

Witness Name: Dr. Sam Manuela

Statement No.: WITN0560001

Exhibit: WITN0560002

Dated: 12.07.2021

ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

EXPERT WITNESS STATEMENT FOR DR. SAM MANUELA

I, Dr. Sam Manuela, will say as follows: -

INTRODUCTION

1. My full name is Dr. Sam Manuela.
2. My ethnicity is Cook Islands Māori and European. My Cook Islands family live in Rarotonga, with links to Manihiki, Atiu, and Pukapuka.
2. I am a Senior Lecturer in the School of Psychology at The University of Auckland. I was appointed to my position in February 2017. My role in the university comprises of teaching, research, and service. I teach across multiple undergraduate and postgraduate courses in psychology. I teach content about Pacific peoples and psychological research primarily within the New Zealand context. I teach introductory topics around cultural psychology and Pacific psychologies in Stage One psychology. I teach a module in a Stage Three culture and psychology paper that focuses on Pacific peoples and Pacific psychologies in more depth. I also coordinate postgraduate paper that focuses on ethnicity, identity and culture.

3. I emphasise that I am an academic in the discipline of psychology who specialises in Pacific identities and wellbeing. I am not a registered psychologist, nor do I hold any qualifications of or experience in applied psychology.
4. I have a Bachelor of Science and an honours degree in Science with first class honours. I have a Master of Science in Psychology with first class honours and a PhD in Psychology. All my degrees are from the University of Auckland. My PhD thesis is titled "Pacific Psychometrics: Development, validation, and application of the Pacific Identity and Wellbeing Scale" (Manuela, 2016).
5. My research and education background is in psychology, specifically Social Psychology and Cultural Psychology with a focus on Pacific issues.
6. I have published in domestic and international psychology journals on issues to do with psychological measurement of Pacific identities and wellbeing, discrimination, and issues concerning Pacific peoples in higher education.
7. My research focuses on Pacific identities and wellbeing primarily in the New Zealand context. This also involves aspects of mental health, discrimination and prejudice.
8. I am the Principal Investigator on two funded research projects:
 - a) "Te 'akirāta mārama: Mental health prevalence in the Cook Islands"
This project will survey mental health issues in the Cook Islands. It is funded by the Health Research Council of New Zealand.
 - b) "Psychology of Pacific Peoples or Pacific Psychologies? How Pacific psychologists are changing the discipline" This project will explore psychological education and training and how this pertains to Pacific knowledges. I examine how psychology as a discipline operates through a dominant Eurocentric system, and what this means for Pacific peoples in Aotearoa. This includes understanding how Pacific psychologists integrate their cultural knowledge into their research and clinical practices; understanding how Indigenous Pacific knowledges can inform Pacific psychological approaches – Pacific psychologies. This is intentionally plural to emphasise multiple Pacific knowledges

that can inform psychology. It is funded by a Fast Start Grant from the Royal Society of New Zealand.

9. In addition to this, my research also touches on psychology and education as it pertains to Pacific knowledges in the psychological context. I examine how psychology as a discipline works through a Eurocentric system and how indigenous psychologies are centred on indigenous knowledge systems. It is important to emphasise the plurality of Pacific indigenous psychologies because there are multiple Pacific knowledge systems as well.
10. As part of my research, I developed the Pacific Identity and Wellbeing Scale – a psychometric tool that is built upon an integration of psychological and Pacific knowledge around ethno-cultural identity and wellbeing (Manuela & Sibley, 2013; 2015).

PURPOSE

11. I have reviewed statements from Pacific survivors that have provided their full and explicit consent for me to read on a confidential basis. A significant number of survivors have expressed varying views on their culture, identity, and wellbeing. As a psychological researcher with a significant contribution to the study of Pacific ethno-cultural identities in the New Zealand context, I am providing my expert opinion on the relationship between identity and wellbeing for Pacific peoples in New Zealand.
12. My statement will address perspectives of ethnic identity and wellbeing from psychological and Pacific perspectives. Following this, I will provide some comments about the statements I have read from Pacific survivors in relation to my expertise in identity and wellbeing as a social and cultural psychology academic.
13. I will be giving evidence at the Pacific hearing *Tulou – Our Pacific voices: Tatala e Pulonga*. I have prepared visual aids for my presentation. **[EXHIBIT WITN0560002]**

