what is a clinical  
18 psychologist for those of us that don't know?

19 A. It kind of depends on who you talk to but, look, with the children and young people that  
20 I work with, they tend to think that you see a psychologist when you're mental, or when  
21 you're crazy, that tends to be the common response. But if I put it simply, it's really our  
22 role is to look at people's behaviour to be able to try and figure out what's going on, what's  
23 caused the behaviour, what's led to the behaviour, and then what do we need to do to be  
24 able to protect the behaviour. We help to -- our role is to really help our children and  
25 young people. We help the judges in court, we provide therapy, it's not a very well-known  
26 profession in our Pasifika cultures. I worked in Samoa in 2019 and one of the things that I  
27 had to do was really try and figure out where does psychology fit within the fa'asamoa and  
28 within our justice system in Samoa. And that was a challenge, it was a good challenge, and  
29 it highlights the difference in our worldviews.

30 So our opinions come from our research, it comes from our practice, but for me as  
31 a Pasifika person, it's important too that I draw on my own lived experience and my own  
32 worldview. If you had to ask my father what a psychologist does, he would say there's no  
33 purpose for a psychologist because if people need help, then they should either go to church  
34 or talk to their family. It highlights just the difference in our worldviews. And if I'm going

1 to be really honest, I'm probably the least successful out of his three daughters because I  
2 was the last one to get married and I still don't have any children. So it highlights, I think  
3 for us, just remembering what achievements really look like within the different  
4 communities that we serve.

5 **Q.** Thank you, Julia. For the benefit of those watching here in the public gallery or on the  
6 livestream, can you please explain what you will be discussing with us this morning?

7 **A.** I'm going to talk about child abuse and trauma. In this, I draw mainly on my experience  
8 working with Māori and Pasifika young people and their families in our Care and  
9 Protection and our youth justice systems. I also draw upon over 40 years of lived  
10 experience as a bilingual New Zealand-born Samoan with childhood experiences of living  
11 in Samoa as well as here in Aotearoa New Zealand. I also wanted to note that I am aware  
12 of the different mental health disorders and the substance addictions and the medications,  
13 though that has already been discussed by many of our expert witnesses and many of our  
14 survivors. So I just wanted to state, whilst I acknowledge that, the purpose of my talanoa  
15 will be looking at abuse and trauma. I will not be commenting directly on any of our  
16 individual Pasifika survivors. I haven't interviewed them, nor have I had any contact with  
17 them. In my talanoa, though, I'm going to focus on the similarities amongst the Pasifika  
18 groups, but I don't make any attempt to speak on behalf of the Pasifika communities.

19 Finally, it's important to note that I don't have a lived care experience of being in  
20 the care system, though I continue to work with and for our children and young people and  
21 their families who are navigating their way through our Care and Protection and our youth  
22 justice systems in Aotearoa New Zealand.

23 **Q.** Okay, so we'll start with paragraphs -- looking at paragraphs 5 to 7 of your statement about  
24 who you are, if you can just take us through that, please.

25 **A.** I'm a New Zealand-born Samoan, raised here in Aotearoa with strong ancestral links to the  
26 island of Samoa in the South Pacific. I'm a clinical psychologist. I have been in practice as  
27 a psychologist since 2011, part-time practice in 2012 and I'm an associate professor.

28 As a New Zealand-born Samoan, the first few years of my life were spent in Ponsonby, Auckland,  
29 with many other Pasifika communities in the early-mid 1970s. However, the gentrification  
30 of Ponsonby led for my family to relocate to Otara in South Auckland where I was raised.  
31 My parents were migrants from Samoa, both blue collar labourers, despite being a school  
32 teacher and a plantation owner in Samoa. My parents raised us in the epitome of the  
33 fa'asamoa where we were taught only to speak Samoan at home and English in school.  
34 Oddly enough, my parents never really spoke to us about the Dawn Raids. Rather, their

1 response was for their three daughters to be educated and never to forget the power of  
2 prayer, humility and the reasons for their migration.

3 Before I became a clinical psychologist and probably what's relevant to today, I worked in a mental  
4 health community residence as a support worker and I've worked as a youth worker in a  
5 secure youth justice facility. I worked in many of our child and adolescent forensic and  
6 mental health settings in the past, and I continue to work in our Care and Protection and  
7 youth justice environments.

8 I've given evidence in court, continue to give evidence in court in our Family, District and High  
9 Court jurisdictions while working in roles with Oranga Tamariki, New Zealand Police and  
10 Corrections. I became a consultant psychologist for the judiciary in Samoa, providing  
11 psychological expertise within a cultural framework for the justice system. I'm also a  
12 member of the Institute of Judicial Studies in Aotearoa New Zealand.

13 **Q.** Can you share some of your experiences as a psychologist academic and even back as a  
14 student?

15 **A.** When I was at uni, I didn't really have many issues, the reason being I think was because I  
16 had no intention to learn about my culture and my identity at university. That's not what I  
17 was there for. It wasn't in psychology, and at that time it was okay because all of my  
18 culture, all of my fa'asamoa was at home, at school -- sorry, in the church and in the  
19 community.

20 But I think now things have evolved and the more and more we continue to live  
21 here in Aotearoa New Zealand and the more and more our people need support and we  
22 need to be talking with our people, there is a need to have that in the curriculum, which is  
23 why I went back to university as a lecturer alongside with Dr Siautu Alefaio-Tugia over at  
24 the psychology programme at Massey University to try and influence the curriculum,  
25 because there's no point if there's only a few of us as psychologists when there's no-one  
26 coming in after us, and that was our reason for going back in.

27 But, look, I'd be lying if I said I didn't experience racism throughout my life as a,  
28 you know, as a psychologist or as an academic. I remember wearing a t-shirt that had  
29 "Psychology" on it at one of the tertiary institutes, I was a lecturer by then, and a colleague  
30 stopped me in the hallway and asked me where did I get my t-shirt from, I explained it to  
31 her, and then she asked me why I was wearing that t-shirt. I said to her, "Because I like it."  
32 Then she asked me again, "Yeah, but why are you wearing that t-shirt?" Because it had  
33 "Psychology", you know, just plastered on the front. And I said, "I like it." When she  
34 asked me the third time, I said to her, "Because I can", and her immediate response was,

1 "You can't, you're not a clinical psychologist", and yet I was, and I found myself trying to  
2 convince my colleague that I am a clinical psychologist and I've been her colleague for  
3 a year sitting in meetings with her and yet her immediate response was that I couldn't,  
4 because I wasn't a clinical psychologist, and when I told her, her response was, "Oh, okay",  
5 and just kept walking. And the shame I felt -- I didn't expect to get emotional because you  
6 don't want to show your emotions but, yeah, I think I didn't go back to uni for about four  
7 days and just worked from home.

8 You know, the thing is for us is that we might be professionals, the so-called word  
9 of "professionals", but often we experience racism throughout our different interactions  
10 with people and you try and rise above it. Even in my own community, it's not uncommon  
11 for people to think -- for our own Pasifika people to think that I'm the sister of the young  
12 person who's done the offending behaviour, or more recently the mother, because I think  
13 I've aged, so they think I'm the mother now of the young person who's offended, but never  
14 an immediate thought that I am a psychologist.

15 It does exist. For me, I think because of my upbringing, I take it that it's their  
16 problem, it's not mine, but I will focus on how to influence the way in which we teach  
17 psychology and how we target and recruit Pasifika into psychology.

18 **Q.** Right, so you've heard a lot of people talk about the need to build the Pasifika workforce.  
19 What are your thoughts on that?

20 **A.** Honestly, I think enough has been said, you know, we just need to put it into action. This  
21 has been around for a while, you know, we've had these diversity programmes, but the  
22 thing is, is that whilst we might have these diversity programmes where we target a certain  
23 percentage for Pasifika, there's no pathway to get them into those particular roles. And it's  
24 really -- it's just being set up to fail, because if there's no pathway, then the assumption is  
25 made then, "Okay, then, well, maybe they don't want these roles", and that I think is the  
26 issue and when we look at who's making those decisions for us, it's generally non-Pasifika  
27 but we're in advisory roles and we all know what advisory roles are, we're only giving  
28 advice and there's no expectation that the other party are to take that on.

29 So, yeah, absolutely, it has to be strengthened, you know, but I also think that it's got to be  
30 strengthened across the entire workforce. It's got to be led by Pasifika, working with  
31 Pasifika and non-Pasifika, because we need to have that mutual respect and those reciprocal  
32 relationships.

33 One thing that I want to put out to all of us that are in the room who have done well in our careers,  
34 you know, the higher we go up the ladder, the greater the risk there is of us losing our



1 identity and losing our fa'asamoa and our fakatonga, so we have to be really conscious of  
2 that when we're the only brown person in that room, that we go back to our community and  
3 make sure that our communities, we're speaking for our communities and on behalf of our  
4 communities. Never on our own bat.

5 **Q.** Okay, so just getting into the survivor voices that have come through, we're looking at  
6 paragraphs 14 to 18. Just going back to your brief, what did you find from your review of  
7 the survivor information that you have analysed?

8 **A.** So most of them were males, which is to be expected. Most of our -- most of the children  
9 and young people in our Care and Protection and youth justice are males, but we have to  
10 acknowledge there are a growing number of our females coming through as well. This -- in  
11 the files that I looked at, more than half identified as full Samoan, with a large portion of  
12 mixed Pasifika ethnicity.

13 **CHAIR:** If you're not frightened of Sharkey, be frightened of me.

14 **MS SHARKEY:** She's definitely not frightened of me.

15 **CHAIR:** We've got a green sign we can hold up which is really terrifying.

16 **A.** Can I have the sign here? Many were born here in Aotearoa New Zealand with the ages of  
17 being placed in care from 18 months to 16 years of age. So the average age of these  
18 children and young people with the survivor stories was 12. So I want you to really think  
19 about what a 12-year-old looks like or what you were like when you were 12 years of age.  
20 For most of the survivors, the trauma they experienced before, during and after continues to  
21 have a long-lasting effect, as you would have seen from the stories. And whilst everyone,  
22 all of them showed their resilience just by being here and sharing their stories, you know,  
23 the hurt was huge, you know, and the harm was huge.

24 The care placements ranged, they were from mental health facilities, residential  
25 placements, boys, girls' homes and church settings. But from the files I looked at, almost  
26 three quarters of the abuse had occurred in boys and girls' homes.

27 **Q.** What led them into care?

28 **A.** It was a number of things, and I have to say it still exists even today. So before they went  
29 into care, there was family violence between parents, parents taking different substance use  
30 and abusing them, parents' criminal offending, and gang membership. Some of the  
31 survivors talked about their negative experiences in the education system, language  
32 difficulties and being bullied by teachers. Some also talked about their negative  
33 experiences in church. Some talked about the issue around identity, not being accepted by  
34 family members because they were, for example, part-Samoan or part-Palagi, and then how

1 that disconnected them from wider family groups.

2 The reality is, these children and young people got hidings, that's what they referred it to, we all  
3 know what that is, but for some of them, there was grief and loss around the loss of a parent  
4 that led to unmet emotional needs, the whole concept of just being disconnected.

5 **Q.** Just looking at paragraphs 26 to 30, what happened once they were in care?

6 **A.** There were a lot of reports from the survivors' stories that I read of them being beaten by  
7 staff and being sexually abused by staff, also from other young people in the residence  
8 beating them, and being watched by other young people. There was also the trauma of  
9 being placed in a secure room, and I've been in those rooms, and they, for me in my  
10 opinion, is the last place that you would want to put somebody, a young child who is -- has  
11 completely acted out and we put them in a room, four walls, a mattress, the toilet's there,  
12 and then they're expected to think about what they've done.

13 Some of the children, while they were in care, they took off from care, they ran away. They also  
14 talked about the racism that they experienced while in care, the difference in staff  
15 treatments between the Palagis, the Māoris and the Pasifika, but also how they were  
16 miscoded in their identity. Some of these children and young people didn't see their  
17 families during the time they were in care and they, you know, expectedly, this is what  
18 you'd expect, they expected, they learned antisocial behaviours, so they learned how to  
19 steal a car, for example, or they learned how to just do some criminal offending behaviour,  
20 and then others talked about the overuse of medication and electric shocks as having a bad  
21 impact on their life then and now.

22 **Q.** In terms of the impacts, what happened after they left care?

23 **A.** You know, the problems continued, you know, the problems continued, but these problems  
24 now related to social issues, to economic issues, psychological issues. So things like not  
25 being able to get a job or not having the education to be able to apply for jobs, not being  
26 able to get accommodation, and while they're trying to get those practical needs, at the  
27 same time they're struggling with their emotions and they struggle with trying to build  
28 relationships. Mental health issues like anxiety, you know, anxiety is the fear, if I put it  
29 simply, it's the fear of what's to come, and you worry about it, and depression is the fear of  
30 what's happened, the sadness of what's happened, and I know our children, our young  
31 people, they don't call it anxiety, they don't call it depression, so it's our role to figure out  
32 what's going on for them. Some were in and out of prison, some had joined gangs and still  
33 are in gangs, but the issue around relationships for them is that some just didn't know how  
34 to build a relationship.

1 I remember reading somewhere where they just didn't know how to love, and if we think about  
2 human beings, if we think of ourselves, when we engage in a relationship, you know, this is  
3 all about love and it's all about trusting that that other person is going to look after us, but  
4 when you don't have trust, you just can't have the relationship, and that's so crucial to  
5 forming any relationship, because if you think of us as Pacific, our identity is relational,  
6 you know, that's how we see ourselves. We don't exist on our own, we always exist  
7 because of our relationship with our family, our community, our village, our land, but if we  
8 don't have that, then what?

9 **Q.** Some of what you saw with the survivors' statements was the intergenerational, their  
10 children themselves going into care?

11 **A.** Yes, absolutely. What we see, and I'm sure most of you will know this, you know, the  
12 cycle just goes on. You know, the cycle moves on from one generation to the next, despite  
13 the stories that I read of wanting to connect with their children but not knowing how, and  
14 then their children experiencing the same thing and being placed into the care of the  
15 system. Even now, even in my work, I will come across families where the parents have  
16 been in care and now their children are going into care.

17 **Q.** At paragraphs 34 and 35 of your statement, you note that there were a small group of  
18 survivors who did have -- or who went on to have a positive experience after care. What  
19 happened for them?