ETHNIC AND CULTURAL IDENTITY – PSYCHOLOGY

Defining Ethnic and Cultural Identity – Psychological Perspectives

14. Psychological perspectives of ethnic identity focus on the ethnic components of self-concepts. Yip (2018) posits ethnic identity as multifaceted including feelings, thoughts, and attitudes about being a member of an ethnic group. This includes perceptions about the importance ethnicity has to one's own identity (Sellers *et al.*, 1997). Ethnic identity has also been described as a combination of being aware of one's own and others' ethnic groups, self-identification with an ethnic group (including ethnic group labels), ethnic attitudes about one's own and other groups, and ethnic behaviours that are seen to be specific to ethnic groups (Phinney, 1992). In a broader conceptualisation of ethnic-racial identity, multiple components can reflect content (including attitudes, beliefs, relations to other groups) and process (how people explore, form, and maintain their ethnic identity; Umaña-Taylor *et al.*, 2014).
15. Ethnic identity development occurs through childhood, adolescence, into young adulthood and beyond. Umaña-Taylor *et al.* (2014) conceptualise this development across key milestones and development periods, with components of identity more prominent and salient during development periods. For example, ethnic self-labeling of self and others, and viewing one's ethnicity as constant is more salient across early to middle childhood. These experiences prime children for more advance ethnic identity formation, particularly as their cognitive development increases through adolescence and allows more meaning-making about one's ethnic identity to develop.
16. Development of ethnic identity occurs within a socio-cultural context, and experiences within this context can also inform the sense of self. For many ethnic minorities, this often means ethnic identity is developing against a backdrop of overt and subtle discrimination that can vary in both frequency and intensity (Yip, 2018). Furthermore, discriminatory experiences reside within a larger system in which racism and prejudice occur.
17. People can experience discrimination and racism during periods in which their own ethnic identity is developing. These experiences can have negative effects of physical and mental health (Pasco & Smart Richman, 2009; Priest *et al.*, 2013). Likewise, a strong and positive ethnic identity is associated with positive psychological health (Smith & Silva, 2011; Rivas-Drake *et al.*, 2014).

This means ethnic identity and psychological wellbeing are intricately linked and will be discussed in more detail later in this statement.

WELLBEING

18. Wellbeing refers to how people appraised their lives in a positive manner. It can be associated with quality of life, positive or negative affect, happiness, and life satisfaction (Diener, 2006).
19. Ryff and Keyes (1995) posit that wellbeing can be encapsulated across six domains including self-acceptance (positive attitudes about the self), environmental mastery (making use of opportunities and being able to manage everyday affairs), positive relationships with others (being able to engage in meaningful, reciprocal, empathic, intimate, and affectionate relationships with others), personal growth (can recognise one's own development and improvement over time), purpose in life (goal orientation and that their life holds meaning), and autonomy (is independent and can regulate own behaviour).
20. Diener and Ryff's perspectives highlight subjective wellbeing; the extent to which wellbeing is understood and appraised according to an individual's own standards and appraisals. There are also objective indicators of wellbeing which include health, education, employment, and housing. These factors can be outside of the control of individuals, yet will have an impact on their psychological wellbeing.
21. As mentioned above, ethnic identity is related positive wellbeing, particularly for ethnic minorities. Because of this, it is important to understand how Pacific peoples ethnic identity is related to their wellbeing. My research primarily focuses on what Pacific ethnic identities are and how they are conceptualised within broader understandings of wellbeing (I expand on these in the next section).
22. Because ethnic identity is positively related to wellbeing and discrimination is negatively related wellbeing, the impacts of ethnic discrimination (or any kind of harm related to one's ethnicity) can have varying impacts. Yip (2018) emphasises that variation of these impacts can depend on the age of an

individual and where they are in understanding their own ethnic identity, and also the context in which one lives and the ethnic relations within that context.

23. Some research has shown that ethnic identity can exacerbate the effects of discrimination (Torres & Ong, 2010), whilst other research has shown identity can be protective (Stein *et al.*, 2014). In any case, it is apparent that both ethnic identity and discrimination influence wellbeing and mental health.
24. Whilst psychological perspectives of ethnic identity and wellbeing provide valuable insight, they often represent a perspective that speaks to experiences of people in North America and Europe, underpinned by a Eurocentric or Western perspective (Henrich, Heine, & Norenzayan, 2010). It is imperative to also understand identity and wellbeing from the perspectives of Pacific peoples in New Zealand.