20 **A.** Those survivors talked about finding someone and having a supportive partner. They also  
21 talked about re-uniting, reconnecting with their family, having good support people, good  
22 mentors. Some talked about music and arts being like a saving grace for them. Some took  
23 up counselling, and some learned about their Pasifika culture and finding their faith in God  
24 and returning to church. So it's clear different things worked for different people, but what  
25 was a common feature throughout all of them was disconnection, you know, disconnection  
26 to family, connection to partner, connection to music, to creative arts, and then the creative  
27 back to their culture and to their families.

28 **Q.** As you've given us in your statement, could you please just explain the summary of your  
29 findings, Julia?

30 **A.** Just really quickly, before care, these children and young people were already experiencing  
31 issues, okay, we've just got to state that, that was a fact that was going on within their  
32 families, they were exposed to violence. At the same time, though, they were going  
33 through the church, they were being raised within the church environment for some of the  
34 survivors. During care, though, they now were being disconnected from their family and

1 from their community, despite the fact that it was violent, despite the fact that it wasn't a  
2 good place or even, I think for one, there was -- it was unclear for the reason for them being  
3 in care, they were still disconnected, and then the beating happens. Whether it be sexual  
4 abuse or whether it be physically abused, and then you're identified as another ethnicity.  
5 Imagine what this does to you when you're only 12. That's the average age of the survivors  
6 that I looked at.

7 When they left care, the struggle continued, but they didn't have skills, they didn't  
8 have skills on how to connect, they didn't have skills on how to build a life, and as I said  
9 before, as Sharkey noted, they went on to have their own children and then their own  
10 children were placed in care.

11 But there is still light at the end of all of this, there is still light, because for some  
12 of these survivors, they found a strong supportive partner, they found family, they  
13 connected to arts, music, and some returned to their culture or they found solace within the  
14 church and within God.

15 **Q.** We'll have a look at this a little bit later, but in part 2 of your statement, you talk about the  
16 Pasifika worldview essentially being a collective worldview, which I think we've heard  
17 quite a bit about over the past two weeks, but could you explain further and whether there's  
18 any difference when there is abuse and trauma in that collective worldview?

19 **A.** Sorry, Sharkey, could you just ask me that question again?

20 **Q.** No worries, yes, I can. So you speak about the Pasifika worldview essentially being a  
21 collective worldview. Could you explain that further and whether there's any difference  
22 when there is abuse and trauma in that collective worldview?

23 **A.** Thank you. So just really briefly, we all know that the Pasifika worldview, you know, but  
24 there'll be differences and similarities, you know, we're a collective community, we -- you  
25 know, we're not individual, our connection belongs to our family, our land. It's interesting  
26 when I think about when I go into the homes and the first thing that I share with our  
27 Pasifika family is not my title, not my qualifications, it's always going to be where I come  
28 from, who I am. That's a bit of a tension with psychology and as a psychologist, because  
29 we're not meant to disclose our personal -- you know, our personal background, but we  
30 have to disclose our qualifications.

31 That's an example of the different worldviews. What's important to our people is not what's  
32 important to the western world. What's important to the western world is that we have the  
33 qualifications and the credentials and, yes, that's right, there's a place for that, but what's  
34 important for us as Pasifika is that we know where we come from and when I was in

1 Samoa, man, I was drilled on that every day. Who are you? Who's your village? Who's  
 2 your family? Because that's what's important because what that allows the other party to do  
 3 is then they connection, they connect to that name, they connect to that village, they  
 4 connect to that land.

5 But when there is abuse and trauma, this is the struggle, because the abuse, when it happens within  
 6 the family, then what? Because your identity is all about the family, that's who you are,  
 7 and the same person that's meant to love you is also the same person that's hurting you. So  
 8 there's a tension, you know, that happens for a child or a young person and that's where the  
 9 struggle is. They don't know how to deal with that tension.

10 If we think of the vā, and I know that we've talked a lot about the vā, probably some of us are a bit  
 11 vā 'ed out, but the reality is, and I'm just going to be really brief here, within the fa'asamoa,  
 12 the vā helps us to understand, understand our place within, and our structures. I just wanted  
 13 to borrow from the Pasifika team and their definition of the vā. They stated we must be  
 14 prepared to honour the vā for the greater good of our team. We must vā ha'a ngatae, know  
 15 our boundaries, know our place, and trust those who make decisions for us will do so with  
 16 respect and honour, for our voices they represent.

17 That's come from the Pacific team of the Inquiry, and it is interesting because there's some of that  
 18 that I think gets seen by those of us who have been abused or have done the abusing is what  
 19 happens is the vā accidentally -- not vā, it doesn't accidentally gets used, but the vā gets  
 20 used as the reason why we cannot talk about the abuse, you know, and as I've been  
 21 listening, if you think about the different -- you know, there's different vā in the fa'asamoa,  
 22 the vā feagaiga that was talked about yesterday between a brother and a sister, one of the  
 23 most sacred types of vā. If you think about it, that's where it starts, the relationship  
 24 between a brother and a sister, and if a brother and a sister, if that vā feagaiga is being  
 25 respected, then ideally how that boy or how that girl goes on to have future relationships  
 26 will be based on that, learning how to respect the other.

27 But what happens when there's abuse? It's the same as vā fealoaloa'i, the respectful relationships.  
 28 We prioritise that, and then when we make an error or we don't like what somebody else  
 29 does, I often hear us say 'oh nah, teu pea le va, tausī le va', but we're not being honest, and  
 30 I think that's one of the key things around the vā is also bringing in that in order to honour  
 31 and respect the vā, we also have to be honest. It doesn't happen, though, in my -- this is my  
 32 experience, it doesn't happen though when abuse occurs. Because some of our people will  
 33 say you've got to honour the vā, but what you don't realise is actually you're reinforcing the  
 34 abuse. That's where the vā I believe gets misinterpreted, it gets misused, it gets abused.

1 We abuse the vā when we honour the relationship and we honour the abuse, because that's  
2 what happens. The way in which we do this is when we don't talk about it, we continue to  
3 allow for the behaviour to occur. We keep saying to the person that's being hit or sexually  
4 violated, "You should have kept your mouth shut." We say that the relationship is what  
5 governs the vā, but when there is harm and abuse, the vā has been breached.

6 The more and more I've sat over these two weeks, I don't think it's being breached anymore,  
7 I actually think it's gone. You know, it is not there.

8 **Q.** And the significance of that?

9 **A.** It's huge in the area that I work in. Even with some of the men in the Islands, when I had to  
10 talk to them about the abuse that they had done towards family members and within their  
11 own families, they would say to me that they couldn't talk to me because I was female, but  
12 also because we had to deal in tausi le vā. I respectfully had to say to them, "I acknowledge  
13 the vā, but we're going to put it to the side", because at the end of the day, if we honoured  
14 the vā, we wouldn't be here. I think that that's what's important. You know, there's a lot of  
15 good stuff written about the vā, but we need to acknowledge and talk about when the vā is  
16 breached; in my opinion, when the vā is gone.

17 **Q.** Right, and just keeping it on the vā, can you give us an example of how we as Pacific build  
18 and maintain that vā?

19 **A.** Look, we do it every day, yeah, we do it every day without thinking. You know, when we  
20 say hello to each other and we ask how our families are, we share our meals because it's  
21 rude to eat a meal in front of someone when they're not eating so we share it, we show it  
22 when we care for our elders, you know, our colleagues. But when a crime's committed, it's  
23 really hard to restore the vā or bring back the vā. They talked about it yesterday in the  
24 redress, you know, it's a process of responsibility, reconciliation, restoration, forgive,  
25 forget, come together, and that's a hard thing to do. It's not impossible, it can be done, but  
26 we have to acknowledge that it is hard.

27 **Q.** If you could continue, Julia, on that line, as in your statement, why it is hard to do?

28 **A.** You know, it's hard to do because -- I'll give you an example, I'll make this name up, let's  
29 call him Jo, not that every person that offends is a male, so just stating that. But, you know,  
30 so let's say Jo went out and committed a crime, say he did a burglary and it was an  
31 aggravated robbery, pretty bad, and then somebody finds out and then they tell you, "Hey,  
32 you know, did you hear about Jo?" Now Palagis and psychologists, what we ideally look at  
33 is we look at the crime that's been committed, okay, we're meant to look at, okay, what's  
34 going on, what's led to this behaviour. But for Pasifika, when we go, "Hey, did you hear

1 about Jo?" "What do you mean Jo, what happened?" "You know Jo, so and so's son, you  
 2 know, the guy that was at church the other day, yeah, aunty's boy, yeah, that Jo", and then  
 3 we go, "Oh, oh yeah, yeah now I know that Jo, what happened?" And then we talk about  
 4 the offence. And then we go, "Oh actually, yeah, that's sorry-- Lafoa'i -- that's Lafoa'i's  
 5 son, or that's Peturu's boy". Oh, well, you know what goes on in their family." So we  
 6 forget about the crime, we haven't even talked about the crime, but we talk about the  
 7 parents, or the families, you know, because that's our identity, that's how we relate as to the  
 8 people, to the connections that are there.

9 That's why it's hard to bring that forward, you know, to really acknowledge the vā, because you're  
 10 not looking at the individual and you're not looking at the crime, you're looking at the  
 11 family. The individual doesn't exist in Pasifika communities, it's the family.

12 **Q.** Moving to other paragraphs in your statement, 43 to 44, you talk about two particular  
 13 values. Is there anything else we need to know when thinking about our children and  
 14 young people in the Pasifika worldview and in care?

15 **A.** I wanted to focus on two values that I see in my work in these residences. One of them is  
 16 respect, fa'aaloalo, and faka'apa'apa, as well as humility. Our children and young people,  
 17 they've been taught right from the getgo that they must respect their elders, they must  
 18 respect their parents, and it's a blessing to look after our parents and our elders. The Bible  
 19 even tells us, honour thy mother, thy father, ia e ava i lou tamā ma lou tinā, ina ia  
 20 faalevaleva ai ou aso , it's in the Bible. The thing is though, it doesn't tell us though what  
 21 happens when parents or elders or the community or our families don't look after us, don't  
 22 look after our children or our young people. That's the confusing part, I believe, for our  
 23 children.

24 If we think about humility, our children are taught to be humble, you know, let someone else speak  
 25 first, let the other person sit down, let them eat first. But what happens when you're hurt by  
 26 a family member, then what? Because as a child you don't want to disrespect them. You're  
 27 afraid of them. You don't want to -- you know, you don't want to make -- tarnish the family  
 28 name, but you don't want to get trouble either, because your parents, you know, you're  
 29 going to get in trouble with your parents. But then what if your parents are the ones that are  
 30 hurting you? So what do you do? You keep it in, you just keep it in, keep it in, until one  
 31 day it burst, okay, and that's where they act out, they take off from home, they've gone off  
 32 and hit someone, and what we have to realise though is that when a child acts out, it's only  
 33 because they don't have the words to say what's really going on for them.

34 You know, a lot of the children and young people in residences and youth justice that I've worked

1 with, some of them will not have been raised in their culture, similar to some of the stories  
2 by our survivors, but yet I often think that somehow it's innate, la ai lava, it's still there, and  
3 I think of often, you know, I start off a prayer when I'm with the young person who's in  
4 residence and they immediately know, if they're wearing a cap, to take their cap off. They  
5 also know to bow their heads, even though they haven't been raised in our culture.

6 I remember one time when I went to the prison to see a middle-aged man and it was clear from the  
7 other men in the prison that they didn't think I was Samoan. They actually thought I was  
8 Māori, to the credit of the Māoris. But what happened was they started talking in Samoan,  
9 yelling through the walls. You ignore that, but as soon -- but the comments that were now  
10 being made were getting pretty offensive, these are from other men that were in there. So  
11 I said to the guy in front of me, "You need to let them know that I'm actually not Māori, I'm  
12 Samoan", and he yelled out to the boys in Samoan, then there was silence. And then all  
13 I could hear were these apologies, fa'amalie atu lava from these men. And the guy in front  
14 of me said, "Oh, you know, I'm really sorry, but it's really good that they apologised", and  
15 I said to him, "Really?" And then all of a sudden, we put aside the assessment and we  
16 started talking about respect. Because it's all good to respect your culture and the fact that  
17 they changed once they heard I was Samoan, but the reality is if we're going to be really  
18 fa'asamoa or fakatonga, we do that with anyone, we show our respect regardless of who and  
19 what ethnicity that person comes from.

20 The difficulty for our children and young people is that they get taught respect, they get taught  
21 humility, but when it's not reflected at home or in communities, then what happens? So we  
22 do have to look at our own behaviour, and we have to see, is it really meeting the values of  
23 who we are as Pacific? If our children are being taught this, then what are we being taught  
24 as parents, as elders, as adults and family to protect our children and young people?

25 I'm not meaning to kind of have a go at us as Pacific, I have to remind you that my experience is  
26 coming from my time working with our children and our young people in care. This is  
27 what I see when I'm working in those environments.

28 **Q.** I have one bit to finish off before we have a break, is that all right if we just keep going for  
29 a little bit longer?

30 **CHAIR:** You make the call, Ms Sharkey, it's up to you.

31 **MS SHARKEY:** Okay, thank you. Just finally, Julia, the next part that you wanted to touch on  
32 was what about spirituality and religion, and then we'll have a break.

33 **A.** Really quickly, that's who we are, you know. I mean we all know that, I'm talking to the  
34 converted here, well most of us, but I think the process of this hearing is that we have to



1 remember that those in care and in youth justice residences and even in our prisons, they  
 2 don't necessarily see or feel God. And nor do they want to, okay, because of the hurt that  
 3 they've experienced. So we've just got to be mindful of that when we're working with them  
 4 and as we interact with them. You know, our religious leaders, our ministers, they're right  
 5 up there, you're our messenger from God. Someone with great power and respect, if I think  
 6 of the Cook Island culture, when there are sexual issues, it's related to mana and it's related  
 7 to tapu. So mana is a concentration of power in gods and spirits, individuals or objects, and  
 8 tapu are things that are forbidden, they're set apart to be avoided because they're either  
 9 divine or they're corrupted. But mana can violate tapu. What happens, what occurs then is  
 10 that the consequences aren't as much, and the boundaries are not the same as the likes of  
 11 you and I. Because this is how we regard our church leaders, this is how we regard our  
 12 faifeau. I've worked with some great faifeau with our families, but I also know from our  
 13 children, our young people and our families who are involved in the justice sector that  
 14 they've disconnected from the church because of the backlash that they have received.