Defining Ethnic and Cultural Identity – Pacific Perspectives

25. Understanding Pacific ethnic identity requires moving beyond psychological perspectives. Whilst psychology offers insight into broader understanding, Pacific research illuminates necessary nuance that mainstream psychology does not offer.
26. The perspectives discussed here are my own opinions about research and theories of Pacific scholars, and focus on Pacific identities within the New Zealand context. I am one Pacific voice among many others, and I will use my specific expertise as a scholar and academic of Pacific identities and wellbeing to consolidate research and perspectives that currently exist.
27. To begin, I will use the term “Pacific peoples” as an umbrella term to recognise the diversity amongst Pacific populations that live in New Zealand. I also recognise that there is no single experience of being Pacific in New Zealand considering birth place, multiple ethnic backgrounds, gender, sexuality, spirituality, religiosity, socio-economic status, and able-bodiedness.
28. Because there is no single Pacific population, there is no single Pacific perspective of identity and wellbeing. Each Pacific culture may have its own nuanced worldview of identity or wellbeing, and the meanings surround these.

However, there are commonalities that can be drawn, and it is these commonalities and shared experiences that I will draw upon.

29. Focussing first on ethnic and cultural identity, there are many parallels with psychological perspectives – including ethnic self-labelling, positive affect, attitudes, and beliefs. Further to this, Pacific perspectives of identity tend to take a more holistic approach, highlighting multiple dimensions important to identity, in addition to how this is encapsulated within wellbeing, and with a large emphasis on relationships. This will be expanded on later.
30. In addition to identifying specific groups one belongs to, attitudes towards that group, and associated behaviours with that group, Pacific perspectives often include elements of spirituality. This can be spirituality derived from religious identification, which is predominantly Christianity for Pacific peoples in New Zealand.
31. Religion has become so intertwined with Pacific cultures that it is difficult to differentiate the two. This suggests that Pacific cultures in their own fluidity have changed over time to include aspects of Christian derived religious values that were originally introduced via missionaries into daily Pacific cultural practices.
32. It is important to note that the introduction of Christianity into the Pacific saw a fundamental shift in Pacific cultures. Whilst Christianity is today a prevailing feature of Pacific cultures, so too are many Indigenous aspects of spirituality.
33. Religiosity has also been shown to be a link between identity and wellbeing. In analyses of broader to more specific domains of identity and wellbeing, religious centrality was seen to emerge jointly from broader domains of identity and wellbeing (Manuela & Sibley, 2014).
34. Pacific perspectives also make explicit how identity develops within a socio-cultural context, and the impact of history and inter-generational transfer culture and experiences.
35. For Pacific peoples in New Zealand, the first migrants to arrive in the 1950's and earlier, and subsequent arrivals during periods of labour recruitment saw

a fundamental shift in how Pacific peoples were viewed and viewed their selves.

36. Whilst Pacific peoples viewed their selves in relation to their families, villages, or religious affiliations (Macpherson, 2001), the term “Pacific Islander” became common in public discourse and essentially homogenized the diverse groups of Pacific peoples into a single body. The result of this was a new identity that was created and forced on to Pacific peoples, despite Pacific peoples not viewing their selves in this way (Macpherson, 2001).
37. Although the term “Pacific Islander” was imposed and not identified with, at times Pacific peoples had to accept it in order to gain access to government resources.
38. A singular Pacific community was difficult to establish due differences in language proficiency, and growing diversity within Pacific populations, especially as intermarriage with other Pacific and non-Pacific peoples increased.
39. However, subsequent generations of New Zealand born and raised Pacific peoples found their selves in a context in which they had common experiences with each other, and experiences different from the generations before them. This allowed for the organic creation and adoption of a wider Pacific identity that was different from both their parents and non-Pacific peoples.
40. Trying to define and understand what Pacific identities entail means understanding the diversity with Pacific populations, and the competing social and cultural pressures and expectations that occur within the New Zealand context.
41. Looking at Pacific ethnic identities more broadly, there is a constant interplay between specific and pan-Pacific identities. Depending on the situation one is in, their specific ethnic identity (e.g. Tongan) may be more salient, whilst in more diverse contexts a broader ‘Pacific’ identity may be more salient – a Pacific identity providing a larger group to identify with.

42. Looking at the contents of a broader Pacific identity, my own research highlights a broader encapsulation of both identity and wellbeing (Manuela & Sibley, 2013; 2015). Specific domains of identity and wellbeing include (but are not limited to): satisfaction with one's family, satisfaction with New Zealand society, evaluations about one's ethnic group, a sense of belong to one's ethnic group, the extent to which one views religion as part of their Pacific ethnic culture, and the extent to which they feel they are able to participate within a Pacific cultural context.
43. Taking a more theoretical view of Pacific identity and wellbeing means looking at Pacific worldviews more broadly. Common across Pacific cultures is an holistic conceptualisation of the self in relation to others.
44. Pacific models of health communicate illustrate holistic conceptualisations utilising Pacific cultural artefacts and natural surroundings as metaphors to communicate ways in which Pacific health can be understood. These can also be extended to understand Pacific identities as well.
45. Pulotu-Endemann's (1995) Fonofale model uses a fale to represent different domains of life. The foundation of the fale represents family – considered to be the foundation to Pacific social structures, providing overall support for the entire fale structure. The roof of the fale represents culture (values, beliefs, language, dance, food, etc.) which can act as a shelter against external forces. Connecting the foundation and the roof are four pou (posts) each representing the following domains: Physical (physical health, including nutrition, disease, medication, injury etc), Spirituality (including religion, belief systems, supernatural), Mental (including psychological health, stress, happiness, thinking, emotions), and Other (including gender, age, sexuality, income). Surrounding the Fale is a cocoon representing time, context, and the environment.
46. Understanding Pacific health or the Pacific self means understanding how different parts of the Fale are connected and support each other. Health can be considered as balance between all aspects. For instance, a poor foundation may risk the structural integrity of the rest of the fale, in the same

sense that a toxic family environment can negatively impact on the physical and mental health of an individual.

47. Another framework of Pacific health is Te Vaka Atafaga (Kupa, 2009), a Tokelau model of health and wellbeing that uses an outrigger canoe as a metaphor for different domains important to understanding Tokelau health. A critical point of difference in Te Vaka Atafaga is the specific reference to Tokelau cultural practices. For instance, the outrigger of the canoe represents 'Inati - a Tokelau practice of social support.
48. Another framework is Fonua (Tuitahi, 2018). Fonua is a Tongan model of health that uses concentric circles to represent different dimensions important to health (Spiritual, Mental, Physical, Community, Environment) and different levels at which they should be considered (Individual, Family, Local, National, Global).
49. Each of these frameworks and models are developed by and from the perspectives of specific Pacific ethnic groups. Though each of them has their own specific elements and ways of articulating health through their respective languages and concepts, parallels can be drawn between them. Across them all are common dimensions of culture, family, spirituality, physical health, mental health, and the environment. Though these are articulated in these frameworks for understanding health, they hold relevance for understanding identity as well.
50. A fundamental aspect to understanding Pacific identity and wellbeing is vā.
51. Vā is a concept that can be understood as a relational space in which people and things are connected. Albert Wendt's (1999) articulation of vā is that of a space between that relates and holds separate entities together, that gives context and meaning to things, and how these meanings change as relationships and contexts change.
52. As Ka'ili (2005) elucidates, vā places emphasis on the space in between, not a that of an open expanse or area prevalent in Western notions. Mila-Schaaf (2006) brings together various understandings of vā, drawing attention to how relationships are fundamental in shaping identity and the social world, thus

Pacific self-identities occur and are continuously shaped within the contexts of multiple relationships. Mila-Schaaf echoes Ka'ili's explanations of *vā* as socio-spatial concept, illustrating this by saying "If we imagine that you and I are positioned on a map, *vā* is used to describe the nature of the terrain that lies between us. It is the 'imagined' spaced that we 'feel' as opposed to see." (p.10). With a strong focus on *vā*, it follows that nurturing, cherishing and maintaining relationships are central to wellbeing. This is to *tauhi va* (Tongan) or *teu le va* (Samoan).