15 So we have to really be mindful of that, there is absolutely a role of our churches  
 16 with our children and young people in care, but our churches are filled with human beings.  
 17 And humans, we talk, and we have to really be careful of what we say because it's not  
 18 uncommon for these families that I work with, that they've come away from the church  
 19 because there's been a lot of gossip, okay, there's been a lot of talk about what's going on  
 20 for their child or for their young person. So don't assume that all Pacific people want a  
 21 spiritual intervention at that point in time, because the quick response that might come to  
 22 you, and it's happened to me, "Where was God when I needed him?" So what's important  
 23 is building the relationship, which I'll talk about later, and at the same time you still hold on  
 24 to your Christian values and your Christian beliefs.

25 **Q.** We'll have a break now.

26 **CHAIR:** All right, we will take a break. I think everybody would like a cup of tea, I certainly  
 27 would. Before we do, Commissioner Steenson's going to leave us, she has a tangi to attend  
 28 this afternoon, so I just on behalf of the Commissioners thank her for her contribution for  
 29 the last two weeks and wish her well. Thank you.

30 **MS SHARKEY:** Thank you, Commissioner Steenson.

31 **COMMISSIONER STEENSON:** I just want to say, e mihi ana ki a tātou. Tātou kua  
 32 whakakotahi mai ki te tautoko i te kaupapa i tēnei wā. Nō reira, tēnā koutou, tēnā koutou  
 33 katoa.

34 **CHAIR:** 15 minutes.

**Adjournment from 11.35 am to 11.55 am**

1  
2 **CHAIR:** Welcome back, Dr Ioane or Julia.

3 **QUESTIONING BY MS SHARKEY CONTINUED:** Julia, thank you. We're just going to  
4 move on to something in your statement. You talk about common misconceptions about  
5 child abuse, we're looking at paragraph 51. Why were the voices of these children not  
6 heard at that time? It's what you describe as delayed disclosure. Can you tell us about this,  
7 and just to clarify, this is about delayed disclosure of abuse, whether in family or in care,  
8 right?

9 A. Yes.

10 **Q.** Okay, thank you.

11 A. It's most commonly in the research around sexual abuse, but it is -- it can be applied  
12 towards those who have been physically or emotionally abused. The thing with telling  
13 somebody is that it's really hard for a child to do that, and that's quite common. Most of the  
14 research, and this isn't just focusing on Pasifika, actually there's probably none on Pasifika,  
15 but most of the research tells us that children and young people don't tell when they've been  
16 abused. When we think of Pasifika though, and I think of when I have to give evidence,  
17 Pasifika takes it to another level, because it's all about family and it's all about culture. So  
18 we honour the relationship, and the way in which a child or a young person honours the  
19 relationship, without recognising that they are, that they put it aside, because they fear that  
20 they might not be believed and they might be blamed. So they give respect to the parent or  
21 to the staff member or to the elder because of their age, because of that staff member's  
22 ranking, because of that parent's or the adult's position in the family, but it's not necessarily  
23 because of character or of service, it's just automatically given to them, that respect. The *vā*  
24 also makes it difficult because family is the priority. So children and young people who  
25 have been abused, they generally don't tell.

26 **Q.** You refer in your statement about cases where children do tell, we're looking at paragraph  
27 53 and something you call dead-end disclosure?

28 A. Yes. So dead-end disclosure is what we see in the research with regards to sexual abuse.  
29 It's when the child or the young person tells someone but nothing happens. They might tell  
30 an adult and the adult might not believe them because they think it's too weird to be true,  
31 surely it can't happen. Or they tell another child, and when you tell another child, you can  
32 expect that nothing will happen. Or they do tell an adult and that adult is aware of what's  
33 going on, but they've chosen not to tell, because of what's going to happen to the family if  
34 they do, because it's going to bring shame to the family, it's going to bring humiliation to

1 the family, and so they protect the person who's doing the offending and this can be even  
2 within a care environment. You know, they can protect the staff member. But what we  
3 forget, though, is the child, the 12-year-old who is being abused.

4 **Q.** Right, so just in terms of that delayed disclosure, it's not uncommon for children to not  
5 disclose at all, or to disclose years and years and years later?

6 **A.** They generally don't tell when they're a child or a young person. That's actually most of the  
7 time. They can tell when they're older. I've worked with some of our men in the prisons,  
8 where they have then disclosed what's happened to them as a child, and that can be the first  
9 time that they've shared and it's generally as an adult, but not when they're a child or a  
10 young person.

11 **Q.** Just looking at paragraphs 54 to 59 where you take us through some of the reasons why  
12 survivors, victims do not disclose and report to authorities?

13 **A.** I think most of us will know that it's because we don't trust authorities. We don't think that  
14 they're going to believe us. Some of that comes from our history or our experiences with  
15 the authorities. I mean, if you think, we've got the Dawn Raids apology, but even those  
16 memories, okay, can influence why our people don't choose to go to authorities. Having  
17 our children removed from care -- into care is why they don't go to authorities, being  
18 deported back home by family members in the past, that's why they don't report it to  
19 authorities. But the other reason too is just that it's really hard, it's really hard to tell.  
20 Because sometimes it's just easier to suffer on your own because if you go and disclose and  
21 share, you are going to disrupt the family, and I have dealt with cases where a child or a  
22 young person has disclosed, or the adult has disclosed, and the family has just pushed them  
23 away. Again, that's even in this day and age where the family have just pushed them away  
24 and they've protected the person who's done the offending.

25 We also don't report it to authorities because of the violation of the vā, see how the vā keeps  
26 coming into everything that I'm talking about, because again, if you violate the vā, you're  
27 bringing shame. You might even be imposing a curse on the family. But there's no vā to  
28 be violated, because it's gone. It went when the offence happened.

29 Just one last point is the relationship that the child and the young person has with the person that's  
30 doing the offending. Because, often -- I remember dealing with a case where the young  
31 boys didn't talk about it, didn't share about it because the person who did the offending  
32 actually was helping their family, would bring grocery to their home, also because the staff  
33 member was somebody that got along with their parents. So they fear not being believed  
34 and what's going to happen if they do share that story.

1 **Q.** Thank you, Julia. So just to recap, you've given a bit of the background of the survivors --

2 **A.** Yes.

3 **Q.** -- that we've heard in this hearing, you've taken us through a Pacific worldview, breaching  
4 of the vā and why people might not disclose or share, and that comes from the abuse. So  
5 now what we'd like you to do is if you could comment on the psychology of trauma and  
6 abuse within Pacific communities and in your role as a psychologist and academic. That  
7 sounds like a lot there, so we'll start with a simple question, what is trauma?

8 **A.** Okay, so trauma is the experience, it's what happens to us when we've had a traumatic  
9 experience. So for example, if you've had a -- if you got a hiding, if you were sexually  
10 abused or if you witnessed abuse, the trauma is the experience of it, okay, what's going on  
11 inside. And the experience from the research and from the people that I've worked with, is  
12 the disconnection, the body separates from the mind, the mind separates from the soul, and  
13 that's the disconnection, that disconnection there of the body, the mind, the soul, the spirit  
14 separating, that's the trauma. It's not uncommon for me when I'm dealing with, you know,  
15 with women who've had abuse or even our children, young people, that they define it as,  
16 "I feel so broken." And the reality is they are. You know, the mind's disconnected from  
17 the body, from the spirit, from the soul, and if you think of us as Pasifika, we're all about  
18 connections, you know, we're all about identity. But what happens to that relationship with  
19 the body, the mind, the soul, the spirit, has been disconnected. You know, what then is our  
20 identity?

21 Because people with trauma, they don't feel safe in their bodies, you know, because for them, very  
22 much that experience, that traumatic experience and the trauma, they're still feeling it, and  
23 they become really good at ignoring their feelings. You know, it's what we often call  
24 desensitisation, but they've just -- or disassociation, sorry, they've just -- what they've done  
25 is they've just ignored what's going on for them and how they're feeling. Sometimes it's  
26 just easier to stay angry, because if you start going into those negative feelings of sadness  
27 and distress, that makes it even worse, so they push it away.

28 If I give you an example, let's say you met a really -- let's say you met a really nice person and you  
29 thought, "Oh, this is somebody that I could really have a good relationship with", so most  
30 of us in the room would think, "Oh, yeah, this is good, I'm going to stay connected to this  
31 person" -- well, I'm not going to say I'm going to stay connected, we'll say, "I'm going to  
32 hang out with this person", but somebody who has trauma will say, "This is a really good  
33 relationship, but how long is it going to last?" And then somebody, another person with  
34 trauma might even take it a step further and say, "This is a good relationship. How long is

1 it going to last, though? So you know what? I better just cut it off now, I better just end the  
2 relationship now.” And we see that a lot when our children and young people are in care,  
3 and they, you know, they damage placements in terms of, they damage their relationships  
4 with their caregivers. And so the system steps in and says, "Okay, we'll take you to another  
5 placement", and it's not uncommon they just get shipped from one placement to another  
6 placement because the reality is they've either assaulted that carer or there's been a bad  
7 relationship.

8 What we don't realise is, actually, that's the point, that's why we have to put support into the carers.

9 Because we want the child -- we need the child to stay there, stay in that one placement,  
10 because all we're doing when we're moving them from one placement to the next is we're  
11 telling them, "You know what, you're not good enough, and because you're not good  
12 enough, we're going to take you out.” The child sees that as well, "I'm not good enough,  
13 I'm a bad person, I can only rely on myself", and that's where all the distress comes  
14 through.

15 **Q.** Okay, just continuing along that vein in your statement, you talk about different types of  
16 trauma. Could you explain that further, that trauma is not all the same?

17 **A.** Yeah, I mean this is how we as psychologists kind of just make sense of the different  
18 traumas that can occur. So as I said before, trauma is the experience that happens to you  
19 within your body, within your mind, within your soul. But when we look at trauma, there's  
20 three types of trauma. There's complex trauma, which is where anyone can experience  
21 different types. So they might experience being physically abused, being sexually abused,  
22 being emotionally abused, all at the same time. That's the complex trauma.

23 The chronic trauma is when they're experiencing the same type of trauma day-in day-out. So it  
24 could be the physical abuse in care just ongoing everyday. That's the chronic trauma.

25 We have the cumulative trauma, though, which is when both of those exist, when you've got the  
26 chronic -- the complex trauma, which is the physical abuse, the sexual abuse, the emotional  
27 abuse, all happening at the same time, and it's happening almost everyday, just consistently,  
28 or even every week.

29 So if you think about that, if you think about cumulative trauma, which is basically what many of  
30 our survivors in care have been going through, think about that happening and yet you're  
31 only 12. What's going on? Because there's been a disconnection, the disconnection  
32 occurred when the abuse happened at home, so there's a disconnect from the mind, the  
33 body, the soul, the spirit, then they've been disconnected again when they've been removed  
34 from home. They've been taken away from their family and the world that they've known

1 and they've been removed without contact. Then the disconnection occurs again when the  
2 abuse has happened in care. It happens again, the disconnection, when they've left the  
3 system, they've been discharged from the system. And then the disconnection occurs again  
4 when they've disconnected from their own next generation, from their own children.

5 **Q.** Just looking at those types of trauma, when children are in care, just thinking about the  
6 State -- when children have suffered abuse before they've come into care, but then more  
7 abuse occurs in State care, the accountability of the State, so are the State only partially  
8 accountable, so do you quantify the abuse, excluding what happened to a survivor prior to  
9 coming into State care?

10 **A.** I think everyone is responsible. Everyone has to respond, but in turn for everyone to  
11 respond, we've got to have access to equitable resources. We've got to be able to have the  
12 same resources across all of us. And when I'm saying everyone, I'm talking not only about  
13 the system, but also within our communities, we've got to have the same resources. So this  
14 goes into the discussion around improving equity and making sure that those of us who  
15 don't have -- or who need it are able to access those services. The reality is that you can't --  
16 you know, you can't kind of separate the trauma, you can't say, "Oh, okay, your experience  
17 that happened here when you came into care at eight, we're only going to deal with that  
18 trauma." It doesn't happen like that. But the reality is when the child or the young person  
19 came into care, they needed to. Not necessarily into the care of the system, but someone  
20 needed to intervene, someone needed to come in and step in and say, "Hey, this is not  
21 okay", because these children couldn't be left there.

22 What we have to remember, though, is that the responsibility of the State or the responsibility of  
23 the Government is to protect all its citizens, make sure that they care and heal when they  
24 come into their care. But, rather, what happened to our children and young people in care  
25 is they experienced a cumulative trauma, that's where the trauma continued and it got even  
26 worse, it intensified. So just imagine what does this do to your insights, what does this tell  
27 you about yourself, about your world? It's not great, it's not good at all, and no child should  
28 ever go through this.

29 **Q.** Okay, just moving on to paragraphs 61 to 67, looking at the impacts of abuse. Julia, can  
30 you tell us what leads or contributes to that, and you've outlined some different sections  
31 that you'd like to go through, starting with socio-economic harm?

32 **A.** Yes, I think it's important to note that, yes, you know, for our children, before they went  
33 into care, there was harm from families, we know that. But it wasn't on its own. You  
34 know, there is the influence of poverty, the influence of racism, the influence of migration

1 that conflicted with our traditional ways of being. That contributed to the issue. You  
2 know, people struggle -- when we can't make sense of things, we struggle, you know, we  
3 get stressed out, and when we don't have the resources to manage, we -- you know, we flip  
4 off, you know, we fly off the handle, you know, we yell, okay, or we start to get aggressive.  
5 If you think of the Dawn Raid era, at that time there was a lot of terror there, there was fear,  
6 there was anxiety, and even though that happened like more than 50 years ago, the trauma  
7 or the experience of that still gets translated from one generation to the next. In the -- with  
8 the boys that I work with, when they talk about their experiences with Police, for example,  
9 it's not uncommon for some of them to refer back to the Dawn Raids even though they  
10 weren't even alive. But they hear the stories, you know, from their parents, and they don't  
11 trust, you don't trust -- you know, they don't trust services, they don't trust authority. So  
12 there's that that comes into it.

13 You see, if we think about our kids in the care system and those who have been in the care system,  
14 generally speaking, none of them come from affluent families like some of us that are in the  
15 room, like most of us Pasifika in the room. So we've got to take note of our own diversity  
16 when it comes to socio-economic status. We've got to be the ones to hold the baton up for  
17 those of us who don't. We've all got strengths, we just need to make sure that we're using  
18 them for those who are not able to access those services.

19 **Q.** Just moving on to the loss of attachment and neglect.

20 **A.** Attachment is -- you know, it's one of the biggest things within psychology and especially  
21 when you're working with children and young people. Attachment is about the bond that  
22 develops between a caregiver, or a parent with the baby from birth. So if the parent is  
23 trusting and loving, it allows the baby to go off and explore the world. It allows the child  
24 that if they get upset, they can see their parent and it's okay, they can self-serve, they can  
25 calm themselves down. It's also what allows them to create like a template of how future  
26 relationships are going to be.

27 But when a child is being raised where they've been unloved or they've been abandoned or the  
28 parent might be there for them one day and then they're not there for them to the next, the  
29 child realises that they can't trust the world, no-one cares, and so there's no secure base for  
30 them. That's what leads to the difficulties that they experience, they're not able to calm  
31 themselves down, they're not able to love, and they flip out, and when they go to school or  
32 when they have relationships or friendships, they -- you know, they break down those  
33 relationships. Because the first relationship or the first attachment that they had with their  
34 parent or caregiver wasn't great, so that becomes the model as they continue to build further

- 1 relationships.
- 2 It's something that we always have to speak about in court, because we've always got to think  
3 about that primary attachment, but it's different when it comes to Pacific people, because  
4 when we think about the theory of attachment, it's a Palagi theory and it's a Pākehā theory.  
5 I'm not putting it down but I'm just stating that it's a western world theory. But what we  
6 forget is that Pasifika come from a community worldview, so our attachment or our bond is  
7 not always to one parent. You know, if you think of all of us, we would have been raised  
8 by our grandparents, we would have been raised by an uncle, an auntie, even an older  
9 sibling. So, yeah, when there is danger in the home, absolutely, you've got to remove the  
10 child from the danger, but you've got to make sure that they still stay connected to those  
11 other attachments, to the grandparents, to their sisters, their older brothers, to their aunties  
12 and uncles, and that's the tension that I have to explain in court, is that our attachment is not  
13 just to one person, our attachment is to our families, and we have to bring that into account.
- 14 **Q.** So when children are in State care?
- 15 **A.** Yes.
- 16 **Q.** The importance of them having a relationship with their family in terms of contact?
- 17 **A.** Absolutely. So it's important to keep that relationship going, and it might not be with -- it  
18 shouldn't ideally be with -- it shouldn't be with the person that's caused the harm to start off  
19 with, okay, it needs to be with the other family members. But at the time that -- so the  
20 person who's doing the harm, they need to get the support, they need to get the  
21 interventions so then they can rebuild that relationship with that child. Because children,  
22 they often think that if they can't see their father anymore because their father's been the  
23 one that's abused them, they will think that it's because that's their fault, they've disrupted  
24 the family, because dad's no longer living there.
- 25 So, yes, there shouldn't be contact -- on a case-by-case basis, you have to review that, but dad also  
26 needs to make sure that they get support. When they're in care, the relationships with staff  
27 members are just as important. You know, that's what we have to remember, when they're  
28 in the care system, those of us that are working in the care system must remember that our  
29 relationship with those children and those young people are just as important as the  
30 relationships with their families.
- 31 **Q.** Can you elaborate on that just a bit, the importance of that child's relationship with those  
32 staff that you're just talking about?
- 33 **A.** Remember, when they've been placed in care, we've removed them from the only world  
34 that they've ever known. So they're likely to be distressed, they're likely to be upset, they're



1 likely to be angry. And what you're doing in care is you're giving them another way of a  
2 relationship. Because if they've come from a violent background, your role in care is to  
3 provide them with a different type of relationship. Not all relationships are violent, not all  
4 Pasifika people are violent, not all Palagi people are violent, but your role is to introduce  
5 them, to provide them with a different way of relating, and that's why it's important,  
6 because if the carer is going to be the same as the person who hurt them in their family,  
7 then all you're doing is just reinforcing to the child and the young person that this is what  
8 relationships look like, and then that's how they go off and build future relationships.

9 **Q.** Thank you, Julia. Okay, so just looking at paragraphs 68 to 80, if you could just give us a  
10 general overview of the impact of abuse.

11 **A.** You know, the survivors have already told us that the cycle repeats itself, you know, that  
12 the violence occurs, whether it be within their families, you know, outside of their families,  
13 the violence continues, whether it be physical violence, sexual violence, emotional  
14 violence. I also just wanted to highlight, yes, I'm talking about trauma in relation to  
15 physical, sexual, emotional violence, but trauma also includes the trauma of being in -- you  
16 know, watching a natural disaster, okay, watching, you know, being part of the war, but just  
17 stating that I'm only talking about this type of trauma.

18 You know, if you think about -- I mean I was raised in it too, the children are seen  
19 and not heard, you know, it's just no longer acceptable for our Pasifika families. This is  
20 where we have to remind ourselves that as we've migrated away from our Islands, things  
21 have changed, and that includes our values and our principles, not that they've changed  
22 completely, but they've evolved, they've evolved because our children and young people  
23 are not raised in the same environment as our parents who were born and raised in the  
24 Islands were, because that's what I was raised in.

25 We have to be honest here as a community. We all know this, violence breeds  
26 violence. I'm going to argue that, actually, that's not new, you know, if you look at our  
27 reports in the Pacific Island countries, there's been a lot of stuff looking at violence in our  
28 communities back home. But for us here, a real change has to occur, it has to occur now  
29 because we've run out of time, you know, that's the reality. We have to review our  
30 understanding of the *vā* when it comes to this, when it comes to our children and care,  
31 children in Care and Protection, youth justice and in prisons. We've got to review our  
32 understanding of respect and humility.

33 It's understandable that the state did intervene, but someone needed to come in,  
34 someone needed to help us, but the interventions that were given, either they were poor,

1 you know, they were just poor methods of delivery, they had poor processes, there was  
2 systemic biasness, there was racism and there was further abuse. We have to acknowledge  
3 that as well, but we also have to state that when there's poor relationships and there's no  
4 skills, the child or the young person stays in that trauma. They stay as if they're  
5 re-experiencing that traumatic experience again and again.

6 **Q.** As we've discussed, you'd like to say a bit about our younger children. What happens to  
7 them?

8 **A.** One of the survivors nailed it yesterday. He actually described it really well and I'm going  
9 to take from, you know, from his words, helpless. Just feeling completely helpless and  
10 having no voice. It's scary, they just go with whatever's being done to them, but when they  
11 get older, that's when the change occurs. You know, they've moved from Care and  
12 Protection where they just give in to what's going on for them, but when they get older,  
13 that's when they start acting out. That's when they start acting out towards other peers,  
14 that's when they start acting out and damaging stuff. I always find that really interesting in  
15 my work, that when it's a child in Care and Protection, the system when all of us just go,  
16 "Okay, we need to make sure we put the right interventions in place, we need to do this, we  
17 need to do that", but the moment that child hits the age of 14 and they continue to engage in  
18 offending behaviour, they switch over to youth justice and all of a sudden they need to be  
19 held accountable. Yes, we put in the intervention, but they need to be held accountable. So  
20 we focus on their behaviour, but we forget that it's the same child that was growing up in  
21 care, and is continuing to be in the system. So it's the same kid with the same needs.

22 **Q.** Okay, and just getting even younger, the impacts on babies when they are exposed to  
23 violence, or some children, when they've experienced violence. We're just looking at the  
24 impacts on babies.

25 **A.** Some of you may have heard the term "first 1,000 days". You know, the first 1,000 days of  
26 a baby's life, right from the moment that the mum has conceived the baby, that's where the  
27 day one starts. The reason why that's important is because that's when the brain, the body  
28 and the immune system, that's where it does a lot of its growing, okay, and that's where it  
29 does a lot of its developing. So it's those first 1,000 days that are really important, because  
30 that's where the foundation gets set for life-long health. If you think about a house, for  
31 example, it's where the ground is, you know, we've got to make sure that those foundations  
32 are really done well right from the beginning, like the first 1,000 days. And as we've been  
33 talking -- there's been a lot of talk about the Fonofale model, and if you go back to the  
34 Fonofale model, what's at the foundation? It's the family. And that's the crux of it, if the

1 family, the mother is not grounded well, then when a traumatic experience occurs for the  
2 child later on in life, there's going to be -- there's going to be an impact. So the first 1,000  
3 days is all about making sure that from day one, the mother is being supported, because  
4 that's where the brain, the body and the immune system does most of its growing, that's  
5 where it's growing and developing. And, you know, we already know this. I remember  
6 growing up at home and every now and again the pregnant women would come and stay at  
7 our place and I'd ask my mum, "How come so and so's staying over", and my mum would  
8 say, "Oh, she needs to be looked after, we need to make sure she's fed well and she's not  
9 stressed out", and I would be like, "Why's that?" Mum would say, "Because if the mother  
10 is stressed out, then the baby is stressed out, and that's not a good thing." That's stuff that  
11 we already know as Pacific people, that's our science, that's our way of being and we need  
12 to bring that into the way we do things now and really make sure that those first 1,000 days  
13 are very crucial to how a baby develops, but more importantly, what their life is going to  
14 look like in the future.

15 **Q.** Thank you, Julia. We've heard in this public hearing about fight or flight or freeze mode.  
16 Can you just take us through that, please.

17 **A.** It might be easier if I do a hand model. This is the hand model of the brain. This is done  
18 by Professor Dan Siegel over in the United States. This is the hand model of the -- can you  
19 see that?

20 **CHAIR:** You look like Black Power and in a way it might be.

21 **A.** If we take the hand model of the brain, so this is the brain, and this is this part, okay. What  
22 we have here, if the wrist, that's the brain stem, that's the mid-brain. This is the stuff where  
23 breathing, eating, sleeping happens. Okay, it just happens, we don't even think about it  
24 when we breathe and we eat, it just happens. So that's this part down here, that's the  
25 mid-brain. You didn't see that because I forgot to do that. The thumb is what's known as  
26 the limbic system -- don't worry, I'm not going to ask you questions about this later on, but  
27 this limbic system where the thumb is, okay, this is the part that's responsible for emotions,  
28 it's responsible for memories, it's also responsible for the value, you know, of the emotions.  
29 So I'm just going to open up the top part of the brain and we're going to look underneath.

30 Underneath here is what's known as the amygdala, this is where making decisions  
31 are and this is where we manage our emotions. This is the part which lights up in the brain  
32 when we either fight, flight, freeze or fawn, I'll come back to that. So we call this the  
33 downstairs brain, I'm just going to close that, and I'm just going to go towards the upstairs  
34 brain, which is this part here. Now this is the pre-frontal cortex, this is the part where we

1 plan things, where we have our factual memory, it also tells us when our actions are not  
2 okay to do. Okay, so this is the brain, this is the upstairs brain.

3 Now the upstairs brain, this part here, and the downstairs brain, they have a  
4 relationship, because they're connected, and there's a number of functions that goes on  
5 between the upstairs brain and the downstairs brain. Just really quickly, the upstairs brain,  
6 they're like the brakes and the accelerator, they regulate our emotions, they tell us, "No,  
7 don't yell. Calm down and you're going to be all right." They allow us to tune into  
8 someone else without always having to be about me. They listen to the other person. It's  
9 also about emotional balance. Balancing our emotions. But when you can't do that, you  
10 can't show compassion, you can't show feeling, you can't show empathy.

11 We also have what's known up here as the response flexibility, you know, which is  
12 about impulse. So they did this research back in -- over in the United States, they call it  
13 like the marshmallow case study where they gave these 2-year-olds marshmallows and they  
14 said to the 2-year-olds, either you can eat those two marshmallows or you can wait until  
15 I come back, I'm just going to go and get some more marshmallows, and then you can have  
16 some more.

17 So, obviously, as a 2-year-old, what does the child do? They're just going to take  
18 it. But some children, they waited until the other marshmallows came, and what the study  
19 found when they looked at these same kids 25 to 30 years later is that the ones who were  
20 able to wait were the ones that had better life outcomes. So this is that whole response  
21 flexibility, this is that whole impulse control. That impulse control is what's related directly  
22 to attachment relationships and the ability to calm down. It's where the upstairs brain tells  
23 the downstairs brain, "Hey, chill out. It's going to be okay."

24 But when there is trauma, the brain doesn't necessarily develop at the same  
25 pace or at the same developmental stage. So this part down here that's responsible for how  
26 we respond to fear, which is flight, fight, freeze, fawn, it's over-stimulated. So when stuff  
27 goes on outside, the upstairs brain is like, "Oh, okay. Yeah, maybe the other person's trying  
28 to take me on, but it's okay, we're going to be all right." But this downstairs brain, because  
29 it's over-stimulated, starts firing away. It starts to fire away to a point where, what we call,  
30 they flip the lid, and that's what we see with our children and our young people in care, you  
31 know, is they can go from kind of like 0 to 100. And we have a response to that, because  
32 we can't see it, but what's happening is part of the brain development, they flip the lid,  
33 because this fear, this flight, this fight, this fawn, this freeze response is over-stimulated  
34 because of the trauma that's occurred.

1           So we heard the survivors talk about when they experienced fear, it was a fight or  
2 flight mode, so it's also their perception of the fear. So somebody standing away might  
3 think, "Oh, that wasn't really a situation that you needed to freak out about", but what's  
4 happening within them is that those neurons are just firing away, okay, where the brain just  
5 flips and there's four responses. They can either fight back, and we've seen some of our  
6 young people fight back. They can take off, we see that happen when they run away from  
7 these care homes. They can also freeze, at the moment that the abuse is going on, they can  
8 freeze right there and then, but there's been more recent developments where there's a  
9 fourth one, and it's called fawn. That's where they just comply, they just go with whatever  
10 is happening to them and they don't do anything else.

11           That's just a brief explanation of just -- you know, it makes sense when we know  
12 about what's going on in the brain and when we know what's going on in development, it  
13 makes sense as to why these children and young people in care have responded the way that  
14 they have.

15 **Q.** Right, and the next part you wanted to describe, in its simplest form, what happens when a  
16 child or young person is hit.