53. It is through understanding *vā* that the holistic nature of Pacific identities and wellbeing can be understood.
54. Focussing first on identity, the Pacific self-concept is interdependent. That is, the self is understood in terms of relationships and connections with other people or groups. For instance, when describing their selves, Pacific peoples may often make reference to their ethnic groups, religion, or references to their family. This is different from an independent self-concept which puts emphasis on unique characteristics. For instance, describing the self as kind, funny, or athletic.
55. The focus on interdependence and relationality means that the Pacific self is understood as who you are in relation to others in a given context -the *vā* between you and others. This relatedness carries its own cultural understandings of the nature of the *vā* between the self and others. For instance the meanings and relationships change depending on who and where you are. The *vā* between a brother and sister carries different cultural meanings for Samoans and Tongans, but are similar in the sense that *vā* between siblings of different genders is sacred. In the same essence, the *vā* between a parent and their child carries its own significance, as does the *vā* between a priest and their parishioners.
56. Referring back to Pacific frameworks and models of health and the common dimensions across them, *vā* can give insight into understanding what Pacific wellbeing looks like.
57. Because the self is understood through the *vā* between others, the nature of the *vā* can impact wellbeing. For instance, a breakdown in a relationship will

mean that the vā between two people has been damaged. This damage can cause stress, distress, or psychological harm. Healing can occur through restoring the vā – though this may not be an option for some. In that same essence, maintaining wellbeing can be done through ensuring the vā between people is good – tauhi vā, or teu le va.

58. Furthermore, wellbeing is understood through common dimensions of culture, family, spirituality, physicality, mentality, and the environment. Wellbeing can be conceptualised as harmony between each of these different domains, recognising the inter-related nature between each of these dimensions. Going further, it is important to understand the vā between self and others in relation to each of the dimensions. So overall, Pacific wellbeing can be understood as the harmony between different domains of life and how these are influenced through our relationships with others.
59. From my perspective, wellbeing can be understood as the totality of the quality of the relationships that for your relationships across different domains of life.
60. What I have provided above highlights that identity and wellbeing are intricately linked. This means that ethnic identity can play a crucial role in the wellbeing of Pacific peoples.
61. Recent research I have published demonstrates that ethnic identity is a protective factor for Pacific peoples. Those that report greater ethnic identity are buffered against the negative effects of discrimination on satisfaction with their families, life and their health (Manuela, 2021).
62. It is important to note here, that whilst ethnic identity is a critical aspect of Pacific wellbeing, it is only one part of an intricate and complex puzzle. However, these empirical findings and theoretical perspectives give great weight to the importance of understanding Pacific peoples experiences as Pacific in New Zealand. Mainstream approaches and understanding (like those provided by psychological research at the beginning of this statement) provide some information, but lack the nuance that is need to critically examine and understand specific Pacific experiences.

COMMENTS ABOUT PACIFIC SURVIVORS, IDENTITY, AND WELLBEING

63. At this point, I will provide some commentary on the statements provided by survivors that I have read. I will not name specific survivors in this commentary. I will speak to broader themes I noticed across the survivors' statements I have read. I offer these comments in relation to my expertise on Pacific identities and wellbeing. Though I have a PhD in psychology, I emphasise that I am not a trained, qualified, or registered psychologist. I am a psychological researcher with a background in social and cultural psychology. Therefore, my comments here are focussed on how the experiences shared in the statements of the survivors that I have read can be understood within their social and cultural contexts.
64. Family is prevalent across all survivor statements. Though families are presented as crucial in the wellbeing and influence of identity for Pacific peoples, this means that breakdown in familial relationships can have profound negative effects on wellbeing. What should be a source of support and protection can be a source of harm. Or what should be a source of support can be missing.
65. In instances where survivors were placed into the care of others, these then became substitutes for family. However, the *vā* that exists between family members does not have the same meaning as *vā* between a person and unfamiliar others. Compounding this is the gerontocratic values for many Pacific peoples, where reverence is giving to those that are older. This means the power relationships between young people and older or authority figures means that speaking or acting out can be more difficult if they feel they have been mistreated.
66. For those that were connected with their families, speaking out about abuse is difficult due the perceived shame this may bring upon families. Again, this highlights the double-edged sword of family, where pressure to keep or maintain the *vā* may act as a barrier for those that need help.
67. Culture was another theme across survivors' statements. For some this was reflected in traditional healers providing comfort in ways the Western treatments were unable to. For others, it is recognising that although religion and Pacific cultures are intertwined, this does not mean wider religious

institutions and systems are cognisant of Pacific cultural values and nuances. This highlighted an unequal dynamic where religiosity is important in Pacific cultures but not always vice-versa.

68. Furthermore, the importance of religion in Pacific cultures meant that if abuse is occurring in Churches, this can be more difficult to talk about.
69. Identity and discrimination was another theme across survivors' statements. Some mentioned them being labelled ethnicities that they were not. Others mentioned racist and derogatory comments those in positions of power made about them. Given the ages of which the survivors recounted these experiences, these were likely in a time where their ethnic identity was still developing, meaning that they may have been more vulnerable to the negative effects of these experiences.

FINAL COMMENTS

70. I wish to emphasise my expertise as an academic and scholar of Pacific and Psychological perspectives of ethnic identity and wellbeing. Social psychology focuses on how individuals perceive, influence, and relate to others and their selves, in addition to the relationship between their self and their environment. Pacific studies centres Pacific peoples lived experiences and knowledge systems to address problems and provide solutions for Pacific communities. Drawing on both schools of thought allows a more thorough and comprehensive understanding of complexities of these constructs, and how they are impacted by the social and historical contexts of New Zealand. Furthermore, although identity can provide some protective effects against negative experiences, this does not mean identity is a panacea to these experiences. As evidenced by the statements provided by the Pacific survivors, the social and physical environments in which they experienced abuse did not protect them from that abuse, nor the burdens that they carried with them after.
71. Psychology has a long history of harm in New Zealand. This is in both mental health care, and in the marginalisation of culturally diverse perspectives in the understanding and treatment of mental health issues. This marginalisation often results in culturally unsafe practices and methods for Pacific peoples.

72. It is my hope that this statement provides an informative perspective on why the cultures, identities, and wellbeing of Pacific survivors matters in the wider inquiry into abuse in state care.

REFERENCES

73. Diener, E. (2006). Guidelines for national indicators of subjective well-being and ill-being. *Journal of happiness studies*, 7(4), 397-404.
74. Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world?. *Behavioral and brain sciences*, 33(2-3), 61-83
75. Ka'ili, T. (2005). Tauhi va: Nurturing Tongan sociospatial ties in Maui and beyond. *The Contemporary Pacific*, 17(1), 83-114.
76. Kupa, K. (2009). Te Vaka Atafaga: a Tokelau assessment model for supporting holistic mental health practice with Tokelau people in Aotearoa, New Zealand. *Pacific Health Dialog*, 15(1), 156–163.
77. Macpherson, C. (2001). One Trunk Sends out many Branches: Pacific Cultures and Cultural Identity. In C. Macpherson, P. Spoonley & M. Anae (Eds.), *Tagata O Te Moana Nui: The Evolving Identities of Pacific Peoples in Aotearoa/New Zealand* (pp. 66-80). Palmerston North, NZ: Dunmore Press.
78. Manuela, S. (2016). *Pacific Psychometrics: Development, validation and application of the Pacific Identity and Wellbeing Scale* (Doctoral dissertation, ResearchSpace@ Auckland)
79. Manuela, S. (2021). Ethnic identity buffers the effect of discrimination on family, life, and health satisfaction for Pacific peoples in New Zealand. *Pacific Health Dialog*, 21(7), 390-398. DOI: 10.26635/phd.2021.113
80. Manuela, S., & Sibley, C. G. (2013). The Pacific Identity and Wellbeing Scale (PIWBS): A culturally-appropriate self-report measure for Pacific peoples in New Zealand. *Social indicators research*, 112(1), 83-103.
81. Manuela, S., & Sibley, C. G. (2014). Exploring the hierarchical structure of Pacific identity and wellbeing. *Social indicators research*, 118(3), 969-985.