17 **A.** They experience the trauma. I mean it's -- it makes sense. They've been hurt, okay, and the  
18 fall, if we think about the fall, it's no longer standing. The materials are there, but there's  
19 no more fall.

20           You know, when you go to a movie and it's sad, you know, and you get -- and  
21 you're in tears, for example, like I watched "The Father" and Antony Hopkins and I was  
22 just in tears, you know, so you're crying. Well, when a child's been hit a lot of times or  
23 they've been sexually abused, you multiply that feeling 1,000 times and you still haven't felt  
24 what it's like for a child who's experiencing that trauma. It's confusing, you know, because  
25 the person that loves them or the person that's meant to look after them in care is hitting  
26 them. So if that person loves me or if that person cares for me, well, then they must be  
27 right for hitting me. It must be okay. But yet it hurts. So there's a disconnection, there's a  
28 disconnection that's going on in the mind of that child and that young person, and what  
29 happens is they lose the value of who they are and they begin to think and they're already  
30 thinking they're not good enough, so the world is a bad place, the world is not to be trusted.  
31 So imagine how they then build future relationships and how the intergenerational  
32 transmission of that trauma continues.

33 **Q.** Does it matter who is doing the abuse? Does it matter whether the person inflicting the  
34 abuse is a family member or say a staff member in care or a caregiver?

1 A. Whether it's a family member or a staff member in care?

2 Q. Yeah.

3 A. Simply, yes and no. The reality is someone that's meant to look after you has hurt you, and  
4 the message that the child will get is, "Jeez, that hurts, but I love them, they love me, so  
5 that's okay. I might not feel good about it, but that's okay". But as they get older, that hurt  
6 turns to anger and they flip the lid. They get hit by family, so that's one thing. They move  
7 into care, they get hit by a staff member, that's another thing. But what our people who are  
8 providing the care need to realise is that if you're trying to get a message to that child and  
9 young person and you've abused them, that message will never get through, and the reason  
10 being is because that child or young person will just stand there and just go, "Well, you  
11 know what, if my parents or my family member can do whatever they did to me, what  
12 you're doing to me, it doesn't matter", you know, so they're just going to stay in that same  
13 trauma. So it's like, when I talk to some of the people in care, it's like, okay, so here's the  
14 child or the young person, they're throwing, they're having a go at you, and straightaway  
15 your response is to have a go back, okay, so you're at loggerheads.

16 But remember, the child or the young person, they've got nothing to lose, so they're going to keep  
17 going, and you as the adult who is meant to control and have the right training and have the  
18 right resources to looking after this child, if you go like that, it doesn't mean anything. You  
19 think that you've broken the child, the child is already broken. So it's about making sure  
20 that the response that you give to them is actually the response that you want them to  
21 model. I know that that's hard, okay, I know that that's really hard, I've been stuck in a  
22 room with a child who's just flipped out and the staff have turned their backs and they've  
23 just looked outside and I'm in this room with this child and the fear that comes up inside  
24 you.

25 But fortunately I was trained enough to know that actually I needed to just breathe, let this person  
26 go off, let this young person go off, give him that time, and then just gently go up to him,  
27 put my hand on his shoulder and say, "When you're ready, I'm here." But it's the tone of  
28 my voice, it's also knowing not to be even -- to be threatening because he already sees the  
29 environment as threatening. So I'm only there in the care residence maybe an hour a week,  
30 but if you're the carer and if you're the staff member, you're getting this, this is what  
31 happens to you. So that's why your training and your support has to be really, really -- it  
32 has to be targeted and it has to be right.

33 Q. You'll come on to talk about that a little bit later, about the need for training and support for  
34 people who are --

- 1 A. [Nods].
- 2 Q. Right. Just in terms of the higher tolerance for violence when children and young people  
3 keep getting hit.
- 4 A. Yes, they do. If you think about it, if you keep getting exposed to something, you begin to  
5 get used to, so if our children and young people keep getting exposed to violence, they  
6 tolerate it, and so their tolerance for violence is always going to be a lot higher. So what  
7 we think as being violent behaviour, they're going to think is, well, that's just the norm,  
8 because they get a higher tolerance for violence. You know, it's something that we have to  
9 be -- that we have to be aware of. Because when they're in care following a traumatic  
10 incident at home and they get abused again and again, what's happening is we're  
11 strengthening the violence, we're strengthening the anger.
- 12 Very quickly, there's a story that I often talk to the young boys who are in residence when I'm  
13 doing therapy with them and it's about the two wolves. It's a Cherokee story, it's from the  
14 American Indian, and it's about which wolf do you feed? One wolf represents joy and  
15 compassion and love and all the good qualities, the other wolf is a wolf that's angry, that's  
16 aggressive, that's not happy. So you have these two wolves and for a young person who's  
17 in youth justice, that's what they're fighting day-in day-out inside them, you know, the good  
18 wolf and the bad wolf. The story goes that the question the child asks the elder is, "Well,  
19 which wolf wins?" It's the wolf that you feed the most. So if you're feeding the bad wolf,  
20 then that's the wolf that's going to continue. So if you keep getting hit, then you're going  
21 to -- it's feeding the wolf that promotes violence, that promotes anger, that promotes, you  
22 know, despair and distress.
- 23 So it's about recognising that, because the violence, the tolerance for violence becomes greater. It  
24 also leads to mental health issues, substance abuse, it's not uncommon for a lot of the boys  
25 that I work with to say that they smoke cannabis. Why do they do that? Because it helps  
26 them to feel good. The question I ask myself is what is it that's making them sad, that's not  
27 making them feel good about themselves that they need a drug to help them?
- 28 Q. Just about children who have been through that long-term abuse, is it too late for children  
29 and young people who have been abused to heal? How do we restore them, or is it a  
30 situation of just maintaining?
- 31 A. Look, I'm always hopeful, you know, with our children and young people and so my  
32 answer to that is no, it's never too late, you know, for our children and young people, and  
33 it's never too late because of the future, you know, that child or young person is going to  
34 become an adult and that adult is more than likely going to have children. It's always on a

1 case-by-case matter, though, because every situation is different. It is about trying to  
2 maintain their well-being, and I remember coming through training and always being told,  
3 "First, do no harm." Because they've already come from a place of harm.

4 So in my view, it's never too late. But when you're working with the child, the young person and  
5 their family, you have to find out from them, "What does healing look like for you?"  
6 Because what they see as doing well might not be what I see as doing well. So they might  
7 see getting into a place of their own and just hanging out on their own, that's a good thing.  
8 But I want them to be able to live in society, hang out with everyone, that's what I want.  
9 But yet for that young person who's transitioning out into independence, that's what they  
10 want. So we have to make sure that when we're talking about healing, it has to be what  
11 they want it to be, and the improvement has to be in their eyes and not ours.

12 **Q.** It's not tied to a timeframe, right, so you are looking at putting as much of the supports into  
13 this child or young person and not expecting it to be done within 6 to 12 months?

14 **A.** Yes, I often say to, you know, the group of people that we'll be working with is you have as  
15 much hope as you can and you lower your expectations, okay, because the reality is I often  
16 get asked to do 12 sessions of CBT, you know, cognitive behaviour therapy, which is a  
17 therapy that we do with children and young people. It's still debatable whether it works for  
18 Pacific, but they say 12 sessions, and immediately I go back and I go, "Yeah, okay we'll  
19 take that, but you have to be open that we're going to need more", because the reality is  
20 you're trying to deal with a traumatic situation or trauma for a child that has lived it for that  
21 life, okay, and I'm only trying to figure it out doing one-hour sessions once a week.

22 It's almost like the system has to just open their purse, okay, but the interventions  
23 have to be clearly targeted, there has to be a clear focus, it has to be done by people who  
24 have a heart for this work, who have compassion, and are also willing to prioritise the needs  
25 of that child, that young person, and their family.

26 **Q.** Okay. And in your experience, what are the care facilities like?

27 **A.** Okay, so --

28 **Q.** You can be honest.

29 **A.** -- I might not get anymore work after this.

30 **CHAIR:** How many weeks have we got, Ms Sharkey?

31 **A.** But the reality is I've never liked them, I've never liked these care facilities. To be honest, I  
32 don't think anybody does. It's cold, you know, it's sterile, it's cheap, there's nothing warm  
33 about it, and you're 12 years of age. You're going into this place -- yeah, I don't like it.  
34 You know, the care of our children is really hard, you know, and that's the reality.



1           So the training of our people who are providing that care has to be intensive and  
2 I'm talking about training in mental health, talking about training in culture, in substance  
3 abuse and addictions, but what often gets overlooked is training in relationships. We don't  
4 offer any papers at our university about relationships, you know, but we need to. The  
5 mistake that often gets made, though, is that when you put a child into care, we assume that  
6 because we've given them food, because we've given them shelter, then we can tick the box.  
7 But we forget the emotional support, the ability for them to be able to express their anger,  
8 express their sadness, express their loss, and when that doesn't happen, they fail to thrive.  
9 Okay, they don't trust, and yet trust is key to building relationships. Because if we have  
10 good relationships, those are good adult outcomes.

11           If we think of the system in itself, I think, and I'm just going to call it, it is -- and  
12 other people have called it, there's biasness, there's racism in there, there's a large majority  
13 of our Pasifika children and young people who have been in care or who are currently in  
14 care, but how many of us have been trained, you know, in those different worldviews?

15           It's not something new. If you think about, you know, back in the 1980s for those  
16 of you who were around, there was the Puaoteata report, that looked at this with  
17 Māori. And I find that the recommendations that we are still making now, we can almost  
18 just take from those recommendations from 30 years ago.

19           One of the recommendations from that report is to have cultural training, so I see  
20 that in some of our disciplines, but it's still seen as a nice to have, not as a must have. It's a  
21 nice to have, so it gets added to the curriculum, added to the service, but there's no  
22 monitoring of that, it's not examinable, and so, come on, if you were a student, what are  
23 you going to revise? You're not going to revise the non-examinable stuff.

24           We now have cultural advisors and I know that as clinicians, we only get the  
25 cultural advisor in when we think the cultural advisor should come in. But, actually, the  
26 cultural advisor should always be there. When a family member tells us, "No, we don't  
27 want the cultural advisor", the non-Pacific practitioner will go, "Okay, that's fine." But  
28 that's the time when you need the cultural advisor to work with you, because something is  
29 going on for that family if they don't want their identity in the room, you know, and that's  
30 what we have to realise. We also think, though, as practitioners that because the cultural  
31 advisor is there, then we don't need to be culturally competent, and that's not the right way  
32 to go, because we all have to be culturally competent. We wanted to practise here in  
33 Aotearoa New Zealand, we have an obligation to Te Tiriti o Waitangi, but also in our code  
34 of ethics, we have our responsibility to make sure that we are practising in a safe and

1 appropriate manner with our children, our young people and their families.

2 So to make a long story short, sorry, I don't like the care facilities.

3 **Q.** Thank you, Julia. I think we got that message. Just looking at paragraphs 74 to 77, and  
4 your comments, your message to our Pasifika communities.

5 **A.** Bear in mind, this is the Pasifika communities that I work with that are in Care and  
6 Protection and youth justice, as well as actually all of us. The reality is we don't have a  
7 choice anymore. We've got to do better, okay, we've got to do better right now as we've  
8 been listening to this Inquiry. These children in care are disconnected from their families,  
9 their faith, their cultural protocols, and those families have been disconnected from the  
10 wider system. I'm doing a project at the moment, looking at health and well-being of our  
11 high-risk Pasifika youth in the justice system, and what I'm finding is that our young people  
12 that are in the court system, the problems are still coming from the disconnections within  
13 their families, okay, the disconnections with their parents, between the parents and between  
14 themselves.

15 So we have to do better. You know, the cultural protocols and practices that are important for our  
16 identity as well as our sustainability, so that's our ability to be able to keep our cultural  
17 practices and protocols in mind, they have to evolve. We have to kind of let it evolve  
18 because we're no longer living back in our Islands, we're living here. If I think of the next  
19 generation in my family, home is not the Islands, home is here. So we have to evolve our  
20 cultural values and principles. We have to lift the veil of silence, the veil of denial that  
21 continues to exist, and we have to stop using our cultural values as a reason why we can't  
22 go there, why we can't have those discussions.

23 You know, when I'm out in these families, I see the impact of family violence when I see a young  
24 boy hit another young boy in the family and our families laugh and they think it's funny  
25 when a 3 or a 4-year-old do that. There's no recognising that that's not good behaviour.  
26 But what the adults don't realise is that if we're not dealing with that behaviour now, that's  
27 going to be the same kid, when they grow up, who's going to hit out at other people. So  
28 that same child could easily be seen as the one who ends up in care because of their  
29 challenging behaviour, they end up in Youth Court because of their offending behaviour,  
30 and they end up in prison because of their violent behaviour. It all starts from somewhere,  
31 and where do we see it start, we see it in our families, we see it in our community. So we  
32 have to do better.

33 If we really think about our Pacific beliefs and our attitudes, in some ways it reinforces the  
34 violence. I say this respectfully, because it's not uncommon for when I go into these homes

1 that I hear the comment, "The role of the woman is to listen, you know, the role of the  
2 woman is to do what the husband has told her to do, that's why she got the hiding. You  
3 know, these children just needed to listen." You know, these are things that are still  
4 occurring. So these children grow up in these environments and it's a disconnection  
5 between what they get taught and what they see.

6 Those of us in the audience, we already know this, and those of us who are in the audience,  
7 hopefully none of us are doing this at home, but we know that there will be family members  
8 and extended family members who may be practising this behaviour, so we have to help  
9 them. We have to actually call it and we actually have to say this is not okay. Because if  
10 we don't, we're reinforcing that behaviour.

11 **Q.** Okay, thank you, Julia. So your comments, paragraph 78, about the system, please.

12 **A.** In my work, what I see is that decisions get made about a child without any discussion with  
13 families, okay. I remember an example of a young person who was placed in youth justice  
14 and he had quite an extensive Care and Protection history, and there had been an  
15 acknowledgment that this child, who was now 15, had been sexually touched by a family  
16 member and it was reported that at the age of 7 years old, he was smoking cannabis. But it  
17 wasn't a Care and Protection issue because the response was no further action. And we  
18 have to ask ourselves what on earth is a 7-year-old doing smoking cannabis, what is going  
19 on for that child?