82. Manuela, S., & Sibley, C. G. (2015a). The Pacific Identity and Wellbeing Scale-Revised (PIWBS-R). *Cultural Diversity and Ethnic Minority Psychology, 21*(1), 146-155. <http://dx.doi.org/10.1037/a0037536>
83. Mila-Schaaf, K. (2006). Va-centred social work: Possibilities for a Pacific approach to social work practice. *Social Work Review, 18*(1), 8.
84. Pascoe, E. A., Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin, 135*, 531–554.
85. Phinney, J. S. (1992). The multigroup ethnic identity measure: A new scale for use with diverse groups. *Journal of adolescent research, 7*(2), 156-176.
86. Priest, N., Paradies, Y., Trenerry, B., Truong, M., Karlsen, S., Kelly, Y. (2013). A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. *Social Science & Medicine, 95*, 115–127.
87. Pulotu-Endemann, F. K., Crawley, L., & Stanley-Findlay, R. T. U. (1995). *Strategic directions for the mental health services for Pacific Islands people*. Wellington, New Zealand: Ministry of Health.
88. Rivas-Drake, D., Syed, M., Umaña-Taylor, A., Markstrom, C., French, S., Schwartz, S. J. . . . Ethnic and Racial Identity in the 21st Century Study Group . (2014). Feeling good, happy, and proud: A meta-analysis of positive ethnic-racial affect and adjustment. *Child Development, 85*, 77–102
89. Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of personality and social psychology, 69*(4), 719.
90. Sellers, R. M., Rowley, S. A. J., Chavous, T. M., Shelton, J. N., Smith, M. A. (1997). Multidimensional Inventory of Black Identity: A preliminary investigation of reliability and construct validity. *Journal of Personality and Social Psychology, 73*, 805–815.
91. Smith, T. B., & Silva, L. (2011). Ethnic identity and personal well-being of people of color: A meta-analysis. *Journal of counseling psychology, 58*(1), 42.

92. Stein, G. L., Kiang, L., Supple, A. J., Gonzalez, L. M. (2014). Ethnic identity as a protective factor in the lives of Asian American adolescents. *Asian American Journal of Psychology, 5*, 206–213.
93. Torres, L., Ong, A. D. (2010). A daily diary investigation of Latino ethnic identity, discrimination, and depression. *Cultural Diversity & Ethnic Minority Psychology, 16*, 561–568.
94. Tu'itahi, S. (2018). *Fonua: A model for Pacific health promotion*. Retrieved from <https://hauora.co.nz/fonua-a-pasifika-model-for-health-promotion/> on June 27, 2021.
95. Umaña-Taylor, A. J., Quintana, S. M., Lee, R. M., Cross Jr, W. E., Rivas-Drake, D., Schwartz, S. J., ... & Ethnic and Racial Identity in the 21st Century Study Group. (2014). Ethnic and racial identity during adolescence and into young adulthood: An integrated conceptualization. *Child development, 85*(1), 21-39.
96. Wendt, A. (1999). Afterword: Tatauing the post-colonial body. *Inside out: Literature, cultural politics, and identity in the new Pacific*, 399-412.
97. Yip, T. (2018). Ethnic/racial identity—A double-edged sword? Associations with discrimination and psychological outcomes. *Current Directions in Psychological Science, 27*(3), 170-175.
98. A copy of my written consent to use my statement is **annexed** to this statement.

Statement of Truth

This statement is true to the best of my knowledge and belief and was made by me knowing that it may be used as evidence by the Royal Commission of Inquiry into Abuse in Care.

Signed:

GRO-C

Dated: 12 July 2021

Annexure A

Consent to use my statement

I, **Sam Manuela**, confirm that by submitting my signed witness statement to the Royal Commission of Inquiry into Abuse in Care, I consent to its use in the following ways:

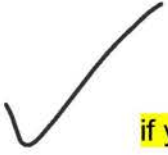
- reference and/or inclusion in any interim and/or final report;
- disclosure to those granted leave to appear, designated as core participants and where instructed, their legal representatives via the Inquiry's database or by any other means as directed by the Inquiry;
- presentation as evidence before the Inquiry, including at a public hearing;
- informing further investigation by the Inquiry;
- publication on the Inquiry website.

I also confirm that I have been advised of the option to seek anonymity and that if granted my identity may nevertheless be disclosed to a person or organisation, including any instructed legal representatives, who is the subject of criticism in my witness statement in order that they are afforded a fair opportunity to respond to the criticism.

Please tick one of the two following boxes:

if you are seeking anonymity

or



if you are happy for your identity to be known

Signed:

GRO-C

Date: 12 July 2021