20 We remove the child because we think that they need to be removed, but there's no work done on  
21 the parents, no work done on the family. They have another child, that child gets removed.  
22 But we forget, because we're no longer part of their system, that when that child gets older,  
23 they go home. When we place a child into care, it is believed that safety has been achieved,  
24 but safety is not just about the absence of threat, safety is the presence of connection. Work  
25 still has to be done in looking at that child's life course, and that means putting resources  
26 into the families so they can still influence decisions about their child and maintain a  
27 connection, but in a safe way.

28 **Q.** Thank you. Just before we break for lunch, you had some final comments about this area,  
29 and then after lunch, we'll finish off with what you call your vision for the future.

30 **A.** Despite all these comment that I've made about our families, I also want to acknowledge  
31 that sometimes, you know, our families are doing as much as they can with what they have.  
32 The reality is, nowadays, that's no longer good enough because of what they have available  
33 to them. They struggle with not having enough money, like the parent I knew who was  
34 trying to hold down two low-paying jobs to care for her family that she just didn't have time

1 to do her child's homework, she didn't have time to attend the school meeting or the FGC  
 2 because he was in trouble. Sometimes they don't even get the information because the  
 3 system is biased and they've already decided that that parent won't access those support  
 4 services anyway so we won't give that referral, and we don't give that referral because it's  
 5 privately funded, so they're not going to get that anyway. But sometimes the support  
 6 doesn't align with the worldviews, doesn't make sense to our families.

7 Dealing with this stuff is really hard, it's really complex, so the solutions and the  
 8 answers will just be as complex. The reality is we've just got to start, it's not going to get  
 9 any better, and the reality is that mistakes are going to be made, okay, if we just put the  
 10 action plan in. So there's no more call to action, it's action that we have to do. We have to  
 11 accept as Pasifika people that violence goes against all of our beliefs and our values, but it  
 12 happens now. So what are we going to do about it? The system has to accept that what's  
 13 happened doesn't work, it can't work, and it won't work, so what is the system going to do?  
 14 But one thing that I've realised, sitting here for the last two weeks discussing things, and  
 15 even when we talked about systems change, is that we are the system, our Pasifika  
 16 community, we are the system. We've run out of time doing the same thing and keep  
 17 getting the same results, and the one thing that really crushes me the most is that I don't  
 18 want to be here, if I am here in 20 years' time, giving the same talk at another Inquiry.  
 19 Because our families are struggling, that's the reality. They're just struggling to just be  
 20 good enough. And those of us who can, we need to do better.

21 **Q.** That's a sombre note to end on for lunch, but thank you.

22 **CHAIR:** Yes, food for thought, but food for the stomach. 2 o'clock?

23 **MS SHARKEY:** Yes.

24 **CHAIR:** We'll come back at 2 o'clock.

25 **Lunch adjournment from 1.01 pm to 1.56 pm**

26 **QUESTIONING BY MS SHARKEY CONTINUED:** Julia, we're just now moving on to the last  
 27 section of your opinion, which you've titled "Vision for the future of Pasifika", if you could  
 28 please take us through that vision.

29 **A.** Liu kitekite ki tua to kita maali atu kimua, learn from the past so you may see what your  
 30 needs for the future are.

31 In reading through the survivor stories alongside my own experience as a  
 32 psychologist and as an academic, I have come to ask myself the question, have we  
 33 inadvertently created a systemic intergenerational transmission of trauma? Have we, as a  
 34 system, because I too am part of that system, become part of the problem? And as a

1 practitioner, as an academic, as a researcher and as a member of the Pasifika community,  
2 I say yes, we have.

3 In many ways, the recommendations and the visions that I present before you will  
4 not be new. They have been raised before in various reports from Puaoteata, through  
5 the Children's Commissioner, to the Chief Science Advisor Justice in their reports.

6 And whilst it's been reported that changes have been made, I can tell you as  
7 someone that's at grassroots level, we need to do more. I note the mistrust and the biases  
8 by Pasifika towards systems in Aotearoa New Zealand and we all know the ongoing  
9 overrepresentation of Pasifika in all the different statistics. Whilst this Inquiry provides us  
10 with a mechanism for the voices of Pasifika people abused in State care to be heard, the real  
11 vision or, sorry, the real challenge for any vision and any recommendation is whether what  
12 we've heard over the last two weeks is actually going to have real impact for Pasifika  
13 people. I really hope it does.

14 In this final section, I'm going to talk about recommendations from survivors and  
15 I'm incorporating them and their voices in my talanoa. I'm also drawing on previous  
16 reports and recommendations to substantiate what I've got, and I draw on my lived  
17 experience as Pacific and having a vested interest in the future of my family, my  
18 community and our Pacific people.

19 You know, the worldview of Pacific is holistic, it's interconnected, and my  
20 recommendations are intended to reflect this. I have incorporated the family, the  
21 community, the church, the education, and the system within which we live, but  
22 underpinning all of these areas is having a genuine understanding of our Pasifika cultures,  
23 their similarities and their differences.

24 It's not perfect by any means, but I think it's a start. I actually think the talanoa  
25 panels yesterday might have been given a copy of my opinion because what they were  
26 saying yesterday, you know, that's what I think, you know, that somehow what they were  
27 saying, I was like, "I think they got a copy of my opinion." I'm joking, I'm joking.

28 I wanted to start off with the saying, "When a flower does not bloom, you fix the  
29 environment in which it grows." Not the flower.

30 **Q.** You've taken us through the community church and education parts of your vision?

31 **A.** Yes.

32 **Q.** We're now coming to the question of what we've heard from survivors in the review of  
33 tertiary training?

34 **A.** Sorry, Sharkey, can I just backtrack a bit?

1 **Q.** Yes, you most certainly can.

2 **A.** I wanted to highlight just a few things from these different areas. If we think of the family,  
3 the Whānau Ora model of working with families needs to be strengthened. You know, we  
4 need a family systems approach that is inclusive of our Pasifika cultures. We already know  
5 that. But what we need to do is we need to co-design and co-deliver it. It needs to be done  
6 together for our children and our young people. We know that our families are a source of  
7 distress, but we still need to work with them. The interventions have to co-occur, they have  
8 to co-exist, because there's no value if we're wanting to work with the child and not  
9 working with the family.

10 In reality, we have to stop the pipeline into care. That I think is where we're going to get our best  
11 opportunity. This is about what was raised yesterday about having a prevention-based  
12 model, having a strengths-based model, and strengths based means looking at the strengths  
13 of the family, because there are strengths there regardless, there will be strengths, it's our  
14 job to find out what it is, and then to co-determine what is the best for the family.

15 For example, the Pasifika mother that I talked about with the two low-paid jobs, her child was  
16 about -- was ready to go into care and the practitioner, the social worker at the time then  
17 decided to help the young boy, so the mother went off back to the recruitment agency so  
18 she could go off and do interviews to get a better paying job, give her that time, while the  
19 social worker then worked with the child -- not a child, he was actually 15, 16 at the time,  
20 and try to get him back into education. So the mother was able to prioritise her looking for  
21 a job that was able to be better hours and give better jobs -- sorry, and give her more time.

22 So it's a bit outside the box because the social worker has gone in, they're doing work with the  
23 child so the mother could go off and do her work, and then it allowed for the mother to then  
24 spend more time with her child, because the employment that she got now was better, so  
25 there was now less stress at home and she was able to spend more time with her mum --  
26 sorry, with her son. So it's about thinking outside the box.

27 We have to do family-based interventions. It's funny because in our universities, we don't have  
28 many training programmes that focus on family therapy. We have them as papers, but not  
29 as a training programme, and that's something that we need to address.

30 We also need to make sure that these models take into account all the different environments that  
31 our families live in. If you think of the Samoan context of the au fa'atasi, working together  
32 and translating this way of working into policy, this is what Dr Alefaio Tugia was speaking  
33 about yesterday, this is about our practice informing the policy.

34 At the end of the day, it doesn't help if it's just Pasifika for Pasifika if our Pasifika staff are not

1 culturally competent, are not skilled in the different areas and do not have excellent  
2 relational skills. We all need to have that. We need to be the ones who have those cultural  
3 competence, be highly skilled, have excellent relational values in practice, because we need  
4 to work with our families and our agencies. At the end of the day, what we want for these  
5 families is that they become the best social worker, the best psychologist, the best  
6 counsellor, the best police officer for their child. Those of us that are helping, we should  
7 only be there for a short period of time, because we've empowered and we've helped that  
8 family do things on their own.

9 If I think of the community, there's a Samoan proverb, e fofo le alamea le alamea. Whatever the  
10 issues are within the community, we need to go back to the community to resolve those  
11 issues. So we need to look at the existing resources that are already out there for our  
12 Pacific communities in health and in education. Those that are doing well, upscale them.  
13 Those that we need to get some programmes in, co-design, co-delivery, give resources to  
14 the communities, we're talking about early childhood centres and the schools, because that's  
15 where our children and young people are, they're in early childhood centres, they're in our  
16 schools.

17 I know of a lot of good Pasifika initiatives that are out there in the community, but they're local and  
18 they're limited in their funding and they have uncertain futures. As a system, we need to  
19 support them, evaluate them, and then roll out the best ones to scale. When I say scale,  
20 I mean roll them out at a national level, because this is having a preventative approach, this  
21 is about responding early and this is what will stop our children going into care.

22 I believe, and this is my own opinion, that we do need to have a trauma-informed training. I mean  
23 we talk about it, but it's still not going down to those who are actually sitting in our family's  
24 homes, you know, and are sitting with our kids in residences, it's still sitting in that  
25 management level and in that governance level. We need to bring the training down to  
26 grassroots level.

27 Trauma-informed training is all about having that question, "What is it that has happened to this  
28 child that has led to this behaviour?" So being informed by the trauma, to be able to then  
29 work with the child.

30 We need to resource our local community groups, our educations, but you resource them on a high  
31 trust system, on a high integrity system, because we need to educate our families, our  
32 Pasifika families about what violence does when you're a baby, what violence does when  
33 you're a child, and how that harms that child and that young person because violence was  
34 never in line with any of our cultural values.

1 If I think about the church, and I know, a lot of these children in care with the stories that I read,  
2 they had been raised in the church, so while the abuse was going on, the families were  
3 attending church, so they had negative experiences and we can't change that. But we can  
4 change the environment. We can restore connection with the churches as another option.  
5 My experience in the justice sector is a disconnection from church because of the fear of  
6 being judged. I've never come across a child, a young person or a family who's just said, "I  
7 don't want to go to church, I don't want to go to God." There is a reason why they don't  
8 want to go there, and we need to respond to that reason.

9 Church ministers need to work with us, with those of us that are in the field, to address these issues  
10 and work together. And those of us who are in the field, we have to know that at the end of  
11 the day, we were western trained, we were trained under a western worldview. So we've  
12 got to be really conscious of that in the way in which we're working with our Pasifika  
13 communities. Because cultural worldviews, we've got to be both culturally competent and  
14 clinically competent, because I have to remind myself, and I know that when I went to  
15 Samoa, that was a big awakening for me because I was reminded constantly that I was  
16 trained under a Palagi system, okay.

17 Lastly -- sorry, just one more point. The working with professionals, I mean I really wish that that  
18 word didn't exist for us, because it puts us into another category. At the end of the day,  
19 though, our professionals are you. You know, it's you in our families, it's you in our  
20 community. And often when I go into the residences and they say, "Oh, the psychologist is  
21 here", I always try and say to them, "No, just let the young person know that it's someone  
22 here that's here to catch up with them", because it does provide a stigma. And our  
23 professionals are not just in our universities. I'm honest in that sense. I know that, I know  
24 that that's been mentioned. We have to work together, though.

25 And we have to have community training workshops. You know, these are things, people will  
26 often say, you know, *e le fo'i se mea e fai ga mea*, there's no reason for us to do that. But  
27 the reality is, it's us that can only make those changes. But for us to make changes, we  
28 need to understand the full picture of what's going on for our children and our young  
29 people.

30 I think that when it comes to education, we need a roll-out programme that's able to have a  
31 Pasifika-led trauma-informed education system. We need to identify early trauma and  
32 abuse and then start prioritising the pathways for prevention and early intervention.  
33 Because in my experience, you have to have a real understanding of what are the  
34 underlying causes of those challenging behaviours that we see in our early childhood



1 centres and in our schools. Remember, a child only acts out when they do not have the  
2 words to express what's going on for them, and when they do act out, it becomes a barrier  
3 for learning. We end up having a pathway for them to be suspended or for them to be  
4 excluded.

5 The teachers who know a lot, because I know of some great teachers who know that these children  
6 and young people need to be referred, but those specialist services have to be paid for, and  
7 so only those who can afford it will have access to those services.

8 We need to invest. At the end of the day, we need to invest in culturally appropriate programmes  
9 and intensive support for our school-aged children. None of this is new, we all know this,  
10 but at the end of the day, this will pay lifelong dividends in comparison to the potential cost  
11 of care and pathways to justice for involvement and possible imprisonment. So let's fund it  
12 early, and if we fund it early, we make sure that it's funded properly.

13 We need to make sure that we have formal integration in terms of Pasifika models in our  
14 curriculum. You've heard the Fonofale model being discussed, but it's not a formal model  
15 that we as practitioners have to learn, it's still our western models. So we need to bring, we  
16 need to make it formal, particularly because we are going to be working with our Pasifika  
17 communities. If you're going to work in South Auckland or in Porirua or in areas which  
18 are -- have got a lot of Pasifika people, then you need to know our worldview.

19 And we need to still do research. But research has to be done in a way where we draw on our  
20 Pasifika ways of working. Now, those Pasifika ways of working won't have  
21 evidence-based, it won't be scientifically evaluated, but I always ask the question, "Who's  
22 defining the science? Who's defining the evidence?" We need to be at that table, we define  
23 that science and we define that evidence.

24 **Q.** Thank you, Julia. Just in terms of your views on the review of tertiary training, we heard  
25 from survivors about not having qualifications, it's not just people with academic  
26 qualifications that have the solutions. What are your thoughts on that?

27 **A.** Look, for me, I think we need each other. I think that survivors come with their lived  
28 experience, their lived knowledge, their lived wisdom, and they will have a view of the  
29 advantages and disadvantages. At the same time, they must be protected, because we have  
30 to ensure that we don't inadvertently create further harm.

31 So I agree. I think, though, that we need the both of us. Practitioners and academics, they come  
32 with the knowledge of research. You, as the community, are families, you also come with  
33 knowledge of what's going on. So we need to work together and we need to work together  
34 to support and protect each other, because we are all experts in different areas and if we

1 draw on our principles of the fa'asamoa, of the fakatonga and the different Pasifika  
2 principles that are out there in Niue, Tokelau, Fiji, Kiribati and so forth, we can actually  
3 complement each other. But to do that, we need to have a relationship.

4 **Q.** Just carrying on with those two sections before we move on to your care system for Pacific.

5 **A.** So we have to work with the disciplines, you know, with social workers, psychology,  
6 counselling, we have to work with them to formally adopt these cultural models of  
7 engagement, of theory, of practice. That's why I went back to the university. It wasn't by  
8 choice, because I want to be with my community face-to-face, but there's no point if there's  
9 only one or two of us doing this work when we retire and there's no-one coming in after us.  
10 So we have to create the path line, we have to have good succession plans, so all of you in  
11 your roles, think to yourselves who is coming in after you.

12 None of the stuff that I've talked about is new, and I often think to myself, "Well, why aren't we  
13 doing more -- why isn't this happening", and it comes back to power. It comes back to  
14 sharing the power between the system, with the community, with the family.

15 And so I think in the universities, there has to be targeted effort by the New Zealand universities,  
16 by the tertiary institutions, like the Tertiary Education Commission and Pasifika who are  
17 leaders in those roles, in those areas, to prioritise making sure these models are in our  
18 curriculum. We have to target recruitment into the disciplines, into social work, but we  
19 have to get them into leadership roles, so we create formal pathways for them in the  
20 workforce, but then be able to create pathways into leadership. We need to have a mirror  
21 on society policy, because there's no point in having a diversity programme if the processes  
22 and the enablers to get there are not there.

23 So we need to have research in these areas, they have to be led by Pasifika. They have to have the  
24 models that we want to use. And it could be Pacific and non-Pacific, but it needs to be our  
25 choice. But then, at the same time, we need to have them evaluated, and the reason why we  
26 need to have them evaluated is because it's all good for the family to tell us that they are  
27 feeling really well, but we still don't know what's going on behind closed doors. So we  
28 need that independent evaluation because for some of those families, they will tell us what  
29 they think we want to hear, because they want to maintain the vā.

30 Last of all is the responsibility of the Government. I said this before and I'll say it again, the  
31 responsibility of Government is to keep all its citizens safe. We must prioritise prevention  
32 and early intervention. We must understand you as the system that the voice of the child is  
33 the voice of the family, and it should be supported by the voice of the community. We've  
34 got to stop working in silos. Even in our own Government departments, there are silos

1 even within that Government department, so how do we respond to this? I think we go  
2 back to our holistic way of doing things. In all of community, by all of Government  
3 approach, having one vision, one plan, one direction for Pasifika that is upheld by all  
4 Government agencies and it's led by the Ministry of Pacific Peoples. The Ministry of  
5 Pacific Peoples is what is needed to support the voice of the community at the Government  
6 level. You see, our Pasifika communities cannot be assessed by those of us that do well,  
7 because it doesn't make sense. We have to assess our success by those who need our help  
8 the most, and that is our children and our young people in care, our children and young  
9 people in the justice system, our children and young people with disabilities, and I go on.  
10 That's where we need to measure our success. Not in the achievements of someone like  
11 myself or you, we need to be looking at those children and our young people.

12 Our policies, we talked about policies yesterday. They must accurately reflect the needs. So those  
13 of you in policy, you've got to get uncomfortable. You know, you've got to shift. Because  
14 the reality is, push those boundaries, but call on the community to support you. That's  
15 where it has to happen. We have to have trust and good faith, even within ourselves. We  
16 need to target programmes to build the workforce, but we need to have good Pasifika  
17 people, and not just because we know our language or because we're compliant and we  
18 don't make a fuss, but because we prioritise the elements of cultural safety, you know, of  
19 cultural competence, and someone mentioned yesterday, cultural humility. This is what  
20 needs to be practised by all.

21 We have a child and youth well-being strategy. We need a Pasifika focus if we're going to look at  
22 what do we need to do right now. We need to listen to the voices of our children and our  
23 young people, but it still has to be within the context of family. There's no separation  
24 between them, because if our parents and our families are supported, then our children and  
25 our young people will be supported.

26 **Q.** Thank you, Julia. Moving on to the last part of your statement where you talk about a care  
27 system for Pasifika, and at paragraph 102, you've outlined that. If you could please take us  
28 through that before we hand you over to the Commissioners. Hand you over, I mean, you  
29 know, refer you to Commissioners.

30 **A.** "O au a matua fanau", children are the precious offspring of parents.

31 As I've been listening or reading the stories of the survivors, a care system for  
32 Pasifika could look like something that is a relational-based and trauma-informed system of  
33 care. You know, when I talk to our children and young people in the residences and even  
34 out in the community in this area within the justice system, I often ask the question, "Oh,

1 you know, when things are going really well" -- sorry, I'll backtrack. I say to them, "Who's  
2 important to you?" "Family." "Who do you love the most?" "Family." And I ask them,  
3 "When good things happen and you want to tell somebody, who is the first person that you  
4 tell?" And that child or that young person will always say mum, dad, or someone in their  
5 family. So then I ask them, "Okay, when things are not going well and you might be sad or  
6 you might be angry about something, who do you tell?" And I always get things like, "Oh,  
7 no-one Miss", or, "I just go to sleep", or, "I don't know." And what that tells me is there's a  
8 disconnect, because their family is the most important thing to them, but when they need  
9 their family the most, they don't go there. And that's where we see some of our children  
10 and young people heading towards the gangs. That's the reality, because I can tell you, in  
11 my experience, for these children and young people, when they go to a gang pad, they're  
12 always going to be accepted. They're never going to be declined entry. That's been in my  
13 experience.

14 So I think the relationships in our families and amongst ourselves is a protective  
15 factor. We know that it's also a risk factor, but we need to really work with our families,  
16 because at the end of the day, the identity of Pasifika people is relational.

17 This is what I think is needed if that child or that young person has to be placed in  
18 care. It would also mean, though, that the Government would need to share the power, as  
19 I said before, because systems need to be prepared for change, because it's not going to  
20 reflect what we know as a system. That's why the high trust element is needed.

21 We need to take care of our workers if they're going to go into care. We need to  
22 have a care strategy that is values-based. It always -- I always find it really weird that our  
23 staff who have the direct contact with our children and our young people in these  
24 residences are the least trained. You know, like I get seven years' training, but when I go  
25 into these residences, I'm there for an hour, a couple of hours, but our youth workers who  
26 are there 24/7, they're the least trained, and yet they are dealing with our most hard to reach  
27 families. We need to prioritise that and we need to look after our carers.

28 Survivors talked about having a strong vetting system and I agree with them. A  
29 vetting system that doesn't just look at a conviction history or what they've done before, but  
30 a vetting system that looks at independent references, but has a recruitment strategy, has a  
31 recruitment process that is done within a Pasifika worldview, that is done, for example,  
32 going through a talanoa process, okay, to be able to interview our carers. Training is really  
33 crucial because they've got to have regular training, so not one-off training, but regular  
34 training that allows them to then be up-to-date with the knowledge, but also the supervision

1 of these people in care needs to occur regularly.

2 The other point I thought of was around therapeutic family homes. I know that  
3 they are going up in the community, but I was thinking, you know, where are they going to  
4 go, because location is a big thing. You know, is it going to be in the community? I mean,  
5 could it even be connected to a church or a Pasifika centre so that it blends in with the  
6 community? The more we put them in places away from where we are, the message that  
7 they're getting told is that you're not good enough to be in our community, you're not good  
8 enough to be in our village. You know, we need to have them as part of our everyday lives,  
9 because they are our responsibility.

10 I also think, though, that despite having these things, we do need a board of  
11 governance that is independently led by Pasifika, but it doesn't just include Pasifika. I think  
12 that there is value that whilst it's led by Pacific, that it has both Pasifika and non-Pasifika on  
13 that independent board that's going to make sure that there is -- that they have oversight of  
14 what's going on in that care system, that they are able to have direct contact with families to  
15 find out whether what's going on is actually happening. Because I've sat in courtrooms  
16 where the system is saying, "We're doing this with the family", and when I've gone to see  
17 the family, it's a completely different thing that's happening with them. So we need to have  
18 that direct. As a board of governance, you need to have that direct contact.

19 I noted there data management, it has been spoken about before, but that's really  
20 important to make sure that we are capturing the data correctly, okay. I'm not an expert in  
21 that area, so I'm just stating that I know that's important, I just don't know the ins and outs  
22 of that.

23 **Q.** Okay, thank you, Julia. Julia has some concluding remarks following questions from the  
24 Commissioners and I thought I'd just say that following those concluding remarks, we will  
25 have the song Lo Ta Nu'u, composed by Julia's grandfather I'iga Kuresa.

26 **CHAIR:** I've got lost in the instructions. Are we going to have Julia's concluding remarks or are  
27 we going to ask questions first?

28 **MS SHARKEY:** You're going to ask questions.

29 **CHAIR:** We go first, all right. We'll start at the end. Paul, do you have any questions for Julia?

30 **COMMISSIONER GIBSON:** Thank you, Julia. To say that was impressive is an  
31 understatement. I like the beauty in the saying, "If the flower is unwell, if the flower is  
32 broken, fix the environment, not the flower."

33 A question: From Australia, the youth justice system there, there's some data which  
34 says that 89% of young people in the youth justice system have disabilities, maybe autism,

1 intellectual learning disabilities, dyslexia, those kind of things, and we suspect that it's  
2 similar in Aotearoa New Zealand.

3 Is there a -- from your perspective as both a psychologist and within the Pacific  
4 community, is there a lens, a particular learning there? How do we close some of the silos  
5 between education and other parts of the system? Your thoughts, comments.

6 A. Look, I think it comes back to, you know, the relationships that goes on between the  
7 Government departments. But within the Government departments are people, you know,  
8 and it's those people, all of us, that need to build better relationships with each other. You  
9 talked about the neuropsychological difficulties and they do exist with our children and  
10 young people like fetal alcohol, learning disabilities and so forth, they do exist. But at the  
11 same time, what we have to remember is how they are assessed, how our children and  
12 young people are assessed. Because we can go in, we carry out the assessment, but the  
13 engagement of the young person isn't necessarily -- they're not necessarily at their best, you  
14 know. Because they don't like you, they don't like you as a psychologist, or they've had a  
15 bad day in residence and now they've been asked to prioritise this assessment. And they  
16 don't understand that this assessment is going to have -- you know, it's going to tell us what  
17 we need to do with you.

18 So I think what needs to happen is we do need to build relationships with our  
19 children and young people in care if we are going to authentically carry out these  
20 assessments, and that's a challenge that I put within my own community as psychologists.

21 We have to acknowledge, though, that there will be -- you know, there will be, for  
22 some of our children and young people, there will be neurological deficits, there will be  
23 some brain developmental issues that will exist, but you need to educate the families to  
24 have a full understanding of what they need to do, and the way in which you educate them  
25 is by giving it to them, giving the education to them in their worldview, and we haven't  
26 been trained in that. The translation, you know, from western knowledge into Pasifika  
27 knowledge. We can do that as Pasifika because we've been fortunate to go into both  
28 worlds, but we're not the majority. But I just -- but I do understand that, yeah, there's a  
29 large number of us, of our children and young people with these developmental disabilities.  
30 We need to be careful on how we make our assessments or how we make sense of our  
31 assessments, and then we need to make sure that our families have a real solid  
32 understanding of what they need to do with that child or that young person.

33 **COMMISSIONER ERUETI:** Kia ora, Julia, thank you so much. You talked about the  
34 therapeutic family homes and there's been a lot of talk about -- from the Children's

1 Commissioners and others about closing down the youth justice facilities and the Care and  
2 Protection residences. But when it comes to alternatives, it's usually kind of broadly  
3 phrased along the lines of, you know, like smaller community homes, and that makes me  
4 think, is this -- are we moving back towards the idea of the classic family home, which is  
5 the context in which a lot of abuse occurred, particularly from the 60s onwards, it seems to  
6 be such a tough problem of what do you do to replace the residences, but it's pretty clear  
7 that they -- it seems they need to end, right? I, just with your wealth of experience, would  
8 be interested to -- how do you unpack that and give more detail about what follows from  
9 these residences?

10 A. Yeah, that's a really important question, because that's why I was saying that we're going to  
11 have better opportunity if we go prevention, so we don't even have a system of care. But  
12 the reality is that that means there's a generation that's kind of sitting idle, you know,  
13 without anywhere to go because we're prioritising prevention and early intervention. I  
14 think, though, with those children and our young people that are in care, when I think about  
15 a therapeutic family home, that as Pasifika, I'm thinking of the child in there as well as the  
16 family, and they are being wrapped around by the support of those professionals,  
17 practitioners with them. Now, I know that that takes a lot of resourcing and it takes a lot of  
18 time and investment, but it's the same finances that we put into the justice system at the  
19 other end, so why not do that now? And I think that when we have these therapeutic family  
20 homes, everybody has to be trained at the same level. I'm not saying that the chef or the  
21 person that's doing the cooking is going to have seven years' training as a psychologist, but  
22 actually what everyone has is training around being trauma-informed, around what it means  
23 to have a relationship with these children and young people, what the difference is when  
24 you understand the worldviews of Pasifika. Because when you're in the therapeutic family  
25 home, the child and the young person should not recognise any differences in the way that  
26 they've been treated, whether it's a youth worker, a psychologist, the chef, the Police, or the  
27 social worker.

28 I see, though, in those therapeutic families homes that there's family in there as  
29 well, okay, and they're being protected and supported, you know, with the family, because  
30 what you want is you want that child to rebuild that trust with their family. You want that  
31 child to believe that, "Actually, dad's turned around", and I've been in settings where dad  
32 has turned around to his son and said to him, "I'm sorry", and the emotion from that child,  
33 and this is a Pasifika family, having dad acknowledge what he had done was wrong and it  
34 wasn't okay, I could -- that was -- that happened in a couple of hours, that was far more

1 influential than my therapy with this young boy. So, yeah, that's what I mean when I'm  
2 talking about a therapeutic family home, the family is there as well.

3 **Q.** Nga mihi, thank you.

4 **COMMISSIONER ALOFIVAE:** Lau afioga Folasatiu, malo le saunao, malo le tauivi, malo le  
5 tapenapena mae'a i le tatou mataupu e ese le malie le fa'alogo le filiulua'i o ou manatu e  
6 fesosoani i tagata Pasefika. My question, Dr Folasaitu, is really around systems. We've  
7 had the privilege of seeing throughout these two weeks of hearing the voices of our  
8 survivors, and then we've seen really at the other end, you know, Pacific young people and  
9 children who have now risen to become professional and who are leaders in their field.  
10 One of the comments I think you made was around an integrated approach.

11 One would think after our people have been migrating, Pacific have been migrating  
12 to New Zealand for well over 50, 60, some as far back as 70-odd years and maybe even  
13 further back, that Pasifika might be further ahead here in Aotearoa, but that doesn't seem to  
14 be the case, because we're still high in the negative statistics and education and Māori,  
15 regrettably, in the care space, but there's a belief that we're not too far behind them in terms  
16 of our numbers.

17 I guess my question is around how do we mould that better together, because I think  
18 you were alluding to there is some real cultural and attitudinal changes that are required,  
19 but those same attitudes can be the barriers to our people getting ahead. Do you have any  
20 comments or just reflective thoughts around how is it that now successive Pacific  
21 generations who have done so well, and we saw that on our talanoa panel yesterday, and  
22 they're but a few of the richness of the intelligentsia in Pasifika communities. Any  
23 reflective comments about how we would do that better with all of our different agencies  
24 who are present in the room, about ensuring that we're able to embed a Pacific worldview, a  
25 Pasifika worldview across systems, because it sounds like that's what's really required.

26 **A.** Look, as you're asking me the question, Ali'imuamua, I come back to the concept of au  
27 fa'atasi, the working together. If you think of all the Government departments, Pasifika are  
28 in there in some way, shape or form, we're in those different Government departments. But  
29 we lose our voice even as professionals because it's not aligned with our own worldview, so  
30 we just conform, we just go ahead because that's the majority. But I think that what we can  
31 do is just start now, you know, my challenge to all of us that are here today, swap business  
32 cards, you know, start sharing who your contacts are, make it a point to catch up for coffee  
33 and start looking at what is it that I can do, what is it that you can do and work together, but  
34 know that the support, though, has to come from the community.



1           So it means whilst we might live away from South Auckland or whilst we might  
2 live away from where some of our Pasifika people, we have to come back. Because I think  
3 what happens when we evolve to other countries, and this is just my personal opinion, is the  
4 collectiveness evolves. We're no longer as together as how we were back home, so we  
5 adjust, we adjust and we just end up staying within our own nuclear family and our nuclear  
6 extended family, because it's convenient. But back home in the Islands, everyone knew  
7 what everyone else was doing, the fales were open, the walls were open. So we actually  
8 have to make it a conscious effort to prioritise that. So I'd really encourage all of us that are  
9 here today, swap business cards and start making connections with each other.

10           If I think of the Brainwave Trust, the Brainwave Trust here in Auckland, they  
11 started off their organisation on a kitchen table, and now look at where Brainwave Trust is  
12 now. So I think we can start, because we don't know enough about who people are that are  
13 Pacific in the different areas, and here we are in this fale, in this talanoaga, and we should  
14 start to swap business cards and start catching up with each other to find out what are the  
15 things that we are doing the same, but what are the things that we are doing differently.  
16 Because at the end of the day, it's the same families that are hard to reach in health that are  
17 the same families that are hard to reach in education, but then they end up within the justice  
18 sector, and that's where we reach them. But we need to stop that and actually move them  
19 forward.

20 **Q.** Malie, fa'afetai lava mo le tali.

21 **CHAIR:** So many questions, so little time. It's a very interesting and important response on the  
22 systemic level which we will think about very carefully. But I want to bring it back to the  
23 individual child, those children who turned into our survivors who gave evidence, both in  
24 these last two weeks and in lots of hearings that we've had earlier.

25           It struck me deeply that every child who goes into care is a damaged child. They  
26 don't need to go into care unless they are in some way damaged by their family or family  
27 circumstances. It may be just that mum died, that they're grieving, but they are in some  
28 way or another damaged.

29           From your clinical and practical experience in these institutions and dealing with  
30 these children, to what extent is the level of damage, the depth of damage to these children  
31 assessed and understood by the people who are supposed to be there and caring for them?

32 **A.** If we're talking about those in the actual care facilities?

33 **Q.** Mmm.

34 **A.** So you're asking me how much do they understand of --

1 **Q.** What they're getting, yes.

2 **A.** Not enough. Okay, what they get tends to be the behaviour, okay, the lashing-out  
3 behaviour, that gets to be the centre. They get an understanding, "Oh, yeah, mum and dad  
4 separated, mum and dad -- dad's gone to jail." It becomes kind of like just a normal story.  
5 But what doesn't get highlighted and I don't think gets done properly in training is the  
6 extent of the impact on those children. So the focus is on the behaviour, those stories end  
7 up being mixed in with one another because there's kind of almost like a profile of what to  
8 expect when these children and young people come into care.

9 **Q.** And a bit of judgment in there as well?

10 **A.** Absolutely.

11 **Q.** Or maybe a lot of judgment?

12 **A.** Absolutely, and this is where it comes back to the training of our carers, because I think our  
13 carers, and I say this respectfully, can also have their own trauma histories. We all  
14 experience trauma, okay, in different ways, but they can come in there with the best of  
15 intent that they want to make sure that whatever happened to them doesn't happen again,  
16 okay, or they want to do this better. But what hasn't been dealt with is their own stuff,  
17 okay, and so when they go in there and they're faced with a conflict situation, the young  
18 person's flipped the lid, the adult's flipped the lid as well. That's why taking care of our  
19 carers is just as important as taking care of that child and that young person. So the training  
20 isn't there, or if it is there, it's not done consistently, or if it is there, it's not done within the  
21 worldviews that these children and young people come from.

22 **Q.** It follows from what you say that what is required is the very best, it's the gold standard of  
23 care that is required for these children, because they are the most damaged?

24 **A.** Absolutely.

25 **Q.** They therefore need the most care?

26 **A.** Absolutely, and that's where we need to measure our success, is on how well those  
27 children, young people and their families do.

28 **Q.** Yes, thank you for that.

29 I've just got one other topic and it comes down to your prescription, your medical  
30 prescription, if you like, for the care system for Pasifika. As you went through it, I kept  
31 thinking that's a good idea, that's a good idea, that's a good idea, and then my main thought  
32 was that's a good idea for everybody. Everything you've said there, the relational  
33 trauma-based, trauma-informed system of care, sharing the power, the values-based care  
34 strategies, I'm just telling you back what you've told us and more, why shouldn't that apply

1 to everybody? But also, in the case of Pacific children, to have the Pasifika cultural  
2 component as well, but do you agree that these are universal needs for care systems?

3 A. Yes, absolutely. Absolutely. I mean I often talk to my non-Pasifika practitioners when  
4 they ask me about, you know, "When I'm out with a Pasifika family, you know, I want to  
5 do what you do." But the reality is they can't, and you can't because you don't look like an  
6 aunty and you can't speak their language. But what you can do is understand our values,  
7 because values are universal, they don't belong to any worldview, we can all have them, but  
8 you have to understand for Pasifika, that's our foundation, that we are values-based, and at  
9 the same time, those values have been, you know, violated, that's why they've come into  
10 care.

11 So, yes, I agree. I mean I don't change my practice when I'm in front of a Palagi  
12 kid. It's the same thing, you know, we're all still -- they're all the same to me in terms of  
13 my practice. So, yes, I think so.

14 Q. Some of you might remember the wonderful judge, the late Mick Brown and he used to  
15 say, "They're all God's chillun."

16 On that note, it remains for me to thank you, Julia. This has been a rich and  
17 extraordinary session. I've watched and listened closely to you, but I've also watched the  
18 audience, our community, our participants, and I have to say you have had a captive  
19 audience here. I haven't seen anybody flinch or move or look bored or fall asleep.  
20 Everybody has been deeply engaged. And there's a reason for that, because what you're  
21 saying is so important and touches our hearts and our minds and our souls, our spirits,  
22 because you're talking about a holistic way of caring for children that we all aspire to, and  
23 which I suppose in the end is something that is the job of this Royal Commission. So you  
24 have spoken to the very heart of what our business is. You've provided us with such  
25 information. I sat at lunch time and said to my colleagues, "How are we going to capture  
26 this, however are we going to be able to capture this and convey it to a wider audience?"  
27 Well, we'll do our best, that's all I can say. But you now deserve a rest, you've had two  
28 very busy days and I hope you have a restful and peaceful weekend and thank you once  
29 again on behalf of all of us for your contribution. **[Applause]**

30 **[Samoaan song]**

31 **CHAIR:** And you now have the final word.

32 A. I won't be too long, just a couple more minutes.

33 Just in conclusion, though, just one thing for all of us to remember is as our  
34 cultures evolve and come away from the Pacific Islands, we have to be vigilant of how we

1 change, of our evolution. Because I continue to see the growing marginalisation of our  
2 Pasifika people, those of us who have succeeded here in Aotearoa New Zealand, and  
3 I continue to work with those of our Pasifika people who have not yet succeeded. For those  
4 of us who have, who are the majority of us in this room, we have to take responsibility. We  
5 have to hold ourselves accountable for our current and future generations of Pasifika being  
6 safe in our care and healing from the past. Healing and restoring faith and trust in a  
7 Pasifika system of care is long overdue. Time is no longer on our side. I know that the  
8 recommendations and the visions that I've given are -- they are intentionally ambitious, you  
9 know, they are big dreams, we were asked to dream big yesterday, and they will require  
10 great resourcing.

11 But as I said before, that's nothing compared to the wasted lives and costs of  
12 offending, of chronic family violence, of State care, of imprisonment and mental health  
13 issues that come through when the needs of our Pasifika children and young people are not  
14 met. The intergenerational transmission of trauma, so this is trauma that's gone from one  
15 family to the next generation to the next generation, has not been good for us. We already  
16 know that. So now we have to begin an intergenerational transmission of healing and  
17 safety and to restore the identity for Pasifika. Because even though Pasifika get seen as a  
18 priority group across all the different Government departments, we need to assess them by  
19 the experiences of our most disadvantaged groups within Pasifika, many of those who are  
20 in care, engaged in offending behaviour and ended up involved in the justice sector.

21 So it's really important that time and investment are given to include Pasifika  
22 worldviews in our communities. Our Pasifika worldview, as I said before, is holistic, it's  
23 interconnected. We don't have individual identities, which makes it challenging because  
24 the western worldview is all about individualism and independence. But if we were to have  
25 a system that is to genuinely work with Pasifika, then a significant change is required at  
26 systems level. Agencies, organisations, Government departments, you've got to engage in  
27 the fundamental concept of the vā or the tauhi vā. You have to incorporate Pasifika  
28 worldviews and you have to co-design, co-deliver. If you really want to do well with  
29 Pasifika, then that's your challenge. You have to create equitable partnerships with Pasifika  
30 peoples and I'm going to be straight up, those of you who are in those Government  
31 departments that are Pasifika, you need to do more and we will support you, because I need  
32 to do the best that I can in the institution that I'm at. The thing is, though, is that the system  
33 has to come from us, and we have to hold each other accountable, and the only way in  
34 which we do that is if we have honest relationships with each other.

1           Finally, an understanding of Pasifika values is what's needed to guide, heal and  
 2 continue with the tatala e pulonga. The action must come from this inquiry because that's  
 3 the true concept of healing. Do not mistake our identity as individual. Do not mistake our  
 4 respect as disengagement. Do not mistake our kindness as agreeable. And do not mistake  
 5 our love as a frivolous gesture, but recognise our humility, recognise our respect, our  
 6 kindness, our love, our identity as our gifts to you as the system that's meant to protect all  
 7 its citizens, and now it's your time to reciprocate. Ou te fa'afetai i le Atua mo lenei avanoa  
 8 taua ua mafai ona ou faasoa atu ai e uiga i lea mata'upu. Ou te fa'amalie atu fo'i pe afai ua  
 9 ai se mataupu e le talafeagai ma le tatou aofia. O la outou sao ia e alai ona fa'atalanoaina o  
 10 lenei mata'upu, o se lapata'iga lea mo le lumana'i i a tatou alo ma tatou fanau i Niu Sila.  
 11 Fa'afetai, fa'afetai tele lava.

12  
 13 **AUDIENCE MEMBER:** She's the sunshine, let's rise and sing a song. [**Samoa song**]

14 **CHAIR:** We're now going to take a break, is that right, for just 10 minutes?

15 **MS SHARKEY:** Yes.

16 **CHAIR:** We're just going to clear up and then we're going to have a short but very important  
 17 closing ceremony.

18 **MS SHARKEY:** Thank you.

19 **Adjournment from 2.57 pm to 3.16 pm**

20 **CLOSING SUBMISSIONS BY THE CROWN**

21 **MS SCHMIDT-McCLEAVE:** Talofa lava, mālō e lelei, kia orana, fakaalofa lahi atu, ni sa bula  
 22 vinaka, taloha ni, talofa, noa'ia, mauri and greetings. Tēnā koutou e te Kaiwhakawā e ngā  
 23 Kōmihana, ko Ms Schmidt-McCleave tōku ingoa, I am counsel representing the Crown  
 24 response to the Royal Commission and on behalf of that Crown response I would like to  
 25 thank the Commissioners for the opportunity to present this brief closing statement.

26           First, today I want to echo others' acknowledgment of the incredible bravery and the  
 27 strength of the survivors who have come forward to this Royal Commission to share their  
 28 talanoa. I also want to acknowledge their whanau, their aiga, and their other supporters  
 29 who have stood by them, offering their aroha and support for so many years. It has been a  
 30 privilege to be here this week and to hear the talanoa/korero that has been given, and I wish  
 31 to mihi to the survivors who have spoken from their hearts with such incredible and  
 32 inspirational courage.

33           I'd also like to acknowledge the many Pacific community leaders and supporters  
 34 who have attended this week. As was explained by Ms Ruakere, the Director of the